



The Royal  
**Children's**  
Hospital  
Melbourne

# Immigrant health service 2021 Covid pandemic - year 2

Department of General Medicine

## Key achievements in 2021

### Clinical care

**1895 direct care episodes & more than 770 additional consultations.**

- **Joint medical & mental health service delivery** – we delivered 1609 care episodes at our main RCH clinic, attendance was 88%. The medical team saw 1173 attendances (10%↑) for 586 patients (23%↑).
- **Ongoing service delivery changes due to Covid** – with 60% consults as telehealth & use of teleinterpreting.
- **Outward-facing & linked service delivery** - delivery of refugee healthcare at CoHealth (Footscray), PANCH Your Community Health (Preston) & the RCH Tuberculosis service.
- **Supporting primary care** – monthly teleconferences with Refugee Health Nurses (RHN); regular consultation for case managers, RHN, general practitioners (GPs) & English Language School staff.

### Capacity building, service improvement, education

In 2021, we continued **clinical supervision** & worked with **RHN & refugee sector colleagues** (through the Victorian Refugee Health Network - VRHN) on the responses to Covid & Afghan arrivals.

- **19 education sessions to >500 people**, including 2 online conference presentations.
- **Website resources** - 1 new guideline - [Afghan refugees](#), regular [Covid guideline](#) updates, **13** updated guidelines.
- **Health pathways** – 2 guidelines updated for NWMPHN - Refugee Health in Children, Health Assessment.
- Achieved **re-accreditation with the RACP for Community Child Health Paediatric Training**.

### Policy

- **Covid response & Covid vaccination** were the focus in 2021. We worked at local, State & Federal level, including roles on **Victorian & Commonwealth Covid-CALD advisory groups**, & a **Victorian Youth Justice Working Group**.
- **New Afghan refugee arrivals** – from August 2022 we assisted in post-arrival care, working with hotel quarantine, settlement, RHN, Department of Home Affairs (DHA) - developing briefs, guidelines & policy to support care.
- **Immunisation** - ongoing work on PRIME (GP). PRIME reached the milestone of connecting 10,000 people for catch-up vaccination, also with new proposals for abridged catch-up in adolescents & Covid vaccination support.
- **Vitamin D** - participation in the **Australian Sun Exposure Summit**, & local service advice.
- Contribution to the [Australian National Standards of Care for Childhood-Onset Heart Disease](#) (working group).
- Submission to the [National Children's Mental Health and Wellbeing Strategy \(0-12 years\)](#) consultation.
- Refugee Health Network of Australia (RHEANA) Submission on **NDIS independent Assessment Process** & presentation at the Cth **Senate Inquiry**.
- **Immigration Medical Examinations (IME)** review of DHA policy/procedures on offshore IME for humanitarian entrants (GP, working with Dr Gill Singleton, via Home Affairs Independent Medical Advisor Panel - HAIMAP).

### Research

- **Publications** - 3 manuscripts submitted, 2 conference presentations, **ongoing work** on asylum seeker children, RCH administrative data, & nursing experience of working with interpreters, **RCH Volunteer Scholarship (KS)**.
- **Research clearing house updated** – more than 120 new articles added.

### Working groups, advisory roles, networks

We attended more than **360 meetings** in 2021, including:

- **Hospital** - team, Covid Response, Stepped Care, Cultural Diversity, Cultural Diversity in Mental Health.
- **State** - VRHN (also Covid coordination & Afghan response calls), RHN teleconference, PRIME Evaluation Reference Group & associated, Victorian Covid-CALD Steering Group, Youth Justice Working Group.
- **National** - RHEANA, Department of Health Covid-CALD Committee, Department of Home Affairs HAIMAP.

### Special acknowledgement – Helen Milton

Helen Milton retired in August 2021, after 15 years coordinating Immigrant health. The team would like to acknowledge and celebrate her many years of hard work and care for the children and families in clinic - we will miss her greatly and wish her all the best.

## Background

Covid shaped our year again in 2021, and we worked with our patients, multiple areas of RCH, and the Victorian refugee health sector in response to challenges arising.

In August 2021, the Taliban took control of Kabul, Afghanistan, subsequently assuming government. In extraordinary circumstances, more than 120,000 people were evacuated over a 10-day period, including 4100 people were evacuated by Australia, with around three quarters of this cohort arriving in Victoria during hard lockdown. In late 2021, the Australian Humanitarian Programme recommenced, after 18 months of closed borders and clinic work shifted rapidly, to predominantly post-arrival screening and catch-up vaccination.

### Key elements and timepoints influencing work in 2021 included:

- **Lockdowns in Victoria** – from 12-17/2/2021 (5 days), 28/5-10/6/21 (2 weeks), 15-28/7/21 (2 weeks) then 6/8/21-22/10/21 (10 weeks).
- **Covid vaccination roll-out** – for frontline staff from Feb 2021, for age 40 years+ from May 2021, for age 16 years+ from August 2021, and then for younger adolescents (age 12-15 years) from September 2021.
- **Flexible use of telehealth** – with ongoing complex systems issues for families with English as an additional language (EAL), low digital literacy or inadequate access to technology or data. At a health system level, clinic shifted in/out of telehealth as the primary mode of care where possible, related to lockdown status.
- **Ongoing use of telehealth interpreting** – across 2021 almost all interpreting was remote, regardless of visit type.
- **Ongoing and rapid changes in Covid-related guidelines** with delays in translated information and marked variation in access to health promotion/education and vaccine information in our patient cohorts.
- **Cumulative stress on children and families** - working with predominantly migrant populations meant that we often had a different experience of the pandemic compared to our colleagues. Our patients experienced increased frequency of cases and morbidity within families and communities, separation from, and concern for family overseas, and delays in accessing vaccine information. These elements were prominent in clinical service delivery.
- **Amplification of other effects of Covid and lockdowns** during the 2<sup>nd</sup> year of the pandemic.
  - **Gaps in education** with ongoing shortfalls in kindergarten programs, school access, and remote learning for school students. These gaps had marked cumulative negative impact for our patients, created overt inequities, and we had considerable difficulty gaining supports for vulnerable students.
  - **Ongoing reductions in access to primary care/other services** including GPs, community health centres, dental services, Maternal and Child Health (MCH) nursing, RHN, casework programs, Family Services, Child Protection, Victorian Foundation for Survivors of Torture (VFST), Early Childhood Early Intervention (ECEI), and the National Disability Insurance Scheme (NDIS). While some services shifted to telehealth, many services, including ECEI and NDIS, were largely inaccessible for our patients throughout 2021, for the second consecutive year.
- **The impact of the pandemic on staff** - with extensive and rapid changes, 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 (PPE), and the overarching need to ensure staff and patient safety.
- **Alongside Covid, the humanitarian intake restarted suddenly in August 2021 after 18 months of closed borders** - initially with the emergency Afghan uplift, then with resumption of the broader humanitarian program. A number of unaccompanied Afghan minors were identified after arrival in Australia, and for the first time in some years we found ourselves providing clinical care for this group - working with the Refugee Minor Program (RMP) and case managers. The Afghan cohort arrived under a different visa pathway (with temporary humanitarian stay (449) visas) and there were challenges with accessing Medicare, health services, school enrolments, and disability supports.

Our focus through 2021 was maintaining clinical care for children and families of refugee and asylum seeker background - prioritising immediate needs and supporting access to Covid health information and vaccination. We hope this report captures some of the complexity of 2021.

## Clinical care

### Service model

The **RCH immigrant health service** includes a weekly outpatient clinic, inpatient and outpatient consultations, and telephone/email advice. In 2021, we added clinics in response to demand, especially from September onwards. We provide post-arrival health (including dental) screening and immunisation catch-up where required, and a tertiary consultation service for health, developmental and mental health issues. We have weekly clinical meetings, with medical case discussions alternating with mental health secondary consultations. We are in regular contact with case workers, settlement services, schools, RHN, primary care practitioners, allied health services and VFST to support patient care. In 2021 we had more contact with Monash refugee health colleagues, - many new Afghan arrivals spent time short-term accommodation close to RCH and then moved to the Monash catchment.

- **Clinics continued with a large proportion of telehealth/phone reviews in 2021** - during lockdowns and where clinically appropriate. This meant most reviews in the second half of 2021 were completed with telehealth (or phone) as the predominant mode of care, and telehealth was used for around 60% of all consultations. We frequently used telehealth to gain the initial history, organizing targeted visits for examination, pathology, and vaccination, thus reducing time spent at hospital. The halt on volunteer services also meant it was not possible to see one child at a time when only one parent could attend. All staff wore PPE, and frequent room cleaning was the order of the day.
- **Almost all interpreting was remote through 2021** – we worked closely with our interpreter colleagues to troubleshoot issues arising. 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. We would like to thank and acknowledge the work of our interpreting colleagues, also noting our increasing reliance on Dari interpreting in late 2021.
- **From August 2021, our service shifted rapidly back to post-arrival screening and vaccination** with the influx of new arrivals and their location close to RCH. The fellows coordinated multiple extra clinics to meet demand and we saw an increasing number of inpatient consultations for emergency admissions.
- **We maintained a dual physical and mental health model** - mental health has been embedded in our service since 2018, and psychology and mental health nursing EFT increased in 2021.
- **New use of technology** – as Lily Ingram commenced in the clinic coordinator role in August 2021, lockdowns were being extended, subsequently lasting weeks. The need to flip clinics to telehealth, and automated EMR systems sending letters and texts (in English) to patients (cancelling direct reviews and rescheduling as telehealth appointments), created significant confusion in our clinic cohort. We trialed using [NSW Health translated appointment letters](#) sent alongside regular RCH outpatient appointment letters (delays in Australia Post at the time meant this did not always work, and families found the double letter system confusing), and then found translated reminder texts to be more effective. We now use confirmation texts sent the week before clinic from the clinic coordinators phone, these texts are in English and the patients' first language, allowing confirmation of appointments and a change of appointment type where needed (e.g., if someone in the family has Covid). We are working with Outpatients Steering Committee on longer term inclusive strategies for diverse patient groups.

### Collaboration with other RCH services in 2021

- **Interpreter services** – our team works closely with interpreter services, with increasing work around RCH systems issues, now meeting monthly to troubleshoot outpatient issues arising.
- **RCH Education Institute** - we had support from RCH teacher Frances Burns in the first half of 2021, who liaised with multiple schools and was an excellent advocate for our patients.
- **Immunisation** - in late 2021, we had greater contact with the Immunisation service, with large numbers of new Afghan arrivals presenting for catch-up vaccination, frequently as drop-ins, and in large family groups.
- **Outpatient nursing & pharmacy** – who helped us organize a regular supply of IM B12 injections in outpatients and handled multiple referrals to nurse-led clinic to manage low B12 in the new Afghan arrivals.

- **Tuberculosis (TB) services** - the Refugee fellows recommenced work in the TB Service after a break in 2020, and (separately) staffed the Covid follow-up clinic in 2021, working with Dr Shidan Tosif.
- **Stepped Care** - we continued fortnightly meetings with Stepped care to triage refugee-background patients referred for developmental care at RCH.
- **RCH Finance** - we continued work with the RCH finance department to avoid inappropriate billing of asylum seeker patients and Afghan arrivals without Medicare, with the Refugee fellows being a contact point for billing queries.

**Outward facing care and work in the refugee health sector** – in 2021 we continued work with the RHN across metropolitan and rural Victoria, with monthly case discussion meetings, and increasing contact and queries from the RHN team. **We developed new collaborations with the doctors working in hotel quarantine(!)**, setting up processes and providing advice on complex paediatric cases, and we co-managed a number of patients with VFST. We participated in weekly/fortnightly Covid calls, run by the VRHN, the VRHN Statewide meetings, and committees at local, state, and federal level.

**Outreach and hub and spoke models** - our team also provides specialist paediatric refugee health services in the west (CoHealth, West Footscray), and the north (PANCH Your Community Health service, Darebin). Services at EACH Community Health Service, Ringwood reduced in 2021, although some of this work was assumed by Dr Dan Mason (one of our previous fellows, now a consultant). Dan also commenced direct work at Utopia Refugee Health in Hoppers Crossing in early 2021, and Dr Yoko Asakawa (also a previous fellow, now a consultant) commenced clinics at IPC Deer Park in 2021, working from Western Health. The Craigieburn Health Service Refugee Clinic that commenced in 2017 has been led by Northern Health from 2019, although our team maintains contact. Wherever possible, we link patients with care close to home, including for cases referred to RCH and those discussed with Stepped care – seeking permission from the families and linking with local care if preferred.

**Shaping the paediatric workforce** – The RCH fellow position has been funded by the Department of Health since 2009. **We have now trained 30 fellows who are now all consultant paediatricians, with Drs Jen Schaefer, Eva Sudbury, and Jade Woon also all receiving their fellowships in 2021 – congratulations!** Affiliated services are 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.**

### Affiliated services

- **RCH Tuberculosis (TB) clinic:** (Lead - Prof Steve Graham), Hamish Graham, Shidan Tosif, Jade Woon, Jen Schaefer
- **coHealth, West Footscray:** Jane Standish, Alicia Quach, Jen Schaefer
- **Craigieburn Health Service - Northern Hospital:** Czarina Calderon, Rija Khanal who will join us as the 2022 fellow
- **EACH Social and Community Health, Ringwood East:** Shidan Tosif, Dan Mason
- **PANCH Your Community Health Service, Preston:** Siobhan Mullane, Eva Sudbury
- **Utopia Clinic - Hoppers Crossing** - Dan Mason
- **Western Hospital Sunshine - based at IPC Deer Park** - Yoko Asakawa

### Staff

**In total, the team includes 15 people, reaching 3.45 full time equivalent (FTE) by end 2021.** In 2021, the immigrant health team included: three medical consultant roles, a shared full time fellow position, consultant psychiatrist, mental health nurse, psychologist (from July 2021), social worker, education support (to June 2021), dental therapist, and clinic coordinator. As the medical workforce year runs February - January, the 2020 fellows were still working in January 2021.

The **2021 Fellow role** was shared between Jen Schaefer (0.8), Eva Sudbury (0.25) with Jade Woon covering Jen's maternity leave (March-July 2022). Jen and Jade then both continued a smaller fraction for the remainder of the year. Jen worked at coHealth from August 2022, and Eva worked at PANCH Your Community Health monthly through the year.

- **We were fortunate to maintain social work input** with Germana de Rosario Alexio finishing in June 2021 and Jessica Windridge commencing in July 2021, with an increased fraction (to 0.2 EFT) from March 2021.
- **Mental health EFT increased** with Toni Mansfield (mental health nursing) increasing to 0.4 EFT in September 2021 and Dr Anita Chila (psychology) commencing in July 2021.
- **RCH Education Institute support reduced** – with our education colleague Frances Burns retiring in July 2021 – we wish her all the best for the future.
- **Unfortunately, we did not have the assistance of hospital volunteers in 2021** – volunteers have been an integral part of our service for more than a decade, helping families navigate RCH. Once again, we missed them greatly.

In a new record for Immigrant health, **three of our staff had babies in 2021** – congratulations to Eva, Jen and Shidan!

**Table 1: Immigrant Health - Staff 2021**

Position	Staff member	EFT
Clinic coordinator	Helen Milton HM → Lillian Ingram LI	0.5 → 0.6 from 8/2021
Medical lead	Georgie Paxton GP	0.5
Consultants	Andrea Smith AS	0.1
	Hamish Graham HG	0.05 (shared role)
	Shidan Tosif ST	0.05 (shared role)
Fellows	Jen Schaefer JS/Jade Woon JW	0.8 (+ 0.1 at coHealth)
	Eva Sudbury ES	0.2 (+ monthly clinics at PANCH)
Psychiatrist	Tiba Maloof TM	0.1
Mental health nurse	Toni Mansfield TMA	0.2 → 0.4 from 9/2021
Psychologist	Anita Chila AC	0.1 (1 day fortnightly) from 7/2021
Social work	Germana Do Rosario Aleixo GDRA → Jess Windridge JW	0.1 → 0.2 from 3/2021
Dental therapist	Tatiana Polizzi TP	0.1
RCH Teacher	Frances Burns	Support for clinic via RCH Education
Community worker	Nagaha Idris NI	0.05
Research nurse	Katrina Sangster KS	0.2
<i>Total - medical</i>		1.7
<i>Total - mental health</i>		0.6 as of end 2021
<i>Total - other</i>		1.15

**Helen Milton retired on 23 August 2021 - after coordinating clinic for more than 15 years - since 2006.** Helen knew all our patients - her instinct for who might be having difficulties and need extra help or an earlier LI review has been unerring. She has supervised hundreds of children in the outpatient corridors, while their parents were inside the rooms with clinicians, talking about things that were too difficult for children to be around. She has watched our patients grow and seen the years of migration uncertainty. Helen also looked out for staff – she has seen our own babies born (27 over the same time) and seen many of us transition from registrars to consultants. She has juggled the needs of complex families, people experiencing housing stress/destitution, 80-90% interpreters for clinic visits, and handled major shifts in settlement demographics and then the Covid pandemic. She has worked through a myriad of booking and systems changes, and somehow managed to keep the show on the road. Helen – we cannot thank you enough, and we wish you all the best for your (well earned) retirement.



Helen heading out at the end of her last day!

## Attendances

In 2021, we provided **1895 direct clinical care episodes for patients, including 1609 at the RCH clinic.**

- **RCH Immigrant health medical** – 1173 attendances for 586 patients, including 144 new patients, and with at least 50 extra initial outreach reviews for new arrival Afghan patients. Including the initial outreach reviews (1223 attendances) **this was a 10% increase in attendances, 23% increase in total patients, and stable number of new patients with stable EFT, noting that we also had a 23% increase in attendances in 2020 compared to 2019.** In addition, we received close to 100 referrals in late December 2021, with many of this group then seen in early 2022 (**not counted as new patients for 2021**). **58% of attendances were by telehealth/phone.**
- **RCH Dental therapy and social work** - 203 consultations
- **RCH Immigrant health mental health** - 223 attendances for 53 patients, including 22 new patients. This was a **stable** number of attendances, **20% decrease** in patients and **46% decrease** in new patients with **increased EFT. 63% of attendances were by telehealth/phone.**

**Table 2: Immigrant Health - Patient Attendances 2021**

Clinic	Attendances				
	Fellows	Consultants	Other staff	Mental health	All
RCH Immigrant health	198 + 10* (JW) 102 + 30* (JS) 186 (ES) 27 (SO/LP 1/2020)	254 + 10* (GP) 185 (AS) 79 (ST) 92 (HG)	54 (GDR - SW) 39 (JW - SW) 110 (TP - dental)	121 (TM) 97 (TMa) 15 (AC from 7/21)	1609
<b>Sub-total</b>	<b>553</b>	<b>620</b>	<b>203</b>	<b>233</b>	<b>1609</b>
RCH TB Clinic	20 (JS)	34 (HG) 22 (ST)	-		76
CoHealth	98 (JS) –2w from 8/21	-	-		98
EACH outreach	-	9 (ST) only 1 clinic	-		9
PANCH outreach	103 (ES) - monthly	-	-		103
<b>Totals</b>	<b>734 + 40</b>	<b>675 + 10</b>	<b>203</b>	<b>233</b>	<b>1895</b>

- *Additional outreach Afghan patient contacts to coordinate details and reviews, these represent minimum estimates.*

## Demographics - RCH Clinic

- **Clinic attendance rates reduced slightly to 88.5%** (1356 attendances of 1533 bookings for medical and mental health staff).
- **We saw children and young people from 34 different countries of birth**, most commonly Australian born children from refugee and asylum seeker families, and children from Iran, Iraq, Ethiopia, Afghanistan, Malaysia, Syria, Eritrea, Myanmar, and Thailand.
- **We saw families speaking 34 languages** – the 10 most frequent languages were English, Arabic, Persian, Burmese languages (Karen, Chin dialects, Burmese), Oromo, Assyrian, Dari, Tamil, Somali, and Tigrinya.
- **Interpreters assisted with 73% of consultations** – reducing further (background of 82-83% 2018 & 2019) in part due to strong English proficiency in many new arrival Afghans.

## Other clinical activities

We provided more than **770 additional clinical consultations** during 2021:

- Hospital inpatient/outpatient consultations for **19 patients**, and consultations related to billing for **~20 patients**.
- Mental health consultations – **~50 secondary consultations** within the team's mental health meetings.
- Phone/email consultations/advice - medical, RHN, allied health, or case managers – more than **500 children**.
- Secondary consultations for the Stepped care team - for **~60-70 patients** referred in 2021.

- Teleconference consultation with rural refugee health nurses – **~30 patients** discussed (over 10 teleconferences).
- Offshore health queries – assisting with advice, care planning and pathways upon arrival for **2 patients**.
- Individual patient teleconferences or care team meetings – **~ 65 care team meetings for at least 75 patients**.
- Consultations with the Vulnerable Child Health Coordinators - **15 patients** with child protection involvement, coordinating paediatric review and supports.

## Key clinical issues in 2021

### Covid and Covid vaccination

In 2021 clinical care was again driven by the need to respond to the challenges of Covid, including support for Covid vaccination uptake. The background section provides detail on core elements affecting work in 2021. Covid shaped clinic and hospital workflow and systems, patient and family experience, education access and quality, and all facets of service access, including access to primary care and disability supports. We updated summary information on our Covid webpage each 1-2 weeks and used smart phrases in the electronic medical record (EMR) to provide consistent information and promote Covid vaccination to families at every visit. Shidan continued as one of the Covid clinical leads at RCH, and the team were directly and indirectly involved in various elements of the Covid response at the hospital. The refugee sector continued to meet weekly to fortnightly throughout the Covid period, coordinated by VRHN.

### Afghan refugee intake

The emergency humanitarian uplift in Afghanistan in August 2021 meant the humanitarian intake restarted in spectacular fashion, at a scale and time that had not been anticipated. Sudden arrivals during lockdown presented substantial challenges for the initial service response in Victoria. At the time hotel quarantine was mandated for 2 weeks with complex Covid screening protocols. Multiple children presented to RCH Emergency, and some required admission, many children presented for drop-in vaccinations, and the clinic population changed markedly. Issues for this cohort included:

- **Delays in Medicare and use of temporary visas** – by early December 2021, more than 2300 Afghans had arrived in Victoria, with 1900 remaining on temporary humanitarian stay (449) visas at this time. There were significant delays in Medicare access for this cohort, which created difficulties accessing healthcare and medications.
- **Acute communicable/infectious diseases** – there were surprisingly few cases of Covid within the Afghan cohort, however we saw cases of hepatitis A, malaria, an unexpectedly high number of children with acute infection/sepsis and a small number of children with high acuity, complex medical/surgical conditions presenting via the Emergency Department.
- **Low B12** – was highly prevalent in this cohort noting low B12 is a relative emergency in young infants. The frequency was clinically unexpected given that most families reported good intake of meat/dairy/eggs. We met with Haematology and Metabolic Medicine to consider why low B12 was so common, and even double-checked assay calibration with laboratory services (which was not an issue). We saw many children with low levels, requiring additional testing, intramuscular B12 injections and subsequent oral treatment – we worked with outpatient nursing to ensure an available supply for drop-in B12 injections (our thanks to Kate Schurmann and the outpatient nursing team). We amended the post arrival health screening guideline for this cohort to include routine B12 screening (and pre-emptive treatment with B12 supplements if screening was delayed) and communicated this to the broader refugee health sector. We look forward to auditing examining this finding in more detail next year.
- **Unaccompanied humanitarian minors (UHM)** – for the first time in some years we saw new arrival UHM, experiencing acute dislocation, grief, and adjustment issues, all with significant trauma. We worked with the Refugee Minor Program and Life Without Barriers to support screening and engagement with long-term care.
- **Complex medical issues and disability** – **we saw multiple children and adolescents with complex disability, who often had limited/no prior treatment, and who had significant care needs**. For many of these children, we completed the initial assessment and screening at RCH, transferring care to Monash Health services (notably the Victorian Paediatric Rehabilitation Service) as they moved to the Monash catchment. Equipment needs



remained challenging, and both lack of Medicare and inability to access NDIS (due to temporary visa status in the early months) compounded delays in accessing support.

- **Delayed school enrolment, especially for children with disability – unfortunately school enrolment was delayed for months, for many children, especially those with disability.** This situation was a repeat of what had happened for the Syrian/Iraqi intake in 2016-17. In January 2022 we were frequently seeing children who had been in Victoria since September 2021, but who had not yet been enrolled in school. The situation was especially difficult for children with disability, most of this cohort did not attend school for many months into 2022, despite casework services being in place.

### **Asylum seeker health**

We continued to provide care for children seeking asylum, including children on bridging visas (BV) in the community, and children in community detention (CD). This cohort includes the children who arrived in Australia by boat prior to and during 2013 - now more than 8-9 years ago; children/young people who spent years in the offshore processing system; and children born to parents who have experienced prolonged detention. Victoria has a high proportion of those asylum seekers remaining on bridging visas, notably children and families - **this cohort has now waited nearly 9 years to have their application for a 3-year or 5-year visa processed.** This timeframe is both extraordinary and harmful. The protracted and ongoing duration of uncertainty continues to have profound adverse impact on these children and families.

We saw some children/families transition onto a Temporary Protection Visa (TPV) – typically onto a 5-year Safe Haven Enterprise Visa (SHEV) in 2020-21 – providing relief and greater certainty, however neither of these visas provide pathways to tertiary study and we have seen increasing difficulties (and often deep distress) for our late high school patients who are unable to pursue tertiary pathways. Some families who had experienced offshore detention applied for (and accepted the offer of) settlement in the United States (US), with a small number of families departing for the US in 2021.

Covid and lockdowns continued to affect children and families seeking asylum, with cumulative impact of financial stress, education gaps, and for some families, loss/reduction of SRSS support, occurring despite the circumstances of Covid.

### **Mental health**

The mental health team worked to assess patients and provide therapeutic input where possible. This input included a mix of supporting the medical team through secondary consultations, and provision of direct mental healthcare. Direct care included psychotropic medication management and delivery of psychotherapies, ranging from individual work with young people, to parenting work and family therapy. Children/families with child protection involvement comprised a significant proportion of the mental health caseload.

Complexity within the cohort often required consultation with other services, including Child Protection, VFST, CAMHS services, and community practitioners. Due to the low EFT, follow-ups were at times crisis-driven, with reduced ability to provide regular reviews and necessary interventions, as might take place in mental health services.

Many children in the clinic cohort are unable to access mental health care from other mental health services - due to eligibility criteria, and barriers to access and engagement. The complexity of the work warrants a service that is specialised in both assessment and treatment, and able to provide both these elements and ensure consistency in care. The value of embedding a mental health service within a medical clinic is significant, and results in engagement and treatment that may not otherwise be possible.

### **Education access and remote learning**

In 2021, it was easier for children to attend school onsite where needed, although with the long lockdowns, increasing Covid cases and community concern, families often kept their children home from school. There was cumulative educational disadvantage and increasing developmental and behavioural concerns for many children.

## Disability

Disability and developmental assessments continued to be a focus, this time with the sudden Afghan intake. NDIS services remained limited or non-existent for most of our patients enrolled in the NDIS through 2021. We continued to work closely with the Stepped Care team at RCH to support enhanced triage for refugee and asylum seeker children referred to RCH for developmental concerns.

## Child protection

In recent years we have provided care for an increasing number of children and families where there are child protection concerns. We work closely with the Vulnerable Child Health Coordinators (who are sited across both RCH and Child Protection), Child Protection and other external partners, with multi-disciplinary care teams in place for children in this cohort. We rely on the wisdom and experience of Dr Andy Smith who also works in the Victorian Paediatric Forensic Medical Service (VFPMS) and a number of these children also see our mental health colleagues in joint care. **On reflection, we have seen substantial improvements in most of these children and families - we remain strong advocates for family-based, comprehensive, trauma-informed, and long-term paediatric care for this cohort.**

## **Other service matters**

The RCH Immigrant health service completed **accreditation with the Royal Australasian College of Physicians** General Paediatrics Developmental-Psychosocial and Community-Child Health training programs in August 2021.

## **Education**

Outreach education remained relatively reduced in 2021 due to Covid - we delivered **19 education sessions** to more **500 participants** (+ participants for 2 online conference presentations) on a diverse range of topics.

### **Table 3: Immigrant Health - Education Sessions 2021**

2/3/21	Presentation to RCH Cultural Diversity in Mental Health Committee (GP, 12)
16/3/21	Vitamin D in Diverse Communities – <b>SunSmart summit</b> (GP, 80)
22/3/21	<b>SunSmart summit</b> – round table (GP, 80)
6/5/21	RCH Nursing & Clinical Innovations Symposium – Nursing across languages (KS 115)
6/5/21	General medicine handover – fellows (JW, 20)
18/5/21	Child Development – VFST Child and Adolescent Training Day (GP, 25)
20/5/21	JRMO teaching (JW, 20)
2/6/21	Nursing Education to Cardiac services – Caring for CALD families (KS, 6)
15/6/21	Nursing Education panel presenter on Nursing Scholarship participants (KS, 23)
29/6/21	<b>PHAA Immunisation conference</b> (deferred from 2020) – PRIME (GP, online audience)
1/7/2021	Crossing Borders MD student conference – Covid, Refugee Health the year in review (GP, 50)
31/7/21	IPEP Student Conference – Refugee health (ES, 25)
31/7/21	IPEP Student Conference – Working with interpreters (GP, 25)
12/9/21	<b>North American Refugee Health Conference</b> – Oral poster presentation - Nursing across languages (KS, online audience)
15/9/21	CCCH – Refugee health (ES, JS, 30)
15/9/21	CCCH – English as an additional language (GP, 30)
6/10/21	Global Health and Human Rights - University of Melbourne (GP, 35) and live Q&A session
6/10/21	RCH Graduate nursing program education (KS, 39)
10/11/21	RCH Graduate nursing program education (KS, 18)

## **Website updates**

- **New guideline:** [Afghan Refugees, key issues](#) outlining a timeline of events, and information on numbers, visas, Medicare access and screening protocols (GP, September 2021).

- **Weekly-fortnightly updates of our [Covid resource site](#)** – including information on cases, vaccination and a timeline related to migration (GP, throughout the year) (GP, throughout the year).
- **We updated 13 immigrant health guidelines**, reviewing the literature, updating resources, and adding new information. These were: [Initial assessment & screening](#), [asylum seekers](#), [case workers](#), [developmental assessment](#), [disability](#), [education assessment](#), [immunisation catch-up](#), [immigrant health - clinical resources](#), [interpreters](#), [other resources](#), [refugee policy and timeline](#), [TB screening](#), [vitamin B12](#) (GP, throughout the year).

## Other guidelines

**Health Pathways** – updates to the Health Pathways for the North-West Melbourne Primary Healthcare Network (NWMPHN), used widely in primary care:

- Refugee Health in Children.
- Health Assessment for Refugees and People Seeking Asylum (GP, September-December 2021).

## Team professional development and training

Aside from many ongoing sessions on Covid(!) the immigrant health team completed **EMR optimisation training** (12 April 2021) and continued with **reflective clinical supervision** each 1-2 months. In addition, staff participated in the following online conferences/education:

- North American Refugee Health Conference, July 2021 (KS).
- Public Health Association of Australia Immunisation Conference, June 2021 (GP).
- Neurodevelopmental and Behavioural Paediatric Society of Australia (NBPSA) Conference, August 2021 (ES).
- Victorian Forensic Paediatric Medical Service (VFPMS) Child Protection Course, April 2021 (ES).
- Women in Leadership Program, Monash Centre for Health Research and Implementation, Monash University, October 2021 (JS/JW/ES).

## Policy

We remain involved in policy work at local, State and Commonwealth levels, including through the committees and working groups listed below. Unsurprisingly, Covid remained the primary focus in 2021.

### Covid

- Through immediate clinic planning (including continuity plans as per RCH Executive), input into RCH systems, including around culturally and linguistically diverse (CALD) patients, telehealth, and working with interpreters; and participation in the RCH Covid huddle from August 2021.
- Collaborations across the refugee sector, including sessions for the RHN, updates for the PRIME teams, and participation in the VRHN Covid meetings.
- Appointment to the **Commonwealth Covid-CALD Advisory Group, Data Subgroup, and Vaccination Subgroup** (GP) with monthly meetings, with input into vaccine eligibility (free for everyone in Australia regardless of Medicare status), communications, and data monitoring – **acknowledging the extraordinary work from the Cth led by the Australian Bureau of Statistics (ABS), linking the Multi-Agency Data Integration Project (MADIP) dataset – to the Australian Immunisation Register (AIR) – providing insight into vaccination in Culturally and Linguistically Diverse (CALD) communities.**
- Appointment to the **Victorian Covid-CALD advisory group** (GP) - also monthly meetings.
- Contribution to drafting and publication of an **Ethics analysis on Covid vaccination for children 12-15 years** without parent consent (*drafted October 2021, published in 2022 in the Med J Aust as below*).
- Contribution to **Guidelines on accessibility for diverse populations at State-run mass Covid vaccination sites** – working with the VRHN - 10 Jun 2021 (GP).
- **Youth Justice Victoria** – invitation to work with stakeholders on the Covid vaccination response in Victorian Youth Justice in October 2021 (GP).

### Afghan arrivals

- **Briefing paper on processes for hotel quarantine** for new arrivals developed – together with Kath Desmyth, Facilitator of the Refugee Health Program, 13 August 2021 – shared with Covid Quarantine Victoria (CQV), the Complex Assessment and Response Team (CART), Healthcare Australia staff and AMES settlement.
- **RCH clinical guideline on Afghan refugees** developed 12 September 2021 (and regular updates subsequently) - providing real time detail on numbers, visas, Covid procedures, vaccination and health screening.
- **Matrix for post-arrival healthcare and Covid response** (including Covid vaccination) developed for new Afghan arrivals – shared with Refugee Health Network of Australia (RHEANA), the Afghan resettlement committees, and DHA, 1 September 2021.
- **Collaborations with hotel quarantine staff** for advice on paediatric refugee cases, and coordination of care.
- **Attendance at Afghan response coordination calls** led by the VRHN for the Victorian refugee health sector from September 2021 (weekly), and regular meetings between RHEANA and DHA.
- **Shaping the PRIME immunisation projects** to respond to the new influx of Afghan arrivals – notably the City of Greater Dandenong (CGD) Local Government Area (LGA) projects – based within LGA immunisation services, and the Noble Park English Language School (NPELS).

### Asylum seeker health

- Promotion of asylum seeker issues related to the Covid situation and response, at hospital, local, State and Commonwealth levels (all).
- Meeting with DHA colleagues April 2021 – (GP) outlining the impact of impending SRSS changes for asylum seeker children and families.

### Immunisation

PRIME continued in 2021 and Georgie Paxton continued as Chair of the Evaluation Reference Group (ERG) which met bi-monthly, with additional meetings to plan expanding delivery of Covid vaccine and pilot using an abridged catch-up schedule in the CGD projects.

- Despite the stop on the humanitarian intake from March 2020-August 2021, large numbers of people were enrolled in PRIME during Covid, and in December 2021, **PRIME reached the milestone of connecting more than 10,000 people for catch-up vaccination!** PRIME also became key to delivering catch-up vaccination to the Afghan intake, especially within the CGD projects, as many of this cohort settled in the CGD area.
  - From March 2020 – December 2021, an additional **2626** people were notified to the program, **2050** people were referred for catch-up vaccination, **2070** commenced catch-up and **1937** people completed catch-up. **Effectively PRIME has now become a pipeline for catch-up vaccination, with steady flows into, and out of, the program.**
- In November 2021, Georgie, DH colleagues (Kerin Bryant and Megan Beasley) and the CGD team developed a **protocol to pilot use of an abridged catch-up vaccination protocol** for adolescents 10-17 years in the CGD NPELS program – extending Infanrix-hexa to age 10-17 years and measles-mumps-rubella-varicella (MMR-V) vaccine to age 14-17 years., effectively halving the number of catch-up vaccinations. The proposal was presented to DH Vaccine Safety Committee in November 2021, and subsequently endorsed, with associated Chief Health Officer Directives in place, and the pilot commencing by February 2022.
- **PRIME teams developed plans to extend PRIME to education and support for Covid vaccination** in 2021, commencing prior to Covid vaccination being available, with funding later commencing start of 2022. Georgie and the VRHN Secretariat (Jeanine Hourani) developed a **brief to ensure State-run mass Covid vaccine centres were accessible** for people seeking asylum and people with low English proficiency (10 Jun 2021).

### Vitamin D

- Participation in the **Australian Sun Exposure Summit Roundtable**, in 16, 17 and 22 March 2021 - reappraising Sunsmart sun exposure guidelines recognising Australia's diverse community and the risks and benefits of sun

exposure. Presentation on Vitamin D in diverse communities, participation in Panel discussion, and later review of Summit position statement (June 2021).

- We also provided advice on vitamin D protocols to the Young Persons Homeless Service (Frontyard) in August 2021.

### **Childhood-onset heart disease guidelines**

- Contribution to the **Priority Populations Working Group** for the [Australian National Standards of Care for Childhood-Onset Heart Disease](#) – (GP) meetings 3 May 21, 17 June 21, 16 July 21 and also review of draft documents.

### **Mental health**

- Jen Schaefer started the year working on the **RHEANA submission to the [National Children’s Mental Health and Wellbeing Strategy \(0-12 years\)](#)** consultation process, submitted on 15 February 2021 (also GP, ES). The final version includes greater recognition of refugee-background, although unfortunately recommendations around CALD data indicators to enable evaluation for these communities were not included.

### **Disability**

- Georgie Paxton led work on the **RHEANA submission on the (proposed) independent assessment process for the NDIS** - for the Joint Standing Committee on the NDIS (submitted 26 March 2021), and later providing **evidence at the related Senate inquiry** on 29 June 2021. The proposed independent assessment process was subsequently halted due to the findings of the Inquiry, with significant concerns around equity and the potential for delays and conflicts of interest.

### **Australian offshore Immigration Medical Examinations for humanitarian entrants**

- The largest piece of work for Georgie Paxton in 2021 was **review of Australian offshore Immigration Medical Examination (IME) screening protocols for humanitarian entrants for the DHA**, completed with Dr Gill Singleton (Cabrini Refugee and Asylum Seeker Hub) as part of HAIMAP. This work commenced in September 2021, with a series of meetings over the latter part of 2021, running through to March 2022 with work completed outside RCH working hours and across the summer holidays. This review is currently being considered by the DHA, with workshops and consultation planned in late 2022.

## **Committees, advisory roles, meetings**

In addition to our regular immigrant health meetings (see below), there were ongoing meetings related to all aspects of Covid, some regular, others in response to issues arising. In 2021 we **attended more than 360 meetings**.

### **Regular immigrant health meetings ~170**

- Weekly supervision meeting with fellows – GP/ES/JS/JW
- Fortnightly clinical audit meeting – medical team
- Fortnightly mental health secondary consultations: medical and mental health teams
- Weekly research planning meeting – KS/GP
- Fortnightly Stepped Care - JS/JW
- Monthly Interpreter service - GP – from 5/21

### **Committees, reference groups and working groups ~184**

- RCH Covid huddle – 2/week from 9/21 – 11/21
- VRHN Covid sector coordination meeting – GP/ES/JW/JS - fortnightly
- VRHN Afghan response calls - GP - weekly-fortnightly from 9/21
- Rural RHN teleconference GP, JW/JS - monthly
- VRHN quarterly meetings - GP, fellows - 22/4/21, 22/7/21, 28/10/21
- DH Immunisation Evaluation Reference Group (ERG) - bimonthly ERG, additional Covid-related - GP -8/4/21, 6/5/21

- Other PRIME meetings - GP - weekly meetings with Secretariat, 23/2/21, 1/3/21, 4/3/21, 9/3/21, 16/3/21, 27/4/21, 20/5/21, 10/6/21, 11/6/21, 20/7/21, 21/10/21, 18/11/21, 30/11/21, 20/12/21
- Victorian immunisation – bimonthly meetings - GP - 2/2/21, 13/4/21, 1/5/21, 1/6/21, 3/8/21, 5/10/21
- Victorian Forced Marriage Network (fellows) - quarterly meetings
- Victorian Tuberculosis Advisory Committee - HG - quarterly meetings
- RCH Cultural Diversity in Mental Health Committee (fellows) - quarterly meetings
- **Youth Justice** Minister’s working group Covid vaccination – GP –5/10/21, 7/10/21, 12/10/21, 14/10/21, 25/11/21
- **Victorian Covid-CALD Advisory Group** - GP -28/1/2021, 25/2/21, 19/3/21, 29/4/21, (19/5/21 NA), (16/6/21 N/A), 22/9/21, 20/10/21, 11/11/21, 8/12/21
- **RHEANA meetings** – GP/JW - 22/4/21, 24/6/21, 29/8/21, 31/8/21, then weekly from Oct 2021 for ~ 8 weeks, 28/10/21, 24/11/21, 9/12/21
- **Commonwealth Department of Health Covid-CALD Committee** -GP - 21/1/2021, 2/3/21, 9/4/21, 23/4/21, 21/5/21 18/6/21, 20/7/21, 27/8/21, 17/9/21, 15/10/21, 9/12/21
  - **Vaccine working group** - 20/1/2021, 10/2/21, 25/2/21 10/3/21, 15/4/21, 4/5/21, (12/5/21 - N/A), 28/5/21 (9/6/21 - N/A), (7/7/21 - NA), (4/8/21-NA) 29/9/21, 24/11/21
  - **Data working group** - 19/3/21, 27/4/21, 24/6/21, 1/9/21, 12/10/21, 16/12/21
- **Home Affairs Independent Medical Advisor Panel (HAIMAP)**, Department of Home Affairs (DHA) - GP

## Other meetings

- VRHN Asylum seeker - SRSS meeting 19/1/21
- VRHN Executive Group - GP - review meeting February 2021
- VFST Clinical staff – GP - 27/7/21
- Age assessment – with RHEANA and DHA - GP/JW - 3/8/21
- RACP accreditation – GP - 11/8/21
- Coordinator General Migrant Services, Alison Larkins - GP - 25/11/21
- Vaccine Safety Committee, Immunisation Section, Victorian Department of Health – GP - 25/11/21

## Research

### Publications

- *Submitted PloSOne: (2021) Sangster K, Kiang K, Newall F, Stratford T, Smith S, Matthews C, Paxton GA. Nursing across languages: the experience of nurses working with interpreters in a hospital setting. Provisionally accepted.*
- *Submitted Emerg Inf Dis: (2021) Laemmle-Ruff I, Graham SM, Williams B, Horyniak D, Majumdar SS, Paxton GA, Caplice LVS, Hellard M, Trauer JM. (2021) Detecting Mycobacterium tuberculosis infection in children migrating to Australia. (Published 2022) Emerg Infect Dis. 2022 Sep;28(9):1833-1841.doi: 10.3201/eid2809.212426.*
- *Submitted Med J Aust: (2021) Massie J, Paxton G, Crawford N, Danchin MH. Vaccination of young people from 12 years of age for COVID-19 against parents’ wishes. (Published 2022) Med J Aust 2022; 216 (9): 455-457. | | doi: 10.5694/mja2.51372*

### Ongoing research/other

**Katrina Sangster received the RCH Volunteers Nursing Scholarship in 2021 to support her work on Nursing across languages.**

- **Language services** - Nursing across languages: The experience of nurses working with interpreters in a paediatric hospital setting. (KS, Karen Kiang - 2017 fellow, GP): manuscript re-submitted to PLoSOne in November 2021. Thematic analysis of nursing and interpreter focus groups (KS). 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 Ingrid Laemmle Ruff (2018-19 fellow) led work on Detecting Mycobacterium tuberculosis infection in children migrating to Australia linked to her work at the Burnet Institute (ILR, GP).
- **Research clearing house** - provides a systematic collection of **Australian** refugee health-related research. Again, more than 120 new peer-reviewed articles were added in 2021 (ES/GP).

## Future directions

We have five main concerns looking forwards to 2022:

- **Addressing shortfalls in Covid vaccination for CALD and refugee background communities** – PRIME has documented marked under-vaccination for these cohorts as of early 2022 – for 3<sup>rd</sup> dose 16 years+, and in children 5-11 years. Our team will continue to provide Covid/vaccine education and curate translated Covid resources.
- **Addressing the lack of post-arrival child refugee health screening in Victoria** – similar to previous cohorts (asylum seeker children and the Syrian/Iraqi intake in 2016-17), post-arrival screening for Afghan refugees has remained problematic. Almost no children had completed screening prior to being seen at RCH. Available evidence suggests <5% of children receive recommended post arrival screening in Victoria - current screening models are not working well, and new models need to be considered – especially as the intake resumes and increases.
- **Ensuring timely school enrolment for new arrival students** – once again we saw new arrival school-aged children wait months for school enrolment in Victoria. The situation whereby some of Victoria's most educationally disadvantaged children miss months of schooling is inequitable and needs to be addressed, with systems in place as the humanitarian program recommences.
- **Addressing post-arrival care for children with disability** – we saw marked delays in post arrival care, issues with access to services and equipment, and in many cases, it took even longer to achieve school enrolment children with disability. This situation is inequitable and again, needs to be addressed as a priority.
- **Strengthening links with the Orygen Youth Health (OYH) Refugee Access Service (RAS) and pathways into CAMHS services.** In 2021 we did not have any intersection with the OYH RAS, which is a relative gap in service pathways. The OYH RAS is a consultation and assessment service for refugee children/young people (0-24 years) providing brief interventions and mental health linkage. Given the low baseline rate of refugee health screening in the community setting, we remain concerned that patients referred to the RAS have not had medical screening, and we will work with the RAS to address this issue and pathways. CAMHS access also remains challenging, emphasising the need (and importance) in having embedded mental health care in the Immigrant Health Service.

**Other areas of focus for 2022 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 8 years of migration uncertainty. With the change of Government and transition to permanent visas for those on TPV and SHEV, we will seek prioritisation of children and families, especially those families with high school aged adolescents – to open pathways for tertiary study.

*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, for her tireless advocacy, and her work, care and time with our service – we cannot thank her enough and wish her the best for her retirement. Our thanks and best wishes to Germana do Rosario Aleixo and Frances Burns who finished with our team, and a warm welcome to Lily Ingram, Anita Chila and Jess Windridge who joined us this year. We remain indebted to our interpreting colleagues and acknowledge their skills, professionalism, support and essential contribution, and the complexity and challenges of 3-way telehealth. Thanks also to RCH Immunisation, Outpatient Nursing and Pharmacy for their kindness and assistance with care for new Afghan arrivals. We are grateful to the Department of General Medicine and to the Department of Health, who provide our funding, and to all our RCH colleagues and the RCH Executive for their ongoing support.*

*Georgie Paxton, Jade Woon, Jen Schaefer, Eva Sudbury*

*On behalf of the Immigrant health team*

*August 2022*