

Answer to questions on notice – Jesuit Refugee Service (JRS) Australia

1. **Underserviced Languages:** Our caseworkers have cited widespread difficulty accessing appropriate interpretation services through the NSW system, particularly in regard to female interpreters for women's health. Languages we particularly struggle to access interpretation services for include:
 - North African Arabic (Algerian, Moroccan, Tunisian, etc.)
 - Mongolian
 - Fijian
 - Burmese
 - Ukrainian
2. **Interpretation Services:** Health services are able to access interpretation services through [NSW Health Care Interpreting Services](#), but our clients' experience has been that these services are not consistently used in practice, the abovementioned languages are underserviced, there are limited female interpreters, and appointment times are not sufficiently long to account for the additional time required for interpretation. In our work with clients, we use [Translating and Interpreting Service \(TIS National\)](#).
3. **Case Study of a Woman Seeking Asylum Accessing Maternity Services:** As we highlighted at the hearing, the complexity of the healthcare system for mothers seeking asylum means that each interaction with the system will be unique. This is a key concern for caseworkers supporting mothers seeking asylum. It is unclear what avenues will be available to a client, what processes are in place, and how well-versed hospital or other maternity services staff will be with those processes. Therefore, individual advocacy is required on each occasion. In our experience, this can be time-consuming, ineffective, and a deterrent to women from accessing pre- and post-natal care.

Please note, we have reached out to sector colleagues for further case studies of pregnant mothers who have required emergency hospital admissions but, given the time of year, we have not been able to coordinate any of these case studies.

We provide below a de-identified example of a positive interaction our client had with the healthcare system while pregnant, as a result of eligibility for and the direct advocacy provided by [Refugee Health](#). This is an essential resource that bridges a gap faced by women seeking asylum. We know from experience however that Refugee Health is not always easily accessible to women on temporary visas generally, particularly if they are not local to Western Sydney, and the service is under-resourced to meet demand.

a. *Marion's Case Study*

Marion" arrived in Australia a little over two years ago. She was five months pregnant with a child conceived as a result of sexual assault. This experience caused problems between Marion and her husband, who was already living in Australia. He did not believe her story of the assault, accused her of infidelity, and became abusive. This led to the breakdown of their marriage and Marion was left alone in Australia pregnant, with no support, no financial resources, and a three year old daughter to care for. JRS Australia provided Marion with monthly emergency relief payments, which allowed her to share an apartment with another woman from her community. We also referred her to Refugee Health for pregnancy care and to STARTTS for mental health support. We provided casework and we are still working closely with her. Marion applied for a protection visa, but her application was denied, and as a result her eligibility for services is again precarious.

Regarding her experience with the health system, Marion shared the following:

Marion relied on a letter provided by the Refugee Health Service, which was a crucial resource, but requires renewal every six months. Marion presented this letter when attempting to access various health services and had generally smooth interactions with medical providers and services as a result. Marion was also fortunate to have a compassionate and dedicated nurse assigned to her care from Refugee Health. The nurse visited her home on a weekly basis, monitoring her blood pressure and assessing how well she was coping with her overall health and daily life challenges. These visits were more than just medical check ins: they brought a sense of reassurance and stability during such a difficult time. The nurse also often provided her with essential supplies, such as food and basic necessities, ensuring that her immediate needs were met. Beyond these practical supports, she also helped her navigate the complex network of healthcare services.

Whenever Marion had visited the hospital, including to give birth, the letter from Refugee Health was essential in order for her to receive support, as it explained her situation and set out her entitlements under the Directive. This letter simplified many administrative hurdles and reduced the stress of each visit. Most importantly, with the nurse's guidance and advocacy, she was able to arrange an appointment with a cardiologist to address a heart condition that had been untreated prior to engagement with Refugee Health. According to Marion, the nurse and the letter provided through Refugee Health played an essential role in maintaining her physical and emotional well-being, and enabled access to resources that she would have otherwise been denied.