Queensland Health

Refugee Health and Wellbeing

Policy and Action Plan 2022–2027

REFUGEE HEALTH NETWORK QUEENSLAND

Queensland Government

Refugee Health and Wellbeing

Policy and Action Plan 2022–2027

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Interpreter

Interpreter

The Queensland Government is committed to providing accessible services to Queenslanders from all cultural and linguistic backgrounds. To talk to someone about the Refugee Health and Wellbeing: Policy and Action Plan 2022-27 in your language call 1800 512 451 and ask to speak with the Department of Health Disability and Multicultural Health Unit.

SC2200321/22

For more information contact:

Office of the Deputy Director-General, Strategy, Policy and Planning Division. Department of Health, GPO Box 48, Brisbane QLD 4001.

Refugee Health Network Queensland
info@refugeehealthnetworkqld.org.au

Disclaimer:

The fingerprint design used throughout this document symbolises that everyone has a unique fingerprint; no two prints are alike. Queensland's multicultural uniqueness is captured in the many colours of this graphic element.

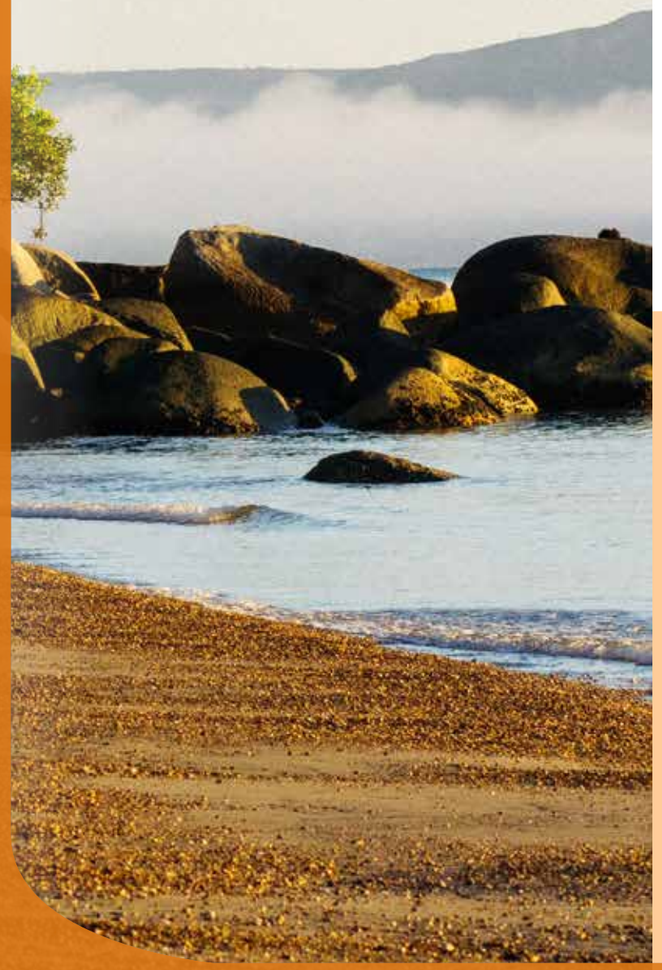
Contents

Acknowledgement

We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the State of Queensland.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.



Vision

This Refugee Health and Wellbeing Policy and Action Plan steps out a shared vision and healthcare priorities for people from refugee and asylum seeker backgrounds living in Queensland.

For those who are from refugee and asylum seeker backgrounds, **our vision is that you have equitable access to timely, culturally safe healthcare and are empowered to achieve your 'full health potential'.**

'Full health potential' means having the best health that you can have.

It includes priorities and actions that address difficulties you may experience accessing healthcare. The actions in the plan are designed to empower you to reach your full health potential.

What it means for you:

This Policy and Action Plan is a commitment to support you in your personal health journey. It has been written with advice from people from refugee backgrounds about the issues they experience.

It includes priorities and actions that address barriers you may experience accessing healthcare. The actions in the plan are designed to empower you to reach your full health potential.

Throughout the plan, sections with this illustration explain what the policy and its actions should look like to you when you access healthcare.

A message from the **Minister**

Each year, thousands of people from refugee backgrounds make Queensland their home.

All people from refugee backgrounds have had their human rights threatened and many are escaping conflict. Prior to their arrival in Australia, they have been displaced with limited access to healthcare. We know that moving to a new country can be daunting. Learning a new language and being unfamiliar with Australia's health system can make it complex to access the care you need.

Despite these experiences, many people from refugee backgrounds will manage any associated health challenges with the right care and support. It is our challenge as a health system to provide culturally safe and equitable access to healthcare in a way that empowers each person to achieve their full health potential. This is the vision we commit to achieving through the *Refugee Health and Wellbeing Policy and Action Plan 2022-2027*. Providing equity in access to healthcare, creating greater integration and enabling greater collaboration are also key priorities of Queensland Health's reform agenda.

The *Refugee Health and Wellbeing Policy and Action Plan 2022-2027* builds on the efforts of the first *Refugee Health and Wellbeing Policy and Action Plan 2017-2020*, which improved our collaboration across the health system and our ability to be more responsive to the health needs of people from refugee backgrounds. It also harnesses the powerful lessons we learned throughout the COVID-19 pandemic in how we engage with people from refugee backgrounds and work with partners to provide better access to healthcare.

I look forward to ongoing collaboration with our partners in the implementation of this Policy and Action Plan, and together, achieving its vision.

Yvette D'Ath MP

Minister for Health and Ambulance Services

A message from the **Chair**

It is an honour and a great responsibility to work in partnership with our communities and stakeholders to develop and bring to life this second *Refugee Health and Wellbeing Policy and Action Plan 2022-2027.*

I am deeply committed to the vision of this policy that all Queenslanders have equitable, timely and culturally safe access to healthcare to maximise their health and wellbeing. It sends a strong message that together we want to address entrenched structural barriers including racism and to foster reciprocal trust with communities and systems. COVID-19 has shown that the only way to maximise health and wellbeing is through empowered communities who can equitably engage with health providers. The lessons learnt from this pandemic have been embedded in this new policy which builds on the previous Policy and Action Plan evaluation. The focus on the social determinants of health and integrated responses led by communities underpins this document.

I would like to thank all who have engaged in the development of this new Policy and Action Plan and in particular the Refugee Health Network Queensland which in six years has shown an ongoing commitment to inclusive and respectful leadership, including in the face of a global pandemic.

I would like to also thank members of the Network's various working groups including the Policy Working Group, the Partnership Advisory Group, alongside our community leaders and members and Queensland Health.

I look forward to working together as we strive for a new normal that leaves no one behind.

Donata Sackey

Chair, Refugee Health Partnership Advisory Group Queensland

Director, Mater Refugee Health

Health and Human Rights Statement

We are committed to respecting, protecting and promoting the health and human rights of people from refugee backgrounds through the *Refugee Health and Wellbeing Policy and Action Plan 2022-2027*.

The ***Queensland Human Rights Act 2019*** requires Queensland Health and other Queensland Government entities to act and make decisions that support a person's human rights and consider impacts on human rights when making decisions.

Every person has the right to access health services without discrimination. A person must not be refused emergency medical treatment that is immediately necessary to save the person's life or to prevent serious impairment to the person.

The cultural rights of all people with a particular cultural, religious, racial or linguistic background are protected. This means all people have the right to communicate and seek information in their preferred language when accessing public health services.

The ***Anti-Discrimination Act 1991*** also protects against unfair discrimination in the delivery of programs, goods and services in Queensland.

The Anti-Discrimination Act protects people from racial discrimination, which includes a person's colour, descent or ancestry, ethnicity or national origin. It also protects people's religion. This means no one can be treated less fairly than others because of their race or religion, or be asked to comply with a requirement that is unreasonable based on their race or religion.

For more information about your rights and discrimination, go to the Queensland Human Rights Commission website on **www.QHRC.gov.au**.

All people who access healthcare, including public and private hospitals, day procedure services, general practice and other community health services can expect to be treated according to the ***Australian Charter of Healthcare Rights***. You can access information about your rights under the Charter, including in 19 languages at: **www.safetyandquality.gov.au/australian-charter-healthcare-rights-second-edition-translations**

Intersectional inequities

The *Refugee Health and Wellbeing Policy and Action Plan 2022-2027* includes targeted actions aimed at overcoming intersectional inequities. Some people may experience simultaneous inequities which interact to produce more complex barriers to healthcare. This is referred to as 'intersectional inequity'. Many people from refugee backgrounds belong to one or more of these groups and will have their own unique healthcare needs based on their personal experiences.

People with disability

Functional and cognitive impairments are increasingly being identified among new arrivals. People with disability from refugee backgrounds are among the most marginalised and need support to navigate broader service systems, including the National Disability Insurance Scheme (NDIS).

Women

Many women from refugee backgrounds may have suffered violence, torture or sexual abuse fleeing their homes and countries, and had poor access to healthcare, including for sexual and reproductive health. They would benefit from gender-sensitive, trauma-informed responses to care.

Children

Almost 50 per cent of Queensland's recent humanitarian intake are under the age of 18 years. Children may have experienced trauma, have had interrupted schooling and may need healthcare and support related to their developmental and learning needs.

People seeking asylum

Many people seeking asylum are Medicare ineligible and have poor access to healthcare. They may have multiple and complex health issues, resulting from trauma and torture, prolonged poverty and periods in immigration detention. A significant percentage of people seeking asylum are male and are often separated from family.

LGBTIQ+ communities

Australia is accepting an increasing number of people from refugee backgrounds forced to flee because they fear being persecuted based on their sexual orientation, gender identity, and/or sex characteristics. LGBTIQ+ people from refugee backgrounds report experiences of mental distress, suicidal ideation and traumatic stress, which can be exacerbated by their migration experience.

Introduction

The *Refugee Health and Wellbeing: Policy and Action Plan 2022-2027* (Policy and Action Plan) recognises that good health is influenced by the interconnection of social, cultural and economic factors of a person's life.

People from refugee backgrounds are more likely to face unique physical, mental, emotional, social, cultural and spiritual challenges because of their experiences. At the same time, settling in Queensland presents a whole set of new challenges, including navigating a different health system and accessing the healthcare they, or their family needs.

This policy uses the term **'people from refugee backgrounds'** to refer to:

- people who arrived in Australia via the Commonwealth Government's Humanitarian Settlement Program
- people who are seeking asylum, including temporary or permanent protection in Australia
- people who arrive on other visas, such as spousal and family visas and have a strong connection to families and communities with a refugee background in Australia or overseas
- children born in Australia with parent/s from a refugee background.

The Policy and Action Plan sets out guiding principles, strategic priorities and actions to promote a whole of health system approach to providing accessible, equitable, clinically excellent, client and community informed, culturally safe, and integrated healthcare for all people from refugee backgrounds living in Queensland. The document aligns to existing national and state policies and plans governing the provision of health services and multicultural services identified in the Appendix.

Refugee Health and Wellbeing Policy and Action Plan (2017-2020)

This Policy and Action Plan builds on the progress of the first *Refugee Health and Wellbeing Policy and Action Plan 2017-2020.* An independent evaluation of this Policy and Action Plan conducted by the Queensland University of Technology in 2021, recommended priorities for future direction, including:

- stronger focus on the social and environmental determinants of health
- addressing health and social needs of people seeking asylum
- building capacity of health services in regional areas
- strengthening care coordination
- continue improving the availability of and engagement with language services (i.e. qualified interpreters and multilingual resources)
- reducing barriers for people from refugee backgrounds with disability to access the National Disability Insurance Scheme (NDIS).

Consultation

The development of this Policy and Action Plan was co-led by the Refugee Health Network Queensland Policy Working Group, and Strategy, Policy and Reform Division, Queensland Health, and facilitated by the Australian Centre for Health Services Innovation (AusHSI), Queensland University of Technology. This process included active consultation with Hospital and Health Services (HHSs), Primary Health Networks (PHNs), primary care providers, settlement services, refugee specific organisations, and other non-government organisations (NGOs) from across Queensland. Community members and leaders as well as the Mater Refugee Health Advisory Group made up of 11 advisers from diverse refugee backgrounds (also known as the 'G11') were consulted to ensure a community voice is reflected throughout the document.

Implementation, evaluation and feedback

Implementation

The implementation of the Policy and Action Plan is jointly owned across members of the Refugee Health Network Queensland. This includes Queensland Health, Mater Refugee Health Service, Primary Health Networks (PHNs), primary care providers, settlement services, refugee specific organisations, other Queensland government agencies, non-government and community organisations from across Queensland.

Refugee Health Partnership Advisory Group Queensland

The implementation of this Policy and Action Plan will be overseen by the Refugee Health Partnership Advisory Group, convened by the Refugee Health Network Queensland. The Policy and Action Plan will be complemented by more detailed plans of activities developed with Refugee Health Network Queensland members.

Working Groups

Working Groups will be established on key priority areas of work that require collaboration and targeted attention. Consumer and community voices will be sustainably engaged to be represented and/or provide input.

Monitoring and Evaluation

Reporting against the plan will be undertaken annually and published on the Refugee Health Network Queensland website. The Policy and Action Plan will be evaluated to determine the impact of the plan and make recommendations for future effort. Evaluation will involve partners and embed the voice of people from refugee backgrounds.

Consumer and Community Feedback

There will be an annual forum which includes consumer and community representatives and enable them to provide feedback on progress against the Policy and Action Plan.

The Mater G11 Refugee Health Advisory Group will continue to be consulted and engaged in progress against the Policy and Action Plan.

Have your say on the Policy and Action Plan

You can write to us with your feedback on the Policy and Action Plan:

Queensland Health – multicultural@health.qld.gov.au

Refugee Health Network Queensland – **info@refugeehealthnetworkqld.org.au**

To talk to someone in Queensland Health in your preferred language call **1800 512 451** and ask to speak with the Department of Health Disability and Multicultural Health Unit.

You can also talk to someone from the Refugee Health Network Queensland in your preferred language by calling the network on **3163 2958,** telling them what language you need and they will connect an interpreter to the call.

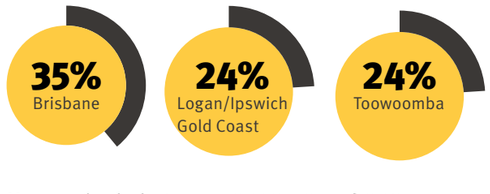
Refugees in Queensland **a snapshot**

Humanitarian Settlement Program

Queensland welcomes humanitarian arrivals under the Australian Humanitarian Settlement Program each year. According to Humanitarian Settlement Program provider reports, between 2018-19 and 2021-22 financial years, 6,773 people arrived in Queensland.[1] In 2020-21, there were very few arrivals due to pandemic-related restrictions. The Australian Government has now resumed the program and flagged a potential increase in Australia's national intake. It is expected Queensland's intake of people from refugee backgrounds will increase over the next four years.

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

New arrvials by region



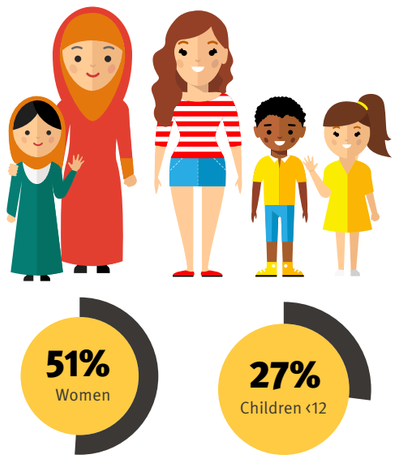
New arrivals between 2018-19 and 2021-22 have initially settled in Brisbane, Logan, Toowoomba, Townsville, Cairns, Gold Coast and Ipswich.

The largest settlement of new arrivals by region was in Brisbane (35.2 per cent), followed by the combined Logan/Ipswich/Gold Coast area (24.2 per cent) and the Toowoomba region (24 per cent).

In 2021-22 more than 70 per cent of Queensland's new arrivals settled in Brisbane.

[1] Humanitarian Settlement Program New Arrivals Report 2018 – 2021 (FY), Multicultural Australia; and Humanitarian Settlement Program Arrivals Report July 2021 – June 2022.

Just over half of new arrivals were women (51.3 per cent) and over a quarter (27 per cent) were children under 12 years. The most common age group on arrival for adults is the 26-40 years age group.



Source countries for refugees vary with changes in international circumstances such as war and conflict. In recent years, arrivals to Queensland have come mostly from Afghanistan, Bhutan, Burundi, Central African Republic, Ethiopia, Iran, Iraq, Myanmar, Pakistan, Rwanda, Somalia, Syria, and the Democratic Republic of Congo.

More recent arrivals have been through crisis humanitarian responses, with 70 per cent of those arriving in 2021-22 made up of people fleeing Afghanistan (527) and Ukraine (206).

Other arrivals from refugee backgrounds

Not all people from refugee backgrounds are part of the Australian Humanitarian Settlement Program.

From time to time, the Australian government supports the temporary relocation of people through crisis responses, such as recent support to Ukrainian nationals. Others may arrive as family members or spouses of people settled from refugee backgrounds but identify with the refugee experience.

Some people enter Australia on a different type of visa and seek protection (asylum) under the terms of the International Refugee Convention, while others may enter without a valid visa and are granted temporary asylum and subsequently apply for protection.

Calculating the number people seeking asylum is complex. The number of people seeking protection in Australia far outweighs the number of people accepted through the United Nations High Commissioner for Refugees (UNHCR) Humanitarian Settlement Program. According to the Refugee Council of Australia, as at August 2021, there were approximately 3,154 people seeking asylum living in the community in Queensland who are applying for temporary or permanent protection visas, including those in community detention.[2] Many do not have access to Medicare entitlements or social security benefits and access to housing and healthcare remains a significant barrier.

[2] Refugee Council of Australia, Answer to Question on Notice SE21-171 (data as at August 2021)

Health context

There is a lack of available data in Queensland, nationally and internationally on the health of people from refugee backgrounds. This is because health information systems, routine health surveys, and other platforms that guide healthcare decisions often do not take account of people's migration status or cultural background.

In Queensland and Australia, the most collected relevant variable in health data is 'Country of Birth'. Queensland Health is currently analysing hospital data from this perspective. While the findings are not specific to people from refugee backgrounds and include other migrant populations, early analysis indicates that people born in the Middle East and Northern African regions have higher rates (aged-standardised rates) of potentially avoidable hospitalisations than Australian-born people for a range of conditions. These two regions include common source countries for refugee arrivals over the last few decades in Queensland.

More than 55 per cent of registered COVID-19 related deaths nationally to June 2022 were people born overseas, despite comprising only 27.6 per cent of the population. This is correlated with lower scores of relative socio-economic advantage and disadvantage of many multicultural communities at the centre of outbreaks.

While there may be a lack of data collected, there are numerous studies nationally and internationally identifying health inequities experienced by people from refugee backgrounds, and this is backed by anecdotal evidence and consumer voices.

Social determinants

When exploring the health of people from refugee backgrounds, it is the social determinants of health (rather than diseases or medical conditions themselves) that explain most of their health outcomes. The social determinants of health are non-medical factors that influence health outcomes, in both positive and negative ways, by shaping daily life.

Key social determinants include income and social protection, level of education, unemployment and job insecurity, working conditions, food insecurity, housing and basic amenities, early childhood development, migration and visa status, social inclusion and non-discrimination, conflict, and access to affordable health services of good quality.

People from refugee backgrounds may have survived wars and civil unrest which disrupted their daily lives, forced people to flee and seek protection in another country. It is important to recognise that people's experience prior to arrival in Australia can influence their longer-term health outcomes.

Pre-arrival health factors

As a result of pre-arrival experience, many people from refugee backgrounds have pre-existing health and mental health needs that require immediate attention. Through the Humanitarian Settlement Program, Queensland Health and primary care health providers offer a comprehensive health assessment to new arrivals. Health assessments are recommended to identify and treat any immediate or chronic health needs including nutritional deficiencies and infectious diseases, such as Hepatitis B & C, Tuberculosis (TB), and Malaria, and other prevalent health conditions, such as anaemia, chronic renal disease, and lung cancer.

Health assessments are also useful for preventative health including ensuring all new arrivals are provided with catch up vaccinations and offered age-appropriate health screening to Australian standards. It is also an opportunity for the identification of developmental delay or disability that can then be referred for assessment and supports. If a person does not arrive as part of the Humanitarian Settlement Program, such as a person seeking asylum or other migrant visa, opportunities for quality health assessment may be missed and as a result necessary preventative healthcare may not be put in place.

Post-arrival experiences

People's overall health and wellbeing is impacted by their settlement experiences. Some notable challenges people from refugee backgrounds experience include cultural shock, language barriers, loneliness and concern for family members left behind, limited financial resources, racism and discrimination, and difficulty navigating new systems like health, education and community services. Some people may also have lower literacy levels, including digital and health literacy, which impacts their capacity to access information and services.

Despite traumatic past experiences, many people from refugee backgrounds will manage any associated health challenges with timely and appropriate care and support. Accessibility, affordability and cultural appropriateness of local community and health services remains a significant challenge. To effectively address these challenges, it is critical to design coordinated models of care with community input which focus on the strengths of the community, are accessible, flexible, culturally safe, holistic and grounded in the social determinants of health.

People from refugee backgrounds are more likely to settle successfully – including actively participating in family, schooling, working and community life – when their health and wellbeing improve through the provision of equitable access to timely, culturally safe healthcare.

Principles

This Policy and Action Plan acknowledges that the social determinants of health, including migration and visa status, access to housing, employment and education can impact your overall health and needs to be addressed as part of a holistic approach.

The Policy and Action Plan is guided by five key principles:

Health equity

You have the right to high-quality and culturally safe and responsive healthcare regardless of your race, ethnicity, language spoken, visa status, gender identity, sexual orientation, religion or socioeconomic status. You also have the opportunity to reach your full health potential and not be disadvantaged from achieving this.

Cultural safety and responsiveness

Healthcare providers acknowledge and respect your identity, culture and experiences and seek to reduce bias in all interactions including clinical service delivery. This requires ongoing critical reflection by individuals as well as organisations.

Individual and community voice

Healthcare providers listen to your voice, understand, and are informed by what is important to you, your family and community. Healthcare providers and systems that deliver services recognise your connections with your community and the strength of your community, ensuring that your voice is heard.

Partnerships and collaboration

Working together across services and sectors leads to the best care for you. We are committed to doing this through meaningful, respectful and reciprocal partnerships and collaboration.

Clinical excellence

Healthcare providers continuously seek to improve quality and safety of care to achieve better health outcomes.

The six priority areas of action

1. Delivering culturally safe and responsive healthcare
2. Improving interpreter services and building the capability of the language services sector
3. Integrating and coordinating healthcare
4. Promoting empowerment and reciprocal engagement
5. Prioritising a culturally diverse health workforce and leadership
6. Improving visibility of health outcomes for people from CALD backgrounds including refugees

Strategic priorities and actions

1. Delivering culturally safe and responsive healthcare

We all have our own unique social, historical and cultural identity which can impact on how we deliver and experience services, including healthcare. To be inclusive, safe and responsive, our health system needs to be in tune with the diversity of the community, including people and communities from refugee backgrounds, and how they experience healthcare. A culturally safe and responsive health system means:

- Policy makers, planners and healthcare workers actively seek to understand the intersecting nature of culture, migration, health and wellbeing.
- Caregiving practices and health information are aligned with how care is understood and experienced by those receiving it.
- Healthcare providers recognise that people's approaches to their health are shaped by their beliefs, traditions and prior experiences of healthcare.
- There is acknowledgement of the impact of racism and systemic discrimination on people's health and wellbeing.
- The voice of communities is valued and incorporated in the design, planning, delivery and evaluation of health policies and services.

> "Here in Australia, everything is available for us but sometimes it is still not great —
>
> Refugee Health Consultant
> Group Toowoomba"

What it looks like for you:

- You are welcomed by staff and clinicians who understand your needs and will engage interpreters when you need them.
- Services listen to your needs, and make sure you have the best information and understanding to make the best decisions for your health.
- You are able to make decisions about your healthcare without fear of judgement or discrimination.
- Health clinicians and staff are sensitive to your preferences, including around gender, family, religion and community, and supportive of your own explanatory models, beliefs and strength.
- You have access to culturally and linguistically appropriate opportunities to provide input and feedback about healthcare services you receive, and you understand how your input and feedback will be used.

Actions — Delivering culturally safe and responsive healthcare

1.1 Apply contemporary standards and frameworks for care provision to people from refugee and culturally and linguistically diverse backgrounds, including:

System level

- National Safety and Quality Health Service (NSQHS) Standards User Guide for health service organisations providing care for patients from migrant and refugee backgrounds
- Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery
- Australian Charter of Healthcare Rights

Health workers

Refugee and migrant health: Global Competency Standards for health workers (WHO) 2021:

- Migrant and Refugee Women's Health Partnership Culturally Responsive Clinical Practice: Working with people from migrant and refugee backgrounds Competency standards framework for clinicians
- Migrant and Refugee Women's Health Partnership Guide for Clinicians Working with Interpreters in Healthcare settings

1.2	Provide platforms to share good practice, resources and materials to support cultural safety and responsiveness.
1.3	Co-design and consult with consumers to inform the planning, design and evaluation of services and resources for people from refugee backgrounds.
1.4	Provide culturally and linguistically appropriate and accessible opportunities to provide feedback on health experiences to inform health system performance.
1.5	Prioritise access to mandatory cross-cultural training and promote extension training opportunities to improve cultural competency and sensitivity.
1.6	Support the *2022-2024 Queensland Multicultural Action Plan* priority to provide equitable and respectful opportunities and experiences for customers from culturally and linguistically diverse backgrounds, through targeted initiatives to address unconscious bias and racism, and promote inclusion.
1.7	Provide accessible information to keep up to date with emerging issues, humanitarian crises and evolving policies which impact people from refugee backgrounds.
1.8	Monitor the diversity of local populations and use this to inform health service planning, including any emerging humanitarian settlement.
1.9	Improve accessibility of mechanisms that people from refugee backgrounds can use to query or improve their understanding of care they or their family members are receiving, such as the Ryan's Rule process.

Case Study

Metro South Oral Health Service—delivering culturally safe and responsive care in responding to the needs of Ukrainian arrivals

Metro South Oral Health Service (MSOHS) delivers culturally safe oral healthcare in a key humanitarian settlement region. To be responsive to the needs of newly arrived people from refugee backgrounds, MSOHS has modified and tailored its practice, including finding ways to engage and provide services in a non-threatening, culturally sensitive way.

Since February 2022, hundreds of people fleeing conflict in Ukraine have arrived in the Brisbane area. Many have had disrupted access to health services and have limited access to healthcare after arrival.

In partnership with the Ukrainian Community Association of Queensland, MSOHS provided an outreach service at two community events, with a view to providing culturally appropriate, accessible care in a non-threatening environment. This included MSOHS modifying its usual assessment and referral practice, and:

- deploying a Ukrainian-speaking clinical assistant to deliver oral health information in language, and with the support of interpreters.
- assisting patients to complete referral forms, registering them and identifying the appropriate Oral Health Service if not within their catchment
- following up by working closely with Ukrainian Community Association of Queensland, Refugee Health Network Queensland, and refugee health services to assist with the coordination of appointments and dissemination of appropriate resources.

MSOHS worked in a flexible and responsive manner with the support of staff who were committed to working out of hours and in an outreach capacity. By providing access to care in a non-threatening environment, and valuing and supporting a bilingual staff member, MSOHS was further able to amplify a culturally safe and inclusive message to the Ukrainian arrivals who required oral healthcare.

2. Improving interpreter services and building the capability of the language services sector

Between 2017-2020, 94 per cent of arrivals to Queensland under the Humanitarian Settlement Program reported they had either 'poor' or 'nil' English literacy, and most likely required the services of a professional interpreter.[3]

Under the *Queensland Human Rights Act 2019* people have a right to use and be provided information in their language. For people from refugee backgrounds, access to a qualified interpreter and information in a preferred language is crucial to building trust, health literacy, understanding the Australian health system and being empowered to be active participants in healthcare. Conversely, a lack of access can mean a person has not provided informed consent for health procedures and pose considerable health risk to a person and can raise medical and legal issues. To provide effective language services to people from refugee backgrounds, system-wide barriers need to be minimised. This includes:

- enabling the seamless booking and engagement of quality language services
- creating health information and systems including virtual care with the needs of people with language barriers in mind
- supporting access to language services for communities speaking emerging languages
- for health services and staff to be appropriately trained and equipped to integrate language services across all modalities of care.

[3]Data sourced from Department of Home Affairs

> “Valuing interpreters as a profession is key to help with building confidence in community —
> Community member”

> “Bad interpreter impacts on the experience of the healthcare system. Can change health outcome — G11 Member”

What it looks like for you:

- You are offered access to a qualified interpreter when you need one.
- Communicating via an interpreter is a helpful experience that supports you to manage your health.
- You have access to healthcare resources in your preferred language and know where and how to access information.
- If you choose to become a qualified interpreter, you have access to support to develop your skills as an interpreter in a health setting.

> “Language is huge. Knowing which interpreters are good and requesting specific interpreters has helped where this is possible — G11 Member”

Actions — Improving interpreter services and building the capability of the language services sector

2.1	Implement the *Queensland Government Multicultural Action Plan 2022-2024* action 'ensure people who have difficulty communicating in English can access information and services at the right time and in the right manner, through improved access to interpreters and implementing multilingual and multi-modal communication strategies'. This includes a commitment to review and implement a revised language services arrangement to enable high-quality language services, help reduce systemic barriers to interpreting services and improve flexibility of the delivery of services.
2.2	Build clinician and staff capacity to engage interpreters and translators, including through: • Providing appropriate training, resources and support for staff. • Adequate resourcing of language services. • Access to necessary equipment to support engagement. • Embedding language service options in telehealth and other emerging digital and virtual healthcare options.
2.3	Create opportunities for health services to share best practice ideas, resources and solutions in language service provision.
2.4	Develop and provide culturally appropriate and accessible health information for CALD communities including: • Providing information in plain English in written, audio or video format to support lower literacy audiences and enable accurate translation. • Using culturally appropriate distribution channels to ensure information reaches people from refugee backgrounds. • Providing culturally appropriate language support for navigating health information and care, including over the telephone and online.
2.5	Consider patient language needs in the design of services and health information.
2.6	Support the capability of interpreters working in or seeking to work in a healthcare setting with professional development opportunities.

Case Study

Interpreting for Allied Health Professionals Program—Brisbane South and North Primary Health Networks (PHNs)

The Brisbane South PHN Interpreting for Allied Health Professionals Program commenced in March 2016 as a pilot based on Central and Eastern Sydney PHN's Access to Interpreting Services for Allied Health Professionals Program.

The aim was to:

- support access to private allied health services by non-English speaking clients
- ensure free interpreter services are available to Allied Health Professionals (AHPs) working in private practice to communicate with non-English speaking clients.

The pilot showed positive feedback and from 1 July 2016, it was established at Brisbane South PHN as an ongoing program. In October 2017, Brisbane North PHN commenced their Interpreting for AHPs Program. Brisbane South PHN was contracted to administer the program on their behalf based on previous partnerships between the two PHNs in the refugee health space and to improve efficiencies.

Over 300 AHPs are registered for the programs in Brisbane South and North PHN regions and the program receives positive feedback from AHPs including reports of improved access and quality of care.

Since that time Darling Downs West Moreton PHN has also commenced its own similar program.

Feedback from allied health professionals registered for the program:

> "I feel the service is excellent. As a bulk-billing private practitioner I am unable to pay for this service and could not service CALD clients before - now I feel able to with confidence. It has helped me extend my service to some of the most vulnerable members of our community. I am so grateful."

> "This is a very valuable service and empowers refugees and non-English speakers to be proactive and access healthcare that otherwise would not be available."

> "This is definitely an important program delivered by PHN. My clients are mostly refugees from this medical practice who have very limited English skills. It is not affordable for them to pay for the interpretation service privately. Being able to access this free service is great and definitely would improve on clinical outcome and health status."

3. Integrating and coordinating healthcare

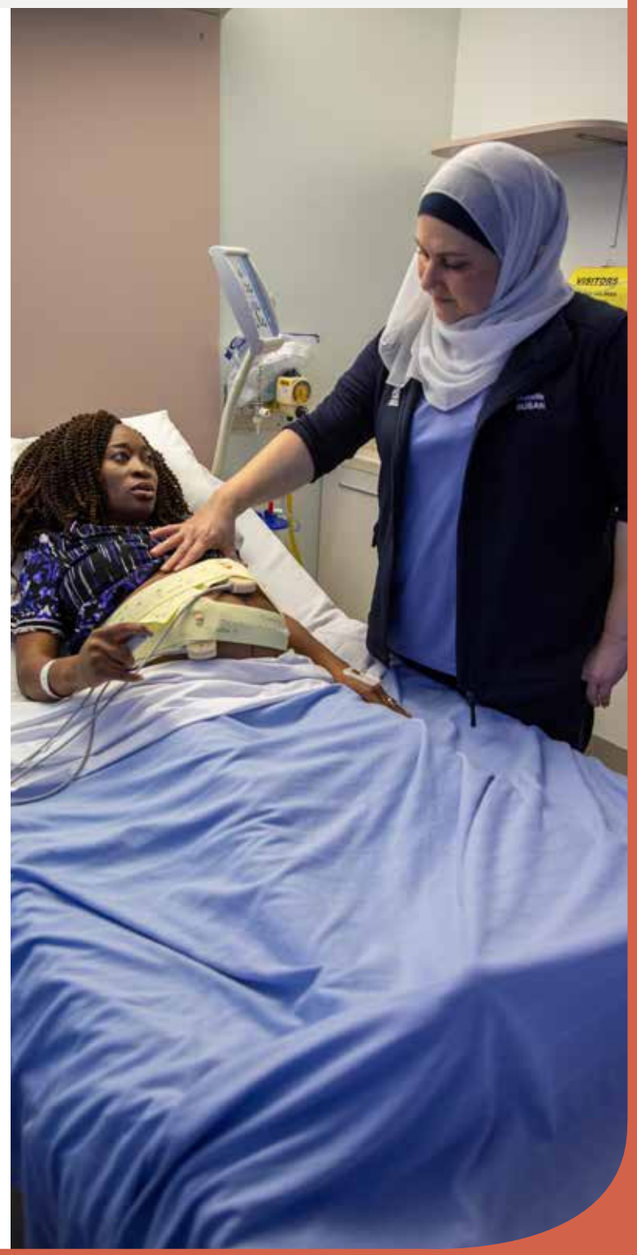
An integrated approach to healthcare requires collaboration across all parts of the health system. It also means healthcare incorporates an understanding of how social, cultural and environmental determinants affect people from refugee backgrounds.

Supporting people after arrival to understand and navigate the health system and other support services is critical for preventative healthcare and their future health and wellbeing. People from refugee backgrounds are likely to continue experiencing systemic barriers to engaging with healthcare for years after arriving in Australia and may require additional health support due to pre-and post-arrival complexities.

> “Access to wrap around services has really helped, too hard if there are multiple services. Mental health, social, financial, legal and physical health are all interconnected. Services that will join you up to support the social determinants of health is very helpful. Even for those who have been here for a long time.’ — Community Member”

An integrated and coordinated approach to healthcare that considers social, cultural and environmental determinants means:

- Health services provide holistic assessments following arrival that facilitate connection to primary care options for ongoing care.
- Healthcare providers support people to understand and link with other services they need.
- Informed, integrated approaches to care continue over a person’s life course in Australia.
- Healthcare responses recognise intersectionality within refugee background populations that can heighten marginalisation, including for people with disability, women, children, people seeking asylum, and LGBTIQ+ communities.



What it looks like for you:

- Health workers understand you and your family’s challenges settling in Australia and these are considered in the care you receive.
- You receive timely referrals and assistance with accessing specialist health and support services to optimise your and your family’s health and wellbeing.
- Your understanding of the health system increases over time and you feel more confident navigating health and other support services or asking for help for this.
- Healthcare providers are sensitive to your intersectional care needs and take a holistic approach to your health.

Actions — Integrating and coordinating healthcare

3.1	Strengthen partnerships across primary, tertiary and community sectors to minimise barriers to accessing healthcare, including through the design of innovative approaches and solutions.
3.2	Improve sector collaboration through working and advisory groups.
3.3	Provide equitable healthcare through prioritisation of referrals and improved referral pathways across primary, tertiary and community services, and support people from refugee backgrounds to navigate these.
3.4	Provide resources and information to clinicians about the healthcare needs of people from refugee backgrounds.
3.5	Promote shared responsibility for the health and wellbeing of people from refugee backgrounds across government agencies and levels of government by providing relevant information and advice about their needs.
3.6	Review the delivery of refugee health services to ensure they meet the needs of local refugee background populations.
3.7	Support consumers to build their health literacy and to have ownership of their health, including by improving their knowledge, compliance and understanding of their healthcare with understandable and accessible health information.
3.8	Advocate for improved access to healthcare for new arrivals, including: • Improved availability of culturally appropriate and competent primary health options. • For people seeking asylum and humanitarian entrants without permanent residency, access to healthcare. • Access to pharmaceuticals, pathology and imaging services. • In the longer term, access to Medicare.
3.9	Support women from refugee background to access gender-sensitive, trauma informed, equitable healthcare, including for their Sexual and Reproductive Health (SRH).
3.10	Facilitate timely assessments and support to access early childhood and disability (including NDIS) supports for adults and children from refugee backgrounds.
3.11	Build awareness of the specific health needs of LGBTIQ+ people from refugee backgrounds.

Case Study

The M-CHooSe Pilot (Mater CALD Health Coordination Service)

Mater Refugee Health is funded to provide Brisbane based humanitarian entrants with a health assessment, linkage to and care coordination with general practice, where Mater refugee health nurses are co-located. COVID-19 disrupted migration and Mater Refugee Health pivoted resources by repurposing the role of the refugee health nurse to deliver care coordination and health system navigation across levels of care to patients identified by GPs as complex.

The M-CHooSe pilot was co-designed with Inala Primary Care, Brisbane South Primary Health Network and Footprints Community to directly respond to people from culturally and linguistically diverse backgrounds with low social support, multiple health issues, low health literacy and low engagement with appointments and treatment. Patients had one point of contact to address both clinical and non-clinical needs through close collaboration between Mater refugee health nurse, GP and Footprints Community social worker.

M-CHooSe was designed to be a comprehensive and integrated service to improve care pathways and interface across primary, tertiary and community sectors. The model was jointly evaluated with Inala Primary Care and the Griffith University Healthy Primary Care team to document service deliverables, demand and impact. The findings indicate:

- 78 per cent of patients had a refugee background and median length of settlement was 1 year and 8 months.
- Patients were from 30 different ethnicities.
- The way the nurses spent their time reflected the support needs of the patient. In most cases, nurses spent the greatest amount of time providing navigation support across primary and tertiary health (including facilitating access to hospital appointments), advocacy with external services, coordination of social supports and enabling health literacy.
- Health professionals (GPs and nurses) reported better patient advocacy, improved understanding of the social determinants impacting on patients' capacity to manage their health needs, and improved appointment attendance.
- There was improved interagency communication, patient engagement and service utilisation and efficiency including improved engagement with hospitals.

This innovative pilot shows promising signs of better health and wellbeing outcomes for CALD patients as a result of health and support services (Federal and State funded) working collaboratively to leverage resources, knowledge and skills. Watch a video about the Pilot M-CHooSe.

4. Promoting empowerment and reciprocal engagement

Health promotion is the process of enabling people to gain more control over, and improve, their own health and wellbeing, and that of their families and communities. Engaging local people and communities in their own health strengthens both them and the health system, supporting the creation of more culturally responsive services.

Health services play an important role in engaging the voices of patients from refugee backgrounds, their communities and community leaders, on how healthcare is provided and received by them. To do this effectively, the health system needs to be sensitive to appropriate ways to engage, hear and embed input from people from refugee backgrounds.

In Queensland, the COVID-19 pandemic demonstrated the effectiveness of community-led responses to emerging health issues and how this translated to health-seeking behaviours and the empowerment of communities to have a say in their health.

Empowering communities looks like:

- Both targeted and universal health interventions consider people from refugee backgrounds in design and implementation and provide opportunities for input.
- Health resources developed for communities are co-designed with them.
- Engagement of people from refugee backgrounds is mindful of cultural and community preferences on how to be engaged.
- Engagement respects people's time, work, family and community commitments, and provides compensation for their participation.
- The existing strength and resilience of communities is harnessed.
- There is adequate investment and support available to health services to enable engagement.

What it looks like for you:

- Your community is engaged in the development of health policy and interventions that affect you.
- Your ideas, feedback and knowledge about your own community are valued, listened to and acted on.
- Health literacy resources and communications meet the information needs of your community.
- You have more opportunities to participate in government consumer working and reference groups.

> "Community need to take ownership of the policy and action plan. Community need to identify themselves in the plan [and be] included in development." —
> Community member

Actions — Promoting empowerment and reciprocal engagement

4.1	Establish sustainable and culturally appropriate mechanisms for people and communities from refugee backgrounds to provide input into healthcare policy, planning and delivery.
4.2	Develop best-practice frameworks and resources to support health services to engage with CALD and refugee background communities.
4.3	Build trust with communities through the development and nurturing of ongoing reciprocal relationships.
4.4	Collaborate with key stakeholders through existing networks like the Refugee Health Network Queensland, Refugee Health Partnership Advisory Group, Qld African Communities Council and Mater G11 Refugee Health Advisory Group.
4.5	Co-design health resources and communications with communities to ensure information is relevant and tailored to their needs.
4.6	Provide opportunities for CALD and refugee background communities to partner in or lead health promotion initiatives.

CALD COVID Health Engagement Project (CCHEP) steering group members.

Case Study

Building reciprocal engagement with communities and leaders through the CALD COVID Health Engagement Project (CCHEP)

Queensland multicultural communities have been integral in the fight against COVID-19. The CALD COVID Health Engagement Project (CCHEP) aims to ensure the needs of people from refugee and CALD backgrounds across Queensland are heard and addressed in the pandemic response.

CCHEP is a partnership-driven initiative involving 10 organisations, funded by Queensland Health and managed by the Refugee Health Network Queensland. CCHEP works closely with the Australian Red Cross Community Connector Advisor, funded by the Department of Children, Youth Justice and Multicultural Affairs. The project is underpinned by four principles: collaboration, equity, community development and capacity building. Project activities included:

- Co-designing information and resources with communities and health partners, including audio, visual and PowerPoint education resources, leading to increased outreach and more trusted information sources.
- Providing advice and support to Queensland Health to respond to emerging issues.
- Establishing a new WhatsApp channel with 118 community and sector representatives who forwarded prepared messages and translations via their grassroots community WhatsApp, Facebook and text messaging groups.
- Partnering with communities and service providers to deliver eight online forums with health professionals, including the Queensland Chief Health Officer.
- Delivery of 77 targeted face-to-face in-language information sessions reaching over 950 people across 82 different language groups from harder-to-reach multicultural communities.
- Coordinating the co-location of vaccine clinics in partnership with Hospital and Health Services, Primary Health Networks and World Wellness Group primary care team.
- Remunerating and supporting community leaders and members for their time and input.
- Resourcing localised and targeted initiatives and campaigns for communities by communities to support COVID-19 messaging including vaccinations.

CCHEP established a Project Reference Group and Youth Reference Group of CALD representatives who provided ongoing feedback on the pandemic response and provide feedback on what was needed to improve access to accurate and timely information and increase health literacy of their communities.

A flexible funding pool was used to empower communities to generate their own materials, and to remunerate community activities and participation.

Fundamental to the success of CCHEP was tapping into pre-existing trusted relationships between services and communities, such as the Queensland Government funded Community Action for a Multicultural Society (CAMS) program and the Mater G11 Refugee Health Advisory Group. Additionally, community bodies like Queensland African Communities Council (QACC) gave a voice to the communities when the pandemic messaging was not accessible to all.

5. Prioritising a culturally diverse health workforce and leadership

Together, people from diverse communities make up a large proportion of our population. Building a health workforce and leadership that represents the community it serves is vital in delivering inclusive and culturally responsive services.

People from refugee backgrounds are far from a homogenous group; they come from enormously diverse backgrounds and bring with them a range of skills and life experiences. People from refugee backgrounds, including those who are health professionals, experience several barriers on their path to employment in Australia, yet their employment can help support the provision of more equitable and culturally responsive services and address workforce shortages.

Diversity and inclusion matter because changing the composition of workforces brings diverse perspectives to every conversation and decisions made by teams, organisations and institutions. Valuing, investing in and growing culturally diverse health workforces will directly improve the health and wellbeing outcomes of people from refugee backgrounds and their communities.

A culturally diverse health workforce and leadership that represents the local population means:

- Health services see diversity as a strength and embed targeted strategies to recruit people from diverse backgrounds.
- People from refugee backgrounds have access to initiatives that address barriers and provide pathways to employment in the health industry.
- Workplaces embrace diversity through organisational policy and practice and promote a sense of belonging.
- Boards and decision-making bodies include appointments from culturally and linguistically diverse backgrounds.
- There is adequate investment and support available to health services to enable engagement.

What it looks like for you:

- Health services reflect the diversity of the local community, with staff who may have the same background as you or speak your language.
- If you want to pursue your health profession in Queensland, you know how to go about it and you have access to equitable pathways to enter the workforce.
- Recruitment opportunities are fair and flexible and your transferrable skills, lived experience, and cultural and language skills are regarded as a valuable asset.
- Workplaces support you to adjust to the work environment.
- Your health workplace promotes a sense of belonging for all employees and understands your connection and responsibilities to community.

Actions — Prioritising a culturally diverse health workforce and leadership

5.1	Remove barriers to employment in the Public Sector and Queensland Government Boards through culturally inclusive recruitment practices and workplace cultures – per the *Queensland Multicultural Action Plan 2022-23 to 2023-24*.
5.2	Commit to diversity targets recommended by agencies and bodies with responsibility to set and monitor these.
5.3	Develop strategies to improve the representation, retention and employee experience of people from culturally and linguistically diverse backgrounds, including people from refugee backgrounds.
5.4	Formalise through policy and provide practical support to maximise the impact of bi-cultural and bi-lingual health staff in a safe, appropriate, and respectful manner.
5.5	Invest in workforce strategies that provide pathways to employment for overseas-trained health professionals with refugee backgrounds and support them to flourish in the workplace.

Case Study

Pathway to employment for International Medical Graduates (IMGs) from a refugee background—Mater Observership Pilot

Doctors from a refugee background settling in Queensland are a valuable and untapped resource that can significantly assist with local medical workforce challenges. However, International Medical Graduates (IMGs) from refugee backgrounds face significant systemic barriers including regulatory, cultural and financial costs to becoming registered and work ready.

The Mater Observership Pilot was initiated in 2019 and over three years has offered observerships to five IMGs from refugee backgrounds. It supported over 30 other doctors through peer support, study groups and networking. The pilot was co-designed with IMGs from refugee backgrounds and Mater clinicians, with advice from Directors of Clinical Training based at Queensland hospitals.

The Pilot offers important insights into integrating IMGs from refugee backgrounds into the health system, including:

- The importance of providing newly arrived doctors with accurate and timely information about the registration and examination pathways to prevent costly delays.
- The need for regulatory bodies to understand the impact of the refugee journey, for example the difficulty of meeting recency of practice due to prolonged periods in refugee camps or requesting a good standing certificate from an institution in a war-torn country.
- The value of professional networks and especially using the observership to better understand the cultural differences in medical care, critical to passing the Australian Medical Examination Part 2.
- The need to invest in mentoring and debriefing to support observers throughout the observership and to extend the support to assisting with job applications and beyond.
- The need to modify discriminatory recruitment processes and clearly recognise and respond to the differences between IMGs who are migrants and IMGs from a refugee background.
- Clear benefits of providing additional supervisory support and supernumerary positions in hospitals willing to employ IMGs from refugee background.

Three of the five IMGs from refugee backgrounds are now working in Queensland Hospitals. The impact on the doctors who participated in the Pilot was significant with one of the doctors saying she felt like she was alive again after donning scrubs and going into theatre. The Pilot demonstrated that a modest investment can lead to an employment pathway, a rekindling of hope and greater cultural capital for the health system. Further information can be found here.

6. Improving visibility of health outcomes for people from CALD backgrounds including refugees

We need an improved understanding of the health and wellbeing outcomes of people from CALD backgrounds, including people from refugee backgrounds, to be responsive to their needs and inform effective policy development, systems planning, care and resource allocation.

Many health data collections —nationally and at a state level—have inadequate indicators for cultural or linguistic diversity and migration status to support this. In some cases, data that is collected is not high enough quality to analyse.

This inhibits the ability to undertake quality health research on people from refugee and CALD backgrounds, which in turn inhibits the evidence base needed to take proactive steps to address health inequities.

Where research involving people from refugee backgrounds occurs, it is important that methodologies and approaches used are sensitive to the needs of those participating in the research. This includes surveys and qualitative research.

Committing to a stronger data and research base for people from refugee and CALD backgrounds means:

- Health systems prioritise and do more to improve data collection on people from CALD backgrounds.
- People responsible for entering data understand the downstream importance of completing fields accurately.
- Opportunities to expand insights through data integration and other innovations are investigated.
- There is a shared understanding of effective research methodologies for health research on refugee background populations.

What it looks like for you:

- If you are asked to provide information about your cultural background or your health, you understand why and how your information will be recorded, stored, and used.
- You are involved and represented in research that seeks to better understand the health needs of your community, including research design, implementation and analysis.
- Researchers including peer researchers (people who are trained to do research from your own community) understand how to work with you and your community to get the best input for their study.
- There is information available about the health and wellbeing of your community, and this is used to improve service delivery and the health and wellbeing of your community.

Actions — Improving visibility of health outcomes for people from CALD backgrounds including refugees

6.1	Develop a position statement for data collection and analysis on CALD populations across Queensland Health.
6.2	Analyse existing health data and report on health and wellbeing outcomes of people from CALD backgrounds in Queensland.
6.3	Improve the visibility of health outcomes for people from refugee backgrounds through targeted research and data analysis.
6.4	Improve participation of people from non-English speaking backgrounds in population surveys through inclusive research methodologies.
6.5	Improve staff awareness and training for consistent collection of CALD minimum datasets for patients interacting with the health system.
6.6	Advocate for further investigation on: • Usefulness of introducing a variable relating to ethnicity or cultural background, particularly in health and medical research. • Data linkage opportunities with other state and national and datasets inter-jurisdictional to demonstrate CALD health outcomes.

Case Study

Toowoomba Refugee and Multicultural Service (TRAMS) 'Group Toowoomba' Peer Research

In Toowoomba, a large cohort from the Yazidi community had settled since 2017 and CatholicCare's TRAMS Program, a key settlement agency in the region, had heard that health was a key concern for the community.

CatholicCare caseworkers assist with settling communities from refugee backgrounds and had always been passionate about consulting with community. They knew of the success of the Mater G11 Refugee Health Advisory Group and were excited to try to replicate that model in Toowoomba, so they could support peer research to hear directly from the community about their health needs.

Through project funding from the Queensland Government, they employed four consultants from the Yazidi community who speak English and Kurdish Kurmanji, to form Group Toowoomba. G11 members assisted the formation of the new group by sitting on the interview panel, taking part in peer research training and then also acting as a mentor for Group Toowoomba members once they started their new roles.

The first activity was a research project where the consultants reached out to community members to find out more about their health perspectives and concerns with an aim for these insights to create space for better health outcomes. Associate Prof Kate Murray, School of Psychology and Counselling at the Faculty of Health, Queensland University of Technology (QUT), was instrumental in assisting to facilitate this learning and supported the group to work toward meaningful consultation together.

The research was completed and assisted the group to plan for future activities. For example, as a direct follow-up of one key identified issue, Group Toowoomba has been involved in ongoing conversations with hospital staff in palliative and cancer care regarding complex issues surrounding death, life-limiting illnesses, and informed consent. Group Toowoomba members also toured the Toowoomba Hospice. The information exchange is two-way as the Group Toowoomba members learn about local systems, while also providing feedback to services about community perspectives and answering questions from the staff relating to their work with the Yazidi community.

A report and findings of the research can be found here.

Definitions

Term	Definition
Accessibility	The possibility of health services or resources to be easily available to those who need them, when they need them and in the way needed.
Asylum Seeker	A person who has been forcibly displaced from their home country because of war or other factors and submits an application for international protection and is waiting for the final decision of their claim from the authorities of the country in which they have submitted it.
Bicultural worker	A person employed specifically for their cultural skills and knowledge, which are used to facilitate communication between the organisation and communities with whom they share similar cultural experiences and understandings.
Co-designing	A collaborative approach to develop programs, plans, policies, services or solutions with the participation of community members and/or relevant stakeholders.
Cultural appropriateness	Provision of services that are responsive to patients' cultural beliefs, values, religious and language needs.
Cultural responsiveness	An organisation-wide approach to planning, implementing and evaluating services for clients of culturally and linguistically diverse backgrounds with a focus on the healthcare system's capacity to improve health and wellbeing by integrating culture into the delivery of health services.
Cultural safety	Refers to an effective practice of providing quality healthcare services to a person from a diverse background while ensuring respect for their cultural and social characteristics and acknowledgment of carer's own culture, attitudes and beliefs that may affect the quality of care.
Culturally and Linguistically Diverse	Encompasses a range of aspects including a person's country of birth, their ancestry, where their parents were born, what language/s they speak, and their religious and spiritual affiliation.
Discrimination	When a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics.
Diversity	The state of having persons from varying social, cultural, abilities, religious, gender and language backgrounds.
Emotional wellbeing	A person's ability to maintain positive emotion, thoughts or feelings in a stressful situation or other adverse circumstances.
Equitable access	Removal of barriers to enable people to have the same quality of care and opportunities as others.
Health equity	Provision of fair opportunities to all people to maintain and access quality health services when they need it and in a way they need it, regardless of their race, ethnicity, gender, geographic locations, socioeconomic status, visa status or other personal characteristics.
Health beliefs	A person's beliefs and past experiences that affect the way they view health, causes of illness and treatment.
Holistic approach	Provision of healthcare support in consideration to patients' mental health needs, physical, emotional, social and spiritual wellbeing.
Host country	A country that is receiving humanitarian entrants for integration into the society.
Humanitarian Settlement Program (HSP)	An Australian government program to support refugees (humanitarian entrants) and people on other eligible visas to integrate into the Australian society.
Interpreter	A qualified person who conveys spoken or signed information from one language into another.
Intersectional inequities	When multiple, simultaneous inequities interact to produce more complex inequities for individuals.
Medicare	Medicare provides citizens and permanent residents with universal access to free healthcare treatment in public hospitals and subsidies for medical services and pharmaceuticals.
Migrant	A person who moved to Australia especially in order to find work or better living.
National Disability Insurance Scheme (NDIS)	An Australian Government funded scheme that funds costs associated with disability and related services.
New and emerging communities	Communities which generally have small numbers in the given population and lack organised advocacy or social networks, have difficulty accessing government services and may require substantial assistance and time to settle effectively in Australia.
Primary care	Healthcare provided by the healthcare providers on a day-to-day basis. This is also the first place people go to when they have a health problem.
Referral pathway	A series of clinical or healthcare services interventions steps taken by healthcare providers to support presented patients to ensure they receive the service they need.
Refugee	A person who has been forced to leave their country of origin in order to escape war, persecution, or violence and is unable or unwilling to return to the country of nationality due to fear of persecution based on race, religion, nationality, political opinion or social identity.
Responsive service	A healthcare service that meets patients' health, cultural, religious and language needs.
Risk factors	Are characteristics, variables, or hazards that, if present for a given individual, make it more likely that they will develop a disorder.
Social determinants of health	The circumstances (such as economic, politics and social conditions) in which people are born, grow up, live, work and age, and the systems put in place that have influence on a person's health status and how they deal with health conditions.
Tertiary care	Tertiary healthcare is highly specialised healthcare, mostly provided as a hospital in-patient. This can include complex medical or surgical procedures.
Telehealth	The use of electronic information and telecommunications technology to provide healthcare services to patients in remote or long-distance locations.
Torture	Refers to any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from them or a third person information or a confession.
Translator	A qualified person who conveys written information from one language into another.
Trauma	Physically or emotionally harmful or life-threatening feelings characterised by lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing, resulting from experienced past events, series of events or set of circumstances.

Acronyms

AHP	Allied Health Professional
CALD	Culturally and Linguistically Diverse
CAMS Program	Community Action for a Multicultural Society
G11	Mater Refugee Health Advisory Group
HHS	Hospital and Health Service
IMG	International Medical Graduate
NDIS	National Disability Insurance Scheme
PHN	Primary Health Network
QACC	Queensland African Communities Council
QH	Queensland Health
RHNQ/The Network	Refugee Health Network Queensland
RH PAGQ	Refugee Health Partnership Advisory Group Queensland
TRAMS	Toowoomba Refugee and Migrant Service

Appendix – Policies and standards

Queensland Health	Refugee Health and Wellbeing: A strategic framework for Queensland 2016
	Unleashing the potential: an open and equitable health system
	Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023
	Better Care Together: A plan for Queensland's state-funded mental health alcohol and other drug services to 2027
	Department of Health Strategic Plan 2021-2025
	My health, Queensland's future: Advancing health 2026
	Queensland Sexual Health Framework
	Women's Health Strategy (forthcoming)
Queensland Government	Queensland Multicultural Policy and Action Plan 2022-3 to 2023-24
	Queensland Language Services Policy
	Queensland Multicultural Charter
Commonwealth Government	National Settlement Framework
	Australia's Primary Healthcare 10 Year Plan 2022-2032
	National Preventive Health Strategy 2020-2030
	National Strategic Framework for Chronic Conditions
	National Women's Health Strategy
	National Men's Health Strategy
	National Action Plan for the Health of Children and Young People 2020-2030
Clinical standards	The Australian Charter of Healthcare Rights
	National Safety and Quality Health Service Standards: User Guide for health service organisations providing care for patients from migrant and refugee backgrounds
	Competency Standards Framework Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds and Guide for clinicians working with interpreters in healthcare settings
Non-Government Strategy and Frameworks	World Health Organization Refugee and migrant health: global competency standards for health workers 2021
	FECCA - Cultural Competence in Australia - A Guide
	Brisbane South Primary Health Network Pasifika and Māori Health and Wellbeing: a Strategic Framework and Action Plan for Brisbane South 2020-225.
	Royal Australian College of General Practitioners: vision for general practice and a sustainable healthcare system
	Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery
	National Youth Settlement Framework 2020

Thanks to our partners and contributors: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