Primary Health Care Service Access for Refugees and New Arrivals Consultation and Workshop Summary Report March 2017

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Background

This report outlines the consultation processes that Adelaide PHN undertook regarding primary health care access for refugees and new arrivals. The findings are based on the participation of the following organisations:

- Australia Migrant Resource Centre
- Australian Refugee Association
- Centacare Catholic Family Services
- FECCA
- Intermediate /Primary Health Care – SA Health
- IP Strategic Solutions
- Life Without Barriers
- Migrant Health Services
- Multicultural Communities Council
- STTARS

Guided by community, clinical and stakeholder input, Adelaide PHN has a clear goal of ensuring refugees and new arrivals have access to quality primary health care services in the Adelaide PHN region at the right time, right place, and with the right service.

In October 2015, the Commonwealth government tasked the Settlement Services Advisory Council with providing recommendations to assist with the increase to the Humanitarian Programme. Two recommendation pertaining to Primary Health Networks include:

- Prioritise supporting refugees and undertaking effective needs analysis with refugee communities to ensure targeted support for new arrivals.

- Ensure the sector is provided with information and resources to assist their work with this cohort.

The Adelaide PHN is committed to improving the efficiency, effectiveness and coordination of primary health services across the Adelaide metropolitan region, spanning from Sellicks Hill to Angle Vale and between the foothills and the sea, encompassing a community of approximately 1.2 million people. Adelaide PHN is not a service provider but is responsible for commissioning services to best address local needs. Guided by community, clinical and stakeholder input, Adelaide PHN has a clear goal of improving health outcomes for the community.

Adelaide PHN has a clear goal of improving health outcomes for the people of metropolitan Adelaide, guided by both community and clinical input. Adelaide PHN is focused on identifying and working with the most appropriate local organisations to provide better coordinated and integrated healthcare services.

Adelaide PHN Underlying Principles

- Community driven and community led – all sector participation in contributing to health improvement and better outcomes;

- Communities of interest that have a collective passion and commitment to:
  - improving services, the patient journey and experience
  - ensuring equity and access across the metropolitan region
  - supporting, developing and building capacity in service delivery and in workforce;

- Working collaboratively to ensure that all primary health care providers, partners, stakeholders and community are involved;

- Working together to identify:
  o need
  o improve system design
  o implement innovative solutions;

- Improving health outcomes to produce much needed efficiencies whilst reducing duplication; and Measuring and demonstrating improved outcomes and efficiencies

Refugees and New arrivals in the Adelaide PHN region

According to the 2011 Census of Population and Housing, 47,282 people living in the Adelaide PHN region were born in a predominately non-English speaking country and had lived in Australia for less than five years.

The following maps identify highest areas of poor English proficiency, humanitarian visa entrants and number of humanitarian/refugees and new arrivals by LGA
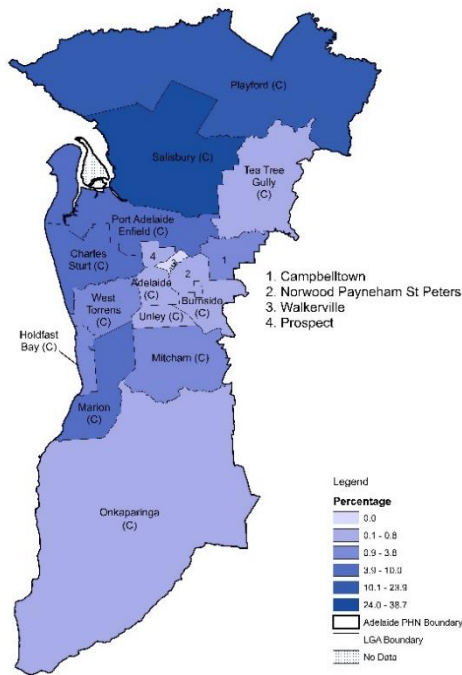
Map 1: Highest areas of poor English proficiency
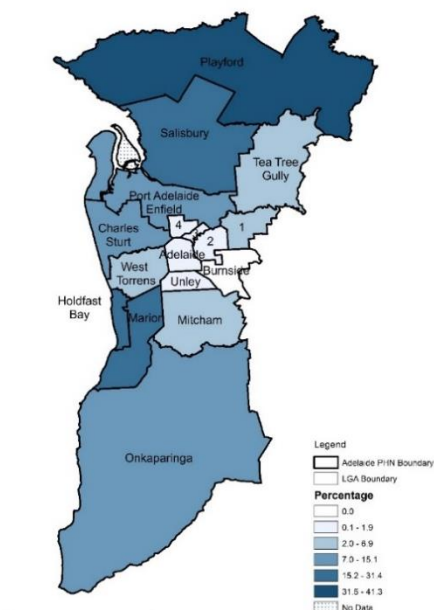
Map 1 identifies the percentage of poor English proficiency for all people born overseas including English and non-English speaking background

Source: Public Health information Development Unit (PHIDU) from 2011 Census of Population and Housing Australian Bureau of Statistics

Map 2: Humanitarian Visa Entrants   by LGA in Adelaide PHN Region

1. Campbelltown
2. Norwood Payneham St Peters
3. Walkerville
4. Prospect

Legend
Percentage
- 0.0
- 0.1 - 0.8
- 0.9 - 3.8
- 3.9 - 10.0
- 10.1 - 23.9
- 24.0 - 38.7
- Adelaide PHN Boundary
- LGA Boundary
- No Data

Map 2 identifies the percentage of humanitarian visa entrants by Local Government Area in Adelaide PHN region, 1 January to 31 December 2016.

Source: Settlement Reports, Australian Government, Dept. of Social Services.

Introduction

The consultation aimed to build on the experiences and lessons learned from the Northern Adelaide Medicare Local/Northern Health Network CALD and Refugee Health Program; verify primary health service needs of refugees and new arrivals and provide feedback and generate ideas on solutions for commissioning in the Adelaide region.

The Adelaide PHN identified key services and health needs for refugees and new arrivals through face to face meetings with key stakeholders; reviewed lessons learned from the NAML/NHN CALD and Refugee Health Program; reviewed recommendations of the research undertaken by the Health Performance Council (Iolanda Principe) on issues in health care in South Australia for people from culturally and linguistically diverse backgrounds; and lessons learned from other PHNs in Australia.

Twelve stakeholders, representing the multicultural sector, primary health care sector and research area were invited to and attended a workshop to verify and synthesise these findings. The participants were provided with the opportunity to have input on verifying priorities and identifying solutions to address the primary health care needs of refugees and new arrivals.

The consultation sought feedback, comments, ideas and solutions on the following areas:

- **Health Literacy**
- **Capacity Building**
- **System Integration**

Consultation methodology

The consultation methods used within the CALD and Refugee Health Project are designed to meet Adelaide PHN's objective to ensure all the views, concerns and ideas of community, health professionals and providers are heard and captured.

Individual meetings were held with key stakeholders in the multicultural sector which provided information and developed an understanding of the issues faced by refuges and new arrivals and develop relationships. Following these meetings a workshop was held on Monday 6 April 2017.

Description of methodology

There were four steps in the workshop process:

- **Positioning** - participants introduced to the context and background of work undertaken and topic under review
- **Identification of issues and gaps** – Participants discussed, identified and recorded priority issues to address
- **Prioritisation/ranking** – Themes were identified and headings for each theme were discussed for voting by participants to identify important priorities to be addressed
- **Interpretation/Solutions** – Participants analysed priorities presented and suggested solutions to address priorities.

Workshop

Purpose of workshop

The workshop focussed on verifying outcomes and objectives that service delivery should address in the primary health care sector for Refugees and New Arrivals to ensure this population group has access to quality primary health care services in the Adelaide PHN region: right time, right place, and right service.

Methodology

The methodology used provided the participants with the opportunity to identify ideas/issues relating to the target group. The ideas/issues where then organised in regards to how they related to each other to formulate themes. This was a four stage process.

Stage 1 – Positioning

The participants were introduced to the context and topic:

Health literacy for refugees and new arrivals
- Advocacy and cross-cultural support to access and navigate the health system
- Accessible information and education for individuals and community groups to make informed decisions about their health and health care

Capacity building for primary health workers managing the health of refugees and new arrivals
- Quality education, resources and tools for the workforce to increase cultural competency and refugee competency across the Adelaide primary health care system

System integration of primary health care services for refugees and new arrivals
- Collaboration, integration and communication between and within services, sectors and agencies to enable quality health care for refugees and new arrivals

Stage 2 – Identification of issues and gaps:

The participants were broken up into small groups and discussed and identified ideas under each of the following priority areas answering specific questions:

Health literacy for refugees and new arrivals

- What are the key current health needs for refugees and new arrivals in the Adelaide PHN region?
- What do they need to be supported to make informed health decisions?
- What service delivery elements are required to achieve health literacy?

Capacity building for primary health workers managing the health of refugees and new arrivals
- What are the key issues confronting refugees and new arrivals to access primary health service in the Adelaide PHN region?
- What disciplines of the primary health care require upskilling?
- Are there any primary health care services providing care in appropriate ways?
- What service delivery elements are required to achieve capacity building?

System integration of primary health care services for refugees and new arrivals

- What are the key primary health care changes that would most benefit refugees and new arrivals in the Adelaide PHN region?
- Who are key partners?
- What service delivery elements are required to achieve service integration?

Stage 3 – Prioritisation/Ranking

In a large group participants were facilitated to collate priority area into themes.

1. Health Literacy: Themes

Resources; Care Coordination; Community Education and Awareness

2. Capacity Building: Themes
   Communication; Workforce Development; Best Practice Model

3. System Integration: Themes
   Collaboration and Information Management; Partnerships; Policy Framework

Refer to Appendix A - Matrix: Refugee and New Arrivals Workshop Summary (summary of the workshop consultation priority areas, themes and outcomes).

Each participant was provided with three red dots in order to prioritise which of the themes were of most relevant to address and ranked accordingly:

Theme	Number of Dots	Rank
Policy Framework	8	= 1st
Best Practice Models	8	= 1st
Communication	6	= 2nd
Workforce Development	6	= 2nd
Partnerships	4	
Care Coordination	4	
Resources	0	
Community Education / Awareness	0	
Collaboration and Information Management	0	

Stage 4- Interpretation/Solutions

Discussion
It was highlighted that whilst there were themes that had no votes, such as Resources and Community Education/Awareness, this did not imply they were not important but sat within other areas such as Communication and Workforce Development, therefore need to be addressed.

Policy Framework
Further to this it was agreed that Best Practice Models and Policy Framework were areas that a reference group could address in particular Policy Framework as it is seen outside the scope of the Adelaide PHN. The group stated an example of a good Refugee Policy Framework was developed by Queensland Health. Participants also highlighted the need for an Accountability Framework. This is to include guiding principles which are to be adhered to through service delivery/development contracts.

Collaboration and coordination were seen as important service elements to building a non-competitive funding process. This leads onto effective system integration which is overseen by a reference group and includes SA Health; health providers and non-government organisations facilitated by the Adelaide PHN.

Best Practice Models
Participants stated best practice models would include service delivery based on the complexity of the target group; culturally appropriate care coordination; partnerships; refugee nurses and collaboration between communities and services and general and specialist services. The Migrant Health Service was highlighted as a good specialist service model. It was suggested by participants

that a mandatory best practice process be developed. Reference of best practice for the target group included examples from Eastern Queensland, New South Wales, and Victoria.

Communication
A strong point highlighted by the participants was the need to promote underpinning standards of communication. One such standard is using interpreters within the primary health care sector. Participants also stated that employing bilingual/bicultural workers will assist in the coordination of care and address issues in regard to health literacy. Health information in various languages was also noted as an important resource.

Workforce Development
The need for primary health care providers to be required to have training in cultural competencies was strongly emphasised; the use of interpreters and bilingual/bicultural workers; appropriate allocation of appointment times; and understanding the complexity of such patients. This reflects the duty of care by primary health care workers. There is a need to identify which practices have implemented strategies to work with refugees and new arrivals ensuring the workforce is 'refugee ready'.

Appendix B: Workshop Outcomes Diagram provides a summary of the areas to address the primary health needs of the target group.

Future directions

The workshop participants agreed on the following recommendations:

- The outcomes inform the commissioning of future activities which address the primary health care needs of refugees and new arrivals.
- A reference group with key players in the sector be established.
- Policy frameworks and best practice models be utilised or collaboratively developed.
- Collaborative and partnership processes be utilised to foster effective system integration and a collaborative environment.

Appendix A - Matrix: Refugee and New Arrivals Workshop Summary

Priority Areas	Themes	Issues	Ideas	Solutions
Health Literacy	**Resources**	- No SA Health or PHN refugee health website - Health structure does not allow individuals to move - Social isolation - Health issues: mental health; disability; chronic disease may be existing conditions on arrival and then additional conditions after time - Compounded issues - Disempowerment - Lack of understanding of health system; supports available; ability to ask questions - Physical access to services - Difficulty finding support in regional and rural areas - Fragmented health system: how to access	- A local resource portal or platform for refugee health - PHC providers recognising social issues that impact on a person's health	- Online services - Information in multiple languages
	Care Coordination	- Overwhelming to have so many interventions and information at once - Service providers have the right knowledge about health issues and each other's service - Lack of holistic care - There is no case work to assist health literacy - Fragmented health system: lack of service map and coordination	- Cultural competency training and using interpreters - PHC learn about the health needs of refugees - Support refugee background health workforce - Services available later in a refugees' settlement period as this is when they are able to go	- Bilingual/bicultural workers - Group sessions and one on one support - Bicultural health workers accessible to general practices across areas - Health literacy sessions
	Community Education / Awareness	- Building trust with service providers - Community issue vs individuals – how do we talk about health - Time	- Transcultural mental health unit - Focus on streams to reduce confusion over subscriptions - Working more efficiently - Timely support - Build health literacy into English language classes	- Peer educators - Sustainable funding for models of peer education and community based programs - More direct health campaigns to raise awareness in CALD communities.

Capacity Building	**Communication**	- No funding for interpreters for allied health workers - Knowing how to use interpreters; allocating sufficient time; understanding why to use an interpreter - Multiple dialects - Extra consideration for interpreters	- Service providers informing people of their rights to have an interpreter and how to get the right interpreter - Extended appointment time so patient can ask questions with the use of an interpreter	- Use of interpreters
	Workforce Development	- Private workforce access to TIS - PHC providers knowing how/why/when to use interpreters - Lack of understanding about service providers - Lack of training and education programs for student health students - Not knowing what support services exist - Unable to express complex issues in a short time with providers who lack the skills - Understanding impact of torture and trauma - GPs understanding of the individuals expectations - Gap for ensuring pathways for communities to express their concerns/issues - Providers in ability to consider and identify health issues uncommon in Australia	- Cultural competency and awareness training - Supporting the Nurses role in GP - Support GPs to have expansion of knowledge - Training for Practice staff and admin workers in a GP setting - Upskill clinics to support the Migrant Health Service deliver appropriate services	- Support services that help GPS with complex issues - Culturally competent support services
	Best Practice Models	- Lack of refugee health workers	- Maintain, expand and support Migrant Health Service as a liaison for PHC providers - Sefton Park Intermediate/Primary Health Care Service - Transcultural Mental health Unit in Melbourne - Queensland Health – Refugee Policy	- Refugee health workers/nurses - Settlement and other agencies to provide health related information through case management and information sessions

System Integration	Collaboration Information Management	- Greater awareness of sector activity - Service directory out dated - Delays in application and take up in other health services	- More culturally appropriate services - Easier access to appropriate services - Establish pathways between service providers who work with refugees/new arrivals and PHNs - Settlement Action Networks - More information sharing and regular stakeholder forums - Clear information and pathways for clients to navigate through the system - LHNs to provide information on PHC and how to access particularly in ED	- Health literacy development with communities - Comprehensive cultural advocacy/ assistance across continuum of care - Comprehensive shared health records
	Policy Framework	- Gap in a systemic CALD policy mandate - Funding bodies understanding needs; working with the sector; acknowledging the sector - Lack of accountability framework and multifaceted funding allocation - Understanding the bio-psycho-social cultural health needs of refugees across the health system - Day to day operations rely on relationships - Identify key services for consultation groups or networks	- Cultural awareness training for all PHNS - State-wide Refugee Health Policy Framework Action Plan - Funding models to foster collaboration and partnerships - Funding and workforce planning	- Culturally appropriate service coordinators - Coordination panel/advisory committee - More information in various languages - Clear and simple information and ease of communication - Collaboration: sectors working together - Forms/e-record assistance links to culturally appropriate services and assistance - Connections between social and economic stability and health outcomes
	Partnerships	The workshop participants identified the need for partnerships and service providers from different sectors working together including:		

Health Sector	*Professional Bodies*	*NGOs*	*Government*
Hospitals Allied health GPs Specialist Allied Health providers	Industrial groups Unions RACPG ANMF	PHNs Specialist migrant services Humanitarian Support Service providers Community mental health services Community groups and leaders	Dept. for Health and Ageing SA Health LHNs Immigration and Border Protection

Appendix B: Workshop Outcomes Diagram

Best Practice service delivery
Adelaide PHN facilities/Advocates
Pathways for bilingual/bicultural workers to participate in PHC services
Best practices which address health needs of refugees and new arrivals
Collaboration, coordination and integration
Non-competitive/collaborative funding model

Workforce Development
Upskilling PHC workforce re cultural competencies
Understanding health needs of refugees and new arrivals and complexity of clients
Extended time allocated for appointment
Use of interpreters
Use of bilingual /bicultural workers
Identify PHC workers who implement strategies to work with this group
Training and education: how to work with refugees and new arrivals – Refugee ready tool
Referral pathways to services in this sector and within PHC sector

Service Delivery (Communication)
Bilingual/bicultural workers
Refugee health nurses
Care/case coordination – holistic care
Identify gaps/needs
Advocate for client support
Educate communities and individuals
Support and provide links to community
Use of dialects
Provide information in various languages
Duty of care by health professionals
Navigation for community members

System Integration

Whole of System

Capacity Building

Reference Group

PHC Service Providers

Individuals & Community

Health Literacy

Reference Group
Coordination and collaboration – strategic approach
Guiding principles for commissioning process
Website and on line forum
Accountability framework
Representation of Consumers