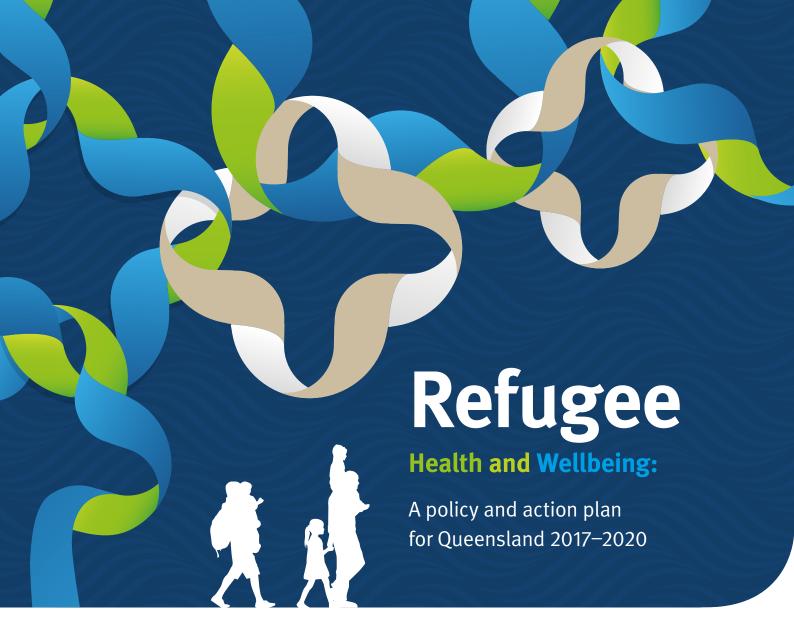


Refugee
Health and Wellbeing:

A policy and action plan for Queensland 2017–2020







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A message from the **Minister**

Refugees are one of our most vulnerable populations. Before arriving in Australia, they are often faced with poor living conditions, limited access to health services and exposure to a range of physical, emotional and environmental stressors. We want people from refugee backgrounds to be active members of our community, for their children to be thriving in our local schools, for businesses to be established and employment to be gained. We want this population to live in an inclusive, harmonious and united community and to have Queensland as their forever home. Our health services and partners can support the settlement experience and the lifelong health needs of people from refugee backgrounds by collaborating across sectors, sharing resources, providing culturally responsive services, improving access to interpreters and implementing innovative models of care.

These are just a few of the actions included in *Refugee Health and Wellbeing: A policy and action plan for Queensland 2017–2020.*The policy and action plan builds on *Refugee Health and Wellbeing: A strategic framework for Queensland 2016*, which I launched in March 2016. The framework was a first step in developing a refugee health and wellbeing policy structure for Queensland.

Both the policy and action plan, and the framework were developed in a partnership environment with the Refugee Health Partnership Advisory Group Queensland. I commend the group for its continued efforts to improve the health and wellbeing of refugees. Since the framework's launch a number of action items have commenced, supported by the group, and are already achieving great results. I know that if we continue to work collaboratively we can ensure people from refugee backgrounds have the best possible health and wellbeing.

The Hon. Cameron Dick MP

Minister for Health and Minister for Ambulance Services

A message from the **Chair**

It is an honour and pleasure to be the inaugural Chair of the Refugee Health Partnership Advisory Group Queensland (RH PAGQ). This policy and action plan is a testament to the collaboration and commitment of many stakeholders to the health and wellbeing of all Queenslanders, especially all people from a refugee background.

The Refugee Health and Wellbeing: A policy and action plan for Queensland 2017–2020 was prepared in close collaboration with the RH PAGQ and the recently formed Refugee Health Network Queensland. The action plan has been based on extensive consultation with service providers and community members across Queensland led by a Policy Working Group. We wish to thank the members of the RH PAGQ and the Policy Working Group for preparing the action plan, all of whom were members of the Refugee Health Network Queensland. We also wish to thank the Refugee Health Advisory Group members for their feedback and connection with eleven different refugee communities.

This document is a product of the collaboration of all service providers from across settlement, health and community service sectors in metropolitan, rural and regional areas of Queensland. This policy and action plan provides a template to build a sustainable health and wellbeing response to the needs of Queenslanders from refugee backgrounds.

Caroline Nicholson

Chair, Refugee Health Partnership Advisory Group Queensland

and

Director, Mater University of Queensland Centre for Integrated Care and Innovation, Mater Health Services

Statement

Refugee Health and Wellbeing:
A policy and action plan
for Queensland 2017–2020
articulates a shared vision and
common purpose for refugee
health and promotes a statewide
approach to improving the health
and wellbeing of refugees.

Vision

Our vision is that all people from refugee backgrounds calling Queensland home have access to the right care, at the right time and in the right place to ensure they have the best possible health and wellbeing.



Introduction

The Queensland health system must respond to the needs of all Queenslanders and ensure that, regardless of circumstances, the most appropriate care and services are provided. Refugees have unique circumstances, often arriving in Australia with complex health conditions resulting from needing to flee conflict zones, spending years in refugee camps or having to leave family members behind. Once in Australia, their healthcare needs are ongoing; whether it is treatment for mental health issues, lifelong chronic disease management or needing access to interpreters.

Refugee Health and Wellbeing: A strategic framework for Queensland 2016 was launched in March 2016 by the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services. Its release was the first step in developing a policy structure for refugee health and wellbeing in Queensland. The framework provided tools and resources to assist stakeholders involved in the care of people from refugee backgrounds in Queensland, at a time when the state and its partners were planning how best to support additional people arriving from Syria and Iraq. The framework created Queensland's refugee health and wellbeing principles, which are further expanded in this policy and action plan.

The policy and action plan aims to facilitate a statewide, system-wide and action-oriented approach to improving the health and wellbeing of people from refugee backgrounds in Queensland. It aims to give practical guidance around identified priority areas for action that will increase access to timely, high quality and culturally responsive healthcare services.

Key to completing the actions and achieving the vision is the adoption of an integrated partnership approach to healthcare. This includes the active involvement of Hospital and Health Services (HHSs), PHNs, primary care, settlement services, refugee specific organisations, and other non-government organisations (NGOs) which provide services aimed at improving the health and wellbeing of people from refugee backgrounds.

Throughout this document we use the term refugees to represent not only those that arrive in Australia via its Humanitarian Program, but also people with refugee-like backgrounds such as asylum seekers. We recognise that asylum seekers may be on a variety of visa classes which could impact their ability to access health services.





Refugees in Queensland: a snapshot

Each year, approximately 1800 refugees settle in Queensland under Australia's Humanitarian Program. People settle in Brisbane, Logan, Toowoomba, Townsville, Cairns, Gold Coast and Ipswich. Refugees come from a range of source countries such as Iraq, Syria, the Democratic Republic of Congo, Somalia, Eritrea, Myanmar and Afghanistan. These source countries change as the world environment changes, war and conflict emerges, and when the Australian Government commits to additional settlement opportunities.

In 2015, the Australian Government committed to settle an additional 12,000 refugees fleeing the conflicts in Syria and Iraq. The Queensland Premier offered to settle up to 3500 of these additional refugees in Queensland. Syrian and Iraqi refugees have started to settle in Queensland, with more expected to arrive throughout 2017. Queensland is likely to help settle approximately 1400 Syrian and Iraqi refugees under this additional commitment.

In 2015, the Australian Government committed to settle an additional



Under this additional commitment Queensland is likely to settle approximately

1400 SYRIAN AND IRAQI REFUGEES.



People settle in Brisbane, Logan, Toowoomba, Townsville, Cairns, Gold Coast and Ipswich.



The Australian Government's Humanitarian Program annual intake is currently set at 13,750 places. It will increase to 16,250 places in 2017–18 and then 18,750 places in 2018–19. The Australian Government has committed to maintaining the annual intake at 18,750 places from 2018–19. Due to these increases, it is likely that more refugees will be settled in Queensland with total numbers projected to increase to almost 3000 per year.

There are approximately 3000 asylum seekers currently residing in Queensland under a variety of visa classes.

Like refugees, asylum seekers come from a range of source countries, such as Iran, Sri Lanka, Afghanistan, Iraq, Bangladesh and Pakistan. There are also asylum seekers who are stateless, that is 'a person who is not considered as a national by any State under the operation of its lawⁱⁱ'.

REFUGEES COME FROM A RANGE OF COUNTRIES SUCH AS:

Iraq, Syria, the Democratic Republic of Congo, Somalia, Eritrea, Myanmar and Afghanistan.



Queensland Government commitment

The Queensland Government has committed to achieving an inclusive, harmonious and united Queensland where people of all cultures, languages and faiths feel a strong sense of belonging and can achieve their goals. This commitment is articulated in *Our story, our future: Queensland's Multicultural Policy* iii.

Embedded in the Queensland Multicultural Policy are commitments to support refugees and asylum seekers, including:

• The Queensland Government will support refugees and asylum seekers to reduce barriers and create opportunities for them to participate and contribute to our economic, social and cultural future.

- The Queensland Government will work with our government and non-government partners to support refugees and asylum seekers to participate in all aspects of life.
- No matter how people came here or where they came from, the Queensland Government will support all the people of Queensland to participate and feel they belong.

This policy and action plan aligns with, and actively supports, the refugee and asylum seeker commitments included in Queensland's Multicultural Policy. The development and implementation of the policy and action plan is an action for Queensland Health in the Queensland Multicultural Action Plan 2016–17 to 2018–19.

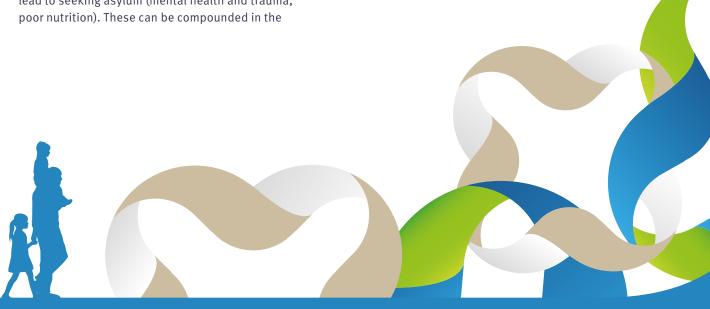
Refugee health issues

The difficulties experienced by people from refugee backgrounds accessing healthcare are well documented. Russell et aliv reported that refugees often have complex health and social welfare needs and struggle to access coordinated primary healthcare services in the Australian community; and further indicated that gaps in service coordination in the primary care context resulted in 'service delivery duplication, unmet refugee health needs and public health concerns'.

People settling in Australia from refugee backgrounds come from countries currently experiencing war or the aftermath of violence. The great majority of people arriving from refugee source countries have experienced trauma either directly or indirectly, have experienced multiple losses and some have experienced torture and violence. These experiences can have a profound impact on a person's capacity to trust and to access the help they need. Additionally many refugee background patients have had poor healthcare in the countries of origin or in transit countries and have health profiles that are unfamiliar to local clinicians^{v,vi}. Specific health needs in refugee communities often relate to the factors that lead to seeking asylum (mental health and trauma, poor nutrition). These can be compounded in the

resettlement process by their current situation in a new country with multiple psychological, social and emotional wellbeing stressors relating to worry about families being separated, adjusting to daily life, language barriers, social marginalisation, financial insecurity and uncertainty.

People from refugee backgrounds can find commonly accepted concepts in the Australian health system confusing, such as the concepts of patient autonomy and preventive care. They also experience language and cultural difficulties, and are often overwhelmed by the magnitude of the settlement journey ahead for them and their families. Unfamiliarity with the Australian health system and services, and a focus on priorities such as housing and employment, means that refugees often face multiple barriers in engaging health services at the right time. Having experienced different standards in healthcare, they need to be supported in navigating the healthcare system and understanding the rights and the standards they should experience in Australia.



CASE STUDY 1



What happens when diverse stakeholders come together to address oral health needs of recent arrivals? An amazing dental fair.

It is recognised that people from refugee backgrounds often have pressing oral health needs due to lack of access to care and prolonged periods of displacement. With pressure on the public oral health system to meet best practice guidelines, which includes an initial assessment and treatment within the first 12 months of arrival, diverse stakeholders identified that they needed to partner to be able to provide the best possible support to this cohort. The partnership that was developed resulted in an extraordinary dental fair which expanded existing Tzu Chi dental fairs.

Tzu Chi volunteers, including dentists, have partnered with refugee services and Queensland Health for over a decade to deliver dental care in a one day event. In 2016, due to increased arrivals from Syria and Iraq, the dental fair moved to Yeronga Dental Clinic and expanded its reach to include Logan and the Gold Coast. Almost 300 volunteers from the Tzu Chi Foundation, Queensland Health, MDA, Access Community Services, Red Cross, Mater Health Services, Micah Projects Inc, Brisbane South PHN and medical students worked together to provide health education and support.

Approximately 144 Tzu Chi volunteers provided dental care, coordination services, reception, administrative assistance, childcare and cooking. Vans were used to transport refugees to and from their homes or nominated collection points, and educational services around nutrition and how to access healthcare were provided by volunteers to refugees on the day. Fifteen paid interpreters were used on the day.

The aim was to reduce the long oral health wait list. This was achieved with 219 refugees attending on the day from 14 countries, speaking 19 different languages. Of these refugees, 42 per cent required fillings or restorative work, 11 per cent had one or more teeth extracted and 13 per cent were put on the priority wait list for further treatment.

The dental fair has been evaluated and the recommendations from the report will be used to prepare for the next fair. Everyone who participated including the patients, expressed amazement and gratitude to the Tzu Chi volunteers and the overall collaboration of all stakeholders who attended the fair.



I would simply like to say THANK YOU. It was absolutely a great day, a great experience, one that touches the heart and I feel honoured to be a part of it. The credit goes to each and every person who contributed to making the day a success.

Cultural Diversity Coordinator, 20 October 2016.



Policy context



The policy and action plan builds on and aligns to existing policies and plans governing the provision of health services and multicultural services, as listed below:

Refugee Health and Wellbeing: A strategic framework for Queensland 2016

 $www.health.qld.gov.au/__data/assets/pdf_file/oo28/442378/framework-refugee.pdf$

My health, Queensland's future: Advancing health 2026

www.health.qld.gov.au/publications/portal/health-strategies/vision-strat-healthy-qld.pdf

Multicultural Recognition Act 2016 (Queensland)

www.legislation.qld.gov.au/LEGISLTN/ACTS/2016/16AC001.pdf

Multicultural Queensland Charter

www.communities.qld.gov.au/multicultural/policy-governance/multicultural-queensland-charter

Queensland language services policy

www.communities.qld.gov.au/multicultural/policy-governance/language-services-policy

National primary health care strategic framework

www.health.gov.au/internet/main/publishing.nsf/content/nphc-strategic-framework



Royal Australian College of General Practitioners vision for general practice and a sustainable healthcare system

www.racgp.org.au/support/advocacy/vision/

National Framework for Universal Child and Family Health Services —secondary and tertiary services

http://www.health.gov.au/internet/main/publishing.nsf/content/ AFF3C1C460BA5300CA257BF0001A8D86/\$File/NFUCFHS.PDF

Queensland Plan for Mental Health 2007–2017

www.health.qld.gov.au/__data/assets/pdf_file/oo34/444589/o8132_qpfmho7.pdf

Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery

http://framework.mhima.org.au/framework/index.htm

National Settlement Framework

www.dss.gov.au/settlement-and-multicultural-affairs/publications/national-settlement-framework

National Youth Settlement Framework

www.myan.org.au/file/file/MYAN_Youth_Settlement_Framework_April.pdf

National Settlement Services Outcomes Standards

www.scoa.org.au/announcements/national-settlement-service-standards-project



Refugee Health Network Queensland and Refugee Health Partnership Advisory Group Queensland

To ensure that people from refugee backgrounds have the best possible health and wellbeing, we need to connect and work across traditional sectors, partner and share resources, and engage at a local level as well as with our peers in other jurisdictions.

At the centre of this policy and action plan is the newly created Refugee Health Network Queensland (RHNQ). Building on existing networks and achievements, RHNQ will be a mechanism to build capacity, improve partnerships, and facilitate coordination of care across health, refugee settlement agencies, refugee communities and the non-government sector.

RHNQ is a 'network of networks' and includes representation from regional networks and topic specific working groups, as well as other key policy stakeholders such as representatives from the government and the community. RHNQ will assume a high level strategic role and feed advice to government about key issues experienced at the community and service level. It will also advocate for and develop solutions to identified problems and link in with the Refugee Health Network of Australia (RHeaNA).

RHNQ will be directed by the Refugee Health Partnership Advisory Group Queensland (RH PAGQ). Like the RHNQ, membership of RH PAGQ will reflect a cross-section of geographical regions and sectors; including senior representation from each regional network, health services, refugee settlement agencies, refugee communities and the non-government community sector.

RHNQ and RH PAGQ work closely with the Refugee Health Community Advisory Group 'G11' which is a group of 11 Health Development Consultants from diverse refugee backgrounds. This group is cofunded by Mater Health Services and St Vincent's Hospital. The G11 actively contributes to the development of the health services and the health literacy of the communities represented on the group. The G11 will have representation on each working group of the Network.

The Clinical Advisory Group (CAG) provides guidance to RHNQ and RH PAGQ. The CAG identifies issues and gaps, develops clinical resources, coordinates training and is auspiced by Brisbane South PHN.

Topic-specific working groups will be established on an as needed basis to operationalise the objectives of RHNQ and will report to RH PAGQ to provide feedback on activities. RH PAGQ will monitor outputs of the working groups to ensure strategic consistency with RHNQ objectives.

Membership of regional networks will be open to any individual, or organisation in the community or corporate sector, who is engaged in the provision of care to people from refugee backgrounds settling in the relevant region. Regional networks would be expected to identify issues and facilitate local solutions and will ensure information specific to the region is provided to RHNQ.

The Refugee Health and Wellbeing: A policy and action plan for Queensland 2017–2020 will guide the deliberations of the RHNQ and its sub-groups. Progress towards achieving the actions identified in the action plan will be monitored by the RH PAGQ Policy Working Group.

A visual guide to Refugee Health Network Queensland



Refugee Health Network Queensland (RHNQ)

Building capacity and partnerships to improve health and wellbeing.

- Provides information and education
- Partnerships
- Shares resources

Regional networks

Local solutions in different Queensland regions.

- Supports regions to build capacity and partnerships that support refugees
- Identifies local needs and develops local solutions
- Links regions to RH PAGQ

Refugee Health Partnership Advisory Group Queensland

Provides strategic advice and develops solutions on key issues for refugee health in Queensland.

- Provides advice, guidance and support on refugee health including: policy, resources, models of care, partnerships, research and evaluation
- Utilises working groups to undertake specific work to operationalise or facilitate activities of the policy and action plan

Working group

Working group

Advisory group

Advisory group

Network team

Coordinates RHNQ and supports regional networks and RH PAGQ

Queensland's refugee health and wellbeing principles and priority areas for action

The Refugee Health and Wellbeing: A strategic framework for Queensland 2016 established five refugee health and wellbeing principles and seven priority areas for action.

The five principles



Collaboration and partnerships

across sectors and agencies will extend the reach and timeliness of services and realise efficiencies.



Cultural responsiveness

of service providers including access to language services will improve health service accessibility.



Consumer and community voice

is central to ensuring needs are met and effective partnerships with communities are sustained.



Continuous improvement

that reflects research and evaluation.



Clinical excellence

will promote high quality health outcomes.

The seven priority areas for action

Communicate and collaborate with colleagues

Establish the statewide refugee health and wellbeing network

Modify usual practices to meet the health and wellbeing needs of refugees

Use professional interpreter services

Engage with the community

Measure, collect, collate, monitor and innovate

Deliver evidence based quality healthcare to people from refugee backgrounds¹



CASE STUDY 2



What happens when an effective collaborative partnership is sustained?

In 2013, primary care and settlement services responded to an identified need to address a gap in health services. With no specific health service dedicated to the primary care needs of people arriving in Brisbane under the Humanitarian Program, the need to provide access to high quality responsive care for new arrivals had become acute and was likely to increase. The call for coordinated and quality healthcare became crucial in order to fulfil the need of ensuring ongoing patient safety. It was expected primary healthcare services would not be able to meet the health needs of this community, and it was anticipated an increase in presentations to tertiary care services would eventuate.

Refugee Health Connect (RHC) was established in **2013**. It was designed to respond effectively to these challenges and to respond to the needs of both service providers and patients.

RHC is a partnership between Brisbane South PHN, Brisbane North PHN, Mater Health Services and Metro South Hospital and Health Service, and an initiative of the South East Queensland Refugee Health Partnership Advisory Group, now called RH PAGQ.

RHC links people from refugee backgrounds to appropriate primary health providers in order to improve health access and engagement with primary care. Linkages are made based on factors such as the patients' location, complexity of needs and cultural requirements. RHC works closely with community refugee support services, general practices, hospital based services and primary health networks to ensure timely and appropriate access.

In 2016, RHC successfully linked nearly 1200 recently arrived refugees with primary care practices in their local area. This was achieved with the joint collaboration and commitment to working in partnership from Mater Integrated Refugee Health Service, the PHNs of Brisbane South and Brisbane North, the settlement service MDA, Metro South Hospital and Health Service, and 26 practices across the region.

Increasing numbers of refugees being linked to primary care practices via RHC





The action **plan**

The principles and priority areas for action have guided the development of the action plan. To help make the principles and priority areas a reality, 65 activities have been identified. The activities reflect the patient journey, the unique refugee experience and the broad range of community representatives, experts, clinicians and other key stakeholders who have come together to contribute to the action plan's development.

Each activity lists a responsible lead entity, contributors and a timeframe for achievement. The action plan is flexible, meaning local solutions can be implemented for local problems and items can be added

or amended as work progresses. The action plan recognises that people from refugee backgrounds have lifelong healthcare needs that are not limited to just the initial settlement period following their arrival in Australia. Contributors can determine how they would like to be involved in an activity; there are no mandatory requirements except for those actions that are the responsibility of Queensland Health as part of Queensland's Multicultural Action Plan. The actions Queensland Health is responsible for under the Queensland's Multicultural Action Plan can be found at:

www.communities.qld.gov.au/resources/multicultural/policy-governance/qm-action-plan.pdf







Action 1: Communicate and collaborate with colleagues

Action	Activity	Timeframe	Lead(s)	Contributors
Establish links and collaborate with primary healthcare providers, settlement services, community services and specialist services (including refugee health services) in order to support a partnership	1.1.1 Strategies to promote partnerships are identified and opportunities to develop collaborative approaches are in place. For example, links are made with PHN National Interest Group on Refugee Health, contributions are made to Health Pathways, formalisation of regional networks of RHNQ and working groups of RH PAGQ.	June 2017	RH PAGQ Network team	QH PHNs Working Groups Regional networks
approach to coordinate care for refugees across all settlement areas.	1.1.2 Links are established with HHS Boards and PHNs to communicate issues, highlight initiatives and facilitate collaboration.	December 2017		
	1.1.3 Links are established with the Queensland Clinical Senate to communicate issues, highlight initiatives and facilitate collaboration.	June 2018		
1.2 All health planning and service development evidences enhanced responses to people from refugee backgrounds.	1.2.1 Develop, distribute and promote an information resource that details key considerations that should be factored into all PHN and state government health service planning, to ensure the needs of people from refugee backgrounds are effectively incorporated in service development and commissioning.	June 2018	RH PAGQ Network team	QH PHNs MHWG
1.3 Develop models of care that embrace a partnership approach as identified in	1.3.1 Models of care are documented, implemented and evaluated (including the transferability to different contexts).	December 2019	CAG Mater UQ CICI	QH PHNs Specialist
'Coordinated Primary Health Care for Refugees ^{iv} ' as a Best Practice Framework.	1.3.2 Best practice models of engagement with primary care are promoted. For example, the Refugee Health Connect model, which builds on primary healthcare engagement.	December 2019		Refugee Health Services

Action 2: Establish the statewide refugee health and wellbeing network

Activity	Timeframe	Lead(s)	Contributors														
2.1.1 A structure for the RHNQ is established and appropriate branding and promotion developed and implemented.	April 2017	Network															Members of RHNQ QH
2.1.2 The Network website and mailing list is established and maintained. New website to include resources currently on materonline refugee health website.	June 2017																
2.1.3 Regular communications are maintained with all Network members.	Ongoing																
2.1.4 Quarterly meetings are held with all Network members. One meeting per year to be face-to-face.	2017– 2020																
2.1.5 RHNQ represents Queensland on RHeaNA and provides Network members with opportunities to engage in national discussions.	Ongoing																
2.1.6 RHNQ facilitates the identification of resources gaps and advocates to the appropriate stakeholder for their development.	Ongoing																
	 2.1.1 A structure for the RHNQ is established and appropriate branding and promotion developed and implemented. 2.1.2 The Network website and mailing list is established and maintained. New website to include resources currently on materonline refugee health website. 2.1.3 Regular communications are maintained with all Network members. 2.1.4 Quarterly meetings are held with all Network members. One meeting per year to be face-to-face. 2.1.5 RHNQ represents Queensland on RHeaNA and provides Network members with opportunities to engage in national discussions. 2.1.6 RHNQ facilitates the identification of resources gaps and advocates to the appropriate 	2.1.1 A structure for the RHNQ is established and appropriate branding and promotion developed and implemented. 2.1.2 The Network website and mailing list is established and maintained. New website to include resources currently on materonline refugee health website. 2.1.3 Regular communications are maintained with all Network members. 2.1.4 Quarterly meetings are held with all Network members. One meeting per year to be face-to-face. 2.1.5 RHNQ represents Queensland on RHeaNA and provides Network members with opportunities to engage in national discussions. 2.1.6 RHNQ facilitates the identification of resources gaps and advocates to the appropriate April 2017 Dongoing	2.1.1 A structure for the RHNQ is established and appropriate branding and promotion developed and implemented. 2.1.2 The Network website and mailing list is established and maintained. New website to include resources currently on materonline refugee health website. 2.1.3 Regular communications are maintained with all Network members. 2.1.4 Quarterly meetings are held with all Network members. One meeting per year to be face-to-face. 2.1.5 RHNQ represents Queensland on RHeaNA and provides Network members with opportunities to engage in national discussions. 2.1.6 RHNQ facilitates the identification of resources gaps and advocates to the appropriate April 2017 Network team Dongoing Ongoing														



Action	Activity	Timeframe	Lead(s)	Contributors
2.2 Establish a strategic RH PAGQ.	 2.2.1 The RH PAGQ is established and reflects representation from: PHNs Refugee health services (including QPASTT) Settlement services Representatives of regional refugee health networks Mental health/wellbeing services (child and adult) HHSs across the state, including interpreter services Queensland Health clinical networks (for example, Child and Youth, Maternity and Neonatal, Public Health) State and Australian Government departments Refugee Health Clinical leads Academics Non-government organisations 	April 2017	Network team	RH PAGQ member organisations
	2.2.2 The RH PAGQ Terms of Reference are developed and supported by members.	April 2017		
	2.2.3 The RH PAGQ meets quarterly.	Ongoing		
	2.2.4 The RH PAGQ works with regional networks and working groups to identify issues and determine solutions.	Ongoing		

Action	Activity	Timeframe	Lead(s)	Contributors
2.3 Support the RHNQ regional networks.	2.3.1 Regional networks are identified, defined and established.	June 2017	Network team	Regional networks
incernories.	2.3.2 Terms of Reference for regional networks are established and a mechanism to feed into RHNQ is implemented.	June 2017		
2.4 RHNs develop local health strategies.	2.4.1 Settlement services, PHNs, local health services and NGOs input to RHNs to develop local health strategies that reflect the principles and priority areas for action in–Refugee Health and Wellbeing: A policy and action plan for Queensland 2017–2020 and match local needs.	June 2018	Regional networks	Network team
2.5	2.5.1 Establish a chronic disease working group.	June 2017	Working groups	Members of RHNQ
Working groups are established under RH PAGQ to focus on specific health issues.	2.5.2 Strengthen the reach of the existing OHWG and MHWG to mobilise resources and ensure a continuation of care.	June 2018	RH PAGQ Network team	
	2.5.3 Establish additional working groups as identified needs and issues are raised at RH PAGQ.	Ongoing		

Action 3: Modify usual practices to meet the health and wellbeing needs of refugees

Action	Activity	Timeframe	Lead(s)	Contributors	
3.1 Encourage ongoing training to address needs around cultural issues.	3.1.1 The Network team supports PHNs to deliver appropriate training for primary healthcare providers. For example, 'Working with people of refugee/CALD background' workshops.	Ongoing	PHNs	CAG Network team Working groups	
	Queensland Health to ensure the cultural capability of staff by providing opportunities for training in cultural awareness and working with interpreters. This is also an action item for Queensland Health in the Queensland Multicultural Action Plan.	2017– 2019	QH		
	3.1.3 Health topic specific training and education is delivered through, for example, the MHWG to increase skills around working with traumatised populations.	Ongoing	CAG		
3.2 Redevelop Queensland	3.2.1 Review and update existing content.	2017- 2019	QH	Network team	
Health's multicultural health web content to support better access to services and health literacy for people from diverse cultural backgrounds,	3.2.2 Identify information gaps and advocate for resource creation (including potentially translating these resources into languages other than English).				Members of RHNQ
including people from refugee backgrounds.	3.2.3 Provide a link to the RHNQ website.				
This is also an action item for Queensland Health in the Queensland Multicultural Action Plan.	3.2.4 As appropriate, transfer resources to the RHNQ website to create a single portal for refugee health information.				
HEAT OF THE PARTY	3.2.5 Promote both the new Queensland Health multicultural website and RHNQ's website to stakeholders via a variety of communication methods.				

Action	Activity	Timeframe	Lead(s)	Contributors	
evelop refugee-specific ealth and wellbeing sources, referral pathways	3.3.1 Refugee mental health referral pathway, developed by the MHWG, is shared across HHSs and accessible on 'Health Pathways' platform.	June 2017	MHWG Network team	HHSs CAG PHNs Settlement	
nd training materials.	3.3.2 Additional refugee health pathways are developed and published on 'Health Pathways' including links to clinical guidelines and referral options to support initial health assessments and ongoing care.	June 2018	Network team	Network team	services QPASTT DSS
	3.3.3 Clinical resources and administrative resources are made available to primary care providers online.	June 2017			
	Information resources about new developments (for example, entitlements for people holding Temporary Visas including Bridging Visas, Safe Haven Enterprise Visas and Temporary Protection Visas) are created, reviewed, updated, distributed and promoted.	Ongoing			
	3.3.5 Resources are developed and distributed in response to need and as requested. For example, information sheets on Medicare eligibility or new and emerging communities.	Ongoing			

Action	Activity	Timeframe	Lead(s)	Contributors
3.4 A responsive health workforce is developed to reflect the needs of services and cultural mix of the Queensland population.	3.4.1 A multicultural workforce is nurtured and promoted through identification of successful models of recruitment and maintenance of a sustainable multicultural workforce. Delivering on the Public Service Commission's 2022 foundation, non-English speaking background diversity targets for the Queensland Public Sector is an action item for the Department of Health in the Queensland Multicultural Action Plan.	2017- 2019	DoH	HHSs PHNs Regional networks
	Explore options for funding to enable resources to be shared across services and regions to help manage demand peaks (for example, peaks in humanitarian arrivals and one-off commitments such as the refugees displaced by the conflicts in Syria and Iraq).	June 2018	Network team	
3.5 Oral health services in Queensland are responsive to the needs of people from refugee backgrounds.	3.5.1 Refugee OHWG is established to address barriers to access, including review of priority guidelines, consistent referral pathways into oral health services, and training and education of oral health staff.	June 2017	Refugee OHWG	QH RH PAGQ Network team
	Refugee OHWG to work in partnership with government and non-government providers (for example, the Tzu Chi Foundation) to address access issues including long waiting lists for refugees needing oral health treatment.	Ongoing		
	3.5.3 Refugee OHWG monitors demand and develops strategies to address new and emerging areas of need.	Ongoing		

Action 4: Use professional interpreter services

Action	Activity	Timeframe	Lead(s)	Contributors
4.1 Value and advocate for quality interpreters who are supported in the workplace.	4.1.1 The benefits of using interpreters are promoted across all health settings.	Ongoing	Network team QH	RH PAGQ HHSs Network
	4.1.2 Queensland Health actively promotes the Queensland Language Services Policy and Guidelines.	Ongoing	QH	team
	Opportunities are provided for staff to be trained in working with interpreters. This is an action item for Queensland Health in the Queensland Multicultural Action Plan.	2017– 2019	QH	
	4.1.4 Language information is included in clinical and administrative folders.	Ongoing	Network team	
	4.1.5 System issues related to barriers in interpreter use are monitored and solutions identified.	Ongoing	Network team	
	4.1.6 HHSs explore potential for shared investment and training packages focusing on interpreting for refugee patients in a health context.	Ongoing	HHSs	

Action 5: Engage with the community

Action	Activity	Timeframe	Lead(s)	Contributors
5.1 Invest in community engagement structures that increase skills and capacity of	5.1.1 People from refugee backgrounds are consulted in the development, delivery and evaluation of health services.	Ongoing	Network team QH	Regional networks Network team
the community, respects and acknowledges the wisdom of the community and effectively taps into the community's capacity to articulate its needs and views around health	5.1.2 Existing structures for community engagement (such as the Refugee Health Advisory Group of RH PAGQ known as G11) are sustained and expanded to reflect new communities.	Ongoing	Mater UQ CICI	Members of RHNQ
policy, health literacy and health service development.	5.1.3 Opportunities for the community to engage formally with the Queensland Health Minister and Queensland Health senior staff are created. For example, through an annual Community Leaders Dinner.	Ongoing	Settlement services Key NGOs QH	
	5.1.4 HHSs work with RHNQ to establish links and communicate opportunities for community consultation and consumer engagement activities in line with their consumer and community engagement requirements under the Hospital and Health Boards Act 2011 (Queensland).	Ongoing	HHSs	



Action 6: Measure, collect, collate, monitor and innovate

Action	Activity	Timeframe	Lead(s)	Contributors
6.1 Support ongoing research to develop innovative models of care for people from refugee backgrounds across their lifespan to ensure the right	6.1.1 Contemporaneous reviews and evaluations of models of care inform further service development, including reviewing the models of care developed for other vulnerable population groups.	Ongoing	Mater UQ CICI	RH PAGQ
care is provided at the right time and right place.	6.1.2 Research partnerships and joint research projects that focus on integrated models of care are undertaken and promoted through the RH PAGQ.	Ongoing		
	6.1.3 Research that measures health outcomes in complex health areas (for example, attitudes to health, health literacy, chronic disease, disability and co-morbidity) is supported by the RH PAGQ.	Ongoing		
6.2 Ensure best use is made of resources available to the local community to address health needs of refugees across the lifespan.	6.2.1 Evaluate and monitor needs of local communities, options for models of care and implementation of services to ensure resources available are best used to suit local environments, communities and services.	Ongoing	RHNs	Network team PHNs HHSs
Embed capacity to collect minimum data across all health facilities that indicates Country of Birth, preferred language, and whether an interpreter is required.	Data indicates real usage of health services by refugees as evidenced by Country of Birth, preferred language and whether an interpreter is required. Improving data collections for culturally and linguistically diverse customers is an action for Queensland Health in the Queensland Multicultural Action Plan.	2017-2019	QH	RH PAGQ Mater UQ CICI HHSs
	6.3.2 The RH PAGQ works with HHSs to analyse minimum data sets that are informed by the best proxy data for refugee identification.	2017– 2019	RH PAGQ	

Action	Activity	Timeframe	Lead(s)	Contributors
Trial the Organisational Cultural Responsiveness assessment scale (OCRAS) developed by Multicultural Mental Health Australia (MHIMA).	The MHiMA OCRAS tool is piloted with a: PHN site Queensland hospital site General Practice Mental Health Service Peak Body (for example, the Queensland Mental Health Alliance). Use of the Framework for MHiMA: Towards culturally inclusive service delivery within Queensland Health is an action item for Queensland Health in the Queensland Multicultural Action Plan.	2017– 2019	MHWG QH	Network team
Improve the collection of patient experience information from culturally and linguistically diverse patients, including people from refugee backgrounds.	Investigate the feasibility of a dedicated patient experience survey and developing tailored engagement strategies for patients from diverse backgrounds (including people from refugee backgrounds) and their carers and families. This is an action for Queensland Health under the Queensland Multicultural Action Plan.	June 2017	QH	RH PAGQ Network team
6.6 Measure the 'Health of Refugees in Queensland' and evaluate the effectiveness of	6.6.1 A 2017 'Health of Refugees in Queensland' report is developed, providing a baseline for evaluation.	June 2017	Mater UQ CICI	Network team RH PAGQ QH
this policy and action plan.	6.6.2 A 2020 evaluation is undertaken to determine the effectiveness of this policy and action plan, with reference to the 2017 report findings.	2020		

Action 7: Deliver evidence based quality healthcare to people from refugee backgrounds

Action	Activity	Timeframe	Lead(s)	Contributors
7.1 Support and expand existing structures that promote clinical excellence in refugee health such as the CAG, clinical leads, and the St Vincent's Refugee Health Fellows initiative.	7.1.1 All settlement regions have access to clinically led networks which enable easy sharing of advice, resources training and support.	Ongoing	CAG	QH Network team RH PAGQ
	7.1.2 The St Vincent's Refugee Health Fellows scheme is maintained and expanded to include key clinical disciplines. That is, psychiatry, paediatrics and infectious diseases.	Ongoing	Network team	St Vincent's
Primary care is supported effectively to provide ongoing care to people from refugee packgrounds and unnecessary nospital admissions are minimised.	7.2.1 Primary care is well linked to other services to ensure healthcare is the right care, at the right time and in the right place.	Ongoing	PHNs	CAG
7.3 HHSs are supported to enhance ongoing integrated care to people from refugee packgrounds.	7.3.1 HHSs have access to the necessary information and resources to ensure that patients are cared for appropriately and unnecessary hospital admissions are minimised.	Ongoing	HHSs	CAG Network team
7.4 Continually review and evaluate models of care.	(as per actions 6.1 and 6.2).			

Monitoring and evaluation

The RH PAGQ's Policy Working Group will monitor the implementation of the actions identified in the action plan, and will conduct an annual review of activities. The Policy Working Group will provide support and advice to the RH PAGQ and Queensland Health accordingly.

This will enhance the RH PAGQ's capacity as a representative forum to which key refugee health and wellbeing issues can be brought for coordinated information sharing and problem solving. RH PAGQ will also be able to determine solutions, including referral of matters to the Queensland Government for action.

The annual review will also provide an opportunity to amend current activities or include additional activities in the action plan. Any amendments to the action plan will be published online. The annual review will also be published online.

Queensland Health will report annually on its actions under the Queensland Multicultural Action Plan, as required under the *Multicultural Recognition Act 2016* (Queensland).

A 'Health of Refugees in Queensland' report will be developed in 2017. The information and data encompassed in this report will be used as a baseline to further measure the impact of the policy and action plan following its completion in 2020.



Abbreviations

CAG Clinical Advisory Group, advises the Refugee Health

Partnership Advisory Group Queensland

DoH Department of Health

DSS Department of Social Services (Australian Government)

HHS Hospital and Health Service

Mater UQ CICI Mater University of Queensland Centre for Integrated Care and Innovation

MHWG Mental Health Working Group, sits under the Refugee

Health Partnership Advisory Group Queensland

NGOs Non-government organisations

QH Queensland Health, including Hospital and Health Services

QPASTT Queensland Program of Assistance to Survivors of Torture and Trauma

Refugee OHWG Refugee Oral Health Working Group, sits under the

Refugee Health Partnership Advisory Group Queensland

RHC Refugee Health Connect

RHeaNA Refugee Health Network Australia

RHN Regional Health Networks

RHNQ Refugee Health Network Queensland

RH PAGQ Refugee Health Partnership Advisory Group Queensland





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