

POLICY OPTIONS

Coordinated Primary Health Care for Refugees: A Best Practice Framework for Australia

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Policy context

Australia has permanently resettled over 750,000 refugees and humanitarian entrants since 1945. Refugees have complex health and social welfare needs, which are most apparent in the years immediately following resettlement.

The organisation of refugee primary health care has evolved in the context of changing settlement patterns, geography, and multiple Commonwealth, state and territory government, private and non-government policies, services and programs:

- > The Department of Immigration and Citizenship provides settlement support through agencies linked with the Humanitarian Settlement Strategy.
- > The Department of Health and Ageing oversees Medicare services (including comprehensive refugee health assessments provided by general practitioners) and the Program of Assistance for Survivors of Torture and Trauma.
- > State and Territory governments support a range of refugee focused health services and programs.
- > Interpreter services are funded by the Department of Immigration and Citizenship, and state and territory governments.

Despite this web of activity, and the acknowledgement of the special needs of refugees within the National Primary Health Care Strategic Framework, Australia lacks an overarching strategic approach to the integrated delivery of refugee primary health care.

With the implementation of Australia's National Primary Health Care Strategy and the establishment of Medicare Locals, the Australian Primary Health Care Research Institute commissioned this study to examine the delivery of primary health care to permanently resettled refugees. We aimed to:

- > Identify and evaluate the effectiveness of key components of existing models for delivering accessible, coordinated primary care to permanently resettled refugees in Australia, and
- > Develop an evidence-based framework for the delivery and implementation of accessible, coordinated primary health care to refugees in Australia.

Our research focused on permanently resettled refugees living in the community. Although this work is also relevant to asylum seekers, it does not focus on their specific needs.

Key findings

Our international team systematically reviewed Australian and international literature, interviewed key health, social welfare and community informants, and conducted a two-stage Delphi consensus process involving Australian refugee health and wellbeing experts.

Our consultations found that:

- > Australia lacks a consistent model for delivering accessible and coordinated primary health care to refugees.
- > Despite profound and complex health and social problems, many permanently resettled refugees struggle to access primary health care that matches their needs.
- > Access to primary health care is compromised by:
 - Limited availability of refugee focused health services.
 - A lack of familiarity with the health system by some refugees.
 - Problems with the affordability of a range of PHC services.
 - Health professionals often finding themselves unable to communicate effectively with refugees.
- > Services delivering focused primary health care to refugees are not well coordinated with each other or with mainstream health care services. As a result refugees often fall through the gaps.

Policy options

We formulated a series of recommendations to achieve consumer-focused, accessible and coordinated primary health care for refugees. These should be read in conjunction with the National Primary Health Care Strategic Framework.

Our evidence based review suggests **recommendations for an enhanced model of primary health care for refugees:**

- > Recommendation 1: *Commonwealth, state and territory governments support the provision of generalist, refugee focused health services in all regions of significant refugee settlement.*
- > Recommendation 2: *Generalist refugee focused health services provide initial primary health care to refugees during the first 6 months of settlement, offer continuing care for selected refugee clients with complex needs, and actively assist in the transition of clients to mainstream health services for ongoing care.*
- > Recommendation 3: *Mainstream primary health care services lead the provision of continuing health care for refugees.*
- > Recommendation 4: *Humanitarian Settlement Services actively collaborate with refugee focused and mainstream health services, and seek partnerships with Medicare Locals in coordinating refugee primary health care needs during settlement.*
- > Recommendation 5: *Access to fee-free interpreter services in primary health care settings:*
 - a) *is supported by the Department of Health and Ageing, the Department of Immigration and Citizenship, and state and territory governments,*
 - b) *is broadened to include MBS-funded allied health and psychology services, and Commonwealth-funded dental services.*

We argue that this model of care is best delivered within **a framework of coordination and integration** across sectors, whereby:

- > Recommendation 6: *Generalist refugee focused health services help provide health case management across sectors for recently arrived refugees with complex needs.*
- > Recommendation 7: *Generalist refugee focused health services develop clear protocols for the successful transition of refugee clients and their health information from refugee focused to mainstream health services.*
- > Recommendation 8: *Medicare Locals and local health authorities work to integrate refugee focused primary health care in all local areas of refugee settlement.*

We see this model and framework being enhanced by **a networked approach** to care, in which:

- > Recommendation 9: *The Department of Health and Ageing helps support the formation and ongoing operation of a National Refugee Health Network to provide a strategic and integrated approach to the primary health care needs of permanently resettled refugees living in Australia.*
- > Recommendation 10: *All state and territory governments support state and territory refugee health networks to improve the integrated delivery of primary health care services and programs to refugees.*

Broad **system wide approaches** to care are required, whereby:

- > Recommendation 11: *All health services and programs provide access to care at low or no-cost for refugee clients of low socioeconomic status.*
Recommendation 12: *Organisations involved in health professional education prepare graduates to be part of a refugee responsive primary health care workforce.*
Recommendation 13: *All stakeholder organisations have a responsibility to address the health and health system literacy needs of local refugee communities.*
- > Recommendation 14: *The National Refugee Health Network contributes to the agenda for improved monitoring, evaluation and research in:*
 - a) *Primary health care workforce capacity to address the needs of refugees,*
 - b) *The effectiveness of primary health care delivery to refugees,*
 - c) *The cost effectiveness of refugee focussed primary health care interventions.*

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