

NSW Health

NSW Refugee Health Plan

2022-2027





STARTTS Karen Community Garden.
Photo by David Maurice Smith

Foreword

NSW Health recognises that meeting the health needs of people from refugee backgrounds is critical to successful settlement and integration. When people are healthy, they are better able to work, study, engage, contribute and have a sense of belonging in their lives. This Plan acknowledges that people from refugee backgrounds, including people who are seeking asylum, have a profound impact in enhancing Australia's social, cultural and economic life. As well as strengths, people from refugee backgrounds also have unique needs and challenges in keeping healthy and well, as well as equitably accessing healthcare to treat illness.

As a result this Plan takes a culturally responsive, trauma-informed and strengths-based approach, which puts refugees and asylum seekers at the centre of their own care. The aim is to empower people from refugee backgrounds to make informed decisions about their care that will achieve the health outcomes that matter most to them.

Together with the *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023* (the Multicultural Health Plan), this Plan affirms NSW Health's commitment to meeting the health needs of all people from culturally and linguistically diverse backgrounds. It provides essential guidance to the NSW Health system to improve healthcare for people from refugee backgrounds.

This Plan was informed by consultations with close to 100 people from refugee backgrounds, hundreds of NSW Health staff, as well as dozens of partners in other NSW and Commonwealth agencies and NGOs. It presents their combined perspectives on how best to enhance the NSW Health system to keep people healthy and well.

Working successfully towards the vision in the Plan depends on collaboration with our partners and communities. Stronger together, NSW Health will work towards empowering and supporting people from refugee backgrounds to be healthy, thriving members of NSW.

It is also important to acknowledge the impact of COVID-19 and the temporary stop to migration over the last two years. The pandemic has been traumatic for many people in NSW, but the limits on travel and worries about family and friends overseas have been additional burdens for people from refugee backgrounds. In response NSW Health and the NSW Government have strengthened our partnerships with culturally and linguistically diverse communities throughout the pandemic.

Given the dynamic nature of Australia's resettlement program, it is crucial NSW Health and the NSW Government remain responsive to the needs of growing and emerging refugee cohorts, now and into the future.

I wish to thank all the NSW Health staff and other settlement partners who support the health of people from refugee backgrounds in NSW. Welcoming and supporting people from refugee backgrounds in our State shows the best of our health system and also the best of our community more broadly.



A handwritten signature in black ink, appearing to read 'Brad Hazzard', written in a cursive style.

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Please note when reading this Plan

In the spirit of reconciliation, NSW Health acknowledges the Traditional Custodians of country throughout NSW and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal people today.

NSW Health also acknowledges people from migrant and refugee backgrounds who have come from all over the world to make Australia their home and contribute to its rich multicultural society.

NSW Health extends its appreciation to everyone who has contributed to the development of this Plan (please see *Appendix C* for a list of acknowledgements). We especially offer our gratitude to all the people from refugee backgrounds across NSW who have shared their experiences and needs with us, and vision and passion for high quality, safe, inclusive, and culturally responsive healthcare in our State.

Throughout this Plan we use the term ‘people from refugee backgrounds’ to refer to people who arrived in Australia as refugees, including through the Commonwealth Humanitarian Settlement Program as well as people with similar backgrounds such as people seeking asylum. Please refer to the *Key terminologies* page for definitions adopted in the Plan.

In this Plan all references to ‘NSW Health’ or the ‘NSW Health system’ mean all organisations and their staff, as listed on the NSW Health website under ‘*Our structure*’.

Thank you to the photographers for the images throughout the Plan, including Michael Amendolia (page 13), David Maurice Smith, Richard Walker and Warwick Perks (page 18). We also thank the staff and people who are in the photos.



NSW Refugee Health Service staff with a disability carer. Photo by Michael Amendolia

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Plan overview

Vision:

People from refugee backgrounds are healthy, thriving members of NSW



NSW Health services will use this Plan to guide, develop and inform local plans to ensure that:

- People from refugee and asylum seeker backgrounds are able to access timely, culturally responsive, trauma-informed healthcare
- People from refugee and asylum seeker backgrounds are at the centre of their healthcare, supported by NSW Health partnering with patients and communities
- NSW Health responds flexibly to meet new and emerging healthcare needs including by working collaboratively with other government agencies and non-government organisations
- NSW Health seeks to address and reduce health inequities experienced by people from refugee backgrounds
- NSW Health adopts holistic approaches to healthcare, acknowledging people's life experience and family context, cultural background and spiritual beliefs, not just their presenting health conditions

Goals	NSW Health will:	NSQHS ¹
People have timely access to culturally responsive and trauma-informed healthcare services	Modify and target mainstream healthcare services to ensure access to effective, evidence-based and tailored services which are culturally responsive and trauma-informed.	1.15, 1.20, 2.8, 2.11, 5.13, 6.03
	Provide targeted and specialised healthcare services* to work with and respond to the healthcare needs of people from refugee backgrounds.	1.15, 1.20, 2.11, 5.13
	Employ and train a culturally responsive and resilient workforce that is supported to deliver outcomes that matter most to people from refugee backgrounds.	1.20, 2.14
People are at the centre of their own care	Support people to understand and navigate the health system and be active participants in their healthcare, including through partnering with patients and communities to make decisions about their own care.	1.15, 2.10, 2.11
	Provide timely and effective interpreting and language services, including to improve health literacy and access to information.	2.8, 2.9, 6.01, 6.02, 6.11
	Partner with consumers in co-design, implementation and evaluation of health services.	2.11, 2.12
NSW Health responds flexibly and collaboratively to meet new and emerging healthcare needs	Respond flexibly to changes in healthcare needs, in particular to emerging needs and priorities identified in this Plan, such as the increased resettlement of people in rural and regional areas of NSW.	5
	Respond flexibly to demand for healthcare services when and where they are required, including targeted responses to high complexity presentations and prioritisation in long wait-list services.	1.15, 2.11
	Continue to collaborate and work with partners, including Government agencies in health, social services and immigration, as well as settlement services, NGOs, PHNs and primary care providers to improve health outcomes for people from refugee backgrounds.	1, 2, 5
Priority Issues	Effective communication in people's preferred language	
	Cultural responsiveness of mainstream health services	
	Timely access to public health services, including mental and oral health, and for people resettled in rural and regional locations	
	Efficient service navigation and care coordination	
	Targeted health promotion and health education to support people to successfully navigate the health system and achieve optimal health	
Priority Populations	People living in rural and regional areas	
	People living with disability	
	Newly arrived people	
	People seeking asylum living in the community	
	Older people, in particular frail aged	
	Women and single-female-parent families	
	Children and young people, in particular during the first 2,000 days	
	Men	
People with diverse sexualities, gender identities and those with intersex variations (LGBTIQ+)		

* See the Ministry's refugee health **website** for a list of specialist refugee health services.

See **Goals, Outcomes and Commitments** for the complete list under this Plan.

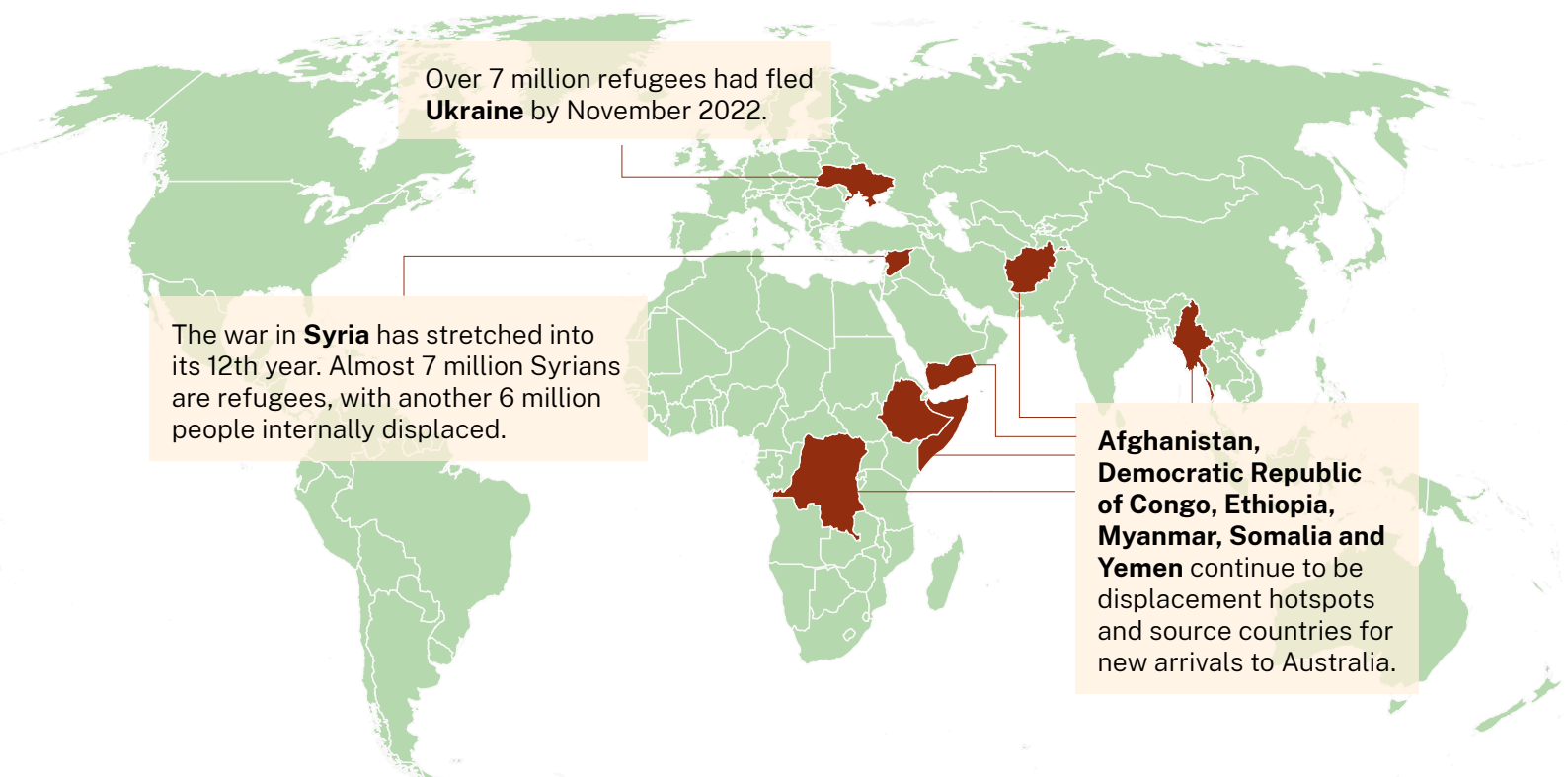
See **Appendix A** for key terminologies and acronyms.

Context

Across the globe, the number of people forcibly displaced as a result of persecution, conflict, or generalised violence is at an unprecedented level.² The most recent United Nations High Commissioner for Refugees (UNHCR) annual Global Trends Report shows that over 80 million people were forcibly displaced at the end of 2020. Almost 30 million were refugees, over 40 million were displaced, and over 4 million were recorded as people seeking asylum. Altogether, more than a third of all refugees worldwide came from just five countries: Syria (7 million), Afghanistan (3 million), South Sudan (2 million), Myanmar (1 million) and Somalia (1 million).³

Moreover, in 2022 more than 7 million people have fled Ukraine due to its invasion by Russia with an estimated 8 million more Ukrainians being internally displaced by November 2022.

Since the end of the Second World War, almost one million refugees have settled in Australia.⁴ Ensuring the health system can respond to the health needs of refugees is critical to their successful settlement in Australia.⁵ This includes facilitating timely healthcare after arrival, as well as ongoing access to effective and culturally responsive healthcare services.



Australia's commitment to settling refugees is facilitated under the Australian Government's Humanitarian Program, which is comprised of two components:

- **Offshore resettlement** for people outside of Australia, including the refugee and special humanitarian program categories, and
- **Onshore protection** for people seeking asylum within Australia.

Each year, the size and composition of Australia's Humanitarian Program is determined by the Australian Government's Department of Home Affairs. The Australian Government sets a minimum intake of people annually. At present this is 13,750 people.

The Humanitarian Program is designed to operate flexibly so that it can "respond effectively to evolving humanitarian situations and global resettlement needs".⁶

For example the Australian Government settled an additional 12,000 people in Australia in response to the humanitarian crisis in Syria and Iraq. As a result more than 25,000 people arrived in Australia in 2017-18. From March 2020 to June 2021 the number of arrivals was less than 1,000 due to COVID-19 border closures. Then with the fall of Afghanistan to the Taliban, the Australian Government urgently resettled several thousand people within months, despite the border closure.

The Australian Government recently announced an additional 16,500 humanitarian places for Afghan nationals over four years, increasing the size of the Refugee and Humanitarian Program to 17,875 places annually until 2025/26. For context, until COVID-19 the national program resettled 18,750 people annually.

Over the past 15 years, approximately one third of all people from refugee backgrounds have been settled in NSW.

NSW Health will continue to plan and deliver health services which are world-class in their response to the healthcare needs of the dynamic and constantly changing, and steadily growing population of people from refugee backgrounds in NSW.



Snapshot of people from refugee backgrounds in NSW⁷

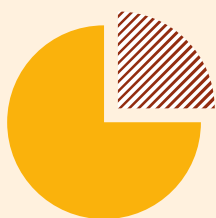
Over 30,000 humanitarian entrants in five years^{*}



In the five year period from 1 January 2015 to 1 January 2020, there were 31,418 humanitarian entrants resettled in NSW. Of these, just over half came from Iraq and a quarter from Syria. This reflected in part the additional intake by the Australian Government in response to conflicts in this region.

A diverse group of people

Between 2015 and 2020, of the humanitarian entrants resettled in NSW:



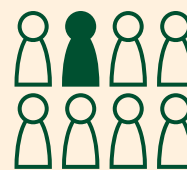
A QUARTER WERE CHILDREN AGED 0-11 YEARS



MORE THAN ONE IN FIVE WERE YOUNG PEOPLE AGED 12-24 YEARS



THE GENDER SPLIT WAS EVEN



ONE IN EIGHT WERE OLDER PEOPLE AGED OVER 55 YEARS



Apart from Iraq and Syria, the most common countries of birth were Afghanistan (3.6%), Iran (2.6%), Democratic Republic of Congo (DRC

– 1.8%) and Myanmar (1.8%). Humanitarian entrants also came from other countries including Pakistan, China, Egypt, Bhutan, Sudan, Ethiopia, Somalia, Sierra Leone, Nepal, Sri Lanka and Tibet.

The most common languages spoken were Arabic (57%) and Assyrian (13%). The majority (92%) had poor or no English proficiency. Languages spoken by refugees are often highly diverse. For example the Kurdish-Kurmanji language was almost unspoken in Australia before the arrival of Ezidi refugees from Syria and Iraq.



There are high levels of diversity among refugee populations, which are heterogeneous in language, religion and ethnicity, even when people are from the same country. For example, the majority of refugees arriving from countries like Syria, Iraq and Afghanistan belong to ethnic and religious minorities speaking different languages and adhering to different cultural practices than the dominant group in their country of origin.

More people in rural and regional areas

There is a growing trend towards regional settlement, driven by Australian Government settlement policy.

Over the decade to 2020, less than 15% of people were resettled in regional NSW. However the Australian Government has set a target to double resettlement in rural and regional Australia. This is part of the Government’s plan to reduce the impact of increasing population in cities and to support growth in smaller cities and regions.⁸

Detailed information about refugee communities and settlement patterns can be obtained from the *NSW Refugee Health Service* and *multicultural health services* in each LHD/SHN.



TARGET TO DOUBLE RESETTLEMENT IN RURAL AND REGIONAL AUSTRALIA OVER COMING YEARS



Historically the Australian Government has resettled more than **80% of humanitarian entrants in Greater Western Sydney**, with over 40% of people settling in the areas near Fairfield and Liverpool.



After Sydney, the largest number of people are settled in **Coffs Harbour, Newcastle, Armidale, Wollongong, Wagga Wagga and Albury.**



Impact of COVID-19

In March 2020 the International Organization for Migration and UNHCR temporarily suspended resettlement travel for refugees due to the COVID-19 pandemic. The Australian Government also suspended the majority of its humanitarian program until December 2021.

As a result, there were only 2,370 humanitarian arrivals to NSW between the start of the pandemic in March 2020 and 1 March 2022.⁹

At the time of publication, it is expected that the number of humanitarian entrants will return to historically 'normal' levels in the second half of 2022.

NSW expects to settle approximately 6,000 new arrivals each year for the foreseeable future. This may rise further based on the policy of the new Australian Government.

* This settlement data is intentionally for the period 2015 to 2020, because including the settlement figures during the COVID-19 pandemic would give a false impression of the historical size of the humanitarian intake.

The healthcare needs of people from refugee backgrounds

A holistic approach recognises that an individual's health outcomes are influenced not only by biological and physiological factors, but also by political, social, economic and cultural forces such as wealth, gender and education.¹⁰ People's health and wellbeing is influenced not only by their pre/post settlement experiences, but also by their life experiences, current priorities and stress factors.



A recently arrived client of the NSW Refugee Health Service.
Photo by Michael Amendolia

People from refugee backgrounds experience differential health outcomes compared to the general population. These include:

- Psychological and adjustment disorders, such as anxiety, depression and post-traumatic stress disorder brought on by exposure to persecution, conflicts and trauma. Emotional health can also be impacted by grief and loss resulting from death or separation from family members
- Problems with oral health as a result of lack of access to a nutritious diet, fluoridated water, adequate oral hygiene and, in some cases, torture to the mouth and face
- Physical consequences of torture and armed conflict, such as musculoskeletal pain or hearing loss and other disabilities
- Increased exposure to infectious diseases, such as intestinal parasites, hepatitis B, tuberculosis and malaria
- Poor nutrition due to social and economic factors in their country of origin and/or extended periods of food insecurity while in refugee camps or other settings
- Undetected or inadequately managed chronic diseases, such as high blood pressure and diabetes
- The impact of Adverse Childhood Experiences (ACE) on an individual's health and wellbeing
- Growth and development issues in children as a result of malnutrition or previous illness.¹¹

These health needs may present on arrival and during the early settlement period,¹² highlighting the need for high quality on-arrival health screening and assessments, immunisation, and referrals to specialists as required. In particular, there is ongoing need to provide timely access to mental health services, oral health care and disability services for new arrivals.

Many health conditions can have long-lasting and persistent effects, and some may increase or change over time.¹³ Access to high quality mainstream healthcare providers, complemented by relevant specialised services, is essential to support positive long-term health outcomes for people from refugee backgrounds.



The impacts of post-settlement experiences on health

When people are forced to relocate due to persecution and insecurity, 'health' is often not a person's first priority in the early settlement period. Higher priorities often include securing employment and housing, enrolling children in school and learning to speak English. For example, many people from Afghanistan, Ukraine, Syria and Iraq are worried about family members who are still in their countries of origin, or in other very dangerous situations. In combination, these psychological stressors impact on people's health and wellbeing.

Other post-settlement factors may include:

- Language and communication barriers
- Social exclusion and isolation
- Cultural differences
- Financial barriers
- Poor working conditions
- Challenges associated with overseas qualification recognition
- Reduced ability to trust services because of prior experiences with corrupt or poor government services in their previous countries
- Racism and discrimination
- Access to plain language information on available services; and
- High levels of uncertainty and limited social and financial resources, particularly for people on temporary visas.¹⁴

Amongst people from refugee backgrounds, people seeking asylum are the most vulnerable, in particular people who arrived in Australia by boat. People seeking asylum have uncertain visa status, which may reduce their eligibility for Medicare, placing them at very high risk of poor health outcomes. Some live in Australia with no possibility of family reunion, unemployment and limited access to many government services.

The pandemic has focused health system attention on virtual care. **NSW Health Care Interpreter Services** were integral in making interpreting and language services available throughout the pandemic with phone and video consultations.





The impacts of COVID-19 on the health of refugees

The COVID-19 pandemic has affected people from refugee backgrounds in unique ways.¹⁵ Refugee populations at risk of COVID-19 infection are diverse and differ in their health literacy, behavioural, cultural and health practices. In non-pandemic times, these factors can contribute to health inequities, and this has been heightened during the pandemic. There have been marked racial and ethnic disparities in rates of serious illness and mortality due to COVID-19. Reasons include close living conditions, as well as communal and family-focused cultures. In addition the 'essential' industries people work in, such as abattoirs, aged care, logistics and hospitality, also contributed to higher rates of infection.¹⁶

Many people from refugee backgrounds have also had loved ones overseas in countries with high infection and low vaccination rates. This increased anxiety and triggered mental health conditions for some people, especially those with prior traumatic experiences. People on temporary visas, in particular asylum seekers, were also disproportionately impacted by financial stressors due to the Commonwealth policy to not extend access to social security supports to non-permanent residents.

To help address health service access, primary, secondary and tertiary health services worked together to support people from refugee backgrounds. In particular, the NSW Refugee Health Service (RHS), the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) and local health district services sought to support people through these difficult times. They also provided healthcare for people without Medicare, as well as counselling, and social worker assistance. The *Asylum Seeker Centre*, which is partially funded by NSW Health also assisted many people in need, with health, social and financial support.

The pandemic has also focused health system attention on virtual care, and the NSW Health

Care Interpreter Services were integral in making interpreting and language services available throughout the pandemic with phone and video consultations.

NSW Health has worked closely with partners, including Multicultural NSW, the Department of Communities and Justice, the Department of Customer Service, as well as NGO partners, to ensure that timely and accurate in-language information and support services have been available to people from refugee communities through a range of channels including direct engagement with community and faith leaders, as well as through social media and regular weekly *media conferences* with multicultural media.

NSW Health and all other agencies have learnt important lessons throughout the pandemic, including about the importance of working closely with our culturally and linguistically diverse communities.

It is also important to note the role of the Commonwealth. In late 2020 it established the *Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group* to support the Australian Government to coordinate an evidence-based response to the COVID-19 pandemic. The group comprises leaders from culturally, ethnically and linguistically diverse communities and their representative organisations, health experts and medical and public health practitioners. State and Territories were invited to participate as 'observers'.

The purpose of the Advisory Group was to provide the Commonwealth Department of Health with advice on the experience of culturally, ethnically and linguistically diverse people and communities, and to provide recommendations and options, where required, to improve health outcomes and mitigate the health impact of COVID-19, for people and communities from multicultural backgrounds.

Healthcare for people from refugee backgrounds in NSW

Responsibility for the provision of healthcare to people from refugee backgrounds crosses all levels of government in Australia, and also involves the non-government, community and private sectors. In addition to mainstream health services, such as Medicare, which is Australia's universal public health insurance scheme, refugees have access to a range of generalist and specialist refugee services.



A child client of the NSW Refugee Health Service undergoes vision testing. Photo by Michael Amendolia

At the Commonwealth level, the Australian Government provides targeted settlement supports to humanitarian entrants through the *Humanitarian Settlement Program (HSP)*, including Specialised and Intensive Services (SIS) for people with complex needs. Participants in these programs are linked with case managers and community workers who provide them with a range of supports including:

- Assistance accessing government funded health services
- Orientation to Australian life
- Accessing housing and social services.

The HSP and SIS are time-limited supports, with the aim of transitioning people into mainstream services.

At the State level, the NSW Government is committed to the successful resettlement of people from refugee backgrounds. NSW Health supports positive health and wellbeing outcomes through *specialist multicultural and refugee health services*, for example, the RHS and STARTTS. NSW Health also provides community based psychosocial supports to refugees and asylum seekers through the *Mental Health Community Living Supports for Refugees (MH-CLSR)* program. In addition, NSW Health services provide leadership in statewide efforts to promote collaboration within and between health and other government portfolios, for example *school-based refugee health nursing*.

NSW Health services focus on linking and coordinating non-government and government providers to ensure continuity, complementarity and coordination of healthcare services.

See **Appendix B** for a table summarising the different responsibilities of the Commonwealth and NSW Governments in holistically supporting the health of people from refugee backgrounds in NSW.

This Plan builds on the previous *NSW Refugee Health Plan 2011-2016*. Two tranches of recurrent funding were provided to support the outcomes of the former Plan:

- \$1.5 million per annum (from Financial Year 2011/12) to introduce and maintain the NSW Refugee Health Nurse Program
- \$32.4 million (over FY16/17 to FY19/20) for specialised refugee health services in response to the increased intake of Syrians and Iraqis fleeing the war in Syria and Northern Iraq.

The NSW Government, through the appointment of the NSW Coordinator-General for Refugee Resettlement, Professor Peter Shergold AC, and the creation of the Joint Partnership Working Group on Refugee Resettlement, embedded collaboration as a core principle in planning investments to enhance and adapt services to meet the needs of refugees settling in NSW.¹⁷

The NSW Health response highlighted the importance of its services' preparedness and strategic planning, as well as the value of ongoing partnerships and collaboration across NSW Health, the NSW Government, as well as with NGOs and community organisations. The consultation with stakeholders in the development of this Plan confirmed the success of this collaborative approach.

For example, with the support of the Secretary, NSW Health played an essential role in the delivery of the NSW government's commitment to employing more than 100 refugees in public sector jobs. This was achieved through Government Sector Employment (GSE) Rule 26. A similar mechanism also supports employment for other priority populations.

There are a number of other ongoing initiatives across NSW Government and in partnership with NGOs and community organisations which seek to address social determinants of health for refugees in NSW, including improving employment outcomes.

NSW Health will continue its support for specialised health services over the life of this Plan. In addition, this Plan supports further focus on providing high quality and safe health services to identified priority populations and for priority issues.

The NSW Government is committed to the successful resettlement of people from refugee backgrounds.

The NSW Government's goal is that state services are accessible, equitable and responsive to new arrivals within NSW and that communities are welcoming and cohesive.

NSW Health supports positive health and wellbeing outcomes through specialist services targeted for people from refugee backgrounds.

Features of best practice healthcare for people from refugee backgrounds

NSW Health services aim to design their models of care based on the following features:



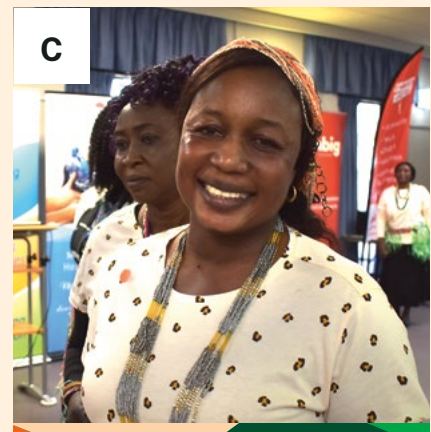
High quality health service provision

- ✓ On-arrival primary care assessment
- ✓ Linkage to mainstream health services, including General Practice and public health services
- ✓ Priority access to specialist services
- ✓ Therapeutic interventions for survivors of torture and trauma
- ✓ Routine service and program evaluation to inform service delivery



Supportive infrastructure

- ✓ Routine provision of professional interpreters for clinical care
- ✓ Culturally responsive and trauma-informed care
- ✓ Partnerships with other agencies, NGOs, settlement services and other partners
- ✓ Service linkage and care coordination
- ✓ Co-design of services to meet community needs



Health promotion and improvement

- ✓ Targeted and modified health promotion
- ✓ Targeted and modified health education
- ✓ Community development and strengthening social connectedness

Plan methodology

Guiding principles

Three guiding principles underpinned the development of this Plan:

1. Adopting a holistic approach to healthcare, acknowledging people's life experience and family context, not just their presenting issues:

The Plan was developed with extensive and valuable contributions by people from refugee backgrounds, including young people, people with disability, new arrivals, men and women, and refugees from different countries of origin such as Syria, Iraq, Tibet, Myanmar, Afghanistan, the Democratic Republic of the Congo and Sudan.

2. Placing people from refugee backgrounds at the centre of their care:

The Plan acknowledges that people from refugee backgrounds have distinct strengths, as well as unique needs and challenges in accessing healthcare. The Plan supports the active role that people play in identifying health issues, communicating about them, and improving their health, in particular through supporting positive health behaviours. NSW Health aims to empower people to be healthy, thriving members of the NSW community.

3. Seeking to address and reduce health inequities experienced by people from refugee backgrounds:

The Plan supports reducing inequities in health status, access to health services, quality of health care and health outcomes amongst different cohorts and communities of people from refugee backgrounds, including through the identification of priority populations.

Research to inform this Plan

The development of this Plan was informed by:

- Review of national and international literature
- Consultations (interviews and focus groups) with more than 80 policy stakeholders, non-government organisations, academic experts, managers of NSW health organisations and services; over 70 frontline staff working with people from refugee backgrounds (see Acknowledgments); and almost 100 people from refugee backgrounds
- An online survey of several hundred NSW health staff involved in delivering health services to people from refugee backgrounds
- Review of secondary data including administrative data and findings from evaluations of programs funded by the Ministry, LHDs, SHNs, the CINSW and HETI.

Alignment with other plans

The guiding principles align with *Future Health: Guiding the next decade of health care in NSW 2022-2032*, the *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023*¹⁸ (Multicultural Health Plan), and *Interpreters – Standard Procedures for Working with Healthcare Interpreters* (Interpreter Policy) as well as the *NSW Cancer Plan*. These policies affirm NSW Health's commitment to meeting the health needs of culturally and linguistically diverse communities, including people from refugee backgrounds. In particular, the commitments in the Multicultural Health Plan are complementary to this Plan and essential to improving healthcare for people from refugee backgrounds.

This Plan also acknowledges and builds on the best practice model and approach of the *NSW Refugee Health Plan 2011-2016*, which has guided NSW Health's provision of healthcare to people from refugee backgrounds since 2011. The principles and strategic objectives of the former Plan continue to be relevant.

Implementation and governance

Implementation of this Plan is the responsibility of the entire NSW health system:

- All NSW Health organisations will use this Plan to inform local planning and delivery for people from refugee backgrounds and people seeking asylum. They should also consider embedding elements of the Plan as appropriate in other strategic planning documents.
- LHDs and SHNs with sizeable refugee and/or asylum seeker populations must have a local implementation plan guided by this Plan. This can be combined with or be embedded in local Multicultural Health Plans or Priority Populations planning.
- The Ministry will provide Plan oversight, governance, guidance and support to NSW Health organisations.
- Specialised refugee health services will use this Plan to support planning and direct service provision to people, as well as to support mainstream health services.
- NSW Health pillars will use this Plan when increasing capability and quality of services, developing targeted models of care, training, and other relevant initiatives.
- Primary Health Networks (PHNs) are able to use this Plan to inform local primary care planning and service provision.

The Ministry of Health will establish a Multicultural and Refugee Health Advisory Committee, which will include representatives from the Ministry, LHDs, SHNs and specialised refugee and multicultural health services.

The Advisory Committee will provide advice on the implementation of the commitments in this Plan, as well as the *Multicultural Health Plan*. The Committee will include members with expertise in refugee health, health systems, and evaluation. The committee will be chaired by the Ministry of Health.

Due to substantial cross-over with the Multicultural Health Plan, a joint monitoring and evaluation framework will be prepared to support oversight and reporting under the Refugee Health and Multicultural Health Plans. This will be finalised by the new Advisory Committee. The framework will draw upon the *Goals, outcomes and commitments* in this Plan and will be used to guide existing annual monitoring and reporting for NSW Health organisations. The framework will also identify how actions in this Plan contribute to implementation of the *Multicultural Health Plan* and vice versa, as well as reporting for the Multicultural Policies and Services Program for Multicultural NSW.

Research on refugee and asylum seeker health

There has been significant research published about refugee health in recent years. The *Public Health Research & Practice Journal* published a **special edition** in 2018 about services funded by NSW Health, including the Refugee Health Nurse Program and other specialised refugee health services. It also considered the integration of refugee healthcare into routine primary care in NSW.

The *OPTIMISE study*, a major research project funded by the National Health and Medical Research Council, was recently completed with findings to be published soon. As part of this study, the RHS worked closely with UNSW and partners in Victoria, researching a program of outreach to general practices in south western Sydney to enhance their systems and processes for providing health care for people from refugee backgrounds.

Such research will inform improvements in refugee healthcare over the coming years. For example, one of the *OPTIMISE study papers* provides practical advice to respond to language barriers with patients from refugee backgrounds in general practice. Such ongoing research will support action to improve patient access to interpreting services as well as improve refugee health outcomes.



Delivering real impact to people from refugee backgrounds



CSU students, a 13-year old patient and Wagga Wagga Health Service Dental Therapist

Improving the oral health of newly arrived refugees in Wagga Wagga

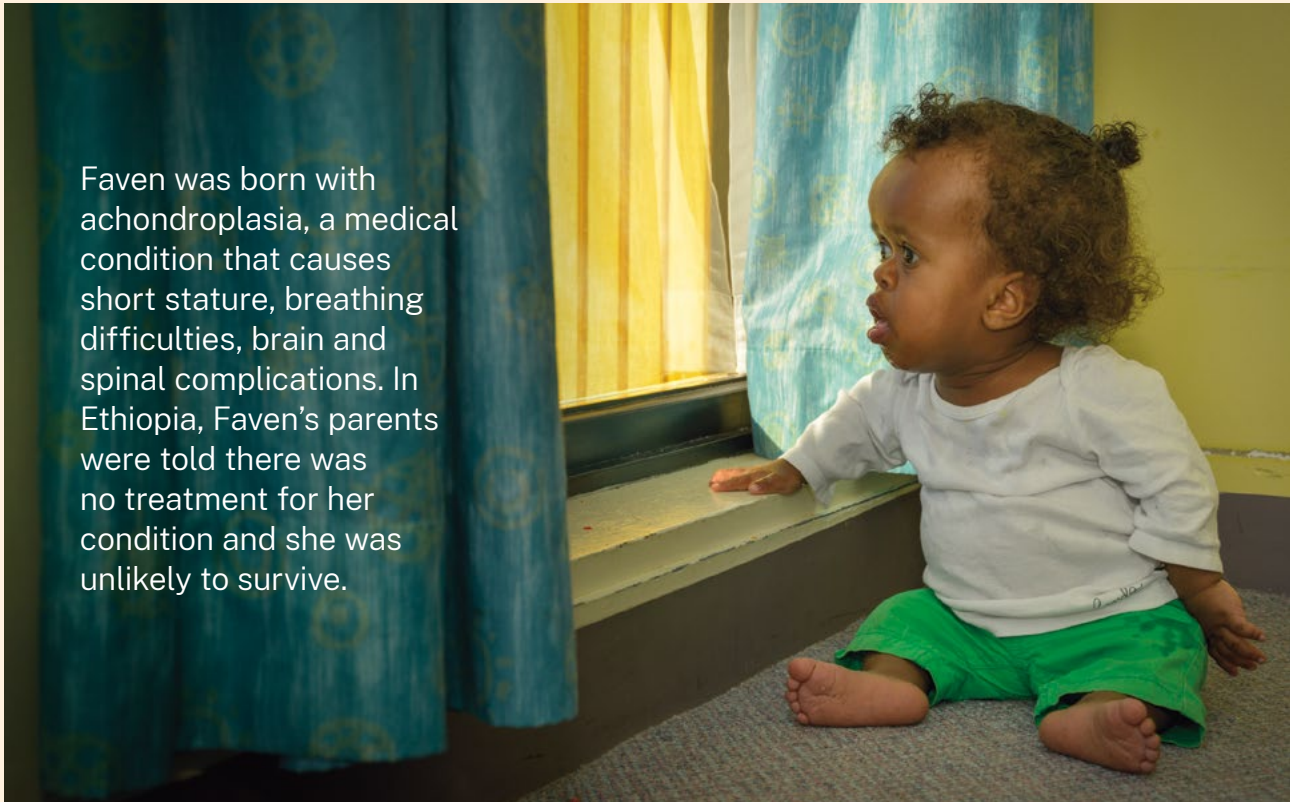
In late 2016, the Wagga Wagga Health Service Dental Clinic became part of the initial health assessment conducted for all newly arrived refugees in the area. When a refugee arrives in Wagga Wagga, they receive a comprehensive medical examination at the Refugee Health Assessment Clinic which includes an oral health assessment. Interpreter services, supported by the client's caseworker, are available to communicate results, pass on oral health education and help arrange follow-up dental appointments. It is a perfect example of an integrated public healthcare model with all services conducted under the one umbrella.

The program involves Oral Health Professionals from the Wagga Wagga Health Service Dental Clinic as well as final year Bachelor of Oral Health students on placement from Charles Sturt University. Students say the experience has been life changing.



“One of the really important things that the services do is educate newly arrived people about achieving good oral health.”

Faven* and her family came to Australia as refugees from Ethiopia



Faven was born with achondroplasia, a medical condition that causes short stature, breathing difficulties, brain and spinal complications. In Ethiopia, Faven's parents were told there was no treatment for her condition and she was unlikely to survive.

*Name has been altered to protect the patient's privacy.


Without the care provided by NSW Health, Faven would have faced impairments to her long term cognitive and physical wellbeing. The coordinated and comprehensive approach to her care will make a long-term difference to the quality of her life. Her family have transformed to being hopeful about her future and realising that she has the potential to live a normal life with the right support.

Soon after arriving in Australia, Faven and her family were seen by a local GP as well as at the Illawarra Shoalhaven Local Health District Refugee Health Service and outreach paediatricians from the Sydney Children's Hospitals Network (SCHN). Faven was 22 months old but was not sitting yet, not speaking, had breathing difficulties, spinal abnormalities, feeding issues, very poor weight gain and iron deficiency.


Faven was admitted to Sydney Children's Hospital in Randwick a few days later and assessed by paediatric sub-specialists. Her parents were provided with advice on safe handling of her spine, enhanced feeds from a dietician, a chair which allowed for improved feeding, a breathing machine and other equipment to help with daily activities.

Within six weeks of arrival from Ethiopia she had undergone surgery to address her severe sleep apnoea, breathing difficulties and hearing impairment. SCHN also helped her family to commence an application for the National Disability Insurance Scheme. A face to face Tigrinya interpreter was present every day during this period which enabled effective communication with Faven's mother. Within days Faven began to take more interest in books, toys and games and began rewarding the staff with smiles and a few new words. By the end of her two-week hospital stay Faven was crawling and standing.

During her admission, Faven's father and older sister were brought to Sydney by volunteers from Wollongong and accommodated in SCHN's Care By Parent Unit to learn about her care needs. The family met an adult with achondroplasia to help answer their questions, and were introduced to another family of a two-year-old girl with achondroplasia who lives nearby to them and was keen to provide long term support. Although Faven will face many challenges in the months and years to come, her engagement with NSW Health services and these new networks will support her to live her life to its full potential.



Priority issues



Effective communication in people's preferred language

Most newly arriving refugees have limited English proficiency and some people from refugee backgrounds have limited literacy in their written language. Patients may be willing to access interpreting services in their second or third language to facilitate timelier services.

NSW Health's *Interpreter Policy* ensures that effective communication between clinicians and consumers supports safe, high quality healthcare and reduces clinical risk. Professional interpreting has a positive impact on levels of service utilisation and service satisfaction. Using informal interpreters, such as asking children and young people to interpret for family members, increases clinical risks and is contrary to NSW Health's *Interpreter Policy*. It can also negatively impact the wellbeing of the child or young person.

The Plan supports action to enhance the ability of NSW Health staff and consumers to efficiently access interpreting and language services when and where required.

Practice tips for health services:

- Always contact your *NSW Health Care Interpreter Service* to engage a healthcare interpreter.
- Healthcare staff should ask patients, families and their carers which languages they prefer to speak. Don't make assumptions about people's preference.
- Provide essential information through audio or video, as well as written translations.
- Use tools such as the *teach-back method* to clarify the effectiveness of communication.

Cultural responsiveness of mainstream health services

People from refugee backgrounds have unique needs that are not always well-understood by mainstream health services. Health beliefs, cultural practices, settlement experiences and trauma impact people's access to, understanding and experience of healthcare and services.

Cultural responsiveness, sensitivity to people's refugee experience and the adoption of a trauma-informed approach supports the transition of people into mainstream healthcare services.

Referral pathways to public healthcare services are essential to increase people's access to healthcare.¹⁹ Mainstream health service staff also need to be aware of referral pathways for people to access specialised services when appropriate.

The Plan supports action by NSW Health organisations to enhance and modify mainstream health programs to ensure they are culturally responsive.

Practice tips for health services:

- Be sensitive to people's refugee experience. Take time to listen to clients and do not make assumptions about what they need or understand.
- Foster a safe environment that enables people to have choice and autonomy over their healthcare.
- Ensure staff are trained in how to provide trauma-informed care.
- Tailor mainstream approaches to clients' experience and understanding of healthcare.
- Partner with refugee communities to engage consumers in service planning and evaluation.

Timely access to mainstream public healthcare services, including mental and oral healthcare, in particular for people resettled in rural and regional locations

People from refugee backgrounds experience high rates of specific health issues which can be prevented or treated proactively. Priorities include oral health, mental and emotional health, issues faced by people with complex health issues who have been resettled in rural and regional locations, and people living with disability and developmental delay.

NSW Health provides prioritised access to some services for eligible patient groups. For example, public dental services are prioritised for newly arrived refugees and for all children under 18 years of age who settle in NSW (*Priority Oral Health Program (POHP) and Waiting List Management*, 2.1.4 Adult Triage Codes, page 9).

Some people from refugee backgrounds experience high rates of mental health issues, including anxiety, depression and post-traumatic stress disorder, especially if they have lived with uncertainty for long periods of time, or have experienced detention in Australia or overseas. Mental health issues can be complex, with high levels of trauma that are persistent and which can re-emerge at different stages in a person's life.²⁰ Recency of trauma also contributes to the complexity of mental health presentations, e.g. people who have recently lived in a war zone. For many people anxiety and depression are experienced as primarily somatic.

Language barriers, a lack of health literacy, access to health information, trust and confidentiality concerns, as well as stigma are key barriers to service access. Stigma often relates to cultural and religious norms, especially around mental health and disability.²¹ Some cultures believe that people who experience mental health issues are 'cursed' and the use of the word 'mental' can have negative connotations when translated into other languages. It is recommended to engage with people from refugee backgrounds in conversations about mental health when guided by respectful, and experienced bi-cultural facilitators and in the context of a long-term relationship with a healthcare practitioner.

There are also system barriers to accessible mainstream community mental health services. For example, providing counselling or consultancy in a person's first language is usually beyond services' capacity. The costs of accessing private mental health practitioners is prohibitive for many people, compounded by shortages of practitioners who bulk-bill. Lack of awareness of NGO and PHN funded mental health services by primary health care providers can also be a barrier.

NSW Health is responding by providing some targeted public mental healthcare services, e.g. the *Mental Health Community Living Supports for Refugees (MH-CLSR)* program which provides trauma informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and asylum seekers of any age who are experiencing psychological distress, mental ill health and/or impaired functioning. NSW Health contracts community managed organisations to deliver these services across seven local health districts with the largest settlement of refugees and asylum seekers.

The Plan supports action to provide further prioritised access for eligible patient groups in most need and at highest risk of disease. It recommends tailoring mainstream approaches to clients' experience and understanding of healthcare, as well as reviewing the evidence-base for the risks of not providing timely interventions to the most vulnerable.

Practice tips for health services:

- Ensure staff are aware of available public healthcare services, especially priority lists.
- Provide prioritised access to timely interventions for the most vulnerable consumers.
- Refer people to appropriate public healthcare services and resources, for example to:
 - o Public oral health services.
 - o Public mental health services, e.g. the *Mental Health Community Living Supports for Refugees Program*.
- Collaborate with specialised refugee health services and refugee community organisations.

Efficient service navigation and care coordination

Service navigation and care coordination facilitate continuity of care. Evidence indicates that care coordinators “provided easier transitions between primary healthcare and hospitals, good coordination among stakeholders, and improved teamwork where workers alerted each other of patient issues”.²²

People from refugee backgrounds often have complex health needs and require support from multiple services, both within and outside health. This can be difficult to manage due to a lack of familiarity with how the health system works, compounded by language barriers. For example, there is often confusion about wait times in emergency departments and the need to make appointments to see a GP.

NSW Health provides limited service navigation and care coordination support through the Refugee Health Nurse Program and related programs, as well as through bilingual

community educators (BCEs), volunteer mentors and service navigator programs. Levels of support and models of delivery differ significantly depending on the location and service model. Consultations revealed that people from refugee backgrounds highly value the support they are given by NSW Health staff, especially specialised refugee and multicultural health services.

The Plan supports action to enhance and/or extend the reach of these services to more people from refugee backgrounds, including those in rural and regional locations.

Targeted health promotion and health education

People from refugee backgrounds are keen to increase their health literacy, to learn about the risks of smoking and alcohol consumption, the importance of nutrition and exercise for health and wellbeing, and topics such as mental health, contraception and screening for cancer.

Health promotion and education can empower people to seek help and enhance health-promoting behaviours by overcoming stigma such as shame or fear of judgment from family, friends and treatment providers.²³

Tailored approaches, which take into account people’s cultural practices, health beliefs and language needs, are critical to successful health promotion and health education. Evidence and consultations indicate that mainstream health promotion and education are not generally accessible for refugee populations. NSW Health supports the co-design of health promotion and health education programs by genuinely listening to service providers, community members and community organisations. *LHD Multicultural Health Services* are experts in providing such services, supporting mutual learning by both refugee communities and health services. Identifying and using networks already functioning within refugee communities ensures that the end product reflects the needs and views of people from refugee backgrounds.

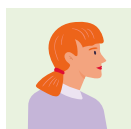
The Plan supports further efforts to target, modify and co-design health promotion and health education programs to support people to successfully navigate the Australian healthcare system and achieve optimal health.

Several local health districts coordinate BCE and/or Cultural Support Worker Programs to empower people from refugee backgrounds to enhance their communities’ health literacy. These cultural experts regularly contribute to co-design of services and programs.

For example bilingual community workers support the ‘Mindfulness Program’, which is a five week group program building mindfulness skills for members of the Arabic and Bengali speaking communities. It is an innovative, evidence-based, low intensity, in-language mental health intervention led by the South Eastern Sydney LHD in partnership with Sydney LHD Mental Health Services, Central and Eastern Sydney PHN, Western Sydney University and community partners.

The intervention has been shown to be clinically effective, by being culturally and spiritually relevant. Benefits for program participants include reductions in stress, anxiety and depression.²⁴

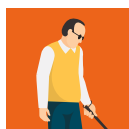
Priority populations



People living in rural and regional areas

- The Australian Government is settling more people in rural and regional locations.
- Key centres for regional settlement include Coffs Harbour, Newcastle, Wollongong, Armidale, Wagga Wagga and Albury. Before the temporary stop to humanitarian settlement due to COVID-19, from July 2019 to March 2020, a total of 1,235 humanitarian entrants were settled in these areas, representing 29% of the total humanitarian intake for this period.
- Many people in rural and regional areas experience service access issues, exacerbated by limited public transport, more limited primary care and specialised services, as well as services being dispersed and often far from where people live.
- Reduced access to healthcare is often exacerbated for people from refugee backgrounds. They may not have access to a driver's licence or private vehicle. They may find it more difficult to navigate public transport.
- They may also find it more difficult to access interpreters in a timely way, especially interpreters in person, which are preferable for certain types of healthcare situations.

Key centres for regional settlement in NSW



People living with disability

- From 2012 the Australian Government has granted humanitarian visas to an increasing number of people living with disability. People with disability may require essential equipment and other supports to facilitate everyday living.
- People who arrive in Australia with pre-existing disabilities have few support networks and little or no service history. They find it difficult to navigate the NDIS process, which often requires self-advocacy.²⁵
- NDIS eligibility requirements create additional barriers to services and supports. For example there are often delays to access the NDIS because local medical assessments and diagnoses are required.



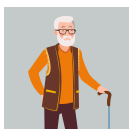
Newly arrived people

- Between 2015 and 2020, more than 31,000 humanitarian entrants arrived in NSW. Of these people, almost 80% were from Iraq and Syria.²⁶ They were resettled in NSW within a relatively short period of time. Many had experienced trauma recently, which can increase the need for health and other supports.
- Ensuring universal access to health assessment and assertive follow-up for all newly arrived refugee and humanitarian entrants is central to NSW Health's response to the healthcare needs of newly arrived people from refugee backgrounds.
- Newly arrived people often experience health issues, particularly physical and mental health issues, related to their experience of resettlement far beyond the primary settlement period of 12-18 months. In particular symptoms of trauma can manifest for the first time, or again, many years after arrival.



People seeking asylum living in the community

- Previous experience of being held in immigration detention is detrimental to people's health and wellbeing, which can sometimes lead to long-term impacts on health.
- The reintroduction of temporary protection visas (TPVs) and changes in eligibility requirements for the Status Resolution Support Service (SRSS) mean some people seeking asylum in the community have reduced access to income, public and social housing, social supports, casework and some medical services and pharmaceuticals.
- Evidence indicates that the experience of instability and uncertainty which is created by living on a TPV negatively impacts mental health outcomes.^{27, 28}
- A sub-set of people are not eligible for Medicare. They have very limited access to primary health care, and may also face barriers to public healthcare.
- The NSW Health Policy Directive *Medicare Ineligible Asylum Seekers - Provision of Specified Public Health Services [PD2020_039]* provides a process to identify Medicare ineligible community-based asylum seekers. It lists the services that attract a waiver of fees and instructions on what to charge when a waiver does not apply.
- For example, NSW Health will provide access to public hospital services free of charge for people from Ukraine who arrived in Australia on or after 1 December 2021 as a temporary arrangement under this policy.



Older people, in particular frail aged

- The number of older people from refugee backgrounds arriving in Australia has increased over time.
- Many older people from refugee backgrounds arrive in Australia with pre-existing medical conditions that have not been treated before, e.g. dementia, heart disease, arthritis, diabetes, chronic pain, knee problems and dental issues as well as willingness to access government services in general.²⁹
- For people from refugee backgrounds who grow old in Australia, their experiences of war and persecution can have long-term impacts. Distressing memories can re-emerge later in

life in the form of disruptions to memory. Post-traumatic symptoms can develop long after traumatic experiences.³⁰

- Navigating support services such as My Aged Care requires a high level of language skills and self-advocacy, which is more challenging for people from refugee backgrounds.



Women and single-female-parent families

- Between FY11/12 and FY17/18, 1,759 women were settled under the Woman at Risk (Subclass 204) Visa, with the aim of protecting women in danger of victimisation, harassment or serious abuse.³¹
- Consultations indicated that some women from refugee backgrounds, not only those settled under the 204 Visa, have experienced domestic violence and/or sexual assault. These experiences can lead to physical and mental health issues, but some women do not access appropriate support services. Other barriers to accessing women's health services include cultural barriers, stigma and concerns regarding confidentiality.
- Women also have health challenges relating to their pre-settlement experience, including nutritional deficiencies, previous pregnancy complications and limited preventive screening for breast and cervical cancers.³²
- Some women also face health challenges which are specifically related to countries of origin, e.g. Female Genital Mutilation/Cutting practices. Such health challenges are particularly relevant to clinical services with implications for emotional support, cultural safety and clinical care, especially during pregnancy and birth. *The NSW Education Program on Female Genital Mutilation* is a statewide NSW Health program which can assist women impacted by this practice.



Children and young people

(In particular during the first 2,000 days)

- Almost half of all humanitarian entrants in NSW in recent years have been 25 years old or younger. Over 20% have been under 12 years old.³³
- Children and young people often need

support for complex trauma and mental health issues, particularly those who have been exposed to violence or who have lived in ongoing fear for their safety.³⁴ Trauma can also have an impact on children's developmental process, including attachment.^{35, 36}

- Children and young people who take on the role of informal health navigator for their family may experience adverse impacts such as the inability to attend school and an unreasonable sense of responsibility.³⁷
- Preventive health literacy may be limited, including in the areas of mental health, nutrition, sexual and reproductive health and the risks of smoking and alcohol consumption.
- Young people from refugee backgrounds often face intergenerational and intercultural issues relating to family and community beliefs and expectations (e.g. traditional gender roles and views regarding sexuality) which impact their health seeking behaviours.
- There is potential to produce excellent outcomes for refugee children in Australia by maintaining stability in the child's school and residence, promoting parental employment, financial and marital stability, settling families in close proximity to their own ethnic community, and promoting support from the general community.³⁸
- There is also potential to improve outcomes for young people transitioning to adult healthcare services, e.g. young people living with a chronic condition.³⁹

Additional groups who may require targeted services and prioritisation



Men

- Men from refugee backgrounds may face specific health issues, e.g. chronic disease, cancer, stress and addiction (smoking, alcohol and illicit drugs).
- Cultural issues often also play a role in men's health behaviours, e.g. smoking shisha pipes.
- Men who are resettled in Australia from countries with strict gender roles, in particular about who works and who looks after the family, also face some unique challenges which can have various impacts on family harmony and power dynamics.

- It is not uncommon that they experience a loss of status in their family structure due to unemployment. This impacts their role as the 'provider' and may be intensified when children learn English quickly and take more leadership in the family.



LGBTIQ+ people

- People of diverse sexualities and genders, and intersex people, who are also from refugee backgrounds, are at heightened risk of mental health conditions such as anxiety and depression, due to isolation, persecution and limited social support before arriving in Australia.⁴⁰ This experience of persecution and isolation can continue in Australia when a person remains socially connected with people from their ethnic or language background who may be phobic due to cultural and/or religious beliefs.
- People can also be fearful of disclosing their identity to service providers, which creates a barrier to accessing health services. Communicating with service providers and interpreters about sexuality, gender and intersex variations can be particularly difficult, as terminology and interpretations of these aspects of a person may vary across communities and cultures.⁴¹
- A further challenge is that LGBTIQ+ communities may not have a deep understanding of the refugee experience and how this may impact on a person's ability to fully and openly be themselves.
- NSW Health has released its first health strategy for people of diverse sexualities and genders, and intersex people. *The LGBTIQ+ Health Strategy* provides direction to the NSW Health system to improve health outcomes so that LGBTIQ+ people in NSW receive high quality, safe, inclusive and responsive health care that matters to them. The strategy will also guide important partnership work with primary care and other community based health services.

Goals, outcomes and commitments



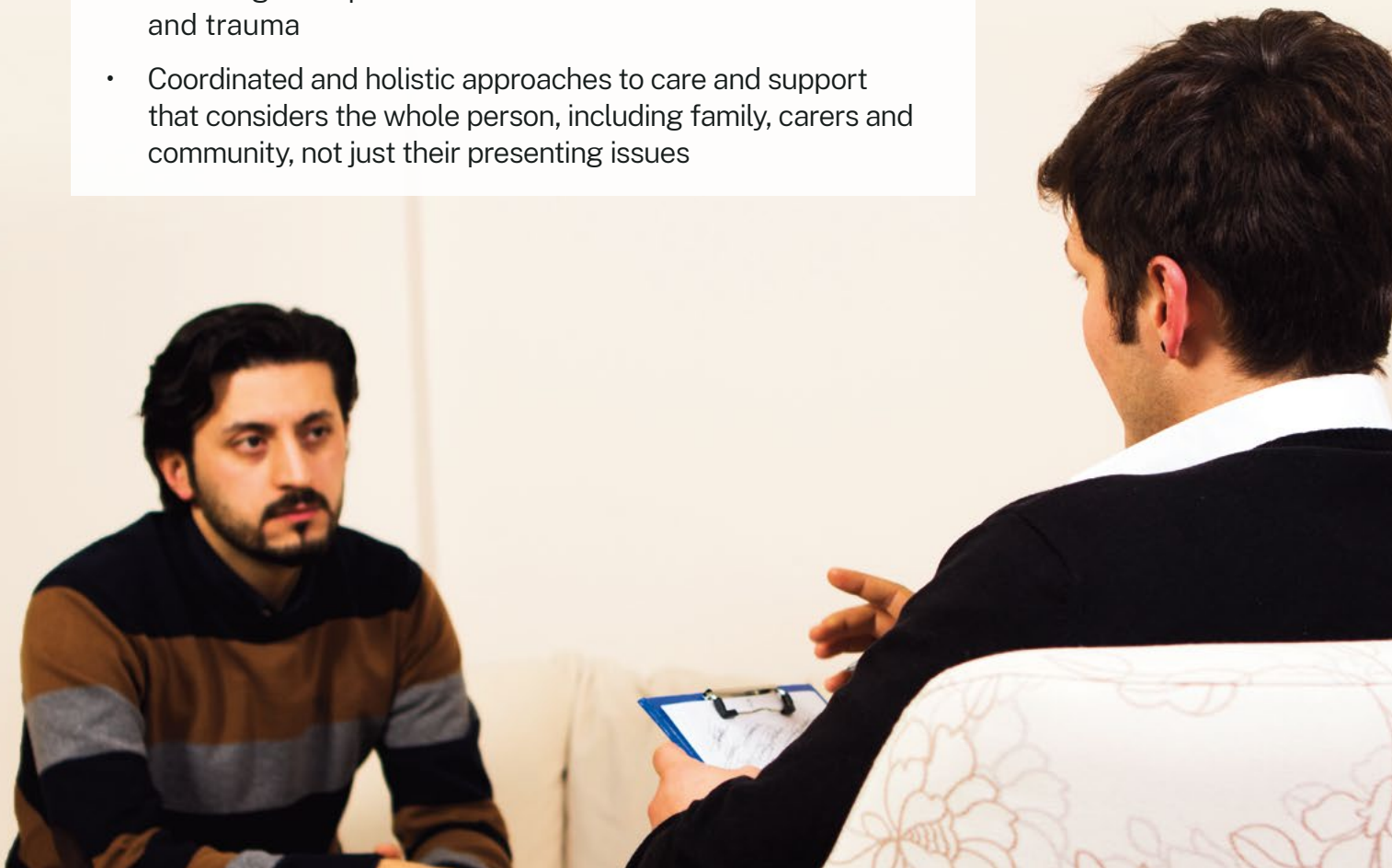
Goal 1

People have timely access to culturally responsive and trauma-informed healthcare services


Outcomes

People from refugee backgrounds are able to access:

- Healthcare that considers their cultural background and the impacts of their migration journey, settlement experiences and exposure to trauma
- Mainstream care which supports them to manage their health and seeks to reduce inequities in access to healthcare and health outcomes
- Timely on-arrival health assessments and specialised care, including therapeutic treatment for survivors of torture and trauma
- Coordinated and holistic approaches to care and support that considers the whole person, including family, carers and community, not just their presenting issues



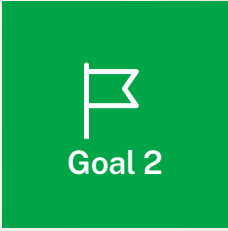
Commitments

-  NSW Health delivers culturally responsive and trauma-informed care that responds to the diversity that exists among refugee populations

NSW Health will:	Success looks like
Support and enhance mainstream health programs to ensure they are modified and/or targeted to overcome the unique service access barriers experienced by people from refugee backgrounds	NSW Health works with refugee communities to ensure mainstream services increase access and effectiveness for people from refugee backgrounds
Support and promote a holistic model of care to clinicians including considering the person, their cultural and linguistic background and their family context, not just their presenting issues	NSW Health staff are supported to provide holistic healthcare
Continue to support and enhance targeted healthcare services with designated clinical and non-clinical positions to respond to the healthcare needs of people from refugee backgrounds	People can access effective tailored programs which meet the specific needs of diverse communities
Support communication between health services to promote collaboration and reduce duplication of services, including between specialised and mainstream health services	Enhanced communication and data sharing across NSW Health and between health services
Continue to support and promote statewide specialised refugee and multicultural health services, such as STARTTS, the NSW Refugee Health Service and the Transcultural Mental Health Centre	People can access specialised services when and where they need them, thereby reducing emergency public healthcare interventions
Address specific service access issues, in particular access to mental and oral health services, for example by: <ul style="list-style-type: none"> Continuing to support and promote tailored programs such as the <i>Mental Health Community Living Supports for Refugees program</i> Ensuring that people from refugee backgrounds including asylum seekers are considered as a priority population in public oral health service planning Ensuring that relevant oral and mental health access information is available in languages and formats other than written English, including those languages most commonly spoken by people from refugee backgrounds 	People can access mental and oral health services when and where they need them
Continue to support the provision of free and equitable access to public healthcare services for asylum seekers living in the community	Ongoing implementation of <i>Medicare Ineligible Asylum Seekers – Provision of Specified Public Health Services [PD2020_039]</i>

-  NSW Health employs and trains a culturally responsive and resilient workforce

NSW Health will:	Success looks like
Provide training for NSW Health staff that improves their capacity to work in a culturally responsive and trauma informed way, including on-the-job training and access to information to improve organisational health literacy	More NSW Health staff complete tailored training and education about how to work with people from refugee backgrounds
Provide supports for NSW Health staff working with clients from refugee backgrounds with a focus on vicarious trauma, self-care and resilience	NSW Health staff are well supported to minimise the impacts of vicarious trauma and burnout
Continue to support specialised services, including statewide refugee and multicultural health services, to support mainstream staff in NSW Health organisations to provide culturally responsive, trauma-informed care	NSW Health staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences for people from refugee backgrounds
Continue to strengthen diversity in our workforce, for example by providing employment opportunities to people from refugee backgrounds, e.g. through GSE Rule 26 for the employment of people from a refugee background.	More people from refugee backgrounds have employment and support NSW Health to strengthen diversity in our workforce and decision-making



People are at the centre of their own care

Outcomes

People from refugee backgrounds are supported:

- To understand and navigate the health system, including being empowered to have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them
- To actively contribute to improving their own health and wellbeing
- To safely and confidently communicate with health staff, whether in their preferred language or in English

Commitments



NSW Health supports people to understand and navigate the health system so they are confident and informed partners in decision-making throughout their care

NSW Health will:	Success looks like
<p>Continue to promote statewide and local health navigation resources tailored to people from refugee backgrounds covering:</p> <ul style="list-style-type: none"> • The structure of the NSW health system, including the role of specialised and mainstream services, public hospitals and healthcare interpreters • The role of GPs in providing healthcare • The rights and responsibilities of consumers within the health system 	<p>People are aware of healthcare services available to them</p> <p>They have access to targeted and effective information in their preferred language and in formats which cater for different literacy levels</p>
<p>Support the co-design and provision of culturally responsive health promotion and health education programs, with a focus on:</p> <ul style="list-style-type: none"> • Mental health and wellbeing • Oral health • Nutrition, physical activities and health eating • Maternal Child Health • Sexual and reproductive health • Smoking cessation and management of drug and alcohol misuse • Prevention and management of chronic conditions • National cancer screening programs available to people from refugee backgrounds 	<p>People have access to health promotion and health education programs which take into account their cultural practices, health beliefs and language needs</p>
<p>Co-design programs and services with a focus on:</p> <ul style="list-style-type: none"> • Involving refugee communities in consumer participation and consultations mechanisms • Recognising the roles played by refugee community organisations, collaboration with and support of those organisations • Recognising the mutual learning required by both refugee communities and health services • Identifying and engaging information networks already functioning within refugee communities 	<p>Health services, including health promotion and health education build on refugee community strengths, lived experience, social capital and networks</p>

NSW Health will:	Success looks like
Continue to train and promote bilingual community educators (BCEs) and cultural support workers to support people, including through health education and navigation of the NSW Health system	Trained and supported BCEs and cultural support workers
Continue to train volunteer mentors to support people to navigate the NSW healthcare system, including providing assistance with attendance at health appointments and to increase social connectedness	Trained and supported volunteer health navigators / mentors



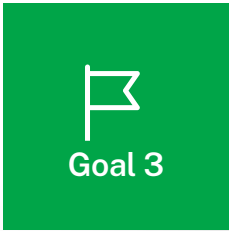
NSW Health provides timely and effective interpreting and language services

NSW Health will:	Success looks like
Continue to implement NSW Health's <i>Interpreters – Standard Procedures for Working with Health Care Interpreters</i> (PD2017_044), (see Strategic Objective 6 of the <i>NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023</i>)	Health staff and consumers can efficiently access interpreting and language services when and where required
Support targeted programs to recruit interpreters for emerging language communities and languages spoken by newly arrived people	More interpreting services in emerging languages
Prioritise refugee languages in the translation of individual consumer health information (e.g. specific health condition fact sheets) as well as general community health promotion information (healthy lifestyle information)	People have access to health information in their preferred languages
Continue to promote information tailored to people from refugee backgrounds to improve their understanding of the role of interpreters, including safety and confidentiality	High quality and accessible consumer information about interpreters
Continue to promote training for NSW Health staff on how to engage and work with healthcare interpreters when providing care and support to people from refugee backgrounds	More NSW Health staff have skills to work effectively with interpreters
Continue to work with PHNs and specialist colleges to promote engagement of interpreters by doctors	More clinicians engage interpreters when and where required



NSW Health partners with consumers in co-design, implementation and evaluation of health services

NSW Health will:	Success looks like
Support and promote opportunities for people from refugee backgrounds to contribute meaningfully to design, delivery and improvement of clinical and non-clinical specialised and mainstream health services and programs	People from refugee backgrounds contribute to health service and program design
Encourage and support people from refugee backgrounds to provide feedback on their experience of health services, including for improvement and for development of culturally responsive patient reported measures	New and enhanced ways for people from refugee backgrounds to provide feedback on public healthcare
Support the inclusion of views of people from refugee backgrounds in research and evaluations of services and programs	People from refugee backgrounds are included in research and evaluation of services and programs



NSW Health responds flexibly and collaboratively to meet new and emerging healthcare needs

Outcomes

People from refugee backgrounds are supported to be healthy and well, regardless of where they are resettled, complexity of presentations and other new and emerging healthcare needs



NSW Refugee Health Service staff with a client. Photo by Michael Amendolia

NSW Health will:	Success looks like
Respond to emerging needs and priorities identified in this Plan, in particular services and supports relating to the increased resettlement of people in rural and regional areas of NSW	NSW Health manages available resources, e.g. the Refugee Health Plan Flexible Funding Pool, to support responses to emerging needs and priorities
Respond flexibly to demand for healthcare services when and where they are required, including targeted responses to high complexity presentations and prioritisation in long wait-list services	Investment is made in keeping people healthy and to increase equitable access to public healthcare for people from refugee backgrounds
Continue to work with health and social services agencies, settlement services, NGOs, PHNs and primary care providers to improve health outcomes for people from refugee backgrounds	Effective relationships with agencies and partners
Continue to work with partners, including Australian and NSW Government agencies and NGO partners, carers and families, to improve systems and supports for people with disability to equitably access the NDIS, as well as prevent ill health	People with disability are supported to equitably access the National Disability Insurance Scheme
Continue to work with partners, including Australian and NSW Government agencies, NGO partners, carers and families, to improve systems and supports for older people to equitably access and navigate My Aged Care	Older people are supported to equitably access and navigate My Aged Care
Continue to work with partners, including Australian and NSW Government agencies and NGO partners, to support asylum seekers living in the community to access and navigate healthcare	Asylum seekers living in the community can access the healthcare they need
Identify cancers prevalent in countries where people from refugee backgrounds originate, and respond flexibly to demand for healthcare and cancer services when and where they are required, including targeted responses to high complexity presentations and prioritisation in long wait-list services	Equitable access to cancer care for people from refugee backgrounds

Key terminologies

Asylum seeker: people who have fled their own country and applied for protection as a refugee, but have yet to receive confirmation of their refugee status.⁴² People seeking asylum living in the community refers to people who arrived in Australia by boat (irregular maritime arrival, IMA) or by plane (non-IMA). Healthcare for asylum seekers living in immigration detention or off-shore is the responsibility of the Commonwealth Government.

Consumer: A person who is a patient or a potential patient of a health facility, a client of health services, including their family members, carers or support persons.

Culturally responsive care: an extension of person-centred care that includes paying attention to social and cultural factors in managing therapeutic encounters with consumers from diverse cultural backgrounds. It is an ongoing process requiring health professionals to self-reflect and proactively respond to the consumer, their carer or the family with whom they interact. For refugees, it includes the unique and particular experiences of the migration journey and settlement and is often related to experiences of trauma.

Health literacy: the ability of people to understand information about health and healthcare and apply that to their lives, use it to make decisions and act on it. It also applies to health practitioners, in so far as they also require knowledge about health issues which more regularly affect people from refugee backgrounds, as well as knowledge about the health system and referral pathways.

Humanitarian entrants: people who are subject to persecution or substantial discrimination amounting to gross violation of their human rights in their home countries and are resettled in Australia under the Humanitarian Settlement Program.⁴³ The Australian Government often uses the term 'humanitarian entrant' interchangeably with the term 'refugee'.

Newly arrived people: people who have resettled in Australia within the previous 12-18 months. The Humanitarian Settlement Program, which is the Australian Government's settlement service program, is provided for this period, after which most refugees receive less intensive support through other government settlement programs. Sometimes this term also includes those who have been in Australia for up to five years.

NSW Health: the Ministry of Health and public health organisations comprising pillar organisations, local health districts, specialty health networks and statewide health services. See *information* on the structure of NSW Health.

Person/people from refugee backgrounds: this refers to several groups of people, who might have similar health presentations, but differing levels of vulnerability depending on their experiences and their visa status:

- Refugees (humanitarian entrants and people on *refugee visas*)
- People from refugee-like backgrounds, e.g. asylum seekers and relatives of people who are refugees or asylum seekers
- Other migrants who have had similar experiences to refugees/asylum seekers but did not arrive in Australia as refugees or asylum seekers.

For example, some people did not arrive in Australia as 'refugees' but have been sponsored or supported by family or community organisations to settle in Australia

as humanitarian entrants through the *Global Special Humanitarian Visa* pathway or *Community Support Program*.

People with diverse sexualities, gender identities and those with intersex variations: people who identify as lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual, questioning and others.

Social determinants of health: the political, social, economic and cultural forces such as wealth, gender and education that can impact on an individual's health outcomes.⁴⁴

Specialised refugee health services: services providing healthcare and other support for people from refugee backgrounds,⁴⁵ such as the RHS, STARTTS, local health district refugee and multicultural programs and services. It includes paediatric clinics such as the ones provided by the *Children's Refugee Service* at the Sydney Children's Hospital Networks. It also includes the Asylum Seekers Centre health service, which NSW Health has funded through Sydney Local Health District since 2012.



Torture: 'any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him, or a third person, information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in, or incidental to, lawful sanctions.'⁴⁶

Trauma-informed care: a strengths-based approach which understands and responds to the impact of trauma, including recognising the prevalence and impacts of trauma, recognising how trauma has affected the person, responding by putting this into practice and ensuring that care does not re-traumatise.⁴⁷

Key Acronyms

BCE	Bilingual Community Educator
CINSW	Cancer Institute NSW
HETI	Health Education and Training Institute
HSP	Humanitarian Settlement Program
LHD	Local Health District
NDIS	National Disability Insurance Scheme
PHN	Primary Health Networks
NSQHS	National Safety and Quality Health Service Standards
RHS	NSW Refugee Health Service
SHN	Specialty Health Network
SRSS	Status Resolution Support Service
STARTTS	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
TPV	Temporary Protection Visa

Responsibilities of Governments for health services

Government	Responsibilities
 <p>Australian Government</p>	Supports and monitors the quality of primary healthcare services
	Medicare Benefits Schedule (Medicare)
	Pharmaceutical Benefits Scheme (PBS)
	National Immunisation Program (including free catch-up vaccines for humanitarian entrants)
	My Aged Care
	National Disability Insurance Scheme (NDIS)
	Translating and Interpreting Service (TIS National)
 <p>NSW Health</p>	NSW public hospital facilities
	Community and mental health services, including the Mental Health Community Living Supports for Refugees (MH-CLSR) program
	Public oral health services
	Ambulance and emergency services
	Preventive healthcare, such as health and community education and health promotion programs
	Funds and manages specialised health services (e.g. NSW Refugee Health Service, refugee school nurses, paediatric refugee health clinics, statewide and local multicultural health services etc.) See the NSW Health website for an up to date <i>list of key refugee and multicultural health services</i> .
	Public chest clinics
	NSW Healthcare Interpreter Services
Transcultural Mental Health Centre	
<p>Shared between Australian and NSW Governments</p>	Funding for torture and trauma services (e.g. STARTTS)
	Mental health reform and suicide prevention (e.g. Towards Zero Suicides services)
	Registration and accreditation of health professionals
	Preventive services such as cancer screening programs including the National Bowel, Breast and Cervical Cancer Screening Programs
<p>NSW Primary Health Networks</p>	Support for primary care, including ongoing education
	Support for community health centres, hospitals, GPs, nurses, specialists and other health professionals to enhance patient care
	Health promotion programs
	Assess local health needs

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- Commonwealth Department of Home Affairs
- Commonwealth Department of Social Services
- CORE Community Services
- Fairfield City Council
- Family Planning NSW
- Illawarra Multicultural Services
- Local Government NSW and Local Government Multicultural Network

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