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**POLICY STATEMENT**  
**Towards better health for refugee**  
**children and young people**  
**in Australia and New Zealand**

**The RACP perspective**

*Everyone has the right to seek and enjoy in other countries asylum from persecution.*

Article 14, Universal Declaration of Human Rights (signed by member countries in 1948, including Australia and New Zealand)



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## The Working Group

**Dr Karen Zwi**, Community Paediatrician & Senior Lecturer, New South Wales

**Dr Shanti Raman**, Area Community Paediatrician: Child Protection, NSW

**Dr David Burgner**, Paediatric Infectious Disease Physician, Western Australia

**Dr Shola Faniran**, Trainee Representative, NSW

**Dr Lesley Voss**, Paediatric Infectious Disease Physician, Auckland, New Zealand

**Dr Bijou Blick**, Child Health Medical Officer, NSW

**Dr Mitchell Smith**, Public Health Physician, NSW Refugee Health Service, NSW

**Ms Mary Osborn**, Senior Policy Officer, RACP

**Mr Colin Borg**, Senior Executive Officer, RACP



## Underlying principles

1. Refugee and asylum seeker children have the same rights to health care as do other children
2. Access by refugees to appropriate health assessment and care after arrival is often limited by cultural, language or financial constraints, is not offered routinely and lacks co-ordination
3. The health status of children and their families is only partly dependent on health services
4. Investing in children's health has been shown to produce sound economic benefits
5. Intensive support early after arrival appears to be highly beneficial

*The primary aim of this policy is to advocate for timely and high quality health care for every refugee child and young person living in Australia and New Zealand*



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## Aims and Process

- complements existing College policy documents addressing equity\*, cultural competence and safeguarding children's well-being\*\*
- target audience is primarily individual Fellows but also includes health services, policy-makers and governments responsible for providing health care in Australia and New Zealand
- developed by drawing on the scientific literature, international guidelines and policy documents, and the expertise of local field workers
- sent out for consultation to over 80 organisations and individuals - received feedback from around 30

\*Royal Australasian College Physicians. Inequity and health: a call to action, *RACP* 2005.

\*\*Royal Australasian College Physicians. An introduction to cultural competency, *RACP* 2006.



## Recommendations

1. Health service enhancement
2. The promotion of research and the development of an evidence base
3. Dedicated training
4. Professional practice

The recommendations range from interventions that involve government leadership to interventions directed at health services and professionals.

*The RACP believes that health services need to be enhanced in order to address the complex health needs of refugee children, young people and their families.*



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## Recommendation: Health Service Enhancement



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## Recommendation: Health Service Enhancement

Accordingly, the RACP recommends that the Australian and New Zealand governments\* should:

Develop services that consistently affirm the dignity of refugees.

Develop a whole-of-government approach to best address the health and well-being of refugees settling in Australia and New Zealand.

Provide publicly funded health care to all refugees, with a mixture of targeted and mainstream services.

Provide high quality, accessible, culturally respectful and affordable health care for refugee families.

\*Governments refers to both Australian (Federal as well as States and Territories) and New Zealand

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## Recommendation: Health Service Enhancement cont'd

Offer comprehensive health assessments post arrival (addressing physical and psychosocial needs) and appropriate follow-up care for every refugee who arrives in Australia or New Zealand.

Develop services with appropriately trained, multidisciplinary team members, multicultural health workers, refugee workers and readily available professional interpreters.

Abolish the differential access to health services based on visa category, and current Australian legislation that allows children to be housed in detention centres.

Ensure that previous health records are made available and provide personal health records for refugee children, to allow for improved communication of their health needs.

*The RACP believes that all agencies involved in refugee health should promote research and the collection of data in order to develop an evidence base for the provision of optimal care.*



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## Recommendation: **Research and data collection**



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## **Recommendation: Research and data collection**

Accordingly, governments, institutions, health service providers and practitioners should:

Support and conduct nationally coordinated, clinically relevant and culturally appropriate research that will inform best practice and service development.

Develop research methods that encourage participation of refugees (including children and young people).

Collaborate to address specific research questions that inform future policy and practice in refugee health, including long-term health outcomes and cost-effective service delivery models.

*The RACP believes that training in refugee health, multicultural health and human rights approaches to health are key to improving the quality of services for refugee populations.*



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## Recommendation: **Training**



Refugee Camp - Sierra Leone (2001) Photo: ishmahil

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## Recommendation: **Training**

Accordingly, the RACP will work with professional bodies to:

Promote the importance of cultural competency, human rights and advocacy training at all levels.

Create and facilitate the development of training opportunities that expose trainees to multicultural health, refugee health and related fields.

Promote continuing professional development for Fellows in cultural and linguistic competence (including working with interpreters), human rights and advocacy for disadvantaged groups, and provide regular opportunities for professionals to update their skills.

Support the establishment of training Fellowships in Refugee and Multicultural Health to build capacity and expertise in the workforce.

*The RACP believes that individual Fellows have a respected role in the community and an important voice in advocating for their refugee patients and for refugee communities.*



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## Recommendation: Professional practice



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## Recommendation: Professional practice

Accordingly, Fellows should continue to:

Be aware that financial, linguistic, cultural and social factors can prevent refugee children and families from accessing health care.

Be informed about the specific health problems faced by refugees, the appropriate screening and management issues, as well as the local health and welfare services available.

Adopt a compassionate and respectful approach to refugee families.

Advocate strongly to promote high quality care for refugee families.

Monitor change in refugee health policy and practice.



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## The Way Forward

### College leadership in

- (i) advocating for the relevant government policy changes required,
- (ii) supporting special interest groups to monitor change and update recommendations based on emerging evidence, and
- (iii) facilitating widespread dissemination of the recommendations amongst relevant parties, from decision-makers down to local level

### Wide dissemination

all those working with refugee children and families,  
key organisations and policy-makers

Advocacy tool to motivate for changes in policy and practice that will  
improve the health of refugee children and their families

Annual updates



## Accompanying documents

- Journal article for Journal of Paediatrics and Child Health
- Implementation strategy
- One page fact sheet “The health of refugee children - Position Statement”
- Web-based document with full review of the health needs of refugee children, health system issues, web-linkages to resources and advocacy groups, appendices with visa entitlements and pathways through the system, link to clinical guidelines



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Full Policy Document available at

[hpu@racp.edu.au](mailto:hpu@racp.edu.au)

website: [www.racp.edu.au](http://www.racp.edu.au)





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## Foreword by Fiona Stanley

There is much to learn about coping and resilience from refugee communities, who, when properly supported, can do remarkably well in health and educational outcomes. Accessible and comprehensive health care and a spirit of welcoming will



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