



The Royal Australasian  
College of Physicians

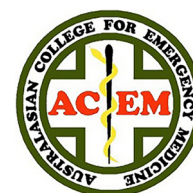
The Royal Australasian College of Physicians

# Refugee and Asylum Seeker Health Position Statement

May 2015

## Endorsement

The RACP Refugee and Asylum Seeker Health Position Statement is endorsed by the following organisations:



## Acknowledgements

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## Definitions

**Asylum seeker** is a person who has left their country and applied for protection as a refugee.

**Bridging visas** are temporary visas that allow people to remain lawfully in Australia while their visa applications are being assessed.

**Community detention** is a form of immigration detention that allows asylum seekers to live in the community while seeking to resolve their immigration status. People in community detention do not hold a visa; therefore, they do not have the same rights as a person on a visa living in the community.

**Held detention** is the term used for detention in any type of locked immigration detention facility (in Australia this includes immigration detention, immigration transit accommodation, immigration residential housing, or alternative places of detention). This term also applies to offshore immigration detention facilities.

**Humanitarian Programme** is the Australian migration stream supporting resettlement of refugees and people in refugee-like situations. The Humanitarian Programme has two components: 'Offshore Resettlement' – for people outside Australia in need of humanitarian assistance, including 'Refugee' and Special Humanitarian Programme categories, both providing permanent resident status; and 'Onshore Protection' – for people already in Australia who are found to be refugees.

**Refugee** is someone 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 to, or owing to such fear, is unwilling to avail himself/herself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence, as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

**Refugee Family Support Category** is the New Zealand migration stream that assists resettled refugees to sponsor family members who would otherwise not qualify under other New Zealand immigration policies. This program is in addition to the 'quota refugees' – New Zealand's formal annual refugee resettlement intake.

**Separated children** are children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

**Unaccompanied children** (also called unaccompanied minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, has responsibility to do so.

In the position statement, the term 'refugee' is used to refer to people who have been found to be refugees under the United Nations Refugee Convention and hold an Australian or New Zealand humanitarian visa, and also people of 'refugee-like' background who have entered under other migration streams. 'Refugee-like' acknowledges that people may have had refugee experience in their countries of origin, but do not have formal refugee status.

# Executive Summary

The Royal Australasian College of Physicians (RACP) recognises that refugee and asylum seeker health is an important area of healthcare. Refugees and asylum seekers often have unique and complex physical and mental health needs that require specific and comprehensive healthcare attention; however, they also bring skills and diversity to their countries of refuge. The RACP acknowledges, and is grateful for, the significant contribution people of refugee background make to Australian and New Zealand society.

The RACP position statement addresses four key areas relating to refugee and asylum seeker health. Each section summarises the issues of concern, highlights the actions of the RACP and provides recommendations for different levels of government as well as local service providers in Australia and New Zealand. The evidence used to develop this statement is presented in the accompanying policy statement.

These four sections are:

## **1. Health assessments**

This section addresses post-arrival screening, transfer of health-screening information, and age assessments for refugee and asylum seeker children and young people. The RACP suggests that all refugees and asylum seekers should be offered a voluntary comprehensive assessment of their physical and mental health on arrival in Australia or New Zealand and be linked with long-term primary care providers.

## **2. Access to healthcare**

This section identifies initiatives to ensure equity in access to healthcare, including catch-up immunisation, and specifically promotes access to healthcare for asylum seekers. It emphasises the importance of language service support and working with professional interpreters for all healthcare episodes. The RACP suggests that targeted strategies are required to ensure equity of access to healthcare for refugees and asylum seekers.

## **3. Promoting long-term health in the community**

This section explores and suggests specific strategies to address the social determinants of long-term health and wellbeing, including settlement and support services, education and employment opportunities, and strategies to address uncertainty. People of refugee background make important contributions to society, and the RACP endorses investing in support during the post-arrival period to enable people to reach their full potential.

## **4. Asylum seekers in held detention**

This section summarises the harms caused by held detention on health and wellbeing and the cost of detention. Issues relating to children and families and unaccompanied and separated children in detention are highlighted. The RACP supports the right to health and high-quality healthcare and independent oversight of health service provision to asylum seekers. The RACP supports health professionals in their duty of care to their patients and their right to speak out in support of best practice and ethical care. This statement does not provide recommendations regarding detention health facilities, as the evidence shows held detention has a significant and detrimental impact on health and wellbeing, and the RACP does not condone held detention.

Some aspects of the sections and associated recommendations have a greater focus on the Australian situation, due to the complexity of the Australian immigration policy environment and the relative stability of New Zealand's refugee intake and policy. The section on asylum seekers in held detention relates to the Australian situation, although the principles apply to any form of prolonged mandatory detention.

The statements are intended for physicians, physician trainees, primary care providers, other specialists, medical students, health professionals and policy makers, with the intention of i) broadening the discourse on refugees and asylum seekers, ii) developing an evidence-based summary of health issues relevant to refugees and asylum seekers, and iii) providing an appraisal of the health impacts of refugee and asylum seeker policy.

The policy and position statements update the 2007 RACP policy statement 'Towards better health for refugee children in Australia and New Zealand', and extend the RACP's position on refugee and asylum seeker health across the lifespan.

# 1. Health assessments

Refugees have, by definition, experienced forced migration, conflict and upheaval, and language and cultural transitions. They may have experienced significant human rights violations or torture, prolonged periods of uncertainty, loss of and separation from family members, physical and/or sexual violence, as well as poor living conditions and disruption of basic services such as health and education.

Many humanitarian source countries and transit countries have a different profile of acute and chronic diseases to Australia and New Zealand, and these factors combine to create a unique profile of physical and mental health conditions in refugees. Asylum seekers arriving by boat and spending time in detention frequently have additional trauma related to perilous journeys and their detention experience.

## 1.1 Post-arrival screening

**All refugees and asylum seekers should be offered a voluntary assessment of their physical and mental health on arrival in Australia or New Zealand.** This should include assessment of acute or chronic medical conditions, developmental issues and disability, screening for nutritional status and infectious diseases (which may include tuberculosis, blood-borne viruses, parasites and sexually transmitted infections), mental health and trauma screening, oral health screening and appropriate women's health screening. Consideration of pregnancy and birthing issues is an essential part of post-arrival health screening for women of childbearing age. Asylum seekers should have the same post-arrival assessment as refugees.

Health assessments and screenings should be completed as recommended by expert guidelines, with informed consent and with the assistance of a qualified interpreter as needed, and screening should be followed up with appropriate management and linkage to ongoing primary care. In women of childbearing age, pregnancy should be considered when planning catch-up immunisation or radiological investigations. Screening is required to ensure early preventive healthcare and appropriate immunisation, to assess whether specialist referral is required and to exclude conditions of individual and public health significance.

**Health screening protocols should be publicly available for review and oversight** by independent health advisory groups and professional bodies.

**Administrative datasets should include adequate information to identify refugee and asylum seeker patients** to enable monitoring of initial health assessments (and long-term outcomes) and to facilitate health service planning.

**Any rapid screening process, such as the 'rapid turnaround' health screening used prior to transfer to offshore immigration detention from Australia, is not appropriate, and will compromise health and safety and health professionals' duty of care to their patients.**

### **The RACP will:**

- 1.1.1 Provide Fellow expertise to review and update the Australasian Society for Infectious Diseases Guidelines on refugee health screening, in collaboration with relevant stakeholders, ensuring these guidelines also include asylum seeker health screening.
- 1.1.2 Strengthen education on refugee and asylum seeker health in physician training and in continuing professional development, raising awareness of refugee health assessments, specific health issues, and the refugee and asylum seeker experience.

### **The RACP calls on:**

#### **The Australian government to:**

- 1.1.3 Make detention health assessment protocols publicly available for review and independent oversight by independent health advisory groups, professional bodies and relevant experts.
- 1.1.4 Ensure detention health assessment and mental health assessment data are available for external review and independent oversight.
- 1.1.5 Offer all asylum seekers, including children, an initial voluntary health, mental health and trauma assessment, completed with informed consent and with the assistance of a qualified interpreter as needed, and with respect for people's dignity and situation.

- 1.1.6 Cease any 'rapid turnaround' transfer/health screening policy, as it is not compatible with Australian standards of healthcare.

**Australian state governments and the New Zealand government to:**

- 1.1.7 Endorse the principle that all refugees and asylum seekers, including children, should be offered an initial voluntary health, mental health and trauma assessment, completed with informed consent and with the assistance of a qualified interpreter where needed, with adequate follow-up and linkage to ongoing primary care services.
- 1.1.8 Include adequate information to identify refugee and/or asylum seeker status in existing administrative datasets, to enable monitoring of initial health assessments, health service access (and long-term outcomes).
- 1.1.9 Monitor the provision of post-arrival refugee health screening, and service access and utilisation.

**Local service providers to:**

- 1.1.10 Provide high-quality, culturally sensitive refugee health assessments to all refugees and asylum seekers, with appropriate consent and the assistance of a qualified interpreter where needed, and ensure adequate follow-up and linkage to ongoing primary care services.
- 1.1.11 Avoid duplications in refugee health assessments and screening, and make best efforts to obtain any available screening results from other providers.
- 1.1.12 Work with professional interpreters where needed, and not use family members and, in particular, children as interpreters.

## 1.2 Transfer of health screening information

**Adequate and timely transfer of accurate and complete refugee health screening information is essential in order to streamline testing and reduce duplications and costs** (in terms of time and money) to the patient and the health system.

Health screening results and treatment plans should be available to healthcare providers when asylum seekers or refugees move interstate (or from held detention to the community), and accessible verbal and written information on health screening results should be provided to patients. All refugee and asylum seeker patients should be provided with a copy of their medical records (and parents provided with their children's records) to assist with primary care follow-up in the community.

**The RACP will:**

- 1.2.1 Provide Fellow expertise to ensure that guidelines on patient record keeping and information transfer are included in relevant refugee health screening guidelines.

**The RACP calls on:**

**The Australian government to:**

- 1.2.2 Improve information transfer from detention health services through contractual arrangements with the detention health service provider, and consider utilising central information repositories to assist in this process, including the Personally Controlled Electronic Health Record.
- 1.2.3 Provide greater oversight through delegated contractual agreements on health screening (and results) for people in community detention, and ensure this information is available to clinicians through a central information source, such as the Community Detention Assistance Desk.

**Australian state governments and the New Zealand government to:**

- 1.2.4 Facilitate streamlined care and information transfer through the use of local support programs such as the Refugee Health Nurse programs used in Victoria and New South Wales, or centralised screening services, such as the Humanitarian Entrant Health Service in Western Australia or Mangere Refugee Reception Centre in New Zealand.

**Local service providers to:**

- 1.2.5 Provide accessible verbal and written information on patients' refugee health screening results and treatment plans.
- 1.2.6 Ensure refugee health screening results are acted upon and treatment plans are followed up.
- 1.2.7 Ensure asylum seekers and refugees are linked with appropriate local services to provide long-term healthcare.

### 1.3 Age assessment of children and young people

Age assessment requires a combination of narrative history, review of any available documentation, physical examination, and review of growth, pubertal status, development, education and peer relationships completed with informed consent and extreme sensitivity. Bone age and/or dental X-rays are not useful in isolation.

Where age assessment is required and there is uncertainty about a young person's age, the benefit of the doubt should be given to their claim. Unaccompanied refugee or asylum seeker children or young people who claim to be minors should have an independent advocate present while undergoing age assessment.

**The RACP will:**

- 1.3.1 Provide Fellow expertise to work with the Australian Department of Immigration and Border Protection and Immigration New Zealand, and to collaborate with Fellows of the Royal Australian and New Zealand College of Radiologists, the Royal Australasian College of Dental Surgeons, the Royal Australian and New Zealand College of Psychiatrists and other relevant stakeholders on age assessment protocols.

**The RACP calls on:**

**The Australian and New Zealand governments to:**

- 1.3.2 Ensure unaccompanied refugee and asylum seeker children, or young people who claim to be minors, have an independent advocate present while undergoing age assessment.
- 1.3.3 Work with the RACP and other stakeholders to develop defined, agreed processes for age assessment.

**Australian state governments to:**

- 1.3.4 Ensure unaccompanied refugee and asylum seeker children, or young people who claim to be minors, have an independent advocate present during age assessment, where authority has been delegated to State authorities.

**Local service providers to:**

- 1.3.5 Ensure age assessments include narrative history, review of any available documentation, physical examination, and review of growth, pubertal status, development, education level and peer relationships.
- 1.3.6 Ensure unaccompanied refugee and asylum seeker children, or young people who claim to be minors, have an independent advocate present during age assessment.



## 2. Access to healthcare

### 2.1 Equity in access to healthcare

The RACP supports equity of access to healthcare for refugees and asylum seekers, and suggests targeted strategies will be required to ensure equitable access to mainstream primary care, allied health and specialist health services.

Available evidence suggests that both refugees and asylum seekers face significant barriers to accessing health, mental health, pharmacy, oral health and maternity services in Australia. Financial constraints mean they are generally not able to access private services and depend on public or community-based services. Key barriers to accessing health services, including maternity services, include varied levels of settlement support, difficulty accessing language services, financial and transport stressors, lack of knowledge of the health system, and health services being uninformed about the refugee experience.

Key strategies to enable timely health service access and reduce administrative inefficiencies include i) casework support for refugee and asylum seeker arrivals in the early settlement period and beyond this time for unaccompanied minors and vulnerable individuals or families, ii) reducing the complexity of healthcare pathways for asylum seekers, and iii) more broadly, enabling culturally responsive care and language service access and providing physical and mental healthcare and service delivery that is appropriate for all Culturally and Linguistically Diverse (CALD) and refugee groups.

The experience and expression of ill health and expectations of healthcare vary between individuals and groups, and are strongly influenced by culture. The RACP acknowledges the need to consider and integrate culture within the health consultation, access culture-specific expertise, and consider the refugee and asylum seeker experience in delivering healthcare.

#### The RACP will:

- 2.1.1 Ensure access to appropriate education resources for RACP Fellows and trainees to enable them to support, facilitate and deliver improved service access for refugees.
- 2.1.2 Support trainee positions in refugee health to build capacity and skills within the physician workforce.
- 2.1.3 Strengthen collaborations across disciplines in the area of refugee health, including working with colleagues in psychiatry, obstetrics and gynaecology, general practice, public health, psychology, nursing, social work, and other areas of allied health.
- 2.1.4 Engage with the universities on refugee and asylum seeker health within the medical student curriculum, noting the role of physicians and physician trainees in developing medical students' understanding of the health system and contemporary health issues.

#### The RACP calls on:

##### The Australian and New Zealand governments to:

- 2.1.5 Develop and support national refugee health frameworks to ensure a comprehensive approach to preventive and public healthcare and consistency in access to services and service provision across Australian states and territories and in New Zealand.
- 2.1.6 Facilitate coordinated national data collation and monitoring of access to health services and health outcomes in refugee and asylum seeker populations, including developing an agreed minimum dataset to identify refugees to facilitate health service planning and improve service access.

##### Australian state governments and the New Zealand government to:

- 2.1.7 Ensure all refugees (including Special Humanitarian Programme entrants in Australia and Refugee Family Support Category entrants in New Zealand) and all asylum seekers have equitable access to healthcare services.

- 2.1.8 Develop and report on cultural diversity plans, and ensure these plans include measures on the effectiveness of service access and service delivery for refugee and asylum seeker populations.
- 2.1.9 Develop jurisdictional refugee and asylum seeker health plans to facilitate access to health services, including access to community, acute health, mental health and dental services, and access to language services for people with low English proficiency; noting that New Zealand, Victoria, New South Wales and the Australian Capital Territory have such plans in place.
- 2.1.10 Monitor and report on provision of accessible, responsive and effective services for refugees and asylum seekers.
- 2.1.11 Establish a comprehensive approach to preventive and public healthcare for refugees and asylum seekers within jurisdictions, in line with a national refugee health framework.

**Local service providers to:**

- 2.1.12 Facilitate access to healthcare by refugees and asylum seekers through integration of care, cultural responsiveness, language service provision and use, caseworker support and provision of affordable or no-cost options, as for other vulnerable groups.
- 2.1.13 Include adequate identifying information to identify refugee and/or asylum seeker status in existing administrative datasets, to enable monitoring of service access and health outcomes.

## 2.2 Access to healthcare for asylum seekers

### **Asylum seekers should have continuous access to healthcare and pharmaceuticals and asylum seekers in Australia require continuous Medicare cover.**

Asylum seekers on bridging visas in Australia without Medicare cover face significant challenges in accessing healthcare and medicines. A lack of, or lapse in, Medicare access is likely to increase overall costs to the health, immigration and service systems through increased need for case management to establish pathways to care, delays in presentations leading to higher severity illness, cost shifting from primary and preventive care to acute care and specialist services, and considerable administrative inefficiency. Timely processing of bridging visas to establish Medicare access is essential.

The RACP supports New Zealand's policy of providing full access to publicly funded health and disability services for asylum seekers once they have lodged a claim for refugee status, although notes small numbers of asylum seekers in New Zealand who do not have access to public services.

**The RACP will:**

- 2.2.1 Raise awareness of the challenges faced by asylum seekers in accessing healthcare and collaborate with other relevant Colleges and professional bodies to promote better access to primary and specialist healthcare for this group.

**The RACP calls on:**

**The Australian government to:**

- 2.2.2 Provide all asylum seekers, and children born in Australia to asylum seeker parents, with continuous access to Medicare and affordable pharmaceuticals.

**Australian state governments to:**

- 2.2.3 Assume responsibility to provide access to State-funded health services for asylum seekers and ensure healthcare is available without charge in public hospitals and community health services for asylum seekers who are not eligible for Medicare, through implementing a formal fee-waiver policy and facilitating access to ambulance services.

**Local service providers to:**

- 2.2.4 Ensure access to healthcare for asylum seekers through service policies, outreach services and raising community awareness of service availability.

- 2.2.5 Promote access to translated (written) and/or picture-based/graphic health information on how to access the health system.
- 2.2.6 Raise awareness among staff about the access needs of asylum seekers.

## 2.3 Access to catch-up immunisation

**Refugees and asylum seekers should receive immunisations equivalent to those received by an Australian or New Zealand born person of the same age. Catch-up immunisations should be funded and accessible at all ages.**

Removing barriers to immunisation service delivery in Australia requires local, State and Federal level action. Priorities include funded catch-up vaccines across the lifespan, accessible catch-up immunisation service delivery, centralised 'whole of life' immunisation registers, and inclusion of refugee populations and asylum seekers in the Australian and New Zealand National Immunisation Strategies. The RACP supports the inclusion of refugees and asylum seekers as named 'at risk' groups for vaccine-preventable diseases in the Australian and New Zealand Immunisation Handbooks.

### **The RACP will:**

- 2.3.1 Provide Fellow expertise to review and update the Australasian Society for Infectious Diseases Guidelines on catch-up immunisation.
- 2.3.2 Provide Fellow expertise during revisions and updates of the Australian and New Zealand Immunisation Handbooks.

### **The RACP calls on:**

#### **The Australian and New Zealand governments to:**

- 2.3.3 Include refugee and asylum seeker populations as a named 'at risk' group in their respective National Immunisation Strategies and Immunisation Handbooks.
- 2.3.4 Fund all catch-up vaccines for refugee and asylum seeker children, adolescents and adults to remove cost barriers.
- 2.3.5 Ensure immunisation registers capture adequate data to identify refugee and asylum seeker populations, in order to monitor vaccine coverage and immunisation service delivery for this group.
- 2.3.6 Ensure health providers contracted by the Australian Department of Immigration and Border Protection enter appropriate immunisation data for asylum seekers into the Australian Childhood Immunisation Register.

#### **Australian state governments and the New Zealand government to:**

- 2.3.7 Improve access to immunisation services by refugee and asylum seeker populations.
- 2.3.8 Include refugee and asylum seeker populations in jurisdiction immunisation plans and population forecasts for vaccine requirements.

#### **Local service providers to:**

- 2.3.9 Provide appropriate and accessible catch-up immunisation opportunities in collaboration with General Practice, community and public health organisations, local councils and education facilities.

## 2.4 Language support for healthcare episodes

**Effective communication is essential for safety and quality in healthcare.** Health professionals should work with professional interpreters in all interactions where patients have low English proficiency (where the provider does not speak the patient's language) and in any interaction where there is an identified need for interpreter assistance.

**The RACP will:**

- 2.4.1 Ensure Fellows and trainees have access to policies regarding professional interpreter use and training in the skills required to work with interpreters.
- 2.4.2 Ensure Fellows working in private practice are made aware of the Translating and Interpreting Service (TIS National) in Australia, and Language Line in New Zealand.

**The RACP calls on:**

**The Australian and New Zealand governments to:**

- 2.4.3 Ensure timely training and accreditation of interpreters in new-arrival languages.
- 2.4.4 Ensure all government-funded health services, including allied health services, include provision for interpreting services to promote equitable access to healthcare for all people in Australia and New Zealand with low English proficiency, regardless of their geographic location.
- 2.4.5 Promote access to translated (written) and/or picture-based/graphic health information for people with low English proficiency and/or low print literacy.

**Australian state governments and the New Zealand government to:**

- 2.4.6 Ensure adequate resourcing of interpreter services for community-based healthcare, government agencies and education facilities, and promote the use of language services by General Practitioners and all healthcare providers.

**Local service providers to:**

- 2.4.7 Implement policy on working with interpreters and facilitate access to language services wherever needed.
- 2.4.8 Provide training on working with interpreters and accessing language services.

## 3. Promoting long-term health in the community

The RACP acknowledges the contribution of refugee communities to Australia and New Zealand, noting they bring skills and diversity to our countries. Specifically, the RACP acknowledges the contribution of refugee-background physicians and health providers, and the value placed on health by refugee communities. Evidence suggests humanitarian entrants make a significant economic, social and civic contribution to Australia and New Zealand, and refugee communities do not represent a greater cost to or burden on health systems over the long-term.

### 3.1 Settlement and support services

Health status is influenced by access to healthcare services, language support, housing, education, family integrity, employment and a safe environment, free from racism and discrimination. These social determinants have significant impact on long-term health and wellbeing and should be addressed throughout the assessment and settlement phase to maximise health and human potential.

In the early stages of settlement, casework support plays an essential role in facilitating access to health, education, housing, welfare and employment services for refugees in Australia and New Zealand, although there is a lower level of support for sponsored refugees in Australia or Refugee Family Support Category refugees in New Zealand. Asylum seekers face specific challenges. Longer term, there is a strong argument for flexible casework support and settlement services that are needs based rather than time limited, and for consistency of services across visa types and jurisdictions in both Australia and New Zealand.

Housing insecurity is detrimental to mental and physical health and limits engagement with the community and services. Access to housing that is warm, dry, clean, safe and a suitable size is a core requirement for health; poor-quality housing can adversely affect health. There are broad issues with housing for vulnerable groups in Australia, and housing stress and poverty are identified as prominent issues for refugee Australians. The current housing, financial and emotional stressors for asylum seekers on Australian bridging visas without work rights are extreme and likely to result in pressure on numerous service sectors. Refugee Family Support Category entrants and asylum seekers in New Zealand may also face housing insecurity.

#### **The RACP calls on:**

##### **The Australian and New Zealand governments to:**

- 3.1.1 Ensure casework support services are flexible and provide support over time, and that casework services are based on need and vulnerability and are not restricted based on age, time since arrival, visa status or mode of arrival.
- 3.1.2 Work with the jurisdictions to develop settlement plans considering health and other settlement needs. Establish longer term settlement tenders and resettlement opportunities with relevant support services (including health, education, interpreter, transport, housing and community support).
- 3.1.3 Provide regular population level data on the location of asylum seekers in the different jurisdictions and any predicted releases from held or community detention, in order to facilitate service planning and delivery.

##### **Australian state governments and the New Zealand government to:**

- 3.1.4 Ensure existing national health programs and strategies are extended to all refugees and asylum seekers, regardless of their time since arrival, visa status or mode of arrival.
- 3.1.5 Work to strengthen community health, housing and language support services to reduce socioeconomic barriers to health and wellbeing for all vulnerable groups.
- 3.1.6 Promote community engagement and programmes supporting cultural diversity and refugee resettlement and working to prevent racism.

##### **Local service providers to:**

- 3.1.7 Provide flexible settlement support services as needed over time, based on need and vulnerability and not restricted based on age, time since arrival, visa status or mode of arrival.

## 3.2 Education

**Education is an essential component of settlement and supports health and wellbeing.**

**Refugees and asylum seekers should have equitable access to education at all life stages, with acknowledgement of prior interruption or limited access to education.** This extends from pre-school education through to school and higher education (i.e. skills training and/or tertiary education). Refugee children and adolescents face significant educational disadvantage due to their refugee experience, migration and language transitions, and specific support is required to ensure they reach their full educational and social potential.

**Low English proficiency is a significant barrier to workforce participation, study and service access.** The RACP supports equitable access to education for adults and considers that there are likely to be advantages in equitable access to English language tuition for asylum seekers while their claims are assessed.

### **The RACP will:**

- 3.2.1 Encourage RACP paediatricians to advocate for education support where needed for refugee and asylum seeker children and young people.

### **The RACP calls on:**

#### **The Australian and New Zealand governments to:**

- 3.2.2 Ensure access to early childhood education/pre-school for refugee and asylum seeker children of pre-school age.
- 3.2.3 Ensure education access for all asylum seeker children of compulsory schooling age.
- 3.2.4 Support access to English language tuition by asylum seekers while their claims are assessed.

#### **Australian state governments and the New Zealand government to:**

- 3.2.5 Ensure access to early childhood education/pre-school for refugee and asylum seeker children of pre-school age.
- 3.2.6 Ensure refugee and asylum seeker school students are considered in jurisdiction education frameworks and are able to access education support where needed.
- 3.2.7 Ensure adequate language and education support to assist students entering mainstream education, including those transitioning from intensive English language education.
- 3.2.8 Support access to English language classes for asylum seekers while their claims are assessed.

#### **Local service providers to:**

- 3.2.9 Ensure collaboration between health and settlement providers, schools and educational institutions to advocate for equitable access to education and increased resources to support students on an individual basis where required.

## 3.3 Employment

**Employment and work are important protective factors for health.** Both long-term work absence and unemployment have a negative impact on health and wellbeing for individuals and their family members.

**Refugees and asylum seekers should be provided with opportunities to work and to train for meaningful employment in order to protect their health and wellbeing.** Restricting work rights for asylum seekers is contrary to maintaining health and is likely to lead to increased costs for the health system and an increasing burden on other services, including housing services, due to demoralisation, extreme poverty and social disadvantage. Access to work, employment training and opportunities to utilise pre-existing skills will promote independence, improve health, and maximise people's skills and contribution to Australia and New Zealand.

### **The RACP calls on:**

#### **The Australian government to:**

- 3.3.1 Allow work rights for asylum seekers while their claims are assessed, capitalising on pre-existing skills and expertise and harnessing the benefits of employment for health.

- 3.3.2 Allow volunteering and meaningful community participation and engagement by asylum seekers.

**Australian state governments and the New Zealand government to:**

- 3.3.3 Support programs for refugees and asylum seekers to obtain and retain employment, volunteer and/or develop new skills.

**Local service providers to:**

- 3.3.4 Develop and encourage mentoring pathways to support volunteering and employment within refugee and asylum seeker communities.

## 3.4 Addressing uncertainty

**Asylum seekers in Australia face profound uncertainty which is detrimental to their physical and mental health, due to the current policy settings.** There are currently more than 27,000 asylum seekers on bridging visas in Australia and over 3,000 asylum seekers in community detention. In addition to the physical and mental health issues arising from their journey or time in detention, they face uncertainty around their asylum claims and status in Australia, and it is likely to be years before the asylum claims of this group are processed. They also experience poverty, housing stress, barriers to service access, a lack of work rights and no prospect of family reunion. All of these factors act individually and synergistically to undermine health and wellbeing.

**There is an urgent need to process the refugee status claims of asylum seekers in Australia, to reduce uncertainty and allow people to move forward with their lives.** Refugee status determination requires legislative and policy responses to irregular migration that are clear and accessible, fair, and subject to appropriate oversight and review.

**Family separation affects health and wellbeing.** Separation has a profound psychological impact on families, with the loss of primary support networks causing grief, fear and uncertainty, and deterioration in the mental health of both children and parents. Re-establishment of the family and extended family unit is important in recovery and settlement. As outlined in the United Nations Convention on the Rights of the Child, family reunions “shall be dealt with by States Parties in a positive, humane and expeditious manner”. The RACP supports the right to family integrity and does not support restrictions on family reunion for refugees or for asylum seekers.

**The RACP does not support the use of temporary protection visas,** based on the evidence that temporary protection visas are associated with worse physical and mental health outcomes.

**The RACP supports pathways to permanent protection.**

**The RACP calls on:**

**The Australian government to:**

- 3.4.1 Expedite the processing of refugee claims for all asylum seekers in order to reduce uncertainty, and to reduce costs to physical and mental health and the impact on individual and family function.
- 3.4.2 Ensure refugee status claims are assessed and completed in a timely, transparent and efficient manner, with appropriate oversight and review, and that individuals have clarity on the status and timelines of their refugee claim.
- 3.4.3 Avoid the use of temporary protection visas or, as a minimum, offer a defined and accessible pathway from temporary to permanent protection.
- 3.4.4 Allow family reunion, where children are separated from their primary care givers, regardless of mode or timing of arrival.

**Australian state governments to:**

- 3.4.5 Support opt-in arrangements for the new temporary visas (Safe Haven Enterprise Visas) that allow people to live, work and study in regional areas of Australia, and offer a possible pathway to permanent protection.

## 4. Asylum seekers in held detention

**Held detention is harmful to the physical and mental health of people of all ages in the short and long term.** People face profound uncertainty, hopelessness and fear for their future, which, in combination with the detention environment and lack of meaningful activity, contribute to high rates of mental health problems, self-harm and attempted suicide. Held detention represents a significant breach of human rights, including the right to liberty, to not be detained, and the right to health.

### 4.1 The impact of held detention

**There is an urgent need to release people seeking asylum from held detention in Australia and in places of offshore processing,** and to process their refugee status claims, understanding that the average duration of detention has been over 400 days since late 2014 and the extreme harm being caused by the current detention arrangements.

**Immigration detention facilities are prison-like environments** due to the heavy security presence, restriction of liberty, locked environment, use of identification numbers and institutional living conditions.

**The risks of detention harms are amplified in offshore detention facilities on Nauru, Manus Island and Christmas Island,** due to environmental and infrastructure challenges, limited access to specialist health services, ongoing risk of destabilisation, and uncertainty around the future and settlement options. The RACP expresses extreme concern over the use of offshore detention and considers that asylum seekers seeking protection in Australia or New Zealand should not be transferred to, or detained or resettled in, regional processing countries, including Nauru, Papua New Guinea and Cambodia.

**The financial cost of Australia's immigration detention system is enormous.** As of 31 March 2015, there are more than 3,500 people in detention on the Australian mainland, Nauru, Manus Island and Christmas Island, including 227 children. The cost of immigration detention and processing asylum seekers arriving by boat was A\$3.3 billion over the 2013–2014 financial year. The costs of offshore detention are estimated to be A\$430,000 per person per year, compared to less than A\$30,000 for a person on a bridging visa. Avoiding the negative impact of detention also reduces future costs to individuals, and to the health system.

**The RACP does not condone held immigration detention in any form.**

#### **The RACP calls on:**

#### **The Australian government to:**

- 4.1.1 Release all asylum seekers from detention and expedite the processing of their refugee claims in the community in order to reduce uncertainty, the negative impact on their physical and mental health, and expenditure.
- 4.1.2 Abolish mandatory detention and assess refugee claims while people are in community-based placements.
- 4.1.3 End detention on Manus Island and Nauru and urgently establish durable settlement solutions for those people who are found to be refugees.
- 4.1.4 Ensure people receive flexible casework support after they are released from detention to facilitate access to health, mental health, education, early childhood, housing, welfare and employment services.

### 4.2 Children and families

**Held detention presents an extreme and unacceptable risk to children's health, development and mental health.** These risks are particularly high for infants and toddlers in held detention and for women in the pregnancy or post-partum period. Risks to children include deteriorating parental mental health and function, institutional policies that undermine parenting and family life, and cumulative adverse environmental and safety risks, amplified by family separation. In held detention, children cannot be protected from and are exposed to physical violence and mental distress in adults, including their parents. They are likely to be at significant risk of physical and sexual abuse and maltreatment, including neglect. These risks arise primarily as a result of the detention environment.



Despite these risks, there is no clear or consistent child protection framework in place for children in Australian held detention. Children's restriction of liberty and lack of access to equitable health, education and recreational opportunities are in contravention of Australia's international obligations as a signatory to the United Nations Convention on the Rights of the Child.

**Unaccompanied children and separated children are recognised as having specific risks and vulnerabilities.** They have often embarked on dangerous journeys, and many have experienced the death of family members, persecution, conflict, and physical and/or sexual violence. They may have experienced forced military recruitment or forced domestic labour. These experiences occur during critical developmental periods, placing them at risk of developmental and mental health problems. **The RACP expresses extreme concern about unaccompanied children and separated children in held detention.**

On arrival in Australia, unaccompanied humanitarian minors and unaccompanied children seeking asylum are placed under the guardianship of the Minister for Immigration and Border Protection. This duty is currently delegated to an officer of the Department of Immigration and Border Protection in each centre. The Minister is thus responsible for protecting the child and their best interests and also for placing children in immigration detention. Given immigration detention is not in the best interests of any child, there is a conflict of interest between these dual responsibilities. **The RACP supports recommendations that unaccompanied children should have an independent guardian.**

**The RACP calls on:**

**The Australian government to:**

- 4.2.1 Release all asylum seeker children and their families from held detention and expedite the processing of their refugee claims in the community.
- 4.2.2 Ensure children and families are not separated during the refugee claim process or as a consequence of other operational processes, such as medical transfers, including transfers for maternity care.
- 4.2.3 Develop an integrated national policy framework for the guardianship of unaccompanied refugee and asylum seeker children.
- 4.2.4 Enable legislative reform and establish a process to appoint an independent guardian for each unaccompanied child. The guardian should not hold responsibility for the child's migration status and should be able to act as an independent advocate for the child's best interests.

### 4.3 Healthcare standards and independent oversight

**The RACP supports all doctors and health professionals in their duty of care to their patients, including the need to maintain professional standards and to speak out to support best practice and ethical care.** The RACP acknowledges the significant ethical issues related to providing care in detention, and the tension in defining a standard of care. Doctors and health professionals working within held detention are exposed to significant stress and trauma, and resources are required to ensure appropriate support, supervision and self-care.

While the Australian Department of Immigration and Border Protection has stated that "asylum seekers are provided with a standard of care broadly comparable to health services within the Australian community", there are multiple constraints to providing healthcare in held detention, and people in detention are highly likely to have physical and mental health issues that require additional and specialised services. Further, health providers cannot address health issues caused by held detention while people remain in held detention.

**An independent health advisory body is required to oversee health service provision for asylum seekers.** This advisory body would need expertise in (at minimum) general practice, child and adult mental health, torture/trauma, paediatrics, public health, infectious diseases, obstetrics, midwifery, nursing (including early childhood nursing), oral health and allied health.

**The RACP calls on:**

**The Australian Government to:**

- 4.3.1 Establish an independent health advisory body with expertise in the areas listed above to oversee health service provision for asylum seekers, and agreement to consult with the relevant Colleges and peak bodies across the medical, nursing and allied health disciplines.
- 4.3.2 Ensure the advisory group's terms of reference and recommendations are made public in the interests of transparency.
- 4.3.3 Ensure the advisory group has access to adequate longitudinal data to monitor access to health services and physical and mental health outcomes, and that data are available for academic review.
- 4.3.4 Establish agreed timelines for the Department of Immigration and Border Protection to consider and respond to recommendations arising from the independent advisory body.





## The Royal Australasian College of Physicians

### ABOUT THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

The RACP trains, educates and advocates on behalf of more than 14,950 physicians – often referred to as medical specialists – and 6,533 trainees, across Australia and New Zealand. The College represents more than 34 medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

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