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— *Consulting* —

Report on the  
Wyndham Refugee  
Service Coordination  
Forum

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## Introduction

This report sets out the discussions and agreements from the Wyndham Refugee Service Coordination Forum held on Tuesday 4<sup>th</sup> August 2009.

The Forum was hosted by the HealthWest Partnership and ISIS Primary Care, and facilitated by Juliet Frizzell. The Forum was organised by a small working group comprised of Natalie Smith, Lindy Marlow, Pip Price, Sue Jaraba and Jason Cirone.

## Forum Overview

The Forum was attended by 77 people from:

- Refugee communities.
- A range of service providers including: New Hope Werribee; Foundation House; ISIS Primary Care; Wyndham City Council; Good Shepherd Youth and Family Services; Werribee Community and Education Centre; VICSEG; Spirit West; Victorian College of Optometry (VCO); Western Region Health Centre; AMES; and the Western English Language School.
- A number of hospitals including the Mercy Hospital; Royal Children's Hospital; Footscray Hospital; Royal Melbourne Hospital; and the Sunshine Hospital.
- General practice including the Westgate Medical Centre; Point Cook Medical Centre; Wyndham Village Clinic; The Clinic Werribee; Wyndham Health Care Clinic; and two Divisions, General Practice Victoria and the Westgate GP Division.
- Government departments including Department of Education; Department of Human Services; Department of Immigration; and Victoria Police.

The purpose of the Forum was to:

- Raise awareness and understanding of the Service Coordination issues affecting refugees and refugee background citizens living in Wyndham.
- Discuss and document solutions / strategies to improve Service Coordination for refugees and refugee background citizens living in Wyndham.

A copy of the Forum Agenda can be found in Appendix 1.

The first part of the Forum involved presentations from a number of stakeholders to set the context and highlight key Service Coordination issues. The speakers included:

- Lee Kennedy, Executive Officer of HealthWest, who provided the policy context and the n spoke about the successes of previous HealthWest work in improving service coordination for refugees.
- Two representatives from the Karen community, also part of Family Strengthening Strategy facilitated by Foundation House, (Moe Hnin from Anglicare and Than Myint from Centacare)

who spoke of their personal journeys as refugees, and of their experiences of the health system in Melbourne.

- Poly Kiyaga, Team Leader from AMES who presented the demographic data, which illustrates the sharp increase in refugees settling in Wyndham and projected increases in the future.
- ISIS Primary Care staff Sue Jaraba and Pip Price (Refugee Health Nurses) and Dr Ross Drewe who presented case studies which highlighted the Service Coordination issues facing refugees, people from a refugee background and health professionals in Wyndham.
- Lindy Marlow, the Refugee Health Nurse Facilitator, who provided an overview of the key Service Coordination issues facing refugees, people from a refugee background and health professionals in Wyndham.

In the second part of the Forum, participants split into small working groups to tackle one of the following service coordination issues.

1. Immunisation Services
2. Access to Infectious Disease Services
3. GP engagement and education
4. Ante and Post Natal Care
5. Mental health and counselling
6. Refugee community engagement
7. Access to dental and optometry services

Each small group selected a single issue to focus on, and worked through the following questions:

- What are the risks of not addressing the Service Coordination issues facing refugees living in Wyndham?
- What solutions / strategies could we put in place to improve Service Coordination?
- Who should be involved?
- How do we move forward and progress these solutions / strategies?
- How can the refugee communities be engaged more in this process?

## Where to from here?

Overall there was a strong commitment from participants to work in partnership to address the Service Coordination issues facing refugees, people from a refugee background and service providers in Wyndham.

A number of practical actions were identified in the small groups and these will be followed up and implemented over the next few months.

A number of Forum participants indicated that they were prepared to continue working on the Service Coordination issues, in either issue specific working groups or in a larger project working group.

**Recommendation:** HealthWest and ISIS Primary Care convene a Working Group (with a least one representative from each of the forum’s small working groups) to progress development and implementation of the strategies identified by forum participants, with the aim of building on the service coordination improvements for refugees and people with a refugee background in the West.

## Notes from Small Group Discussions

This section of the report documents the small group discussions.

### 1. Immunisation Services

Issues	<ul style="list-style-type: none"> <li>• There is limited accessibility to council immunization sessions due to English classes, other appointments and transport difficulties</li> <li>• There is limited refugee community knowledge of immunisation sessions and processes</li> <li>• Public transport to council sessions is difficult (e.g. night or weekend sessions)</li> <li>• The capacity of immunization staff to deal with adult and child catch up immunizations is limited</li> <li>• Poor documentation and communication about immunizations provided by different agencies, leads to the double immunizing of some families</li> <li>• Language barriers and time constraints at council sessions for non-English speaking clients are an issue. Interpreters are not present at these sessions</li> <li>• Follow-up reminders for 2<sup>nd</sup> and 3<sup>rd</sup> doses of immunizations is poor (e.g. reminder calls)</li> <li>• Relocation means that some refugees never properly catching up on immunisations</li> </ul>
What are the risks of not addressing this issue?	<ul style="list-style-type: none"> <li>• Public health risk – outbreak of infectious diseases</li> <li>• Funding limited</li> </ul>
What solutions / strategies could we put in place to address this issue and improve service coordination?	<ul style="list-style-type: none"> <li>• Immunisation information for Karen children – playgroups, kindergartens and schools</li> <li>• Education on the prevention of diseases</li> <li>• Education sessions on immunisation at community gatherings</li> <li>• Catch up immunisations to be done by GP clinic, practice nurse – immunisation nurse familiar with catch-ups</li> <li>• Ante natal education</li> <li>• Council to hold an immunisation session with an interpreter</li> </ul>

<p>Who should be involved?</p> <p>How do we move forward and progress these solutions?</p> <p>How can refugee communities be involved in the process?</p> <p>People who indicated they would like continued involvement</p>	<ul style="list-style-type: none"> <li>• Council</li> <li>• GP clinics</li> <li>• DHS Register for all ages</li> </ul> <ul style="list-style-type: none"> <li>• Leanne Callaghan, ISIS (Facilitator)</li> <li>• Lynda Marburg, Wyndham City Council</li> <li>• Elizabeth Wilson, Westgate Medical Centre</li> <li>• Poly Kiyaga, AMES</li> <li>• Chelsea Taylor, Department of Education</li> <li>• Anne-Marie Baxter, Wyndham City Council</li> </ul>
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## 2. Access to Infectious Disease Services

<p>Issues</p>	<ul style="list-style-type: none"> <li>• The expectation that refugees can find their way to and within Royal Melbourne Hospital to access the Victorian Infectious Diseases Service is difficult</li> <li>• The expectation that refugees can find their way to and within the Western Hospital in Footscray to access the Hepatitis Clinic, Communicable Disease, and Migrant Screening Clinics is difficult</li> <li>• Public transport availability, knowledge and confidence to use public transport is a big issue for refugees</li> <li>• Limited language services and reluctance by some agencies / services to use interpreters means refugees have great difficulty understanding their health problems and how to manage them</li> </ul>
<p>What are the risks of not addressing this issue?</p>	<ul style="list-style-type: none"> <li>• Significant short and long term morbidity and mortality, leading to personal health cost and public financial cost</li> <li>• Public health issues e.g. HIV and Hep B and C are not routinely screened for in the Pre Departure Medical Screen (PDMS), and information is not provided to GP</li> </ul>
<p>What solutions / strategies could we put in place to address this issue and improve service coordination?</p>	<ul style="list-style-type: none"> <li>• Community education need to occur regarding infectious diseases and medication compliance</li> <li>• Ensure pre-departure medical information is supplied to GP</li> <li>• Lobby DIAC – where do examination records go to? Where do 1x /CXR results go? Refugee Health Network to lobby DIAC re. improving PDMS data</li> <li>• Handheld records could be used by clients</li> <li>• Statewide data base – biogrid being investigated by the Refugee Health Network</li> <li>• Outreach services – ‘N J’ hepatologist – hepatitis clinic monthly. Pilot program between Western Health, ISIS Wyndham over 6 months</li> <li>• Improve referral information coming from GPs (GP education re referral to ID)</li> <li>• Pilot project over 6 months</li> </ul>
<p>Who should be involved?</p>	<ul style="list-style-type: none"> <li>• N J</li> <li>• Dr Ross Drewe, GP ISIS Primary Care</li> <li>• Marion Croft, Nurse Hep B Clinic</li> <li>• Jason Cirone, Program Manager ISIS</li> </ul>

<p>How do we move forward and progress these solutions?</p>	<ul style="list-style-type: none"> <li>• Katrina Sangster – Refugee Health Nurse</li> <li>• IT support for data sharing</li> <li>• Receptionists at ISIS</li> <li>• ISIS management / executive re. space available</li> <li>• Western hospital business development area</li> <li>• ISIS provide suitable space</li> <li>• Interpreters – probably ISIS funded / block booking</li> <li>• NJ will organise with Marion Croft – western hospital pathway; cost pathology services; find pharmacy to stock interferon etc</li> <li>• Marion to send Shared Care Plan to Dr Ross</li> </ul> <p>*start in four weeks</p>
<p>How can refugee communities be involved in the process?</p>	<ul style="list-style-type: none"> <li>• Education – ‘peer education’ using bilingual educators</li> <li>• Comic book style information suggested by Hep Nurse</li> <li>• Audiovisual</li> <li>• Use bilingual information</li> </ul>
<p>People who indicated they would like continued involvement</p>	<ul style="list-style-type: none"> <li>• Lindy Marlow, WRHS (Facilitator)</li> <li>• Marion Croft, Footscray Hospital</li> <li>• Libby Matchett, Royal Melbourne Hospital</li> <li>• Dr Garry Lane, Footscray Hospital</li> <li>• Dr Ross Drewe, ISIS Primary Care</li> <li>• Katrina Sangster, ISIS</li> <li>• Dr Collette Revely, Royal Children’s Hospital</li> <li>• Ed Gage, Good Shepherd Youth and Family Services</li> </ul>

### 3. GP engagement and education

<p>Issues</p>	<ul style="list-style-type: none"> <li>• There is a shortage of GPs willing to accept refugee clients into their practices</li> <li>• There is a lack of knowledge by reception staff and practice managers of the special needs of refugee clients</li> <li>• There is a lack of understanding of the procedures that must be followed to obtain TIS interpreters</li> <li>• There is a need to increase the number of GP's seeing refugee clients for health assessment and on-going care</li> <li>• Non-bulk billing clinics - financial disadvantage refugees who go to these clinics</li> <li>• Some GPs are not using interpreters even when processes are in place</li> <li>• General mistrust of GPs (was an issue from the Sudanese forum)</li> <li>• Doctors do not trust interpreters – interpreters don't know / translate medical terminology, don't know how to make appointments. Bi-lingual workers are better e.g. Karen practice nurse</li> <li>• People are scared to ask for interpreters in case they know them</li> </ul>
<p>What are the risks of not addressing this issue?</p>	<ul style="list-style-type: none"> <li>• Poor health outcomes for refugees</li> <li>• Overburden for health workers</li> <li>• Increase in emergency / crisis response</li> <li>• Impact on mental health services e.g. GPs first port of call</li> <li>• Lack of health promotion messages, will lead to more long term problems</li> </ul>
<p>What solutions / strategies could we put in place to address this issue and improve service coordination?</p>	<ul style="list-style-type: none"> <li>• Division will survey practice managements to identify barriers</li> <li>• Offer Foundation training to Practice Nurses, GPs and other practice staff</li> <li>• Advocate for remuneration for time of interpreter</li> <li>• Increase communication between Refugee Health Nurses and Practice Nurses, APNA and Divisions.</li> </ul>
<p>Who should be involved?</p>	<ul style="list-style-type: none"> <li>• Practice Nurse support – Karen at Division</li> <li>• GP Working Group (RH Network at FH)</li> <li>• Working in participation with the PMH Team</li> <li>• Sonia at the Division</li> </ul>
<p>How do we move forward and progress these solutions?</p>	<ul style="list-style-type: none"> <li>• Louise Crowe and LL (GPV) to send information to Sonia Zahra (Westgate GP Division), and Sonia to send to practices and PMH</li> <li>• PMH team to link to Division and Wyndham Humanitarian Network</li> <li>• Wyndham Humanitarian Network to invite Division participants</li> <li>• LL to send Sonia advice sheet from Dr Hao re how to do Refugee Health Assessment over 2/3 consults</li> </ul>
<p>How can refugee communities be involved in the process?</p>	<ul style="list-style-type: none"> <li>• Use the Foundation House Family Strengthening Model to engage community leaders</li> <li>• Help set up a community based organisation</li> </ul>
<p>People who indicated they would like continued involvement</p>	<ul style="list-style-type: none"> <li>• Sue Jaraba, ISIS (Facilitator)</li> <li>• Lenora Lippmann, Integration Team leader, GPV</li> <li>• Cheri Huggins, Senior Psych Nurse, Consultation &amp; Partnerships, MMH</li> <li>• Sonia Zahra, Practice Support Program Officer, Westgate GP Network=</li> <li>• Kiem Lai, Engaged Communities Manager, Western Bulldogs</li> <li>• Chit Lu, Community Liaison Worker, Foundation House</li> <li>• Louise Crowe, Foundation House</li> <li>• Mie Mie, Practice Nurse, Wyndham Health Care</li> <li>• Liz Phillip, Practice Nurse, The Clinic Werribee</li> </ul>

## 4. Ante and Post Natal Care

<p>Issues</p>	<ul style="list-style-type: none"> <li>• Refugee women have difficulties accessing antenatal care (e.g. some women have arrived in their third trimester). It is difficult to refer them into services they can easily access, due to waiting lists and limited places at maternity centres</li> <li>• Clients get lost in the system at the big maternity hospitals</li> <li>• It is difficult for refugee women to access maternity services by public transport, due to their settlement in limited public transport areas</li> <li>• It is difficult for refugee women to access to postnatal care, referral to Maternal and Child Health Nurses, and participate in new mother's groups, due to complex health systems and limited knowledge of public transport and English language</li> <li>• Public transport/access to Sunshine Hospital is limited</li> <li>• There are many occasions of inadequate use of interpreters when refugees attend hospitals for antenatal appointments</li> <li>• Miscommunication</li> </ul>
<p>What are the risks of not addressing this issue?</p>	<ul style="list-style-type: none"> <li>• Missing out on care; undiagnosed complications; appropriate service; appropriate blood tests; pre-existing medical conditions</li> </ul>
<p>What solutions / strategies could we put in place to address this issue and improve service coordination?</p>	<ul style="list-style-type: none"> <li>• Leave one space /month at Sunshine</li> <li>• Block bookings of interpreters</li> <li>• Ensure client's care is linked with WMH or Sunshine case load model</li> <li>• Birth plans</li> <li>• Bring services to clients – outreach; taxi voucher</li> <li>• Education about the health system / maternity services / options of care</li> <li>• Develop translated material</li> <li>• Develop relationships with hospitals</li> <li>• Assist refugees to attend ante natal care / classes at hospital where birthing</li> <li>• AMES – captive audience – options and education</li> <li>• Clients bring results along with them</li> <li>• Electronic records</li> <li>• Evaluation focus groups with women who have had their babies</li> </ul>
<p>Who should be involved?</p>	<ul style="list-style-type: none"> <li>• Patrice Hickey, Sunshine Hospital</li> <li>• Sunshine Hospital</li> <li>• WMH / Sunshine / MCHN / u/s and pathology</li> <li>• Best Start for funding</li> <li>• Get advice from Margaret Rutherford (Smith Family)</li> <li>• Leonie O'Mally – Communities for Children funding</li> <li>• Sunshine Hospital clinic at ISIS Primary Care</li> </ul>
<p>How do we move forward and progress these solutions?</p>	<ul style="list-style-type: none"> <li>• Continue to communicate with hospital and continue to develop these relationships</li> <li>• Focus groups to learn what women and families want</li> <li>• Learn from organisations that have already worked with non-English speaking clients</li> </ul>
<p>How can refugee communities be involved in the process? People who indicated they would like continued involvement</p>	<ul style="list-style-type: none"> <li>• Pip Price, ISIS (Facilitator)</li> <li>• Louise Thompson, Werribee Mercy Hospital</li> <li>• Patrice Hickey, Sunshine Hospital</li> <li>• Patsy Ball, Werribee Mercy Hospital</li> <li>• Vivienne Thomas, Wyndham City Council</li> </ul>

- Jacquie Van Dam, Werribee Mercy Hospital
- Moe Hnin, Karen Community Advisor
- Tha Wah, , Karen Community Advisor
- Anne Harrison, Mercy Hospital
- Linda Zilic, Sunshine Hospital

## 5. Mental health and counselling

<p>Issues</p>	<ul style="list-style-type: none"> <li>• There is a lack of support and supervision for the counsellors in Wyndham area in regard to service provision for refugees</li> <li>• There is a need for counsellors in the Wyndham area to be trained in trauma and torture counselling</li> <li>• There is a need for counsellors to be aware of refugee issues and background</li> <li>• Varying counselling approaches are often used and some of these are not culturally appropriate</li> <li>• There are sometimes difficulties when making referrals to Foundation House due to the long waiting list for generalist counselling and 202 visa holders</li> <li>• It is often difficult for refugees to access mental health providers by public transport</li> <li>• Young people with depression</li> </ul>
<p>What are the risks of not addressing this issue?</p>	<ul style="list-style-type: none"> <li>• Agencies conducting assessments without interpreters</li> <li>• Refugees do not access specialist services</li> <li>• Preventable work not done early, leading to ongoing long term community issues and trans-generational issues</li> <li>• Models are not flexible in responding by adapting current models</li> <li>• Counselling services may not be culturally appropriate, which may lead to disengagement</li> </ul>
<p>What solutions / strategies could we put in place to address this issue and improve service coordination?</p>	<ul style="list-style-type: none"> <li>• Rather than using family models, try working with parts of family</li> <li>• Need to adapt current models to accommodate needs of client culturally</li> <li>• Identify who does counselling in the area and then get Foundation House to provide training on sites</li> <li>• Access interpreters from other areas to assist with confidentiality</li> <li>• Work collaboratively with Medicare providers and counsellors</li> <li>• ISIS will support access to interpreters and ma provide interpreters where appropriate</li> <li>• Providers to provide counselling to help training and ensure providers are paid</li> <li>• First Aid Mental Health training for Karen's (contact Aroon Naidoo)</li> </ul>
<p>Who should be involved?</p>	
<p>How do we move forward and progress these solutions?</p>	<ul style="list-style-type: none"> <li>• Using Training Calendar through Foundation House</li> <li>• Local services access training together</li> <li>• Foundation House coming out to Wyndham</li> </ul>
<p>How can refugee communities be involved in the process?</p>	
<p>People who indicated they would like continued involvement</p>	<ul style="list-style-type: none"> <li>• Jason Cirone, ISIS (Facilitator)</li> <li>• Alison Mynard, Foundation House</li> <li>• Aroon Naidoo, Mercy Mental Health</li> <li>• Jade Blakkarly, DHS</li> <li>• Than Myint, Karen Community Advisor</li> <li>• Karina Uribe, ISIS</li> <li>• Chrisy Dennis, ISIS</li> </ul>

## 6. Refugee community engagement

<p>Issues</p>	<ul style="list-style-type: none"> <li>• The refugee community is often not involved enough in decisions and discussions about their health issues</li> <li>• Health messages for and about refugees are often not communicated in ways and languages that refugees understand</li> <li>• The refugee community usually lacks a ‘voice’ and need advocates who can assist in making their needs and problems known to the health service providers</li> <li>• Lack of consultation with communities. At the same time key people within the communities are being over consulted and exhausted / frustrated</li> <li>• Lack of understanding by service providers about how to approach communities</li> <li>• Lack of recognition of diversity within refugee background communities and limited knowledge about this diversity</li> <li>• Diversity needs to be reflected in group of people that are being consulted on health issues - to ensure all segments of relevant community is represented and in turn can be reached with service approach or information / promotional materials developed</li> <li>• No central place where information collected from community consultation on various health issues is kept</li> <li>• Lack of understanding about health issues / concerns by service providers</li> <li>• People from refugee backgrounds may not be familiar with services (e.g. allied health services) and not understand unfamiliar concepts e.g. concept of prevention, PND</li> </ul>
<p>What are the risks of not addressing this issue?</p>	<ul style="list-style-type: none"> <li>• Representatives of communities don’t know services, or understand concepts, such as use of a holistic approach</li> </ul>
<p>What solutions / strategies could we put in place to address this issue and improve service coordination?</p>	<ul style="list-style-type: none"> <li>• Build on existing knowledge</li> <li>• Compensate community members for being involved in consultations</li> <li>• Cross cultural training for service providers including building understanding of cultural beliefs of health and illness</li> <li>• Build understanding of cultural concepts and beliefs</li> <li>• Service providers list symptoms, rather than concepts or name of health condition e.g. PND. Depression - list symptoms for PND: e.g. tired, close to tears always, low self-esteem, can't sleep etc. this way people can identify symptoms they suffer.</li> <li>• Do not build services around assumptions e.g. that people know; consider the lack of health education of refugees; educate around basic principles e.g. how to use medication</li> <li>• Develop health information that includes both - cultural and language translation</li> <li>• Develop a model for communication that uses visuals and minimizes use of words (to ensure wide reach including people with low literacy or low English language skills)– DVD; listening; pictorial; comics; cue cards; visuals etc</li> <li>• More consistent use of interpreters</li> <li>• Education for community and service providers. In particular educate service providers to be more sensitive of refugee needs – cultural awareness training</li> </ul>
<p>Who should be involved?</p>	<ul style="list-style-type: none"> <li>• Community representatives (have a group to draw on – so as not to exhaust individuals)</li> <li>• Foundation House and others who advocate on behalf of refugees</li> </ul>
<p>How do we move</p>	<ul style="list-style-type: none"> <li>• Identify some community representatives who can be involved in the</li> </ul>

<p>forward and progress these solutions? How can refugee communities be involved in the process? People who indicated they would like continued involvement</p>	<p>long term and who can represent the community</p> <ul style="list-style-type: none"><li>• See above</li></ul> <ul style="list-style-type: none"><li>• Annerose Reiner, Foundation House (Facilitator)</li><li>• Jenny Chapman, Mercy Hospital</li><li>• Anna Stybowski, ISIS</li><li>• Moses Lado, Victoria Police</li><li>• Pam Peters</li><li>• Dianna Kozaris, ISIS</li><li>• Fawzia Kurtu, Mercy Mental Health</li><li>• Marina Tyler, Dept of Immigration</li><li>• Christopher Ku, ISIS</li><li>• Karen Thomson, VICSEG</li><li>• Elmo Perera, Werribee Community and Education Centre</li></ul>
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## 7. Access to Dental and Optometry services

Issues	<ul style="list-style-type: none"> <li>• VCO does not currently prioritise refugees, like other primary care providers</li> <li>• There are long waiting lists for optometry (70,000 appointments for 200,000 potential clients)</li> <li>• It is difficult for refugees living in Wyndham to access optometry services in Carlton and Braybrook</li> <li>• It is difficult for refugees to access the Dental Hospital</li> </ul>
What are the risks of not addressing this issue?	<ul style="list-style-type: none"> <li>• Eye screening is not part of the battery of tests included in GP Refugees Health Assessment</li> <li>• The most needy often miss out on optometry services</li> </ul>
What solutions / strategies could we put in place to address this issue and improve service coordination?	<p>Optometry:</p> <ul style="list-style-type: none"> <li>• Screening to prioritise people with very poor vision (RHN, PSN screen)</li> <li>• Book appointments in advance (Braybrook)</li> <li>• Can AMES book initial optometry appointments like they book initial dental appointments</li> <li>• Low vision clinics</li> <li>• Complex network</li> <li>• Optometrist into schools and screen all children</li> <li>• Cheaper to get glasses through Braybrook</li> <li>• Keep lobbying to Dept. of Health and Ageing</li> <li>• Prioritise most vulnerable</li> </ul> <p>Dental:</p> <ul style="list-style-type: none"> <li>• All children referred to School Dental Services</li> <li>• AMES refer for dental assessment initially</li> <li>• Enter data in computer and tag as needing an interpreter</li> <li>• Dental 30 minute sessions</li> <li>• Waiting list for refugees</li> <li>• Increase staffing levels to get more refugees into the system</li> <li>• Access service at ISIS</li> <li>• Block sessions for many refugees and block bookings for interpreters</li> <li>• Fax referrals</li> </ul>
Who should be involved?	<ul style="list-style-type: none"> <li>• Agencies prioritise clients that should be seen</li> <li>• Increase access by decentralizing services</li> <li>• Public vs. private supply</li> <li>• VCO attend RHN training sessions</li> </ul>
How do we move forward and progress these solutions?	<ul style="list-style-type: none"> <li>• Organise a community bus to transport people</li> <li>• Reminder calls</li> <li>• 3 outposts of WELS in Werribee</li> <li>• Piggy back into where interpreters already are</li> <li>• Wyndham Karen, Burmese, Dinka</li> <li>• Little River - country / rural services including Geelong</li> </ul>
How can refugee communities be involved in the process?	<ul style="list-style-type: none"> <li>• Community champions, supported by interpreters</li> <li>• Community education sessions</li> </ul>
People who indicated they would like continued involvement	<ul style="list-style-type: none"> <li>• Natalie Smith, HealthWest (Facilitator)</li> <li>• Bill Baker, VCO</li> <li>• Michael Anjou, VCO</li> <li>• Samantha Reid, Department of Education</li> <li>• Jacky Kelly, Department of Education</li> <li>• Shayley Rizzoli, ISIS Dental</li> </ul>

## Summary of Evaluation Forms

Forty-three participants completed an Evaluation Form. Overall feedback was positive with almost all participants indicating that the presentations and small group activities were ‘very useful’ or ‘useful’. The table below provides a summary of the feedback.

Topic covered	Very useful	Useful	Unsure	Not useful	Waste of time
Workshop overview	39%	53%	8%		
The refugee journey	77%	33%			
Demographics of Wyndham	39%	58%	3%		
Case studies	62%	38%			
Key service coordination issues	36%	64%			
Small group discussions	72%	28%			
Plenary and future directions	20%	63%	17%		
Afternoon tea	69%	28%	3%		
Venue	74%	26%			

In addition to rating the Forum, participants provided written comments. These comments reflect the overall ratings, in that people felt the Forum was valuable, well structured and a great opportunity for networking.

### General comments:

- Well set up
- Well structured
- The session was very good, however the time was short and we couldn’t exhaust all the issues
- Great to get such a big group of people – all working on the same goals and gathered together to discuss this important issue
- Need more opportunities like this – full day
- Worthwhile session and good networking opportunity and lots to learn
- Found this very useful session for a nurse just starting out in refugee health
- Groups needed more time
- Could easily be a full day seminar

- A good step forward provided all that were discussed and suggested will be implemented
- All very good
- Excellent forum. Good cross section of community members and workers from the areas. Good networking opportunity
- Good opportunity to learn more and develop ideas
- Happy to participate in this session
- This has given a better insight for the Division. We will help our community
- Informative
- Brilliant work
- Need to have follow-up committees set up – how is that happening?
- Enjoyed the forum and look forward to participating again
- Keep up the great leadership and partnership with refugees and services
- Excellent session, great attendance
- Need more time to explore the issues in depth, but probably need to be split up according to relevant services / interests such as preventative health / mental health / physical health etc
- A bit rushed at the end
- Great opportunity to meet other service providers – talk through issues

**What was the best thing about the session?**

- Well set up, well structured
- Group discussions and the presentations
- Personal stories told by refugees and case studies told by nurses
- Similar issues experienced by many areas e.g. interpreters
- Opportunity to talk about issues directly with key people
- Collaborating with other service providers
- Networking with other service providers
- Meeting other service providers
- Great for networking
- Presentations from the Karen representatives
- Networking

- All useful within practice
- Hearing from community leaders, programs already out there
- Identifying strategies
- Meeting others
- New insights into various aspects of refugee health
- Small group discussions
- Networking
- A clearer understanding
- Presentation by Dr Ross who highlighted the real issues of refugees in accessing health
- Small group discussion
- Talking to key people, networking
- Starting discussion about the refugee coordination is a great thing
- Observing the interest
- Diversity of speakers and audience
- Chance to talk face to face with people I've emailed / talked to on the phone, clarification of issues
- Networking
- Networking opportunities
- Small group enabled meeting participants
- Face to face meeting with key players
- Meeting people who work in the area and hearing case studies, stories
- Small group discussion, refugee journey

**What was the worst thing about this session?**

- None
- A bit cramped / crowded in the room
- IT failing
- Bigwigs from DIAC need to attend re. funding and what's happening on the ground
- Not inviting all refugee groups to the forum

- Loud voice over microphone – too loud during small group discussions
- Nothing
- Hearing about the poor over burdened GP!
- Nil
- Nothing
- Not enough time to talk to everyone!
- Dr Ross's presentation - refugees are not to blame for the workload. Lobby for more resources
- Need more time
- Not much opportunity to network. Sound system too loud
- No major issues
- Not enough time

## Appendix 1. Forum Agenda



### HealthWest Partnership & ISIS Primary Care, Wyndham

### Refugee Service Coordination FORUM

Tuesday, 4<sup>th</sup> August, 2009

#### Forum Purpose:

- To raise awareness and understanding of the Service Coordination issues affecting Refugees living in Wyndham
- To discuss and document solutions / strategies to improve Service Coordination for Refugees living in Wyndham

#### Forum Agenda:

Session 1 1.30-1.45	<b>Welcome</b>  <b>Workshop Overview and Background to the Project</b> (Pathway for the West)	Juliet Frizzell Facilitator & Lee Kennedy EO HealthWest
Session 2 1.45 - 3.00	<b>Context Setting</b> <ul style="list-style-type: none"> <li>• The Refugee Journey</li> <li>• Demographics - what do they tell us about Refugees in Wyndham?</li> <li>• Case Studies</li> </ul>	Moe Hnin Than Myint  Poly Kiyaga  Sue Jaraba, Pip Price Dr Ross Drewe
3.00-3.15	<b>Afternoon Tea</b>	
Session 3 3.15 - 3.30	<b>Key Service Coordination Issues</b>  <b>Small Group Discussions Focusing on Five Key Service Coordination Issues</b> <ul style="list-style-type: none"> <li>• What are the risks of not addressing the Service Coordination issues facing Refugees living in Wyndham?</li> </ul>	Lindy Marlow Refugee Health Nurse Facilitator
Session 4 3.30 - 4.15	<ul style="list-style-type: none"> <li>• What solutions / strategies could we put in place to improve Service Coordination?</li> <li>• Who should be involved?</li> <li>• How do we move forward and progress these solutions / strategies?</li> <li>• How can the refugee communities be engaged more in this process?</li> </ul>	Small Group work
Session 5 4.15 - 4.30	<b>Plenary and Where to from here?</b>	Juliet Frizzell Facilitator



## Appendix 2. List of Forum Participants

	<b>Name</b>	<b>Agency</b>	<b>Role</b>	<b>Phone</b>	<b>Mobile</b>	<b>Email</b>
1	Alison Heseltine	New Hope Werribee	Coordinator	9974 1700	0413 296 397	alisonh@newhope.asn.au
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Report on the Wyndham Refugee Service Coordination Forum

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