



Immigrant health service 2020

Covid response

Department of General Medicine

Key achievements in 2020

Clinical care

1888 direct care episodes and over 400 additional consultations; including work at the Royal Children's Hospital (RCH), outreach to northern, western, and eastern Melbourne

- **Joint medical & mental health service delivery** – embedding psychiatry and mental health nursing in our service
We delivered **1434 care episodes** at our main RCH clinic, which was a **46% increase** compared to 2019, and we maintained **92% clinic attendance** despite the challenges of Covid
- **Outward-facing and linked service delivery** - ongoing delivery of refugee healthcare at EACH Community Health (Ringwood,) CoHealth (Footscray), PANCH Your Community Health (Preston) and the RCH Tuberculosis service
- **Supporting primary care** – regular consultation for general practitioners, nurses, case managers, settlement health coordinators (SHC) and refugee health nurses (RHN), with regular teleconferences with rural RHN
- **Changes in service delivery related to Covid** - including immediate services, telehealth, and tele-interpreting.

Education

- **19 education sessions delivered to ~500 people**, several planned conference presentations were cancelled
- **Liny Phuong** led extensive community education on Covid via **The Water Well Project** - with **115 sessions** reaching more than **2500 community participants**
- **Website resources** - **1 new guideline** - Covid-19 immigrant health, **32 updated guidelines**

Capacity building and service improvement

In 2020, we commenced clinical **supervision**, the team completed **family violence training**, we strengthened our links with the **refugee health program**, and worked with **Victorian Children's Services** (RHN, the Refugee Minor Program (RMP), Refugee Access Program, Primary school nurses, and the SHC - collaborating to improve processes for refugee background and asylum seeker students during Covid.

Research

- **Publications** - 1 peer reviewed publication, 1 manuscript submitted, 1 conference abstract accepted and **ongoing work** on the health of asylum seeker children, RCH administrative data, and nursing experience of working with interpreters
- **Research clearing house** updated – more than 200 new articles added.

Policy

- **Covid-related** - a large proportion of 2020 was spent developing policy and service delivery models in response to Covid, working with multiple areas of the hospital to ensure RCH systems included refugee background and culturally and linguistically diverse (CALD) patients
- **Advocacy for children and families in community detention** affected by SRSS (immediate support) changes
- **Immunisation** - ongoing work on PRIME (Program for Refugee Immunisation, Monitoring and Education) through the evaluation reference group, final program reporting submitted Mar 2020.

Working groups, advisory roles, networks

We attended more than **280 meetings** in 2020, including our regular meetings:

- **Hospital** - RCH Cultural Diversity Working Group and Cultural Diversity in Mental Health group.
- **State** - VRHN Covid meetings, rural RHN teleconference, Children's Services Working Group, VRHN & Executive Group, Department of Health & Human Services Immunisation Evaluation Reference Group, Victorian Multicultural Commission, Victorian Covid-CALD Steering Group from late 2020
- **National** - Refugee Health Network of Australia (RHeNA), Home Affairs Independent Medical Advisor Panel (HAIMAP), Department of Home Affairs (DHA), and Department of Health Covid-CALD Committee from Dec 2020.

Background - Covid in 2020

Covid shaped our year in 2020 - leading to wide ranging changes and significant impact for our patients and for service delivery. We first heard about coronavirus from our Iranian patients in mid-January 2020 - before the World Health Organization (WHO) declared a public health emergency of international concern on 30 January 2020, and well before the pandemic was declared on 11 March 2020. Throughout the year we worked with patients, communities, and the refugee health sector in response to challenges arising. We hope this report captures some of the complexity of 2020.

Key elements and timepoints influencing our work in 2020 included:

- **The Australian humanitarian intake effectively stopped in March 2020** - The International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) suspended travel for refugees on 16 March 2020. There was significant complexity in post-arrival reception and quarantine arrangements for the last arrivals as borders closed, with 14-day quarantine and limited face-to-face support.
- **Lockdowns in Victoria** from 30 March - mid-May 2020 and then from 7 July - 28 September 2020, with easing of restrictions after this time, and hard lockdowns in the local public housing towers starting 4 July 2020. While we only have a small number of families who live in these towers, this situation led to significant fear within communities and had much broader impact for our patient cohorts.
- **The shift to telehealth from March 2020**, with complex systems issues and challenges for families with English as an additional language (EAL) and/or low digital literacy; and for those with inadequate access to data or technology. Three party consultations (clinician, family and interpreter) use more data, and frequently our more vulnerable families were unable to access telehealth, requiring innovative problem solving and a flexible approach to clinic.
- **Complex issues related to working with interpreters in clinical care** - we worked to set up systems so interpreters could work via telehealth, developing simplified instructions on using telehealth for families and interpreters, and providing training and support for our interpreter colleagues.
- **Ongoing and rapid changes in Covid-related guidelines** with delays in translated information and marked variation in access to health promotion/education materials within our patient cohorts. We used our electronic medical record (EMR) to provide updates during every clinic visit, we supplied free face masks to our patients (**huge thanks to the RCH Auxiliaries!**) and worked to support front-of-house screening for patients needing language assistance.
- **Loss of kindergarten programs and remote learning for school students** through the periods of lockdowns in Victoria, with marked negative impact for our patient cohort. Remote learning resulted in significant inequity and there was considerable difficulty gaining supports for vulnerable students. Conversely - free childcare access between 2 April-12 July 2020 was a substantial benefit for some families.
- **The reductions in multiple primary care and other services** including general practices, community health centres, dental services, Maternal and Child Health (MCH) nursing, Refugee Health Program (RHP), casework programs, Family Services, Child Protection, and Foundation House.
- **Reductions (and effective cessation) of most Early Childhood Early Intervention (ECEI) and National Disability Insurance Scheme (NDIS) services** and consequent impact. While some services shifted to telehealth, ECEI and NDIS was largely inaccessible for our patient cohort through 2020.
- **Destitution and additive stress on children and families** - the effects of Covid on employment were amplified for many families, and a considerable number of families in our care experienced destitution and food access difficulties. We saw multiple families affected by family violence, and an increased child protection and mental health caseload.
- **Proposed reductions to the Status Resolution Support Services (SRSS) Program for asylum seekers** - changes were proposed during the period of hard lockdown in Victoria - these were subsequently averted after rapid liaison across state and federal networks.
- **The impact of Covid on staff** - with extensive and rapid change, the need to work flexibly and home school our own children, the challenges of constantly changing Covid guidelines, repeated Covid swabs and working in personal protective equipment, and the overarching need to ensure staff and patient safety.

Our focus through 2020 was maintaining clinical care for children and families of refugee and asylum seeker background and working with patients and families to ensure their immediate needs were met.

Clinical care

Service model

The RCH immigrant health service includes a weekly outpatient clinic, inpatient and outpatient consultations, and telephone/email advice. We provide post-arrival health (including dental) screening and immunisation catch-up where required, and a tertiary consultation service for physical, developmental and mental health issues. We have weekly clinical meetings – with medical case discussions alternating with mental health secondary consultations, also including monthly reflective supervision sessions as of 2020. We liaise regularly with case workers, settlement services, schools, RHN, primary care practitioners, allied health services and mental health practitioners, including Foundation House (Victorian Foundation for Survivors of Torture - VFST), to support patient care.

Clinics moved to telehealth/telephone reviews from 23rd March 2020 - Immigrant health was one of the first services to make this change. Direct (face-to-face) appointments were scheduled as required for urgent clinical reviews, with an increasing number of direct appointments towards the end of 2020. Working with interpreters and following Department of Health and Human Services (DHHS) guidelines on hospital visitors and social distancing was genuinely challenging with small clinic rooms, where any more than one child required review - and creative problem solving (including frequent room changes, lots of cleaning, and interpreter telehealth) was the order of the day.

We were fortunate to gain much needed social work support for 10 months in 2020 - Germana Do Rosario Aleixo provided additional support, case coordination and follow-up for patients, and supported access to Red Cross Emergency Relief for families experiencing extreme financial hardship. Her work and contribution to the team has been invaluable, and our thanks to RCH Social Work Department and RCH Executive for supporting this role.

Our commitment to combined medical and mental health services strengthened in 2020 - we had already embedded mental health within the service from late 2018 - with child psychiatry and mental health nursing alongside paediatric care. Our ability to provide comprehensive care addressing physical, developmental and mental health within a single service was a considerable asset in 2020, and mental health service numbers increased markedly.

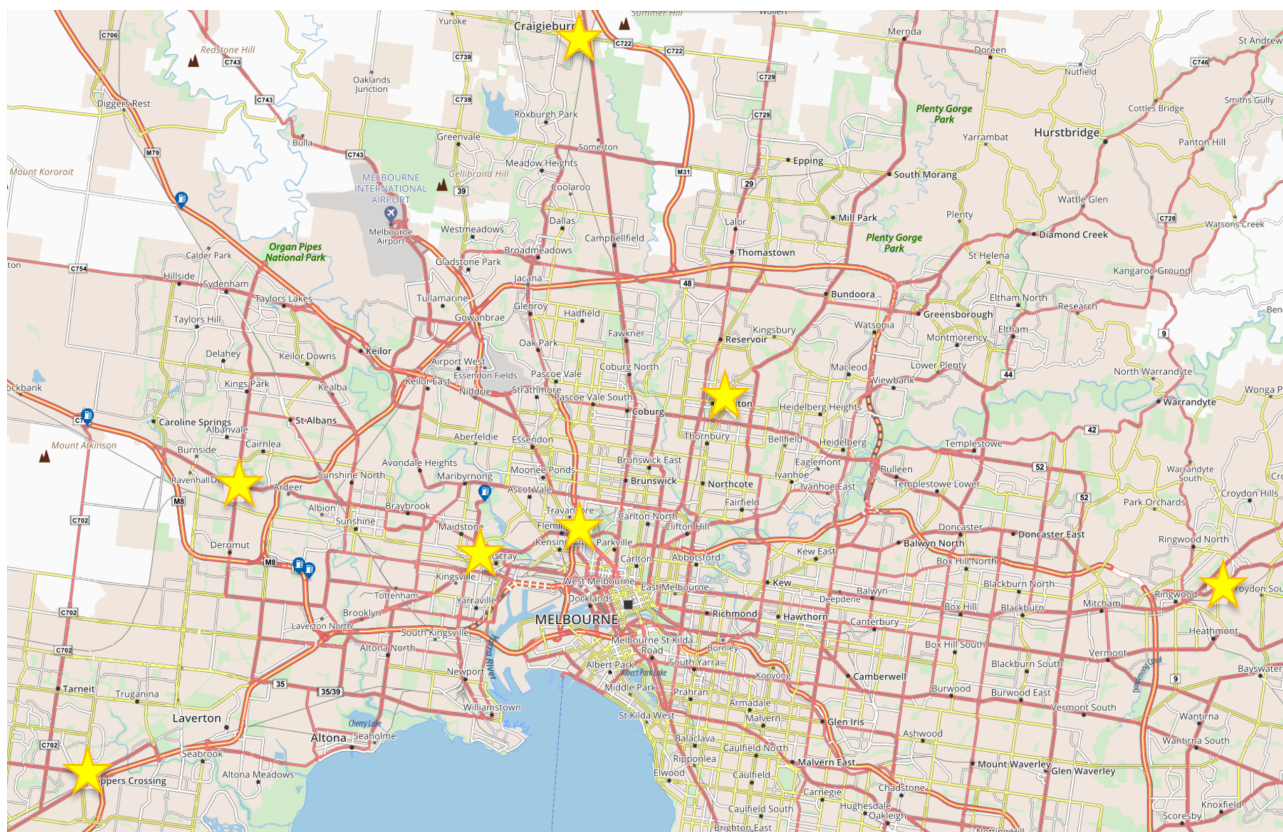
We proactively considered staff mental health and professional development - after discussions end-2019 - our team completed training in responding to family violence early in 2020 and added monthly reflective supervision sessions - both were relevant and timely in 2020.

Outward facing care and work within the refugee health sector – in 2020 we worked closely with RHN from the RHP across metropolitan and rural Victoria to support families through the challenges of Covid facilitating direct referral pathways where needed. The shift to telehealth enabled patients living in rural/remote areas to access appointments at RCH where needed, and we worked with RHN to coordinate, liaising with RCH subspecialty teams where required. We also strengthened relationships with the Northern Children and Families team from VFST and the Refugee Access Program (RAP - based at Orygen Youth Health - OYH).

Collaboration with the education sector - Although the settlement health coordinator role ended in March 2020, we were fortunate to continue working with these skilled clinicians as they transitioned into school nursing positions. This provided an invaluable opportunity to collaborate with the education sector in supporting refugee and asylum seeker children who were often the most vulnerable to the impact of remote learning and stage 4 restrictions. It also created opportunities for supported telehealth sessions for families with print/digital/technology barriers.

Outreach and hub and spoke models - our team also provides specialist paediatric refugee health services in the west (CoHealth, West Footscray), east (EACH Community Health Service, Ringwood) and the north (PANCH Your Community Health service, Darebin) of Melbourne. From 2019, the Craigieburn clinic transitioned to leadership by the Northern Hospital - we continue to work with this service to coordinate referrals, triages and access to paediatric review. In 2020, two of our previous fellows, Drs Dan Mason and Yoko Asakawa set up monthly community based paediatric refugee health clinics in the west (see below). As of late 2020 - Dan is working at Utopia clinic, in Hoppers Crossing and Yoko is developing a service from Sunshine Hospital, based at IPC Health in Deer Park to commence in 2021. This has been a great opportunity for ongoing collaboration and strengthens the paediatric refugee health network across greater Melbourne, providing opportunities for patients to have paediatric review close to home.

Shaping the paediatric workforce - The RCH Fellow position has been formally funded by the Department of Health since 2009. Since this time, **we have trained 27 fellows** (now all consultant paediatricians) who have then taken the experience and skills gained through working in Immigrant health into their other roles. Many of **these colleagues have continued working in refugee health and now lead the other paediatric refugee health services around Melbourne** (see map). Affiliated services are located in Footscray, Deer Park, Hoppers Crossing, Darebin, Craigieburn, Ringwood, Ballarat, Bendigo and Geelong, with links to Sunshine Hospital, Northern Hospital, Ballarat Hospital, Bendigo Hospital and Barwon Health. **We regard this as a significant achievement of our training model - appointing new fellows each year and providing clinical training in refugee health.**



Stars represent paediatric refugee health clinics in metropolitan Melbourne, Monash Health provides refugee health in the south-eastern catchment. In addition, there are also paediatric refugee health services in Ballarat and Geelong, and colleagues with experience in Bendigo and Shepparton.

Affiliated services

- **RCH Tuberculosis (TB) clinic:** Hamish Graham, Shidan Tosif (also Prof Steve Graham)
- **Cohealth, West Footscray:** Liny Phuong, Jane Standish, Alicia Quach
- **EACH Social and Community Health, Ringwood East:** Shidan Tosif, Dan Mason
- **PANCH Your Community Health Service, Preston:** Siobhan Mullane, Sophie Oldfield
- **Utopia Clinic - Hoppers Crossing** - Dan Mason from late 2020
- **Sunshine Hospital - based at IPC Deer Park** - Yoko Asakawa - commencing 2021.

Staff

In total, the team includes 15 people across 2.8 full time equivalent (FTE). In 2020, the immigrant health team included three medical consultant roles, two 0.5 FTE fellow positions, a consultant psychiatrist, a mental health nurse, social worker, dental therapist, and clinic coordinator. As the medical workforce year runs February - January, the 2019 fellows were still working in January 2020. Staff details are shown in the following table.

Position	Staff member	EFT (Total 2.8)
Clinic coordinator	Helen Milton HM	0.5
Medical lead	Georgie Paxton GP	0.5
Psychiatrist	Tiba Maloof TM	0.1
Consultants	Andrea Smith AS Hamish Graham HG Shidan Tosif ST	0.1 0.05 (shared role) 0.05 (shared role)
Fellows	Sophie Oldfield SO Linny Phuong LP	0.6 0.4 (+ 0.1 at CoHealth)
Mental health nurse	Toni Mansfield TMa	0.1 - increasing to 0.2 from Sep
Social work	Germana Do Rosario Aleixo GDRA	0.1 - increasing to 0.2 from Sep
Dental therapist	Tatiana Polizzi TP	0.1
Community worker	Nagaha Idris	0.05
Research nurse	Katrina Sangster KS	0.2
Psychology graduates	Anne Louise Vad Thorbecke Ashlyn Hansen	Affiliated via RCH psychology
Volunteers	<i>Restricted in 2020 - Assistance from Ida Skullerud for 4 weeks in April 2020</i>	

We wish to acknowledge and thank our volunteers, Jennifer Kendrick and Mandy Tan, who provide invaluable assistance to our families in other years. They were sorely missed during the height of Covid, when hospital visitor restrictions were in place, and volunteer services paused. During this period, we were grateful for the support of Ida Skullerud from Specialist clinics who assisted during our transition to telehealth.

We wish to acknowledge and thank our interpreting colleagues for their work and support. The RCH interpreters enable clinical care and continuously adapted to the frequent changes in service delivery over 2020, changing to telehealth, working on phone consults where telehealth was not possible, and changing to tele-interpreting - all more difficult with masks, social distancing, and clinician use of the EMR - which makes phone and telehealth interpreting more challenging with background noise.

Specific thanks are due to Helen Milton, for her tireless work coordinating clinic, supporting telehealth, and juggling patient, staff, and interpreter needs, with constantly changing guidelines, and highly unpredictable circumstances. There were countless times through the year where one of us (or our children) needed to stay home and be Covid tested at short notice, and entire clinics rebooked into different formats. **Helen handled a 46% increase in bookings within RCH Immigrant health in 2020 in the context of these multiple changes.**

Attendances

In 2020, we provided **1888 direct clinical care episodes for our patients, including 1434 at the RCH Immigrant health clinic, which is a 46% increase in care episodes at our main RCH clinic.**

- RCH Immigrant health medical – 1070 attendances for 475 patients, including 142 new patients (23% increase compared to 2019)
- RCH Immigrant health psychiatry and mental health nursing - 220 attendances for 66 patients (98% increase compared to 2019)
- RCH Immigrant health dental - 45 direct patients reviews, plus liaison and care coordination wherever needed
- RCH Immigrant health social work - 99 referrals over 10 months (excluding July/August 2020)
- RCH TB clinic – 69 attendances, including 34 new patients (noting the Immigrant health fellows were not placed in TB clinic in 2020; total 124 patients including those seen by the respiratory fellows supervised by HG/ST).
- CoHealth Footscray clinic (fortnightly) – 220 attendances
- EACH outreach clinic (2-3 monthly) – 39 attendances, all face-to-face
- PANCH outreach clinic (monthly) - 126 attendances.

Clinic	Attendances		
	Fellows	Other staff	Consultants
RCH Immigrant health	210 (SO) 210 (LP) 10 (ILR)	122 (TM - MH nursing) 99 (GDRA - Social work) 45 (TP - dental)	250 (GP) 160 (AS) 94 (ST) 136 (HG) 98 (TMa - Psychiatry)
RCH TB Clinic	8 (ILR*)	-	31 (HG) 30 (ST)
CoHealth	220 (LP)	-	-
EACH outreach clinic	-	-	39 (ST)
PANCH outreach clinic	126 (SO)	-	-
Totals	1888 attendances, including 1434 at RCH Immigrant health		

*RCH Immigrant health fellows were not placed in TB clinic in 2020, therefore the small number reflects a single clinic in January for Ingrid Laemmle Ruff, the fellow in the 2019 year.

Demographics - RCH clinic

- **Clinic attendance rates increased to 92%** (1290 attendances of 1408 bookings for medical and mental health staff)
- **We saw children and young people from 32 different countries of birth**, most commonly from Iran, Iraq, Syria, Ethiopia, Malaysia, Myanmar, Eritrea, Thailand, Kenya, and Australian-born children from refugee and asylum seeker families
- **We saw families speaking approximately 50 languages - which is a wider range compared to previous years.** Top ten languages - English, Arabic, Burmese languages (Karen, Chin dialects, Burmese), Farsi, Oromo, Somali, Assyrian, Tamil, and Amharic
- **Interpreters assisted with 79% of consultations** – consistent with 2019 (82%) and 2018 (83%) figures. Interpreting requirements have been high over the last 8 years, after a nadir of 68% in 2013.

Other clinical activities

We have provided more than **400 additional clinical consultations** during 2020:

- **Hospital inpatient/outpatient consultations for 13 patients**, and consultations related to billing for ~30 patients
- **Mental health consultations – 83 secondary consultations** within the team’s mental health meetings
- **Phone/email consultations/advice** - medical, nursing, allied health, or case managers – more than **90 families**
- **Secondary consultations for the Stepped care team** - for **24 patients** referred over May-Dec 2020
- **Referral support for RHN/RHP during COVID** – for more than **70 family groups/sibships**
- **Teleconference consultation with rural refugee health nurses – 36 patients** discussed (over 9 teleconferences)
- **Offshore health queries** – assisting with advice, care planning and pathways upon arrival for **5 patients**
- **Individual patient teleconferences or care team meetings** – approximately **30 patients**
- **Consultation with Vulnerable Child Health Coordinator - 20 patients** of refugee background with child protection involvement, coordinating paediatric review and supports.

Key clinical issues in 2020

In 2020 clinical care was driven by the need to respond to the challenges of Covid for our families, communities, and the refugee health sector. The refugee sector met weekly to fortnightly throughout the Covid period, coordinated by Victorian Refugee Health Network (VRHN). The background section provides detail on key elements affecting our work through Covid in 2020. Other areas for noting:

Offshore health alerts

Existing health issues may be flagged during offshore health assessments via Department of Home Affairs (DHA) health alerts, or allocation of a health undertaking (HU, requiring post-arrival medical review). Up until March 2020, the

Victorian settlement health coordinators (SHC) would assist in review of offshore health records and liaise with the refugee fellows for advice on referrals and linkage to care. While the offshore intake effectively stopped in March 2020, planning was complex for the last 5 children arriving on offshore health alerts, requiring extensive consultation with Settlement agencies, RCH ED and sub-specialty teams, with the added complexity of navigating hotel quarantine and/or direct transfer to hospital. We found ourselves liaising directly with Australian Border Force and health staff at Melbourne airport to ensure the safety of our last complex case alert arrivals in March 2020. We anticipate this will be an ongoing significant issue when the Humanitarian intake re-starts in 2021, particularly with the loss of the SHC roles.

Asylum seeker health and impact of Covid

We continued to provide care for children seeking asylum, including children on bridging visas in the community, in community detention, and once again in 2020, for one child in held (onshore) immigration detention - who, fortunately, was released during the year. This cohort includes the children who arrived in Australia prior to and during 2013 - now more than 7 years ago, children/young people who spent years in the offshore processing system, and children born to parents who have experienced prolonged detention. The protracted and ongoing duration of uncertainty has had profound adverse impact on these children and families.

There were significant challenges for asylum seeker healthcare through 2020. For many children, restrictions on school access were significantly re-traumatising after missed school in detention and in Nauru. The DHA announced reductions in SRSS for families in Community Detention during hard lockdown in Victoria - (which would result in loss of housing and income support and transition to a Final Departure Bridging Visa E - FDBVE) this situation required rapid coordination and liaison with the DHA. We spent considerable time liaising within and across our sector and documenting vulnerability with families - reinforcing our reflections on the profound negative impact of years of migration uncertainty. The process of US resettlement continued slowly, with significant anxiety in families around the Covid situation in US and for their families overseas.

In general, Covid and lockdowns amplified longstanding housing and financial stressors and mental health concerns, and in some cases, more complex stressors within families. We worked to ensure continuity of care, integrating mental health care and social work support.

Two other elements of work related to asylum seeker health - our team provided care for the last young child in detention in 2020, who was subsequently released late in the year, and Georgie Paxton was required to provide extensive reporting to Comcare on another case in early 2020, also involving liaison with the hospital legal team.

Education access and remote learning

While Victorian Department of Education policy stated that vulnerable children were able to attend school onsite through hard lockdowns - the reality was different. In many cases, schools did not permit children to attend, or children could attend for brief periods only, and only after significant advocacy. There were substantial delays in supply of devices and data to children who did not have access to these resources, and printed worksheets in English were inaccessible for many children and their parents. Crowded housing conditions were difficult for many families, and especially for our patients completing their VCE years. We saw existing gaps in education widen, and substantial new gaps opened, many children effectively lost a year of schooling. Children disengaged from school and excess screen time, mental health issues and sleep disruption were frequent issues. We worked to communicate and advocate with schools, and to improve collaboration with the RHP, the Refugee Access Program (Orygen Youth Health - OYH), the Refugee Minor Program and VFST early years and schools' programs - coordinating discussions across the child health and education sectors.

Disability

Disability and developmental assessments continued to be a strong focus as multiple safety nets were lost. Case coordination became even more important, with the loss of the safety net provided by onsite kindergarten, school, primary health care and Maternal and Child Health Nursing (MCHN) services, and most NDIS services became rapidly inaccessible for our families. We also worked closely with the Stepped Care team at RCH to support enhanced triage for refugee and asylum seeker children referred to RCH for developmental concerns.

Ongoing challenges for our patient cohort around disability, developmental assessment and the NDIS included:

- **Eligibility:** Eligibility requirements for early childhood early intervention (ECEI) and NDIS services exclude asylum seekers and those on temporary visas (including Temporary Protection Visas (TPV) and Safe Haven Enterprise Visas (SHEV)) and Bridging Visas. Whilst the Victorian government has continued support for ECEI for these groups in children <7 years, the process is complex, and access has been very difficult. There is no disability service access outside schooling for older children or adolescents in this group.
- **Accessibility:** The NDIS requires familiarity with Australian systems and a level of health literacy and self-advocacy to access and then utilise supports. In 2020, our patients required even greater advocacy and the shift to telehealth meant NDIS became inaccessible for most of our families.
- **Diagnostic assessments:** Whilst ECEI services do not require a diagnosis for service provision, a diagnosis is required upon transition to the NDIS aged 7 years and older, and for school-based disability funding. Long waitlists for publicly funded formal assessments and strict diagnostic criteria can limit access to NDIS funding for our patients with complex disability, especially for those older than 7 years. Reduced access to kindergarten and developmental supports in 2020 presents challenges for children with developmental disability due to start school in 2021 - we anticipate a cohort of children that will require formal assessments rapidly in early 2021, and there have been delays in grade 6 review assessments for children entering high school in 2021.

Child protection

We provided care in 2020 for an increasing number of children with complex child protection issues, including children in out-of-home care. This involved extensive background work liaising with relevant agencies, participating in multi-disciplinary meetings, providing documentation, seeking clinical supervision, and building partnerships with both internal and external providers. Key partners included RCH social work, the RCH Vulnerable Child health Coordinators, mental health services (internal and external), and Child Protection Services. We are particularly grateful for the expertise and advice of consultant paediatrician **Andrea Smith** within our team, given her expertise in this area.

Education

Outreach education reduced in 2020 due to the impact of Covid - we delivered **19 outreach education sessions** to around **500 participants** on a diverse range of topics. **Katrina Sangster** led presentations to nursing staff on nursing care for CALD families, **Georgie Paxton** ran a series of 4 sessions for the entire RCH social work department covering migration background and resources for migrant families, **Sophie Oldfield** and **Linny Phuong** led sessions for junior medical staff and medical students. Unfortunately, multiple conference presentations were cancelled due to Covid.

Education sessions and talks 2020

- 2/3/20 Presentation to RCH Cultural diversity committee (GP, 10)
- 28/3/20 Post Graduate Diploma in Nursing Practice students, University of Melbourne (KS, 12)
- 22/4/20 RCH Centre for Community Child Health (CCCH) - Fellow education (SO, 30)
- 22/4/20 RCH CCCH Fellow education, English as an additional language (GP, 30)
- 15/5/20 Life Without Barriers - Covid education (GP and Gill Singleton, 15)
- 21/5/20 Crossing Borders - Introduction to refugee health with case study (LP, SO, 30)
- 28/5/20 Junior medical staff RCH - (LO, SO, 25)
- 2/6/20 RCH Critical care nurses - Working with CALD families (KS, 6)
- 9/6/20 Global Health and Human Rights - University of Melbourne (GP, 35)
- 9/9/20 RCH social work - Refugee health basics, and then Covid (GP, 35)
- 11/9/20 General Medicine Friday meeting - Syrian refugee arrivals (GP, 30)
- 16/9/20 Stepped Care team - refugee health (GP, SO, 12)
- 17/9/20 University of Otago, Refugee & Migrant Health subject - Caring for CALD children (KS, GP, 11)
- 22/9/20 RCH Nursing staff - Nursing across languages - presentation of research findings (KS, 70)
- 8/10/20 RCH social work - Visas and migration (GP, 35)

- 27/10/20 RHP - Tuberculosis (LP, 20)
- 5/11/20 RCH social work - The maze of settlement and services (GP, 40)
- 16/11/20 RCH social work - Working with interpreters (GP 38)
- 16/11/20 JMS - working with interpreters (SO, 20)

The Water Well Project

Linný Phung, our departmental fellow was (very) busy with her side project - The Water Well Project www.thewaterwellproject.org, a not-for-profit health promotion organisation well known to the Immigrant Health team. The Water Well Project works across three states - Victoria, New South Wales and Tasmania; and is made up of volunteer healthcare professionals who provide health education sessions to communities from migrant, refugee and asylum seeker background with the aim of improving their health literacy. All sessions are free, interactive and tailored to communities.

The usual format of these sessions includes face-to-face discussion and question/answer sessions within a community setting (e.g., church, playgroup, classroom). Due to Covid, the organisation changed to delivery of health education using online platforms, predominantly focussed on Covid. The organisation received a Department of Premier and Cabinet (DPC) Covid-19 taskforce grant which allowed them to hire support staff to upscale operations to reach at-risk local government areas (LGAs) in Victoria. By the end of 2020, The Water Well Project had successfully delivered **115 health education sessions** - 96 online, 55 on Covid or related topics, including mental health, self-care, and **reaching over 2,500 community participants**.

Website updates

Given our load of external education delivery reduced in 2020, we used the opportunity to update our existing extensive web-based resources.

- **We developed a new guideline:** [Covid-19 Immigrant health](#) - which provides a timeline relevant to migration, telehealth information and resources, links to translated resources, and information on emergency relief and supports for migrant populations.
- **We updated 30 immigrant health guidelines**, reviewing the literature, updating resources, and adding new information. These include: adolescent health, anaemia & iron deficiency, asylum seekers, birth date issues, case workers, critical health alerts, developmental assessment, disability, education assessment, growth and nutrition, HAPLite - summary for clinicians, Helicobacter pylori, Hepatitis B screening, immunisation catch-up, immigrant health - clinical resources, initial assessment and screening, interpreters, lead, malaria, mental health, other resources, refugee policy and timeline, schistosomiasis, SRSS, strongyloidiasis, TB screening, translated resources, vitamin B12, vitamin D, vitamin D photo board of supplements.
- **We updated 2 RCH state-wide clinical practice guidelines** - vitamin D and emergency presentations.

Team professional development and training

Aside from endless sessions on Covid(!) the immigrant health team completed training on family violence (12 Apr and 18 May 2020), which became increasingly relevant over the remainder of the year. In addition, staff participated in the following online conferences/education:

- Kaldor Centre: New frontiers of refugee law in a closed world 17-20 November 2020 (GP)
- North American Refugee Health Conference 2020 (LP)
- Neurodevelopmental and Behavioural Paediatric Society of Australasia - Prescribing psychotropic medications 27 Jul 2020 and Cognitive assessment of children 28 Sep and 26 Oct 2020
- World Association of Infant Mental Health webinar series - Infant mental health in a time of crisis Aug 2020

Capacity building

Capacity building and relationships were more important than ever during 2020 - several areas warrant mention.

Within RCH:

- **We provided 13 education sessions at RCH**, including a program of 4 sessions to the RCH social work department on migration and health (GP and GDRA)
- **We continued to provide support for the RCH finance department**, to avoid inappropriate billing of asylum seeker patients. Refugee fellows continued to act as the contact point for billing queries around asylum seeker status
- **We continued work with the RCH vulnerable child health coordinator**, to improve internal processes for supporting care for vulnerable children within our service
- **We continued work with the Stepped care team** assisting in triage of developmental referrals for children of refugee-like background, meeting regularly and providing a formal education session.

External to RCH

- **Engagement with the Refugee Health Program** consolidated during 2020, through individual patient consultations, close work with the RHP facilitator, and monthly teleconferences with rural RHN for case discussion, supervision, linkages to local paediatric care, and coordinating subspecialist telehealth when needed.
- **Ongoing collaborations with Victorian children's services** - from late 2019 we have collaborated with partner agencies caring for refugee children, particularly the RMP, primary school nurses, VFST and the Department of Education. This group became increasingly important during 2020 with the impact of lockdowns and remote learning on our more vulnerable families, and consequent education inequities.
- **Close work with Cabrini Refugee and Asylum Seeker Hub** - we work closely with Cabrini who provide care for many of the parents of our asylum seeker patients - together with other sector partners we engaged rapidly around pending changes to SRSS, working with DHA to provide detail on the situation for asylum seekers in Victoria.

Research

Publications

- **Volkman T, Clifford V, Paxton GA.** Schistosoma serology after treatment of Schistosoma infection in resettled refugee children. *Travel Med Infect Dis.* Sep-Oct 2020;37:101680. doi: 10.1016/j.tmaid.2020.101680. Epub 2020 Apr 21.

Ongoing research

- **Language services** - Nursing across languages: The experience of nurses working with interpreters in a paediatric hospital setting. (KS, Karen Kiang - 2017 fellow, GP): manuscript submitted to BMC Nursing Nov 2020. Ongoing analysis of administrative data (Karen Kiang, KS, GP)
- **Detention** - Immigration detention and child health - a retrospective audit (ST, team) manuscript in preparation
- **Immunisation** - Further work reviewing immunisation catch-up in Victoria, and the PRIME projects (GP)
- **Tuberculosis** - Screening in the Karen cohorts in Western Melbourne – 10-year experience (KS, Ross Drewe, GP), and Pre-migration migrant health screening (focus on LTBI screening in children) – with Burnet Institute (ILR, GP).

Other

- **Research clearing house** - provides a systematic collection of Australian refugee health-related research. Again, more than 200 new peer-reviewed articles were added in 2020 (LP)
- Abstract accepted - **PRIME - access, equity and innovation in immunisation for refugee background communities.** Public Health Association of Australia conference 2020.

Policy

We remain involved in policy work at local, State and Commonwealth levels, including through the committees and working groups listed below. Unsurprisingly, Covid was the primary focus in 2020.

Covid

- Through immediate clinic planning (continuity plans as per RCH Executive), input into RCH systems changes, including around CALD patients, telehealth, and working with interpreters - we would also like to acknowledge the work of **Shidan Tosif**, who took a lead role in the Covid response within General Medicine
- Collaborations across the refugee sector, including participation in the fortnightly VRHN sector Covid meetings, which included colleagues from DHHS, and RHeaNA, including liaison around Covid for people in Detention
- Work with the Victorian Multicultural Commission on Covid communications (LP), and roles on Victorian and Commonwealth Covid-CALD committees from late 2020 (GP)

Asylum seeker health

- Close liaison with the refugee sector and DHA around proposed changes to SRSS during lockdown in Victoria
- Work with DHHS colleagues on the Hospital Circular for asylum seekers (finalised 1/2020, approved late 2020)
- Refugee Council of Australia (RCOA) Asylum seeker roundtable 11 Mar 2020 (GP)
- Appointment on Home Affairs Independent Medical Advisors Panel (HAIMAP) for DHA (GP)

Immunisation

PRIME continued in 2020, although there was considerable uncertainty around the Humanitarian intake and DHHS funding by mid 2020. **Georgie Paxton** continued as Chair of the Evaluation Reference Group (ERG) which met bi-monthly, with additional meetings planned around changing to Covid-safe immunisation service delivery. **Georgie** also drafted and submitted the final report from the ERG on these projects over 2016-19 to DHHS in March 2020.

- **Key project outcomes included: enrolment of more than 7500 people across the 4 pilot projects, confirmation of low baseline vaccination coverage in refugee-background communities, and demonstration that equitable immunisation is possible. More than 5350 people have since initiated catch-up vaccination, and more than 4500 people have completed vaccination and have records on the Australian Immunisation Register (AIR).**
- **Work with Services Australia to update the AIR to maintain record integrity for people without Medicare** - this was finalised in Oct 2020 and has become incredibly timely with subsequent planning around Covid vaccination.
- **Work on Covid vaccination preparedness** for CALD communities.

Committees, advisory roles, meetings

In addition to our regular immigrant health meetings (see below), there were many meetings related to all aspects of Covid, some regular, others in response to issues arising. In 2020 we **attended more than 280 meetings**.

Regular immigrant health meetings

- Weekly supervision meeting with fellows
- Fortnightly clinical audit meeting – medical team
- Fortnightly mental health secondary consultations: medical team, mental health staff, Germana Do Rosario Aleixo and Dr Alice Morgan (RCH Psychology Department)
- Weekly research planning meeting - KS and GP
- Bi-monthly service planning meeting – GP and Kirsten Noakes (General Medicine Operations Manager)
- Stepped care (SO, HM) - fortnightly from Oct 2020.

Committees, reference groups and working groups

- VRHN Covid sector coordination meeting (GP, SO, LP) - fortnightly
- Rural RHN teleconference (GP, SO, LP) – monthly
- Refugee Health Network of Australia (RHeaNA) (GP) - bimonthly meetings
- Evidence-based Care Subcommittee, Victorian Paediatric Clinical Network, Safer Care Victoria (SO) - bimonthly
- VRHN and Executive Group (GP) - quarterly meetings until mid 2020

- DHHS Immunisation Evaluation Reference Group (GP) - bimonthly meetings & additional planning around Covid, also weekly background meetings with Secretariat (GP)
- Victorian Forced Marriage Network (fellows) – quarterly meetings
- Victorian Tuberculosis Advisory Committee (HG) - quarterly meetings
- RCH Cultural Diversity in Mental Health Committee (LP) - quarterly meetings
- Victorian children’s services – RCH immigrant health, RMP, RAP, VFST primary school nurses and SHC - 3 meetings
- Victorian Covid-CALD Advisory Group from Dec 2020
- Home Affairs Independent Medical Advisor Panel (HAIMAP), Department of Home Affairs (DHA) (GP)
- Commonwealth Department of Health Covid-CALD Committee from Dec 2020 (GP).

Other meetings

- Victorian Youth Justice Leadership Team 14 Feb 2020
- Refugee Council of Australia (RCOA) Asylum seeker roundtable 11 Mar 2020
- VFST Early years team (SO) 8 Jul 2020
- Red Cross Extreme Hardship Program (SO, LP, GDRA) 2 Sep 2020
- Brotherhood of St Laurence Community Engagement and Capacity Building, ECEI (SO) 1 Oct 2020, 5 Nov 2020
- Victorian Multicultural Commission - Covid Response - 3 meetings
- Department of Home Affairs, Refugee Council of Australia, VRHN 4 Nov 2020.

Future directions

We have four main concerns looking forwards to 2021:

- Ensuring equitable participation in the vaccination roll out for CALD communities, particularly for refugee background and asylum seeker cohorts, including those without Medicare access
- The impact of missed early intervention and support services (including missed opportunities for assessments), especially for children entering school or transitioning to high school.
- Mitigating the impact of missed education and inequitable access to schooling during 2020 - access to additional tutoring initiatives (announced in Nov 2020) will be essential for our patients next year
- Ensuring services resume for children with developmental delays and/or disability.

Other areas of focus for 2021 will include supporting health and well-being for asylum seeker children, particularly those exposed to immigration detention. We will continue to advocate for policies that consider the complex needs of these children and families, who have now experienced more than 7 years of migration uncertainty.

On behalf of RCH Immigrant health - thank-you to our patients and their families for your patience and engagement during Covid. A huge thanks to Helen Milton, our wonderful clinic coordinator, who handled a 46% increase in bookings and innumerable changes to clinics and protocols on a weekly basis. We are indebted to our interpreting colleagues and acknowledge their skills, professionalism, support and essential contribution, and the complexity and challenges of 3-way telehealth. Our thanks to RCH Mental Health for trusting us to deliver joined up medical and mental health care, and to RCH Social work and RCH Executive for approving emergency social work support - this was so urgently needed in 2020. We are grateful to the Department of General Medicine and to the DHHS, who provide our funding, and to the RCH Executive for their ongoing support.

Georgie Paxton, Sophie Oldfield, Linny Phuong

On behalf of the Immigrant health team

March 2021