GUIDELINE	
Refugee Health Service	
Scope (Staff):	Community health staff
Scope (Area):	Child and Adolescent Health Service – Community Health (CAHS-CH)

This document should be read in conjunction with this DISCLAIMER

Aim

To provide timely, culturally competent, and child-centred services to assist newly arrived refugees and humanitarian entrants with children to transition and integrate into mainstream health care services. The Child and Adolescent Health Service – Community Health (CAHS-CH), Refugee Health Service offers comprehensive service delivery which includes prevention, early intervention and appropriate referral pathways.

Risk

Inadequate services to link and integrate refugee children and families into community primary health services may impact upon long term health outcomes and well-being for new refugee arrivals who may already be at significant disadvantage through language and cultural barriers.[1, 2]

Definitions

A refugee is described by the Refugee Convention as: 'Any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country'.[3]

This definition has been expanded in the Cartagena Declaration on Refugees to include: 'Persons who have fled their country because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order'.[3]

Background

These Guidelines present an overview of the CAHS-CH Refugee Health Service. The guideline recognises the need for timely and culturally competent service provision to support humanitarian entrants into Western Australian social, economic, political and institutional environments. The CAHS-CH Refugee Health Team (RHT) acts as an advocate to empower families of refugee children to negotiate and participate in mainstream health care systems of Western Australia.

The Department of Immigration and Border Protection statistics for 2015-16 show that 17,555 refugee and humanitarian assistance program visas were granted which included 3,790 places out of the 12,000 Syrian and Iraqi displaced persons above. In addition, 1,552 Temporary Protection visas and Safe Haven Enterprise visas were granted.[4]

The size of this resettlement intake and the impact the process has on families is addressed through the delivery of CAHS-CH services to newly arrived refugee and humanitarian entrant families with children. The Refugee Health Service seeks to support families to negotiate and engage with mainstream health services with the knowledge that clients may have come from experiences of extreme human rights violations, torture and trauma, and physical and mental uncertainty.

Clients are at increased risk of complex physical and mental health issues due to country of origin limitations of screening and early intervention for children's health and developmental issues. Health issues particularly relating to refugee families, but not limited to them, include nutritional deficiency, iron deficiency anaemia, parasite infection, malaria, latent tuberculosis infection, physical disabilities, chronic illness, poor oral health, and low rate of immunisations. For many, this may be further compounded by the physical, mental and emotional consequences of torture, trauma and/or sexual abuse. Engagement with substantive health care may commence with their arrival in Australia; however, language and cultural differences, social isolation and financial stress may be barriers to accessing health care.[1, 2]

Nurses working in this area require knowledge of available services, skills to assure clients' transition and integration into mainstream health care services and experience in evaluating outcomes in order to act as care coordinators.

Resettlement into Western Australia is a challenging process for families, as children share the vulnerability of the family situation in a new environment and culture. Children and adolescents have often experienced extreme mental and physical hardships, including disrupted education, during the refugee experience of displacement. Arrival in high-income countries like Australia pose re-settlement challenges such as adaptation to a completely new schooling organisational structure. Healthy development may continue to be challenged after settlement, with psychosocial issues of anxiety, depression and post-traumatic stress disorders affecting coping strategies of newly arrived children.[5-7] Due to the high vulnerability of the client cohort, the CAHS-CH Refugee Health Service is built upon empathetic, non-judgemental staff-client relationships that build trust in the health system.

Using primary health care principles of community nursing, the CAHS-CH RHT supports equitable access to services fundamental to all client needs through the use of interpreters. The CAHS Language Services Policy relating to the use of interpreters is a major component of this service.

CAHS-CH Refugee Health Service

Eligibility criteria

The CAHS-CH RHT provides child focussed services across the Perth metropolitan area to:

- Children under the age of 18 years and their primary carers who have been referred from the Humanitarian Entrant Health Service (HEHS) and the Perth Children's Hospital (PCH) Refugee Health Clinic
- Children under the age of 18 years and their primary carers who have not been referred from HEHS and the PCH Refugee Health Clinic are assessed on an individual basis.

Service description

The CAHS-CH Refugee Health Service aims to provide timely, culturally competent and child-centred services to assist newly arrived refugees and humanitarian entrants with children to transition and integrate into mainstream health care services. The Refugee Health Service is delivered by a team of CAHS-CH RHT nurses who:

- Support families with complex needs
- Develop partnerships with relevant people, agencies and organisations so that refugee children and their families can be linked to appropriate mainstream health services
- Complete Clinical Handover - Nursing
- Attend CAHS-CH regional clients of concern meetings where required
- Monitor family and child health and wellbeing in accordance with the Universal Contact Guidelines
- Use the following tools in accordance with the relevant policy to guide care planning decisions:
    - Acuity
    - Ages and Stages Questionnaire/ Ages and Stages Questionnaire: Social-Emotional
    - Edinburgh Postnatal Depression Scale
    - Family and Domestic Violence Screening
    - Genogram
    - Indicators of Need
- Review services and care plans to acknowledge client changing needs.

Liaison and client intake from other CAHS-CH services

Referrals are managed by the CAHS-CH RHT through a Central Clinical Intake System whereupon clients may be accepted into the CAHS-CH Refugee Health Service, or clinical management support may be provided to other CAHS-CH service practitioners to engage with refugee children and families.

Each refugee family is offered an initial home visit by a CAHS-CH RHT Nurse to discuss:

- Concerns and issues raised during the HEHS / PCH Refugee Health Clinic assessment
- Health literacy limitations
- Connection to a local GP service
- Early intervention and development assessment in line with CAHS-CH policy
- Immunisation status and follow up
- Dental Services
- Ophthalmology

- Tertiary Health Services including referrals for specialist care
- Women's Health Services
- Mental Health (Torture & Trauma concerns)
- Other identified health issues
- Health education as appropriate.

The CAHS-CH RHT also provide services within a targeted approach to refugee children in Integrated Service Centres and Intensive English Centre schools.

Follow up and monitoring

At each follow-up contact, The CAHS-CH RHT assists clients to access CAHS-CH universal services and other relevant health providers by:

- Liaising with service providers and referring where relevant
- Early intervention and development assessment in line with CAHS-CH policy
- Identifying complex care issues with appropriate referral
- Encouraging the use of language services
- Supporting follow-up treatment plans
- Providing health literacy support
- Supporting access to facilities.

Transition and exit process

From the initial first contact with clients, documented transition pathways and exit processes are recorded. Clinical handover will be completed, as required and according to the Clinical Handover Nursing procedure, when clients are actively engaging with health and social service agencies, and achieving optimum health literacy and independence within a community environment. Usually clients are discharged from the Refugee Health Service within 2 years, but it is recognised that families with more complex needs may need extra support.

Transport decision framework

A decision making framework has been developed to support the effective use of CAHS-CH resources in the provision of transport services for clients and their families. For information on the transport decision making framework refer to Appendix A.

Documentation

CAHS-CH RHT nurses will enter client information onto Child Development Information System (CDIS.)

Related internal policies, procedures and guidelines
The following CAHS-CH documents can be accessed in the Community Health Manual and CAHS Operational Manual from the HealthPoint CACH Intranet link
Acuity tool
Ages and Stages Questionnaires
Anaemia in childhood
Bushfire Safety - Operational Policy Manual
Child Car Seats – Protection and Cleaning - Operational Policy Manual
Child health services
Clients of concern management
Clinical Handover - Nursing
Confidentiality and adolescents
Family and domestic violence
Fleet Vehicles - Operational Policy Manual
Growth – birth to 18 years
Growth faltering
Home and Community Visits - Operational Policy Manual
Language Services - Operational Policy Manual
Occupational Safety and Health – CAHS Policy Manual
Oral health examination
Overweight and obesity
Perinatal and infant mental health
Physical assessment 0-4 years
Private Vehicles - Operational Policy Manual
Records management - client
Taxi e-tickets – staff and client use - Operational Policy Manual
Transport (client) - Operational Policy Manual
Universal contact guidelines

Vulnerable populations
Working Alone – Operational Policy Manual

Related internal resources and forms
The following resources and forms can be accessed from the HealthPoint CACH Intranet link
CAHS Refugee Health Service
Child and Antenatal Nutrition (CAN) Manual (Section 11: Multicultural nutrition)
Clinical Handover/Referral Form
Edinburgh Postnatal Depression Scale
Genogram
Hearing Surveillance Screening for Universal Contacts
How Children Develop – 0-12 years Resource
Indicators of Need
Perinatal Anxiety Screening Scale (PASS)
Vision Surveillance Screening for Universal Contacts

Useful resources and programs
Australasian Society for Infectious Diseases – Refugee Guidelines 2016
CAHS - Community Health – See *External links and resources* and search for *Additional sites* at the end of the page which provides *CaLD/Refugee* information (organisations, websites and translated materials resources)
Department of Health - Communicable diseases information website
Perth Children's Hospital Refugee Health Service – Provides a holistic health care approach to refugee children, adolescents and their families, including adolescents and children in detention.
Raising Children Network – See Multicultural section for information on services and programs to support CaLD and Refugee families

APPENDIX A: Transport decision making framework

This framework supports the effective use of CAHS-CH resources in the provision of transport services for clients and their families

Transport Considerations

Reason for Transport	Transport / Vehicle Use
Transitioning to CACH/CAHS service for initial visit and/or history of DNA	CACH vehicle or public transport with family
Follow-up appointments (nurse not required to be present)	Family to use private or public transport
Transport to Neuroscience appointment	Taxi E Ticket (as per policy)
Building family capacity to navigate public transport system	Public transport with family

References

1. Russell G, Harris M, Cheng I-H, Kay M, Vasi S, Joshi C, et al. Coordinated primary health care for refugees: a best practice framework for Australia. 2013.
2. Robertshaw L, Dhesi S, Jones LL. Challenges and facilitators for health professionals providing primary healthcare for refugees and asylum seekers in high-income countries: a systematic review and thematic synthesis of qualitative research. BMJ. 2017;7(8):e015981.
3. Refugee Council of Australia. Get the facts Melbourne 2016 [cited 2017 1 December]. Available from: https://www.refugeecouncil.org.au/get-facts/.
4. Department of Home Affairs. Statistical information for 2015-16: Australian Government; 2016 [cited 2017 1 December]. Available from: https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/migration-program.
5. Fazel M, Reed RV, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. The Lancet. 2012;379(9812):266-82.
6. Sirin SR, Rogers-Sirin L. The educational and mental health needs of Syrian refugee children: Migration Policy Institute Washington, DC; 2015.
7. Department of Health. The Victorian refugee and asylum seeker health action plan 2014-2018. Melbourne: 2014.

This document can be made available in alternative formats on request for a person with a disability.

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