This presentation summarizes 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.
Pre-departure health screen (offshore)

Immigration Medical Exam - all
(Compulsory, 3–12 m prior to travel)
- Hx/Exam
- TB screen 2-10 y
- CXR ≥ 11 y
- HIV
- FWTU
- HBsAg (pre-travel)
- HCV
- Syphils (pre-travel)

Syrian cohorts
Combined IME and DHC
- Hx/Exam
- TB screen 2-10 y
- CXR ≥ 11 y
- HIV ≥ 15 y
- HBsAg
- FWTU ≥ 5 y
- Albendazole
- Full 1st dose catch-up immunisations
- Mental health screen
- Development screen (<5 y)

Australia
Post arrival health screening
Voluntary

DHC - Humanitarian
(∼ 3 d prior to travel)
- Hx/Exam
- FWTU
- Albendazole ≥ 1 y
- IMR 9m – 54y
- YF vaccine
- Polio vaccine
- Local conditions
- Repeat IME

Outcomes
- Fitness to fly assessment
- Alert (Red, General)
- +/- Health Undertaking

Alert (Red, General)
Health Undertaking +/- delay travel
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.

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!
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.
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).
<table>
<thead>
<tr>
<th>Clinical red flags</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vit D deficiency</td>
<td>Rickets, bone pain, muscle pain, late teeth, late fontanelle closure (low dairy)</td>
</tr>
<tr>
<td>TB (active vs latent)</td>
<td>Prolonged cough, fever, night sweats, poor growth</td>
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<tr>
<td>Anaemia</td>
<td>Irritability, lethargy, developmental delay (prolonged BF, high dairy, low meat)</td>
</tr>
<tr>
<td>Gastrointestinal and nutrition</td>
<td>Low weight/poor growth, diarrhoea, abdominal pain, epigastric pain, vomiting, poor appetite</td>
</tr>
<tr>
<td>Developmental concerns</td>
<td>Parent concern, different to siblings, sentences &gt; 3 years, detention, family stress/MH</td>
</tr>
<tr>
<td>Mental health concerns</td>
<td>Behavioural disturbance: sleep, eating, play, somatisation</td>
</tr>
</tbody>
</table>
Nutrition
Development and disability

• Developmental delay/disability
  • Language, motor, social/play, global
  • Vision and hearing

• Disability
  • Physical
  • Intellectual
  • Sensory impairments (vision/hearing)
  • Function/equipment/supports
MCH, childcare, playgroups
Maternal and child health

• Birth to school age

• Development, parenting, support, +/- immunisation
  • Checks: at birth, 2w, 4w, 8w, 4m, 8m, 12m, 18m, 2y, 3.5y

• Locally zoned

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
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 (PSFOs) 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
Refugee Health Program/Nurses

- 16 community health centres
- 50 RHNS in 14 metro sites and 8 rural sites
- Allied health workers, physios, bicultural workers, support workers, case coordinators

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 coordinators
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"

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
• *No Jab No Pay and No Jab No Play*
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 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
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 free in an emergency and public hospitals and related services are also free 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.

Acute care

- Ambulance
  - Free in emergency
- Public hospitals/related services
  - Free (don’t forget RVEEH hospital)
  - Refugee health nurse liaison (Monash health)
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 approved medical specialists can use the Free Interpreting Service when delivering Medicare-rebateable services in private practice to anyone with a Medicare card.

The service is available through TIS National.
Caseworker Resources

This page provides a guide for caseworkers on service access for refugee and asylum seeker children and families. A presentation is available to provide training on service access (see resources).

- Acute care access
- Refugee health screening and immunisation catch-up
- Primary care (refugee health teams, general practice, maternal and child health)
- Medications and pharmacy access
- Allied health
- Specialist care
- Mental health
- Education
- Other (consumer liaison, language services)
- Resources
The raising children network has fantastic online resource where you can search for local services based on locality.
Paediatric Refugee Health Clinic
Craigieburn Health Services

The Paediatric Refugee Health Clinic is a joint initiative between Northern Health (NH) and The Royal Children’s Hospital (RCH) to provide specialist paediatric refugee services in Melbourne’s North. The clinic provides a multidisciplinary assessment service for recently arrived children of refugee background. Asylum seeker children and children in community detention are also welcome.

**Clinic details**

- **Time:** Every Friday, 9:30am to 11:30am
- **Location:** NH Paediatrics, Refugee Health Clinic

**Eligibility:** 0-18 years of age children of refugee background. All children aged 0-18 years or younger in a family or in community detention who are under 18 years of age.

**Issues commonly managed**

- Refugee Health Assessment (RHA)
- Learning, behavioural issues and developmental delay
- ADHD
- Abuse
- Birth issues
- Growth/developmental issues
- Women & delivery
- Iron deficiency
- Translating screening and treatment of iron deficiency
- Mental health issues (medical components of assessment/management)
- Early intervention planning

**To refer**

- GP referrals are not required. We accept direct referrals from refugee health care, settlement agencies, maternal and child health nurses, schools, and others.
- Referral information should include:
  - Reason for referral
  - Accurate contact details, including telephone number
  - Immigration status (e.g., refugee, asylum seeker)
  - Preferred language and interpreter requirement
  - Child’s name and details if available
  - Previous investigations
  - Associated issues
  - Immunisation records
  - Ongoing health issues (medical components of assessment/management)

Referrals should be shared or emailed to the collaborative Northern Health Molecular and Microbiology Laboratory for Cystic Fibrosis Testing Service (CFTS).

**Paediatric Refugee Health Clinic**

- **Address:**
  - 1000 Bayswater Rd, Bayswater North, VIC 3153
  - 1000 Bayswater Rd, Bayswater North, VIC 3153

- **Email:** PRTF@northernhealth.org.au

- **Website:**
  - www.northernhealth.org.au
Fellow positions in Refugee Health

The Victorian Department of Health has funded refugee health fellow positions to build capacity across the state to improve refugee and asylum seeker healthcare.

Position: Refugee Health Fellow

- Improve coordination of refugee and asylum seeker healthcare
- Participate in and contribute to clinical teams that care for people with a refugee background
- Conduct educational sessions on refugee health

Fellows are expected to work in a range of settings with a focus on primary and secondary care.

The Royal Melbourne Hospital

Dr. Kuldeep Saini and Dr. Jane Gardiner - The Fellow will be based at the Royal Melbourne Hospital and The Women's, Victoria's leading hospital for women and newborns. The Fellow will work across a range of settings with a focus on primary and secondary care.

Available: Monday to Friday (8am-5pm)

Email: kuldeep.saini@health.vic.gov.au

Monash Health

Dr. Mark Thins - The Fellow will be based at Monash Health and will work with the refugee health team at Monash Health. The Fellow will have experience in refugee health, having spent time in Afghanistan, and has a particular interest in mental health.

Available: Monday to Friday

Email: mark.thins@health.victorianhealth.org

The Royal Children's Hospital

Dr. Yoo Andreas, Dr. Dan Moore, and Dr. Jaya Leneck - The Fellow will be based at the Royal Children's Hospital and will work with the refugee health team. The Fellow will have experience in refugee health, having spent time in Afghanistan, and has a particular interest in mental health.

Available: Monday to Friday

Email: yoo.andreas@health.victorianhealth.org

The Children's Health Innovation and Education

The Children's Health Innovation and Education program is a partnership between the Royal Children's Hospital and Monash Health. This program aims to improve the health and wellbeing of children and families through research, education, and clinical care.

The Children's Health Innovation and Education program is supported by the Victorian Health and Medical Research Institute.
Thank-you

• Questions?

• All located at:
  • http://www.rch.org.au/immigranthealth/clinical/Clinical_resources/

• Also DIY Appointment reminder system (NSW Refugee Health)

• Please contact us:
  • Refugee Health Fellow 9345 5522 (page 7142)