Migrant and Refugee Health Strategy

2017 - 2019

LEADERS IN SETTLEMENT, EMPLOYMENT, TRAINING, YOUTH, HOUSING & SOCIAL ENTERPRISE
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## COMPANY INFORMATION

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Access Group International Limited (Access) is strongly committed to its Migrant and Refugee Health Strategy. Delivering integrated health care is essential to improving outcomes for all people who use health and social support services, but for us, that is particularly so for our clients. Along with local, state and national partners, we aim to help ensure better outcomes for our clients by creating conditions for person-centred, coordinated care to thrive locally in and around Access’ services and programs. This strategy outlines challenges and opportunities for health related partnerships. Also provided, are health related case studies which have been prepared by Access to highlight some current issues identified and successful outcomes to inform this strategy.

Across all service areas of Access, we have a duty of care to deliver our specialised services in a more integrated way. We strongly believe that as a migrant and refugee service provider, we should lead in developing integrated care approaches for our clients.

CEO MESSAGE

Gail Ker OAM
Chief Executive Officer, Access Group International Limited

INTRODUCTION

Person-centred care ensures that clients are considered as equal partners in planning, developing and monitoring health care approaches. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals, to get the best outcome. It is about considering people’s cultural background and heritage, family and values, current situations, and social circumstances. Seeing the person as an individual and working together to develop appropriate solutions is the only true way to work with migrant and refugee populations.

As such, three priority areas for action have been identified in this strategy:

1. Continue to address the health needs of our clients
2. Reduce barriers to health services and support
3. Continued investment in efforts to deliver integrated health care
ABOUT ACCESS

Access is one of Queensland’s leading not-for-profit organisations. It is nationally recognised for its delivery of service solutions that focus on promoting community development initiatives to improve the economic and social wellbeing of people across Queensland and Australia. The organisation offers quality, innovative and responsive services when and where they are most needed, helping individuals, families and communities to effectively settle and engage in their new environments.

Access has an extensive service delivery portfolio consisting of individual and group case management, capacity building, community development and engagement, family support services and programs, youth initiatives, health and life skills programs and services including counselling. Employment, training, literacy, language and numeracy skills programs are delivered to clients with the highest complex needs. In addition to struggling with acculturation and settlement issues, these clients are often dealing with significant trauma and health concerns, limited interpersonal and cross cultural skills and face significant language and cultural barriers.

Our contract service delivery is underpinned by our robust Quality Assurance Framework that ensures that the services we provide are of the highest standard and exceeds our clients’ expectations. Access is supported by a diverse workforce consisting of more than 350 staff from over 50 different nationalities, speaking over 73 different languages, representing a wide range of industries from social work to health sciences, teaching and education, to aged-care. Many of our staff are members and leaders in their local community and represent diverse faith groups.

We specialise in using a collective impact approach in working collaboratively with government, community, and private sector organisations to develop strategies to deliver significant and lasting social and economic change. This specialised strategic approach has developed Access into a strong, award winning brand that is associated with quality and customised service responses. Access is a leader in social enterprise and innovation and an industry leader in productive diversity, social research and development and community service development.

Access supports a social-ecological approach to addressing health issues.

Ecological and social-ecological models of human behaviour have evolved over a number of decades in the fields of sociology, psychology, education and health to focus on the nature of people’s interactions with their environments. It is now widely believed that health behaviours improve when environments and policies support healthy choices and individuals are motivated and educated to make those choices. 

Educating people to make healthy choices when environments are not supportive will not be effective in making positive and lasting change. The social-ecological model acknowledges that it takes a combination of both individual level and environmental/policy level interventions to achieve sustainable changes in health behaviours.

*World Health Organisation: Social Ecological Framework
NATIONAL SETTLEMENT
STANDARDS AND FRAMEWORKS

Access is committed to applying key national settlement standards and frameworks to all practices and enterprises. More specifically, this Migrant and Refugee Health Strategy draws on the priority areas of the National Settlement Services Outcomes Standards (Settlement Council of Australia, June 2015) and the National Youth Settlement Framework (Multicultural Youth Advocacy Network Australia, March 2016) in its approaches relating to health and other linked outcomes.

This Strategy endeavours to embody the priority areas identified by the National Settlement Services Outcomes Standards by adopting a human rights lens and integrated, client-centred approaches at both the systematic and practice levels. Although health and wellbeing are at the forefront of this Strategy, it recognises that education, employment, language support, transport, civic participation, family support and justice are interconnected and must act cohesively. Access offers programs that encompasses each of these areas and this Strategy exemplifies the ultimate goal of these standards, which is successful settlement.

This Strategy also acknowledges the resilience and strength of young migrants and refugees. In alignment with the National Youth Settlement Framework, this Strategy recognises that young people from migrant backgrounds have specific settlement needs and require a targeted approach in policy and service delivery. Access coordinates several youth programs that are dedicated to achieving positive settlement outcomes for young people.

Successful settlement is not something that is easily measured or achieved, but it is what Access strives towards through decades of experience, service delivery and collaboration.

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The Australian Institute of Family Studies recently released results of a survey of 2,400 humanitarian migrants who had arrived in Australia from 35 countries within the past five years. The research found that:

- 13% of the migrants reported their physical health was ‘poor’ or ‘very poor’.
- 89% reported they or their immediate family had experienced at least one type of traumatic event prior to arrival.
- About one quarter (25%) said they were experiencing many problems and/or ‘not coping well’.
- 35% of men and 45% of women from the migrant population were at moderate or high risk of psychological distress.
- 7% of men and 11% of women from the general population were at moderate or high risk of psychological distress compared to the migrant population.

Evidence is consistent with Access’ own experience and demonstrates the interaction of multiple issues such as:

- Psychological distress associated with loss and trauma
- Difficulty coping with displacement
- Limited acculturation to Australian culture and systems
- Developing an understanding of Australian social institutions
- Difficulties learning English
- Education difficulties
- Unemployment
- Poor knowledge of community services
- Social isolation
- Education difficulties

The Brisbane South PHN (BSPHN) Whole of Region Needs Assessment (2016) provides a comprehensive profile of the BSPHN population and health services, determinants of health, and health and wellbeing across the lifespan and for at-risk populations. An analysis of regional needs has revealed several priority areas such as improving community health, addressing service delivery gaps and system level issues thereby aiming to deliver an improved and more equitable health system within the Brisbane South Region.
ACCESS RESEARCH

Access has completed a comprehensive thematic review of recent and current Australian refugee research, which includes a number of health related topics and gives clear direction for research priorities and informed the development of this Strategy. Access also has a number of current refugee research partnerships relating to women, parenting, youth and social cohesion. For example, Access is a partner investigator together with the Queensland University of Technology (QUT) and University of New South Wales (UNSW) delivering an Australian Research Council (ARC) Linkage project ‘Developing Best Practice for Settlement Services for Refugee Women at Risk’.

This research aims to understand the determinants of psychosocial wellbeing for refugee women-at-risk using quantitative methods and to develop a best practice framework for the delivery of settlement services. Stage one of this project is completed, and preliminary findings have confirmed the ongoing impact of pre-migration experiences on the resettlement period.

The findings suggest that individual wellbeing is significantly impacted by the quality of support surrounding these women and their families. The findings strongly support the need to strengthen best practice in resettlement service delivery by attending to the needs of this client group.


- There are considerable unmet health needs
- Poor mental health is one of the highest reported health issues with particular emphasis on grief, loss, depression and Post Traumatic Stress Disorder (PTSD)
- Evidence of poor health literacy and restricted accessibility to Health Services
- A significant difference in knowledge and skills required to provide appropriate health care to refugees as opposed to mainstream or even CALD populations
- A high reliance on informal support systems, which creates opportunities for possible peer education and health promotion programs

In 2016, Access aligned its annual Client Survey to the National Settlement Service Standards (Settlement Council of Australia, 2015) and specifically captured data relating to health status and chronic disease predictors.

MAPPING SETTLEMENT SERVICE OUTCOMES

Access Annual Client Survey 2015/16

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<tr>
<th>PARTICIPANTS</th>
<th>APPOINTMENTS</th>
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<tr>
<td><strong>292</strong> CLIENTS were surveyed</td>
<td>of participants attended a doctors appointment within the last 6 months</td>
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<tr>
<td>64%</td>
<td>11%</td>
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<tr>
<th>DRINKING &amp; SMOKING</th>
<th>EXERCISING</th>
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<tr>
<td><strong>82%</strong> of the participants DO NOT drink alcohol</td>
<td><strong>20%</strong> of participants exercise everyday</td>
</tr>
<tr>
<td>Of those who do, it is only monthly or rarely</td>
<td></td>
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<tr>
<td><strong>87%</strong> of participants DO NOT smoke Tobacco</td>
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<th>EATING HABITS</th>
<th>Over half of the respondents rarely ate takeaway food</th>
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<td><strong>82%</strong></td>
<td>Encouragingly 93% of respondents believed that eating habits were important or very important to the way we feel/our health.</td>
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*Access Community Services Australian Research Review (2016)*
Health outcomes for migrants and refugees have to be contextualised within pre and post settlement issues. In particular, refugees may have multiple and complex physical and psychological health issues, resulting from trauma and torture, deprivation and prolonged poverty, periods in immigration detention and poor access to support services and health care. Furthermore, refugees are more likely to settle successfully - including actively participating in family, schooling, working and community life - when their health and wellbeing improve.

Migrants and refugees face a number of barriers to accessing health care and improved health status. These include language difficulties, lack of confidence, accumulation of untreated chronic health problems, breakdown of traditional family structures, financial need and unemployment, cultural differences, legal barriers and often a health workforce with low refugee health specific literacy. In addition, structural impositions such as current Australian Government migration and settlement policy impact on health status and access to health. An adequate understanding of these issues is required to tailor health care and services appropriately.  

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**Priorities for Action**

1. Continue to address the health needs of our clients
2. Reduce barriers to health services and support
3. Continued investment in efforts to deliver integrated health care

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*World Health Organisation: Measuring Quality of Life - Overall Quality of Life and General Health
ADJUSTMENT AND HEALTH OUTCOMES

Cultural, social, material, personal outcomes and resilience factors all influence the health of migrants and refugees. Access believes that socio-cultural and psychological adjustment in resettlement directly affects physical and mental health outcomes for migrant and refugee populations.

ADDRESSING HEALTH NEEDS

Access considers the health needs of clients as part of overall client management processes. As part of the case plan review process for example, a case worker will promote client attendance at future appointments with their allocated GP and that they are purchasing pharmaceuticals through an allocated provider.

HEALTH ASSESSMENT

All Access clients are taken for an initial health assessment and then linked to a General Practitioner (GP) for on-going support. Additionally, all clients who require assistance are automatically linked to the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) with the client determining further engagement.

INFECTIOUS DISEASES

In recent times Access has seen an increase in the number infectious or communicable disease notifications. As a risk management approach, Access has implemented an Immunisation and Infectious Diseases Management Policy, which identifies subsidised immunisation arrangements for front line staff and procedures for protecting clients and staff in regards to the spread of infectious diseases.

MENTAL HEALTH

All clients are referred to a local GP for treatment and/or referral as necessary. The challenge is, that clients often don’t want to consent to a mental health referral. Some clients who have demonstrated symptoms of depression, or even have had a psychotic episode, will still not consent to a referral for mental health support. Our strategy for these clients is to inform their GP and ask that they discuss this at the next appointment and continue to monitor their mental health. For those who don’t consent to a mental health referral, it is usually due to:

- **SOCIAL STIGMA:** Being afraid of what family or friends might think
- **TIME CONCERNS/CONSTRAINTS:** Had to wait too long for an appointment
- **SELF CARE CAPACITY:** Thought they could handle their problem on their own

NATIONAL IMMUNISATION PROGRAM

The National Immunisation Program funds vaccines to prevent the following diseases: diphtheria, haemophilus influenza type b (hib), hepatitis A, hepatitis B, human papillomavirus (HPV), influenza (flu), measles, meningococcal, mumps, pertussis (whooping cough), pneumococcus, poliomyelitis (polio), rotavirus, rubella (German measles), tetanus (lockjaw) and varicella (chickenpox).

With the implementation of the No Jab, No Pay Initiative whereby missed immunisations may cease Centrelink payments, Access has been actively working alongside Metro South Health, the Primary Health Network, Logan City Council and local GPs to ensure that newly arrived refugee clients’ immunisations are up to date and accurate. Access staff have remained proactive in educating newly settled refugees, about the importance of immunisation and the consequences should correct immunisations not be maintained.

MENTAL HEALTH FIRST AID COURSES

Harmony Place employ staff who are qualified Mental Health First Aid Australia (MHFA) Instructors. The MHFA Course can be offered to internal staff, external organisations, and community members or leaders. Participants of the course increase their knowledge of; common mental health problems (including depression, anxiety, psychosis, and substance use problems), mental health crisis situations, and how to implement appropriate mental health support when needed.

HARMONY PLACE

The establishment of Access’s partnership with the Multicultural Centre for Mental Health and Wellbeing (Harmony Place) positions the organisation to be able to provide culturally sensitive services to strengthen the mental health and wellbeing of people from diverse cultural backgrounds.

WELLBEING SESSIONS

This early intervention initiative is aimed at providing mental health and wellbeing awareness sessions to culturally and linguistically diverse persons. Through engagement activities, the focus of the sessions is aimed at de-stigmatising the concept of mental illness and giving people the personal capacity to recognise the early signs of mental illness using practical tools and indicators. The sessions also provide participants with the knowledge and ability to navigate and access mental health support services as required.

PARTNERS IN RECOVERY (PIR)

Harmony Place is one of ten non-government organisations that has partnered with BSPHN to deliver the Partners in Recovery (PIR) program. This initiative supports people with severe and persistent mental health issues, along with their carers and families. The Harmony Place PIR support facilitators along with Bi-cultural Peer Support Staff, work with their clients in an understanding and empathetic approach that enable goals to be reached and lives to be changed. These goals can encompass various areas that affects a client’s quality of life: income support, housing, employment, medical care and education. The Harmony Place PIR support facilitators encourage clients to take ownership of their care and assist them in accessing the appropriate mental health services, according to their needs, so their health and wellbeing can be sustained.
ACCESS HEALTH RELATED CASE STUDY: IMMEDIATE MEDICAL ATTENTION

Access Program Area: Humanitarian Settlement Services

Program Location: Ipswich

Program Description: Provision of orientation and case work support upon arrival to Australia

Funding Source: Department of Social Services (DSS)

Issue Identified or Successful Outcome/Learnings: Requiring immediate medical treatment

Personal Story:
A young Congolese boy, who arrived to Australia as a humanitarian entrant, was diagnosed with Malaria by his GP shortly after arrival. The GP advised the family that the boy needed to go to hospital immediately for treatment however, his mother refused for the boy to be taken by ambulance. The GP made a referral to the Mater Hospital for the following day. Instead of attending his hospital appointment, the boy went to school and visited the Access office in the afternoon with his older brother. The family’s caseworker noticed that the boy appeared very ill and took them home to see their mother. At the house, the caseworker spoke to the boy’s mother and emphasised the importance of taking her son to the hospital.

The mother explained that she didn’t like ambulances because she only associates them with taking away people who have died or who are almost about to die. The caseworker then explained that her son needed to go immediately to begin treatment for Malaria and the mother agreed that her son go by ambulance for treatment.

SENIORS

Our older clients (60+ years) struggle to manage their appointments - keeping track of time, place and purpose of appointment. As transport is difficult to negotiate when routes and locations are unfamiliar, through our settlement services, we ensure that clients are in very close proximity to public transport and also provide training orientation around how to use public transport. However, the cost of public transport means that clients don’t always want to/are able to use it. With the elderly in particular, this is compounded by adaptation to a new concept and physical health as an additional barrier. Clients may rely on their family members who may not like to take time off from TAFE etc. to stay at home and look after the elderly. Health literacy is a problem, as are long waiting lists to see a specialist in the public health system. Older clients tend to come to Australia on a referral with one of their married children and/or the married person’s family. They tend to suffer from depression due to issues such as, being separated from their other children that are left behind, witnessing the death of loved ones, witnessing their country in conflict during their life time, having to learn a new culture and language in their old age, and being socially isolated and dependent on family members for care. Apart from mental health issues, they can suffer from mobility problems and experience difficulty walking. Their ability to manage their health is also very low because they struggle to understand and comprehend basic health issues, even with the use of interpreters. Clients don’t receive the age pension until 65 so if they are 60-64, years, they need to be ‘earning or learning’ (which they can struggle to do). They don’t receive disability because old age is technically not a disability. If they are genuinely disabled, this may be difficult to prove with no prior recorded medical history.

No older person should be subjected to any form of abuse, mistreatment or neglect. Elder abuse may be physical, social, financial, psychological or sexual and can include mistreatment and neglect. Sometimes family, friends and carers may not even know or consider that their actions amount to elder abuse.
Women, particularly those from CALD backgrounds play a pivotal role in the effective settlement of families. The abilities and resilience of women in the family are highly likely to have a direct impact on the settlement and social integration psychology of the rest of the family. This is due to the central role women and mothers play in keeping families cohesive.

Access has made a conscious financial and social investment to explore, educate and enhance relevant support services to enable CALD women to develop their individual capacity and that of their families. Our proactive approach is a combination of research, consultation, pilot programs, partnerships, employment strategies and family support services.

Access is implementing a health-justice model in response to Domestic and Family Violence (DFV) in CALD communities. From 2017, a lawyer and DFV counsellor will be employed at the Access Gateway to deliver services to women and families experiencing DFV. This program will be linked to outreach and recovery services to assist women on their journey to leading healthy, independent lives.

YOUNG PEOPLE

The promotion of good physical and mental wellbeing amongst young people is vital as choices made during this life stage can have significant impacts on future health outcomes. Multicultural Youth Queensland (MyQ) recognises that good mental health is fundamental to a young person’s quality of life and physical health. MyQ delivers a range of educational and practical programs that promote positive mental and physical health for young people from migrant and refugee backgrounds. These programs take an evidence-based approach to enhancing protective factors for mental and physical health problems.

MyQ delvers tailored mental health and wellbeing workshops to newly arrived refugee young people. These programs assist young people to develop coping skills, a positive sense of identity and positive attitudes to help-seeking.

MyQ’s Multicultural Sports Club (MSC) provides soft entry into sport for young people who would not otherwise access sport and recreation opportunities. Sports programs delivered by the MSC often provide a platform for secondary wrap-around support which may include case management to address mental and physical health needs.

MyQ also works to build capacity in the sector through the delivery of Youth Mental Health First Aid to organisations working with young people.

Individuals from CALD communities often face additional barriers and challenges in settling into our communities and in accessing appropriate support services. A survey report by the Federation of Ethnic Community Councils of Australia found that CALD individuals with a disability lack awareness of services and their availability. The report also recognised the importance of creating strategic partnerships with key stakeholders to promote the rights and interests of CALD individuals with disabilities.

Access has developed a number of key partnerships through settlement services and programs to continue to support CALD individuals with disabilities. These partnerships help Access to provide appropriate support to CALD individuals with disabilities, ranging from assisting with providing appropriate mobility equipment such as wheelchairs, walking sticks and walking frames, through to assisting clients with sourcing accommodation that meets their mobility needs.

DISABILITY

ARTS FOR HEALTH AND WELLBEING

Access, through the Brisbane Multicultural Arts Centre (BEMAC), is working to transform arts led practice in Queensland by creating opportunities to positively contribute to the settlement journey of refugees and migrants through using the Arts:

• To tell their stories in a safe meaningful way
• Share these stories with the wider community
• Raise awareness of the experiences and challenges that refugees and migrants face settling in Australia
• Explore possible community solutions to emerging needs
• Create pathways to develop a sense of belonging and self-worth

The Arts can build social capital by strengthening friendships, helping communities to understand and provide a safe way to discuss and problem solve difficult social issues. The arts, including music, dance, theatre, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing. As part of Queensland’s largest celebration of our multiculturalism and the depth within our diversity, Culture Train 2016 was a travelling performance of traditional and contemporary music and performance arts from a myriad of cultures to regional Queensland locations. One of the Culture Train workshops was held at Semita House, Central Family Support, Emerald with disability clients.

“Not only did the smile not leave my face, but the smiles never left our clients faces either. Each and every one of us came back singing, laughing and talking about how great Culture Train was. The music and personalities took us on a journey through time and place.”

Disability Support Worker
Community leader forums are run quarterly at the Access Gateway in partnership with the Logan City Council. Members are ethnic community leaders and representatives as well as Faith Leaders who come together for the purpose of building their capacity and to access relevant information. The forums are also designed to build relationships within communities so as to create opportunities to learn from each other and facilitate increased social cohesion. It provides regular access to opportunities to meet, and discuss issues occurring in local communities.

Access continues to contribute to Aboriginal and Torres Strait Islander development through advocacy and the provision of facilitation and secretariat support for the Logan First Nation Peoples Community Coalition. Through this partnership, Access contributes to the furthering and promotion of Aboriginal and Torres Strait Islander self-reliance and community development.

Access seeks to enhance cultural understanding through the provision of compulsory cultural capability training for all staff. The development of an Aboriginal and Torres Strait Islander policy and strategies provides Access with a platform for effective engagement and the promotion of understanding and advocacy relating to the myriad of issues, which continue to impact upon the circumstance of Aboriginal Peoples and Torres Strait Islander Peoples.

The ever-increasing diversity of cultures within Australian society makes it vitally important for organisations such as Access to recognise and support Australia’s First Nation Peoples. Access partnerships with Aboriginal Peoples and Torres Strait Islander Peoples aim to ‘close the gap’ between First Nation Peoples, the broader Australian community and those of other cultures which now call Australia home.

Access recognises Aboriginal Peoples and Torres Strait Peoples as Australia’s First Nation Peoples, and acknowledges the cultural and linguistic diversity within the First Nation communities of Australia. Access is committed to building organisational understanding and respect of Aboriginal Peoples and Torres Strait Islander Peoples and their cultures, traditions and lores.

Access acknowledges the continued contribution made by Aboriginal Peoples and Torres Strait Islander Peoples to Australian society. The organisation is committed to respectful, effective and meaningful engagement of Aboriginal Peoples and Torres Strait Islander Peoples through the development and implementation of inclusive strategies, which create productive and collaborative relationships. Access supports and promotes the principles of reconciliation, and is focused on the achievement of respectful and harmonious relations between Aboriginal Peoples and Torres Strait Islander Peoples and the broader Australian multi-cultural community.

Access will continue to discuss any health actions/projects with the community as part of our support partnerships with key stakeholders. By remaining connected at a community level, Access ensures we are able to understand the diverse and changing needs of new, current and emerging communities.

Identified migrant and refugee health concerns include: maternal and child health, obesity, immunisation, mental health and oral health. Access highly values our connection to community, and community leaders are an essential part of communication and feedback processes.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

“Access acknowledges the Traditional Custodians of the land and pays respect to Aboriginal and Torres Strait Islander Elders past, present and emerging.”

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ACCESS

COMMUNITY LEADERS

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“By remaining connected at a community level, Access is able to understand the diverse and changing needs of new, current and emerging communities”
Migrants and refugees may experience difficulties accessing health care in an unfamiliar health system, may have language difficulties, find aspects of treatment strange or distrust government services. Services may also have insufficient primary health care infrastructure for these population groups.

GP can experience challenges in providing care to migrants and refugees, and this may compound access problems. The complex nature of refugee health conditions, combined with psychological trauma, cultural and language barriers makes providing health care for this group challenging.

The Australian Institute of Family Studies identifies a number of barriers to equal access and use of services perceived or experienced by ethnic minority families. They are:

**Cultural Barriers**
- Language Barriers: English proficiency, professional jargon and misinterpretation of body language, miscommunication and/or filtering by friends/family members etc.
- Cultural norms that prohibit seeking extra-familial support, especially for women and children
- Traditional gender roles that prevent engagement with services or discussing family difficulties
- Fear of authorities, such as child protection, police, courts, taxation, immigration and housing departments
- Taboo subjects: Activities and/or topics that are forbidden or sacred based on religious beliefs or morals

**Structural Barriers**
- Practical barriers accessing services
- Lack of knowledge or understanding of services that are available
- Additional time required for the engagement of interpreting services

**Service-Related Barriers**
- Model of service not culturally aware/sensitive
- Service not perceived as relevant due to lack of cultural diversity in the workforce and marketing of services
- Service choice perceived as limited due to lack of cultural diversity in the workforce
- Reluctance to engage with services because of concern they will not be understood, or that they will be stereotyped or judged

Access will continue to work towards reducing cultural, structural and service-related barriers to health services and support.

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**ACCESS HEALTH RELATED CASE STUDY**

**MENTAL HEALTH - SUCCESS**

**Access Program Area:**
Humanitarian Settlement Services

**Program Location:**
Logan Central

**Program Description:**
Provision of orientation and case work support upon arrival to Australia

**Funding Source:**
Department of Social Services (DSS)

**Issue Identified or Successful Outcome/Learnings:**
Successful referral and support process

**Personal Story:**
In October 2015 a client arrived in Australia with her children. There were no health issues noted on her file. When a Housing Worker went to conduct tenancy training with the family, they faced resistance from the client who seemed disoriented and confused. Her caseworker was advised, and a GP referral was arranged for a mental health assessment.

During the mental health assessment, the client’s behaviour worsened at the hospital with the client yelling, refusing scans or tests and, she began urinating on the floor. A further assessment with the acute mental health team was undertaken, and the client was also referred to QPASTT.

In November 2015, the client was yelling, talking to herself and urinating on the floor at her home. Her oldest son called an ambulance and the client was admitted to hospital. The younger children were able to stay with community members whilst their mother was in hospital.

**As complex case support work had commenced with this client, a range of partners including Access, Queensland Transcultural Mental Health, Department of Child Safety, Centrelink, Uniting Care, Queensland Carers and Partners in Recovery were able to provide support to this client and her children.**
ACCESS HEALTH RELATED CASE STUDY
HEALTH LITERACY AND ESCALATING MEDICAL CONCERN

Access Program Area:
Humanitarian Settlement Services

Program Location:
Ipswich

Program Description:
Provision of orientation and case work support upon arrival to Australia

Funding Source:
Department of Social Services (DSS)

Issue Identified or Successful Outcome/Learnings:
Health Literacy - Escalating medical concern

Personal Story:
On a Tuesday afternoon, an Access Housing Worker made a routine tenancy inspection at a family’s home in Ipswich. On arrival at the house, the mother of the family advised that her son was feeling unwell. When the housing worker went to see the son, she noticed that he was in bed under a large pile of blankets. His face was off colour, he had white around his mouth appearing dehydrated, and was vocalising his pain. The housing worker raised her concern about the son’s health with the mother and she advised that he was sent home sick from school the previous Thursday. The family went to the doctor on Saturday and was advised to purchase some non-prescription medication, which she had been giving to her son but said he had now been vomiting and not drinking water. When the housing worker suggested that the best course of action would be to call the ambulance, the mother disengaged by sitting down and ceasing to interact. The housing worker called the family’s caseworker to support the client and called the ambulance, who took the son to hospital.

ACCESS HEALTH RELATED CASE STUDY:
TRANSPORTATION BARRIER

Access Program Area:
Settlement Services

Program Location:
Logan Central

Program Description:
Settlement services and casework

Funding Source:
Department of Social Services (DSS)

Issue Identified or Successful Outcome/Learnings:
Transportation Barrier - Medical appointments in Brisbane City

Personal Story:
There are very limited options in terms of travel available for Logan residents to attend doctor appointments in Brisbane City (such as the Mater Hospital). The existing options are often not feasible or sustainable for clients - such as not being able to access information due to language barriers, unable to take public transport, needing a carer post appointment/operation or unable to afford tickets. Taxi vouchers provided by the hospital can be difficult to obtain. Caseworkers and volunteers often drive clients to the hospital, however this is not always a sustainable option, and inhibits the client’s overall independence. Due to the barriers that exist in regards to transportation, many clients, especially seniors, are missing important medical appointments. In some instances, missed appointments have consequently resulted in clients being put on a lengthy wait list for a new appointment, disrupted medication schedule and other adverse effects.
Access is committed to strategic alignment with the Refugee Health and Wellbeing: A Strategic Framework for Queensland 2016 and the Refugee Health and Wellbeing Policy and Action Plan which were developed by the Queensland Government in partnership with key stakeholders.

Five refugee health and wellbeing principles have been established to provide structure and assist with prioritisation of action areas. The following principles underpin the action plan:

- **Collaboration and partnerships across sectors and agencies**
- **Cultural responsiveness**
- **Consumer and community voice**
- **Continuous improvement**
- **Clinical excellence**

The Access Migrant and Refugee Health Strategy is an action from the Refugee Health and Wellbeing Policy and Action Plan and confirms our commitment to health directives as a leading Settlement Service for South East Queensland.

**Queensland Refugee Health and Wellbeing Network:**
The Queensland Refugee Health and Wellbeing Network (The Network) is a mechanism to build capacity, partnerships, and facilitate coordination of care across health, settlement agencies, communities, government and non-government sectors. The Network’s vision is that all people from a refugee background settling in Queensland have access to the right care, at the right time and in the right place to ensure the best possible health and wellbeing outcomes.

The Network’s long term aim is to improve the health and wellbeing of people of refugee backgrounds throughout Queensland. The Network also links to the Refugee Health Network of Australia (RHeaNA), providing national representation on refugee health issues. Access is a committed member of The Network and its working groups as required.

**Logan Refugee Primary Health Care Group:** Access has established this group in partnership with Metro South Refugee Health Service and Brisbane South PHN to ensure clients are linked to appropriate primary care providers and to build the capacity of primary health care to respond effectively to refugees at a local level.

**Brisbane South PHN - Regional Clinical Council:** Access is a member of this advisory body. The BSPHN: Needs Assessment (November 2015) report covers: chronic disease; diabetes; dietary and lifestyle factors; mental health; contributing factors; risk behaviours; language and cultural barriers; accessibility and usage of health services; health literacy; and information currently missing.

**Logan Together:** Access is a partner in the Logan Together collective impact initiative which aims to close the gap so that, by the age of eight, Logan children will be as healthy as any other group of Australian children and reach agreed health, education and social milestones.

**Metro South Health Multicultural Reference Group:** Access is a partner on this reference group.

**Other Peak Bodies:** Participation in other peak bodies which provide strategic opportunities for integrated health care options.

**Key Documents and Resources:** Continuous service review and alignment.

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**LANGUAGE BARRIERS**
Various health services not funded by Queensland Health, such as psychologists, optometrists, and chemists, often do not use interpreters and/or they are not aware that they can access language assistance for CALD clients. This makes accessing these services and attending these services very difficult for migrants and refugees. There have been many occasions where Access clients have not understood the instructions given by a pharmacist, including appropriate dosage amounts and medication schedules, which has resulted in adverse health effects.

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**ACCESS HEALTH RELATED CASE STUDY: LANGUAGE BARRIER SUCCESS**

**Access Program Area:** Humanitarian Settlement Services

**Program Location:** Logan Central

**Program Description:** Provision of orientation and case work support upon arrival to Australia

**Funding Source:** Department of Social Services (DSS)

**Issue Identified or Successful Outcome/Learnings:**
Existing medical condition

**Personal Story:**
A client’s daughter had a pre-existing medical condition that required surgery when the child was older. The family was fluent in English, and this was a major factor in the client being able to navigate the myriad of appointments required to facilitate the child’s operation. The family was able to use public transport and coordinate the child’s treatment with limited assistance.

The child had a successful operation and recovery.

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**3 CONTINUED INVESTMENT IN EFFORTS TO DELIVER INTEGRATED HEALTH CARE**

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Gold Coast Medical Centre
Access’ Complex Case Support (CCS) Program has a great working relationship with a local medical centre at the Gold Coast. Throughout the past year, the clinic has referred different families with severe complex needs (health and mental health specific) to Access. The GPs at the clinic have taken the lead in identifying refugee families that are in need of intensive case management support and once a family is identified, the GP utilises our CCS referral form to start the process. The medical centre has been very appreciative of the support from the CCS team, and has observed the successful outcomes that this partnership can achieve – this in turn, has meant more referrals being submitted. In parallel, the CCS team is very appreciative of the support given by the medical centre to firstly take the time to complete the referral and to assist Access with any related inquiries. Through this close working relationship, CCS and the medical centre have assisted high need clients to overcome multiple barriers and achieve positive health outcomes.

Oral Health Partnership
Access has partnered with Metro South Oral Health (MSOH) to reduce the wait list for refugee families at the Logan Central Clinic. Through an innovative initiative Access and MSOH are able to support clients to attend oral health appointments by group drop off and return through arranged transport. This partnership is governed by a Memorandum of Understanding (MOU).

Metro South Refugee Health Service
Access has partnered with Metro South Refugee Health Service for over 10 years to ensure newly arrived families receive a coordinated early health intervention and referral pathway to:
- Refugee Ready primary care
- Commencement of immunisation catch up
- Oral health wellness assessment
- Child health development assessment
- Tuberculosis (TB) referrals

SOME EXAMPLES OF SUCCESSFUL ONGOING PARTNERSHIPS

ACCESS HEALTH RELATED CASE STUDY
HEALTH LITERACY AND NON-TREATMENT

Access Program Area:
Humanitarian Settlement Services

Program Location:
Ipswich

Program Description:
Provision of orientation and case work support upon arrival to Australia.

Funding Source:
Department of Social Services (DSS)

Issue Identified or Successful Outcome/Learnings:
Health literacy and non-treatment

Personal Story:
Whilst a refugee woman was attending a doctor’s appointment on a Friday morning, her GP asked to see her 7-year-old son when he came home from school because Malaria had been detected in his blood sample. The woman brought her son to the clinic in the afternoon and was told, through an interpreter, that her son needed to go to the Mater Hospital as soon as possible. She was given a referral letter and results to take to the emergency department. The woman decided to take the information and her son home after the doctor’s appointment because she did not judge it necessary to go to the hospital. Once her caseworker found out about the situation and asked why she had made that decision, the woman advised that she thought she could treat him with Panadol and see how he feels over the weekend, stating “he was not that sick anyway”.

Access responsibilities:
- Provide transport
- Provide driver
- Caseworkers to remind clients of appointment

MSOH responsibilities:
- Coordinate patient appointment
- Provide interpreter services
- Coordinate dental facility location
- Coordinate patient care and clinical treatment

The first bus trip was in April 2016 to a Refugee Dental Day held at the QEII Dental Clinic with many more planned for the future.

Some Examples of Successful Ongoing Partnerships

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Access works towards a cohesive community where everyone is valued and can fully participate in the social and economic life of the community.

**Client Arrival**
Each year Access supports hundreds of new arrivals representing over 180 different ethnicities, most of whom have been subject to persecution and human rights abuse in their home countries.

**Settlement**
Access settles new arrivals across South East Queensland, with particular focus on Logan, Ipswich and the Gold Coast. New arrivals need support with a range of housing, health, education, employment, legal, citizenship, transport and life skill needs.

**Education & Support**
The Orientation and Education Centre (The Hub) delivers a range of social, cultural, educational, employment and community participation programs to enable new arrivals to rebuild their lives in Australia. Programs are delivered with assistance from over 80 Community Language Assistants (CLA) who speak over 40 different languages.

**Employment & Training**
Access provides a suite of job training and support services to enable new arrivals to obtain sustainable employment in urban as well as rural and regional areas where there are labour shortages.

**Youth Engagement**
Access delivers a range of youth specific education, creative arts, leadership, holiday and other youth engagement programs to over 2500 young people each year.

**Social Enterprise**
Access is leading the way in addressing longstanding employment barriers through income generating community businesses and social enterprises which assist new arrivals to develop the job readiness skills to secure sustainable employment.

**Autonomy**
Empowered individuals and communities shaping their own futures.

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**Key Health Interventions and Partnerships**
- Health Assistance
- Health Promotion and Prevention
- Research
- Resource Development
- Health Education and Information
- Innovation
- Health Planning
- Partnerships
- Infectious Disease Management
- Community Engagement and Consultation
- Client-Centred Approach

**Programs and Social Businesses Supporting Better Health Outcomes**
HEALTH IMPACT PROJECT

Community Hubs in schools are an evidence-based grassroots approach that builds parents’ capacity to support their children’s health and learning outcomes during their vital years of development. The Logan Hubs, which have a specialist focus on migrants and refugees, offer the local community crucial links to community and health services and provide practical assistance so they can build better lives and move towards full participation in Australian society.

The Health Impact project, funded by the Department of Health, provides an innovative place-based approach in supporting parents and children who access the Logan Community Hubs to achieve optimum health outcomes. The project recognises that early prevention and intervention in achieving positive health outcomes comes from place-based service delivery, collaboration and evidence-based practice. Our approach ensures holistic and planned interventions with effective coordination of resources and complementary services that are un-intrusive, practical and directed by the client.

Outcomes are focused on:
- Intake assessments of parents and children attending the Hubs
- Individualised Hub Support Plans
- Information, advice, referral and program design
- Speech Pathologist and Occupational Therapist Assessments
- Children and Maternal Health Program and the coordination of Health Nurse Educational, Assessment and Intervention Services
- Physical health, fitness, nutrition and hygiene programs
- Health promotional activities

TARGET CLIENTS
CALD families, with a focus on women and their children under the age of 5

REGIONS OF DELIVERY
Logan Area, 5 Community Hubs

KEY OBJECTIVES
Improve the overall health of CALD families accessing the Community Hubs

FUTURE FOCUSED - THE ACCESS GATEWAY

Ushering in an exciting new era for Access, The Access Gateway was launched in October 2016. Access collaborates with other organisations, interested parties, government departments and community groups to deliver seamless service continuity and support for members of the community. Irrespective of eligibility criteria and simply driven by community needs, The Access Gateway has a particular focus on offering a no-wrong-door policy to highly vulnerable cohorts such as newly arrived refugees, Aboriginal and Pacific Islanders and people with disabilities. With a focus on bolstering the health outcomes of clients, Access partners with organisations such as the Logan Hospital who offer free maternity checks from The Access Gateway.

This venture aims to build the capacity of clients for sustainable outcomes in health, housing, English and education, employment, social connections, safety and service utilisation. Located in the heart of Logan Central at 91 Wembley Rd, The Access Gateway coordinates initiatives and programs that promote social cohesion and integration, employment and training pathways as well as life skills and development for newly arrived migrants and refugees through a state of the art custom-designed, open plan contemporary community space.

As part of an overall commitment to research and evaluation, the outcomes of this client-centred approach are being monitored as Access continues to seek new ways to improve service delivery.

The Access Gateway is an investment Access has made to respond to the needs and vision of the local communities in South East Queensland. The Access Gateway has a client-centred approach to accessing support services, where the partner providers supply a wraparound service to meet the client’s unique and individual needs.
QUALITY OF LIFE: AN INTEGRATED MODEL FOR MIGRANT AND REFUGEE MENTAL HEALTH

The impact of pre-migration and post-migration stressors on the psychological well-being of refugees is well established. Research indicates that post-migration experiences of resettled refugees influence broader settlement outcomes, adaptation, and overall quality of life. These outcomes are particularly pertinent given that quality of life is considered a primary determinant of an individual's health and is thus increasingly being used as a predictor of future health outcomes. Of paramount importance is finding ways to facilitate positive adaptation and thereby enhancing overall quality of life for migrants and refugees post-settlement.

Engaging mental health professionals early in the settlement period is one such mechanism through which positive adjustment may be facilitated in refugee and migrant populations. However, a range of barriers exist in relation to refugees and migrants accessing mental health services. These include but are not limited to: language and cultural factors, lack of knowledge regarding available services, stigma, limited scope of specialist and mainstream services, and limited application of evidence-based culturally specific treatment approaches, and limited access to interpreting services.

A range of models have been considered with regards to addressing the health based needs of resettled refugees and overcoming the aforementioned barriers, including: the Biomedical Model, the Biopsychosocial Model, the Refugee Adaptation Model, the Interaction Model and the Global Risk Model.

The Global Risk Model proposed by Miller and Rasco (2004) is the most comprehensive model of well-being that acknowledges the impact of the post-migration phase and associated risk factors on quality of life for individuals, families and communities. Well-elaborated risk models take into consideration both risk factors that may be prevented, and protective factors which may moderate the impact of risk, and be harnessed to foster wellbeing, and decrease the likelihood of maladaptive psychosocial outcomes in the presence of unavoidable stress (de Jong; as cited in Miller & Rasco, 2004).

The multiple risk factors associated with poor settlement outcomes tend to co-occur within individuals, families or communities. They may also be seen as a result of poor fit between individuals, families or communities and their environment. Guided by this contextual view of risk, it may be possible to develop community resources and adapt environments to support resilience and buffer individuals who may be highly reactive to stress or who have experienced significant exposure to trauma.

13 Miller, K and Rasco, L. The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation. Lawrence Erlbaum Associates, 2004
The ecological model encourages consideration of:

1. The demands of the environment in relation to adaptive resources on mental health
2. That interventions address problems and reflect the priorities of community members rather than the service provider
3. That prevention is prioritised over treatment
4. The importance of cultural appropriateness is acknowledged - with local values and beliefs being incorporated
5. Interventions being integrated into existing community settings
6. Community capacity building is prioritised for future sustainability

These principles provide a framework for reviewing existing policy and informing practices associated with direct service delivery. Development of a model of integrated mental health services is supported by the ecological model of refugee mental health and wellbeing which in contrast to the prevailing medical model of psychiatry and clinical psychology, emphasises the importance of mental health interventions being grounded within non-stigmatised community settings. The ecological model also prioritizes synergy with natural community resources to promote adaptation, prevention over treatment, the active involvement of community members in all phases of the intervention process, and the empowerment of marginalised communities to address their own mental health needs.

IMPLICATIONS FOR MENTAL HEALTH PROFESSIONALS

Engaging mental health professionals early in the resettlement period is critical to long term health outcomes in migrant and refugee populations. At present, existing services take a primarily reactive stance, providing services after the development of acute mental health issues which are often in response to a myriad of post-migration hardships.

In contrast, the model proposed would adopt a preventative, health promotion approach, engaging with individuals and families early in the settlement period and fostering self-efficacy and resilience as means to buffer against post migration hardships.

Equipping migrant and refugee populations with the skills with which to navigate the psycho-social stressors associated with the settlement process will not only promote adaptation and increase quality of life, but also reduce the reliance on health services in the long term.

Furthermore, having culturally and contextually competent mental health professionals integrated within existing services would promote community capacity, reduce dependency on external referral pathways, and increase the numbers of cross-culturally trained psychologists working in the field - an area that is currently in short supply.

FURTHER INFORMATION

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Special thanks to our Health Working Group for their contributions: Gail Ker, Dr Mary Asic-Kobe, Carmen Garcia, Joanne Magnussen, Annie Rutherford, Teneille Arundale, Samantha Chalmers, Anna Rolandsen and Niki Gooch.

“Our call to action is this - make a difference. Even if it is to one person’s life or that of their family. Make a difference.”

- Gail Ker CEO Access OAM

CONCLUSION

Our approach to health care is an integral part of the way we do business and is linked to our vision - to create social, cultural and economic experiences and opportunities that transform the lives of individuals and communities globally. We have a proud history of supporting migrant and refugee populations on their settlement journey, and have worked within these communities for over 30 years.