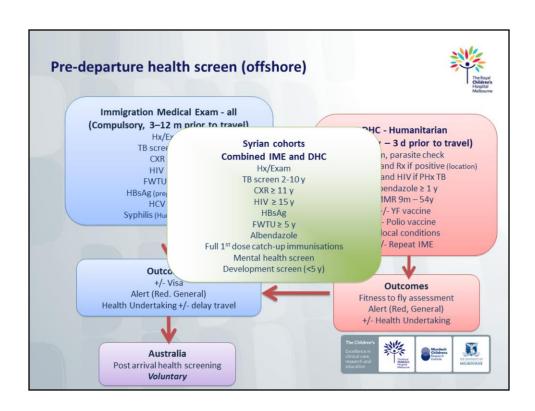
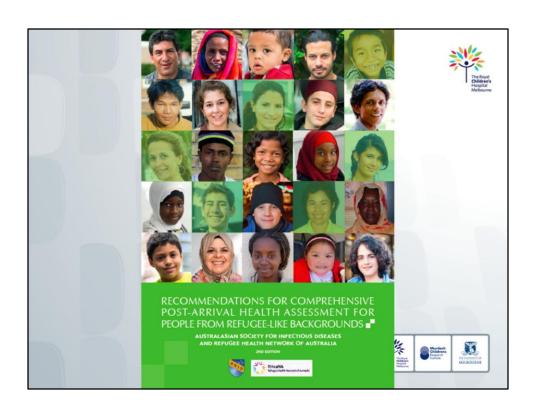


This presentation summaries the health pathways for refugee and asylum seeker children in Victoria.

The areas covered include health screening, access to health care and specific health pathways.



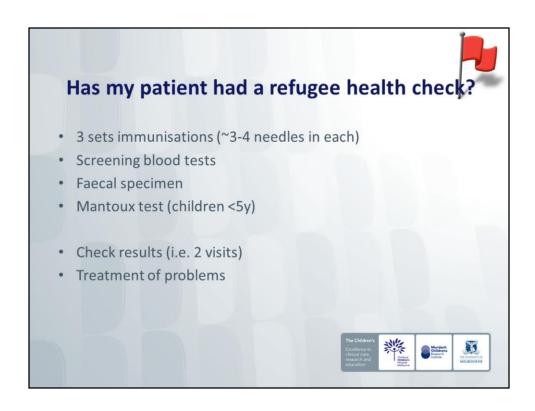


Maximising referral value Make sure country, language, DOB documented Include current address, caseworker details Copy of e-medical paperwork Offshore immunisations – AIR – all ages Health undertakings Any screening completed Test results Immunisations Progress/reviews/medications Never give original paperwork to health providers!

There are many different areas that clinical information will be kept and families may have all or none of those listed.

The availability of clinical details, as well as language and caseworker details facilitate a much more effective consultation with the doctor.

Correspondence which outlines a reason for referral improves efficiency.



On-shore, these are the minimum investigations a child will require: please see http://www.rch.org.au/immigranthealth/clinical/Initial assessment/

ACIR (Australian Childhood Immunisation Register) all immunisation records, even detention

Generally these investigations will yield at least 1 (often more) issues that require follow up. Together with catch-up immunisations, several appointments are often needed to complete the initial health assessment and refugee check.

Specific health issues Vaccine preventable diseases Are you immunised? Consider schedule vaccines, inc. hepatitis, influenza Tuberculosis Latent TB infection Evidence of infection (+ screening test) without evidence of disease based on history, exam, CXR. Not infectious, 30% world TB disease Uncommon, rates Victoria steady, household contacts greater risk Blood born viruses Universal precautions

The vast majority of cases of tuberculosis are the non-contagious form, of latent TB. Active tuberculosis is very uncommon and those at greatest risk are household contact.

Note that children with active tuberculosis are rarely contagious.

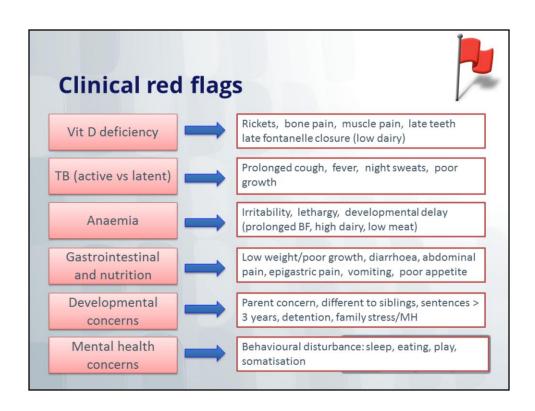


No Jab, No Pay – New Immunisation Requirements for Family Assistance Payments

SUMMARY

From 1 January 2016:

 Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).







Development and disability

- Developmental delay/disability
 - Language, motor, social/play, global
 - · Vision and hearing
- Disability
 - Physical
 - Intellectual
 - Sensory impairments (vision/hearing)
 - Function/equipment/supports













All children should be seen by seen by their local MCHN (including CD)

MCHN are free and are a valuable support for families, monitoring their growth and development at specific intervals



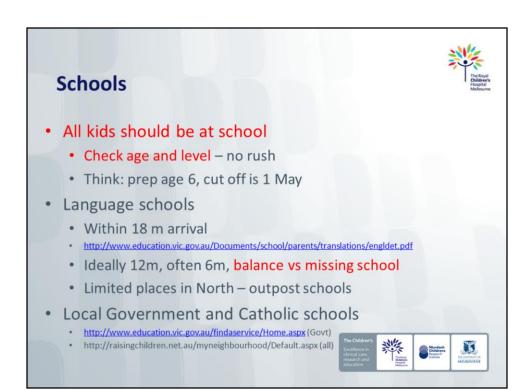
4 yr old kindergarten

- Important! play based, preparation for school
- Free kindergarten fee subsidy
 - Refugees/SHP visa 200–217, AS on BV A–F, TPVs 447, 451, 785, RoS visa
 - http://www.education.vic.gov.au/childhood/parents/kindergarten/pages/fees.aspx
 - · CD via DIBP
 - Pre School Field Officers
 - · Help kids with developmental problems
 - · Free kindergarten association
- Enrolment call kinder
 - http://www.education.vic.gov.au/findaservice/Home.aspx



Kindergarten is essential for children's development and to prepare them for school. The child's local kindergarten can be found online through the education department's website. There is a fee subsidy available (to specific visa classes). Pre-School Field Officers (<u>PSFOs</u>) are available to help children with developmental problems who are attending kindergarten. Kindergartens make referrals to the PSFO.

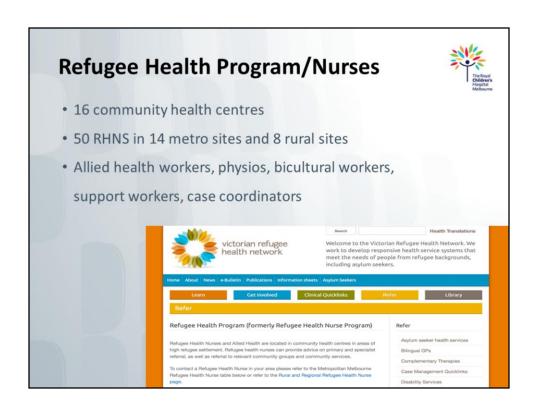
Children in community detention require approval by the Department of Immigration and Border Protection in order to attend kindergarten



New arrival students from refugee backgrounds (arrival within 18 months) can access intensive English language programs in Victorian Government English language schools or centres. Asylum seekers can attend schools to the end of the school year in which they turn 18. All Schools (including English language schools) can access additional support for students with disabilities. Children in Community detention can attend either Government or Catholic schools.

Support systems are available for children with disability – refer early to a paediatrician





RHNs located in 16 community Health centres . Approx 50 RHNS 14 metro sites and 8 rural sites also Allied health workers physios, bicultural workers, support workers , case co ordinators



All families should be linked with primary care.

There is a specific MBS Item number for GP's; "MBS Items 701, 703, 705 and 707 may be used to undertake a health assessment for A Healthy Kids Check for children aged at least 3 years and less than 5 years of age, who have received or who are receiving their 4 year old immunisation. Once only to an eligible patient"

http://www.health.gov.au/internet/main/publishing.nsf/Content/health_Kids_Check_factsheet



Immunisation

- GPs, MCHN, LGA/Council Opportunistic!
- Catch-up vaccinations FREE for all refugees and asylum seekers in Victoria
 - Free for all children <10 years of age
 - Free for all children 10-19 years where families receive family assistance payments until end 2017
- SA Immunisation Calculator https://immunisationcalculator.sahealth.sa.gov.au/
- No Jab No Pay and No Jab No Play



Allied Health



- · Community health centres
 - Often only 0 school entry
 - Children with developmental problems 1 domain
 - http://www.health.vic.gov.au/pch/commhealth/directory.htm
- Early Intervention (0 school entry)
 - Children with developmental problems > 1 domain
 - · All children eligible, including asylum seekers, CD
- · Hospital (varies)



Children with developmental issues in more than one domain may be eligible for allied health through Early Intervention Services, although waiting lists are often long. Children of asylum seekers can be referred to hospital based allied health services.

School aged children may be able to access allied health through the school system.

Private allied health is often inaccessible due to cost and lack of language support.

Children in community detention require case by case approval for allied health services from the Department of Immigration and Border Protection



Specialist Paediatric Services

- Anything (anyone) complex, disability, worried
 - ?All Unaccompanied minors
- Refugee specific
 - RCH, Craigieburn, Dandenong/Doveton, Footscray, Reservoir, Melton, Sunshine, Geelong, Ballarat, Bendigo
 - http://www.rch.org.au/immigranthealth/about us/About the Immigrant Health Service/
- Paediatric hospitals
 - All except RMH, Alfred, St Vincent's, Footscray
- · Most community health centres



Specialist paediatric care is recommended for children with complex medical problems, unaccompanied minors or anyone you are worried about. They can be referred via a GP to Refugee health paediatric services as above, or to other paediatric services as needed.

Specialist paediatric outpatient services are accessible at all hospitals in Victoria, except the Royal Melbourne Hospital, Alfred, St Vincents and Footscray. Most community health centres also have visiting paediatricians.

Disability

- All ages
 - GP, paediatrician, eyes, ears, (allowances)
- Early childhood
 - MCH
 - Early intervention
- Kindergarten
 - · Aide PSFO, ISF, FKA
- Schools mainstream or specialist (ID, ASD)
 - Entry criteria (strict)
 - Call for help











Mental health

- Refugee/CALD specific
 - Vic Foundation for Survivors of Torture (VFST)
 - Centre for Multicultural Youth (CMY)
- Mental health general
 - Schools
 - Headspace
 - Community health centres
 - ATAPS scheme
 - (Better Access scheme) no interpreters
 - · CAMHS location and age

http://www.rch.org.au/immigranthealth/clinical/Mental health resources/

Refugee children and families subject to high levels of adversity, both before and after arrival in Australia.

Many have experienced past trauma and/or torture and families have ongoing risk factors for the development of mental health problems.

There are a variety of services available, depending on the background of the client and their specific needs.

GP should initiate the appropriate referral.

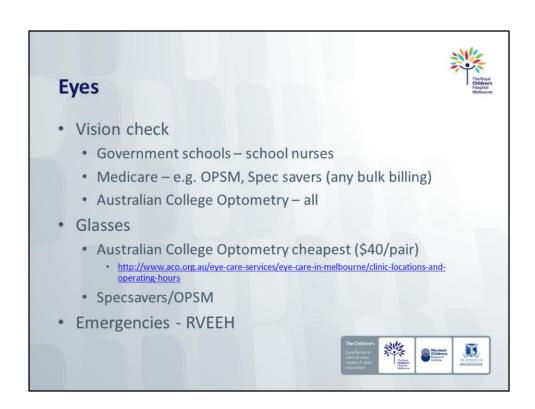


Ambulance services are <u>free in an emergency and public hospitals and related</u> <u>services are also free</u> for all refugees and asylum seekers

Some hospitals (e.g. Monash Health) may have a refugee health nurse liaison who can help facilitate post discharge follow up

Patient advocacy/consumer liaison Available all hospitals Mechanism to progress concerns Mandatory reporting systems Helpful! Consider if: Care declined (please act) Language services not available Concerns about care quality Bills being sent incorrectly Positive feedback

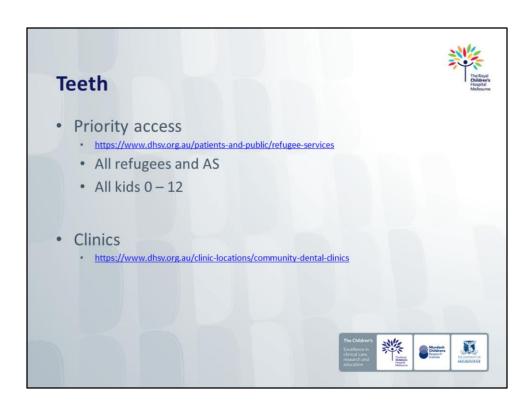
Assisting a refugee or asylum seeker family to navigate the required health pathway can be assisted by the patient advocacy/consumer liaison officers who are accessible in all hospitals and are an important resource for progressing concerns or adverse events, or providing feedback.



Vision checks can be accessed at commercial Bulk Billing optometrists for clients with Medicare Cards or at the Australian College of Optometry, which also has affordable glasses. The college has metropolitan outreach clinics and regional access. School age children may have their vision check at school entry but this is not always in place.



Hearing tests can be performed at audiology services. Hearing aids are available through Australian hearing



Free/subsidised dental services are available for all children up to the age of 12 years – and refugees and asylum seekers are identified as one of the priority access groups



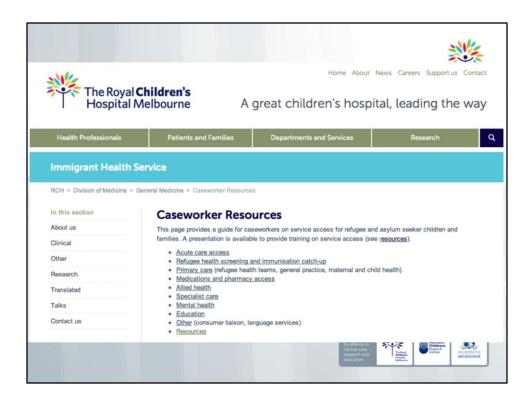
Interpreter services are a right and entitlement for families with low English proficiency.

Various services are available depending on the setting. Make sure your clients know they are entitled to an interpreter and make sure you specify the language required, including dialect when required, whenever you make an appointment for them.

General practitioners and <u>approved medical specialists</u> can use the <u>Free Interpreting Service</u> when delivering Medicare-rebateable services in private practice to anyone with a Medicare card.

The service is available through **TIS National**.







The raising children network has fantastic online resource where you can search for local services based on locality.





Thank-you



- · Questions?
- All located at:
 - http://www.rch.org.au/immigranthealth/clinical/Clinical resources/
- Also DIY Appointment reminder system (NSW Refugee Health)
 - http://www.swslhd.nsw.gov.au/refugee/appointment/
- Please contact us:
 - Refugee Health Fellow 9345 5522 (page 7142)

