



Immigrant health service Annual report 2025



Immigrant health, Department of General Medicine



Key achievements 2025

Clinical care

We provided **2165** direct clinical care episodes and more than **2347** additional consultations. We delivered **1763** care episodes at our main RCH clinic, attendance was **88.6%**. We saw children from **48** countries of birth, speaking **47** languages. Interpreters assisted with **70.7%** consultations.

- Our medical team saw **1204** attendances for **806** patients, including **182** new patients. The medical team, particularly the fellows, also provided **1877** consultations.
- Our mental health team saw **215** attendances for **51** patients, including **22** new patients. Mental health provided **187** consultations and continued school-based outreach work.
- Our dental therapist saw **140** children for assessment/linkage, our immunisation nurse checked **914** AIR records, developed catch-up plans for **283** children and vaccinated **171** children. Social work saw **33** consultations.
- We commenced a joint clinic model with the Victorian Paediatric Rehabilitation Service (VPRS) for new arrival children with complex disability with quarterly clinics, seeing **12** children.

Capacity building, service improvement, education

In 2025, we were reaccredited for Community Child Health training by RACP. We continued as a full NWAU funding model, allowing access for non-resident children and saving time and workarounds with RCH finance. Our team:

- **Continued shared information systems with strong clinical governance for offshore health alerts** together with AMES team leaders/staff and Refugee Health Program (RHP). We provided advice for **158** cases, from **68** families. Only **15** of these children required admission after arrival with coordinated care.
- **Integrated immunisation nursing** in clinic. Narelle Jenkins received a grant to continue model evaluation. and supported the development of the Melton refugee vaccination clinic, which commenced in 2026.
- **Delivered 20 education sessions** to more than **2200** participants, including **8** conferences/seminars. The International child health group developed a seminar series on 'Children and war', commencing in 2025.
- **Developed and updated 20 clinical guidelines** – 1 new guideline [Non-resident children in Australia - healthcare and service access](#), 2 new draft guidelines – [Rohingya refugees](#) and [Chagas disease](#), **3-6-monthly** updates of [Covid-19](#), [Afghan](#), [Palestinian](#), [Syrian](#) and [Ukrainian](#) guidelines, updated **12** other guidelines and **3** resources.

Policy

Policy areas included medical oxygen, polio, tuberculosis screening, measles outbreaks, sun balance messaging, congenital heart disease priority populations, and refugee settlement, with increasing contributions at national and international level.

Research

- **Publications** – **3** peer reviewed publications, and the [Child and adolescent health in humanitarian settings operational guide](#).
- **Global child health** – A/Prof Hamish Graham was appointed as Group Leader for MCRI's [International Child Health group](#), supporting research addressing issues of global health (in)equity.

Working groups, advisory roles, collaborations

We attended more than **412** meetings in 2025, including:

Hospital/Campus – team meetings, Stepped care, Better Access to Mental Health, Global Child Health.

State – AMES offshore alert meetings, Victorian Refugee Health Network, CALD advisory group.

National – RHEANA, Department of Health and Ageing Multicultural Health advisory group.

International – Lancet Global Commission on Medical Oxygen, WHO Polio Expert Panel, WHO Technical Advisory Group on Health, Migration and Displacement.

Background

Global forced displacement remains high, with UNHCR reporting 117.3 million displaced people by mid 2025. Global events continue to affect migration flows, with direct impacts for families we see in clinic. In 2025, these included: continuation of wars in Ukraine and Gaza; Pakistan and Iran progressing deportation of more than 3 million undocumented Afghans, ongoing conflict in Sudan displacing more than 12 million people, and deteriorating conditions for Rohingya populations in Bangladesh. Global aid funding reduced dramatically, affecting humanitarian programs and funding for the United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM) and World Health Organization (WHO).

Australia's Humanitarian intake was maintained at 20,000 people annually, with additional Afghan intakes and increasing community sponsored refugee pathways. Locally, the threatened closure of coHealth medical services has directly impacted our colleagues and access to primary care for our patient cohorts, with complex implications for RCH services if this progresses.

Key clinical issues in 2025 included ongoing high numbers of offshore health alerts, multiple children with complex medical conditions and/or disability, difficulties with primary care refugee health screening, increasing referrals for non-resident children, and ongoing barriers to school entry, services and NDIS access for our patients. Our focus continues to be clinical care for children and families of refugee and asylum seeker background and other children in precarious migration situations.

Clinical care

Service model

The RCH immigrant health service includes 2 weekly outpatient clinics (from 2021), inpatient and outpatient consultations, and phone/email advice. On Mondays we run the main immigrant health clinic, on Tuesdays, the fellows see new arrival families with complex health needs. We provide post-arrival health screening, dental screening, and immunisation catch-up where required, and a tertiary consultation service for health, developmental and mental health issues. The team have weekly clinical meetings (medical case discussions alternating with mental health secondary consultations). We are in regular contact with case workers, settlement services, schools, primary care practitioners, refugee health nurses (RHN) and allied health colleagues to support patient care.

- **Our service has continued to deliver a large component of post-arrival screening and vaccination** with the influx of new arrivals and gaps in post-arrival care and immunisation in Victoria.
- **We maintained a dual physical and mental health model.** Mental health has been embedded in our service since 2018, with psychiatry and mental health social work, including outreach school-based work.
- **Increased medical and social complexity continues** - there have been a high number of children with complex neurodevelopmental, neurological, genetic, metabolic, and haematological presentations, and a range of presentations impacted by complex social situations.
- **In 2025 we commenced a quarterly combined clinic with the Victorian Paediatric Rehabilitation Service (VPRS)** for children with complex disability and multiple needs, including equipment prescriptions and tone management.

Staff

In 2025, the team included **17** people, with a total of **3.64** full time equivalent (FTE), with periods of cover and the fellow role changing in mid 2025 – see **Table 1**.

In 2025, the **1.0** FTE fellow role was shared between Dr Niv Anguswamy (12 months), Dr Sarah Allen (6m) and Dr Asika Pelenda (6m). The team also included: 3 medical consultant roles (A/Prof Georgie Paxton, Dr Andy Smith, A/Prof Shidan Tosif and A/Prof Hamish Graham, with cover from Dr Davina Buntsma and Dr Ingrid Laemmle-Ruff), and consultant psychiatrist (Dr Tiba Maloof, with cover from Dr LJ Hughes), mental health social work (Tasha Holt), social work (Grace Jury then Lizzie McNulty), dental therapist (Tatiana Polizzi), research nurse (Katrina Sangster), immunisation nursing (Narelle Jenkins) and clinic coordinator (Natale Massa) roles. Andrea had a period of long service leave, both Hamish and Tiba had Sabbatical in the second half, covered by Ingrid and LJ respectively. Our wonderful volunteer colleagues, Paula Uren and Anne Howell continued helping our patients navigate RCH.

Table 1: Immigrant health staff 2024

Position	Staff member	EFT	Totals
Medical lead	Georgie Paxton GP	0.5	Medical 1.74
Consultants	Andrea Smith AS, LSL cover Davina Buntsma DB	0.12	
	Hamish Graham HG, cover 2 nd 6m Ingrid Laemmle Ruff ILR	0.06	
	Shidan Tosif ST	0.06	
Fellows	Nivedita Anguswamy NA Feb 2025 - Jan 2026	0.4-0.5 +coHealth	
	Sarah Allen SA Feb - Aug 2025, TB fellow Apr-Aug 2025	0.6 +TB fellow	
	Asika Pelenda AP Sep 2025 - Jan 2026	0.5	
Psychiatrist	Tiba Maloof TM, cover 2 nd half LJ Hughes	0.1	Mental health 0.7
Mental health SW	Tasha Holt TH	0.6	
Coordinator	Natale Massa	0.8	Other ~1.2
Social work	Grace Jury GJ Feb – Jul 2025, Lizzie McNulty LMcN Dec 2025	0.2	
Dental therapist	Tatiana Polizzi TP	0.1	
Research nurse	Katrina Sangster KS	0.2	

Attendances

In 2025, we provided **2165** direct clinical care episodes for **806** patients, including **1763** at the RCH Immigrant health clinic.

- **Immigrant health medical** – **1204** attendances for **806** patients, including **182** new patients. **0.6%** of new attendances and **17.4%** of review appointments were by telehealth/phone.
- **Immigrant health mental health** - **215** attendances for **51** patients, including **22** new patients. No new attendances and **30.0%** of review appointments were by telehealth/phone.
- **Other** - RCH dental therapy - **140** consultations, immunisation nursing (vaccination) - **171** consultations, and social work **33** consultations.

Table 2: Patient attendances 2025

Clinic	Attendances				
	Fellows	Consultants	Other staff	Mental health	All
RCH Immigrant health	296 NA 161 SA 92 AP 16 EL 21 AW	241 GP 127 AS 103 ST 104 HG/ILR 43 DB	140 TP dental 26 GJ social work 5 LMcN social work (2 other SW) 171 NJ Immunisation	132 TH 76 TM (6m) 7 LJH (6m)	
Sub-total	586	618	344	215	1763
RCH Tuberculosis Clinic	42 SA	19 HG 62 ST	-	-	123
coHealth	279 NA	-	-	-	279
Totals	907	699	344	215	2165

As in other years - the medical year runs February – end January, so there are a small number of patients and attendances shown for the 2024 fellows, Dr Amy Williamson (AW) and Dr Elliot Lyon (EL), the fellows in 2024.

- **Patient numbers**
 - **Medical** - AW 22, EL 18, NA 168, SA 113, AP 61, GP 170, AS 88, ST 80, HG/ILR 65, DB 44.
 - **Mental health** - TM 26, TH 26, LJH 7.
 - **Other** – TP 140, NJ 171, GJ 26, LMcN 5 (other social work 2).

Demographics – RCH clinic

- **Clinic attendance was 88.6%** overall (1419/1601 bookings) and consistent across medical (**88.7%**, 1204/1357 bookings) and mental health teams (**88.1%** 215/244 bookings).
- **We saw children and young people from 48 different countries of birth**, most commonly Australian-born children from families who arrived as refugees or seeking asylum, and children from Syria, Iran, Afghanistan, Myanmar, Ethiopia, Iraq and Palestine. This similar to 2024 (49) and 2023 (43), and higher than the decade prior (around 30-34).
- **We saw families speaking 47 languages and language diversity remains high** compared to previous years (51 in 2024, 42 in 2023, 30-33 languages decade prior). The most frequent languages were Arabic, English, Oromo, Somali and Dari.
- **Interpreters assisted with 70.7% of consultations**, again due to strong English proficiency in some of our long-term families, including families seeking asylum.

Other clinical activities

We provided more than **2347** additional clinical consultations during 2025, including the following :

- **VPRS-Immigrant health combined clinic** – **12** patients in **4** interdisciplinary clinics.
- **Immunisation** – Narelle reviewed immunisation records for **914** children, established that **283 (31.0%)** children were due/overdue for vaccines and developed catch-up plans. Overall, **99/283** received catch-up in clinic, and **75** children received winter flu vaccine in clinic (283 included as consults).
- **Offshore alerts** – We provided advice for **158** cases, from **68** families; **15** of these children required admission after arrival, **8** elective and **7** emergency admissions.
- **Hospital inpatient consultations** for **21** patients, predominantly the offshore alert cohort.
- **Billing queries** for ~**14** patients.
- **Other consults** – **370** internal and external phone-based consults, **366** in-basket queries.
- **Mental health consultations** – **80** secondary consultations in mental health meetings and **107** extra consults by Tasha Holt.
- **Hospital internal** – around **1158** secure chat & additional direct staff queries (not included as consults).
- **External email consultations/advice** – General Practitioners (GPs), RHN, allied health or case managers – **840** (70/month) emails about clinical care.
- **Secondary consultations for Stepped care** - for around **50** patients discussed in 2025.
- **Care team meetings (including Child protection meetings)** at least **46** care team meetings for **40** patients in **27** families, coordinating paediatric review/supports, with significant coordination provided by Natale for **15** families, and Andrea completed additional related reporting in her VFPMS role.

Collaboration with other services

RCH services

- **Immunisation** – integrated immunisation nursing recommenced in our service in 2025 with Narelle Jenkins leading this work, supported by a Glaxo-Smith-Kline (GSK) grant to report on implementation.
- **Pathology** – have continued to support increased patient numbers and need for post arrival screening.
- **Tuberculosis (TB) service** – Dr Sarah Allen also worked as the TB fellow in 2025, and both A/Prof Hamish Graham and A/Prof Shidan Tosif work in the TB service.
- **Stepped Care** – the fellows continued working with RCH Stepped care to triage refugee-background and asylum seeker children referred to RCH for developmental care, with regular meetings in the 1st 6 months, then case based discussion (returning to meetings in 2026).
- **Victorian Paediatric Rehabilitation Service (VPRS)** – we commenced a combined quarterly clinic in 2025, providing post arrival assessment and NDIS requests (from immigrant health), and rehabilitation assessment, advice, equipment prescriptions and tone management where needed (from VPRS). Each clinic provided services for **3** new arrival children with complex disability.
- **Finance** – in 2025, our clinic continued as a NWAU funded service, enabling access for non-resident children, non-medical referral pathways and avoiding billing. We continued liaison with RCH Finance to address billing errors for asylum seeker patients and new refugee arrivals without Medicare in other parts of the hospital.

External services

- **coHealth** – in 2025 Dr Niv Anguswamy worked at coHealth in West Footscray with Dr Jade Woon and Dr Jane Standish, providing care close to home for patients in western Melbourne.
- **AMES (settlement provider) and Refugee health program (RHP)** - we continued to meet fortnightly with AMES and RHN to plan for offshore health alerts and the arrival of complex cases, to coordinate care and avoid hospital admission wherever possible.

Affiliated services

There are multiple affiliated services across metropolitan Melbourne (as below) and in regional Victoria, including Ballarat, Bendigo, Goulburn Valley Base hospitals and Barwon Health. Most of these services are led by previous fellows (now consultants), and the RCH team facilitated development of services at coHealth (2007), EACH (2014) and Craigieburn Health Service (2017). All teams work collaboratively, and we aim for care close to home wherever possible, also co-managing patients where required.

- **Craigieburn Health Service** - Northern Health: Dr Czarina Calderon, rotating community fellow.
- **EACH Social and Community Health**, Ringwood East: Dr Jade Woon and now Dr Rija Khanal.
- **Monash Refugee Health** – Dr Saniya Kazi, rotating community paediatrics fellow.
- **Your Community Health Service**, Preston: Dr Ingrid Laemmle Ruff.
- **Utopia Clinic** - Hoppers Crossing – Dr Dan Mason, Werribee Mercy Health rotating registrars.
- **Western Hospital Sunshine** - based at IPC Deer Park – Dr Yoko Asakawa, covered by Dr Elliot Lyon.
- **Barwon Health Refugee clinic** – Dr Jane Standish, Dr Kate McCloskey and Dr Marguerite Fulton, also covered by Dr Amy Williamson.
- **Goulburn Valley Community Health** – Dr Gemma Sinclair.
- **Orygen Youth Health (OYH) Refugee Access Service (RAS)** – Dr Tiba Maloof works as a psychiatrist in our team and with OYH-RAS. OYH became Parkville Youth Mental Health and Wellbeing Service (PYMHWS) in 2025.

Shaping the paediatric workforce – the RCH fellow position has been funded by the Department of Health since 2009 and included in the hospital operations budget in recent years.

We have now trained 37 fellows, 36 are now consultant paediatricians, with Sarah Allen completing her training in 2025 before moving back to South Australia to take an ID consultant role, and Niv Anguswamy completing her clinical training in 2025 before moving back to Queensland, where she hopes to continue work in refugee health – congratulations Sarah and Niv! We regard this as a significant achievement of our training model – building child refugee health capacity in Victoria and interstate through appointing new fellows each year and providing clinical training and supervision in refugee health.

Key clinical issues in 2025

Post-arrival screening

More than 90% of children do not get recommended screening after arrival in current primary care models in Victoria. Around 30% get partial screening, and the patient, time and health system costs are substantial.

Post arrival screening remains essential, with high prevalence of positive screening results for conditions that are easily treatable, and where treatment improves health outcomes. Screening is also essential to detect emergent issues in new cohorts, such as low B12 in Afghan cohorts (affecting 45%) and hepatitis C in Rohingya cohorts. We continue to advocate for good quality, efficient, single timepoint health screening for refugee and asylum background children in Victoria. There is a strong case for specialised screening, and paediatrician led screening for children and adolescents.

Complex disability, complex medical conditions

In 2025, offshore alerts and general referrals continued to be predominantly for children with complex disability, and/or complex/rare neurological, genetic, and metabolic conditions. These children require intensive supports after arrival, and some require admission. The shared VPRS clinic was an important resource for these children in 2025, allowing multidisciplinary care and early assessment for equipment and NDIS entry.

Children with disability continue to miss 6-12 months school after arrival in Victoria. This situation has persisted and worsened in 2025. Most children with disability are effectively excluded from school in Victoria due to

lack of special education places, or while waiting for assessments or equipment, perpetuating their educational disadvantage in Australia. This is a significant inequity, which requires an urgent policy and systems response.

Developmental and behavioural paediatrics

Developmental assessments and support for managing developmental, learning and behavioural concerns continue to comprise a large part of our work (estimated 70% of clinical workload, also including the complex cohort). Our cohorts include a high proportion of children with neurodevelopmental concerns, including learning difficulties, behavioural challenges, intellectual disability and autism, in the setting of background trauma and settlement stressors. Navigating the NDIS entry and support process remains challenging for refugee background children and families. We continue to see substantial and ongoing inequities in NDIS for children from multicultural backgrounds and questionable practice from NDIS service providers, which has been difficult to report or get resolution on.

We see significant social complexity, and impact on children's wellbeing from poverty, housing stress and homelessness, cost of living pressures, and in some cases, serious parent mental health issues, family violence, and child protection matters. We hold a cohort of around **70** child protection cases at any given time. Within our team, we work across medical, social work and mental health disciplines to provide holistic child and family-centred care.

Mental health

Many children and families face multiple pre- and post-arrival stressors and are affected by their past experiences of war, and also new or escalating conflict in their countries of origin. Most mental healthcare is provided within our service, and families express strong preferences for joined up medical and mental health care. They are often hesitant about triage based mental health models when these are explained. Tasha Holt continues to provide school-based outreach therapeutic care, working with care teams within schools, allowing mental health care close to home, and providing a high number of consultations. Dr Tiba Maloof provides assessments and direct care and also works with the Refugee Access Service in PYMHWS. We look forward to welcoming her back to the service in March 2026.

In 2025, we had **1** patient seen by PYMHWS, we are aware of **1** patient seen by the Refugee Access Service at PYMHWS, and we saw around **15** patients where care was shared with Foundation House.

Capacity, service improvement, education

Capacity, advocacy and service issues in 2025

Non-resident children, including children seeking asylum

We have seen increasing referrals of non-resident children in 2025 - children whose parents are on student or other visas. Referrals come from a variety of providers, due to barriers to health services and education access for these cohorts. Increasingly other teams refer these children to our service, and there have been multiple queries related to billing processes, including around use of debt collectors at the hospital.

Unfortunately access to care at RCH for non-resident children remains complex, and hospital billing processes mean families are often fearful to attend RCH, compromising healthcare for these children and resulting in missed times and costs to the hospital. This situation is inconsistent with the hospital's vision statement of 'A world where all kids thrive'. We will continue to advocate with our Executive and Board for a pragmatic approach that prioritises child health and equity.

Our team still sees asylum seeker children, including some who experienced offshore detention in Nauru. We see a number of children born in Australia to asylum seeker parents, who have now reached the age of 10 years and have Australian citizenship.

Immunisation

Narelle Jenkins has continued providing direct immunisation support and analysis of the integrated nurse immunisation model. Baseline data (Jul-Sep 2023), pilot data (Oct-Dec 2024) and follow-up data 12 months later (Oct-Dec 2024) found the proportion of patients due catch-up was **30%**, **17%** and **48%** for the 3 time periods. The proportion needing catch-up was **31%** in 2025.

In June 2025, Narelle received a GSK Immunisation Award, valued at \$20,000. These awards are directed to innovation that improves coverage and timely delivery of childhood, adolescent and adult immunisation. This award has allowed Narelle to continue her work with our team and evaluating the model of care. She will present the

outcomes at the 2026 Communicable Diseases and Immunisation Conference in Melbourne.

With the support of the GSK Immunisation Award, Narelle and colleague, Nikki Marriner, **mentored two refugee health nurses to establish the Melton refugee vaccination clinic, in partnership with Western Health**. This partnership has been essential to address current gaps in service delivery and address the need for opportunistic vaccination close to home. After months of sharing knowledge and expertise, the Melton refugee vaccination clinic opened on 25th February 2026!

The proportion of patients who are un- or under-immunised reflects gaps in Victorian immunisation for these cohorts. We hope extended opening hours for the immunisation service on Mondays in 2026 will allow further delivery of vaccinations in clinic, although clinic logistics (medical visit + bloods + other services + immunisation) remain complex.

Advocacy

Advocacy continues to be a large part of our day-to-day clinical work and is also part of our work at local, campus, state, national and international levels (see Policy, research, health systems). At a day to day level – this includes many letters, (NDIS, kindergartens, schools, housing, legal), coordination of care, care team meetings, and liaison around medications, transport, legal support, finance/billing, EMR issues, and interpreter systems.

Global child health

A/Prof Hamish Graham was appointed Group Leader for MCRI's [International Child Health group](#), supporting research addressing issues of global health (in)equity - including refugee child health - and building global health literacy and capacity on the Melbourne Children's Campus. This included establishing an [Education Series](#) on caring for children and families affected by war, in partnership with the Paediatric Academy.

The first planned event was a Grand Round featuring members of the Immigrant Health team, RCH/other colleagues with professional and lived experience of war, and global leaders in refugee inclusion and peace advocacy. The sudden cancellation of this event was disappointing, and all members of our team were contacted by many people expressing concern and distress, which was a difficult period. Three subsequent seminars (in 2025 and 2026) have engaged close to **1,000** healthcare workers in discussing the real, immediate and increasing impacts of war on child health in Australia and globally.

RACP accreditation

The Immigrant health service was reaccredited for **Community Child Health** (non-core) training in 2025 and will become accredited for Community Child Health (core) training in Sep 2026, after Georgie achieved retrospective dual training for Community Child Health in September 2025 as part of this process. The service is accredited for **Developmental core training** (ongoing), as well as **Social Paediatrics** (2023) and **Public Health** training (2023) by the Royal Australasian College of Physicians (RACP).

Website updates

The Immigrant health website is widely used inside and outside RCH and is an important part of paediatric refugee health resources in Australia. In 2025, **20** guidelines and **3** other resources were updated:

- **New clinical guidelines:** [Non-resident children – healthcare and service access](#). Drafting: [Rohingya refugees](#) (Sally Egan), [Chagas disease](#).
- **Major revision:** [Tuberculosis screening](#).
- **3-6-monthly updates** of [Covid-19 guideline](#), [Afghan refugees](#), [Palestinian refugees](#), [Syrian refugees](#), [Ukraine refugees](#).
- **Updates to 11 other existing clinical guidelines:** [Initial assessment](#), [Anaemia](#), [B12](#), [Immigrant health – acute presentations](#), [Developmental assessment](#), [Disability](#), [Growth and nutrition](#), [Immunisation](#), [Caseworker resources](#), [Critical health alerts](#), [HAPLite – summary for clinicians](#).
- **Other updates:** [Clinical resources](#), [Other resources](#), [Refugee policy and timeline](#).

Education

In 2025, education sessions picked up again. We delivered **20** sessions to more than **2200** participants, including presentations (or contributions to presentations) at **8** conferences or major seminars (Table 3).

Table 3: Education sessions, presentations and conferences 2025

Date	Session
30 Apr 2025	Department of Health and Ageing Australian Health Protection Committee Meeting – Measles outbreak, consideration in migrant populations (GP, 30) - online
4 May 2025	Melbourne Children’s Clinical Paediatrics Update – Refugee health (GP, 300)
4 Jun 2025	Health information services committee - Offshore alerts + shared information system (GP, 8)
7 May 2025	Centre for Community Child Health (CCCH) teaching – Refugee health (GP, 30)
7 May 2025	CCCH teaching – English as an additional language (GP, 30)
9 May 2025	General medicine meeting – An insight into paediatric ophthalmology (SA, NA, 50)
20 Jun 2025	General medicine meeting – immigrant health research update (GP, 40)
23 Jun 2025	Victorian Diagnostic Audiology Group - Migration and health access (GP, 150)
9 Jul 2025	ASID Intrepid teaching – Refugee health (GP, 30)
27 Jul 2025	Victorian TB program and TB clinic staff - Tuberculosis screening – discussion and endorsement new guidelines (SA, 10)
7 Aug 2025	Presentation with Refugee Health Network of Australia at SOSOG meeting, Canberra (GP, 35)
12 Sep 2025	North American Refugee Health Conference - Improving immunization access and coverage for refugee children in Australia – before, during and after. Pilot program of integrated vaccination services in hospital outpatients. Halifax Canada (NJ, 50)
9 Oct 2025	Clinical Nurse Consultant group RCH – Refugee health (GP, 18)
27 Oct 2025	RCH Town Hall – Immigrant health service 25 years (GP, 300)
7 Nov 2025	SA Vaccinology Conference – PRIME (GP, 200)
10 Nov 2025	Storytelling, story listening - children and families affected by war (HG, Najeeba Wazefadost, Fiona Reilly, Mariam Tokhi, 95 hybrid)
17 Nov 2025	VPRS Statewide training day – Workshop Refugee and Migrant health (GP, 25)
17 Nov 2025	VPRS Statewide training day – Workshop Refugee and Migrant health (GP, 15)
25 Nov 2025	WHO Geneva – live stream webinar Health, Migration and Displacement, Western Pacific Regional perspective, (GP, 700)
5 Dec 2025	The lasting effects of conflict on psychological development and wellbeing. (LJ & guests, Alice Morgan, Josiah Kaplan, 95 hybrid)

Staff professional development

Team members participated in regular immigrant health meetings and RCH teaching, completed their continuing professional development (CPD) requirements, and attended the following CPD:

- Georgie Paxton – APLS advanced life support course Nov 2025.
- Andrea Smith – Autism assessment (Mindful), CCCH seminar series, Child Protection Paediatric Society of Australia Conference Nov 2025.
- Hamish Graham – RACP supervisor training modules x 3.
- Tiba Maloof – European Society for Child and Adolescent Psychiatry conference, Jul 2025, Harvard Refugee Mental Health certificate, sabbatical in neurodevelopmental disorders and paediatric neuropsychiatry, in Westmead Children's Hospital, and Strasbourg, France.
- Sarah Allen – Australasian Society for Infectious Diseases conference, Apr 2025.
- Niv Anguswamy – Australasian Society for Developmental Paediatrics conference, Aug 2025.
- Tatiana Polizzi – Infection Prevention and Control, Foundation course.

Policy, research, health systems

We remain involved in policy work at local, state and federal levels, including through the committees and working groups listed below (Table 4).

Committees, advisory roles, meetings

Over 2025, team members attended around **412** meetings, at hospital, sector/network, state, Commonwealth and international levels. Key advisory roles included: Lancet Global Health Commission on Medical Oxygen (A/Prof Hamish Graham), WHO Polio Expert Panel (Dr Sarah Allen), WHO Technical Advisory Group on Health, Migration and Displacement, Department of Home Affairs (DHA) Independent Medical Advisor Panel, Department of Health, Disability and Ageing (DHDA) Multicultural Health advisory group (A/Prof Georgie Paxton).

Table 4: Meetings, committees, advisory roles 2025

Setting	Meetings	No	
Regular immigrant health meetings	Weekly - supervision meetings/fellow education (GP, fellows)	184	
	Weekly - team meetings alternating medical and mental health (all)	48	
	Weekly - clinic coordinator - referral triage, coordination (NM, GP, fellows)	48	
	Fortnightly – Stepped care (developmental intake triage at RCH) (fellows)	14	
	Fortnightly – AMES-RCH-RHP meetings	20	
	Monthly – Better access to mental health (PYMHWS) (GP)	8	
Campus	Melbourne Children's Global Health leadership team (HG)	10	
Committees, working groups, reference groups	State	DH CALD Health Advisory Group (GP) 28/3/25, 10/9/25	2
		Victorian Refugee Health Network 27/3/25, 7/8/25, 27/11/25	3
		Immunisation bimonthly (GP, ST, NJ)	5
	National	DoHA Multicultural Health advisory group (GP) 16/6/25, 17/9/25	2
		RHEANA 5/6/25, 31/7/25, 26/8/25, 15/10/25, 20/11/25 (GP)	5
		Translation panel – Health in a new home (GP) 25/3/25, 25/9/25	2
		SOSOG meeting – Canberra DHA 7/8/25	1
		Priority Populations in childhood-onset heart disease (CoHD) (GP) 4/11/25	1
	International	Lancet Global Health Commission on Medical Oxygen (HG)	40
		WHO Child and adolescent health in humanitarian settings operational guide and training course (HG)	6
		WHO Polio Expert Panel (SA)	4
		WHO Technical Advisory Group on Health, Migration and Displacement (GP)	9
		25-26/11/25	

Policy and health systems

Global child health – A/Prof Hamish Graham led the Lancet Global Health Commission on Medical Oxygen, with major reports and commentaries published this year - including a commentary specifically on refugee camps and other humanitarian contexts. Hamish continues to support WHO capacity building for child and adolescent health in humanitarian settings, as lead author and advisor for the [Child and adolescent health in humanitarian settings operational guide](#) and [training course](#).

WHO Polio Expert Panel – Dr Sarah Allen was a member of the WHO Polio expert panel in 2025.

WHO Technical Advisory Group on Health, Migration and Displacement – A/Prof Georgie Paxton was appointed to the inaugural WHO TAG on Health, Migration and Displacement in March 2025.

TB screening – Dr Sarah Allen completed a significant review of our TB screening guidelines and the evidence on use of IGRA in children <5 years, leading to a change in screening recommendations with pragmatic use of IGRA testing in children <5 years, endorsed by the RCH TB service.

Rohingya refugees – Dr Sally Egan, who is an advanced trainee at RCH, completed an excellent review of the literature and an impressive draft a screening guideline for Rohingya refugees, published in early 2026.

Vitamin D Sun balance messaging guidelines - Georgie continues work with the Australian Skin and Skin Cancer Research Centre based in QIMR Berghofer, the group submitted an (unsuccessful) NHMRC partnership grant in 2025.

HeartKids – Priority populations working group – Georgie continued involvement in the working group for Priority Populations in childhood-onset heart disease (CoHD) until funding ended in late 2025.

AHPC measles meeting – Georgie presented on measles outbreak considerations for migrant and refugee communities to the Australian Health Protection Committee in April 2025.

SOSOG meeting, DHA, Canberra – Georgie presented with RHEANA and AMES colleagues to the SOSOG (Senior Officials Settlement Outcomes Group) from the DHA also with DHDA and NDIS representation in Canberra in August 2025 – for the SOSOG ‘Deep dive into Refugee health’. The session covered models of care, post arrival screening and vaccination, and NDIS access for humanitarian entrants.

Research

We would like to acknowledge and celebrate research by A/Prof Hamish Graham and A/Prof Shidan Tosif. Hamish had **7** publications in 2025 and has a large number coming out in 2026 after a productive sabbatical! His work was completed alongside his leadership of International Child Health and multiple Australian and overseas collaborations. Shidan has continued research into pandemic preparedness, covid-19 and influenza vaccination and had 3 publications. We have included Hamish’ immigrant health relevant publications in the list below.

Amy Williamson passed her RACP advanced training project auditing post-arrival screening and services for a cohort of **218** Afghan refugee entrants and submitted the academic paper.

Anysya Walia drafted the manuscript on oral health screening data, with a cohort of **668** patients over 2010-22, building on earlier work (2006-2010). Tatiana Polizzi, Georgie Paxton and Ingrid Laemmle-Ruff are also contributing.

Publications - peer reviewed

1. **Graham HR**, King C, Rahman AE, Kitutu FE, Greenslade L, Aqeel M, Baker T, Brito LFM, Campbell H, Czischke K, English M, Falade AG, Garcia PJ, Gil M, Graham SM, Gray AZ, Howie SRC, Kissoon N, Laxminarayan R, Li Lin I, Lipnick MS, Lowe DB, Lowrance D, McCollum ED, Mvalo T, Oliwa J, Swartling Peterson S, Workneh RS, Zar HJ, El Arifeen S, Ssengooba F. Reducing global inequities in medical oxygen access: the Lancet Global Health Commission on medical oxygen security. *Lancet Global Health* 2025;13(3):e528-e584.
2. Priestly I, Cherian S, **Paxton GA**, Steel Z, Young P, Gunasekara H, Hunt C. The Impact of Immigration Detention on Children’s Mental Health: A Systematic Review. *BJPsych*. 2025 Apr; DOI: 10.1192/bjp.2025.29
3. **Williamson A, Sudbury E, Khanal R, Woon J, Schaefer J, Paxton GA** (2025) Health screening and post-arrival services for refugee children from Afghanistan. Under review, JPCH.

Publications – other

- [Child and adolescent health in humanitarian settings operational guide](#) (Hamish Graham).

Strengths and challenges

Strengths include i) partnerships with AMES and the RHP for coordination of post-arrival healthcare for offshore health alerts and the clinical governance around shared information systems, ii) strong collaborations with RCH Immunisation and integration of immunisation nursing into clinic workflow, and iii) the collaboration with the VPRS. Our challenges and areas of concern from 2025 are summarised as follows:

1. **The need to support and extend paediatric refugee and migrant health services at RCH** (demand outstripping capacity). The increased humanitarian intake, greater complexity, increase in offshore health alerts and triaging of refugee children with disability for Australian settlement (as per family reports) continue to mean increased referrals to our service. We are also seeing increased referrals for non-resident children and the workload of formal and informal consults and queries within RCH continues to increase. We support care close to home wherever possible and have strong clinical governance, but this work and coordination take time, and a great deal is being completed outside paid hours. Our service is working well above capacity with **1.74** medical

FTE. We need additional funding for consultant and fellow medical time, and we would welcome nurse practitioner time. We are well placed to provide an efficient outpatient service for non-resident patients but would need resourcing to do so. Our mental health colleagues are funded to **0.6** FTE, which is a small fraction of overall mental health staffing for a complex cohort.

2. **The need to support and extend paediatric refugee health services in Victoria.** Care for children with intellectual disability, autism, and developmental/behavioural concerns is a major part of our workload, and barriers to cognitive/autism assessments, NDIS access, and prolonged delays in school enrolment mean paediatric review is often time critical and an important part of advocacy for this caseload. There is an urgent need for i) more clinic time, ii) to formalise and fund the network of paediatric refugee health providers, and ii) to strengthen statewide child refugee health planning, ensuring refugee background cohorts are included in child health policy and service planning in Victoria.
3. **Failure of post-arrival health screening models in Victoria.** While all new arrival children are linked with a GP by AMES, more than 90% of children do not complete recommended health screening, and there is no process in Victoria to ensure screening is completed in primary care. The reasons for this are complex and include the existing load and capacity in primary care, lack of Medicare in the initial post-arrival period, moves during the early settlement period, and the logistics and complexity of screening and catch-up vaccination. Around 30% children receive partial screening in primary care, resulting in avoidable additional time and costs for children, families and health systems.

Current systems and policy settings are not meeting post arrival healthcare and screening needs and with 40% of the humanitarian intake aged under 18 years, there is a strong case to reappraise models of post-arrival care in Victoria to ensure the health needs of refugee children are addressed with paediatrician led, specialised screening models.

4. **Long delays in school attendance and NDIS enrolment for children with disability.** Our clinical experience is that most children with disability have at least 6–12-month delays in accessing both the NDIS and schooling in Victoria. This is a substantial inequity, goes against Victorian education policy for children who are compulsory schooling age, and requires an urgent policy and systems response. Components of a response need to include additional intensive casework, paediatric service capacity, early functional assessment and equipment pathways, early access to cognitive and language assessments, support for the allied health components of autism assessments, and streamlining of NDIS and schooling entry. This requires a coordinated policy response across DHA, DHDA (noting NDIS has since come into this portfolio) and State Departments of Health, Families, Fairness and Housing, and Education.

Our thanks to the volunteers who help our patient group navigate the hospital – Paula Uren and Anne Howell, and to Natale Massa who provides the coordination and practical support that underpins our work.

Our thanks to RCH Immunisation, our interpreting colleagues, interpreting services manager Cate Harris, Partnerships and Consumer Engagement lead Roberto Venturini, RCH pharmacy and RCH Pathology collection. Our thanks to the VPRS for shared care, and the multiple units at RCH who have seen our patients, sometimes at short notice and in difficult circumstances, and who increasingly recognise and refer complex migrant health issues to our team. Thanks to Will Wu from decision support, who assisted with providing clinic data for analysis. We are grateful to the Department of General Medicine, the Division of Medicine, and RCH Executive for their ongoing support.

Georgie Paxton, Nivedita Anguswamy, Sarah Allen, and Asika Pelenda
March 2026.