

NSW Health

Refugee Health Flexible Fund

**Review Report and Project Summaries
for 2021-2023**



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Acronyms

ACI	Agency for Clinical Innovation
AMEP	Adult Migrant English Program
CINSW	Cancer Institute NSW
COHS	Centre for Oral health Strategy
CNC	Clinical Nurse Consultant
ECAV	NSW Health Education Centre Against Violence
EDM	Electronic Direct Mail
ESL	English as a Second Language
FTE	Full Time Equivalent
FY	Financial Year
GP	General Practitioner
HETI	Health Education and Training Institute
HNELHD	Hunter New England Local Health District
ISLHD	Illawarra Shoalhaven Local Health District
LGBTIQA	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual
LHD	Local Health District
MHCS	NSW Multicultural Health Communication Service
MNCLHD	Mid North Coast Local Health District
NDIS	National Disability Insurance Scheme
NNSWLHD	Northern NSW Local Health District
NSLHD	Western Sydney Local Health District
NSW	New South Wales
OOS	Occasions of Service
RHS	Refugee Health Service
RN	Registered Nurse
SESLHD	South Eastern Sydney Local Health District
SHN	Specialty Health Network
STARTTS	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
SLHD	Sydney Local Health District
SWSLHD	South Western Sydney Local Health District
TIC	Trauma-Informed Care
TMHC	Transcultural Mental Health Centre
WSLHD	Western Sydney Local Health District

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Executive summary and recommendations

NSW Health recognises that meeting the health needs of people from refugee backgrounds (including asylum seekers and other migrants with similar backgrounds) is essential for successful settlement and integration. The Refugee Health Flexible Fund (RHFF) was designed to support implementation of the [NSW Refugee Health Plan 2022-2027](#). The RHFF has three components: individual projects to address local and statewide needs, statewide forums and a [webpage](#) maintained by the Ministry of Health.

This review report is informed by an understanding of refugee and multicultural health policy and best practice healthcare for people from refugee backgrounds; a review of RHFF project reports, other documents and presentations to the RHFF forums; and interviews with project staff.

Fifteen projects were supported in the first funding round (RHFF 2021-2022 to 2022-2023) (Please see the overview infographic on pages 6-7). Ten projects addressed refugee health broadly, two focussed on physical conditions (cancer and chronic disease), two on mental health, and one on oral health. Three projects involved multiple locations across NSW, eight were based in the Sydney metropolitan area and four were based in regional and rural areas. Seven projects focussed on adults, one on children aged 0-16 years and their parents, and two on families with children under 5 years.

Collectively, the 15 projects involved over 40 major partnerships and collaborations, both within NSW Health and beyond the health sector. Most projects included consumer representation within their governance structures and incorporated co-design principles and methods. They resulted in numerous benefits for people from refugee backgrounds (individuals, families and communities) and for NSW Health. New health resources were produced in 26 languages, including for small and new and emerging communities. Eight enhanced or new models of care were developed and implemented across a range of health conditions and healthcare settings.

The RHFF forums and webpage provided platforms for knowledge exchange and dissemination of project outputs and research findings among the project teams, their partners and key stakeholders. Conference presentations and journal articles reached a broader audience.

Project teams faced numerous challenges, both external and internal. Lessons learned related to project planning and implementation, as well as to outputs and findings. At the outset, proposals should be realistic in terms of aim and objectives, budget, timelines and existing capacity. Working with refugee communities takes time, thoughtful effort and additional resources. Existing connections and relationships were major strengths and project enablers.

The RHFF is successfully addressing the goals and priorities of the NSW Refugee Health Plan. In addition to meeting local needs, it has built capacity within the broader public health system and among project partners. The forums and webpage have supported connections with others working in the field. It is important to build on these achievements as demand grows, particularly in rural and regional areas. The challenge ahead lies in embedding successful models of care, completing ongoing evaluations and scaling up effective interventions and programs, and attending to the needs of all priority populations. Future refugee health initiatives should continue the emphasis on culturally responsive and trauma-informed health care, partnership and collaboration, health service and community capacity building, and service improvements informed by co-design.

Recommendations

With respect to any future RHFF funding round, it is recommended that projects with the following features be encouraged:

- Projects that are innovative and ambitious, but not too ambitious given applicant and partner organisation experience and capacity, budget and timeframes
 - Applicants seek advice and support from refugee health specialists in the design phase
- Projects that support capability and capacity building for the health workforce (mainstream and specialist services) and refugee communities
- Projects that involve partnerships and collaborations with statewide multicultural and refugee health services, as well as NGOs (particularly settlement services) and universities
 - Partnering and collaboration arrangements bring complementary expertise and resources and support knowledge transfer
- Projects that engage consumers and community at all stages, including development, implementation and evaluation.

Further, it is recommended that:

- Project teams are encouraged to upskill in culturally competent, trauma-informed approaches to co-design
- Project reporting requirements are kept simple, and project teams place greater emphasis on project evaluation, including quantitative and qualitative indicators and consumer feedback
 - Applicants seek advice and support from researchers/evaluators with expertise in refugee health in the design phase (e.g., key evaluation questions and potential data collection processes and tools)
- Any future funding round includes appropriate review, similar to the first RHFF round.

With respect to the RHFF forums, it is recommended that:

- The first forum in any future RHFF funding round be held in person
- Future online forums be more interactive (e.g., more time and opportunity for questions to presenters).

With respect to the RHFF webpage, it is recommended that:

- Additional project outputs (resources, reports, publications etc.) from the first RHFF be uploaded as they are finalised, together with this Review Report
- The link to the RHFF webpage be circulated to the NSW Health system, together with a memorandum advising of this Report.

NSW Refugee Health Plan 2022-2027



Vision:

People from refugee backgrounds are healthy, thriving members of NSW

Overview and Summary of Projects

Supported 15 projects with a common purpose: to ensure access to timely, culturally-responsive and trauma-informed health services and health information for people from refugee backgrounds.

3 projects involved multiple locations across NSW

8 projects based in Sydney metropolitan area

4 projects based in regional and rural areas



10 PROJECTS ON **REFUGEE HEALTH BROADLY**



1 PROJECT ON **CANCER**



1 PROJECT ON **CHRONIC DISEASE**



2 PROJECTS ON **MENTAL HEALTH**



1 PROJECT ON **ORAL HEALTH**



7 PROJECTS FOCUSED ON **ADULTS**



1 PROJECT FOCUSED ON **CHILDREN 0-16 AND THEIR PARENTS**



2 FOCUSED ON **FAMILIES WITH CHILDREN UNDER 5**

Collectively, the 15 projects involved over 40 major partnerships and collaborations.

17 partnered within NSW Health: other services in own organisation or statewide refugee and multicultural health services

13 partnered outside the health sector: other state government agencies, councils, non-government organisations or universities

Most projects included consumer representation within their governance structures and incorporated co-design principles and methods. They resulted in numerous benefits for people from individuals, families and communities from refugee backgrounds and for NSW Health.



8 enhanced or new models of care implemented across a range of health conditions and healthcare settings, including culturally adapted evidence-based interventions



Workforce capacity building for regional refugee health services, mainstream health staff and project partners



12 new resources to support high-quality health service provision and health promotion, including translated health information and audio-visual resources in 26 languages



Resources produced in: Arabic, Assyrian, Armenian, Bangla, Burmese, Simplified Chinese, Dari, Dinka, English, Farsi, Greek, Hazaragi, Italian, Karen, Kurdish-Kurmanji, Nepali, Pashto, Portuguese, Rohingya, Russian, Somali, Swahili, Tamil, Tibetan, Ukrainian, Urdu and Vietnamese



RHFF forums and the RHFF webpage supported knowledge exchange and dissemination of project outputs and research findings among the project teams, their partners and key stakeholders. Conference presentations and journal articles reached a broader audience.



KEY PRINCIPLES

- ✓ Culturally responsive and trauma-informed care
- ✓ Partnering and collaboration
- ✓ Co-design
- ✓ Capacity building

Background



Across the globe, the number of people forcibly displaced as a result of persecution, conflict, or generalised violence is at an unprecedented level [1].

Australia’s commitment to settling refugees is facilitated under the Australian Government’s Humanitarian Program [2]. The [NSW Settlement Strategy](#) aims to improve settlement outcomes for refugees living in NSW [3]. NSW Health recognises that meeting the health needs of people from refugee backgrounds (including refugees and asylum seekers and other migrants with similar backgrounds) is essential for successful settlement and integration. This includes facilitating timely healthcare after arrival, as well as ongoing access to effective and culturally responsive healthcare services— “When people are healthy, they are better able to work, study, engage, contribute and have a sense of belonging in their lives” [4].

The [NSW Refugee Health Plan 2022-2027](#) takes a culturally responsive, trauma-informed and strengths-based approach to support people from refugee backgrounds to be healthy, thriving members of NSW [4]. The Refugee Health Flexible Fund (RHFF) was designed to support implementation of the plan. The RHFF has three components: individual projects to address local and statewide needs, statewide forums and a webpage maintained by the Ministry of Health (the Ministry). A key feature of the RHFF is enhancing collaboration across NSW Health, as well as with partner organisations, including settlement services and primary health networks, and communities.ⁱ

Over 2021-2022 to 2022-2023, the Ministry funded 15 projects, focussing on a range of healthcare needs and population subgroups, including people from refugee backgrounds living in rural and regional areas. They included projects to support culturally responsive and trauma-informed care, including capacity building for health staff and targeted health communication, and collaboration with partners; enhancements to oral health and mental health services; and clinical service redesign. The 15 projects are listed in Table 1. Individual project summaries are provided in [Appendix A](#).

The RHFF forums were designed to foster collaboration, promote knowledge exchange and learning across the projects. Three online forums were held in November 2022, April 2023 and August 2023. Forum summaries are provided in [Appendix B](#). A final in-person forum to discuss promising practices and overall learnings for the Fund was held in March 2024.

The [RHFF webpage](#) on the NSW Health web site is a hub for the forum video recordings and summary reports, as well as new resources, literature reviews, and evaluations, which have been supported through the fund and will be a lasting resource for refugee health.

ⁱ As used in the NSW Settlement Strategy, the term ‘community’ refers to a group of people who share commonality; e.g., geographic location, membership of a particular social group, or shared circumstances. People’s sense of community is also based on the relationships they have with the people with whom they interact, and their sense of belonging [3].

Methods

This review report is informed by an understanding of refugee and multicultural health policy and best practice healthcare for people from refugee backgrounds; a review of RHFF project reports, other documents (including more detailed reports and project outputs) and forum presentations (the author of this review facilitated the forums); and interviews with project leaders and officers. Each project summary included in this report was reviewed by the project leader before finalisation.

Consumer feedback was not gathered directly by the reviewer, but derived from project reporting.ⁱⁱ Analysis was pragmatic, based on primary and available secondary data (quantitative and qualitative). Overall, a strengths-based/appreciative inquiry approach was adopted; acknowledging the capacity, skills, knowledge, connections and potential in individuals and communities [3], and that those on the ground (service providers and consumers) will understand best what is working well and what is likely to work in their situation and community [5].

Table 1. List of projects

No.	Organisation	Project name
1	Agency for Clinical Innovation	Regional Refugee Health Services Project
2	Cancer Institute NSW	Refugee Cancer Screening Partnership Project
3	Centre for Oral Health Strategy	Enhancing Oral Health Care for Refugees in NSW
4	Hunter New England Local Health District	Embedding Health Equity to Regional Settlement in Armidale
5	Illawarra Shoalhaven Local Health District	Improving Refugee Children's Outcomes Now (IRCON)
6	Justice Health and Forensic Mental Health Network	Harmony and Healing Project – a trauma-informed and culturally-responsive framework for secure settings
7	Mindgardens Neuroscience Network & UNSW Sydney	'Addi Moves' – a co-designed lifestyle program for women from a refugee or asylum-seeker backgrounds
8	Mid North Coast Local Health District	Holistic Health Care Clinic for Refugees
9	Northern NSW Local Health District	Strengthening the Cultural Responsiveness of Mainstream Health Services in Northern NSW
10	Northern Sydney Local Health District	Pathways to Community Child and Family Health Services for Tibetan Refugee Families
11	NSW Multicultural Communication Service	Translated Health Resources for Refugee Communities
12	South Western Sydney Local Health District	The Natural Helper Approach to Culturally Responsive Healthcare – a consumer-centred model of care transforming chronic disease management
13	South Western Sydney Local Health District	Digital Health Literacy and Refugee Project
14	Sydney Children's Hospitals Network	PEACH (Providing Enhanced Access to Healthcare) Project for Refugees
15	Transcultural Mental Health Centre	Culturally Responsive Emotional Wellbeing Clinical Services for People with Refugee or Asylum-Seeker Experiences

ⁱⁱ Within NSW Health, the term 'consumer' is used for a person who is a patient or a potential patient of a health facility, a client of health services, including their family members, carers or support persons; in this report it refers to consumers from refugee backgrounds [4].

Project Findings

Purpose and focus

Following a call for expressions of interest from invited NSW Health organisations and centres, 15 projects were selected for funding. While their aims and objectives varied, the 15 projects shared a common purpose; i.e., to ensure access to timely, culturally responsive and trauma-informed health services and information for people from refugee backgrounds.

Ten projects addressed refugee health broadly; two focussed on physical conditions (cancer and chronic disease), two on mental health, and one on oral health. Seven projects focussed on adults, one on children aged 0-16 years and their parents, and one on families with children under 5 years.

While the ultimate beneficiaries would be people from refugee backgrounds, 12 projects were directed, either wholly or in part, at health service providers and 12 were also directed at refugee patients and communities. Two projects involved development of an organisational framework or strategy.

Budget and timeframe

The total budget was approximately \$4.6m, an average of about \$300,000 per project, with 28% of the total budget allocated to regional and rural local health districts (LHDs). Most projects extended over two years. The Agency for Clinical Innovation (ACI) web resource, completed first, was featured at the first forum in November 2022. A few projects are yet to be completed, with outputs to be finalised in early 2024. A number of journal articles are awaiting publication.

Location

Three projects involved multiple locations across NSW, eight were based in the Sydney metropolitan area and four were based in regional and rural areas.

Partners

Collectively, the 15 projects involved over 40 major partnerships and collaborations, 17 within NSW Health. Eight projects involved partnerships with services within their own organisation (LHD, Specialty Health Network (SHN), Agency, Centre or Institute). Nine projects partnered with statewide services; specifically, NSW Refugee Health Service (RHS), NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) or NSW Multicultural Health Communication Service (MHCS).

Thirteen projects involved partnerships and collaborations beyond the health sector. Three projects partnered with other state government agencies, notably TAFE (which runs the Adult Migrant English Program), and two partnered with local government. Eleven projects involved the non-government sector, including settlement agencies (national, state and local), other non-government organisations (NGOs) and community groups. Five projects partnered with a university (e.g., for literature review or evaluation).

Priority issues and populations

Table 2 shows how the 15 projects align with the priority issues and populations outlined in the [NSW Refugee Health Plan 2022-2027](#). Looking across the table, it can be seen that the priority issues were well covered. Of the priority populations, LGBTIQ+ people and older people, particularly the frail aged, received least attention.ⁱⁱⁱ The needs of LGBTIQ+ people from refugee backgrounds and those who speak English as a second language (ESL) are being addressed in two projects supported by the NSW LGBTIQ+ Health Funding Pool in 2023-24 and 2024-25.^{iv} The needs of seniors and the frail aged were considered and supported with \$3.5m additional funding from the Ministry to the NSW Refugee Health Service over FY2019-20 to FY2022-23 to provide complex care across metropolitan Sydney for people living with disability, older people and asylum seekers living in the community.

ⁱⁱⁱ Between 2015 and 2020, one in eight of the humanitarian entrants resettled in NSW were aged over 55 years [4].

^{iv} Projects delivered by STARTTS (Health Service Capacity Building Training – Working with refugees and asylum seekers who associate as LGBTIQ+) and SHLD (Speaking my Language: Bridging communication and access gaps for ESL LGBTIQ+ patients).



Table 2. Project alignment with priority issues and populations

NSW Refugee Health Plan 2022-2027	Project No.				
	1	2	3	4	5
	ACI	CINSW	COHS	HNELHD	ISLHD
Priority Issues					
Effective communication in people’s preferred language	✓	✓	✓	✓	✓
Cultural responsiveness of mainstream health services	✓	✓	✓	✓	✓
Timely access to public health services, including mental and oral health, and for people resettled in rural and regional locations	✓	✓	✓	✓	✓
Efficient service navigation and care coordination	✓	✓	✓	✓	✓
Targeted health promotion and health education to support people to successfully navigate the health system and achieve optimal health		✓	✓	✓	✓
Priority Populations					
People living in rural and regional areas	✓	✓	✓	✓	✓
People living with disability		✓		✓	
Newly arrived people	✓	✓	✓	✓	✓
People seeking asylum living in the community	✓	✓	✓		
Older people, in particular frail aged			✓	✓	
Women and single-female-parent families		✓	✓	✓	✓
Children and young people, in particular during the first 2,000 days			✓	✓	✓
Men		✓	✓	✓	✓
People with diverse sexualities, gender identities and those with intersex variations (LGBTIQ+)					

6	7	8	9	10	11	12	13	14	15
JHFMHN	MHB-MG	MNCLHD	NNSWLHD	NSLHD	SESLHD MHCS	SWSLHD NH	SWSLHD DHL	SCHN	WSLHD TMHC
	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓		✓	✓	✓	✓	✓	✓	✓	
✓	✓	✓	✓	✓		✓	✓	✓	✓
		✓	✓	✓		✓		✓	✓
✓	✓	✓	✓	✓	✓		✓	✓	✓
✓		✓	✓		✓				
	✓	✓	✓			✓		✓	
	✓	✓	✓	✓	✓	✓	✓	✓	✓
	✓	✓						✓	✓
	✓	✓	✓			✓			
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		✓	✓	✓	✓			✓	
✓	✓	✓	✓		✓	✓	✓	✓	✓

Activities

Governance structures were established (e.g., project steering committee and/or advisory group and clinical and managerial leads where applicable) and project staff recruited. Some projects invested early time and effort in setting up systems to monitor and measure project outcomes. Stakeholder consultations included interviews, focus groups, community workshops and on-site visits. Projects that incorporated a major research component obtained ethics approval. University partners undertook literature reviews to inform four of the projects.

The 15 diverse projects embodied the features of best practice healthcare for people from refugee backgrounds [4]. Projects directed at health staff involved installation of IT equipment to support interpreter services; staff training in interpreter use, trauma-informed care and cultural competence/safety; and development of practice guides and other resources. Existing refugee health teams were boosted with allied health personnel and the new staff provided with orientation, upskilling and support. Clinical services were enhanced through refinements to referral pathways, processes and tools. New models of care and public health interventions were piloted.

Projects directed at the community involved translation of existing health resources into languages used by refugee populations and development of new translations and in-language audio-visual resources; training for settlement and community workers; training for refugee community leaders, members and consumers; health promotion and community education. The project to develop a multicultural health strategy for a regional and rural LHD took a community development approach.

Consumer and community involvement

Most projects included consumer representation within their governance structures and sought input from refugee patients and community members early in the project. Consultations to gather patient stories and understand healthcare experiences (including motivators, barriers and enablers) took various forms, supported by

interpreters and bilingual workers. Although they applied co-design principles and methods in some activities (e.g., data gathering and development of new resources)^v, in terms of the spectrum of consumer participation (inform, consult, collaborate, co-design and empower) most projects generally adopted a consultative or collaborative approach [6]. In three projects, consumers were partners in delivering the intervention (community champions, workshop trainers or peer mentors). Consumer feedback was collected as per protocol in research projects and as part of routine clinical care or program evaluation in other projects. One project resulted in a researcher and consumer jointly presenting their experiences at a national conference.

Output and outcomes

As noted above, most projects have been completed, with six expected to finalise their evaluation reports and other outputs in early 2024.

Of the 12 projects that were directed at health staff:

- Seven delivered staff training, including on cultural competence, interpreter use and trauma-informed care; one offered mental health training for generalist health and community workers
- Five involved streamlining referral pathways
- Two produced clinical tools: a screening tool for child and parent mental health and an adaptation of a tool for assessing child language development for Ezidi speakers^{vi}
- One produced a best practice guide for health translations
- One produced an online resource to guide development of future regional refugee health service, but also having broader applicability
- One produced a training package for maternity services (to be finalised).

Of the 12 projects that were directed at refugee patients and communities:

- Ten produced translated health resources including three in-language resources
- Five developed and delivered targeted

^v 'Co-design' has been variously defined. The ACI describes it as a way of working that enables consumers to become equal partners in the improvement process for health services and identifies five principles: Equal partnership, Openness, Respect, Empathy, and Design together – Consumers, families and staff work together to design, implement and evaluate improvements, activities, products and services [6].

^{vi} The Intelligibility in Context Scale is currently being reviewed for endorsement by the Belgian authors.

community education, one delivered a train-the-trainer course in digital health literacy to community volunteers, and one provided training to consumers who would become peer mentors

- Five produced targeted clinical or public health interventions; evaluation is ongoing for 3.

Altogether, 12 new translated health resources were produced in 26 languages, including for small and new and emerging communities. Eight enhanced or new models of care were developed and implemented across a range of health conditions and healthcare settings.

Outputs from both projects directed at the organisational level are being prepared for publication: the *NNSWLHD Multicultural and Refugee Health Strategy 2024–2029* and the *Justice Health and Forensic Mental Health Network Framework for a Trauma-Informed and Culturally Responsive Workforce* and accompanying Toolkit and Implementation Plan.

Some projects were also supported with further funding from the Ministry from 2023-24, including continuation of the oral health and the cancer screening projects, as well as four more years of enhanced support for allied health and nursing for complex care teams in two regional LHDs (HNELHD and MNCLHD). In 2023-24 the Ministry also funded the MHCS to continue the development of a domestic and family violence resource (poster) in multiple languages. One project (SWSLHD's Natural Helper) was awarded a Medical Research Future Fund grant to extend their evaluation (including addition of an interstate site).

Dissemination

The RHFF forums and webpage provided the main platforms for knowledge exchange and dissemination of project outputs and research findings among the project teams, their partner organisations and key stakeholders from NSW Health. Project teams have also shared through their professional networks.

From October 2022 to 7 September 2023^{vii}, the ACI interactive website, [Delivering healthcare to refugee communities in regional NSW](#), received a total of 4,784 page views and 260 link clicks. The MHCS best practice guide for NSW Health

staff, [Developing health resources for people from refugee backgrounds](#), was launched at an online forum to mark Refugee Week (18-24 June 2023) and promoted through electronic direct mail (EDMs) and at conferences. Over 200 hard copies and 500 flyers promoting the resource were distributed at two national conferences^{viii}, and it had been viewed online by 522 unique users by November 2023.

Conference presentations and journal articles reached a broader audience. Seven projects made a total of 12 conference presentations (6 oral and 6 poster).^{ix} Articles from two projects have been published in international peer-reviewed journals and three are under review, with another five in preparation or planned. These activities speak to the high-quality of the work undertaken.

Benefits

The projects resulted in reported benefits for individuals, families and communities from refugee backgrounds and NSW Health service providers and organisations. These include:

- Reduced communication barriers through production and dissemination of translated health information and in-language resources and increased use of professional health care interpreters during patient appointments
- Increased cultural acceptability of services and programs through co-design, including culturally adapted evidence-based interventions and targeted health promotion and health education
- More timely access to culturally responsive and trauma-informed clinical care, including access to oral health care, mental health care, allied health professionals, medical specialists and specialist refugee health services, through enhanced service linkages
- Increased capability and capacity within the broader public health system and among project partners
- Improved health service navigation and care co-ordination
- Improved patient experience and satisfaction
- Increased engagement with public health

vii Data only available to this date due to subsequent change in measures reported by Google Analytics.

viii Cancer Innovations Conference August 2023, and National Multicultural Health and Wellbeing Conference, November 2023, both held in Sydney.

ix National – FASSTT Conference, October 2023, Adelaide; National Multicultural Health and Wellbeing Conference, November 2023, Sydney; National Settlement Conference, November 2023, Melbourne. International – International Society of Traumatic Stress Conference, November 2022, USA; Asia Pacific Society for Physical Activity Conference, November 2023, Wellington NZ.

services and adoption of preventive behaviours

- Improved health literacy including knowledge related to specific issues and understanding of the Australian health system
- Increased community trust and confidence in NSW Health services and programs.

Other organisational benefits relate to strengthened partnerships with other government agencies, settlement services and other NGOs and to evidence building through systematic literature reviews and rigorous evaluation, supported by academic partnerships.

Challenges

Project teams faced numerous challenges, both external and internal. All projects were delayed to varying degrees by the COVID-19 pandemic, which impacted on health services operation as well as the community at large, with an especially severe impact on multicultural and refugee communities. Northern NSW was also impacted by floods and their aftermath. Many projects, especially but not only those in regional and rural LHDs, were delayed or disrupted by problems in recruiting or retaining staff.

While immigration ceased during the peak of the pandemic, re-opening of Australia's borders saw rapid growth in the number of humanitarian entrants with complex needs (including torture, trauma, disability and chronic conditions). Reduced access to primary care, as GPs closed their practices or their books (refusing to take on refugees as patients), placed added pressure on already overstretched local refugee health services, especially in regional and rural NSW. Building cultural competence of mainstream services and service providers, including routine use of professional interpreters, is an ongoing task. Managing expectations and achieving objectives required constant communication between the project partners. Overcoming organisational barriers and finding common ways of working required, sometimes extensive, negotiation.

Key learnings

Across the projects, lessons learned related, firstly, to project planning and implementation and, secondly, to project outputs and findings.

At the outset, it was best not to be too ambitious or broad in scope; proposals which were realistic in terms of aim and objectives, budget, timelines and existing capacity were better placed. While initial project plans provided direction and a basis for communicating with partners, flexibility was essential, as was frequent communication between partners. Working with diverse linguistic and ethnocultural groups (including consultation and co-design) often takes more time, thoughtful effort and additional resources than expected. Sufficient budget for interpreting services and translations should be factored into project plans.^x

Existing connections and relationships were major strengths and project enablers. Linkages with statewide bodies, such as the NSW RHS, STARTTS and MHCS, and partnerships with settlement agencies at the national state or local level were invaluable. These arrangements supported a holistic approach to healthcare, and attention to the social and cultural determinants of health (e.g., employment, education, housing and transport), as well as pooling of resources.

While refugee community members were willing to participate, community size and capacity, including literacy and health literacy levels, varied enormously. Projects should be mindful that they don't overburden NGOs and community groups who may have other priorities. As with health service providers, open and regular communication helped to maintain motivation and involvement. Generic approaches to project delivery and research, and generic methods, required adaptation to target groups and settings. Having an academic partner was helpful when it came to ethics, methods and writing up (technical report, poster or publication), particularly for service-based project teams.

Project findings and outcomes provide direction for future initiatives. Across NSW, a range of strategies and promising practices for enhancing refugee healthcare were identified. This is sensitive and careful work, requiring attention to the wellbeing and psychological safety of staff as well as program participants. The challenges for delivering timely culturally responsive and trauma-informed healthcare are greater in regional and rural areas with limited resources, and small language groups. Literature reviews highlighted the lack of information on specific groups and health issues and the ongoing need for cultural competence training for mainstream health staff.

^x For the Refugee Cancer Screening Partnership Project, CINSW calculated that they spent an additional 13% above their original budget on interpreters and translations, and 345 hours recruiting, training and supporting bilingual workers to lead community forums and events. Implementing co-design with seven partner agencies added 3.5 months to the 18-month project timeline, extending it by 18%. Despite this, they found the process very worthwhile, leading to robust project design, as well as to more understanding and commitment from project partners who led the local implementation.

Forums

RHFF online forums were held on [2 November 2022](#), [5 April 2023](#) and [9 August 2023](#) to promote knowledge exchange and learning across the projects. The forums had common objectives:

1. To build and strengthen connections and encourage networking
2. To share process, outcomes and lessons from selected projects
3. To showcase the range of work being undertaken to interested stakeholders.

Forum invitations were emailed to RHFF project teams and other contacts in the refugee health field. Project teams were encouraged to share the invitation with their partners and other stakeholders. Following each forum, the videorecording and summary report were published on the RHFF webpage.

At the first forum (2 hours duration) all 15 projects were introduced. This was done through eleven short presentations (each 3 minutes) and four extended presentations (10–15 minutes including time for questions). PowerPoint templates were

provided to presenters beforehand. The second and third forums (both 1¾ hours duration) featured extended presentations by five and six project teams, respectively. These were followed by a quick round robin for other project teams to share important news.

Sixty-nine people joined the first forum, of whom 50 were online for the full two hours; 78 people joined the second forum and 56 people joined the third forum. Audiences included representatives from LHDs across the state, SHNs, the Ministry of Health and its pillars and organisations, statewide refugee and multicultural services, and NGOs.

Feedback on all three forums, and from all sources (project teams and other attendees) was very positive. Presenters found the PowerPoint templates helpful. More interactivity would have been beneficial, including additional time for questions and discussion. It is likely that in-person forums would have facilitated this, but this format was not possible in the aftermath of the COVID-19 pandemic.



RHFF webpage

The [RHFF webpage](#) was established to foster knowledge exchange and enhance collaboration across NSW Health. Located on the NSW Health website under Multicultural Health, it serves as a hub for the RHFF [forums](#) (recordings and summary papers), as well as project [resources](#) (e.g., literature reviews, project evaluation, implementation guides and tools, conference papers and translated health resources). Between December 2022 and 7 September 2023^{xi}, the RHFF webpage attracted 804 page views and 638 unique page views (the number of times it was opened by different users).

^{xi} Data only available to this date due to subsequent change in measures reported by Google Analytics.

Conclusion

The RHFF has successfully contributed to addressing the goals and priorities of the NSW Refugee Health Plan. In addition to meeting identified local needs for access to health services and information for individuals and families from refugee backgrounds, it has built capacity within the broader public health system and among project partners.

The 15 projects in the first RHFF have produced an impressive number of high-quality outputs and outcomes, with benefits for refugee communities and NSW Health. The forums and webpage provide a platform for connecting with others working in the field, and knowledge exchange and dissemination, both within NSW and for other jurisdictions.

It is important to build on these achievements and momentum as demand grows, particularly in rural and regional areas where increasing numbers of refugees may be settled. The challenge ahead lies in embedding successful models of care, completing ongoing evaluations and scaling up effective interventions and programs, and attending to the needs of all priority populations. Future refugee health initiatives should continue the emphasis on culturally responsive and trauma-informed health care, partnerships and collaboration, health service and community capacity building, and service improvements informed by co-design.



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1

Agency for Clinical Innovation (ACI) Regional Refugee Health Services Project

Globally, over 80 million people have been forced to flee their homes, half of them children. About 1% are resettled in other countries. In Australia, since 2017 resettlement of refugees has been increasingly taking place in regional and rural areas. NSW Health has established comprehensive refugee health services in four regional LHDs, providing models and lessons for new services in other regional areas. At the time of the project, Iraq, Syria, Afghanistan and Burma/Myanmar were the main countries of birth for refugees resettling in NSW.

Partners & collaborators	The project was delivered by the ACI in partnership with the four LHDs (Hunter New England, Illawarra Shoalhaven, Mid North Coast and Murrumbidgee); settlement providers, primary health providers, allied health, community/child health, councils and community groups; as well as recently arrived refugees and settled community members.
Aims & objectives	<ul style="list-style-type: none"> • To distil the key elements and processes required to establish a refugee health service in a regional area, based on NSW experience. • To build a consolidated, tested and practical website providing access to a ‘toolkit’ of resources to aid health services in any future settlement sites.
Activities	A project advisory group was established, including clinical and managerial leads in the four regional LHDs, NSW RHS, STARTTS and ACI project sponsors. The budget supported recruitment of 1.2 FTE (2 part-time project officers) and travel to sites. Extensive stakeholder consultation (virtual surveys and interviews and regional site visits) and community focus groups were held with recent arrivals with interpreter support. Information gathered was themed into six key areas that provided the framework and building blocks for the website. As content was written, it was checked and validated. The website was published in October 2022 and featured at the first RHFF Forum in November 2022.
Outputs & outcomes	<p>An interactive website that provides a guide for healthcare workers and their community partners on how to establish trauma-informed, culturally responsive and safe health services for refugee communities in regional NSW.</p> <p>The website contains sections on refugee communities in NSW and key elements of a regional refugee healthcare service, a how-to section that hosts consolidated re-sources/links that will support staff new to refugee healthcare, and a spotlight on existing local refugee health services. From October 2022 to September 2023, it received a total of 4,784 page views and 260 link clicks.</p>
Benefits	This online resource will guide future refugee health teams to build their own service based on local community needs and drawing on insights and lessons from established refugee health services, including challenges and ways to overcome them. Existing services may use the website to orientate new staff to regional refugee healthcare and support other local services, including primary health, allied health and community health providers.
Lessons learned	<ul style="list-style-type: none"> ✓ Importance of agile project management and an iterative approach. ✓ Structure provided direction but also needed to be flexible (COVID and project timeframes). ✓ Site visits were critical for success – they strengthened partnerships and built credibility/ rapport. ✓ Advisory group provided invaluable insights and expertise in shaping and endorsing the web content. Having the group actively involved throughout the project enabled testing content, language and synthesis of themes, addressing any concerns at the same time. ✓ Ways-of-working documents and team charters with all internal partners clarified roles and responsibilities and communication lines, enabling effective and efficient project execution.
Reports & publications	Delivering healthcare to refugee communities in regional NSW (web resource)



The [NSW Cancer Plan](#) acknowledges the disproportionate burden of cancer on specific communities and seeks to address inequities and variations in access to care and outcomes they experience. Disparities in cancer screening and incidence are often greater for African and Middle Eastern migrants than other major migrant groups and the general population. Increasing their cancer screening uptake necessitates an understanding of the barriers and the implementation of culturally competent co-designed community cancer programs to address them.

Partners & collaborators	CINSW led the statewide project in partnership with the Settlement Council of Australia and NSW RHS. Four agencies from the settlement/refugee sector were recruited to implement the project locally: Metro Assist, Mosaic Multicultural Connections, Illawarra Multicultural Services and STARTTS.
Aims & objectives	<ul style="list-style-type: none"> • To increase awareness of, and intention to participate in, national cancer screening programs (breast, bowel and cervical) among refugee and migrant communities from Sub-Saharan Africa and the Middle East. <ul style="list-style-type: none"> – To explore their awareness of, participation in, and barriers to participation in national cancer screening programs. – To co-design community-based interventions that would address identified barriers and maximise participation and uptake.
Activities	<p>Governance structures were established and a project officer recruited. Activities included:</p> <ul style="list-style-type: none"> • 3 training workshops to build capacity and confidence of settlement and community workers to promote the national cancer screening programs among target refugee communities • 17 exploratory workshops/interactive community forums to gather perceptions of barriers and motivators to improve participation in national cancer screening programs • 20 small interventions to increase knowledge of and participation in national screening programs, based on target community recommendations. <p>The research component adopted a participatory, concurrent mixed-methods design involving 15 interactive community forums and 10 small-group discussions using nominal group technique among people from Sub-Saharan and Middle Eastern refugee and migrant communities in NSW.</p>
Outputs & outcomes	<ul style="list-style-type: none"> • Training workshops were attended by 32 settlement and community workers (82% with no prior cancer screening training); post-training they reported increased knowledge and confidence in discussing cervical, breast and bowel cancer screening. • Exploratory workshops were attended by 161 community members from 26 countries of birth and 14 language groups. A total of 130 people were involved in the research component. • Small interventions reached 2,302 community members through direct engagement (n=294) and events and in-language media (n=2008). • Improved awareness, knowledge and intention to participate in cancer screening.
Benefits	Increased capability to deliver cancer screening education within the settlement sector. Culturally appropriate and trauma-informed interventions delivered, including implementation of a new pilot model of care involving bicultural refugee peer navigators for breast screening. Strengthened partnerships and service linkages, with growing demand for information, education and resources from settlement agencies and new partnerships formed. Rich recommendations for future healthcare delivery from target communities. Advice and resources shared with other states (Victoria, Western Australia and ACT).
Lessons learned	<ul style="list-style-type: none"> ✓ When working with refugee and migrant communities, sufficient resources for interpreting and translations and employing bicultural workers should be included in the project budget. ✓ Partnerships with settlement agencies and sustained funding for activities are essential to reach local communities. ✓ Co-design methodologies are lengthy and time consuming, and require open communication, adaptability and flexibility. ✓ Research is especially challenging in refugee communities with low literacy. ✓ As refugee communities rely heavily on a GP recommendation for cancer screening, providing GPs with tools and resources will be helpful. ✓ A link between national cancer screening programs and the National Settlement Framework in which health and wellbeing is a priority area would be beneficial.
Reports & publications	<p>The Refugee Cancer Screening Partnership Project: A summary of findings</p> <p>3 journal articles planned.</p>



In comparison to the general population, people from refugee backgrounds experience poorer oral health. However, most dental diseases, including tooth decay and gum disease, are preventable. If identified early, they can often be treated. Following a pilot project funded by the Ministry’s Health and Social Policy Branch in the first half of 2021 involving four regional LHDs (Hunter New England, Illawarra Shoalhaven, Murrumbidgee and Mid-North Coast), the project was expanded in FY21/22 and FY22/23 to include high-demand metropolitan LHDs (South Western Sydney and Western Sydney). The target population comprised adults and children from refugee backgrounds.

Partners & collaborators COHS delivered the project in collaboration with oral health services, multicultural health services and refugee health services in the six LHDs, as well as with the NSW RHS.

- Aims & objectives**
- To improve access to oral health care and preventive information for refugees and asylum seekers (RAS).
 - To provide trauma-informed care (TIC) training for oral health teams.

- Activities** The project was coordinated in each LHD by a nominated project lead. Bi-monthly meetings between the project leads and COHS provided an opportunity to discuss progress and any issues encountered. Activities included:
- Developing and translating resources
 - Installing IT equipment to support interpreter services in public dental clinics
 - Providing TIC training to oral health teams in partnership with the RHS
 - Streamlining of referral pathways, triaging and priority processes
 - Triaging refugee patients with the support of interpreters and offering timely appointments
 - Scheduling of interpreters to support RAS patients’ appointments and attendance
 - Distributing oral health starter kits to RAS patients.

Outputs & outcomes

Indicator	Regional	Metro	Total
No. of unique RAS patients triaged	602	989	1,591
No. of referrals from refugee or multicultural health services	565	122	687
No. of RAS dental appointments scheduled (public and private)	3,067	3,829	6,905
No. of RAS dental appointments attended (public and private)	2,170	2,823	4,993
No. of RAS dental appointments supported by interpreter services	1,541	1,546	3,087
No. of RAS oral health assessments conducted	1,018	1,314	2,332
No. of RAS patients who received preventive oral education			2,068
No. of oral health kits provided to patients			365
No. of TIC training sessions delivered (initial and refresher)*			9
No. of TIC training participants*			~250

*Includes Pilot, FY21/22 and FY22/23

- Benefits**
- Enhanced access to timely oral health care for refugee families through streamlining of referral pathways, triaging, and priority processes
 - Reduced communication barriers for patients through scheduling of interpreters to support appointments and attendance, and translated health promotion material
 - Improved patient experience and satisfaction through culturally safe, trauma-informed care.
 - Improved preventive oral health behaviour at home through education and oral health starter kits.
 - Increased trust and understanding of oral health services among people from refugee backgrounds.

- Lessons learned**
- ✓ Importance of context – different processes work in different LHDs.
 - ✓ Regular communication helpful – bi-monthly meetings between LHDs and COHS.
 - ✓ [Appointment Reminder Translation Tool](#) was helpful.

Reports & publications Kelton S, Marcus K, Liston G, Masoe A, Sohn W. [Refugee and asylum seeker trauma informed care training for oral healthcare professionals in NSW, Australia](#). Front Oral Health 2022 May 31;3:907758. Uthurralt N, Masoe A. [Improving the oral health of people from refugee and asylum-seeker backgrounds \(poster\)](#), National Multicultural Health and Wellbeing Conference, Sydney, November 2023.



4

Hunter New England Local Health District (HNELHD) Embedding Health Equity to Regional Settlement in Armidale

Armidale was Australia’s first new regional refugee settlement site in over 10 years, and seen as a test site for the ongoing model of regional settlement in the country. HNELHD is one of four regional LHDs in NSW with a refugee health service. Previous work had shown that a nurse-led, multidisciplinary team could provide an effective and efficient model of care for refugees with complex health and social needs and limited understanding of and ability to navigate the health system in a regional setting with stretched resources and a lack of private providers.

The target population was the Ezidi refugee community in Armidale.

Partners & collaborators	HNELHD and the University of Newcastle (evaluation)
Aims & objectives	<ul style="list-style-type: none"> To embed the model of care, ensuring all aspects of healthcare for the target population including clinical needs, health education and health promotion. To enable the Ezidi community to participate fully in the local community (including education, training and employment), through enhanced staffing for allied health (social work, physiotherapy, occupational therapy, speech pathology and dietetics) and nursing.
Activities	Allied health and nursing staff recruited, with adjustments to disciplinary mix and part-time hours based on need and availability (dietitian was not recruited). Staff were provided orientation, upskilling and support. Coordination and support for access to care including medical specialists; mental health support; delivery of intensive allied health clinical services, health education programs and school-based interventions; and health staff training on cultural competence and interpreter use.
Outputs & outcomes	<ul style="list-style-type: none"> Social work: over 198 occasions of service (OOS) provided in hospital and the community (including bereavement support for two deaths in the Ezidi community). Physiotherapy: 309 appointments at Back Pain Clinic, which has seen a significant reduction in chronic pain among Ezidi patients (publication in preparation). Occupational therapy: 80 OOS have supported Ezidi clients to gain timely access to long-term supports including child care, equipment through EnableNSW, My Aged Care and the NDIS. Speech pathology: 76 OOS (62 aged 0-17 years and 14 adults) in outpatient (home, preschool and community health) and inpatient settings; development of translated ‘Intelligibility in Context Scale’. Nursing: ongoing education sessions for health staff and community (e.g., men’s and women’s health, maternity), as well as both ad hoc and organised forums.
Benefits	<ul style="list-style-type: none"> Improved care coordination and access to care with reduced waiting times for allied health and specialist appointments, safe discharge to home for adults, children and babies, and successful transition to other services (e.g., primary care/general practice and NDIS). Health messages reinforced within the Ezidi community, as well as improved understanding of the Australian health system among refugees and enhanced cultural competence among health staff. Supported successful proposal for Ministry funding for four additional years of the expanded service (FY23/24–FY26/27).
Lessons learned	<ul style="list-style-type: none"> ✓ Formal evaluation by university partner has contributed to the evidence for local multidisciplinary teams in addressing complex care needs of refugees in a regional setting. ✓ In addition to the benefits of each health profession/discipline, on-arrival healthcare for refugees requires a range of flexible service delivery models including transdisciplinary approaches.
Reports & publications	White J. Armidale Refugee Health Program Final Evaluation Report , University of Newcastle, July 2022 One journal article under review and one in preparation.



5

Illawarra Shoalhaven Local Health District (ISLHD) Improving Refugee Children’s Outcomes Now (IRCON)

The *First 2000 Days of Life Framework and Implementation Strategy* outlines the importance of the first 2000 days in a child’s life (conception to age 5) and the actions needed to ensure that all children have the best possible start in life. Compared to the general population, refugee and migrant women are at higher risk of childbirth complications and report lower satisfaction with pregnancy care. Maternal health providers may lack understanding of refugee and migrant women’s needs, while settlement factors (including trauma and displacement) delay children’s access to timely healthcare and compromise family resilience.

The primary target group was refugee families with young children; the secondary target group was service providers.

Partners & collaborators	ISLHD Multicultural Health Service (MHS) in collaboration with the University of Wollongong, other ISLHD services (Paediatrics, Maternity, Kids and Families), MHCS and NGOs.
Aims & objectives	<ul style="list-style-type: none"> To improve access to health services for refugee families and children by enhancing cultural responsiveness in maternity services and antenatal programs. To engage with specialist paediatric services to prioritise refugee children and improve family resilience.
Activities	Phases 1 and 2 focused on a literature review and local research (in-depth interviews with maternity service providers and a World Café and group interviews with women from refugee-like backgrounds and health service providers). Phase 3 developed a culturally responsive care training package for maternity services staff, including co-design and production of a training program with videos in priority community languages. Other collaborative activities included a monthly outpatient paediatric refugee clinic prioritising new arrival assessments and referral; adaptation of the <i>Circle of Security</i> intervention in language for families; multilingual voiceovers for new audio-visual resource for parents on child-hood development (<i>ABC Connect with Me</i>); nutrition talks for refugee families with young children (<i>Cook Chill Chat</i>); implementation of the Ages and Stages Questionnaire (ASQ-3) with children; and external in-language antenatal classes and post-birth mums group (pilot).
Outputs & outcomes	<ul style="list-style-type: none"> Literature review found that many communication, sociocultural and health system factors impacting on perinatal experiences of refugee women are similar to those identified ten years ago. Maternity staff interviews (N=16) underscored the need for better training. World Café, attended by 27 women from 17 countries and 11 staff from the MHS and Maternity Unit, underscored the need for co-design of training. Training package and videos will be tested with nursing students and maternity services in February 2024. Refugee paediatric clinic reviewed 23 cases with follow-up assessments and referrals. Circle of Security for refugees trained bicultural staff to facilitate programs in language. Participants reported improved understanding of early childhood development and attachment and improved confidence in parenting. Facilitators reported positive changes in family dynamics. Evaluation report due early 2024.
Benefits	Improved linkages to mainstream health services and NGOs. Improved working relationship with maternity services and increased staff awareness of refugee women’s experiences through co-design process. Improved engagement with community.
Lessons learned	<ul style="list-style-type: none"> ✓ While patient stories of maternity services can be challenging, refugee families and women are very willing to engage and eager to share their experiences to support change. ✓ Cultural practices, refugee experiences and language significantly impact how Circle of Security messages are understood and should be relayed by facilitators – cultural adaptation and translation of evidence-based mainstream programs is imperative.
Reports & publications	Green J, Herbert J, Pitts L, Garakasha N, Smithers LG. Refugee and asylum seekers’ engagement with health services during pregnancy: A rapid review (journal article under review)



Justice Health and Forensic Mental Health Network (Justice Health NSW)

Harmony and Healing Project: A Trauma Informed and Culturally Responsive Framework for Secure Settings

Justice Health NSW provides multidisciplinary health services to people in contact or at risk of contact with the criminal justice system. This includes primary care, drug and alcohol, mental health, population health, women’s and midwifery care, oral health, Aboriginal health, youth health and allied health services. From 2017–2022, 38% of people entering NSW prisons were born overseas with 2% (72 people) identified as refugees; their presence is overshadowed by Aboriginal prisoners (29% of adults and 52% of youth detainees). Although the initial target group was adult prisoners who identify as a refugee, the project ultimately embraced a universal approach to trauma-informed and culturally responsive care.

Partners & collaborators	Justice Health NSW and Corrective Services NSW.
Aims & objectives	<ul style="list-style-type: none"> • To summarise the literature on the care of adult refugees and migrants. • To add to evidence on experiences of those in secure settings (excluding immigration detention). • To identify gaps in services, address access barriers and make recommendations. • To develop a co-designed framework and practice guidelines for trauma-informed and culturally responsive care for Justice Health NSW.
Activities	A project advisory group met quarterly. Phase 1 included a literature review, stakeholder consultations and preparation of a position paper including recommendations for improvements. Phase 2 included focus groups with patients, staff and other key stakeholders. Participants shared lived experiences related to trauma, racism in healthcare, moral injury, and vicarious trauma.
Outputs & outcomes	Literature review, stakeholder consultation report and position paper, plus organisational framework, practice guideline and implementation plan (to be finalised). The framework, developed for the unique environments of Justice Health NSW, is informed by a deep and shared understanding of the impacts of trauma, racism and disadvantage, and the needs and expectations of prisoner patients.
Benefits	When implemented, the universal approach will benefit all Justice Health NSW patients. The project has contributed to organisational awareness and shifts through discussion at executive and clinical council meetings, with the principles of a trauma-informed and culturally responsive workforce being linked into new projects and models of care.
Lessons learned	<ul style="list-style-type: none"> ✓ There is huge capacity and skill within the workforce; need to engage with management and executive on how best to utilise these assets. ✓ Co-design takes time; need to ensure diversity in recruitment of focus group participants. ✓ Focus groups for patients and staff need to be facilitated by a clinician who is trauma-informed and culturally responsive (staff groups became a space for clinical reflection). ✓ Initially staff were more comfortable in talking about trauma-informed care; cultural responsiveness was discussed as focus groups became more diverse, linked to personal experiences. ✓ ‘Safety’ was a theme from patients and staff – the need to feel safe before being able to engage in health care.
Reports & publications	<ul style="list-style-type: none"> • Harmony and Healing Project Literature Review, consultation report and position paper • JHFMHN Framework for a Trauma-Informed and Culturally Responsive Workforce (to be published in 2024) • Toolkit for a Trauma-Informed and Culturally Responsive Workforce (in 2024) • Trauma-Informed and Culturally Responsive Workforce Implementation Plan (in 2024)



Mindgardens Neuroscience Network and UNSW Sydney Addi Moves: a co-designed lifestyle program for people from refugee or asylum-seeker backgrounds

Refugees and asylum-seekers resettling in Australia have commonly been exposed to traumatic events, resulting in high rates of mental ill-health. Posttraumatic stress disorder (PTSD) affects approximately 30% of this population. While physical activity can improve symptoms of PTSD and comorbid physical health conditions, there are few programs tailored to their needs.

The target group was people (initially women) from refugee backgrounds in Sydney’s Inner West.

Partners & collaborators	Addison Road Community Organisation, STARTTS, multicultural and settlement organisations; e.g. Ethnic Community Services Co-operative.
Aims & objectives	<p>The project aimed to implement and evaluate a co-designed adaptation of an evidence-based lifestyle intervention for people with mental health conditions. Key objectives were to:</p> <ul style="list-style-type: none"> • Translate and adapt the Keeping the Body in Mind (KBIM) program for people from refugee backgrounds • Develop and deliver a lifestyle program for service providers and bicultural educators working with people from refugee backgrounds • Evaluate bicultural educator/service provider-led interventions for specific refugee communities • Develop a scalable model of care for application across NSW.
Activities	Recruited project staff (research officer, senior exercise physiologist, PhD student and other exercise physiology practicum students). Developed operational and risk procedures, research tools and methods and ethics applications. Set up Addi Moves facility and procured exercise equipment. Interviews and focus groups with refugees and service providers to understand needs and priorities, using co-design. Partnered with community organisations. Cultural awareness and mental health training for staff involved. Developed a tailored lifestyle intervention for refugees and associated resources, including referral pathways and promotional flyers in 11 languages. Implementation and evaluation of intervention.
Outputs & outcomes	<ul style="list-style-type: none"> • 16 participants (8 refugees and 8 service providers) involved in co-design process. • By November 2023, 609 physical activity sessions delivered to 102 attendees (42 staff and 60 consumers). • 105 STARTTS staff surveyed about their attitudes, confidence and knowledge toward physical activity promotion; results used to inform STARTTS webinar conducted in November to educate mental health staff about the role of physical activity and referral pathways including Addi Moves. • 6 UNSW exercise physiology students and 2 public health students hosted on placement. • Model of care for a physical activity service for refugees incorporating six priorities (cultural safety, emotional safety, accessibility, support to address basic needs, physical activity literacy, and social and community connection) with corresponding action points.
Benefits	Increased understanding of the importance of trauma-informed and culturally safe interventions and how they apply to physical activity. Capacity building for mental health and general health workforce and bicultural educators.
Lessons learned	<ul style="list-style-type: none"> ✓ Amount of time needed and challenging nature of co-design process – need for flexibility. ✓ Dynamic nature of partnering with an NGO. ✓ Importance of collaboration with experts within the refugee health sector. ✓ Importance of strong referral pathways and relationships with partners. ✓ Key role of bicultural educators in supporting referrals and engagement with exercise programs.
Reports & publications	<p>Using experience-based co-design to support trauma-exposed refugees and asylum-seekers to be physically active (poster), International Society of Traumatic Stress Conference, USA, November 2022</p> <p>Co-designing a physical activity service for people from refugee and asylum-seeking backgrounds (poster), FASSTT Conference, Adelaide, October 2023</p> <p>Co-designing a physical activity service for people from refugee and asylum-seeking backgrounds (poster), Asia Pacific Society for Physical Activity Conference, Wellington, November 2023</p> <p>Co-design process and priorities and actions for a physical activity service for refugees and asylum seekers, Journal of Immigrant and Minority Health (under review)</p>



8

Mid North Coast Local Health District Refugee Health Service (MNCLHD RHS) Holistic Health Care Clinic for Refugees

Refugees began to settle in Coffs Harbour in 2000 and the RHS was established at Coffs Harbour Hospital in 2006. In 2017/2018, following an increase in the number of new arrivals (mostly people from Iraq and Syria with significant trauma and high physical and emotional health needs), demands on the clinic increased. These have been exacerbated by difficulty accessing GPs as well as the COVID pandemic. Target group was people from refugee backgrounds living in and around Coffs Harbour and Woolgoolga.

Partners & collaborators	Local RHS with health professionals, NGOs and government agencies.
Aims & objectives	To support and strengthen the existing service, enabling local RHS staff to better: <ul style="list-style-type: none"> • Respond to new and emerging healthcare needs of people with refugee-like backgrounds • Provide targeted health promotion and health education to support successfully navigating the Australian health care system and achieving optimal health • Address and reduce health inequities experienced by people from refugee-like backgrounds.
Activities	Recruited 0.2 FTE physiotherapist, 0.4 FTE social worker and 1.0 FTE RN, bringing new and additional multidisciplinary expertise to the local nurse-led RHS team.
Outputs & outcomes	<ul style="list-style-type: none"> • Physiotherapist (available 20 weeks) offered culturally-appropriate physiotherapy services to people severely traumatised and suffering from past injuries and chronic pain: 67 consultations provided to 33 patients. • Social Worker supported patients to access John Hunter Hospital and Sydney hospitals and assisted with Centrelink and NDIS applications. • Extra nurse position enabled increase in the number of GP clinics provided by the RHS. • Community education: Healthy lifestyle and cancer screening awareness programs (7 face-to-face sessions to 133 people in 15 languages); information sessions including on COVID-19 and women's health. • Staff education: Refugee and asylum seeker health, cultural awareness and using an interpreter training (174 participants over 17 sessions); First 2000 days – Refugee Health (delivered online to 31 participants from health and community sectors). CNC co-presented with ECAV a 2-day course on violence against women in refugee communities in 2023. • Supported successful proposal for Ministry funding for four additional years of the expanded service (FY23/24–FY26/27).
Benefits	MNCLHD RHS has met increased demand, provided and supported patient care and delivered education and training to new arrivals and health and community service providers. Local RHS staff have encouraged people to drop into the hospital clinic for assistance, thus avoiding attendance at ED but advocating for and supporting attendance if required.
Lessons learned	<ul style="list-style-type: none"> ✓ Dependence on availability of human resources; recruitment is a lengthy process and illness and resignations deplete the workforce. ✓ New arrivals have complex needs including disability and severe mental health issues. ✓ Need to find and support GPs to transition refugee patients into private practice.
Reports & publications	Review of the Coffs Harbour Refugee Health Service, August 2023 (internal report).



Northern NSW Local Health District (NNSWLHD) Strengthening the Cultural Responsiveness of Mainstream Health Services in Northern NSW

NNSW LHD has a growing population from multicultural backgrounds comprising 45 language groups, including emerging refugee communities with complex needs, dispersed across a large regional geographic area. There is low individual and organisational cultural competence across the health and community sectors, and low health care interpreter use. Limited identifiable multicultural community leaders and few identifiable multicultural services or programs means that communities' needs are largely unacknowledged. In addition to the COVID-19 pandemic, the region has been impacted by fires, severe flooding and ongoing housing stress with staffing of health services also impacted.

Partners & collaborators	Health services across the LHD, building partnerships with TAFE and community agencies and multi-cultural communities.
Aims & objectives	<ul style="list-style-type: none"> • To co-design a Multicultural and Refugee Health Strategy. • To increase engagement with local multicultural communities. • To increase engagement of health care interpreters by staff.
Activities	Recruited a part-time project officer who used a community development and co-design approach to network, capacity build, identify strengths and opportunities, as well as partners and informal champions; strategically tap into formal committees; raise awareness, bring stakeholders together and drive activity in the multicultural space for the region. Focussed on practical activities: building relationships, acting on identified priorities through low-cost projects enabled through partnerships and grants, staff training and support.
Outputs & outcomes	<ul style="list-style-type: none"> • 5-year strategy based on four pillars: Person-centred care; Working together through partnerships; Value, develop and empower our people; and Innovation and research. • Northern Rivers Multicultural Forum established and meets monthly; received project grants to train community services in Plain English and cultural inclusion strategies (with TAFE) and to develop a digital literacy project with migrant and refugee communities. • Small co-designed projects with three language groups: supporting the Filipino community with digital literacy and aged care information; the Japanese community with healthy foods and early childhood support; and the Italian community with access to breast screen and women's health information through a Health Literacy Ambassador Grant. • Partnered with TAFE AMEP classes on health literacy and health promotion activities. • Hospital tours delivered for recently arrived migrant community members. • Increased awareness and use of interpreters across teams who have received training and provision of intranet tools and resources. • Partnered with Health Literacy and PHN to increase interpreter utilisation by health services.
Benefits	<ul style="list-style-type: none"> • Increased profile of multicultural health across the LHD, with issues considered and included in other plans and work programs. • Built capacity and collaborations with health staff, community services and refugee support groups. • Improved health literacy and increased organisational capacity to identify and support multicultural individuals and families with care coordination needs.
Lessons learned	<ul style="list-style-type: none"> ✓ A holistic, collaborative and multisector approach to health enabled targeted initiatives to meet the expressed needs of multicultural communities. ✓ Co-design is resource intensive, but with adequate resourcing and flexibility, it delivers measurable outcomes. ✓ Active staff involvement and sense of ownership of the strategy is critical for projects and service improvements.
Reports & publications	NNSWLHD Multicultural and Refugee Health Strategy 2024–2029



Northern Sydney Local Health District (NSLHD) Pathways to Community Child and Family Health Services for Tibetan Refugee Families

Sydney’s Northern Beaches are home to the largest Tibetan refugee community in Australia. The community is characterised by low English proficiency, low first-language literacy, and low health literacy. A high proportion of families access the local Department of Communities and Justice family preservation service, but there is low engagement with child and family nursing services beyond the newborn health check and low uptake of recommended “Blue Book” child health and development checks (18 months to 5 years). Children with communication and developmental delays present late to early intervention allied health services and there is limited access to in-language child development resources.

Partners & collaborators	NSLHD Multicultural Health Service (MHS), Child and Family Health Nursing and allied health services, Tibetan Community of Australia (NSW) Inc., and Centre for Primary Health Care and Equity, UNSW (literature review and evaluation).
Aims & objectives	<ul style="list-style-type: none"> • To explore cultural and spiritual beliefs of Tibetan families related to parenting, child development, and barriers and enablers to accessing child and family health nursing services. • To capture the insights of child and family health staff working with Tibetan families. • To co-design, implement and evaluate ways of improving access to child health and developmental services and resources for Tibetan families. • To increase the number of Tibetan children (0–5 years) completing “Blue Book” checks • To increase capacity of child and family health staff to provide culturally-responsive services and trauma-informed care for Tibetan children and families.
Activities	<ul style="list-style-type: none"> • Literature review by academic partner • Tibetan community engagement, including consultation on draft literature review, family interviews with bilingual project worker and development of in-language resource • Service providers interviews (ethics approval obtained) • Co-design of video script and feedback on the animation • Production of in-language, animated video promoting child health and development checks with Tibetan consumers and Two Giraffes video production agency • Workshop with parents to explore project findings and launch video (February 2024)
Outputs & outcomes	Literature review found limited publications on the topic. Increased understanding of local Tibetan community beliefs and experiences and service provider perspectives. Animated video for Tibetan parents about the importance and availability of regular child development checks. Buy-in from parents interested to work with health services to implement change. MHS and Child Youth and Family Health Service (CYFHS) developed referral pathway for families arriving on a 202 visa and content for a revised targeted mentor program for families with young children (to be piloted in 2024). Assistance provided to parents to make appointments for child development checks, receive in-language remind-er calls and raise concerns. Service partnerships with existing playgroups are being established.
Benefits	Enhanced capacity of staff to provide culturally-responsive and accessible services to Tibetan families. Partnership between MHS and CYFHS to ensure families do not “fall through the gaps” by addressing barriers to service access. NSLHD will have a culturally appropriate in-language resource on child development to improve the health literacy of Tibetan parents with young children.
Lessons learned	<ul style="list-style-type: none"> ✓ Importance of retaining Tibetan language and culture; increasing diversity among families. ✓ Tibetan Bilingual Project Officer and health care interpreters vital to safely engaging families. ✓ Community information-sharing mechanisms – importance of social media; interest in a WhatsApp group for young parents; value of lay community advisors. ✓ Need to engage an academic partner early and gain ethics approval to support publication. ✓ Don’t be too ambitious in project scope – setting objectives, range of research activities, timeframes and expected outputs.
Reports & publications	Literature review (in preparation, available early 2024) Journal article on findings of service provider interviews (in preparation, available February 2024)



Effective communication in people’s preferred language is a priority in the [NSW Refugee Health Plan 2022–2027](#). Access to accurate, culturally-responsive health information that is in-language, at an appropriate literacy level to ensure understanding, and delivered through preferred modes of communication is critical to supporting access to and engagement in health care. Current translation practice, whereby health information needs and languages are identified and addressed by health services at the local level, may exclude small and emerging language groups.

Partners & collaborators	MHCS with RHS and SSI.
Aims & objectives	<ul style="list-style-type: none"> To increase health literacy of people from refugee and asylum seeker backgrounds across NSW by enhancing the capacity of healthcare professionals and community leaders to provide accurate, appropriate and culturally-responsive health information to the refugee communities they serve. To increase accurate, relevant, and culturally appropriate health resources available to refugees. To facilitate best practice in the development, translation, and dissemination of health information.
Activities	<ul style="list-style-type: none"> Audit of health resources in refugee languages to identify critical gaps in relation to priority health issues, languages and communication modes Stakeholder consultations to inform the gap analysis Compilation of best practice guidelines for the development, translation and dissemination of health information Translation of existing health resources into languages as identified in the gap analysis Establishment of a community panel to provide feedback on translated resources Evaluation of translated resources, including their quality and reach Promotion of translated resources to NSW Health services and relevant community organisations.
Outputs & outcomes	<ul style="list-style-type: none"> Audit identified 282 translated health resources. New translations, including NSW Health Care System: Information Booklet; Mental Health Care for Immigrants; When to come to hospital in labour; and other mental health and maternal health resources in 20 languages. Translated health resources distributed through dedicated page on the MCHS website; Electronic Direct Mail (EDM) sent to all contacts (N=1,106) and opened by 40%; EDM sent from the Ministry to all NSW Health staff (N=219,293) and opened by 33%. Best practice guide launched at online forum attended by over 250 people and promoted through EDMs and at conferences. Viewed online by 522 unique users by November 2023.
Benefits	Enhanced capacity of NSW Health services and programs, and community organisations, to communicate effectively and appropriately in new and emerging refugee languages.
Lessons learned	<ul style="list-style-type: none"> ✓ Translation process for refugee languages can be complex and requires careful consideration. ✓ Small language groups, such as Rohingya, Swahili and Kurdish-Kurmanji, have few nationally certified translators so translation and translation checking are slow and expensive. ✓ To create resources that meet the health literacy needs of refugee communities, the project team used health literacy tools (e.g., SHeLL Editor) and reviewed resources with health and community workers. ✓ Audio resources were identified as a priority mode of communication to meet the literacy needs of refugee communities. ✓ To successfully adopt a collaborative, co-design approach results in higher-quality resources and saves time and money, but requires time and resources to build strong partnerships.
Reports & publications	Developing health resources for people from refugee backgrounds: Best practice guide for NSW Health staff



South Western Sydney Local Health District (SWSLHD) The natural helper approach to culturally responsive healthcare: A consumer-centred model of care transforming chronic disease management

Multicultural communities face barriers managing chronic conditions including navigation challenges, sub-optimal healthcare provider engagement and difficulty adopting self-management behaviours. This project explored the effects of a cultural mentor program in bridging cross-cultural and experiential divides between multicultural patients and their healthcare providers. It built on a pilot program that showed a cultural mentor program was feasible, well accepted and has the potential to improve patients' activation for behaviour change.

Partners & collaborators	SWSLHD Multicultural Health Service delivered the project with CORE Community Services and the Natural Helper Consumer Advisory Committee, and with input from multicultural community organisations.
Aims & objectives	<ul style="list-style-type: none"> • To increase patient activation for self-management, self-efficacy, coping skills and health-related quality of life by matching multicultural patients with community mentors with 'lived experience'. • To develop a revised mentor training program based on pilot data with input from consumers; and to develop a process for recruiting and onboarding consumer mentors with specific lived experience. • To embed the mentors in participating SWSLHD clinics to work alongside healthcare providers. • To evaluate the effectiveness of the mentor program on chronic disease outcomes for people from multicultural backgrounds.
Activities	Recruited a project coordinator and project support staff; obtained ethics approval and trial registration; formalised consumer advisory group; co-designed training program revisions; onboarded consumer mentors; embedded mentors in clinics to work alongside healthcare providers; and evaluated mentor program effectiveness.
Outputs & outcomes	<ul style="list-style-type: none"> • Consumer advisory group with representatives from Assyrian, Arabic, Vietnamese, Pacific Islander, Chinese and Indonesian backgrounds. • Training program with video resources, practice and feedback sessions, a log-book and a monthly community of practice. • In-language patient flyers, brochures and training handbook in Arabic, Vietnamese and English. • A mentor recruitment video in English and in-language project videos for potential participants. • 17 consumer mentors, representing 5 languages, 7 ethnocultures and with 7 chronic diseases recruited, trained and onboarded. • By September 2023, 94 patients had been recruited to the intervention arm (out of 132 eligible patients) and mentored for up to 6 months, with 3-month outcomes collected for 68.
Benefits	Across 8 participating intervention clinics (cancer, physiotherapy, respiratory, rheumatology, cardiac, pain, lymphoedema, diabetes), 17 consumer mentors have been onboarded and are mentoring patients using face-to-face, phone or virtual models. Study sample includes patients with indicators known to impede chronic disease self-management: low English proficiency, multiple comorbidities and reliant on income support and low levels of activation and self-reported health. Evaluation is ongoing, with funding from the Medical Research Future Fund allowing effectiveness outcomes to continue to be collected and new clinics to be onboarded, including addition of an interstate site. RHFF support facilitated this additional funding.
Lessons learned	<ul style="list-style-type: none"> ✓ It is feasible to identify, recruit and train community members to become mentors across different chronic disease conditions. Multicultural communities embraced the initiative and it has been endorsed by multiple organisations. However, mentor recruitment from within clinics was more challenging than anticipated, thus community engagement is critical to sustain mentor/volunteer pool. ✓ Preliminary feedback from clinics is the intervention is acceptable to both clinicians and mentors. ✓ Preliminary evidence that mentoring is having a beneficial effect on patient activation, while a longer follow-up will explore other outcome measures. ✓ Feasible to partner with consumers in a research and quality initiative, and optimise recruitment and retention of people from multicultural communities in research.
Reports & publications	Brady B, Sidhu B, Jennings M, Saberi G, Tang C, Hassett G et al. (2023). The Natural Helper approach to culturally responsive disease management: protocol for a type 1 effectiveness-implementation cluster randomised controlled trial of a cultural mentor programme . <i>BMJ open</i> , 13(1), e069120.



South Western Sydney Local Health District (SWSLHD) SWSLHD Digital Health Literacy and Refugee Project

Digital health literacy has been identified as involving skills that are essential to staying healthy. Media shapes our health information environments. Social media has enabled the proliferation of online groups as well as new sources of information. Low health literacy has been linked to misinformation especially in multicultural communities. This project targeted refugee communities living in SWSLHD.

Partners & collaborators University of Technology Sydney (literature review and evaluation) and health and community organisations in South Western Sydney.

Aims & objectives To build digital health literacy and social media skills in refugee communities in South Western Sydney through participatory action research and workshops on digital health literacy (including social media literacy and critical media literacy) with community leaders and early adopters, and by tapping into the social networks in local refugee communities.

- Activities**
- Advisory Group established, research ethics approval obtained and project staff recruited
 - Literature review and consultations, followed by workshop to present findings
 - Project participants recruited via community networks and social media
 - Train-the-trainer workshop for community leaders and early adopters and community workshops
 - Established closed online platform for information exchange between participants and SWSLHD Public Health Unit (PHU)
 - Co-designed train-the-trainer resource kit for evaluating health information online
 - Workshop to present insights from project activities, including co-design process
 - Project evaluation, including stakeholder and participant interviews (ongoing).

Outputs & outcomes International literature review, curriculum and workshop materials, community social media guidelines, health-related videos and social media information in refugee languages. The train-the-trainer pro-gram recruited 25 participants representing 12 languages. Delivered 15 online workshops and 6 face-to-face workshops on topics to help participants evaluate health information online, address misinformation and produce health information in languages other than English. 15 participants expressed interest in continuing to meet monthly. Overall, the project reached 350 refugee community members, boosted their digital health literacy and social media skills. Pre to post-test, self-reported ability to decide whether information from social media/the Internet is reliable increased from 21% to 33%.

Benefits Increased collaboration and understanding amongst refugee community participants and SWSLHD health organisations. Local communities improved digital health literacy and access to health information in language. Online platform supported correction of misinformation on health issues and identification of community needs. Evaluation will contribute to evidence base on training refugee community leaders and members and multicultural workers as ‘health literacy mediators’, and the role of social media/networks.

- Lessons learned**
- ✓ Benefits of genuine collaboration and a strengths-based approach that acknowledges the wealth and diversity of talent in refugee communities.
 - ✓ Need to be clear about purpose of engagement – invitation to ‘be part of the future of health information for your community’ sparked interest and sustained passion and commitment.
 - ✓ Can teach simple ways to evaluate websites and social media, e.g., CRAAP Test: Currency, Relevance, Authority, Accuracy and Purpose.
 - ✓ Provided culturally safe space for communication between PHU and participants.

Reports & publications Macnamara J, & Ford H. [Increasing Digital Health Literacy in Refugee Communities: Literature review](#), University of Technology Sydney, August 2022.
[The Digital Health Literacy and Refugee Project: Laying the foundations for refugee health literacy mediators using social media and social networks \(poster\)](#), SWSLHD Health Beyond Research and Innovation Showcase, September 2023.



Sydney Children’s Hospital Network (SCHN) PEACH (Providing Enhanced Access to Healthcare) Project for Refugee Mental Health

Refugee and asylum-seeker families have some of the highest rates of poor mental health, but some of the lowest rates of engagement and retention in mental health and general health services. This project was conducted at the HARK Refugee Clinic, a tertiary level paediatric clinic for children aged 0-16 at the Children’s Hospital in Westmead (CHW), with a sister site at SCH Randwick. It feeds into a broader program of research and quality improvement to improve identification, enhance and support access to health services for patients from priority populations (PEACH). Target population: Children 0-16 from refugee and asylum-seeker backgrounds and their parents with mental health concerns.

Partners & collaborators	SCHN and STARTTS.
Aims & objectives	<ul style="list-style-type: none"> • To improve access and engagement in mental health services for children and families who are seen by the SCHN, through improved referral pathways and a shared model of care guided by consumer interviews and experiences. <ul style="list-style-type: none"> – To identify and describe barriers to access and engagement through interviews with consumers and staff. – To co-design an enhanced sustainable referral pathway between SCHN and STARTTS and create a shared model of care. – To develop and roll out local clinical guidelines to support enhanced access for children and youth with mental health concerns.
Activities	<ul style="list-style-type: none"> • Steering Committee and Advisory Group established and clinical psychologist recruited • Data collection: clinical observations, qualitative survey of HARK team, interviews with families and clinicians • Workshops for consumers and staff, followed by combined workshop • SCHN staff trained in trauma-informed care and cultural safety • Refined/developed internal procedures, tools, resources, referral pathways and shared care model • Project evaluation.
Outputs & outcomes	<ul style="list-style-type: none"> • Patient identification: SCHN Priority Population Dashboard displays baseline data for refugees; ultimate aim is to reach target of 100% of refugee patients identified in eMR. • Referral experience: Barriers to referrals to SCHN tertiary mental health services addressed (e.g., resource directory and referral guides). Improved referral pathways with STARTTS, including a new supported self-referral pathway for parents at HARK. • Enhanced access: Co-design workshops identified priorities for consumers (n=13) and staff (n=24). • Culture change: Integration of trauma-informed care into routine clinical practice within HARK (e.g., psychological screening of parents, children, and psychoeducation welcome packs). Presentations at grand rounds and in-services delivered to other CHW departments. • Collaboration: Shared model of care between SCHN and STARTTS.
Benefits	Trauma-informed care integrated as part of routine clinical practice within HARK, with 50% of clinicians reporting improved confidence in delivering trauma-informed care and 50% increased frequency of mental health screening post-implementation. Shared model of care aids both clinicians and consumers, with 100% of HARK clinicians reporting improvements in ease of referral, referral pathways and overall collaboration with STARTTS.
Lessons learned	<ul style="list-style-type: none"> ✓ Parental mental health emerged as a significant factor in child and adolescent emotional wellbeing, with significant gaps uncovered in both staff and patient interviews. ✓ Process mapping and interviews identified policy and practice gaps and need for ongoing engagement and collaborative care between STARTTS and SCHN. ✓ Care coordination is an essential element of trauma-informed care which needs to be systematically reinforced at all levels of the organisation.
Reports & publications	Tissue A, Morton N, Majidi S, Hall J, Coello M. Improving access and shared care for children experiencing complex medical and mental health difficulties: A clinical quality improvement partnership between the Sydney Children’s Hospital Network and STARTTS (poster) . FASSTT Conference, October 2023.



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Transcultural Mental Health Centre (TMHC), WSLHD Culturally responsive emotional wellbeing clinical services for people with refugee or asylum seeker experiences

People with refugee and asylum-seeker experiences may be reluctant to access mental health services due to cultural stigma and the prioritisation of basic survival needs. The TMHC has an ongoing statewide capacity-building mental health program for refugee populations that works with service providers and with communities to strengthen and support the wellbeing of refugee populations. Refugees from Afghan and Sri Lankan (Tamil-speaking) backgrounds aged 16–65 in WSLHD were identified as having unmet mental health and wellbeing needs.

Partners & collaborators	RHS, SSI and local NGOs.
Aims & objectives	To provide clinical and psychosocial assessment by a skilled clinician, resulting in early mental health support and timely referral to mental health services where needed.
Activities	A time-limited Emotional Wellbeing Clinic (EWC) was established, informed by a literature review, local consultations and community needs assessments. Eligibility and other protocols developed, and sessions delivered virtually or in-person at the THMC. Time-limited EWC promoted through service-provider and community networks and webpage. Resources on sleep and stress translated for clinical use and community education.
Outputs & outcomes	TMHC bilingual clinicians (sessional and in-house) provided culturally responsive, trauma-informed holistic care that was person centred. The mental health of most clients improved and they were able to return to constructive role/functioning, including one client who started their own business. Those needing longer-term mental health support were linked to STARTTS, reducing time on waitlists. A few were linked to the Mental Health Community Living Supports for Refugees Program . Clients were linked to their LHD services where appropriate. Alternative mental health referral pathways were established and clients were connected to service providers beyond the health sector to ensure holistic care. Clients could also share their learnings and build awareness of alternative mental health services in their communities, like the new Transcultural Mental Health Line .
Benefits	The time-limited EWC filled a service gap by delivering holistic care that considered social, cultural, contextual and emotional wellbeing (including early intervention and referral) to clients who could not access other services due to limited finances, Medicare ineligibility, or long waiting-lists. The clinic name removed stigma of accessing mental health services. Clients were empowered with control over clinical treatment and service options tailored to meet their needs and circumstances, with virtual and in-person delivery options, adaptable scheduling and session duration and flexible attendance guide-lines. As settlement locations changed, the project extended its reach to other LHDs in Greater Western Sydney. Translated mental health information in-language is available on the THMC website .
Lessons learned	<ul style="list-style-type: none"> ✓ TMHC connections ensured a sound foundation to meet target group needs. ✓ Flexible model of care assisted in attracting and engaging Afghan clients. ✓ Building connections with communities increased trust and knowledge. ✓ Engagement in an extended and targeted mental health literacy campaign should include new service promotion.
Reports & publications	So E, Cassaniti M, Garan N, Ingham K. Culturally Responsive Emotional Wellbeing Clinical Services for People with Refugee or Asylum Seeker Experiences . THMC, 2023.

NSW Health



Refugee Health Flexible Fund

Online Forum #1
2 pm – 4 pm, Wednesday, 2 November 2022

Summary Report

Organisers

NSW Ministry of Health, Health and Social Policy Branch:
Nick Sandrejko (Senior Policy Officer – Refugee Health Policy) and Dr Ilse Blignault (Consultant).

Funding

NSW Government through the Refugee Health Flexible Fund 2021-22 to 2022-23 (RHFF).

Attendance

Sixty-nine people joined the forum via Microsoft Teams

Forum Recording

A recording of the forum is available on the RHFF [webpage](#).

Overview

Fifteen projects have been funded across NSW to address the goals and priorities of the [NSW Refugee Health Plan 2022-2027](#). The projects focus on a range of healthcare needs and priority groups, including people living in rural and regional areas.

As the first of three online forums to promote knowledge exchange and learning across the projects, this forum had three objectives:

1. To bring together the 15 project teams to introduce their initiatives, build and strengthen connections and encourage networking
2. To share process, outcomes and lessons to date from selected projects
3. To showcase the range of work being undertaken to interested stakeholders.

Forum Format

We allowed two hours for the first forum as we wanted to introduce all 15 projects. This was done through eleven short presentations (each 3 minutes) and four feature presentations (10 to 15 minutes including questions).¹ PowerPoint templates were provided to presenters beforehand (3 slides for the short presentations).

After Acknowledgement of Country and opening remarks by Tish Bruce (Executive Director, Health and Social Policy Branch), groups of short presentations were each followed by a feature presentation. Time was allocated at the end for general questions and information about the next forums.

1. On the day, feature presenters spoke for all their allotted time, so there was limited time for questions.

Forum Invitations

Invitations were emailed to the RHFF project teams and other contacts in the refugee health field, about 90 people in all. Project teams were encouraged to share the invitation with any interested stakeholders. Sixty-nine people joined the forum, of whom around 50 were online for the full two hours. They included representatives from 11 local health districts (LHDs), speciality health networks, the Ministry of Health and its pillars and organisations, statewide services and non-government organisations (NGOs).

Projects

Prior to the forum, each project team was asked to update their project title, description and key contact details. This [summary of projects](#) was attached to the forum calendar invitation, together with the program (see below).

Purpose and focus

The 15 projects share a common purpose, i.e. to ensure access to timely, culturally responsive and trauma-informed healthcare services for people from refuge and asylum seeker backgrounds. Two focus on physical health conditions (cancer or chronic disease), two on mental health and one on oral health.

Setting

Five projects have a statewide reach, with three incorporating both regional and metropolitan LHDs and two only regional LHDs. The rest are based in either metropolitan (7) or regional (3) LHDs.

Target Groups

Seven projects did not specify a target language group or country of origin. Three targeted many language groups (21 in the case of Multicultural Health Communication Service) and five targeted 1-4 language groups (Tibetan families in the case of Northern Sydney LHD). Five projects did not specify a target age group. Seven projects focused on adults, one on children (0-16) and two on families with children aged less than 5 years.

Partners

Twelve projects had partnered with other NSW Health organisations (five with the NSW Refugee Health Service and three with STARTTS) and ten with NGOs, including locally-based organisations and peak bodies. Several involved an academic partner (e.g., for literature review or evaluation).

Objectives

While specific objectives vary by project, six projects are directed mainly at organisations, three mainly at communities, and six at both organisations and communities.

Status

One project, subject of the first extended presentation by Dominique Holt from the Agency for Clinical Innovation, has been completed. This project has produced an interactive [website](#) providing information and guidance on the key elements required to establish a new refugee health service in regional LHDs to aid future settlement sites. The [guide](#) for healthcare workers and their community partners is an excellent resource on how to establish trauma-informed and culturally-safe health services for refugee communities and will support future settlement in regional NSW.

RHFF Webpage

To foster knowledge exchange and enhance collaboration across NSW Health, the Ministry has created [a hub for the RHFF](#). NSW Health will use this webpage as a hub for recordings of the forums, as well as new resources, literature reviews, and evaluations, which have been supported through the Fund and will be a lasting resource for refugee health.

Future Forums and Plans

The next two online forums will be held in April and August 2023. Both will be 1.5 hours in duration and feature five projects (15 minutes for each presentation and questions). A final in-person forum to discuss promising practices and learnings for the RHFF overall is scheduled for February 2024.

Nick Sandrejko indicated that another RHFF funding round is planned from 2024-25, subject to approval. It will be an opportunity to build on current projects or start new ones. Sustainability is expected not just from continued funding, but from resource creation and capacity building activities.

Forum Follow-up

Immediately after the forum, most presenters indicated that they found the forum interesting and useful; five had already reached out to other projects or were intending to connect.

Program

Time	Item	Presenter
2.00	Acknowledgement of Country Welcome	Tish Bruce, Executive Director, Health and Social Policy Branch
	Opening remarks – NSW RHP and RHFFP	Tish Bruce
	Today's program	Ilse Blignault
2.10	Short presentations (3 mins each) <ul style="list-style-type: none"> • Cancer Institute NSW • Centre for Oral Health Strategy • Illawarra Shoalhaven LHD 	Sheetal Challam Angela Masoe Leissa West (Pitts)
2.20	Extended presentation (15 mins including questions) <ul style="list-style-type: none"> • Agency for Clinical Innovation 	Dominique Holt
2.35	Short presentations (3 mins each) <ul style="list-style-type: none"> • Justice Health & Forensic Mental Health Network • Mid North Coast LHD • Northern NSW LHD 	Julia Bowman Michele Greenwood Rita Youseff-Price
2.45	Extended presentation (15 mins including questions) <ul style="list-style-type: none"> • Hunter New England LHD 	Ashley Young
3.00	Short presentations (3 mins each) <ul style="list-style-type: none"> • Northern Sydney LHD • South Western Sydney LHD – Natural Helper • South Western Sydney LHD – Digital Health Literacy 	Kim Lyle Golsa Saberi Jaithoon Venkateshwar
3.10	Extended presentation (15 mins including questions) <ul style="list-style-type: none"> • Mindgardens 	Simon Rosenbaum
3.25	Short presentations (3 mins each) <ul style="list-style-type: none"> • Sydney Children's Hospitals Network • Transcultural Mental Health Centre 	Avalon Tissue Emalynne So
3.35	Extended presentation (10 mins including questions) <ul style="list-style-type: none"> • NSW Multicultural Health Communication Service 	Sylvia Giannone
3.45	Discussion, wrap up and close Timing for 2023 Forums	Ilse Blignault

Proudly funded by



The forum was proudly funded by the NSW Government through the Refugee Health Flexible Fund 2021-22 to 2022-23.

NSW Health



Refugee Health Flexible Fund

Online Forum #2
2 pm – 3.45 pm, Wednesday, 5 April 2023

Summary Report

Organisers

NSW Ministry of Health, Health and Social Policy Branch, Community Care and Priority Populations Unit: Nick Sandrejko (Senior Policy Officer) and Dr Ilse Blignault (Consultant).

Funding

NSW Government through the Refugee Health Flexible Fund 2021-22 to 2022-23 (RHFF).

Attendance

78 people joined the forum.

Forum Recording

A recording of the forum is available on the RHFF [webpage](#).

Overview

Fifteen projects have been funded across NSW to address the goals and priorities of the [NSW Refugee Health Plan 2022-2027](#). They share a common purpose, i.e., to ensure access to timely, culturally responsive and trauma-informed healthcare for people from refuge and asylum seeker backgrounds. The projects focus on a range of healthcare needs and priority groups, including people living in rural and regional areas.

As the second of three online forums designed to promote knowledge exchange and learning, this forum had the following objectives:

1. To strengthen connections and encourage networking across the project teams
2. To share process, outcomes and lessons to date from selected projects
3. To showcase the range of work being undertaken to interested stakeholders.

Forum Format

The forum began with an Acknowledgement of Country and opening remarks by Liz Junck (Director, Community Care and Priority Populations Unit, Health and Social Policy Branch). It featured extended presentations by five project teams. The presentations included initiatives to increase rates of cancer screening, enhance oral health care and regional refugee and multicultural health services, as well as a multicultural peer mentoring program. These were followed by a round robin for other project teams to share important news. In closing, Nick Sandrejko spoke about plans for the RHFF and thanked everyone for their participation.

Extended presentations

– Watch the [forum recording](#) for more information and see [here](#) for contact details

The complexities and challenges of working with refugees and asylum seekers and other culturally and linguistically diverse (CALD) communities, and within a large and complex health system, were common themes. Together with funding from the RHFF, partnership, collaboration and committed leadership were important enabling factors in all projects. With growing numbers of new arrivals, limited access to GPs and some medical specialities is a significant ongoing concern, especially in regional Local Health Districts (LHDs).

Cancer Institute NSW

– Nina Hartcher & Sheetal Challam
(At 7:50 mins to 20:40 mins of video)

The 'Refugee Cancer Screening Partnership Project' aims to increase awareness of and intention to participate in the three national cancer screening programs among refugee communities, specifically from Sub-Saharan Africa and the Middle East. Following capacity building workshops for 32 settlement and community workers at partner agencies, the team conducted 17 consultations involving 161 people in seven locations across NSW, finding important differences across language groups. GP recommendation was the biggest motivator for screening. A range of intervention activities are planned. Key learnings to date include the need to budget for interpreting, translations and transcribing and the work involved in gaining ethics approval to support research dissemination.

Centre for Oral Health Strategy

– Siobhan Kelton
(At 22:19 mins to 34:30 mins of video)

'Enhancing Oral Health Care for Refugees in NSW' has two objectives: to improve access to oral health care and preventive information for people from refugee and asylum seeker backgrounds and provide trauma-informed care in-service training for oral health teams. This collaborative project involves several interventions along the care pathway to ensure that patients receive compassionate, flexible and trauma-informed care throughout. Indicators show improved access. Key learnings include the importance of local context (different processes in different LHDs) and communication (bi-monthly meetings to discuss any issues, barriers, successes and challenges).

Mid North Coast LHD

– Michele Greenwood
(At 35:10 mins to 49:30 mins of video)

The refugee health clinic in Coffs Harbour started in 2006 as a nurse-led clinic with GP support. Following the arrival of Iraqi and Syrian refugees in 2016, demand for services has more than trebled. Service enhancements funded through the RHFF include an extra nurse position, social work and physiotherapy. Availability of GPs and delays in staff recruitment have been ongoing problems.

Discussion centred on advocacy for primary care refugee health locally and at the national level.

Northern NSW LHD

– Rita Youseff-Price
(At 49:30 mins to 1:06 hr of video)

'Strengthening the Cultural Responsiveness of Mainstream Health Services' represents new work for this LHD. RHFF funds have primarily been used to employ a part-time project officer who has adopted a community development framework and co-design principles to deliver on three objectives: to co-design a Multicultural and Refugee Health Strategy, to increase engagement with migrant and refugee communities, and to increase use of healthcare interpreting services. Building local relationships, establishing regional networks and finding partners both inside and outside the health sector have been critical to success.

South Western Sydney LHD

– Golsa Saberi & Bernadette Brady
(At 1:06 hr to 1:21:30 hr of video)

The 'Natural Helper' project has scaled-up a successfully piloted consumer partnership model of service that engaged three CALD communities to navigate mainstream hospital services and manage their chronic conditions. The current project aims to provide cultural mentorship to CALD patients attending various clinics to achieve higher levels of activation for self-management, self-efficacy and coping skills. To date, 15 mentors have been onboarded and 62 patient participants have been recruited to the project and commenced the mentoring intervention.

The Study Protocol is available [here](#).

Round Robin

(At 1:21:30 hr to 1:42 hr of video)

Agenda

Time	Item	Presenter
Opening		
2.00	Acknowledgement of Country Welcome to RHFF Forum 2	Liz Junck, Director, Community Care and Priority Populations Unit, Health and Social Policy Branch
	Today's program	Ilse Blignault
Extended presentations		
2.10	Refugee Cancer Screening Partnership Project	Nina Hartcher & Sheetal Challam Cancer Institute NSW
2.25	Enhancing Oral Health Care for Refugees in NSW	Siobhan Kelton Centre for Oral Health Strategy
2.40	Holistic Health Care Clinic for Refugees	Michele Greenwood Mid North Coast LHD
2.55	Strengthening the Cultural Responsiveness of Main-stream Health Services in Northern NSW	Rita Youseff-Price Northern NSW LHD
3.10	The Natural Helper approach to Culturally Responsive Healthcare: a consumer-centred model of care transforming chronic disease management	Golsa Saberi & Bernadette Brady South Western Sydney LHD
Round Robin		
3.25	<p>News from other current projects</p> <ul style="list-style-type: none"> • HNELHD Embedding Health Equity to Regional Settlement in Armidale, Ashley Young • ISLHD Improving Refugee Children's Outcomes Now (IRCON), Leissa West (Pitts) • JHFMHN Harmony and Healing Project – developing care pathways for people with experience of torture and trauma, Jennifer Culph • MHB, 'Addi Moves' – a co-designed lifestyle program for women from a refugee or asylum seeker background, Oscar Lederman • NSLHD, Pathways to community child and family health services for Tibetan families, Cathy Butler • SESLHD/MHCS, Translated Health Resources for Refugee Communities, Sylvia Giannone • SWSLHD, The Digital Health Literacy and Refugee Project, Michael Camit • SCHN, PEACH (Providing Enhanced Access to Healthcare) Project for Refugees, Avalon Tissue • WSLHD/TMHC, Culturally Responsive Emotional Wellbeing Clinical Services for People with Refugee or Asylum Seeker Experiences, Maria Cassaniti 	
Wrap up and close		
3.35	Summary, next steps and future forums	Ilse Blignault & Nick Sandrejko
	Thanks and close	Nick Sandrejko

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The forum was proudly funded by the NSW Government through the Refugee Health Flexible Fund 2021-22 to 2022-23.

NSW Health



Refugee Health Flexible Fund

Online Forum #3
2 pm – 3.45 pm, Wednesday, 9 August 2023

Summary Report

Organisers

NSW Ministry of Health, Health and Social Policy Branch, Community Care and Priority Populations Unit: Nick Sandrejko (Senior Policy Officer), Jordan Cook (Policy Officer) and Dr Ilse Blignault (Consultant).

Funding

NSW Government through the Refugee Health Flexible Fund 2021-22 to 2022-23 (RHFF).

Attendance

56 people joined the forum.

Forum Recording

A recording of the forum is available on the RHFF [webpage](#).

Overview

Fifteen projects have been funded across NSW to address the goals and priorities of the [NSW Refugee Health Plan 2022-2027](#). They share a common purpose, i.e., to ensure access to timely, culturally responsive and trauma-informed healthcare for people from refugee and asylum seeker backgrounds. The projects focus on a range of healthcare needs and priority groups, including people living in rural and regional areas.

As the third of three online forums designed to promote knowledge exchange and learning, this forum had the following objectives:

1. To strengthen connections and encourage networking across the project teams
2. To share process, outcomes and lessons to date from selected projects
3. To showcase the range of work being undertaken to interested stakeholders.

Forum Format

The forum began with an Acknowledgement of Country and opening remarks by Liz Junck (Director, Community Care and Priority Populations Unit, Health and Social Policy Branch). It featured extended presentations by six project teams, including initiatives from Justice Health and Forensic Mental Health Network, Western Sydney Local Health District (LHD), Sydney Children's Hospital Network, Illawarra Shoalhaven LHD, Northern Sydney LHD and South Western Sydney LHD.

Across the six presentations, which covered initiatives targeting adults, children, families and communities, and various language groups,

collaboration and co-design were highlighted. The extended presentations were followed by a round robin for other project teams to share important news. In closing, Laura Stevens, Principal Policy Officer, Community Care and Priority Populations Unit outlined the next steps for the RHFF project teams and thanked everyone for their participation.

Extended presentations

– Watch the [forum recording](#) for more information and see [here](#) for contact details

Justice Health and Forensic Mental Health Network

– Jennifer Culph (At 08:08 to 21:20 of video)

Within the prison system, refugees are not considered a high-priority group. Thus, the 'Harmony and Healing Project' has adopted a universal approach to trauma-informed and culturally-responsive healthcare. Phase 2, which adopted a co-design methodology, involved clinician-facilitated focus groups with patients, staff and key stakeholders. Project outcomes include development of a Framework, Practice Guidelines and Implementation Plan. Findings and learnings may have relevance for other secure settings.

Western Sydney LHD/Transcultural Mental Health Centre

– Emalynne So (At 21:41 to 34:25 of video)

This 'Emotional Wellbeing Clinic' was designed to fill a service gap. The project was directed at Afghan and Sri Lankan (Tamil-speaking) adults and combined clinical and public health (community engagement and health promotion) approaches. It demonstrated the benefits of a targeted, flexible and time-limited mental health intervention in delivering holistic care, supporting access to evidence-based treatment and building mental health literacy. The THMC's strategic position and existing connections were important enablers, along with the flexible approach to service delivery.

Sydney Children's Hospital Network (SCHN)

– Nikola Morton (At 34:49 to 48:08 of video)

The 'Refugee Mental Health Referral Pathways Project', a collaboration between the SCHN and Service for Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), aims to improve referral pathways and engagement in mental health services for refugee and asylum seeker families who access care at Westmead and Randwick Children's Hospitals. Co-design workshops were held with 13 consumers and 24 staff. Internal

procedures and collaborative partnerships with STARTTS and Psychological Medicine have been identified as key areas for service improvement.

Illawarra Shoalhaven LHD

– Leissa West, Delia Ramboldini-Gooding and Sofia Lema (At 48:31 to 1:01:28 of video)

The maternity services arm of the 'Improving Refugee Children's Outcomes Now (IRCON) Project', developed in collaboration with the University of Wollongong and others, has led to the production of a co-designed culturally-responsive care training package for maternity services staff. Modules are Informed decision-making and consent, Communication during and post pregnancy, Understanding cultural nuances, Support during and after childbirth and Trauma-informed care. Videos include families from the Farsi, Arabic, Burmese, Swahili and Karenni communities and maternity staff.

Northern Sydney LHD

– Cathy Butler (At 1:01:45 to 1:15:22 of video)

The 'Tibetan Refugee Families' Pathways' project aims to improve access to culturally responsive child health and developmental services and resources for Tibetan refugee families with children aged 0–5 years. Outcomes to date include stronger community connections, improved referral pathways and a targeted mentor program for families with young children. Engagement of the Tibetan Community of Australia (NSW) and participation of a Tibetan Bilingual Health Worker (Project Officer) and Health Care Interpreter have been important enablers.

South Western Sydney LHD

– Michael Camit (At 1:19:12 to 1:27:58 of video)

The 'Digital Health Literacy' project aims to build digital health literacy and social media skills in refugee communities in South West Sydney. It involved recruiting and training community members (25 participants representing 12 languages) and piloting a closed online platform as a forum for communication with the local Public Health Unit. The project leveraged the wealth and diversity of talent that exists in refugee communities and reinforced the benefits of grass roots collaboration. Lessons learned include the need to be clear about the purpose of engagement and provide appropriate remuneration for the time involved (e.g., producing in language videos).

Round Robin

(At 1:29:51 to 1:40:31 of video)

Agenda

Time	Item	Presenter
Opening		
2.00	Acknowledgement of Country Welcome to RHFF Forum 3	Liz Junck, Director, Community Care and Priority Populations Unit, Health and Social Policy Branch
	Today's program	Ilse Blignault
Extended presentations		
2.10	Harmony and Healing Project: A Trauma-Informed and Culturally Responsive Framework for Secure Settings	Jennifer Culph Justice Health and Forensic Mental Health Network
2.22	Culturally Responsive Emotional Wellbeing Clinical Services for People with Refugee or Asylum Seeker Experiences	Emalynne So Western Sydney LHD Transcultural Mental Health Centre
2.46	Improving Refugee Children's Outcomes Now (IRCON)	Leissa West Illawarra Shoalhaven LHD
2.58	Tibetan Refugee Families' Pathways to Community Child and Family Health Services	Cathy Butler Northern Sydney LHD
3.10	The Digital Health Literacy and Refugee Project	Michael Camit South Western Sydney LHD
Round Robin		
3.22	News from other current projects <ul style="list-style-type: none"> CINSW, Refugee Cancer Screening Partnership Project, Sheetal Challam COHS, Enhancing Oral Health Care for Refugees in NSW, Angela Masoe HNELHD, Embedding Health Equity to Regional Settlement in Armidale, Ashley Young MHB/Mindgardens, 'Addi Moves' – A Co-Designed Lifestyle Program for Women from a Refugee or Asylum Seeker Background, Simon Rosenbaum MNCLHD, Holistic Health Care Clinic for Refugees, Michele Greenwood NNSWLHD, Strengthening the Cultural Responsiveness of Mainstream Services in Northern NSW, Rita Youseff-Price SESLHD/MHCS, Translated Health Resources for Refugee Communities, Sylvia Giannone SWSLHD, Natural Helper Approach to Culturally Responsive Healthcare, Bernadette Brady 	
Wrap up and close		
3.35	Next steps for RHFF project teams	Laura Stevens, Principal Policy Officer, Community Care and Priority Populations Unit, Health and Social Policy Branch
3.45	Wrap up and close	

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Design by Bo Tam

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Health and Social Policy Branch, NSW Ministry of Health

For more information visit:

<https://www.health.nsw.gov.au/multicultural/Pages/refugee-health-flexible-fund.aspx>

Or contact: MOH-Multicultural@health.nsw.gov.au

March 2024

