World Health Organization

Knowledge Guide

to support the operationalization of the Refugee and Migrant Health: Global Competency Standards for Health Workers

WHO Health and Migration Programme

The WHO Health and Migration Programme brings together WHO's technical departments, regional and country offices, as well as partners, to secure the health rights of refugees and migrants and achieve universal health coverage. To this end, the Programme has five core functions: to provide global leadership, high-level advocacy, coordination and policy on health and migration; to set norms and standards to support decision-making; to monitor trends, strengthen health information systems and promote tools and strategies; to provide specialized technical assistance, response and capacity-building support to address public health challenges associated with human mobility; and to promote global multilateral action and collaboration.

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Foreword

WHO believes that everyone should be able to enjoy the right to health and access to people-centred, high-quality health services without financial impediment, including refugees and migrants, as expressed in the commitment to universal health coverage. To achieve this goal, all countries should aspire to build strong primary health care and health systems, supported by a well-trained, people-centred and competent health workforce that can respond to the needs of all people.

Refugees and migrants may have different and additional health needs compared with host populations and may experience worse health outcomes. These may be caused by physical and emotional stresses from the experiences of migration and displacement, barriers to health service access, inadequate or limited health services, institutional discrimination, levels of health and health systems literacy and restricted access to mainstream services.

The COVID-19 pandemic has been a cruel example of this issue, with refugees and migrants often living and working in overcrowded conditions where they are unable to take protective measures; they may be exposed to high levels of disease and death and yet have low levels of vaccination.

People-centred health services that address the needs of each person and consider individual characteristics (including migration and displacement experiences) can help to improve the health outcomes of refugee and migrant populations. Building and maintaining trust with refugees and migrants, especially when an individual has had previously distressing or discriminatory interactions with health institutions, is an essential part of providing people-centred health services.

Not all health workers are equipped to provide people-centred health services within the health systems they work in, and further efforts are needed to increase skills in this area. Health workers providing care for refugees and migrants need to be trained and supported to deliver effective and high-quality people-

centred health services and embrace a particular foundation of knowledge, skills and attitudes.

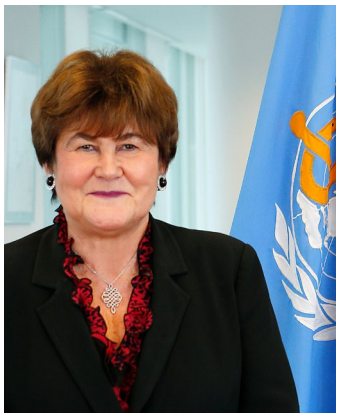
This Knowledge Guide identifies the baseline knowledge, skills and attitudes required for health workers to provide people-centred care to refugees and migrants, providing a foundation for targeted education and training activities. It is designed for educators and health workers to assist in designing or integrating learning content to enable attainment of the knowledge, skills and attitudes required in the context of refugee and migrant health.

The Knowledge Guide further identifies the behaviours, knowledge, skills and attitudes that embody people-centred health services for refugees and migrants and a corresponding Curriculum Guide has also been produced.

The Knowledge Guide has been developed alongside the WHO Refugee and Migrant Health: Global Competency Standards for Health Workers (the Standards), which were developed to promote the provision of people-centred health services to people from refugee and migrant backgrounds.

The Knowledge Guide is being published during 2021, the International Year of Health and Care Workers, which recognizes the dedication and sacrifice of millions of workers during the COVID-19 pandemic and beyond, and thanks them for their critical role in ensuring our health and prosperity during this difficult time.

I hope that the Knowledge Guide will help and support health workers to improve the provision of people-centred health services to refugees and migrants, enabling them to live happier, healthier lives.



Dr Zsuzsanna Jakab
Deputy Director-General
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Preface

WHO is committed to promoting improvement in global health and well-being through its Thirteenth General Programme of Work (GPW13), which concentrates on the achievement of the Sustainable Development Goals, including working towards universal health coverage.

The GPW13 is at the heart of WHO's plans to transform the future of public health, based on timely, reliable and actionable data. The GPW13 contains the triple billion targets for 2023:

- one billion more people benefiting from universal health coverage
- one billion more people better protected from health emergencies
- one billion more people enjoying better health and well-being.

The triple billion targets act both a measurement tool and a strategy to deliver on the GPW13 and the Sustainable Development Goals.

Ensuring the health and well-being of refugees and migrants is a key priority within the GPW13 and the WHO Director-General's Transformation Agenda. The aim of promoting refugee and migrant health and leaving no one behind is central to Promoting the Health of Refugees and Migrants: Draft Global Action Plan, 2019–2023.
Refugees and migrants have the fundamental right to the enjoyment of the highest attainable standard of health. However, they may have specific health needs and vulnerabilities that require people-centred, effective and high-quality health services that recognize the impact of migration on physical and mental health.

In practice, refugees and migrants may experience barriers in accessing health services, inadequate or limited health services, institutional discrimination, problems arising from health literacy and health systems literacy, and restricted access to mainstream services.

Inclusive health systems are required that put people at their centre. Here the health workforce has a vital role in providing people-centred health services and building the resilience of health systems to respond to the health needs of refugees and migrants. Health workers providing services to refugees and migrants require training and support to deliver effective and people-centred health services, embracing a

particular foundation of knowledge, skills and attitudes.
This Knowledge Guide has been developed by the WHO Health and Migration Programme in close collaboration with WHO's Health Workforce Department to support health workers and their educators in the design or integration of learning content for attainment of the knowledge, skills and attitudes required in the context of refugee and migrant health. It identifies the baseline required for health workers to provide people-centred health services to refugees and migrants and provides a foundation for targeted education and training activities. The Knowledge Guide has been developed in conjunction with the Refugee and Migrant Health: Global Competency Standards for Health Workers (the Standards) and is accompanied by a Curriculum Guide, which aims to provide a flexible template for designing curricula to suit the context and requirements for incorporation into pre-service learning, as well as targeted in-service learning.

WHO will support Member States to achieve a health workforce that provides people-centred quality health services. It will assist educational institutions, organizations and individuals engaged in the education and training of health-care workers and health administrators, and for the assessment of the relevant learning outcomes and competency standards.

The development of the Knowledge Guide, alongside the Standards and the Curriculum Guide, and their adaptation to country contexts, will help to promote access to high-quality primary health care and progress towards universal health coverage for all populations, including refugees and migrants. We must commit to achieving equitable access to essential health services for refugees and migrants and remove barriers to quality health services.

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The Knowledge Guide accompanies the Refugee and Migrant Health: Global Competency Standards for Health Workers (the Standards) and was developed by the WHO Health and Migration Programme (PHM, Office of the Deputy Director-General, WHO headquarters, Geneva) in close collaboration with the Health Workforce Department (WHO headquarters, Geneva). Strategic oversight was provided by Santino Severoni (Director PHM) and James Campbell (Director, Health Workforce Department). It was produced in collaboration with the Migrant and Refugee Health Partnership (Migration Council Australia), through Christine Phillips (Australian National University), Gulnara Abbasova and Veronica Finn.

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Introduction

Health workers providing health services for refugees and migrants need to be trained and supported to deliver effective and quality people-centred care for this population. People-centred health services for refugees and migrants requires health workers to embrace a particular foundation of knowledge, skills and attitudes (KSA). This Knowledge Guide is designed for educators and health workers to assist in designing or integrating learning content to enable attainment of the KSA required in the context of providing refugee and migrant health services.

Refugees and migrants may have different and additional health needs compared with host populations and may experience worse health outcomes due to physical and emotional stresses from the experiences of migration and displacement, including chronic hardship, barriers to health service access, inadequate or limited health services, institutional discrimination, poorer levels of health and health systems literacy, and restricted access to mainstream services. People-centred health services that address the needs of the person in light of their individual characteristics, including their migration and displacement experiences, can help to improve the health outcomes of refugee and migrant populations. Building and maintaining trust, especially when a person has had previously distressing or discriminatory interactions with health institutions, is an essential part of providing people-centred health services. Not all health workers are equipped to incorporate culturally sensitivity into care within the health systems they work in, and further efforts are needed to increase the skills of the health workforce in this area, including in the daily exercise of foundational helping skills (such as promoting confidentiality, exploration and normalization of feelings, and demonstrating empathy, warmth and genuineness). By identifying the baseline KSA required for health workers to provide people-centred health services to refugees and migrants, this Knowledge Guide provides a foundation for targeted education and training activities. The Knowledge Guide can be tailored to the environments that health workers operate in, taking into consideration the requirements and constraints of local health systems as well as characteristics of the refugee and migrant populations.

Refugee and Migrant Health: Global Competency Standards for Health Workers

This Knowledge Guide and the accompanying Curriculum Guide are designed to accompany the Refugee and Migrant Health: Global Competency Standards for Health Workers (the Standards), which set the benchmark for the health workforce in providing people-centred health services to refugees and migrants. The Standards sets out the level of proficiency in demonstrating the competencies associated with different domains of practice for health workers working with refugees and migrants; it was adapted from the Global Competency Framework for Universal Health Coverage *(1)*.

The Standards focuses on the behaviours of health workers, while recognizing that health systems also need to be responsive to the needs of refugees and migrants. The health workforce is placed within a broader landscape, with policy and legal considerations governing access to health services for refugee and migrant populations. The Standards can be used flexibly to meet the specific contexts in which health workers operate, while conveying general expectations of the health workforce in delivering care to people with experiences of migration and displacement. This Knowledge Guide provides an additional level of detail by articulating the KSA and learning outcomes that underpin the Standard's overarching competencies and behaviours.

Key terms within the Knowledge Guide

Health workers. Health workers are defined as all people engaged in work where the primary intent is to improve health; this will include both health practitioners and health administrators. Health practitioners provide clinical health services, for example as nurses, doctors and allied health practitioners. Health administrators are people engaged in actions whose primary intent is to manage and improve the systems and practices that provide health to

individuals and populations. This will include administrators who work alongside health practitioners, team leaders and managers, and other professionals in the administration of health services.

Competencies. These encompass a person's abilities to integrate KSA in the context of tasks and demonstrate this through behaviours *(1)*. Competencies are the patterns of behaviours that are demonstrated most often by high performers to achieve the best results.

Behaviours. In this context, behaviours are the observable, measurable components of performance encompassing KSA. Attitudes most closely relate to motivation to perform behaviours. Whereas knowledge provides the informational basis for tasks, skills are the higher-order application, analysis, evaluation and creation of knowledge. The presence or absence of KSA can be inferred from the presence or absence of the behaviours associated with the competency and the tasks.

How to use this document

This Knowledge Guide provides guidance on how health workers can apply the Standards to their own practice. For each of the nine competencies and their specific behaviours in the Standards, the Knowledge Guide examines in detail how a health worker's knowledge can reach the stated benchmark for providing care to refugees and migrants. The Knowledge Guide also details the learning outcomes that reflect the behaviours that a health worker will demonstrate once they have achieved the Competency Standards. This document separates the KSA for health workers into two groups: health practitioners and health administrators. While the KSA for health practitioners are relevant for everyday clinical practice, the KSA for health administrators focus more on service delivery and systems. As the nine Competency Standards are interrelated, so too are the collective KSA. Therefore, the skills underpinning one Competency Standard may be repeated elsewhere and there may be overlapping content. The following tables outline the KSA and learning outcomes for these two groups for each of the nine Competency Standards.

KSA and learning outcomes for the Competency Standards

Competency Standard 1 (provides people-centred health care to refugees and migrants): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
1.1. Adapts practice to the needs of the person in view of their migration and displacement experiences, taking into consideration the impact of these experiences on access to health care, including barriers to access	**Knowledge** • Articulates impacts of migration and displacement on health and experiences of health services • Applies tools and mechanisms to support people to access health services • Identifies obstacles to accessing health services experienced by refugees and migrants in view of their legal status **Skills** • Practises a variety of approaches to providing health services based on the person's unique experiences of migration and displacement • Identifies appropriate changes in service delivery to accommodate the individual needs and characteristics of refugees and migrants **Attitudes** • Respectfully acknowledges the impacts of migration and displacement experiences on the person's health and access to health services • Conducts culturally informed health-care consultations with an adaptive mindset	1.1.1. Identifies patterns of transitions taken by refugees and migrants and their potential impacts on health 1.1.2. Describes impacts of migration and displacement on health service access at different transition points for refugees and migrants 1.1.3. Outlines obstacles to accessing health services experienced by refugees and migrants, and particularly irregular refugees and migrants 1.1.4. Critically analyses clinical and administrative obstacles to accessing health services 1.1.5. Implements clinical best practice procedures that are customized to support health services for refugees and migrants taking into consideration their migration and displacement journey, cultural background, and their individual health needs	**Knowledge** • Articulates impacts of migration and displacement on health and experiences of health services • Identifies service barriers in broader health system that may impact refugees and migrants **Skills** • Reduces barriers to accessing health services • Customizes systems to accommodate the individual needs and characteristics of refugees and migrants **Attitudes** • Respectfully acknowledges the impacts of migration and displacement experiences on the person's health and access to health services • Conducts culturally informed administrative duties with an adaptive mindset	1.1.1. Identifies patterns of transitions taken by refugees and migrants and their potential impacts on health 1.1.2. Describes impacts of migration and displacement on health services access at different transition points for refugees and migrants 1.1.3. Outlines obstacles to accessing health services experienced by refugees and migrants, and particularly irregular refugees and migrants 1.1.4. Critically analyses clinical and administrative obstacles to accessing health services 1.1.5. Implements administrative best practice procedures that are customized to support health services for refugees and migrants taking into consideration their migration and displacement journey, cultural background, and their individual health needs

Competency Standard 1 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
1.2. Adapts practice to the needs of refugees and migrants in view of their individual characteristics, including the intersection of sex, gender identity, age, disability, sexual orientation and legal status, taking into account social determinants of health throughout migration and displacement transitions – including transit, arrival and possible return – and their impact on individual health needs across the life course	**Knowledge** • Identifies patterns of migration and displacement of refugees and migrants • Analyses impacts of migration and displacement transitions on individuals across the life course • Articulates how sociocultural factors may interact with one another across the process of migration or displacement and impact on an individual's health needs **Skills** • Responds to the needs of the person holistically taking into consideration their individual characteristics • Adapts practice to people in view of their legal status **Attitudes** • Maintains motivation to provide appropriate care that addresses the needs of the person and takes into consideration their individual characteristics	1.2.1. Describes stages of the migration cycle, including departure, transit, arrival and possible return 1.2.2. Analyses the evolving health needs of an individual across the life course 1.2.3. Adapts clinical practice to meet individual needs of refugees and migrants in view of their individual characteristics, legal status and other social determinants of health	**Knowledge** • Identifies patterns of migration and displacement of refugees and migrants • Describes how impacts of migration and displacement transitions on individuals across the life course • Analyses how health services needs may reflect the intersection of different socioeconomic, and cultural characteristics of individual of refugees and migrants through the processes of migration and displacement **Skills** • Anticipates fluctuations in service needs with changing patterns of arrival and departure for people on the move • Prepares for changes in service delivery based on different demographics and needs of refugees and migrants **Attitudes** • Maintains motivation to support appropriate service delivery that addresses the needs of the person and takes into consideration their individual characteristics	1.2.1. Describes stages of the migration cycle, including departure, transit, arrival and possible return 1.2.2. Analyses the evolving health needs of an individual across the life course 1.2.3. Customizes health services for changing needs of refugees and migrants according to their movement, demographic characteristics and health needs

Competency Standard 1 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
1.3. Addresses mental health and the psychosocial support needs of refugees and migrants by providing trauma-informed care and interventions sensitive to experiences of chronic hardship, traumatic events, grief and loss, facilitating referrals	**Knowledge** • Outlines social determinants of mental health among refugees and migrants • Identifies mental health conditions experienced by refugees and migrants • Identifies culturally sensitive and evidence-informed interventions for acute distress and priority mental health conditions • Describes the connections between mental health on physical health and social well-being • Recalls relevant local referral pathways and networks for mental health and psychosocial support and other needs **Skills** • Applies people-centred mental health interventions • Collaborates with colleagues to coordinate care and referrals including to specialized mental health and other services • Provides psychological first aid when needed **Attitudes** • Responds proactively to mental health and psychosocial support needs in a respectful and non-judgemental manner	1.3.1. Describes a range of presentations for psychological distress among refugees and migrants 1.3.2. Assesses common mental health, psychosocial support and other needs of refugees and migrants 1.3.3. Provides evidence-informed mental health interventions that are effective for refugees and migrants 1.3.4. Works with local referral networks and utilizes referral pathways for mental health and broader social support and other services 1.3.5. Articulates principles of psychological first aid 1.3.6. Uses psychological first aid	**Knowledge** • Defines social determinants of mental health among refugees and migrants • Identifies mental health conditions experienced by refugees and migrants • Describes the connections between mental health, physical health and social well-being • Describes in detail relevant local referral pathways and networks for mental health and psychosocial and other needs **Skills** • Provides open, inclusive and welcoming service • Identifies local referral pathways and networks for mental health and broader social support and other services • Establishes effective referral pathways with service providers (e.g. social services, protection, education) and develops effective relationships with community leaders **Attitudes** • Responds proactively to mental health and psychosocial support needs in a respectful and non-judgemental manner	1.3.1. Describes a range of presentations for psychological distress among refugees and migrants 1.3.2. Supports an organizational approach to care sensitive to experiences of chronic hardship and trauma 1.3.3. Develops effective relationships with referral networks and service providers

Competency Standard 1 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
1.4. Supports universal access to quality health care, irrespective of the person's legal status and related legal, administrative and financial barriers to access, recognizing the particular vulnerabilities of children on the move	**Knowledge** • Articulates administrative, financial and legal barriers to access for the person within the local setting • Identifies administrative, financial and legal barriers to access for the person when undertaking other migration transitions, or when referred to another component of the health sector **Skills** • Advocates for universal access to quality health services, as necessary **Attitudes** • Provides quality and effective care that is free from prejudice, regardless of the person's legal status	1.4.1. Outlines structural barriers to universal access to health services experienced within the local setting 1.4.2. Uses strategies to support or reinforce the person's ability to access quality health services at all levels of the health sector	**Knowledge** • Analyses administrative, financial and legal barriers to access for the person within the local setting • Analyses administrative, financial and legal barriers to access for the person when undertaking other migration and displacement transitions, or when referred to another component of the health sector **Skills** • Enacts strategies to support access to quality health services, regardless of legal status • Develops systematic approaches with other services that support universal access to quality health services **Attitudes** • Ensures the provision of effective care that is available to all, regardless of the person's legal status or financial circumstances	1.4.1. Outlines structural barriers to universal access to health services experienced within the local setting 1.4.2. Applies systematic approaches to support the access of individuals to quality health services

Competency Standard 1 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
1.5. Facilitates continuity of care by supporting the person to hold their own health information and documentation, and understand how to seek further care, recognizing the mobility of refugee and migrant populations	**Knowledge** • Outlines ethical and practical arguments for supporting people's access to their own health information, in order to facilitate continuity of care • Describes the different types of person-held records including electronic records **Skills** • Uses systems for documentation including (but not limited to) patient-held records **Attitudes** • Supports the person to hold their own health information and documentation • Supports the person to be an active participant in their health-care journey	1.5.1. Applies sustainable, locally relevant strategies for maintaining clinic- and patient-held records for refugees and migrants	**Knowledge** • Outlines ethical and practical arguments for strategies to support continuity of care among refugees and migrants • Describes minimum data requirements for functional patient-held records • Identifies characteristics of high-quality patient-held records **Skills** • Uses health-care systems for recording, collating and transferring individual records **Attitudes** • Responds proactively to support systems that enable the person to hold their own health information and documentation	1.5.1. Outlines minimum data requirements for a functional patient-held record 1.5.2. Applies sustainable, locally relevant systems for maintaining, collating and transferring clinic records for refugees and migrants

Competency Standard 2 (promotes the agency of refugees and migrants at individual and community levels): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
2.1. Assesses the person's health literacy and health systems literacy, including identifying areas of strength and specific areas of risk	**Knowledge** • Outlines components of health literacy including skills and knowledge, to access, understand, appraise and apply information to make effective decisions about health and health services • Describes specific challenges to health literacy and health systems literacy that may be faced by refugees and migrants **Skills** • Assesses the person's health literacy and health systems literacy **Attitudes** • Values the person's ability to develop knowledge about their own health and how to navigate the local health system	2.1.1. Describes the factors that impact the person's level of health literacy and health systems literacy 2.1.2. Employs strategies to assess the person's health literacy and health systems literacy 2.1.3. Evaluates the person's specific areas of strength and capability gaps regarding health literacy or health systems literacy	**Knowledge** • Outlines components of health systems literacy including skills and knowledge to understand the components and connections within a health system • Describes specific barriers to health literacy and health systems literacy that may be faced by refugees and migrants **Skills** • Supports health literacy and health systems literacy development in service users **Attitudes** • Values systematic approaches to integrate assessment of health literacy and health systems literacy as part of everyday clinical practice	2.1.1. Describes the factors that impact the person's level of health literacy and health systems literacy 2.1.2. Implements systems to support assessment of health literacy and health systems literacy among refugees and migrants

Competency Standard 2 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
2.2. Supports refugees and migrants to develop their health literacy and their awareness of the right to health	**Knowledge** • Outlines methods to promote the person's health literacy • Articulate the universal right to health **Skills** • Communicates ways to improve health literacy **Attitudes** • Seeks to support the person in improving their health literacy	2.2.1. Identifies strategies to support improvements in health literacy among refugees and migrants 2.2.2. Implements strategies to develop health literacy and awareness of right to health in consultations with refugees and migrants	**Knowledge** • Outlines methods to promote health literacy in communities • Articulates the universal right to health **Skills** • Empowers staff to improve health literacy among service users • Provides evidence-informed knowledge and promotes official and trusted sources of information for health seeking **Attitudes** • Values the integration of health literacy in everyday clinical practice	2.2.1. Implements strategies to promote improvements in health literacy among refugees and migrants at the community level 2.2.2. Evaluates assessment and uptake of evidence-informed resources to identify individual and community health literacy and health systems literacy
2.3. Supports refugees and migrants to improve their knowledge of, and ability to navigate, the host country's health system	**Knowledge** • Identifies factors that impact a person's health systems literacy • Describes knowledge of the host country's health system • Identifies sources of information on the host country's health system **Skills** • Educates the person on ways to improve health systems literacy • Fosters the person's confidence to navigate the local health system **Attitudes** • Seeks to help the person to develop their understanding of the local health system	2.3.1. Identifies strategies to describe the local health system to refugees and migrants 2.3.2. Identifies critical areas where refugees and migrants may face challenges in navigating the health sector (e.g. accessing pharmaceuticals) 2.3.3. Promotes health systems literacy for individuals	**Knowledge** • Identifies factors that impact the person's health systems literacy **Skills** • Empowers staff to support improvements in health systems literacy among service users • Enacts systems that support refugees and migrants to navigate the host country's health system **Attitudes** • Maintains openness to strategies to help the person to develop their understanding of the local health system	2.3.1. Identifies strategies to describe the local health system to refugees and migrants 2.3.2. Identifies critical areas where refugees and migrants may face challenges in navigating the health sector (e.g. accessing pharmaceuticals) 2.3.3. Integrates health systems literacy promotion into health service delivery systems

Competency Standard 2 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
2.4. Addresses language and cultural considerations when supporting people to be informed of their options for health care, make decisions about and manage their own health	**Knowledge** • Presents ethical and practical arguments for shared decision-making • Articulates cultural considerations that may impact on shared decision-making • Appreciates language considerations that may impact on shared decision-making **Skills** • Engages in linguistically and people-centred shared decision making **Attitudes** • Responds sensitively to the person's language and cultural preferences in relation to health and health care	2.4.1. Provides linguistically and people-centred support to help people to make informed decisions about their health and health care	**Knowledge** • Articulates cultural and language considerations for shared decision-making **Skills** • Supports service improvements to enable the person to expand their knowledge of health care **Attitudes** • Responds sensitively to the person's language and cultural preferences in relation to health and health care	2.4.1. Implements service-or system-level distribution of information resources to assist people to enhance knowledge of their health and health care
2.5. Engages with diaspora communities to promote the agency of refugees and migrants at a community level	**Knowledge** • Identifies appropriate and relevant refugee and migrant diaspora community organizations and supports, including mechanisms to promote community agency **Skills** • Refers the person to appropriate diaspora community supports **Attitudes** • Recognizes the role of diaspora communities in supporting refugees and migrants	2.5.1. Describes practical and social supports that may be offered by diaspora communities 2.5.2. Identifies locally relevant diaspora communities 2.5.3. Refers to appropriate diaspora community supports	**Knowledge** • Outlines appropriate and relevant refugee and migrant diaspora community organizations and supports **Skills** • Develops and maintains connections with relevant refugee and migrant diaspora communities and organizations as a resource for refugees and migrants • Develops and maintains connections with relevant refugee and migrant disapora communities and organizations to understand their changing needs **Attitudes** • Recognizes the need to collaborate with relevant refugee and migrant community diaspora communities and organizations in supporting refugees and migrants	2.5.1. Describes practical and social supports that may be offered by diaspora communities 2.5.2. Identifies locally relevant diaspora communities 2.5.3. Employs strategies to maintain awareness of diaspora communities and their capacity to promote the agency of refugees and migrants

Competency Standard 2 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
2.6. Identifies processes for safe and appropriate engagement with the person's family or community to facilitate the provision of health care, including when addressing barriers to access	**Knowledge** • Analyses the role of family and community in the person's health care **Skills** • Safely and respectfully engages with the person's family and community to facilitate health care **Attitudes** • Respects the person's right to involve family or community in their health care	2.6.1. Safely and respectfully engages with family and community members to facilitate health care	**Knowledge** • Analyses the role of family and community in the person's health care **Skills** • Supports systems that enable engagement with the person's family and community to facilitate health care **Attitudes** • Respects the person's right to involve family or community in their health care	2.6.1. Applies systems to enable engagement with the person's family and community to facilitate health care
2.7. Recognizes the impacts of family separation on the health of refugees and migrants, including mental health impacts	**Knowledge** • Outlines the impact of family separation on physical and mental health **Skills** • Addresses the impact of family separation on the person's health, where appropriate and with sensitivity **Attitudes** • Maintains awareness of the impact of family separation on the health of refugees and migrants	2.7.1. Describes the impact of family separation on the health of refugees and migrants 2.7.2. Provides appropriate support for people impacted by family separation	**Knowledge** • Describes the impact of family separation on physical and mental health **Skills** • Supports systems to address the impact of family separation on the person's health, where appropriate and with sensitivity **Attitudes** Maintains awareness of the impact of family separation on the health of refugees and migrants	2.7.1. Describes the impact of family separation on the health of refugees and migrants 2.7.2. Incorporates systems to recognize and support people who have suffered health impacts from family separation

Competency Standard 3 (engages safe and appropriate aids to meet language and communication needs of refugees and migrants): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
3.1. Recognizes the person's right to timely, gender- and age-appropriate information, including assistance with communication	**Knowledge** • Outlines how gender and age may impact on the person's right to comprehensible health information • Describes readily available modes of communication assistance **Skills** • Incorporates considerations of age and gender into health information • Implements appropriate, timely communication assistance **Attitudes** • Supports right to accessible, age- and gender-appropriate health information	3.1.1. Identifies age and gender considerations when providing information 3.1.2. Incorporates age and gender considerations when providing information 3.1.3. Implements timely communication assistance when needed	**Knowledge** • Outlines how gender and age may impact on the person's right to comprehensible health information • Describes readily available communication assistance **Skills** • Incorporates considerations of age and gender into health information • Implements systems to support timely communication assistance **Attitudes** • Supports right to accessible, age- and gender-appropriate health information	3.1.1. Identifies age and gender considerations when providing information 3.1.2. Supports age and gender considerations when providing information 3.1.3. Implements systems to support timely communication assistance
3.2. Mitigates language and communication barriers by engaging trained individuals including interpreters and cultural mediators, as appropriate, to facilitate communication between the person and health workers, wherever necessary	**Knowledge** • Outlines situations where interpreters and cultural mediators should be engaged **Skills** • Works effectively with interpreters in person and remotely • Uses appropriate communication aids **Attitudes** • Responds to the person's need for communication assistance • Seeks to collaborate with appropriate interpreters and cultural mediators	3.2.1. Distinguishes roles of interpreters and cultural mediators 3.2.2. Identifies when an interpreter should be engaged 3.2.3. Describes strategies for accessing interpreters 3.2.4. Works efficiently and effectively with remote and on-site interpreters 3.2.5. Works effectively with cultural mediators	**Knowledge** • Outlines situations where interpreters and cultural mediators should be engaged • Describes systems for accessing interpreters in advance or on demand **Skills** • Establishes systems to create interpreter-friendly service **Attitudes** • Responds to the person's need for communication assistance	3.2.1. Distinguishes roles of interpreters and cultural mediators 3.2.2. Implements systems for accessing and working effectively with interpreters and cultural mediators

Competency Standard 3 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
3.3. Uses language and communication aids that are language and culturally appropriate, sensitive and age- and gender-responsive	**Knowledge** • Describes range and types of communication aids **Skills** • Uses appropriate communication aids **Attitudes** • Responds to the person's need for communication assistance	3.3.1. Uses appropriate communication aids for people with different language and cultural backgrounds	**Knowledge** • Outlines situations where interpreters and cultural mediators should be engaged • Describes high-quality communication aids • Describes systems for accessing interpreters in advance or on demand **Skills** • Establishes systems to create an interpreter-friendly service • Maintains register of communication aids **Attitudes** • Responds to the person's need for communication assistance	3.3.1. Develops systems to ensure access to culturally appropriate language and communication aids
3.4. Adapts practice to work effectively with interpreters and cultural mediators, as appropriate, in person or remotely, including by telephone or video link	**Knowledge** • Outlines strategies for working effectively with interpreters and cultural mediators **Skills** • Works effectively with interpreters in person and remotely **Attitudes** • Responds to the person's need for communication assistance	3.4.1. Compares and contrasts the strategies for working with interpreters in person and through remote access technology 3.4.2. Works effectively with online and in-person interpreters, where appropriate, and cultural mediators	**Knowledge** • Outlines situations where interpreters and cultural mediators should be engaged • Describes systems for accessing interpreters in advance or on demand **Skills** • Establishes systems to create an interpreter-friendly service **Attitudes** • Responds to the person's need for communication assistance	3.4.1. Compares and contrasts the strategies for working with interpreters in person and through remote access technology 3.4.2. Develops strategies to promote, monitor and increase engagement of interpreters and cultural mediators

Competency Standard 4 (supports refugees and migrants to understand information about their health care): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
4.1. Ensures that the person understands information about their health care in view of the language, communication and health literacy barriers to understanding	**Knowledge** • Outlines barriers to the person being able to understand information about their health services • Describes teach-back method **Skills** • Identifies barriers to understanding about health services in consultation • Effectively utilizes the teach-back method • Encourages the person to ask key questions of health practitioners to support the person's understanding • Uses language resources to assist in communication **Attitudes** • Genuinely seeks to verify the person's understanding of their health services • Strives to use clear, non-technical communication	4.1.1. Assesses individual barriers to understanding information about health services 4.1.2. Gains proficiency in teach-back method 4.1.3. Encourages the person to ask questions of health practitioners to support the person's understanding	**Knowledge** • Outlines barriers to the person being able to understand information about their health services **Skills** • Establishes systems to support the person with sufficient information to understand their health services **Attitudes** • Seeks to use clear, non-technical communication	4.1.1. Assesses system-level barriers to the person's understanding of information about their health services 4.1.2. Supports system-level approaches to ensuring people understand information about their health services
4.2. Communicates in plain language, avoiding the use of medical jargon	**Knowledge** • Outlines principles of communicating in plain language **Skills** • Communicates clearly without jargon **Attitudes** • Strives to use clear, non-technical communication	4.2.1. Communicates in plain language, avoiding the use of medical jargon	**Knowledge** • Outlines ways to ensure health communication materials are readable and comprehensible **Skills** • Ensures that signage and materials are in clear non-technical language • Establishes systems to support access to health education material in appropriate language and language complexity **Attitudes** • Strives to use clear, non-technical communication	4.2.1. Uses strategies to improve access to health education materials in appropriate language and complexity 4.2.2. Assesses readability and clarity of signage and other materials used in health services and health education

Competency Standard 5 (engages in collaborative practice to promote the health of refugees and migrants): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
5.1. Engages with broader social and community support, including legal, education, employment, housing and other social support services as appropriate, to address the impacts of non-health-related factors on the person's health in the context of migration and displacement and to facilitate specialized care	**Knowledge** • Outlines broad social and community support services that can be accessed to improve the person's health **Skills** • Identifies suitable supports to address the impacts of non-health factors on the person's health status • Engages with broad social and community support services to improve the person's health **Attitudes** • Recognizes the impact of non-health services on the person's health outcomes • Recognizes the diverse skillset of other support service providers	5.1.1. Describes impacts of broader social and community support services on the health of the person in the context of migration and displacement 5.1.2. Engages with non-health services to improve the health of people in the context of migration and displacement	**Knowledge** • Describes broad social and community support services that can be accessed to improve the person's health **Skills** • Identifies suitable supports to address the impacts of non-health factors on the person's health status • Establishes and maintains effective working relationships with social and community support services **Attitudes** • Recognizes the impact of non-health services on the person's health outcomes • Recognizes the diverse skillset of other support service providers	5.1.1. Describes impacts of broader social and community support services on the health of a person in the context of migration and displacement 5.1.2. Critically evaluates extent and quality of working relationships with non-health services to improve the health of people in the context of migration and displacement
5.2. Undertakes effective handover of care to other health workers through verbal and/or written communication, including information about relevant individual, cultural and language considerations and needs as well as migration- and displacement-related factors	**Knowledge** • Outlines elements of good handover, including verbal and/or written communication with detailed information about language and cultural considerations and migration or displacement factors • Describes the risks to safety of poor handover • Identifies the contexts where unsafe handover is more likely to occur **Skills** • Undertakes effective handover of care to other health workers **Attitudes** • Recognizes the impact of the person's individual needs and the cultural, language and migration- and displacement-related factors on effective handover	5.2.1. Identifies elements of effective handover 5.2.2. Provides effective handover to other health workers within and across services through verbal and/or written communication	**Knowledge** • Describes system determinants of good handover • Describes the risks to safety of poor handover **Skills** • Establishes systems to support safe and effective handover of care within and between health services and minimize poor handover **Attitudes** • Supports staff to undertake effective handover taking into consideration the person's individual needs and cultural, language, migration- and displacement-related factors	5.2.1. Identifies elements of effective handover 5.2.2. Supports systems for safe and effective handover of care within and between health services

Competency Standard 5 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
5.3. Utilizes the skills, including language and communication capabilities, of health workers from refugee and migrant backgrounds in supporting people with experiences of migration and displacement	**Knowledge** • Outlines positive impacts of working with health workers from refugee and migrant backgrounds **Skills** • Works collaboratively with health workers from refugee and migrant backgrounds **Attitudes** • Recognizes the skills and strengths of health workers from refugee and migrant backgrounds	5.3.1. Identifies benefits of working with health workers from refugee and migrant backgrounds 5.3.2. Collaborates with health workers from refugee and migrant backgrounds	**Knowledge** • Outlines positive impacts when working with health workers from refugee and migrant backgrounds **Skills** • Supports employment of, or engagement with, workers from refugee and migrant backgrounds and collaboration with other members of the health team **Attitudes** • Recognizes the value of a diverse health workforce	5.3.1. Identifies benefits of working with health workers from refugee and migrant backgrounds 5.3.2. Supports working with refugee or migrant source populations, including health workers, in health service delivery
5.4. Engages effectively with government departments, nongovernmental and civil society organizations, communities and other health workers to provide integrated and coordinated health, mental health and psychosocial support services to refugees and migrants	**Knowledge** • Identifies government departments, nongovernmental and civil society organizations that are relevant for integrated health services for refugees and migrants in the local area **Skills** • Navigates relevant organizations to support health, mental health and psychosocial care of refugees and migrants **Attitudes** • Seeks to navigate the broader organizational context to deliver coordinated care	5.4.1. Describes the landscape of government departments, nongovernmental and civil society organizations and their roles as part of the delivery of integrated physical, mental and psychosocial support 5.4.2. Engages with other bodies (government departments, nongovernmental and civil society organizations) to support clinical care of refugees and migrants	**Knowledge** • Describes in detail government departments, nongovernmental and civil society organizations that are relevant for integrated health services for refugees and migrants in the local area **Skills** • Develops effective working relationships with organizations to support health, mental health and psychosocial care of refugees and migrants **Attitudes** • Seeks to navigate the broader organizational context to deliver coordinated care	5.4.1. Describes the landscape of government departments, nongovernmental and civil society organizations and their roles as part of the delivery of integrated physical, mental and psychosocial support 5.4.2. Evaluates the capacity and scope of support services for potential referral or engagement

Competency Standard 6 (responds to migration- and displacement-related surges in demand): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
6.1. Responds flexibly and collaboratively to surges in demand for the provision of health-care services in view of increased levels of migration and displacement	**Knowledge** • Describes causes of surges in demand for services by refugees and migrants • Outlines impacts of surges in demand on health service delivery **Skills** • Works collaboratively and under pressure during a surge response **Attitudes** • Responds flexibly to high-pressure, resource-constrained circumstances	6.1.1. Identifies the systems elements of a surge response 6.1.2. Works collaboratively during a surge response	**Knowledge** • Analyses causes of surges in demand for services by refugees and migrants • Analyses impacts of surges in demand on health service delivery • Describes elements of a good surge response **Skills** • Anticipates and plans for a surge in a sustainable manner **Attitudes** • Responds flexibly to high-pressure, resource-constrained circumstances	6.1.1. Identifies the systems elements of a surge response 6.1.2. Describes the elements of a surge response 6.1.3. Makes surge response a sustainable part of health services for refugees and migrants

Competency Standard 7 (promotes evidence-informed health care for refugees and migrants): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
7.1. Uses evidence-informed guidelines and standards, where they exist, to respond to specific health needs of refugees and migrants in care planning and delivery, including mental health and psychosocial support, psychological first aid, pain management and medication management	**Knowledge** • Identifies a range of evidence-informed compendia for refugee and migrant health **Skills** • Applies evidence-informed guidelines, standards and tools appropriately **Attitudes** • Uses and promotes evidence-informed practice	7.1.1. Identifies relevant guidelines and standards for the local context and local health needs 7.1.2. Applies evidence-informed guidelines and standards routinely in practice	**Knowledge** • Identifies a range of evidence-informed compendia for refugee and migrant health **Skills** • Supports access to evidence-informed compendia for refugee and migrant health **Attitudes** • Supports the use of evidence-informed practice	7.1.1. Identifies relevant guidelines and standards for the local context and local health needs 7.1.2. Applies systems that support access to evidence for services providing care for refugees and migrants
7.2. Recognizes how the health needs of refugees and migrants may differ from those of the general population	**Knowledge** • Describes key differences in the health needs of refugee and migrant populations **Skills** • Applies this knowledge to specific clinical situations **Attitudes** • Recognizes how and why the health and health needs of refugees and migrants may differ from those in the general population	7.2.1. Compares and contrasts specific health needs of refugees and migrants with those of the general population 7.2.2. Implements an adaptation in a clinical setting that shows recognition of the particular needs of refugees and migrants	**Knowledge** • Outlines a range of differences between the health needs of refugee and migrant populations **Skills** • Supports changes in service delivery to accommodate the specific health needs of refugees and migrants **Attitudes** • Recognizes how and why the health and health needs of refugees and migrants may differ from those in the general population • Seeks to adapt service delivery for refugees and migrants based on evidence-informed guidelines	7.2.1. Compares and contrasts specific health needs of refugees and migrants with those of the general population 7.2.2. Implements a system level adaptation that shows accommodation to the particular needs of refugees and migrants

Competency Standard 7 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
7.3. Identifies where additional evidence is needed to promote the health of refugees and migrants	**Knowledge** • Outlines evidence compendia for conditions and treatments relevant to refugee and migrant health **Skills** • Defines problem to be solved • Identifies gaps in evidence **Attitudes** • Recognizes areas where new evidence is needed or should be updated • Maintains openness to generating new evidence	7.3.1. Identifies areas where additional evidence is needed to promote the health of refugees and migrants	**Knowledge** • Identifies evidence compendia for conditions and care and treatments relevant to refugee and migrant health **Skills** • Defines problem to be solved • Identifies gaps in evidence **Attitudes** • Recognizes areas where new evidence is needed or should be updated • Maintains openness to generating new evidence, individually and through collaboration	7.3.1. Identifies areas where additional evidence is needed to promote the health of refugees and migrants
7.4. Participates in the generation of evidence, where possible, to inform the development of guidelines and standards to respond to health needs of refugees and migrants	**Knowledge** • Outlines some strategies for evidence generation **Skills** • Defines problem to be solved • Identifies gaps in evidence • Uses appropriate evidence-generation methods, including feedback from refugees and migrants, to inform standards and guidelines for the health needs of refugees and migrants **Attitudes** • Recognizes areas where new evidence is needed or should be updated • Maintains openness to generating new evidence	7.4.1. Assesses the need to rapidly generate or seek out new evidence to guide practice 7.4.2. Uses feedback and complaints from refugees and migrants to improve practice	**Knowledge** Outlines strategies for evidence generation **Skills** • Defines problem to be solved • Identifies gaps in evidence • Supports strategies and networks for applied research, through supporting a learning organization • Supports systems to encourage people to provide feedback and make complaints to improve health services **Attitudes** • Recognizes areas where new evidence is needed or should be updated • Maintains openness to generating new evidence, individually and through collaboration	7.4.1. Supports generation of evidence for emerging health needs within and across health services 7.4.2. Uses systems to support feedback and complaints about service delivery with a view to improvement

Competency Standard 7 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
7.5. Supports the translation of evidence into practice when providing care to refugees and migrants	**Knowledge** • Describes strategies for translation of evidence for locally relevant practice **Skills** • Applies new evidence into practice for refugees and migrants **Attitudes** • Maintains openness to change in implementing new evidence to improve practice for refugees and migrants	7.5.1. Describes barriers and facilitators to translation of evidence 7.5.2. Implements or supports implementation of new evidence-informed practice 7.5.3. Examines new evidence-informed practice to apply to the local context	**Knowledge** • Describes strategies for translation of evidence for locally relevant practice **Skills** • Supports systems and strategies to apply new evidence into practice for refugees and migrants **Attitudes** • Maintains openness to change in implementing new evidence to improve service delivery to refugees and migrants	7.5.1. Describes barriers and facilitators to translation of evidence 7.5.2. Implements or supports implementation of new evidence-informed practice

Competency Standard 8 (engages in lifelong learning and reflective practice to promote the health of refugees and migrants): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
8.1. Maintains awareness of own culture, beliefs, values and biases	**Knowledge** • Describes the concept of reflexivity: the ability to reflect on one's own values, cultures, beliefs, values and biases **Skills** • Applies reflexivity to one's practice to avoid bias, insensitivity or cultural judgement **Attitudes** • Recognizes one's own potential cultural and other biases	8.1.1. Applies reflexivity to one's own culture, beliefs values and biases	**Knowledge** • Describes the concept of reflexivity: the ability to reflect on one's own values, cultures, beliefs, values and biases **Skills** • Applies reflexivity to one's practice to avoid bias, insensitivity or cultural judgement **Attitudes** • Recognizes one's own potential cultural and other biases	8.1.1. Applies reflexivity to one's own culture, beliefs values and biases
8.2. Demonstrates awareness of institutional discrimination experienced by refugees and migrants, in particular its impacts on health status	**Knowledge** • Explains concept of institutional discrimination and its impact on health status **Skills** • Adapts practice to address impacts of institutional discrimination on health service delivery and health status of refugees and migrants • Encourages feedback from refugees and migrants on service delivery **Attitudes** • Strives to mitigate impacts of institutional discrimination on health service delivery and health status of refugees and migrants	8.2.1. Describes the impact of institutional discrimination on refugees and migrants 8.2.2. Incorporates into clinical practice an awareness of the impacts of institutional discrimination on the health of refugees and migrants	**Knowledge** • Explains concept of institutional discrimination and its impact on health status **Skills** • Incorporates system-level approaches to mitigate institutional discrimination on health service delivery and health status of refugees and migrants **Attitudes** • Strives to mitigate impacts of institutional discrimination on health service delivery and health status of refugees and migrants	8.2.1. Describes the impact of institutional discrimination on refugees and migrants 8.2.2. Develops system level approaches to mitigating some impacts of institutional discrimination on health status of refugees and migrants

Competency Standard 8 contd

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
8.3. Demonstrates awareness of intersections of systems, structures and patterns of power that determine a person's position of disadvantage and impact their access to, and experience of, health care	**Knowledge** • Describes intersections of systems, structures and patterns of power and how they impact on access to, and experience of, health services **Skills** • Incorporates into clinical practice an awareness of how the intersections of systems, structures and patterns of power lead to disadvantage and impact on experience of health services **Attitudes** • Recognizes intersecting impacts of power on health of refugees and migrants	8.3.1. Outlines the impact of intersections of systems, structure and patterns of power to determine disadvantage and impact on experience of health services 8.3.2. Incorporates into clinical practice an awareness of how the intersections of systems, structures and patterns of power lead to disadvantage and impact on experience of health services	**Knowledge** • Describes intersections of systems, structures and patterns of power and how they impact on access to, and experience of, health services **Skills** • Incorporates system-level approaches that are aware of how the intersections of systems, structures and patterns of power lead to disadvantage and impact on experience of health services **Attitudes** • Recognizes intersecting impacts of power on health of refugees and migrants	8.3.1. Outlines the impact of intersections of systems, structure and patterns of power to determine disadvantage and experience of health services 8.3.2. Incorporates system-level approaches to mitigate the health impacts of intersecting systems, structures and patterns of power for refugees and migrants
8.4. Addresses the impact of own culture, beliefs, values and biases as well as institutional discrimination on interactions in health-care settings, including by continually adapting practice to respond to the needs of relevant communities	**Knowledge** • Describes the concept of perspective-taking • Describes the concept of reflexivity: the ability to reflect on one's own values, cultures, beliefs, values and biases **Skills** • Applies reflexivity to personal practice to avoid bias, insensitivity or cultural judgement • Applies perspective-taking to understand the differences between one's own position and that of others whom one cares for **Attitudes** • Recognizes one's own potential cultural and other biases	8.4.1. Apples reflexivity, perspective-taking and awareness of institutional discrimination in personal practice when delivering health services to refugees and migrants	**Knowledge** • Describes the concept of reflexivity: the ability to reflect on one's own values, cultures, beliefs, values and biases **Skills** • Applies reflexivity to personal practice to avoid bias, insensitivity or cultural judgement • Supports the delivery of people-centred health services, incorporating cultural sensitivity **Attitudes** • Recognizes one's own potential cultural and other biases	8.4.1. Supports the delivery of people-centred health services that avoid institutional discrimination and adapt to the needs of communities

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
8.5. Contributes to introducing or improving cultural sensitivity in existing practices by modelling appropriate behaviour and avoiding culturally insensitive practices	**Knowledge** Describes nature and impacts of culturally insensitive practices **Skills** Models cultural sensitivity in clinical practice **Attitudes** Strives to practise in a people-centred manner	8.5.1. Incorporates and models cultural sensitivity in clinical work	**Knowledge** • Describes the concept of reflexivity: the ability to reflect on one's own values, cultures, beliefs, values and biases **Skills** • Models cultural sensitivity in management and organization practice **Attitudes** • Strives to practise in a people-centred manner	8.5.1. Incorporates and models cultural sensitivity in management and organizational practice

Competency Standard 9 (contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement): KSA and learning outcomes

Behaviours	Health practitioner		Health administrator	
	KSA	Learning outcomes	KSA	Learning outcomes
9.1. Engages in self-care practices to manage own mental health and well-being when working in the context of migration and displacement	**Knowledge** • Describes self-care practices to support resilience when working in context of migration and displacement **Skills** • Identifies self-care practices suited to one's own needs • Identifies circumstances in which one would use these self-care practices • Implements self-care practices proactively **Attitudes** • Recognizes one's own potential vulnerabilities and signs that one may be becoming overwhelmed	9.1.1. Identifies self-care strategies suited to one's own needs and preferences 9.1.2. Practises self-care regularly, with proactive intensification under conditions of stress	**Knowledge** • Describes self-care practices to support resilience when working in context of migration and displacement **Skills** • Supports staff to identify self-care practices suited to their own needs • Develops processes to ensure that staff regularly implement self-care practices **Attitudes** • Recognizes one's own potential vulnerabilities and signs that one may be becoming overwhelmed	9.1.1. Identifies self-care strategies suited to one's own needs and preferences 9.1.2. Practises self-care regularly, with proactive intensification under conditions of stress 9.1.3. Implements processes to support staff to engage in self-care
9.2. Contributes to a supportive team environment to manage the mental health and well-being impacts of providing care to refugees and migrants	**Knowledge** • Outlines elements of team functioning that support mental health and well-being **Skills** • Contributes to a supportive team environment **Attitudes** • Recognizes how teamwork can improve workplace mental health and well-being	9.2.1. Identifies elements of supportive teamwork 9.2.2. Works effectively in a team	**Knowledge** • Describes elements of team functioning that support mental health and well-being • Identifies indicators of poor team functioning that might undermine mental health and well-being **Skills** • Implements activities, practices and policies that create a supportive team environment **Attitudes** • Recognizes how teamwork can improve workplace mental health and well-being	9.2.1. Identifies elements of supportive teamwork 9.2.2. Articulates strategies to support workplace resilience 9.2.3. Implements and supports activities, practices and policies that create a supportive team environment

Supporting information

Competency Standard 1: supporting information

Migration and displacement experiences

Experiences of refugees and migrants can be broadly considered in three stages: those taking place in the country of origin, those occurring in transit through one or more countries and those in the country (or place) of destination (2). However, migration and displacement are not always part of a linear process and these experiences are not necessarily consecutive; in reality, the trajectory is often more complex. Interception may also form part of the migration and displacement experience.

Country of origin. Pre-migration experiences occur in the country of origin, where the health of refugees and migrants may be shaped by various political, social and environmental factors, including conflict and persecution, economic opportunity, climate challenges, existing health practices and the impacts of lived experiences, including chronic hardship, daily stressors, potentially traumatic events and the distribution of illnesses that may be commonly found in that country.

Country of transit. Experiences in transit between countries of origin and destination may impact the health of refugees and migrants. These will depend on the type of journey, the prevalence of illnesses in countries of transit and the potential limitation in access to health care, including disrupted provision of medications. Some refugees and migrants may experience physical injuries and traumatic or stressful events during transit.

Country (or place) of destination. Experiences in the country of destination – or place of destination, for internal migrants – may shape the health of refugees and migrants in various ways. Factors include socioeconomic challenges arising from settlement and, sometimes, precarious legal status; the ability to access health services for ongoing care or new conditions; and the impacts of other experiences, including physical injuries, traumatic or stressful events, chronic hardship or discrimination in the post-migration phase.

Return. The return of refugees and migrants to their country of origin is generally considered a stage of the migration cycle, in addition to

the stages outlined above. However, many refugees and migrants may not return to their country of origin or return may not be possible.

Social determinants of health

Migration and displacement are fundamental social determinants of health for refugees and migrants. According to the International Organization for Migration, migration cuts across other social determinants of health at individual, community and societal levels (*3*). While there is significant diversity across refugee and migrant populations, most refugees and migrants are affected by a combination of social, cultural, legal and economic factors that shape their access to health services and their health status. For example, at the individual level, refugees and migrants may experience cultural and linguistic barriers to communication, which limit their access to health information and care (*3*). At the community level, refugees and migrants may experience discrimination and stigma in the host community, including by the local health workforce. Other cross-cutting influences, such as policy and legislation governing access to health services for refugees and migrants, poor working conditions, insecure housing and limited or lack of access to clean water and sanitation, all have compounding impacts on the health of refugees and migrants. Refugees and migrants are a heterogeneous population and have a variety of health needs. Some migrant populations may enjoy better health upon arrival than host populations in some countries, a phenomenon termed the healthy migrant effect; however, over time, their morbidity and mortality rates tend to reach levels similar to those of the host population (*4*). Other groups, including refugees, asylum seekers and irregular migrants, may be at a higher risk of poor health outcomes from the point of arrival (*3*). The migration experience, which may involve poor transit conditions, restrictive entry and integration policies, exclusion and acculturation stress, can increase the vulnerability of recently arrived refugees and migrants to chronic and acute illnesses and to mental health conditions (*5,6*).

Refugees and migrants may also have experienced negative health interactions in the host country, which can impact their health status and subsequent usage of health services.

Impacts of migration and displacement transitions upon individuals across the life course

Refugees and migrants may experience the health impacts of migration and displacement

differently at different stages of their life course. For example, refugee and migrant children may have worse health outcomes related to infectious diseases (*7*); in high-income host countries they may suffer from under- or overnutrition compared with local children (*7,8*). Migrant children from different cultural backgrounds may experience differing levels of emotional and mental distress with migration to high-resource countries (*9*). How a host or transition country responds to displaced children (for example, through detention, community support and/or social inclusive policies) may have profound impacts on the well-being of child refugees and migrants (*10–12*).

Refugees and migrants who undertake their journeys in adulthood often have similar mental and emotional symptom profiles to their counterparts in host countries (*6*). Those forced to flee because of conflict are at more risk of psychological distress (*13*), and socially inclusive policies, particularly employment, may function as a way to mitigate this. Since many international migrant workers find work performing unskilled manual labour, often in unregulated sites, they are at increased risk of occupational injuries and workplace accidents (*14*). Reproductive health services should recognize that both unwanted fertility and unwanted infertility can be major issues for refugee and migrant women (*15,16*). Some adults have come from, or transitioned through, environments that carry a high risk of sexual and gender-based violence (*17*). Newly arrived refugee and migrant women are at heightened risk of adverse pregnancy outcomes in both high- and low-resource host countries (*18,19*).

Older refugees and migrants have been reported to have lower healthy life expectancy than their counterparts in some high-income countries, in part because of a higher burden of chronic illness (*20*). This is likely to be the case also in low-income countries, where health services are often underused. Ageing in a new country can be challenging and lonely, particularly if the person experiences second language attrition and has limited access to people speaking their natal language (*21*).

Social determinants of mental health status among refugees and migrants

The mental health of refugees and migrants is influenced by social determinants of health at all stages of their migration and displacement experiences. Social determinants include income,

and there is a well-established link between the mental health of refugees and migrants, their right to work, access to employment and socioeconomic status. Housing is another key determinant; overcrowding and inadequate housing is a source of stress for refugees and migrants and can influence perceptions of safety and belonging, as well as the security of their stay in the host country (22). Other social determinants of mental health status are language barriers, loss of social support networks, social isolation, exclusion and discrimination (23), and uncertainties about bureaucratic processes relating to visa approvals and applications for asylum (24).

Victims of trafficking, migrant smuggling and children on the move

Migrants, particularly irregular migrants, may be the victims of human trafficking and migrant smuggling, which involves entering or staying in a country illegally (25). Victims of human trafficking can be children or adults, boys or girls, men or women; they can be trafficked by improper means such as the threat or use of force, and many are subjected to sexual exploitation and/or forced labour. Smuggled migrants are often put in dangerous situations (such as being confined for a long period of time or a hazardous sea crossing), which, in addition to being severe human rights violations, are by definition poor health conditions. Those who are in such situation may not be able to seek health care when needed because of mobility restrictions imposed by traffickers, or they may be afraid to seek care for fear of being deported or reported to the police.

Refugee and migrant children (children on the move, often unaccompanied minors) face heightened risks to their physical and mental health. This is particularly critical if they are unaccompanied and separated, have a disability or identify as lesbian, gay, bisexual, transgender or queer. Health workers should be aware of the special procedures and protection needs that are necessary for these children (26).

Cultural sensitivity in health services

Cultural sensitivity in health services requires care that is respectful of a person's cultural, religious and linguistic needs and pays attention to the immense diversity within refugee and migrant populations. Health

workers should have a basic understanding of the person's culture and the demographics of common countries of origin for refugees and migrants as this knowledge can help to build trust between the provider and the individual and contribute to culturally informed care. Religious and cultural considerations may inform the person's preference for gender concordance with their health worker and other professionals involved in their care, such as interpreters and cultural mediators.

Initiatives that can further support cultural sensitivity include (*27*):

- engaging a bicultural or bilingual health workforce;
- using universally agreed signage whenever possible, as well as visuals and other displays that are culturally appropriate;
- factoring in cultural and religious considerations when addressing people's accommodation and nutritional and spiritual needs; using people's personal models of understanding psychological distress and their preferences for health seeking as a foundation for developing care;
- considering people's preference for gender concordance with clinicians or with language and communication aids where possible;
- developing cultural protocols and display in waiting areas, consulting rooms and pre-admission documentation; and
- using translated resources that are appropriate to people's health literacy and cultural needs.

Provision of interventions that are sensitive to experiences of chronic hardship, daily stressors, traumatic events, grief and loss

Refugees and migrants often experience an accumulation of chronic hardship, daily stressors, significant losses and potentially traumatic events during transit, as well as in their countries of origin or destination. Those experiences can result in stress reactions (such as feelings of sadness, anxiety, difficulty sleeping, fatigue, aches and pains) and can impact the person's ability to cope. For most people, these reactions will improve over time, although some will develop mental health conditions, including depression and anxiety. Some refugees and migrants also have pre-existing mental health conditions and need access to mental health services and other basic needs.

It is important that care providers are sensitive to difficult experiences

faced by refugees and migrants (*16,28,29*). Health workers should:

- recognize that some people may fear or mistrust authority figures, including health workers (*16*) and additional community outreach and relationship building may be needed to facilitate access and promote acceptability of services;
- avoid asking the person to provide detailed descriptions of stressful or potentially traumatic experiences (such as violence or torture) (*16*);
- be able to listen supportively and without judgement, using basic psychosocial support skills, when the person shares traumatic information (*29*); and
- provide opportunities to rebuild control and give the person choices.

Trauma-informed care

Trauma-informed care is an organizational approach to the delivery of health services based on an awareness of the high prevalence of trauma in the life histories of some refugees and migrants accessing health services, and the effects of trauma experiences. The emphasis is on the safety of service delivery and a strengths-based framework to facilitate hope that recovery and growth after trauma is possible.

Trauma-informed care is not a therapy in itself but creates safe environments in which productive therapeutic relationships may be established with clinician or mental health practitioner (*30–32*).

Adopting a universal precautions approach to pre-migration traumatic events while providing care to refugee and migrant populations helps to create a safe space for service delivery (*31*).

Impact of legal status on health-care access

Access to health services in the host country may be limited for people with precarious legal status. Many countries have policies in place that guarantee access to health services for refugees and migrants; however, in practice, people with tenuous legal status may face numerous challenges to accessing health services. For undocumented migrants in particular, access to health services may be patchy or non-existent. For migrant workers, health service access may depend on arrangements made by their employer. The impact of precarious legal status on health services

access may affect a person's ability to follow the advice of health workers, as some individuals may not be in the position to access or afford proposed treatments or courses of action.

Policy settings and national legal frameworks can exclude certain refugee and migrant populations from accessing mainstream health services in their country of destination. In some countries, refugees and migrants may only be able to access emergency care or private health services provided by charities and international organizations. Policies that deny access to refugee- and migrant-friendly health and social services may also have a detrimental impact on the health of refugees and migrants (5). In high-income countries, entry policies such as temporary protection, detention and restricted asylum reception have been shown to have adverse effects on the mental health of refugees, migrants and asylum seekers impacted by these policies (33). Strict documentation requirements (for example, birth certification from countries with fragile birth notification and registry systems) have also been associated with poor mental health for migrants. Settings with more generous documentation policies have been shown to have positive impacts on mental health for refugees and migrants (33).

Continuity of care

The mobility of some refugee and migrant populations can mean that health workers often do not have a full picture of their patient's health history. Strategies to improve continuity of care include patient-held records (paper or personal electronic record systems) and effective and interoperable electronic medical record systems (34). By providing refugees and migrants with patient-held records, which should be updated regularly, health workers can ensure that people on the move have continued access to their health information and documentation, including medication and vaccination history. To facilitate cross-jurisdictional exchange of health information and to help to ensure adherence to care guidelines, systems for electronic medical records and personal health records should adhere to international standards for the management of this information, for example the International Patient Summary (35).

The International Patient Summary is an electronic health record extract containing essential health

information about a person's care. It is intended to be international (that is, to provide generic solutions for global application beyond a particular region or country) and is designed for supporting the use case scenario (sharing a specific type of information regarding patients and their health) for unplanned cross-border care (35).

The Personal Health Record in the European Union is one example of a patient-held record specifically designed for refugees and migrants. The system was developed by the International Organization for Migration, with support from the European Commission and the European Centre for Disease Prevention and Control (36). It as a single document that includes patient registration details, medical and vaccination history, results of hospital admissions, current medications and tests.

In resource-poor countries or in situations of limited digital access, patient-held records may be paper based and should include vaccination, medications and key medical issues. Where possible, the record should be provided in the person's preferred language to help to strengthen their own understanding of health and health services. Paper-based records should be designed to readily capture information in a structured format using internationally recognized standards for health information.

Competency Standard 2: supporting information

Health literacy and health systems literacy

Health literacy refers to a person's knowledge, skills and confidence to use information to achieve and maintain good health through changes in lifestyle and living conditions (37). Health literacy is relevant for health workers working with refugees and migrants, as specific communication skills may be needed to provide the person with information to promote and maintain good health.

Health systems literacy refers to the ability to understand how a health system works. This may be even more critical for health outcomes for refugees and migrants than health literacy about individual health.
In addition to supporting general health literacy, it is crucial to provide education and training regarding the host country's health system (38). Refugees and migrants may not understand how to navigate health systems that operate in a different way to those of their home countries, with studies indicating that refugees and migrants who are unfamiliar with the health system of the host country may underuse primary care services and have increased presentations to emergency care (39).

Specific areas of risk

In assessing the person's health literacy and health system literacy, health workers should also take into consideration specific areas of risk, such as the use of medicines. Provision of a medicine is the outcome of many medical encounters. Quality use of medications requires actions by the clinician (prescribing the right medicine in the right dosage regimen) and the person who has been prescribed the medication (taking the medicine in the prescribed doses for the prescribed time). For many refugees and migrants, safe high-quality use of medicines is impacted by language and communication barriers, cultural factors and financial barriers, in addition to limited health literacy and health systems literacy (40). Particular times of risk include transitions of care, for example moving from hospital to primary care settings (41) or when moving across jurisdictional borders. Continuity of medication for migrants with chronic conditions

who cross borders may require specific arrangements at borders, or the prescription of medications that are readily accessible in a range of countries (42).

Quality use of medicines for people from refugee and migrant backgrounds may require health workers to:

- explain the rationale for using the medication and the possible adverse effects, risks and benefits of each medicine;
- provide clear instructions about dosage and delivery route for the medicines;
- consider the cost implications for individuals and financial assistance options;
- provide clear information about the safe storage and disposal of medicines, and the importance of not sharing medicines with other family members and friends; and
- consider the possible traditional medicines and other medicines that might also be taken and potential side-effects (43), noting that having an understanding of the use of traditional medicines and healing methods may facilitate mutual respect between the health worker and the individual.

Teach-back strategies, where the health worker specifically asks the person to explain back in their own words the course of action, including the medications prescribed, are useful in clarifying how clearly the plan has been communicated by the health worker (44).

Shared decision-making

Shared decision-making focuses on ensuring that the person is informed about and included in health decisions and that these are made together with their health worker (45). It is designed to be a collaborative process that respects the health worker's expert knowledge and the person's right to be fully informed of care options, as well as potential benefits and harms. Health workers using a shared decision-making model should aim to incorporate the underlying preferences or values of the person, noting that some refugees and migrants may also want to consult their family or community members in decisions relating to their health services.

Appropriate and relevant diaspora supports

Local diaspora communities can be a strong form of social support for refugees and migrants in the host

country. Proximity to one's own ethnic community has been found to be a protective factor in social well-being, particularly in refugee children (46).

Role of family and community

Many refugees and migrants come from cultures that are collectivist in nature, rather than individualistic. The role of family and community in influencing the person's approach to health and health-related behaviours should be taken into consideration by health workers where appropriate. In particular, community-level discussions around health topics such as safe birthing, nutrition, and tobacco and alcohol use, among others, may help to support individual development of health literacy.

Impact of family separation

Many refugees and migrants may be separated from their family members. Family separation is a major source of distress for newly arrived refugees and migrants, who fear for the physical safety of family members still living in conflict zones, feel powerless to help distant family members and feel a loss of connection to their culture without the presence of an extended family in their host country (47). Family separation is also linked to negative mental health impacts for refugees, including depression and anxiety, post-traumatic stress disorder and lower levels of psychological quality of life (47).

Competency Standard 3: supporting information

Communication assistance

Communication assistance, which is provided by interpreters and cultural mediators, helps in overcoming language and communication barriers that may exist between health workers and people from refugee and migrant backgrounds. Communication barriers may impact on the person's full understanding of health service interactions, including the nature and effects of proposed treatments, as well as their ability to access sufficient information and discuss alternatives.

Engaging language and communication aids for refugees and migrants accessing health services can:

- decrease communication errors and increase patient comprehension (48);
- reduce unnecessary tests and treatments;
- increase rates of appropriate informed consent;
- improve patient satisfaction and understanding of self-care and follow-up plans, leading to fewer errors and better treatment adherence (49); and
- raise the quality of care to the same level as that for people without language barriers.

Because of the elevated level of risk involved, providing access to language and communication aids for refugees and migrants is particularly necessary when a communication involves one or more of the 4Cs:

- consent, obtaining informed consent;
- complex care, for example starting or adjusting the dose of high-risk medications or multiple medications;
- competency, assessing the person's knowledge, abilities and skills; and
- crisis, informing the person of bad news.

If the health worker is uncertain as to whether the person has the language capacity to make decisions related to their care, language and communication aids should generally be provided even if they are not requested.

High-quality systems to support communication will include ways of identifying those who are in need of interpreters, taking into consideration the high-risk situations where quality language and communication support will be needed (50).

Role of interpreters

Interpreters are professionals who are competent in conveying spoken or signed language into another language. The provision, availability and cost of interpreting services differ between countries and, may be highly limited in some cases. In some countries, interpreters must be registered with a recognized authority. Interpreting services can be provided over the telephone, through video link or face to face. Once the need for an interpreter

has been established, it is the health worker's responsibility to ensure that steps are taken to engage an interpreter through established arrangements.

When engaging an interpreter or cultural mediator, health workers should be mindful of the person's potential preferences for interpreters, including ethnicity, religion, language and gender considerations. A preference for a gender-concordant interpreter may be likely to occur in consultations related to sexual and reproductive health or, in some cases, mental health, and it may be a high priority for people from some cultural backgrounds. Where the health worker and the person are not of the same gender, engaging a gender-concordant interpreter can improve the person's satisfaction with the consultation (*51*).

People from refugee and migrant backgrounds may prefer interpreting services over the telephone, even when an interpreter is available in person, because of perceived confidentiality concerns if the interpreter is from the same small and tight-knit community (*52*). Telephone interpreting may also be preferred if the consultation involves a sensitive topic, such as mental or sexual health, or if the available interpreter is of the opposite gender (*53*).

It may not be possible to accommodate all preferences with regard to interpreter requirements (such as ethnicity or religion), in view of specific service provision policies. In some environments, the availability of interpreters may be limited, with little or no choice regarding their personal characteristics. However, understanding people's concerns and informing them of available options, while clarifying the role of interpreters as facilitators of communication who are bound by confidentiality and impartiality, helps to build trust and effective partnerships.

Health workers need training on how to use interpreting services effectively and efficiently (*54*). In the absence of accessible interpreting services, health practitioners often rely on family members, which can create challenges in communication and quality of care. Patients may feel more comfortable in some situations with family members and intimate partners facilitating communication, but this poses the risk of miscommunication, depending on the person's language skills, and may lead to patient frustration in

cases of misdiagnosis, error and poor care (54). In particular, health workers have a responsibility to avoid engaging minors to facilitate interpretation.

Other risks generally associated with engaging family members and intimate partners to facilitate interpretation include:

- inaccurate and inadequate interpretation due to lack of interpreting skills, subject matter knowledge and specialized medical terminology;
- possibility of information being withheld or distorted because of family relationships, including family, domestic or intimate partner violence situations or information related to mental health;
- complicating impacts on family dynamics, especially parent–child relationships;
- compromised confidentiality; and
- potential psychological distress caused to family members (especially children).

The engagement of language-competent health workers is a potential alternative to using interpreters. However, bilingualism does not necessarily equate to effective interpreting skills and may not be sufficient for quality and safe care. If an interpreter or language-competent health worker is not available, health workers are responsible for assessing the risks of proceeding with the consultation without an interpreter (50) as opposed to the risk of rescheduling the appointment to allow time to engage an interpreter. In an emergency and when an interpreter is not available, this should be noted in the person's records and an interpreter should be engaged as soon as possible to ensure accurate information is communicated.

The engagement of interpreting services is especially important in situations involving deaf refugees and migrants. There are more than 200 different sign languages used by deaf people around the world (55). In situations where the person's sign language may differ from the host country's commonly used sign language, deaf interpreters should be engaged. Deaf interpreters are generally familiar with a national sign language and can use culturally shared ways of communicating with deaf people, including constructing shared gestural meaning. They usually work with

an interpreter communicating in a formal sign language (56).

Role of cultural mediators

While cultural mediators and interpreters share some similarities, cultural mediators generally play a more active, autonomous role in interactions between health workers and refugees and migrants. Cultural mediators facilitate mutual understanding between people and health workers, not only by interpreting but also by providing cultural context and advice where necessary (57). While interpreters are required to communicate all the information being exchanged between the health worker and the person, cultural mediators will generally convey the main message and provide additional cultural advice and context if needed. This involves clarification on culturally specific concepts, beliefs, values and assumptions in order to avoid misunderstanding (58). Other responsibilities of cultural mediators include facilitation in difficult interactions between health workers and people accessing health services, and empowering the person receiving health services to express their own views (59).

Cultural mediators can be engaged in a range of contexts, including humanitarian settings. It should be noted that intercultural mediation is not a registered profession, does not require standard qualifications and is not subject to regulation (58).

Language and communication aids

Language and communication aids encompass both the engagement of interpreters and cultural mediators, as described above, and other tools to facilitate communication, such as translated health education materials or video material available online. Health services caring for refugees and migrants should have some familiarity with the health education materials and the online compendia of translated health education material most appropriate to the languages of the patient population, and be able to access material (leaflets, posters or online videos) for people who are not literate. Further examples of language and communication aids include the use of story boards, signage, visual aids and pictograms. Google Translate and other automated speech-to-speech translation apps may be of some help in situations where interpreters and cultural mediators are unavailable but should not become the default communication support, especially in interactions

that are more complex and pose greater risk to the person. In its current state, artificial intelligence is generally ineffective when translating nuanced and complex information, which is often the case in health and legal settings *(60)*. Health workers should be careful to ensure that these apps are not used in high-risk consultations, such as gaining consent or giving complex instructions, as the capacity to use teach-back to clarify understanding is limited with these tools.

Systems for accessing interpreters

While interpreters play a crucial role in bridging language and communication barriers that may exist between health workers and people with experiences of migration and displacement, the availability of interpreting services is limited in some countries, linked to a lack of government policies and subsidies *(61)*. Health workers should be familiar with systems for accessing interpreters in their local area, including processes for booking an interpreter in advance and at short notice, availability of preferences for interpreters (such as gender preferences), associated fees and methods of interpreting available (face to face, telephone or videoconference). Interpreters may also need additional training and supervision related to some topics such as mental health (including respectful and supportive communications with people in distress).

Competency Standard 4: supporting information

Ensuring information is genuinely understood

People should have a genuine understanding of the information conveyed, either directly or through an interpreter or cultural mediator. This can be achieved through the teach-back method, where the health worker specifically asks the person to explain back in their own words the course of action, including the medications prescribed. This method is useful in clarifying how clearly the plan has been communicated by the health worker (*44*). An additional method of supporting people to actively understand their health services is to encourage direct and simple questions, such as the Ask Me 3 programme (*62*), which encourages people to ask the following questions of health practitioners: What is my main problem? What do I need to do? Why is it important for me to do this?

Psychological first aid

Psychological first aid provides rapid practical support for people experiencing acute psychological distress related to a disaster or traumatic event (*29*). It is an early intervention in the aftermath and intermediate period for survivors of potentially traumatic events and includes the provision of information, comfort, emotional care and instrumental support in a staged manner tailored to the person's needs (*63*). It is designed to be used by non-specialized health workers and non-health staff.

Relevant local referral networks

As the mental health status of refugees and migrants may be impacted by non-health-related factors, health workers should be aware of relevant local referral pathways and networks in the area. These include referrals to and from more specialized mental health services, social services and protection (including for gender-based violence), and also housing, vocational and livelihood supports.

Plain language

To support the person's understanding of information related to their health services, health workers should avoid using technical clinical terms or colloquialisms. Complex concepts should be explained in simple language, particularly if interpreters or cultural mediators are involved, as their understanding of medical terminology may be limited. Where appropriate, visual aids or people-centred nonverbal cues and gestures may be used to help in communications.

Competency Standard 5: supporting information

Impacts of other determinants on health

While migration and displacement are key determinants of health, it is important for health workers to maintain awareness of other interacting factors that may impact on health, including housing, education, employment and legal status. Health workers should be able to provide basic psychosocial support including psychological first aid. Housing, in particular, is of importance to refugees and migrants as it influences physical and mental health, perceptions of safety and belonging, and the security of their stay in the host country (22). Education and employment also shape health outcomes for refugees and migrants, while legal status generally remains a critical factor in determining their health-care access. Health workers should be aware of the interactions between these areas and their impact on health. To address the impacts of these factors, referrals to local social and community support services may be necessary.

Handover of care

Handover refers to the transfer of professional responsibility and accountability for some or all aspects of a person's care between health workers (64). Handover can occur between staff, between services or between a service and community staff. Good handover ensures that the person receives coherent, integrated service care across and within services, without experiencing a gap in health services.

For refugees and migrants, effective handover of care at the interface of primary and tertiary services is particularly important as the person may be less likely to correct errors or misunderstandings in relation to their health, or even ask about them. Failure to communicate new treatment plans can result in medication errors or gaps in follow-up. Failure to communicate the full history to specialist service providers can result in repetition of treatment or investigations, representing a waste of resources. If elements of a patient history are missing, key areas of risk may be

underappreciated. Failure to ensure continuity of some health service components (such as medications) can lead to critical health risks.

Other bodies and organizations that are relevant for integrated health services in local areas

Health workers providing care to refugees and migrants may need to liaise and/or negotiate with local government bodies, nongovernment organizations and civil society organizations to support the person's access to health services and appropriate supports. Understanding the roles, responsibilities and jurisdictions of key players in this landscape is relevant to help to support universal access to health services of refugees and migrants.

Competency Standard 6: supporting information

Surges in demand for services

Periodic surges in demand are a feature of refugee and migrant health services for a range of reasons. People move across borders or within countries for work on seasonal or temporary contracts, returning home for key periods such as holidays. Surges in planned permanent intake or influxes of refugees and migrants can also occur as a result of government policies, for example humanitarian programmes in response to conflicts, disaster and wars. Surges in temporary intake or influxes also occur as a result of mass movements of people after crises or environmental disasters.

Health workers need to be familiar with systems that enable rapid expansion of health services to meet a temporary or permanent increase in need, including:

- expansion of health service assessment points;
- expansion of treatment distribution; and
- refocusing of health service delivery on critical needs.

While organizations are responsible for anticipating, planning, operationalizing and monitoring a surge response, health workers must be able to demonstrate flexibility and the ability to collaborate with fellow health workers, nongovernmental and civil society organizations, and local communities. Surge responses often require that the clinician functions in accordance with an organizational plan, including being deployed to areas where needs are greatest. A surge response is often stressful because of the increases in workload and, on occasion, the distressing circumstances or experiences surrounding the surge. Strategies that involve mutual support for one another, conscious respect for the surge population, attention to professional roles and boundaries and mindful reflection on one's own adaptive responses can help in avoiding a negative spiral of burnout and disengagement (65,66).

Competency Standard 7: supporting information

Evidence-informed guidelines and standards

Evidence-informed guidelines, where they exist, may be applicable to the circumstances of refugees and migrants in specific contexts of health service provision. However, there are often gaps in knowledge in refugee and migrant health, for example in relation to the prevalence of diseases in a particular region or the availability and effectiveness of treatment for certain conditions. It may be necessary for health workers to identify where evidence is not available or does not exist and be prepared to seek advice from others on the most appropriate responses.

Specific epidemiology of health needs for refugee and migrant populations

The health needs of refugees and migrants may differ from those of the host population in terms of disease burden, outcomes and treatment. For more information, please see Common Health Needs of Refugees and Migrants: Literature Review (67).

Methods of rapid evidence generation

Once a problem has been defined, health workers need to be able to identify where compendia of evidence exist, or where evidence does not exist. Methods of rapid evidence generation may include identifying relevant resources and pooling data collection across different services. Maintaining good records will enable health workers to contribute to evidence generation through systematic audit.

Implementation methods for practice

Creating evidence-informed practice requires the development of a health service ecosystem supportive of implementation of new evidence, including trialing so-called problem-adjacent solutions for which evidence exists and use of iterative quality improvement cycles (68). Features of such an ecosystem include support of coherent practice by clinicians within the service, development of practice guidelines and policies for novel, high-prevalence problems, and systems to disseminate the evidence across health-care workers from different disciplinary backgrounds.

Competency Standard 8: supporting information

Reflective practice and reflexivity

Health workers often have their own unacknowledged views in relation to culture and values, which may impact upon health service delivery. Cultural beliefs and ways of thinking can shape how health workers interpret or prioritize symptoms.

Reflexivity refers to our ability to reflect on the impacts of our own backgrounds and assumptions on the development of taken-for-granted knowledge (69). It differs from reflective practice, which requires health workers to consider a situation that has occurred, whether positive or negative, and make sense

of it by examining their role, what they could have done differently and what changes they may make to their practice in the future (*70*). Reflexivity is a skill used in the moment for practitioners to adjust their approaches or preconceptions, while reflective practice occurs after the event (*71*). While reflexivity and reflective practice, when done effectively, can benefit all health workers and those they provide care to, they are especially important in the context of refugee and migrant health. Approaches to health and health service delivery may be influenced by a person's own culture and beliefs, as well as unconscious bias and institutional discrimination, and may have an impact on refugees and migrants receiving care.

Perspective-taking

Perspective-taking is a cognitive tool where the health worker consciously considers and attempts to adopt the perspective of the person they are treating in order to imagine how the person's suffering could affect their life (*72*). By imagining how the person is feeling and experiencing the world as they do, perspective-taking is designed to increase empathy.

Institutional discrimination

Institutional discrimination refers to policies and practices that are deliberately designed to have a harmful effect on minority groups, including refugees and migrants (*73*). This discriminatory behaviour is often embedded in social institutions such as welfare systems and state constitutions. Institutional discrimination is typically carried by the dominant group, in this case the host population, against the minority group (refugees and migrants) because it is the dominant group that creates and shapes social institutions. In health services, for example, policies that exclude certain cohorts of refugees and migrants from mainstream health services could be viewed as institutional discrimination.

Intersectionality in the health of refugees and migrants

Intersectionality refers to the interconnected nature of social categorizations such as race, sexual orientation, socioeconomic status, religion, skin colour and disability in terms of creating overlapping and multilayered systems of discrimination or disadvantage (*74*). This means that people with certain characteristics face multiple, intersecting forms of systemic and structural disadvantage and inequality. For example, intersectional disadvantage means that a queer refugee or migrant woman may experience various

forms of discrimination on the basis of her sexual orientation, legal status and gender. She may experience homophobia, racial discrimination, sexual harassment or a combination of all three: the cumulative effect of these forms of discrimination can negatively impact both physical and mental health.

Adopting an intersectional lens to the health of refugees and migrants reveals the multiple layers of discrimination often experienced by refugees and migrants during migration and displacement transitions and how they impact the person's health status and interactions with the health system.

Competency Standard 9: supporting information

Mental health and well-being impacts

Health workers providing care to refugees and migrants may be affected by the challenging environments in which they work, particularly in fragile and conflict settings, as well as second-hand exposure to the stressful and potentially traumatic events experienced by those they provide with care. Listening to stories of hardship, human rights violations and stressful or potentially traumatic experiences while also working in a challenging environment (such as with a high workload or in an insecure situation) can have negative impacts on the mental health of health workers (75). Health workers providing services to refugees and migrants should be aware of experiencing potential signs of stress such as feelings of helplessness and hopelessness, as well as somatic responses such as nausea and numbness (76).

Health workers coping with the emotional impact of their work can adopt a range of self-care behaviours in response, including exercise, meditation, creative practice, listening to music and engaging in some activity to delineate work from personal life (76). Health workers should also have access to psychological support and mental health services if needed.

Experiencing professional or personal development and growth can also occur as a result of working with survivors

of torture and other traumatic events (77). Health workers may feel empowered and personally motivated from working alongside refugees and migrants, drawing lessons from their perseverance and determination (77).

Supportive team environment

Workplace mental health refers to the ability of an individual or organization to develop and implement positive behaviours in response to an immediate situation, with minimal stress (78).

A healthy workplace can be described as one where workers and managers actively contribute to the working environment by promoting and protecting the health, safety and well-being of all employees (79). An academic report suggested that interventions should take a three-pronged approach (79):

- protect mental health by reducing work-related risk factors;
- promote mental health by developing the positive aspects of work and the strengths of employees; and
- address mental health problems regardless of cause.

At an organizational level, it is important for health workers to contribute to a safe and supportive team environment where the emotional and social aspects of providing health services to refugees and migrants can be discussed among colleagues. Having a space where stressful experiences are discussed and positive interactions are celebrated helps to foster a compassionate work culture, which in turn benefits the recipients of health services.

Workplace mental health focuses on learning from incidents and understanding how everyday clinical practice is successful (80). While the nature of health services is continually evolving and sometimes unpredictable, if health workers protect their mental health and well-being this will help them to adapt and cope effectively in rapidly changing situations. Factors to develop and strengthen team mental health and well-being in the workplace include effective and frequent team meetings, communication characterized by respect and trust between health workers and involvement of clinicians as top-down leaders to model positive work practices (80). Overall, there should be a focus on anticipating, monitoring, responding and learning from situations arising from everyday clinical work as well as incidents (80).

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