

Refugee Trauma Recovery in Resettlement Conference

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Talking about
health and
experiences of
using health
services
with people
from refugee
backgrounds

FINAL REPORT

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Acknowledgements

Project Advisory Group members

Bicultural Workers who conducted the consultations

People from refugee backgrounds and people seeking asylum who participated in the consultations



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Victorian Refugee Health Network

- Auspiced by the Victorian Foundation for Survivors of Torture (Foundation House)
- Support health and community services to provide accessible and responsive health care for people from refugee backgrounds including people seeking asylum
- Provide expert advice to the sector and Victorian and Commonwealth governments on refugee health



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Consumer and community participation in health

- 2013 review of Network recommended greater community consultation and engagement
- Community participation in health is important:
 - an aid to improve health outcomes and quality of care
 - a mechanism to ensure accountability
 - an important democratic right (Victorian State Government Department of Health 2011)
- People from refugee backgrounds are under-represented in consultation and feedback mechanisms



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Project Methods

Project Objectives:

- **Create opportunities** for under-represented groups to provide advice about health and experiences of using health services
- **Combine information** from consultations to inform the work of the Network and help us to be responsive to community concerns
- **Document the process and findings** into a publically-available report to share with Victorian services and policy-makers

Establishment of Project Advisory Group



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Advice from the Project Advisory Group on consulting with communities

- Consult where the community already is
- Use informal approaches
- Use verbal approaches
- Trust is required
- Some people will be hesitant to speak honestly with services
- Culture affects how people think and talk about health
- Its important for the person conducting the consultations to understand the culture of the consultation participant
- Use bicultural workers
- Can be difficult to reach people who are newly arrived, people seeking asylum, and women



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Consultations

Approach to consulting

Themes covered in the consultation questions:

- What keeps people healthy, and what makes them unhealthy
- Where do people go for help for their health problems
- What makes it easy and hard for people to go to health services
- Advice for health services

Reflections on the consultations

“The fact that I knew them and they were from the same country and community as me...meant that they felt comfortable speaking with me”

- Bicultural Worker who conducted the consultations



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Characteristics of the consultation respondents (n = 115)

Characteristic	Number
Consultation type	
Group consultation	58
Individual consultation	57
Gender	
Male, or all-male group	52
Female, or all-female group	46
Mixed gender group	17
Age	
Young people (<25)	36
Adult (25-59)	62
Older people (60+)	17
Visa status	
Permanent visa	76
Bridging visa (seeking asylum)	39
Region	
South East Metro Melbourne	32
West Metro Melbourne	31
North Metro Melbourne	25
East Metro Melbourne	7
Shepparton	7
Geelong	4
Cultural background (as described by bicultural workers)	
Afghan	21
Iranian	17
Tamil	15
Karen	13
Eritrean	9
African	6
South Sudanese	6
Bhutanese	3
Burmese	3
Arabic speaking	2
Assyrian Chaldean	2
Iraqi	2
Malaysian	2
Somali	2
Sri Lankan	2
Syrian	2
Vietnamese	2
Egyptian	1
Fijian	1
Filipino	1
Hazara	1
Nepalese	1
Papua New Guinean	1



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Key Themes

- Healthy eating and food security
- Social connectedness
- Physical exercise and sport
- Health information and knowledge about health service systems
- Communication with health providers
- Accessibility and appropriateness of services
- Mental health
- Income and employment



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Sub-population findings

- Older people identified family and community supports as facilitators to accessing health services
- Sport and physical exercise were especially important for young people
- The preference for bilingual GPs and other health professionals was stronger among adults and older people
- All of the consultation respondents who said they do not seek help for their health problems were male
- Stress and worry and income and employment were all particularly strong concerns for people seeking asylum



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CASE STUDY

Sunday Sport Program

Case study: physical exercise and sport



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This program was initiated by a group of young Afghan people associated with the Noor Foundation, who recognised a need in their community for opportunities for recreation and sport. The young people approached their former high school, Cranbourne Secondary College, which agreed to provide free access to the school gym and sporting equipment on Sundays. The Noor Foundation provided letters of support and public liability insurance to support the program.

The program runs every week on Sunday and provides a place for young mostly Afghan people living in the City of Casey to come together to play sports such as soccer and badminton, as well as have an opportunity to socialise.

The popularity of the program has grown from under 10 people attending the first session in February 2016, to 50 or 60 young people now attending each week.

Watch a video about the [Sunday Sport Program](#)

Recommendations

Recommendations for:

- Our Network
- Different government departments across all levels of government
- Primary Health Networks
- Peak bodies
- Services

Findings will inform our projects, submissions and other work

Next steps:

- Sharing the report with stakeholders
- Writing to services and government departments
- Repeat the consultation in 2-3 years time



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Read the report here:

www.refugeehealthnetwork.org.au/talking-about-health-and-experiences-of-using-health-services-with-people-from-refugee-backgrounds/

or email Lauren to request a copy on
tyrrell@foundationhouse.org.au



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