

Refugee Health Forum - Workshop (group exercise) results.

Table discussion questions:

1. What are the **current strategies** used in your service to make it accessible to patients from refugee backgrounds?
2. What are the **potential barriers** that patients from refugee backgrounds may still face when trying to access your service?
3. What **new practices, policies and/or partnerships** could be put in place to address those barriers?

Question 1: What are the current strategies used in your service to make it accessible?	Question: 2. What are the potential barriers for patients from refugee backgrounds?	Question: 3. What new practices, policies or partnerships that may address those barriers?
<ul style="list-style-type: none"> ○ GP as first touch point to other services; ○ CALD specific <i>Partners in Recovery</i> workers (mental health) ○ Training faith leaders in referral pathways (mental health) ○ Referral Pathways tools: Health Pathways Melbourne ○ Choice of male/female workers 	<ul style="list-style-type: none"> ○ Inadequate interpreter access ○ Cultural: Choice to go multiple places resulting in fragmented medical history ○ Faith leader as first touch point – lack of referral to health ○ Cultural: Difficulty of only one opinion i.e. GP vs a community of opinions ○ Financial: even if small as well as transport ○ Segmenting body – multiple appointments 	<ul style="list-style-type: none"> ○ Better interpreter access in hospitals ○ Health assessment universal ○ Ask ourselves: Why CALD background members are not accessing municipality services ask: who’s not coming? And why? ○ Service hubs: <ul style="list-style-type: none"> ○ Multidisciplinary community clinic – one stop shop ○ Technology
	<p>Cultural; linguistic; age; gender; concept of privacy does not exist in many cultures, not telling family members of serious illness.</p>	<ul style="list-style-type: none"> ○ Partnerships with key community members. Build social inclusion connections working beyond direct individual/family care ○ Practitioners to refer to community organisations /interest groups not just health services e.g. Interfaith; sporting; choirs; art; youth; dance; mechanics/car interest group; cooking. Use the Whitehorse Community Directory ○ Hiring people from refugee/migrant backgrounds. Provide volunteer experience/observation opportunities in private practices. (PHN could coordinate) ○ Bilingual practitioners ○ Providing health services at non-traditional locations (or Doctor on Call) or one stop shop

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		<p>for all services to collaborate and work together</p> <ul style="list-style-type: none"> ○ Mandatory part of maintaining professional registration = regular professional training ○ New Roots APP – developing health apps that will provide better access and information to those of refugee background; CALD communities and migrant communities. ○ Use interpreters more; telephone interpreter and cue cards.
<ul style="list-style-type: none"> ○ Reception staff Bilingual trained as interpreters ○ Using professional interpreters and onsite interpreters ○ Cultural awareness training for staff ○ Translated resources: pamphlets; brochures etc. ○ Community events: BBQs and Harmony Day celebrations ○ Community guide bringing patients to appointments ○ Addressing confidentiality ○ Collaborating with GPs around cultural barriers 	<ul style="list-style-type: none"> ○ Patient confidence to call on their own to make important appointments ○ Limited access to emerging language interpreters – confidentiality ○ Lack of understanding of legislation and impacts of it ○ Accessing services 	<ul style="list-style-type: none"> ○ Case coordination and one stop shop
<ul style="list-style-type: none"> ○ New Roots APP ○ Visiting Primary School Nursing Program ○ SEHQ has information about interpreting services ○ As practitioners we have access to interpreters ○ Access to personal development ○ Service the language schools 	<ul style="list-style-type: none"> ○ English ○ Lack of awareness of services ○ Stigma – reluctance to identify ○ Emerging communities know interpreters – (trust issues?) 	<ul style="list-style-type: none"> ○ Practitioners to use interpreters – we need to encourage its use ○ Some CALD have minimal education in health themselves ○ Health embedded in the modules and curriculum in education providers ○ Incursions ○ Role modelling ○ Invitation to specialists to talk to students

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		<ul style="list-style-type: none"> ○ Referral ○ Training staff in supporting CALD community ○ Translated forms, surveys etc. ○ Building networks with organisations such as Foundation House ○ Employing staff from diverse backgrounds ○ Venues in places that are easily accessible to public transport
<ul style="list-style-type: none"> ○ Bi Cultural workers ○ Interpreter symbols ○ Policy not to use family as interpreters ○ Priority interpreter line for staff ○ Interstate telephone interpreters ○ Cue cards for sensitive issues 	<ul style="list-style-type: none"> ○ Transport ○ Lack of availability of trained Karen interpreters ○ Phone intake (for self-referral) ○ Privacy 	<ul style="list-style-type: none"> ○ Network for service providers – working with each other ○ Promotion in Schools and community groups (eg churches)
<ul style="list-style-type: none"> ○ Interpreters ○ Continuity of care ○ Refugee specific information talks ○ Link with MIC playgroups, parent groups ○ Immunization information using audio book ○ Outreach interpreters ○ Eastern Health cue cards 	<ul style="list-style-type: none"> ○ Use of translators/interpreters (dialled time, budget, transport) ○ Cultural attitudes to health ○ Coordination of use of interpreters, phone staff ease in accessing services ○ Finances and transport 	<ul style="list-style-type: none"> ○ Possible practices/policies/partnerships ○ Translation of letters ○ Continue to strengthen connections with EACH; MIC; AMES; Foundation House
<ul style="list-style-type: none"> ○ Interpreters (trained) genders ○ Improved cultural competency ○ Hiring a diverse workforce (multi or bicultural) ○ A welcoming reception ○ Willing to listen ○ Community gatherings & groups (engagement) 		