



Foundation  
House

The Victorian Foundation  
for Survivors of Torture Inc.



victorian refugee  
health network

## A COMMUNITY ENGAGEMENT FRAMEWORK

INTEGRATING REFUGEE BACKGROUND  
COMMUNITIES' VOICES INTO THE  
MENTAL HEALTH SYSTEM REFORM



**Prepared by the Diverse Communities  
Mental Health and Wellbeing Project Team  
Victorian Foundation for Survivors of Torture (VFST)  
also known as Foundation House, and  
Victorian Refugee Health Network (VRHN)  
December 2023.**

**Foundation House and the Victorian Refugee Health  
Network acknowledge the invaluable contributions  
of the advisory group members from Syria, Iraq  
and Afghanistan. The importance of their insights  
helped shape the findings of this project and the  
development of the framework.**

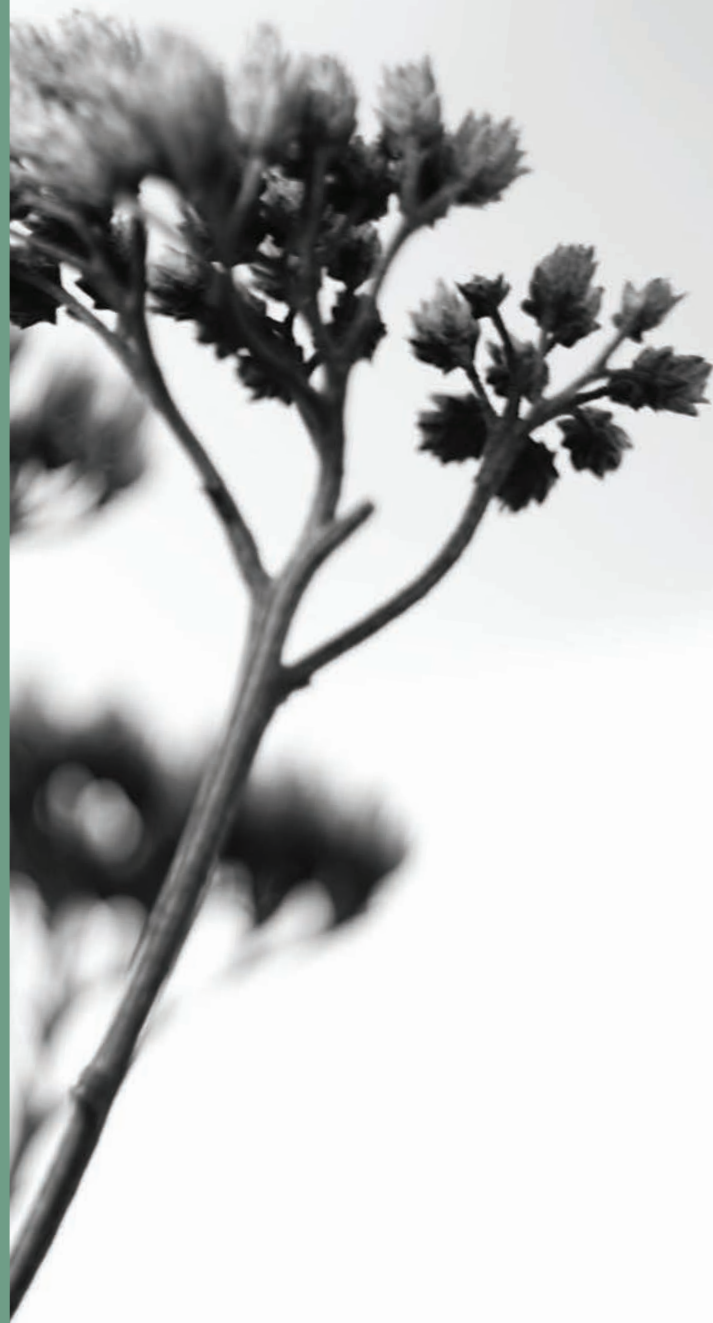
**Foundation House and the Victorian  
Refugee Health Network acknowledge  
the support of the Victorian Government  
for this project.**

### **Acknowledgement of Country**

The primary locations of the Victorian Foundation for Survivors of Torture; Brunswick, Dallas, Dandenong, Ringwood, and Sunshine are on the traditional lands of the Kulin nation. Lands, we acknowledge, that were never ceded.

In keeping with Foundation House's aspiration to heal individuals and communities, we recognise the loss of children, land, language, lore, and the loss of the spiritual and physical wellbeing of the people of the Kulin nation and other Indigenous Victorians, due to the impact of colonisation. We recognise the survival and enduring strengths of Victorian indigenous culture in spite of such dispossession.

Foundation House believes that acknowledging the past and its impact on the present is vital in building strong Victorian communities. We aim to build respectful and informed relationships with the Victorian indigenous community based on the acknowledgment of their unique position as the traditional owners and custodians of Country in Victoria.



**Foundation  
House**

The Victorian Foundation  
for Survivors of Torture Inc.



victorian refugee  
health network

# CONTENTS

<b>INTRODUCTION</b>	<b>4</b>
<b>1. BACKGROUND</b>	<b>5</b>
THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM	5
THE DIVERSE COMMUNITIES MENTAL HEALTH AND WELLBEING PROJECT	5
<b>2. COMMUNITY CAPACITY BUILDING FOR TRAUMA RECOVERY</b>	<b>6</b>
VFST'S COMMUNITY ADVISORY GROUP MODEL	6
SERVICE SECTOR ENGAGEMENTS THROUGH VRHN	5
<b>3. PURPOSE OF THE FRAMEWORK</b>	<b>7</b>
<b>PRINCIPLES FOR ENGAGING REFUGEE BACKGROUND COMMUNITIES IN THE MENTAL HEALTH REFORMS</b>	<b>8</b>
<b>1. COMMUNITY ENGAGEMENT ENTAILS TRUST AND RELATIONSHIPS BUILDING</b>	<b>8</b>
<b>2. REFUGEE BACKGROUND COMMUNITIES ARE NOT HOMOGENOUS</b>	<b>9</b>
<b>3. USE A TRAUMA-INFORMED AND RECOVERY-FOCUSED APPROACH</b>	<b>10</b>
<b>4. IDENTIFY AND ADDRESS BARRIERS TO PARTICIPATION</b>	<b>11</b>
<b>5. MENTAL HEALTH AWARENESS IS ESSENTIAL TO EFFECTIVE COMMUNITY ENGAGEMENT</b>	<b>12</b>
<b>6. COMMUNITY ENGAGEMENT IS A RECIPROCAL PROCESS</b>	<b>13</b>
<b>7. COMMUNITY ENGAGEMENT SHOULD RESULT IN SUSTAINABLE COLLABORATION</b>	<b>14</b>
<b>8. INCLUDE THE SERVICE SECTOR IN COMMUNITY ENGAGEMENT</b>	<b>15</b>
<b>VRHN'S STRATEGIC PRIORITIES 2022-2027</b>	<b>16</b>
<b>VFST'S ADVISORY GROUP MODEL</b>	<b>17</b>
<b>REFERENCES</b>	<b>18</b>
<b>CONTACT</b>	<b>19</b>

# INTRODUCTION

Victoria is undergoing reforms towards a more inclusive and effective mental health system. To achieve this, it is important to capture the perspectives of diverse communities and integrate these into the reform process. Engaging with refugee background communities is a vital step in ensuring equitable access to culturally safe and responsive mental health services for all.



---

# 1. BACKGROUND

## **The Royal Commission into Victoria's Mental Health System**

The Royal Commission into Victoria's Mental Health System was a comprehensive inquiry that aimed to evaluate and improve mental health services across the state. This resulted in the recognition that a transformative overhaul is needed to address systemic shortcomings and provide more effective and accessible mental health care.

A significant theme that emerged from the inquiry was the emphasis on a mental health system that is safe, responsive, and inclusive.<sup>1</sup> Mental health issues affect individuals from all walks of life, including those from culturally and linguistically diverse backgrounds, hence a tailored and inclusive approach is essential. A recommendation was then forwarded to work in partnership with and improve accessibility for diverse communities.

## **The Diverse Communities Mental Health and Wellbeing Project**

Following this recommendation, the Victorian Department of Health established the Diverse Communities Mental Health and Well-being (DCMHW) Grants Program.<sup>2</sup> The program intended to establish the foundations for and to facilitate the active involvement of diverse communities in the mental health system reform. This will ensure that mental health services are culturally safe, trauma-informed, and relevant to the unique needs of diverse communities in Victoria.

The DCMHW grants program enabled the **Victorian Foundation for Survivors of Torture (VFST), also known as Foundation House, and the Victorian Refugee Health Network (VRHN)** to implement the Diverse Communities Mental Health and Wellbeing project. The project aimed to enhance the capacity of refugee and asylum seeker communities and the service sector to engage in Victoria's mental health reform initiatives.

---

<sup>1</sup> <https://www.health.vic.gov.au/mental-health-reform/recommendation-34>

<sup>2</sup> <https://www.health.vic.gov.au/mental-health-wellbeing-reform/diverse-communities-grants-program>



## 2. COMMUNITY CAPACITY BUILDING FOR TRAUMA RECOVERY

The reformed mental health system is envisioned to provide holistic and recovery-oriented interventions for people with lived and living experience of mental illness and psychological distress. Community engagement work with refugee background communities is expected to align with this vision. Engaging refugee background communities to participate in systemic transformation entails building their capacity to bring their voices into the reform initiatives.

This framework has been developed from the community engagements and service sector consultations conducted through the Diverse Communities project. The framework also builds both on existing models developed and practiced in the various VFST programs and the VRHN approach to community and sector engagement and coordination, capacity building and shaping policy as outlined in its strategic plan (see Attachment 1).<sup>3</sup> We describe these below.

### VFST's Community Advisory Group Model

The Diverse Communities project from which this framework is produced has involved working with Community Advisory Groups from refugee background communities.<sup>4</sup> The Advisory Group Model is one of VFST's approaches to community capacity building.<sup>5</sup> It aims to foster better collaboration between community members and service providers. When effectively implemented, the model facilitates improved access to services by enabling advisory groups to identify barriers,

whether these exist within the community or related to service provider practices. Through dialogue with the advisory groups, service providers gain insights into a community's culture, experiences, and concerns that they can take into account in improving their service delivery.

The advisory group model (see Attachment 2) guided the community engagement work of the Diverse Communities project team and informed the development of this Framework.

### Service Sector Engagements through VRHN

The development of this framework also benefited from service sector consultations conducted alongside the work with Community Advisory Groups. Engagement with the health sector workforce was another component of the project and served to strengthen the evidence base of key challenges and potential feasible solutions identified by the Community Advisory Groups.

The consultations included a survey with service providers across Victoria, a workshop with Refugee Health Nurses, interviews with services in rural and regional areas, and interviews with general practitioners working in refugee health. Findings from these consultations show that the barriers to access experienced by community members and the challenges that services face in providing care to community members are parallel issues that the reformed mental health system needs to address.<sup>6</sup>

---

3 VRHN Strategic Plan 2022-2027. Available at <https://refugeehealthnetwork.org.au/our-strategic-priorities/>

4 Two Advisory groups were established for the Diverse Communities MHW project – one with members of communities from Afghanistan and the other with communities from Syria and Iraq.

5 VFST (2017). A Framework for Community Capacity Building. [https://www.foundationhouse.org.au/wp-content/uploads/2017/11/FOUNDATION-HOUSE-COMMUNITY-CAPACITY\\_SCREEN\\_COMB.pdf](https://www.foundationhouse.org.au/wp-content/uploads/2017/11/FOUNDATION-HOUSE-COMMUNITY-CAPACITY_SCREEN_COMB.pdf)

6 A separate report has been prepared on the service sector consultations.

---

### 3. PURPOSE OF THE FRAMEWORK

In line with the Victorian mental health system reform agenda, the aim of working with diverse communities is to engage them in the design, delivery, and evaluation of mental health services. This community engagement framework establishes a model for working with refugee background communities to participate in said reforms. It outlines principles, key considerations, and strategies to facilitate meaningful engagement. The key considerations explain why the principles are important and the strategies are some of the ways that the principles can be put into practice. In text boxes are examples based on the work done through the VFST and VRHN Diverse Communities project.

The framework is designed for governance structures and service organisations responsible for implementing the mental health system reform agenda. It serves as guide in the planning of community engagement programs to make these inclusive of the diverse realities of refugee background communities.

It is important to note that while the principles identified in this framework are fundamental in facilitating effective engagement with communities, the strategies listed may not apply to every community engagement situation or community group. Users of the framework are encouraged to consider the best reasonable approach to reach communities and get to know them.



# PRINCIPLES FOR ENGAGING REFUGEE BACKGROUND COMMUNITIES IN THE MENTAL HEALTH REFORMS

## 1. COMMUNITY ENGAGEMENT ENTAILS TRUST AND RELATIONSHIPS BUILDING

### Key considerations:

- Many people are not comfortable discussing their mental health due to a number of factors, including fear of judgment. Trust is vital in creating a safe and supportive environment, which can facilitate conversations about mental health and mental health concerns.
- Building trust encourages community members to openly share their perspectives, concerns, and needs. This open communication is essential for government and services to understand the specific challenges and issues faced by refugee background communities and to develop tailored support accordingly.
- Establish the purpose of the community engagement work. Provide clarity around the importance of community participation in the mental health reform process.

### Strategies:

- Communicate why community participation in consultations and resource development is important in improving the mental health system. Reiterate this during meetings with participants.
- Collaborate with community organisations and individuals who have existing relationships with the refugee background communities we aim to engage.
- Engage bicultural staff to facilitate the community engagement work.
- Recognise that it takes time to build trust and include this consideration in the community engagement plan.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

Foundation House conducted an initial scoping of the communities that the organisation had worked with to identify prospective communities to engage in the Diverse Communities project. Two of the largest refugee background communities in Victoria were identified, namely communities from Syria and Iraq, and communities from Afghanistan.

Foundation House employed Community Project Workers from these communities. The bicultural staff were key enablers in establishing and facilitating the project Community Advisory Groups. Also, the organisation's ongoing relationship with these communities helped the project team connect with community members to seek their participation in the project.



## 2. REFUGEE BACKGROUND COMMUNITIES ARE NOT HOMOGENOUS

### Key considerations:

- For community engagement initiatives to be inclusive, it is important to acknowledge the diversity among and within refugee-background communities. The diversity may be in terms of ethnicity, language, religious affiliation, gender, age, education, and recency of arrival, among others.
- Time and resources are required to ensure that the diversity within the community is reflected in consultations and advisory groups.
- No two groups are alike, even if the aim of the community engagement is the same for all. Some groups may centre their discussions on needed systemic changes in mental health service delivery, others may focus on identifying micro-scale solutions.

### Strategies:

- Allocate time and resources for the preliminary phase, which is recruitment of participants, to ensure that they represent the sectors in their community as broadly as possible. Indicate these considerations in the community engagement plan.
- Invite participation from informal leaders and influencers in the community, not just the formal organisation leaders. For example, community members who are well-connected with families or young people.
- While the community engagement work is generally guided by aims and objectives, allow the discussions to be participant-led. This is important so that issues identified are those most relevant to participants and their communities.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

Before establishing the Community Advisory Groups, the Community Project Workers (CPWs) identified the different ethno-religious groups in the communities from Syria, Iraq, and Afghanistan. To find suitable project advisory group members from these diverse groups, the CPWs:

- reached out to community members, including community leaders and faith leaders, young people and elderly, established community members and new arrivals, temporary visa holders and people seeking asylum,
- requested referrals from individuals and organisations that had connections with the communities, including settlement organisations, community associations, and Foundation House community liaison workers,
- posted invitations to the advisory groups on social media platforms in community language.

The team endeavoured to include members from smaller ethnic groups in the Community Advisory Groups. However, some of them were not represented due to several significant issues, including time constraints and lack of connections with these groups within Victoria.

For the service sector consultations, the project team reached out to services in rural and regional areas for their participation in the survey and interviews. This was to ensure that perspectives related to geographical locations were captured.

### 3. USE A TRAUMA-INFORMED AND RECOVERY-FOCUSED APPROACH

#### Key considerations:

- Refugee background communities have diverse experiences and mental health needs that arise from the trauma of displacement, challenges of resettlement, and having to adjust to a new culture and environment.
- Discussions about mental health may become potential triggers of traumatic experiences. It is important for community engagement work to not reinforce trauma but instead contribute to the process of healing and recovery.
- Participants of community engagement activities may be in different stages of resettlement and recovery from trauma. This contributes to the multiplicity of perspectives and responses that they bring into consultations and advisory group sessions.

#### Strategies:

- Communicate to potential participants about the topics that will be discussed during the community engagement activities, what they are expected to contribute and how. This will help them assess whether the activity is an appropriate setting for them to participate in.
- Prioritise the safety, choice, and empowerment of community members throughout the engagement process. Create a supportive environment that respects individual experiences and perspectives.
- Co-develop safe space agreements with participants, identifying what actions may make them feel safe and what may make them feel unsafe during meetings. Revisit the group agreement at the start of each meeting and amend as suitable.

#### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

At the first meeting, the facilitators asked members of the Community Advisory Groups the following: What will keep you safe in the group? What could make you feel unsafe or unwelcome?

The responses from participants formed the Group Agreement that they adhered to at the meetings. They agreed to:

#### DO:

- Be mindful of tone of voice - loud voices may be triggering for some.
- Participate actively but allow others to express their thoughts.
- Respect differences in ideas. Sit with safe discomfort about the topic and different views.
- Treat personal information with confidentiality.
- Give a trigger warning before sharing sensitive information.
- Value everyone's experiences. Validate rather than question what other group members say.
- Be punctual and use time wisely.

#### DO NOT:

- Preach or impose one's religious and political beliefs.
- Cut-off others while they are speaking.
- Disrespect other's opinion.

## 4. IDENTIFY AND ADDRESS BARRIERS TO PARTICIPATION

### Key considerations:

- Language barriers result in limited information and unfamiliarity with the mental health care system in Australia. Addressing these barriers can facilitate access to appropriate resources and services.
- Culturally appropriate and linguistically accessible communication methods can facilitate information sharing and active participation in the reform. Resources that can enhance communication skills enable community members to effectively express their needs.
- Aside from language, other barriers may also be experienced by those who are interested in participating in consultations or Community Advisory Groups. For example, persons with disability, mature minors, LGBTIQ+ people, and community members residing in rural and regional areas.

### Strategies:

- Document barriers to participation and establish organisational processes to address these.
- Consult with participants about the most suitable time, days, and location to conduct the community engagement activity. Consider school term breaks and cultural and religious observances.
- Use suitable interpreting services for participants who have limited English proficiency. Provide adequate briefing to interpreters about the context and aim of the activity in which the interpreting service will be used.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

After consulting with members of the Community Advisory Groups, the following arrangements were made:

- Advisory group meetings were scheduled after hours to accommodate members who work during the day.
- Members who were able attended the meetings in-person and those in regional areas or residing away from the venue joined online.
- Facilitators considered cultural and religious holidays, such as Lent and Ramadan, when arranging meetings. Some advisory group members preferred to reschedule activities around these days. To accommodate group members who were fasting for religious reasons, some meetings were moved online or meeting times were adjusted.
- Interpreters were arranged for advisory group members who needed interpreting, whether they were attending in-person or online. Interpreters were briefed about the context in which their services were required, i.e., a community group meeting about mental health. This was necessary as the team encountered interpreters who declined when the context of a 'group meeting' was mentioned and they preferred to interpret if it were individual counselling sessions.

For the service sector engagements, the mode of consultation depended on what was suitable for participants. The surveys and interviews were conducted online to make these accessible to service providers in rural and regional areas. The workshop with Refugee Health Nurses was carried out in-person at the same time when the participants attended a state-wide meeting in Melbourne.

## 5. MENTAL HEALTH AWARENESS IS ESSENTIAL TO EFFECTIVE COMMUNITY ENGAGEMENT

### Key considerations:

- Many refugees have experienced displacement, torture, and other traumatic events that can cause profound effects on their mental health. However, without recognising that mental health is important for overall wellbeing, they may not access support.
- Cultural beliefs and practices can influence how mental health is understood and addressed. Raising awareness about the various factors for mental health can help break down cultural barriers and promote a more open and accepting attitude toward mental health issues.
- When individuals and communities are aware of the impact of mental health issues, they can take proactive steps to seek help, provide mutual support, and work together to reduce stigma.

### Strategies:

- Include information sessions about the mental health system reforms, why system changes are needed, what changes are proposed and how these can benefit communities.
- Provide case studies of community members who have successfully received support from mental health services. Highlight tools and interventions that have been effective.
- Co-develop with community members culturally appropriate resources on mental health and wellbeing.
- Integrate opportunities for participants to share information gained from the community engagement sessions back into their communities.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

While discussing about the Victorian mental health system reforms, members of the Community Advisory Groups pointed out that awareness raising in the community about mental health must be achieved first before their community members could engage in discussions about reforms and service navigation. It is therefore important to include promotion of mental health literacy when conducting information sessions and feedback consultations about the reforms.

The advisory group members also decided to extend their reach of the project into their communities by:

- Using cultural events, such as the Nowruz festival, as opportunities to engage in conversations with members of their community about the importance of mental health and seeking help from services for overall wellbeing.
- Developing a video campaign in language to inform their community about the Victorian mental health reforms and the importance of mental health and seeking support.<sup>7</sup>
- Inviting service providers whom they have engaged with during advisory group meetings to meetings they have organised with other community members.

<sup>7</sup> As part of the Diverse Communities Mental Health and Wellbeing Project, members of the Community Advisory Groups that participated in the project developed and produced two video campaigns to inform community members about the reforms and to encourage open discussion about mental health and seeking support. **Hope and Life** is a production by members of the Communities from Afghanistan Advisory Group and is in Dari (available at <https://youtu.be/devN2meR2yA>). **Healthy Mind, Healthy Family, Healthy Community** is in Arabic and produced by members of the Syrian and Iraqi Community Advisory Group (available at <https://www.youtube.com/watch?v=ZieuvHXQNIa>).

## 6. COMMUNITY ENGAGEMENT IS A RECIPROCAL PROCESS

### Key considerations:

- Participants of community engagement activities must benefit from both the process and the outcomes of the engagement work. This can help them feel their contributions are valued and prevent consultation fatigue.
- Involving community members in the planning, design, implementation, and evaluation of programs and services creates a sense of shared responsibility and ownership in shaping the reformed mental health system.
- Engagement activities that are guided by the needs identified by community members are more likely to generate recommendations that are culturally appropriate and relevant to the community.

### Strategies:

- Enable refugee background communities to advocate for their mental health needs by integrating capacity building in community engagement work.
- Encourage participants to bring into the discussions the issues experienced by their communities.
- Co-develop a community engagement plan with community members. What do they want to know? Who do they want to have conversations with?
- Provide honorariums to community advisory group members in recognition of their expertise and the time and effort they spend in the meetings.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

The Community Advisory Group meetings were designed as opportunities for community members to engage in dialogue with services and organisations involved in the reforms and advocate for the needs and concerns of their community. Many of the advisory group members found this beneficial in their role as advisors to the project and to members of their communities.

They also took an active role in co-developing the sessions. They suggested topics they considered important to discuss in subsequent meetings. The project team then liaised with the relevant services to attend the meetings and have conversations with the advisory group members on said topics.

The project team reported back to the advisory groups opportunities where they had forwarded recommendations and discussion points that came out of the advisory group meetings. These included meetings with key governance structures involved in the reforms, inputs into VFST and VRHN policy and advocacy submissions, and presentations at forums and conferences.

The members of Community Advisory Groups were given honorariums for each meeting they participated in. These payments were included in the project budget.

## 7. COMMUNITY ENGAGEMENT SHOULD RESULT IN SUSTAINABLE COLLABORATION

### Key considerations:

- Understanding the specific needs and perspectives of the community allows decision makers and governance structures to develop and implement more tailored mental health interventions and support services that are more likely to be effective.
- Building partnerships between mental health service providers, policymakers, and refugee background communities can ensure sustainability of community engagement outcomes beyond the initial engagement activity.
- Collaborations foster a sense of ownership in the community, inspiring commitment to continue supporting system changes and initiatives.

### Strategies:

- Encourage and promote community-driven initiatives that allow community members to actively participate in shaping the mental health system.
- Encourage organisations to partner with members of refugee background communities in developing inclusive and responsive community-based programs and services.
- Encourage participants to lead discussions and share insights. Support them in facilitating dialogues between community members and mental health professionals.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

Through the advisory groups, the Diverse Communities project facilitated active and ongoing communication channels between community members and governance structures involved in the reform rollout. The meetings included information sessions and dialogue between advisory group members and representatives of agencies and services that attended. Advisory group members also invited the service providers they were connected with in the meetings to their own community organisations for further information dissemination and discussion.

## 8. INCLUDE THE SERVICE SECTOR IN COMMUNITY ENGAGEMENT

### Key considerations:

- Services provide support to community members in locations where they are based. Many of them face challenges in engaging with and providing care to refugee background clients.
- Understanding the challenges that services experience can lead to the development of appropriate solutions, such as suitable resources, upskilling practitioners, and valuing workforce diversity, that will enable them to provide expert and culturally sensitive care to clients from a refugee background.
- Supporting constructive links between communities, service providers and reform initiatives can result in improvements in service delivery.

### Strategies:

- Identify and engage with services to know their experience in relation to systemic and organisational gaps when working with refugee background communities.
- Undertake consultations with service providers in Metropolitan, rural, and regional areas to identify key challenges in providing adequate service provision for refugee background communities specific to their geographic locations.
- Support timely communication of mental health reform initiatives and updates to the service sector, especially those in rural and regional areas.

### EXAMPLE FROM THE VFST AND VRHN DIVERSE COMMUNITIES PROJECT

The project tapped into VRHN's wide-ranging connections with service organisations working with refugees and asylum seekers. A series of consultations were conducted to identify the challenges they face when providing mental health support or referrals for clients of refugee background. The consultations included:

- A survey that targeted mental health services and other services that refer to mental health services (community health, settlement, primary care, allied health),
- Workshop with Refugee Health Nurses,
- Interviews with General Practitioners specialised in refugee health,
- Interviews with services in rural and regional areas, including torture trauma services, settlement services and English language schools.

Feedback from the sector consultations informed the meetings with the community advisory groups and validated the evidence around mental health literacy issues, key service and referral challenges, and workforce development needs. Insights from the consultations were documented in a consolidated report aimed to further inform policy and reform implementation.

# VRHN'S STRATEGIC PRIORITIES 2022-2027

## Our Strategic Priorities

Our strategic plan was developed with the support of a deliberative panel comprising people of refugee and asylum seeker backgrounds, frontline clinicians, and senior health service leaders. Through a deliberative engagement process the panel shaped recommendations of four strategic priorities.



1

### Appropriate and Accessible Systems and Services

**Priority areas include:**

- Disability
- Health Services
- Rural & Regional focus

2

### Mental Health and Wellbeing

**Priority areas include:**

- Represent community needs in sector reforms
- Mental health & well-being projects

3

### Community and Partnerships

**Priority areas include:**

- Health & wellbeing partnerships
- Consult & engage community expertise

4

### Workforce Development and Best Practice

**Priority areas include:**

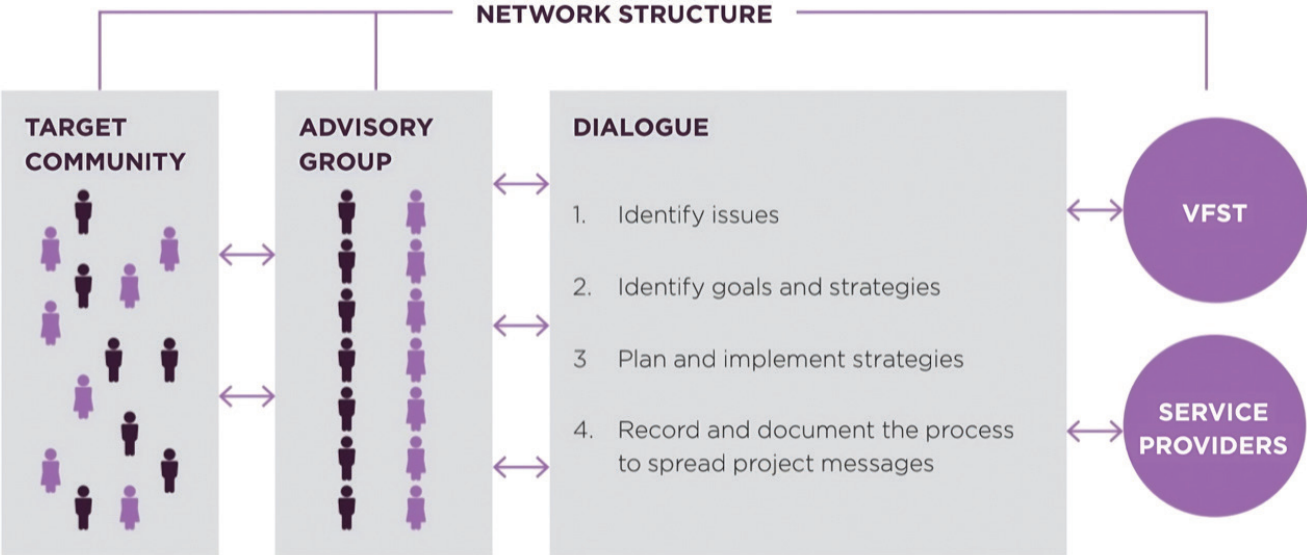
- Bicultural workforce & language services
- Specialist workforce development
- Cultural competency accreditation



victorian refugee  
health network



# VFST'S ADVISORY GROUP MODEL



# REFERENCES

DCMHW Project Communities from Afghanistan Advisory Group (2023).  
*Hope and Life*.

Available at <https://youtu.be/devN2meR2yA>

DCMHW Project Syrian and Iraqi Community Advisory Group (2023).  
*Healthy Mind, Healthy Family, Healthy Community*.

Available at <https://www.youtube.com/watch?v=ZieuVHXQNIA>

Victorian Department of Health.

*Recommendation 34: Working in partnership with and improving accessibility for diverse communities.*

Available at <https://www.health.vic.gov.au/mental-health-reform/recommendation-34>

Victorian Department of Health.

*Diverse Communities Grants Program.*

Available at <https://www.health.vic.gov.au/mental-health-wellbeing-reform/diverse-communities-grants-program>

Victorian Foundation for Survivors of Torture (2017).

*A Framework for Community Capacity Building.*

[https://www.foundationhouse.org.au/wp-content/uploads/2017/11/FOUNDATION-HOUSE-COMMUNITY-CAPACITY\\_SCREEN\\_COMB.pdf](https://www.foundationhouse.org.au/wp-content/uploads/2017/11/FOUNDATION-HOUSE-COMMUNITY-CAPACITY_SCREEN_COMB.pdf)

Victorian Refugee Health Network (2023)

*VRHN Strategic Plan 2022-2027.*

Available at <https://refugeehealthnetwork.org.au/our-strategic-priorities/>



# CONTACT

**General email:**

**info@foundationhouse.org.au**

**Phone: (03) 9389 8900**

**Fax: (03) 9277 7871**

**www.foundationhouse.org.au**

**BRUNSWICK**

4 Gardiner Street  
Brunswick VIC 3056  
Australia  
(03) 9389 8900

**DANDENONG**

155 Foster Street  
Dandenong VIC 3175  
Australia  
(03) 9389 8888

**RINGWOOD**

Suite 5, 45-51 Ringwood Street  
Ringwood VIC 3134  
Australia  
(03) 9389 8700

**DALLAS**

Level 4, 61 Riggall Street  
Dallas VIC 3047  
Australia  
(03) 9389 8899

**SUNSHINE**

163 Harvester Road  
Sunshine VIC 3020  
Australia  
(03) 9389 8777





# Foundation House

The Victorian Foundation  
for Survivors of Torture Inc.

[foundationhouse.org.au](http://foundationhouse.org.au)