



Immigrant health service Annual report 2023



Department of General Medicine



Key achievements 2023

Clinical care

We provided **1927 direct clinical care episodes and more than 2000 additional consultations**. We delivered **1518** care episodes at our main RCH clinic, attendance was **86%**. We saw children from **43** countries of birth, speaking **42** languages. Interpreters assisted with **71%** consultations.

- Our medical team saw **1108** attendances for **765** patients, including **244** new patients. Only 5% of new and 14% of review appointments were by telehealth/phone. The medical team, particularly the fellows, also provided **1940** consultations – this scale of work is unprecedented.
- Our mental health team saw **194** attendances for **54** patients, including **44** new patients. 16% of new and 31% of review appointments were by telehealth/phone. Mental health provided **60** consultations and commenced school-based outreach work.
- Our dental therapist saw **111** children for assessment and linked them with local care, our social worker saw **52** consultations, and immunisation nursing provided catch-up for **52** patients over a 3-month trial (Oct-Dec 2023), with 100% uptake of National Immunisation Program (NIP) vaccines in the integrated model.

Capacity building, service improvement, education

In 2023, we worked with the Refugee health program (RHP) and Victorian Refugee Health Network (VRHN). We:

- **Delivered 16 education sessions** to more than **900** participants, including **4** conference presentations.
- **Developed and updated web resources** – 1 new guideline – [Abridged catch-up schedule](#), monthly updates of the [Covid-19 guideline](#), 12 updated clinical guidelines, and 4 updates of other resources.
- **Achieved RACP accreditation** for both Social Paediatrics and Public Health training.

Policy

Immunisation PRIME (Program for Refugee immunisation monitoring and education) reached the milestone of connecting over **16,500** people for catch-up vaccination, through supporting primary care and direct service delivery. PRIME lifted immunisation coverage from a baseline of **11%**, to **92.5%** in children, **91.7%** in adolescents, and **84.2%** of adults. The PRIME teams won the Health section of the Victorian Multicultural Awards in December 2023. Unfortunately, funding ended in 2023, which will result in adverse clinical and social outcomes going forwards.

Sunsmart guidelines - contribution to the [Position statement: Balancing the harms and benefits of sun exposure](#), published in late 2023, with the [academic paper](#) published in early 2024.

Implementation of Immigration Medical Examination (IME) changes arising from work reviewing the offshore IME for humanitarian entrants work completed with Department of Home Affairs (DHA) in 2022.

Roundtable in Canberra organised by Senator David Pocock, with the cross bench and a range of leading legal and other refugee sector providers in Parliament House in August 2023.

Research

Publications – **3** peer reviewed publications, including our [audit of health in asylum seeker children](#); **3** other publications, and submission of the PRIME evaluation to the Victorian Department of Health. Ongoing work on Afghan refugees, oral health, PRIME outputs (academic papers), and nursing experience of working with interpreters.

Working groups, advisory roles, networks

We attended more than **270** meetings in 2023, including:

Hospital – team meetings, Stepped care, CALD reference group, Cultural diversity in mental health.

State – VRHN, Covid coordination and Gaza response calls, PRIME ERG and others, Victorian CALD advisory group.

National – RHEANA, Department of Health and Ageing CALD Health advisory group, DHA HAIMAP.

Background

Global forced displacement has continued to increase, with UNHCR reporting 108.4 million displaced people in June 2023. A range of global events continue to affect migration flows, also with direct impacts and stress for the communities we see. In 2023, these included: continuation of the war in Ukraine; earthquakes in Turkiye and Syria (February 2023) and Afghanistan (October 2023); conflict in Sudan and South Sudan displacing more than 6 million people (from April 2023); escalating conflict in Myanmar; ongoing displacement of Rohingya populations with more than 1 million people in Bangladesh; Pakistan announcing the repatriation of 1.7 million undocumented Afghan refugees (October 2023), terrorist acts by Hamas and the subsequent invasion of Gaza by Israel (October 2023).

In August 2023, Australia announced an increase to the Humanitarian intake to 20,000 people annually, also with additional Afghan intakes and implementation of new community sponsored refugee pathways. Offshore immigration medical examinations for humanitarian entrants have been updated from July 2023, to include extended screening and greater attention to immunisation, improving information available for onshore care.

Key clinical issues in 2023 included the increase in the humanitarian intake, need for post-arrival screening, a greater number of offshore health alerts and significant medical complexity in new arrivals, requiring coordination across hospital and community services.

Victorian government funding for PRIME ended in December 2023. PRIME (Program for Refugee Immunisation Monitoring and Education) has supported catch-up vaccination for more than 16,500 people of refugee and asylum seeker background over 7 years and will leave serious shortfalls in immunisation for communities going forwards.

Our focus through 2023 continued to be clinical care for children and families of refugee and asylum seeker background, responding to this increasing complexity. We hope this report captures some of the challenges.

Clinical care

Service model

The RCH immigrant health service includes two weekly outpatient clinics (increased from late 2021), inpatient and outpatient consultations, and telephone/email advice. We provide post-arrival health screening, dental screening, and immunisation catch-up where required, and a tertiary consultation service for health, developmental and mental health issues. The team have weekly clinical meetings (medical case discussions alternating with mental health secondary consultations). We are in regular contact with case workers, settlement services, schools, refugee health nurses (RHN), primary care practitioners, and allied health services to support patient care.

Clinical services returned to face to face in 2023, enabling direct assessment and review after the covid pandemic years.

- **Interpreting services continued as a mixture of phone, telehealth, and direct services.** Interpreting systems have been increasingly difficult in 2023, we are working with the interpreter office to address challenges.
- **Our service has continued to deliver a large component of post-arrival screening and vaccination** with the influx of new arrivals and gaps in post-arrival care in Victoria. There have been a high number of cases with significant medical complexity, and the fellows coordinated multiple extra clinics to meet demand.
- **We maintained a dual physical and mental health model.** Mental health has been embedded in our service since 2018, with psychiatry and mental health social work. Tasha Holt (mental health social work) commenced outreach school-based work in 2023, which has been invaluable, while Dr Tiba Maloof (psychiatry) also joined the Refugee Access Program team at Orygen Youth Health, strengthening the link between services.
- **Use of technology.** Natale Massa commenced in the clinic coordinator role in May 2023 – her Arabic and Syriac language skills have been an enormous asset. We use the clinic phone to text patients in language about appointments, with a tick box system of replies to confirm/decline appointments which is working well. Chat-GPT has been an asset in generating patient fact sheets (with English translation and clinical review of content).

Collaboration with other services

RCH services

- **Immunisation** – we piloted integrated immunisation nursing in the Monday Immigrant health clinic over

October – December 2023, with 100% uptake of National Immunisation Program (NIP) vaccines.

- **Interpreter services** – meetings to address systems issues continued through 2023.
- **Outpatient nursing and pharmacy** – continued to help with intramuscular (IM) B12 injections in outpatients.
- **Tuberculosis service** – the fellow continued work in the Tuberculosis (TB) Service in the first half of 2023, with both A/Prof Hamish Graham and A/Prof Shidan Tosif (Clinic lead Prof Steve Graham).
- **Stepped Care** – we continued fortnightly meetings with RCH Stepped care to triage refugee-background patients referred for developmental care.
- **Finance** – we continued work with the RCH Finance Department to avoid inappropriate billing of asylum seeker patients and new arrivals without Medicare, with liaison approximately fortnightly. For the first time, we saw inquiries coming in from other hospitals about both paediatric patients and occasionally their parents, and this issue remains an ongoing challenge in the Victorian hospital system.

External services

- **Refugee health program (RHP)** – in 2023 we had markedly increased email/phone contact from the RHP and AMES case management about offshore alerts and new arrivals, which comprised a large component of the secondary consultation work. We met regularly with the RHP for case discussions - monthly case meetings changed to bi-monthly from October 2023, with the RHP alternating child health and adult medicine discussions.
- **Shaping the paediatric workforce** – the RCH fellow position has been funded by the Department of Health since 2009. We have now trained **33** fellows; 32 are now consultant paediatricians, with Dr Davina Bunstma also receiving her fellowships in 2023 – congratulations Davina! Affiliated services are located in Footscray, Deer Park, Hoppers Crossing, Darebin, Craigieburn, Ringwood, Ballarat, Bendigo, and Geelong, with links to Monash Hospital (noting 2022 fellow Dr Rija Khanal became the general paediatrics fellow at Monash Health in 2023), Sunshine Hospital, Northern Hospital, Ballarat Hospital, Bendigo Hospital and Barwon Health. We regard this as a significant achievement of our training model – building child refugee health capacity in Victoria through appointing new fellows each year and providing clinical training in refugee health.

Affiliated services

- **coHealth**, West Footscray: Drs Jane Standish, Sophie Oldfield, Jade Woon, Amy Williamson.
- **Craigieburn Health Service** - Northern Hospital: Dr Czarina Calderon, rotating community paediatrics fellow.
- **EACH** Social and Community Health, Ringwood East: not in operation 2023, restarting 2024 with Drs Jade Woon and Eva Sudbury.
- **Monash Health** – Refugee health and wellbeing: Dr Saniya Kazi, rotating community paediatrics fellow.
- **PANCH Your Community Health Service**, Preston: Drs Siobhan Mullane, Sophie Oldfield. It was not possible to support fellow outreach to this service in 2023 with increased patient numbers at RCH.
- **Utopia Clinic** - Hoppers Crossing – Dr Dan Mason, Werribee Mercy Health rotating registrars.
- **Western Hospital Sunshine** - based at IPC Deer Park – Dr Yoko Asakawa, leave covered by Dr Alicia Quach.

Staff

In total, the team includes **13** people, reaching **3.5** full time equivalent (FTE). In 2023, the immigrant health team included: 3 medical consultant roles, a shared full time fellow position (with additional fellow time in the first half of 2023), consultant psychiatrist, mental health social work, social work, dental therapist, research nurse, and clinic coordinator. As the medical workforce year runs February - January, the 2022 fellows were still working in January 2023 (Rija Khanal – RK, and Eva Sudbury – ES), and Sophie Oldfield was covering Georgie Paxton's 2022 Sabbatical leave.

Volunteers recommenced in mid 2023 – this has been a welcome return, with Paula Uren and Anne Howell helping our patients navigate RCH.

Table 1: Immigrant health staff 2023

Position	Staff member	EFT	Totals
Medical lead	Georgie Paxton GP	0.5	Medical 1.7
Consultants	Andrea Smith AS	0.1	
Fellows	Hamish Graham HG/Shidan Tosif ST	0.1 (shared role)	
	Davina Buntsma (DB) – change fraction Oct 2023	0.8 (+ 0.1 TB clinic) → 0.6	
	Amy Williamson (AW) – change fraction Oct 2023	0.2 (+ 0.1 coHealth) → 0.4	
	Priya Sundaravel (PS)	0.2	
Psychiatrist	Tiba Maloof TM	0.1	Mental health 0.6
Mental health SW	Tasha Holt TH	0.5	
Clinic coordinator	Lilian Ingram → Natale Massa NM May 2023	0.6	Other 1.1
Social work	Sarah Martin SM	0.2	
Dental therapist	Tatiana Polizzi TP	0.1	
Research nurse	Katrina Sangster KS	0.2	
Immunisation nurses	Narelle Jenkins (NJ) – Oct – Dec 2023 Michelle Ryan (MR) – Oct – Dec 2023	From Immunisation service	

Attendances

In 2023, we provided **1927** direct clinical care episodes for patients, including **1518** at RCH Immigrant health clinic.

- **RCH Immigrant health medical** – **1108** attendances for **765** patients, including **244** new patients. **5%** of new attendances and **14%** of review appointments were by telehealth/phone.
- **RCH Immigrant health mental health** - **194** attendances for **54** patients, including **44** new patients. **16%** of new attendances and **31%** of review appointments were by telehealth/phone.
- **RCH dental therapy** **111** consultations, and **social work** **52** consultations. Immunisation nursing provided catch-up for **52** patients over 3 months (October - December 2023).

Table 2: Patient attendances 2023

Clinic	Attendances				
	Fellows	Consultants	Other staff	Mental health	All
RCH Immigrant health	253 DB	265 GP	111 TP dental	117 TH	1518
	162 AW	125 AS	53 SM social work	77 TM	
	74 PS	74 ST	52 NJ and MR		
	42 RK (1/2023)	85 HG	immunisation		
	4 ES (1/2023)	24 SO (1/2023)	nursing (*3m)		
Sub-total	535	573	216	194	1518
RCH TB Clinic	40 DB	35 HG 52 ST	-	-	127
CoHealth	282 AW	-	-	-	282
Totals	857	660	216	194	1927

Demographics – RCH clinic

- **Clinic attendance was 86%**, with 1302 attendances of 1520 bookings for medical and mental health.
- **We saw children and young people from 43 different countries of birth**, most commonly Australian-born children from refugee and asylum seeker families, and children from Iran, Afghanistan, Iraq, Malaysia, Ethiopia, Eritrea, Egypt, Syria and Bangladesh. This is a greater number of countries of birth compared to previous years (around 34).
- **Language diversity increased** - we saw families speaking 42 languages (previous years around 33 languages).

The 10 most frequent languages were English, Arabic, Persian, Dari, Assyrian, Somali, Burmese languages (Chin Hakha, other Chin dialects), Tigrinya, Amharic, and Indonesian.

- **Interpreters assisted with 71% of consultations** (previous years 82-83%) in part due to strong English proficiency in many new arrival Afghans and long-term asylum seeker families.

Other clinical activities

We provided more than **2000** additional clinical consultations during 2023:

- **Hospital inpatient consultations** for **30** patients, and billing queries for **~35** patients.
- **Mental health consultations** – **60** secondary consultations in mental health meetings.
- **Hospital internal** – **438** secure chat and **200** direct staff queries.
- **External phone/email consultations/advice** - GPs, RHN, allied health, or case managers – **238** secondary consults for new arrivals, **780** other enquiries about patient care.
- **Offshore health alerts** - assisting with advice and care planning on arrival for **35** patients.
- **IHMS requests** for medical files on **64** patients.
- **Secondary consultations for Stepped care** - for around 60 patients referred in 2023.
- **Teleconference consultation with RHP** – 24 patients (over 8 teleconferences).
- **Child protection (CP) and unaccompanied minor care team meetings** – **50** care team meetings for at least **37** patients in **20** families with CP involvement, coordinating paediatric review /supports.

Immunisation nursing – clinic integration

Historically, the RCH Immunisation service reviews immunisation records for IHC patients prior to clinic. Unfortunately, with increasing medical and appointment complexity, IHC patients do not always receive their catch-up vaccines in the same visit.

Immunisation nursing was integrated into IHC for 3 months over October to December 2023 to examine whether this improved the number of patients receiving catch-up in the same visit. Immunisation nurses worked alongside the IHC team and checked immunisation records for new and existing patients. Of 312 patients, 52 (17%) needed one or more catch-up vaccines to meet National Immunisation Program (NIP) requirements. Overall, 52/52 (100%) received their NIP vaccines in clinic, and 8 patients accepted non-NIP vaccines (influenza and covid vaccines). In comparison, over July to September 2023, 89 of 294 patients required catch-up to meet NIP requirements, and only 18/89 (20%) received catch-up in the same visit ($p < 0.0001$).

Integrated immunisation services improved delivery of catch-up vaccination. Factors contributing to the success of this model included direct access, patients not having to navigate the hospital, the kindness and can-do attitude of our nursing colleagues, and immunisation being available until 17:00 (end of clinic vs earlier close time of the immunisation service).

Key clinical issues in 2023

Post-arrival screening

Increasingly our clinical work has turned back to post-arrival screening, addressing gaps in existing models of care in Victoria. Our audits of screening in Syrian/Iraqi (2018) and asylum seeker cohorts (2023) have found **less than 5% of children and adolescents receive recommended screening in primary care in Victoria**. We have seen the same pattern in Afghan refugee children (currently being analysed). In 2023, we saw less than 10 children who had completed recommended refugee health screening in primary care. Around 30% of new patients had partial screening in primary care, which results in hours spent chasing results, and increased cost to children and families through additional health system attendances, pathology collection and repeated blood draws. Post arrival screening remains essential, with high prevalence of positive screening results, for conditions that are easily treatable, and where treatment improves health outcomes. We continue to advocate for good quality, efficient, single timepoint health screening for refugee background and asylum seeker children in Victoria.

Developmental and behavioural paediatrics

Developmental assessments and support for managing behavioural difficulties continue to comprise a large part of our work (estimated around 70-80% of clinical workload). Within our patient cohort we have a high proportion of

children with intellectual disability and autism, and navigating the NDIS remains challenging for these children and families. For new arrivals, developmental assessment is often time critical to support school enrolment and disability supports. We have seen increasing social complexity, and significant impact on children's wellbeing from poverty, housing stress, cost of living pressures, family violence, and child protection matters. Within our team we work across medical, social work and mental health disciplines to provide holistic care.

Mental health

We have seen ongoing and significant stress and mental health concerns in our patient cohorts. For children and families from Ukraine the ongoing war, and in many cases, separation from fathers, has had huge impact. We have a small number of children in this cohort where one/both parents have returned to Ukraine, with children remaining with other family members in Victoria.

In 2023, many of our patients/families have been affected by new or escalating conflict in their countries of origin, and the impact of natural disasters and global politics.

Increasingly the team note that we are working with adolescents experiencing depression and/or anxiety, and adolescent males where there are challenges with aggressive behaviour or justice system involvement. Joint medical and mental health care has been an enormous asset, and most mental healthcare is delivered within our team, avoiding referrals into the CAMHS system. In 2023, we had one patient that was seen by Orygen Youth Health, and a number of patients where care was shared with Foundation House.

Disability

Over 2023, we have seen an increasing number of new arrivals with complex disability, requiring rapid coordination of assessment, investigations, equipment, and multiple teams within the hospital. We have an increasing number of patients with rare conditions, including complex metabolic, neurological and other diagnoses.

There have been enormous challenges with school enrolments for children with complex disability, with most waiting many months before school entry in Victoria, and far longer than their peers and siblings without disability. This situation is ongoing, despite considerable advocacy, and the fact these children are of compulsory schooling age. Factors contributing to this situation include prolonged stays in short-term accommodation, equipment needs (notably wheelchairs), the need for formal assessment (autism, cognitive, language assessments), and a shift away from the (practical and inclusive) provisional enrolment system in Victorian specialist education.

Offshore alerts

The team coordinated **35** offshore health alerts with the RHP, with a large (additional and complicated) influx just prior to the December 2023 break that were coordinated in January 2024. Offshore immigration medical examinations (IME) have generally been high quality, and increasingly we work directly with Department of Home Affairs (DHA) colleagues in Canberra to clarify offshore information when required. Processes for new arrivals travelling with medical escorts have been working well with the RCH Emergency Department, and we are grateful for their support and assistance.

Gaza response

From October 2023, Hamas-Israel conflict has meant preparation for new arrivals from Gaza. Our team have participated in Victorian sector meetings, and developed a clinical guideline for screening of new arrivals.

Asylum seekers

In 2023, most (but not all) of our asylum seeker children and families have finally received permanent residency – opening pathways to university education and providing them with a sense of future possibilities. It is difficult to overstate the harm caused by long-term migration uncertainty and their experience of Australian migration policy, and their relief with achieving security. For families who experienced offshore detention in Nauru and Manus, we have now seen some of this cohort resettle in the United States, New Zealand, and Canada. Georgie Paxton provided a clinical briefing on new arrival families to the doctors and nurses at Mangere Resettlement Centre, New Zealand, and the team ensured transfer of clinical information and vaccine records. Importantly, A/Prof Shidan Tosif published an audit of our teams' clinical work with asylum seeker children who experienced immigration detention.

Advocacy

Advocacy continues to be a large part of our day-to-day clinical work, with many letters, (NDIS, kindergartens, schools, housing), coordination of care and liaison around hospital billing, medications, taxi vouchers/transport, legal support, EMR issues, and interpreter systems. In November 2023, we worked with our colleagues in the Centre for Community Child Health (CCCH) and RCH Executive to waive billing for children without Medicare so they can be seen closer to home in CCCH outreach clinics.

Education

In 2023, education reduced as clinical load increased. We delivered **16** sessions to more than **900** participants, including presentations (or contributions to presentations) at **5** conferences.

Table 3: Education sessions and conferences 2023

Date	Session
15 Feb 2023	Presentation to EACH GPs, local GPs and RHP (RK, GP, 40)
30 Mar 2023	Panel discussion, Driving Cultural Inclusivity, GenV PD (GP, 150)
31 Mar 2023	RCH Wombat ward orientation talk (DB, 20)
31 Mar 2023	Presentation to DHA on asylum seeker audit (GP, 16)
28 Apr 2023	RCH Tuberculosis service clinical education (DB, 8)
14 Jun 2023	RCH CCCH teaching – Refugee health, English as an Additional Language (DB, GP, 30)
20 Jun 2023	Poster PRIME – PHAA Communicable diseases and Immunisation conference
27 Jun 2023	Presentation MDSC conference (ST, 200)
5 Jul 2023	Providing culturally safe care – Graduate nurse program (KS, 30)
12 Jul 2023	Providing culturally safe care – Graduate nurse program (KS, 37)
22 Jul 2023	North American Refugee Health Conference (ST, 100)
13 Sep 2023	Providing culturally safe care – Graduate nurse program (KS, 40)
14 Oct 2023	Working with interpreters, Rheumatology conference , Melbourne (GP, 90)
21 Oct 2023	Asylum seeker audit, ARCH conference (GP for ST, 80)
26 Oct 2023	JRMO teaching (GP, 30)
3 Nov 2023	General medicine meeting (DB, AW, GP, 40)

Website updates

- **New guideline:** Abridged catch-up schedule.
- **Monthly updates** of [Covid-19 guideline](#).
- **Updates to 12 existing guidelines:** [Initial assessment](#), [Developmental assessment](#), [Disability](#), [Growth and nutrition](#), [Immunisation](#), [Intestinal parasites](#), [Tuberculosis screening](#), [Afghan refugees](#), [Offshore health assessment and the HAPLite system](#), [Refugee policy and timeline](#), [Syrian refugees](#), [Ukraine refugees](#).
- **Other updates:** [Clinical resources](#), [Other resources](#), [Translated resources](#), [Talks](#).

RACP accreditation

In 2023, the Immigrant health service received accreditation for **Social Paediatrics** and **Public Health** training from the Royal Australasian College of Physicians. This is in addition to accreditation for **Developmental and Psychosocial Paediatrics** and **Community Child Health**, with an accreditation site visit on 23 February 2023.

Staff professional development

Team members participated in regular immigrant health meetings, and RCH teaching, and in addition attended the following conferences:

- North American Refugee Health Conference, Calgary Canada, 20-22 July 2023, Shidan Tosif.
- Hearing health, Hobart 3-5 March 2023, Georgie Paxton.
- Neurodevelopmental and behavioural Paediatric Society of Australia (NBPSA), Darwin 17-19 August 2023, Amy Williamson, Davina Buntsma, many previous fellows!

Policy, research, health systems

We remain involved in policy work at local, State and Commonwealth levels, including through the committees and

working groups listed below.

Policy areas

Immunisation: PRIME

Overall program: Immunisation has been a key area of work for Georgie Paxton for many years, notably with PRIME: Program for Refugee Immunisation, Monitoring and Education. PRIME was a Victorian Government Initiative supporting catch-up vaccination for refugee background and asylum seeker communities. PRIME ran for 7 years, over 2016 - 2023, across four sites: two local government areas (LGA - City of Whittlesea and City of Greater Dandenong) and two asylum seeker healthcare agencies. Unfortunately, despite considerable advocacy, funding ended in December 2023.

PRIME supported catch-up immunisation by entering all offshore vaccines onto the Australian Immunisation Register (AIR) therefore reducing the number of vaccinations required after arrival, developing catch-up plans, and either supporting primary care, or delivering immunisations directly in LGA or asylum seeker services. The CGD team ran immunisation catch-up at Noble Park English Language School (NPELS). This work was led by fabulous multilingual teams, including community outreach and nurse immunisers, embedded in local communities.

In total, the PRIME teams reached **16,592** people (**90%** at the LGA sites). Only **11%** were up to date at baseline, and **93%** people consented to receiving catch-up. The teams completed full catch-up for **11,594** people. PRIME created a pipeline, with more than **5200** people referred for immunisation since the start of 2022.

We know that if people were enrolled in PRIME 12 months or longer, we lifted immunisation coverage from a baseline of **11%**, to **92.5%** in children, **91.7%** in adolescents (including HPV vaccination) and **84.2%** of adults. These outcomes are remarkable - this coverage is equivalent to, or higher than Victorian-born populations.

The PRIME teams won the Health section of the Victorian Multicultural Awards in December 2023.

With the loss of PRIME, there is no longer any mechanism to enter offshore vaccines onto AIR, and immunisation coverage is expected revert back to the low baseline seen in routine care in Victoria. Children and families will be at risk of vaccine preventable diseases, and the student cohort at NPELS will remain largely unvaccinated with a high risk of outbreaks. Children and families will also experience barriers to early childhood education enrolment (through No Jab No Play) and reduced Centrelink payments through No Jab No Pay, perpetuating inequities for these communities in Victoria.

Vitamin D - Sunsmart guidelines

Georgie Paxton contributed to the Australian Skin and Skin Cancer Research Centre [Position statement: Balancing the harms and benefits of sun exposure](#), published in late 2023, with the academic paper published in early 2024.

Implementation of offshore IME work

One of the surprising and positive areas of progress in 2023 was the implementation of a range of recommendations arising from work reviewing the offshore immigration medical examination (IME) for humanitarian entrants - submitted in 2022 (Georgie Paxton and Dr Gill Singleton). In 2023, the DHA initiated a range of changes, including:

- Making the Departure Health Check (DHC) free for all humanitarian entrants. The DHC is an additional health screening examination for humanitarian entrants in the week prior to travel. This change significantly improves access and equity and enables safer settlement and handover of care to Australian providers.
- Addition of hepatitis B and C screening for age 15 years and older to the IME, greater attention to pregnancy status and maternal health in both the IME and DHC, expanded empiric treatment of parasites in the DHC, inclusion of offshore vaccination records into the offshore emedical system and expanded offshore vaccination.

Other

Together with Paul Powers from the Refugee Council of Australia, Georgie Paxton co-chaired a roundtable organised by Senator David Pocock - with the cross bench and a range of leading legal and other refugee sector providers in Parliament House in August 2023.

Committees, advisory roles, meetings

Over 2023, team members attended around **270** meetings, at hospital, sector/network, State and Commonwealth level. Key advisory roles included: Department of Home Affairs (DHA) Home Affairs Independent Medical Advisor Panel, Department of Health and Aging (DoHA) CALD-Health advisory group, and Department of Health (DH) CALD Advisory Group (all Georgie Paxton).

Table 4: Meetings, committees, advisory roles 2023

Setting	Meetings	No
Regular immigrant health meetings	Weekly - supervision meetings/fellow education (GP, fellows) Weekly - team meetings alternating medical and mental health (all) Weekly - clinic coordinator - referral triage, coordination (NM, GP, fellows) Fortnightly – Stepped care (developmental intake triage at RCH) (fellows) Monthly – RCH interpreter office (6 meetings) (GP, LI, NM) Monthly – Better access to mental health (OYH) (7 meetings) (GP)	158
Committees, working groups, reference groups	RCH Quarterly – CALD reference group (fellows) Quarterly - Diversity and Inclusion reference group (fellows) Partnering with consumers – 24/3/23, presentation 25/5/23 (GP) Strategic plan advisory group 14/3/23, 2/5/23 (GP)	10
	State DH CALD Advisory Group 5/5/23, 22/8/23, 24/10/23, 5/12/23 (GP) Victorian Refugee Health Network 30/3/23, 27/7/23, 26/10/23, (GP, fellows) Covid coordination calls 13/3/23 (GP, fellows) Palestinian sector coordination calls 30/11/23, 14/12/23 (GP) Refugee health program meetings for case discussion – monthly (fellows, GP) Immunisation bimonthly 4/4/23, 6/6/23, 1/8/23, 10/10/23, 5/12/23 (GP, ST)	23
	National DoHA CALD-Health advisory group 4/1/23, 22/3/23, 3/8/23, 8/9/23; Preventive health communications and engagement working group 14/4/23, 28/4/23, 20/6/23, 30/10/23, 14/11/23; and Data working group 10/8/23 (GP) DHA Home Affairs Independent Medical Advisor Panel 4/4/23 (GP) RHEANA 19/2/23, 21/2/23, 9/3/23, 18/4/23, 4/5/23, 20/6/23, 10/8/23, 30/10/23, 23/11/23 (GP, fellows)	20
PRIME	Evaluation reference group: 2/2/23 (Q4 2022), 27/4/23, 3/7/23, 12/10/23 (GP) Fortnightly meetings with VFST secretariat (+/- DH colleagues) (GP) Monthly meetings for Abridged catch-up pilot (GP) Multiple meetings for advocacy after loss of funding (GP)	54
Other	DH fellow meetings 9/2/23 and 7/12/23 (fellows, GP) DHA age assessment unaccompanied minors 31/3/23 (GP) RCH Clinical Ethics case discussions – 23/3/23, 12/10/2023 (GP, fellows) Interpreter systems: Translationz 9/11/23 (all) Peter McMullin Centre on Statelessness 4/12/23 (all)	6

Research

Research continued to be a component of our work in 2023, Shidan Tosif and Hamish Graham also have significant research commitments outside immigrant health.

- **Shidan Tosif** led work auditing the experience of our cohort of **277** asylum seeker patients who experienced held detention, publishing in Plos One in March 2023, with contributions from Hamish Graham, Andy Smith, Georgie Paxton, and multiple past fellows (Ingrid Laemmle Ruff, Karen Kiang, Rachel Heenan and Tom Volkman). Shidan presented this work at the North American Refugee Health Conference in July 2023.
- **Georgie Paxton** spent considerable time on the evaluation of PRIME through the latter part of 2022 and first half of 2023, submitting this work to the Department of Health in mid 2023. This evaluation covered three components, the ongoing work supporting catch-up across the lifespan, an abridged catch-up pilot, and work supporting Covid vaccination. The PRIME evaluation (to end 2022) provides data on a cohort of **13,944** people, including at least **2249** people seeking asylum.
- **Georgie Paxton** also continued in the working group for the new Sunsmart guidelines: [Balancing the risks and benefits of sun exposure: A revised position statement for Australian adults](#), recently published in ANZJPH. Also see full [position statement](#), and [summary](#).

- **Amy Williamson** commenced work auditing post arrival screening for Afghan refugee entrants, with a cohort of more than **250** patients, with HREC approvals in place.
- **Anysha Walia** (one of the RCH junior medical staff) is working on auditing our oral health screening data, with a cohort of **668** patients over the time period end 2010 - end 2022, building on earlier work (2006-2010). Tatiana Polizzi, Georgie Paxton and Ingrid Laemmle-Ruff are also contributing, with HREC approvals in place.
- **Katrina Sangster** has continued work on the nursing experience working with interpreters.

Publications - peer reviewed

- **Tosif S, Graham H, Kiang K, Laemmle Ruff I, Heenan R, Smith A, Volkman T, Connell T and Paxton GA.** Health of children who experienced Australian immigration detention. [PLoS One](https://doi.org/10.1371/journal.plosone.0282798). 2023; 18(3): e0282798. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9997934/>.
- Higgins C, Gartland D, Yelland J, Brown S, Szwarc J, Kaplan I, **Paxton G**, Riggs E. Refugee child health: a systematic review of health conditions in children aged 0-6 years living in high-income countries. *Glob Health Promot*. 2023 Dec;30(4):45-55. <https://pubmed.ncbi.nlm.nih.gov/37401462/>.
- Neale RE, Beedle V, Ebeling PR, Elliot T, Francis D, Girgis CM, Gordon L, Janda M, Jones G, Lucas RM, Mason RS, Mannington PK, Morahan J, **Paxton G**, Sinclair C, Shumack S, Smith J, Webb AR, Whiteman DC. Balancing the risks and benefits of sun exposure: A revised position statement for Australian adults. *Australian and New Zealand Journal of Public Health*. 2024; 48(1) <https://doi.org/10.1016/j.anzjph.2023.100117>.

Publications - other

- **Paxton GA**, Elzeiny R, James R. PRIME: Program for Refugee Immunisation, Monitoring and Education. Evaluation 2017-2022. Submitted to Department of Health, August 2023.
- **Tosif S, Graham H, Paxton G.** We provided health care for children in immigration detention. This is what we found. [The Conversation 30 March 2023](https://www.abc.net.au/news/2023-03-30/the-conversation-30-march-2023/10282798). Also see associated reporting on asylum seeker audit in [New Scientist](https://www.newscientist.com/article/2023-03-29-asylum-seeker-audit/).
- Australian Skin and Skin Cancer Research Centre. Position Statement Balancing the harms and Benefits of Sun exposure. Jul 2023 Available [online](https://www.ausskincancer.org.au/position-statement-balancing-the-harms-and-benefits-of-sun-exposure/).
- Healthy Bones Australia. New Position Statement released on balancing risks and benefits of sun exposure. 26 Feb 2024, available [online](https://www.healthybones.org.au/position-statement-balancing-the-risks-and-benefits-of-sun-exposure/).

Challenges

We have four main concerns looking forwards to 2024.

1. **Increasing intake and increasing demand for paediatric refugee health.** With the humanitarian intake increasing, there has been a noticeable increase in referrals to our service. With around 4000 refugee background children expected to arrive in Victoria each year, paediatric refugee health is a rapidly expanding area, with increasing impact across all areas of healthcare. The high prevalence of disability and complex (often unmanaged) medical conditions mean paediatric refugee health service have become an important safety net, especially given long waiting times (often 2 years+) for most hospital and community paediatrics services in Victoria. Care for children with intellectual disability, autism, and developmental/behavioural concerns is a major part of our workload, and barriers to cognitive/autism assessments, school entry and NDIS access, mean paediatric review is often time critical.

There is an increasingly urgent need for i) more clinic time, ii) to formalise and fund the network of paediatric refugee health providers, and iii) to strengthen State wide child health planning, ensuring refugee background cohorts are included.

2. **Poor quality post-arrival screening and loss of immunisation support in primary care.** Less than 5% of refugee and asylum seeker children receive recommended health screening in primary care in Victoria – we have now demonstrated this for Syrian and Iraqi, asylum seeker, and Afghan cohorts. The majority of new arrival children have no screening tests, and around one third have incomplete screening, which takes hours to chase results to avoid duplication (and by its nature results in extra costs to the health system and extra distress for children). Only a handful of services provide complete screening; a shout out to Utopia, Werribee Medical and Dental, Dr John Scopel, Settlement Road Clinic and coHealth Kensington.

For the last 2-3 years, patients from the northern corridor have reliably had their immunisation needs addressed through PRIME, and patients (often Afghan arrivals) moving to the South East were picked up by the CGD PRIME site. With the loss of PRIME, immunisation is expected revert to baseline levels in primary care – only 24% of refugee arrivals resident in Victoria 12 months or longer receive adequate catch-up in primary care.

We recognise that paediatric refugee health screening does not sit easily in primary care models and the current strains on the primary care system; however health screening remains important. Health screening and immunisation are essential components of settlement - revealing a range of treatable conditions, enabling review of child development, supporting access to community services and equitable immunisation (with flow on effects for Centrelink and early childhood education access). With 40% of the humanitarian intake aged under 18 years, critical gaps in screening and immunisation, and increasing case complexity, there is a strong case to reappraise models of care in Victoria to ensure the health needs of refugee children are addressed.

3. **Sector coordination** – the fellows identify this as one of the major issues of 2024, with concern for both clinical governance and risk arising. The fellows email is widely used, and this work takes an increasing proportion of their week. Our team have major concerns around email being used for clinical communication by the RHP, RHP assessments not being completed or sent on, and information being missed with frequent changes of case managers and community providers. NDIS entry is increasingly complex (and delayed) and even after NDIS approval, accessing NDIS providers remains difficult. While we are fortunate to have joined up mental health care within our RCH service, we remain concerned about poor communication from mental health providers, poor integration of health and mental health services, and the negative impact of intake and 'assess and refer' processes used in mental health. There is a need for additional capacity in refugee health, rather than capacity building or coordination roles, which are not currently meeting the needs of these children and families.
4. **Language services.** Language service access and interpreting systems issues are ongoing challenges. The Covid-19 pandemic facilitated a switch to telehealth for interpreting, however the return to face-to-face interpreting (where possible) has emphasised the importance of direct interpreting for better and safer clinical care. Telehealth interpreting does not extend across the hospital encounter, IT issues are rife, and the limitations of this format for new arrivals and emerging languages are significant. There are ongoing difficulties in both support and conditions for the interpreting workforce in Victoria, and their role across the entire healthcare and hospital experience is too often undervalued.

On behalf of RCH Immigrant health - thank-you to our patients and their families for their trust and engagement with our service. The best parts of our job are getting to know children, adolescents, and their families, seeing their health improve, and achieving change, and supporting them to settle well in Victoria. Our thanks to the wonderful volunteers who help our patient group navigate the hospital – Paula Uren and Anne Howell and to Lily Ingram for her support and tech literacy – we wish her all the best as she moves on to her career in nursing. A big welcome to Natale Massa who joins our team, and whose Arabic language skills have provided a warm welcome and point of contact for so many of our patients.

Our thanks to RCH Immunisation nursing colleagues Narelle Jenkins and Michelle Ryan for 3 months of embedded immunisation – it works(!) as we knew it would, to Tara Hearn for initiating this pilot, and to all our immunisation nursing colleagues for their support through the year. We remain indebted to our interpreting colleagues, and the interpreting service managers Cathy Matthews and Cate Harris, and our thanks to outpatient nursing, RCH pathology, and RCH Pharmacy for their assistance. Our thanks to the multiple units at RCH who have seen new arrivals, often at short notice and helped We are grateful to the Department of General Medicine and to the Department of Health who provide our funding, and to the Division of Medicine, and RCH Executive for their ongoing support.

Dr Georgie Paxton OAM, Dr Davina Buntsma, and Dr Amy Williamson

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