



SUMMARY

Annual Refugee Health Forum

20 - 21 JUNE 2024

Māngere Refugee Resettlement Centre
Te Āhuru Mōwai o Aotearoa



We'd like to acknowledge and thank the many wonderful speakers who shared their knowledge, as well as the **75 people** who attended and made the Forum a success.



Overview and summary

The **Refugee Health Community of Practice**, established in 2022, held its inaugural in-person Forum on 20-21 June 2024 at the Māngere Refugee Resettlement Centre | Te Āhuru Mōwai o Aotearoa.

The Forum was attended by 75 people representing healthcare providers, settlement service providers, NGOs and government agencies. The event included sessions on health and housing, maternity health, mental health, interpreting and health promotion. The theme of the Forum was **'Achieving equity and health outcomes for former refugees'**.

The Forum provided a unique opportunity for the refugee health sector to connect and collaborate in person, with the aim of improving national consistency of healthcare services for former refugees.

There were several presentations, interactive sessions and workshops on topics surrounding refugee health including:

- Nelson's holistic approach to refugee healthcare ('Any door is the right door').
- How the Quota Refugee Health Model is working since it was introduced in 2019.
- The process of selecting a safe, affordable, healthy and appropriate home for former refugees.
- How to support former refugees to maintain a healthy home.
- The New Zealand Refugee Advisory Panel and its important work to support meaningful refugee participation.
- Maternity care for former refugee whānau.
- Community engagement, health education, and the critical role of health promoters in building healthier, empowered refugee communities.
- Health New Zealand's work to create better outcomes for former refugees by addressing historic and long-standing inequities around how they access primary healthcare and support services.
- Designing a future-fit health interpreting service to support our collective wellbeing.
- The eCALD training programme.
- Refugee mental health, including trauma informed care, culturally responsive approaches, and the importance of positive resettlement to enhance wellbeing.
- The National Leadership and Coordination Service's work to bring improvements to the refugee health sector.



Workshops

There were three workshops at the Forum and the high-level themes from each workshop are included below.

Quota Refugee Health Model Workshop

The Quota Refugee Health Model was developed in 2019 following the increase of Quota Refugees to 1,500 annual places. Its purpose is to support a continuum of healthcare for Quota Refugees from offshore through to the community. Attendees at the Forum were invited to share their feedback on how the Model has operated the past five years.

What's working well:

There is a functioning model and system to support refugees to receive healthcare from offshore to onshore.

Some information is provided to service providers to enable planning and preparation before former refugees settle in the community.

Former refugees are well supported at the Māngere Refugee Resettlement Centre.

What's not working well:

Other refugee cohorts are not included in the Model or supported by a different Model (leading to inadequate information for service providers to plan and prepare and lack of services for non-Quota arrivals).

Former refugees experience different models and levels of healthcare across the continuum (e.g., healthcare in the community is different from at the Centre), leading to further challenges in the community.

Greater information collection and sharing would enable better planning and preparation in the community (e.g., on general health, mental health, dentist, and optometric needs).

What more can we do offshore?

- More education and expectation management for refugees offshore on: New Zealand's medical system, different models of healthcare, what to expect at the Centre compared to the community, limitations of visa and ability to bring family to New Zealand.
- More vaccinations given offshore, and improved vaccination records.
- Gather more information offshore on mental health, family health issues, dental health, vision, and hearing.
- Having gender-appropriate doctors to conduct health assessments offshore.

What are the barriers in the community?

- Inequitable funding for primary healthcare and support services (particularly mental health services), including no specific healthcare funding for non-Quota refugees and asylum seekers, and no funding for private healthcare practices.
- Access and model primary care: GP 'closed books', variation of GP support across the country, short appointments.

- General health pressures (e.g., workforce shortages, growing and ageing population, more complex healthcare required, lack of adequate tools, such as infrastructure and technology).
- Low provision, low funding, and inconsistent use of interpreters.
- Cultural competency levels differ across the country leading to systemic racism and discrimination against former refugees.
- Former refugees overwhelmed with information not just about healthcare.
- Former refugees are not identified as a priority in the health sector or health strategies.
- Lack of former refugees in the healthcare workforce.



Meaningful Refugee Participation Workshop

What are examples of meaningful refugee participation and partnerships in Aotearoa's health sector?

- Education opportunities and support.
- Employment opportunities, including in areas of policy, interpreting, healthcare, and settlement support.
- Prioritise hiring people with lived experience as a refugee.
- Include people with lived experience in project work and remunerate them appropriately.
- Actively support former refugees to build their confidence.
- Support former refugees to share their voices, to collaborate on decision-making and participate in forums.

What barriers and gaps exist to meaningful refugee participation in the health sector in Aotearoa, and how can we overcome these barriers?



How do you ensure there is meaningful refugee participation in health policy making and service delivery? What does/could this look like in practice?

- Funding for participation (remuneration, scholarships, training, employment, leadership pathways).
- Creating a safe space for individuals and families to participate.
- Ensure there are different mechanisms for refugees to participate (e.g., ‘ladders’ of participation).
- Build awareness of meaningful refugee participation.
- Recognise former refugees’ skills, value, and input.
- Implement a code of expectations that includes meaningful refugee participation.
- Include former refugees in regional consumer council panels.
- Acknowledge racism in health services and systems.
- Co-design policy and service delivery with former refugees – ‘Nothing about us without us’.
- Better capture of ethnicity data in the healthcare system.



“Nothing about us without us”

How could you support and strengthen meaningful refugee participation and partnerships in your role within the health sector?

- Provide education, resources and tools to build health literacy, which leads to individual advocacy and community advocacy.
- Advocate for former refugees to be placed in training, healthcare activities.
- Advocate for the use of interpreters in every situation.
- Champion models where former refugees participate meaningfully.
- Government contracts for former refugee services and education for health professionals includes significant requirements for stakeholder engagement.
- Recognise the potential trauma that former refugees carry and ‘front foot’ support for them.
- Share examples of meaningful engagements so that others can learn.
- Invite former refugees to advisory groups/reference groups from the start of a process. Make sure they are happy to participate.
- Hold government agencies accountable to meaningful engagement with the New Zealand Refugee Advisory Panel.

What is your role (as an individual, community, organisation or government) in promoting refugee participation in the health sector?

Cultural competency training	Advocacy and influencing	Build refugees capability
Awareness	Recruitment	Encouragement, especially with minority groups
Include refugees in decision-making	Acknowledge and address racism and discrimination	Fairly compensate refugees



Improvements to the Refugee Health Sector Workshop

Refugee health groups

What improvements could be made to the current network of refugee health groups?

- The Refugee Health Community of Practice to review its membership to ensure appropriate people are attending.
- Improved networks to enable more sharing of resources across the settlement locations.

Which improvements to refugee health groups do you think would have the biggest impact and why?

- Local solutions to local problems, supported by coordination and connection across the community.
- A clearly defined escalation pathway to escalate issues.



Refugee health resources

What are the current gaps in refugee health resources?

- There is a lack of information on how to access healthcare in New Zealand.
- Lack of acknowledgement about the need of translating resources into ethnic languages (both minor and major languages).
- The quality of resources is inconsistent, and they are not accessible to all groups.
- Lack of mental health resources.

What improvements could be made to refugee health resources?

- More resources in other languages in different formats, such as visual/audio.
- Centralised access to translated resources for the health sector and wider settlement sector.
- A portal or database for each settlement location on what services are available for referral pathways.
- A directory of support organisations (health, pharmacy, social work, counselling) to enable people to connect and find information, collaborate or advise each other.

Which improvements do you think would have the biggest impact and why?

- An online platform or repository for resources and information about services and groups that can be tailored to the location.
- Global education on the resources available.
- Investment into translated resources.

Workforce capability

What are the current gaps in refugee health workforce capability?

- National training on trauma informed care.
- Cultural competency training in tertiary education of clinical degree programmes.
- There are no mental health navigators that work specifically with former refugees.
- There is a lack of social workers with refugee backgrounds.
- There is inconsistency in the workforce to support former refugees.
- There is inconsistent use of interpreting services across the country.
- Scholarships, placements, and mentorships for former refugees.
- Workforce development for people with refugee backgrounds.
- Increased support for interpreters, including formal debriefs and supervision.

What improvements could be made?

- Increased utilisation of interpreters' other skills, including cultural knowledge so that they can be employed as a cultural support worker.
- More in-person workshops.
- More basic training about the refugee journey and stressors.
- Funding for workforce development and support in workplace.
- Time and funding to participate in training.

Which improvements do you think would have the biggest impact and why?

- More mental health support for former refugees.
- Proper use of interpreters and increased access to interpreters for other services, such as pharmacy.
- Tailored approaches for specific ethnic groups.
- More scholarships for former refugees to enter the health sector.
- Training and support to interpreters and mental health workers.
- Increased support for interpreters.



Next steps

Based on discussions and feedback at the Forum, the National Leadership and Coordination Service (NLCS) identified several topics to explore further and actions to take to address barriers and concerns.

Topic	No.	Action	Responsibility	
Nelson Health Hub	1	The National Leadership and Coordination Service to invite other settlement locations to share how they work collaboratively in their community in a series that showcases locations' hard work and fosters sharing of good/best practice.	NLCS	
	2	MBIE is looking at ways to provide more information to healthcare providers on the health needs of former refugees. Further updates to be provided to the Refugee Health Community of Practice.	MBIE	
Quota Refugee Health Model	3	As part of the NLCS's work programme, it is recommended that a reference group be established to oversee the Model, and address ways in which it can be improved (such as the flow of information, how other refugee categories can be supported through the health system, and barriers in the community).	NLCS	
	4	MBIE is looking into ways to provide more vaccinations offshore , and how to improve vaccination records.	MBIE	
	5	MBIE will share additional information on what education and expectation management is provided to former refugees about New Zealand's health system.	NLCS	
	6	MBIE is coordinating a cross-government programme of work to create new success indicators for refugees under the New Zealand Refugee Resettlement Strategy. This includes the establishment of a refugee survey, which will include questions related to healthcare, to create more data to understand refugee health needs at a population level . This work is ongoing and is expected to conclude at the end of 2024.	MBIE	
	7	Health New Zealand is leading the Outcomes Funding Model Project, which aims to address historic and long-standing inequities around how former refugees access primary healthcare and support services . Updates on this work will be provided on a regular basis as the project continues.	HNZ	
	8	Health New Zealand is currently reviewing the eCALD programme, which aims to improve cultural competency of the health sector . An update on this work will be provided to the Refugee Health Community of Practice.	HNZ with support from the NLCS	
		9	MBIE manages a fund for eligible organisations to develop initiatives that will support former refugees to	MBIE

Topic	No.	Action	Responsibility
Meaningful refugee participation		participate more meaningfully, especially in decision-making around issues that affect them and the communities they live in. More information on this fund to be provided to the Refugee Health Community of Practice.	
	10	MBIE is piloting a refugee employment project in Palmerston North, which supports former refugees into employment that is meaningful and sustainable . More information on this pilot to be provided to the Refugee Health Community of Practice.	MBIE
	11	The elimination of racism is being addressed in a cross-government action plan led by the Ministry of Justice (MoJ). An invitation will be extended to MOJ to provide further information on its action plan to the Refugee Health Community of Practice.	MoJ and MoH with support from NLCS
	12	The NLCS will coordinate a follow-up session with the New Zealand Refugee Advisory Panel (NZRAP) on meaningful refugee participation , including outcomes from the 2024 National Refugee Resettlement Forum (occurring in August 2024).	NZRAP, with support from NLCS
Language assistance	13	MBIE is leading the Language Assistance Service programme, which aims to improve the quality, quantity, and accessibility of language assistance services across New Zealand's public sector services (as well as contracted services funded by government). This includes: <ul style="list-style-type: none"> a set of interpreting standards and an associated credentialling system provided by NAATI which came into effect on 1 July 2024. the development of Operational Policy and Guidelines to support the adoption of NAATI interpreter standards. 	MBIE
Improvements to the refugee health sector	14	The NLCS is drafting its work plan for 2024/25, based on its recent engagement with the health sector. This work plan will include various streams of work that will improve the escalation of issues, sharing of information and resources, and options for building workforce capability .	NLCS