victorian refugee health network

RHeaNA
Refugee Health Network of Australia

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VICTORIA

Dear Senate Standing Committee on Legal and Constitutional Affairs,

Re: Inquiry into the Migration Amendment (Health Care for Asylum seekers) Bill 2012

The Victorian Refugee Health Network and the Refugee Health Network of Australia welcomes the proposed Migration Amendment (Health Care for Asylum Seekers) Bill 2012. We congratulate Senators Hanson-Young and Di Natale on this measure designed to help safeguard the health and wellbeing of asylum seekers under the care of the Commonwealth.

About the Victorian Refugee Health Network and the Refugee Health Network of Australia
The Victorian Refugee Health Network brings together health, community and settlement services to build capacity to provide accessible and appropriate health care for people of refugee and/or asylum seeker backgrounds. The Refugee Health Network of Australia (RHeaNA) is a network of health professionals with expertise in refugee health from every State and Territory who are working to improve the delivery of health care to refugees and those from refugee-like backgrounds in Australia.

These two bodies are key contact points for specialist refugee health services and practitioners. Refugee health is a growing area of health service delivery in Australia, and refugee experienced professionals are placed across sectors and disciplines – primary care, specialist care (including paediatric and adolescent health), allied health, mental health, psychiatry, torture and trauma counselling, dental health and public health.

Comments on proposed Bill
We commend the principles of an independent panel of relevant experts to provide monitoring and reporting on the health of people in places of offshore detention, underpinned by a rights-based framework. Drawing on the expertise of its members, the Victorian and Australian Refugee Health Networks ask that the Inquiry consider the following additional comments on the proposed Bill.

1. **We suggest refugee health experience should be part of the required expertise for membership in addition to the professional disciplines listed.** In sections 3(a) and 3(b), the listed areas of expertise are: the medical profession; the psychology profession; the dental profession; public health; child health. This does not emphasise the need for relevant experience in refugee and asylum seeker health issues, which are distinct from mainstream health issues in these disciplines.

2. **We suggest adolescent health and nursing should be added to the professional disciplines.** In Section 3(a) we suggest the nursing profession and adolescent health should be added, and in section 3(b) The College of Nursing should be included.

3. **We suggest more detail be included on the reporting requirements,** including specific mention of reporting on health screening, health outcomes, mental health screening, mental health outcomes, immunisation, child and adolescent development, access to care, care episodes provided and cost estimates associated with healthcare in immigration detention and places of processing overseas.

4. **We suggest the reach of the Bill extend to all Australian places of Immigration Detention**. Steps to ensure transparent and open visits to places of detention are welcome. This is in keeping with Australia's obligations under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). Obligations under this Optional Protocol include implementing legislation for transparency in all places of detention, whether in Australia, or run by contract to the Australian government elsewhere. Whilst visits to mainland detention facilities are undertaken by IHAG, these visits are not part of a broader legislative framework of national preventative mechanisms as per OPCAT to access and monitor all detention facilities under Australian governmental jurisdiction or contract, onshore or overseas.

Thank you for accepting this submission.

Yours sincerely,

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