



victorian refugee
health network

State-wide Meeting

November 2024



Acknowledgement of Country



Agenda | 2:00pm – 4:00pm

Time	Agenda item	Speaker
2:10pm	National Policy Update	Rebecca Eckard Refugee Council of Australia
2:25pm	Settlement Service Update	Gerard Murren AMES
2:40pm	Victorian Settlement Data	Samina Hassan Victorian Refugee Health Network
2.50pm	Break (10 mins)	
3:00pm	Rural and Regional Update	Kath Desmyth Rural and Regional Working Group Representative
3:15pm	Interpreters, Language and Communication <ul style="list-style-type: none"> • Advocacy at the Network • Bicultural Health Navigator Program at Whittlesea Community Connections • Sector Resources on Language and Communication 	Samina Hassan Victorian Refugee Health Network
		Hiba Ayass Whittlesea Community Connections
		Spase Veljanovski Centre for Culture, Ethnicity and Health (CEH)
		Discussion / Q&A
3:50pm	Evaluation via SurveyMonkey	All

National Policy Update

14 November 2024

Rebecca Eckard
Refugee Council of Australia

Key issues and updates

1. Humanitarian crises arrivals

2. Immigration detention

3. Offshore Processing

4. Fast Track Processing & SRSS

Arrivals from humanitarian crises

- **Ukraine:** Government inviting people from Ukraine on Temporary Humanitarian Concern (786) visas to apply for a Resolution of Status (RoS) permanent visa
 - Case-by-case
- **Palestinians and Israelis:** Government seeking expressions of interest and making offers of a 3-year Temporary Humanitarian Concern (786) visa (449 visa required first)
 - Contact Refugee Legal
 - Can support people with health needs to minimise Medicare gap
- People from other crises (Sudan, Myanmar, Lebanon) not able to access
- Work underway developing principles and a policy framework for Australia's response to humanitarian crises: driven by Australian civil society and diaspora communities

Immigration detention

- 31 May 2024, **883 people** in locked detention; average time in detention **595 days**
- 30 Sep 2024, **984 people** in locked detention; average time in detention **513 days**
- **High Court case last week: YBFZ** Unconstitutional for Government to punish people by using electronic monitoring and curfews
- Government responded by creating a new regulation to impose monitoring conditions (already in effect)
- **New legislation before Parliament:** risk of sending people to third countries (like Nauru); overturn protection findings; indefinite detention; family separation; applicable to BVR holders and others
- New contracted healthcare provider for immigration detention: **Healthcare Australia**

Solutions for refugees in offshore processing

- **~1,100 people remain** – 87 in Nauru (arrivals in 2023 & 2024), 42 in PNG (plus 50 partners & children), 941 people remain who were transferred to Australia for medical reasons
- **Insufficient resettlement options** available (>700 places)
- **NZ winding up very soon**, as people must travel to NZ by 30/6/2025
- Concern about latest legislation and potential use among this group

PNG:

- Situation in PNG deteriorated further and concerns about support to be provided
- Support via PNG Immigration officers to be provided to most unwell men in PNG and **no consideration of medical evacuation**

Fast track processing and SRSS

- Information from last week's Senate Estimates revealed that the **Minister is considering fast track cohort limited** to:
 - People who arrived as unaccompanied children
 - People who arrived pre-2010
- Concerns about Ministerial Intervention applications and loss of work rights (and connected **loss of Medicare** access)
- SRSS Program will be under review in 2025
 - Agencies putting forward recommendations now in relation to people in crisis, including urgent health needs

Questions?

Humanitarian Settlement Program (HSP)



Estimated Planning Levels 2024/25

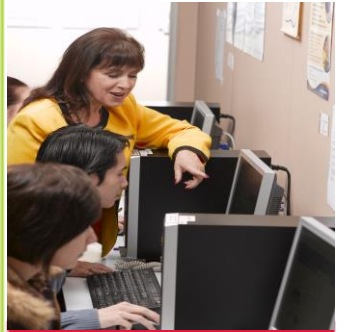
Estimated Planning Levels	
Settlement Location	2024-25EPLs
Melbourne	3870
Geelong	150
Mildura	70
Shepparton	200
Wodonga	70

- Estimated planning levels (EPL) - the EPLs are the estimated number of referrals for each location. These will not necessarily equate to an arrival this program year
- Slight reduction in offshore numbers, but the overall Humanitarian Program is the same.



Transition from IOM to TOLL

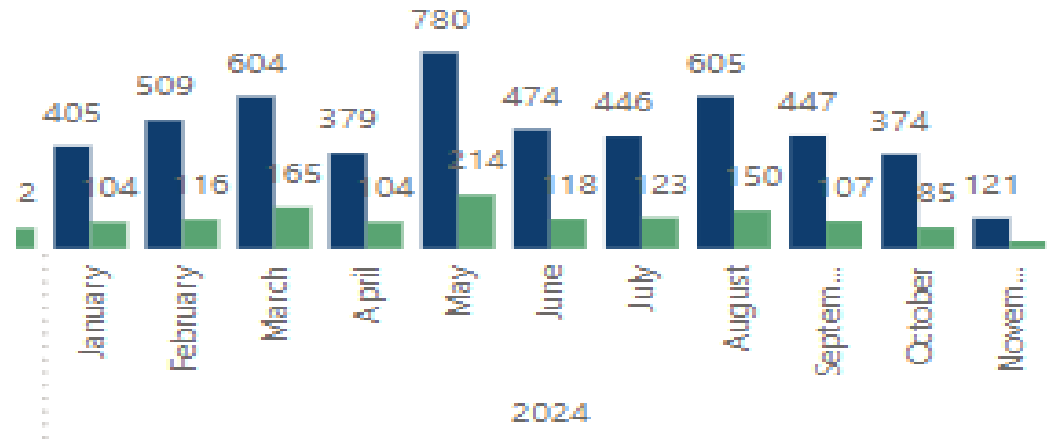
- Some challenges that has meant lower than normal arrivals
- Large number of offshore cases being transitioned from IOM to TOLL
- Amendments and rescheduling of flights due to exit permit issues, ImmiCards not yet activated, or some not having ImmiCards
- Expect normal arrivals from January/February next year



Temporary Humanitarian Stay pathway for Palestinian and Israeli nationals in Australia

- Register interest via a Webform on Home Affairs website
- Following the grant of a 449 visa, an Immigration Medical Exam (IME) occurs (through BUPA)
- HSP Providers can assist with booking and if unable to afford cost of the IME HSP can pay for the appointment
- Eligible for all HSP Services

THANK YOU



- **Supported Health Appointments: 18,374 (Vic)**
- **Purchased Services (Pre NDIS support)**
 - 110 Melbourne
 - 7 Regional Vic

Victorian Settlement Data

Victorian Refugee Health Network

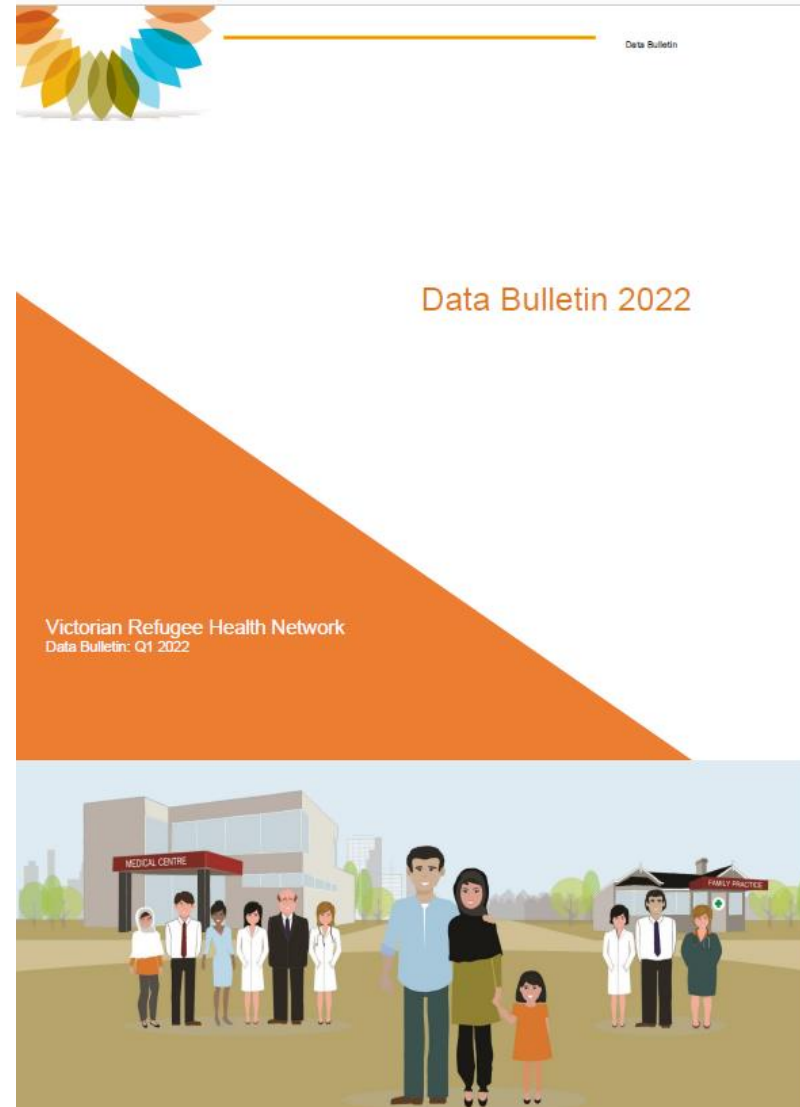


VRHN Data Bulletin

The Victorian Refugee Health Network publishes a Data Bulletin every quarter that outlines settlement data for Victoria:



[https://refugeehealthnetwork.org.au/resources-referrals-2/? sft tool for clinician=settlement-data](https://refugeehealthnetwork.org.au/resources-referrals-2/?sft_tool_for_clinician=settlement-data)



Settlement Data in Victoria

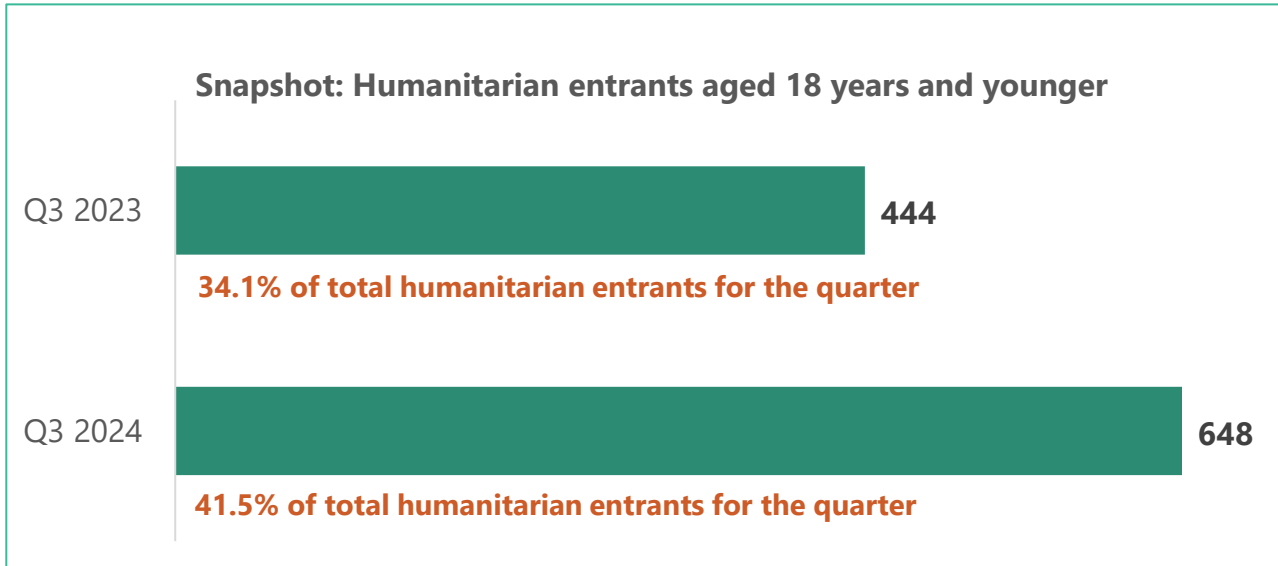
Visa Subclass		Details
200	Refugee Visa	<ul style="list-style-type: none">✓ Permanent Stay✓ With these visas you can move to Australia if you are subject to persecution in your home country. These visas allow you and your family to live, work and study indefinitely in Australia
201	In Country Special Humanitarian	
203	Emergency Rescue	
204	Women at Risk	
202	Global Special Humanitarian visa	<ul style="list-style-type: none">✓ Permanent Stay✓ With this visa you can move to Australia if you face substantial discrimination or human rights abuses and have a proposer and stay in Australia with your immediate family.
866	Protection Visa	<ul style="list-style-type: none">✓ Permanent Stay✓ This visa is for people who arrived in Australia on a valid visa and want to seek asylum. It lets you stay in Australia permanently, if you engage Australia's protection obligations and meet all other requirements for the grant of the visa.

* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786)

Humanitarian Entrants in Victoria: Q3 2024

1,561 humanitarian entrants arrived in Australia in the third quarter of 2024 and currently reside in Victoria (as of 4 Oct 2024)

Country of Birth	Languages spoken
Afghanistan	Dari
Syrian Arab Republic	Arabic
Myanmar	Pashto
Iran	Farsi (Afghan)
Congo	Swahili



* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

Additional sources of data

Social Statistics for Victorian Communities Socialstats.com.au

Spoken Languages

Spoken Languages by Age

Download

Spoken Languages by Age and English Fluency

Download

Spoken Language by Age, Fluency and Year of Arrival

Download

Spoken Language by Suburb

Download

Languages Spoken by Birthplace

Download

Spoken Language and Recency of Arrival

Download

English Fluency by Age and Gender

Download

English Fluency by Language and Age

Download

English Fluency by Birthplace Age and Gender

Download

Statistics for people seeking asylum

Department of Home Affairs

<https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/humanitarian-program>

SNAPSHOT: 1 SEP 2024 – 30 SEP 24

Total number of protection visa lodgements made onshore during the period: **2,002**

Total number of individuals granted a Final Protection Visa during this period: **253**

Countries of origin for individuals who were granted a Protection Visa during this period:

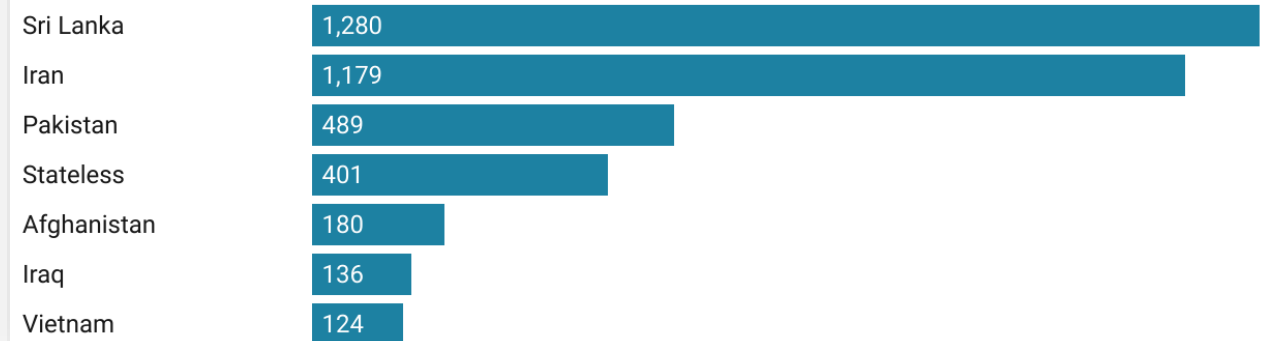
Malaysia
Myanmar
China
Iran
Pakistan

Refugee Council of Australia

<https://www.refugeecouncil.org.au/asylum-community>

People on bridging visas E in Victoria by citizenship

As at 30 June 2024



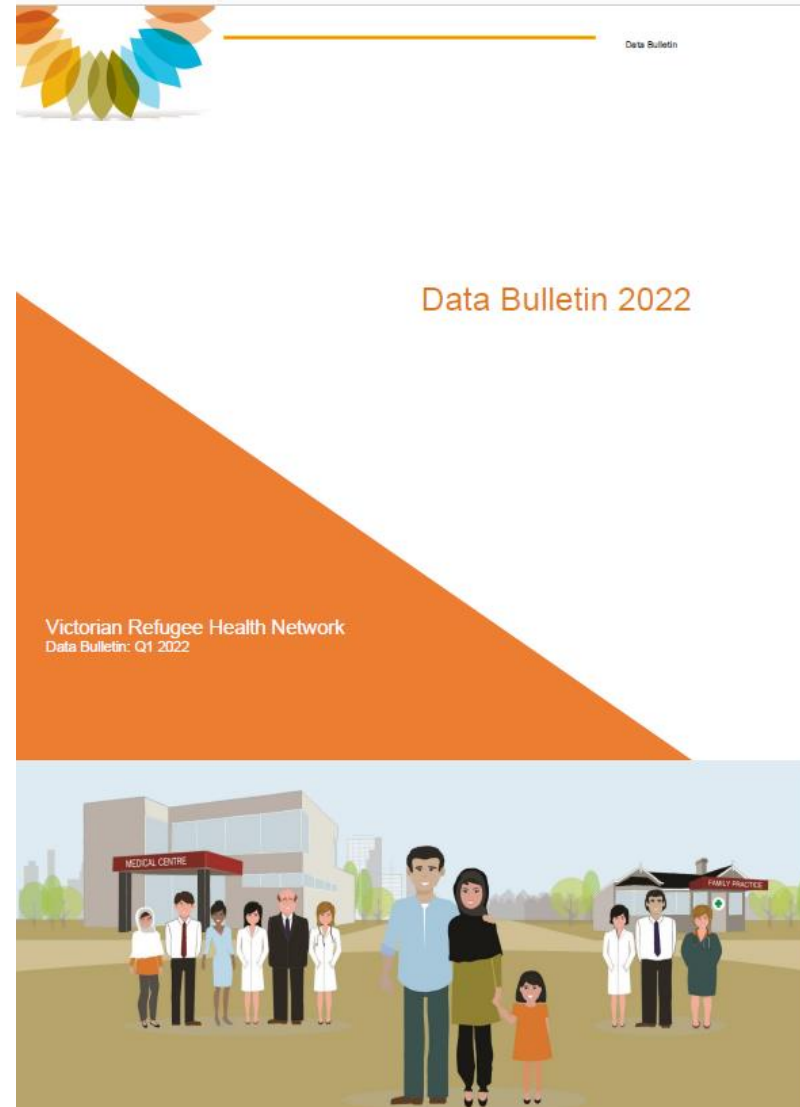
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refugeehealth@foundationhouse.org.au





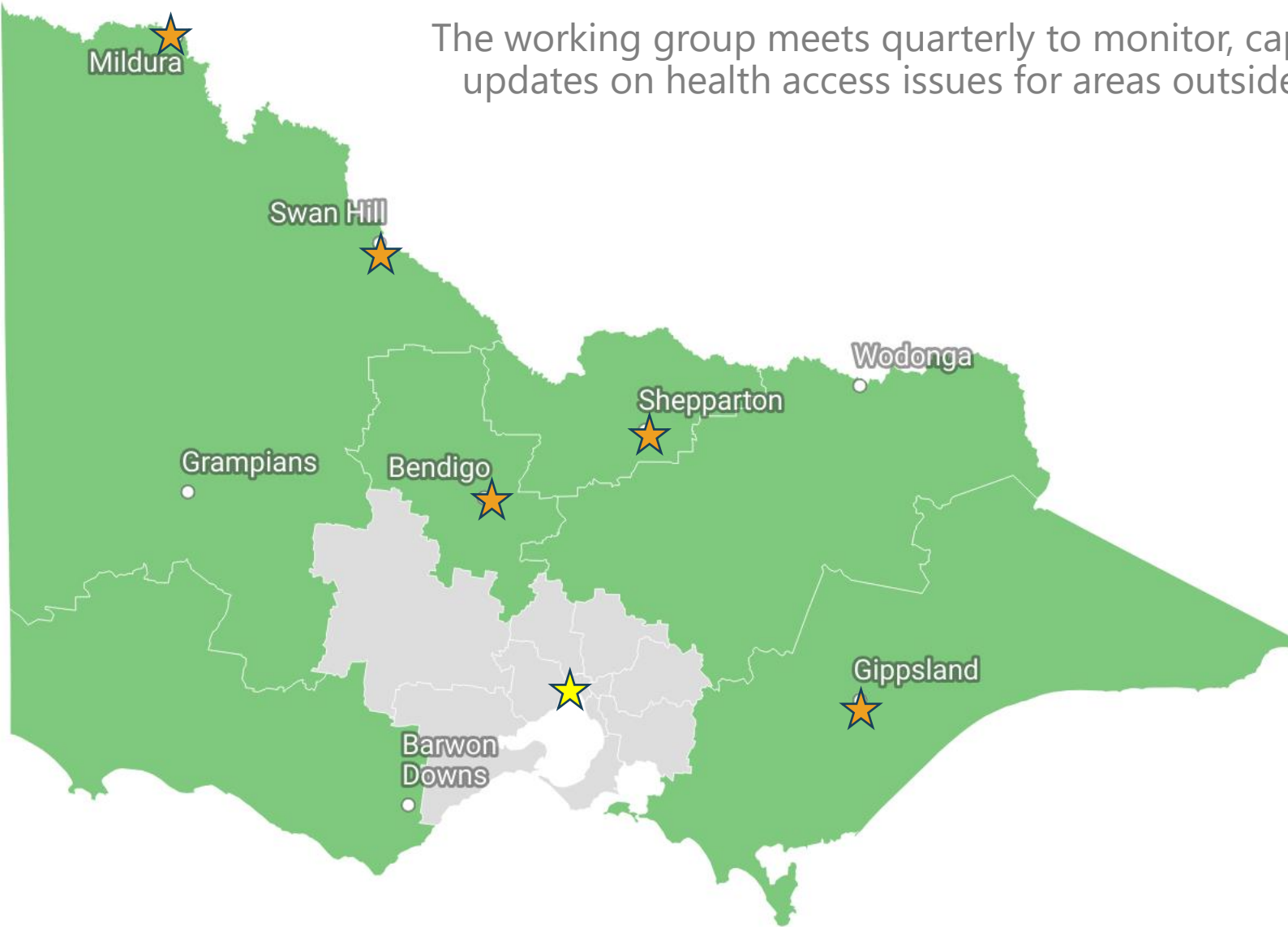
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health network

Rural/Regional
Working Group

November 2024

Rural/Regional Working Group

The working group meets quarterly to monitor, capture and have regular updates on health access issues for areas outside metropolitan areas.



Representation from a range of areas including:

- Bendigo
- Shepparton
- Swan Hill
- Mildura
- Gippsland
- East Wimmera

Issues raised in rural and regional meetings:



Transport

Case study

Single mother with two children, needing to go to specialist appointment. Unable to take her other child to the appointment and no one else to look after the other child. Wanted to drive to Melbourne and didn't have licence.

Location	Distance to Melbourne	Round-trip to/from Melbourne
Shepparton	200 km	4 - 6 hours
Mildura	550 km	12 - 14 hours
Gippsland	250 km	6 - 8 hours
Bendigo	160 km	4 - 6 hours



Two health clinicians often accompany clients to their appointments.



1. Mobile specialist clinics

2. Collaboration with settlement services to provide more education on public transport

3. Collaboration with hospitals to provide visual aids on navigation to clinics

Dental care

Case study

Six year old child in pain with all their teeth gone. There is no dental in East Wimmera.

Every three months, an oral surgeon comes to Nhill. However, there is a struggle with transport, and getting an appointment is a struggle due to backlog.

Workforce shortage:

“There are chairs but no people to man the chairs”

1. Scholarships for dentistry in rural/regional areas



2. Simplified, in-language resources regarding dental care

3. Explore connecting with peak bodies to advocate on this issue

Bendigo Community Health Services will be trialling an **onsite dental van** in the new year and will report back.

A **tool for Refugee Health Nurses** to identify and triage dental issues is also in the works.

Good News Story - Mildura



Case study



- 49 year old
- Burundian woman
- Diagnosed with possible cervical cancer
- Upset to hear that she would need to travel to Melbourne to undergo a hysterectomy

- Healthcare worker **flagged her trauma background** and social situation with the specialist, which he shared with the hospital team in Melbourne.
- The gynaecologist treated the woman with the **utmost respect** and arranged **interpreter services** to explain the procedure and address her fears about traveling to Melbourne. Fortunately, the surgery was performed at Mildura Base Hospital.

- Healthcare worker advocating on client's behalf
- Sensitive, trauma-informed care addressing concerns and fears
- Interpreter services used
- Care provided close to home
- Support person allowed

“Client shared that she never felt afraid, alone, or confused during her hospital stay. Her English-speaking sister was allowed to stay with her, and interpreter services were available when needed.”

Join a network

Looking to connect with others in the refugee and asylum seeker sector?

<https://refugeehealthnetwork.org.au/join-a-network/>

Bendigo Local Settlement Network

Meets three times a year

Network to work together to facilitate self-reliance and social cohesion amongst migrants with low English proficiency, international students, and refugees in Greater Bendigo so they are settled and empowered.

Location: Online via Teams

Contact: Kaye Graves, Senior Leader – Refugee and Cultural Diversity (Bendigo Community Health Services)

E: kayegraves@bchs.com.au

Eastern Region Refugee Health Network

Meets every three months (quarterly)

Network to enhance the health outcomes of refugees and people seeking asylum within the Eastern Region catchment area through cross-organizational collaborative action.

Location: Ringwood East or Online via Teams

Contact: Marilyn Spratling, Refugee Health Nurse Coordinator (EACH)

P: 03 9837 3900

E: mspratling@each.com.au

Rural and Regional Working Group

Meets every three months (quarterly)

A working group to discuss key issues impacting rural and regional settlement in Victoria and identify opportunities for advocacy.

Location: Online via Teams

Contact: Victorian Refugee Health Network

E: refugeehealth@foundationhouse.org.au





victorian refugee
health network

Interpreters, Language and Communication

Samina Hassan

Victorian Refugee Health Network

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**



**The Australian Charter of
Health Care Rights**

**Australian Commission on Safety and
Quality in Health Care**

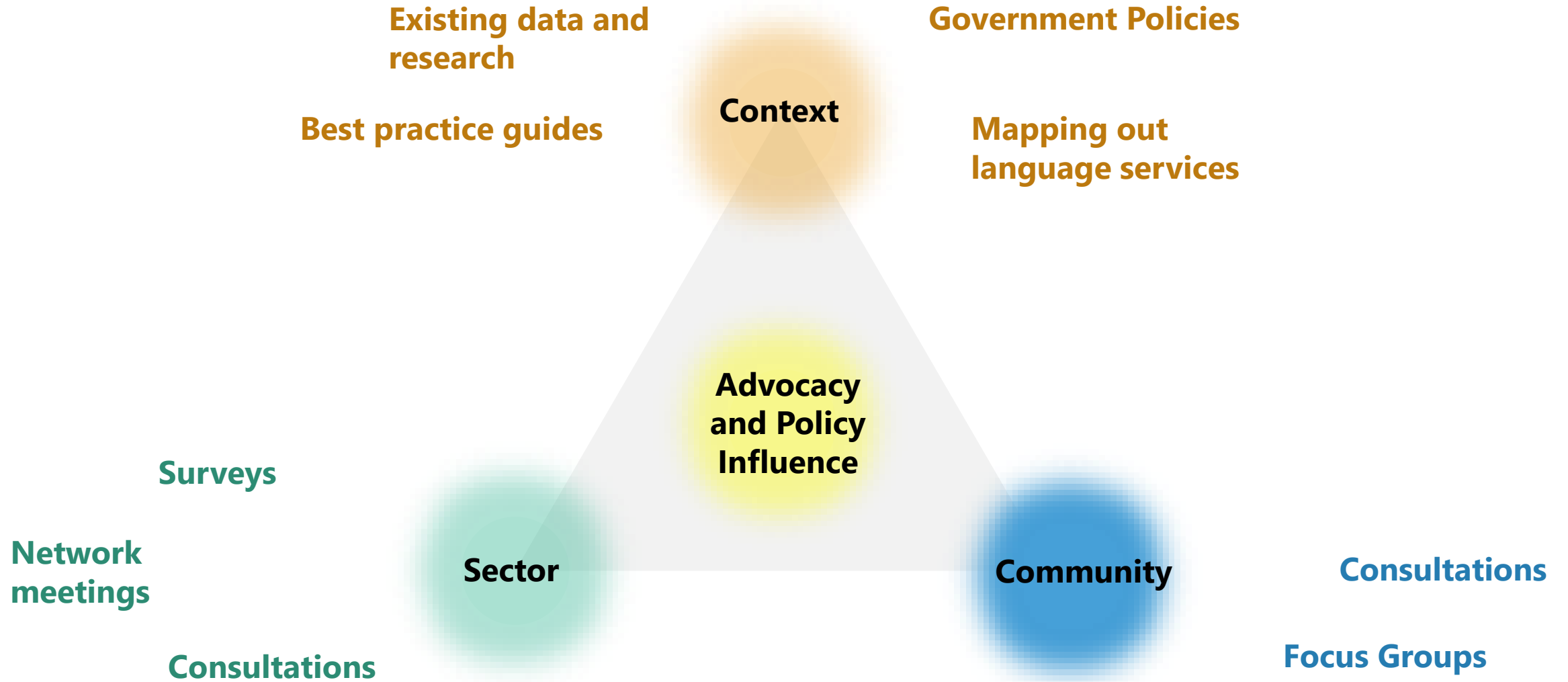


Information

You have the right to

- get information about your health
- see information about you
- get help to understand information about your health.

How does the Network advocate for issues?



WHAT WE HEAR: INTERPRETER ACCESS

We can't secure a female interpreter

Interpreters are best practice to communicate health information



There are often no face-to-face interpreters available in rural and regional areas

There are no interpreters for the language we need

ADVOCACY AREA: WORKFORCE SUPPLY



2025 Interpreter Scholarship Program

1. Building evidence base through data

- Sector survey and data analysis
- **Result:** In-demand languages included in 2025 Interpreter Scholarship Program

2. Increasing accessibility of program

- Supporting sector organisations with advocacy
- **Result:** Co-location of Interpreter Scholarship Program in Bendigo

WHAT WE HAVE HEARD: WELL-BEING OF INTERPRETERS

Interpreters can experience vicarious trauma

As interpreters, the stories we hear impact us



Sometimes interpreters will disengage if they understand it's a counselling session

ADVOCACY AREA: TRAINING & WORKFORCE DEVELOPMENT



Two-hour training:

Interpreter Mediated Work with Survivors of Trauma: Practice Considerations

Result: Over 180 attendees with positive feedback.

What do interpreters want health service providers to know?

- **Briefing and debriefing** about the session can make a big difference.
- Do not use **medical jargon**. Check and pause understanding of the client and interpreter.
- Understanding of **roles and responsibilities**

WHAT WE HAVE HEARD: WHAT IS WORKING WELL?

Building on the trust of community groups helps

In-language information is so valuable



It is great when someone takes the time to explain the information clearly

Bicultural workers are incredible

ADVOCACY AREA: PROMOTION OF SERVICES AND RESOURCES

The screenshot shows the website header with the logo and navigation menu. The main content area features a breadcrumb trail: Resources & Referrals > Tools for Health Professionals > Using interpreters. The title is "Using Interpreters" in a large, bold font. Below the title is a paragraph of text: "The majority of newly arrived people from refugee backgrounds do not speak English or do not speak English well, yet research shows that credentialed, professional interpreters are only engaged for a small percentage of consultations in primary care." To the right of the text is an illustration of a globe with location pins and a hand holding a heart.

The newsletter header includes "Updates from October" and "No images? [Click here](#)". The logo and name "victorian refugee health network" are prominently displayed. Below this, the heading "In this October issue:" is followed by a bulleted list of content: Latest News, Health and Community-based Events and Resources, Disability Updates, Research and Advocacy, and Professional Development Training. At the bottom, there is a link for "Latest News".

Contact us:

refugeehealth@foundationhouse.org.au



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Reach out to us to share:

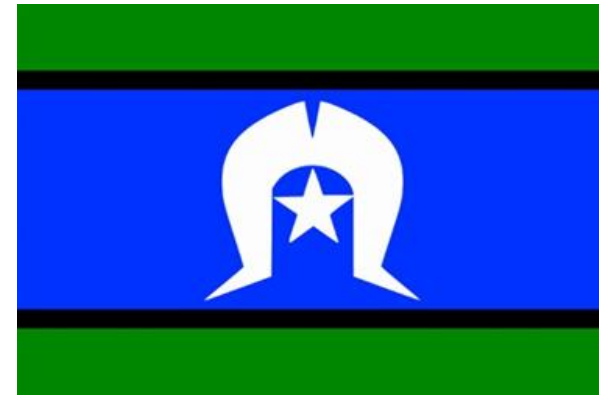
- Emerging issues for ongoing advocacy
- Case studies
- Best practice examples of what's working well

Bi-Cultural Health Navigator Project



Presented by Hiba Ayass

“We acknowledge the "Wurundjeri people" of the Kulin Nation, as the traditional custodians of the land I live, work and travel upon and I respect the elders both past and present"



Who are we?



Whittlesea
**Community
Connections**
Making a positive difference everyday

Whittlesea has
38%
people born overseas
compared to
33.8%
Greater Melbourne

47%
Whittlesea residents
speak a language
other than English at
home compared to
32%
Greater Melbourne

Co-design the Bi-Cultural Health Navigator project



Partnership Model



Implementation

COVID-19 Awareness Forum
19 October via Zoom @ 6 pm

Whittlesea Community Connections | Brotherhood of St Laurence | CASV | MELBOURNE POLYTECHNIC | City of Whittlesea

This forum will provide you with the opportunity to ask any questions regarding COVID-19 vaccinations, and directly address any concerns you may have. The forum was organised for urgent action as a joint effort between both community leaders and community organisations.

Topics to be covered include:

- The history of the vaccine
- Types & availability of vaccines
- Symptoms & side-effects of COVID-19/vaccines
- Vaccine impact on fertility
- Vaccination for those under 12

Session time: October 19th, 6:00 pm - 8:00 pm

Join Zoom Meeting
<https://us02web.zoom.us/j/868023539287>
pwd=Qk5jb1VmZCkVmSTYXRONEZxMk5BUT09
Meeting ID: 868 0235 3928
Passcode: 892980

You will have the opportunity to hear from medical experts speaking in Arabic:



Dr Imad Berro | Dr. Basim Francis | Dr. Ghada Sleaby | Farah Abdyashoa

For any enquiries please contact:
Inaam: 0423 603 598, Hiyah: 0448 354 281, or Lina: 0413 575 588



Outcomes

Individual

Community

Partnerships



What worked?

For Bi-Cultural Health Navigators



Case Study 1

NAME: Jon (not client's real name)

AGE: 53

BORN: Syria

ARRIVED IN AUSTRALIA:
3 years ago on a refugee visa

HOUSEHOLD COMPOSITION:
Couple with 5 children, including 2 with a disability

PREVIOUS OCCUPATION:
Dentist

An experienced dentist in Syria, Jon worked full time for most of his adult life. Since coming to Australia Jon tried to get his qualifications recognized but did not have sufficient documentation and he could not retrieve them from Syria due to safety concerns. In Australia, he gained an interpreting qualification but could not find regular work due to an over-supply of Arabic speaking interpreters. He tried to start a printing business but struggled to get started without sufficient resources. He and his family were forced to move rental properties several, which his children found particularly challenging. Jon became disheartened, particularly when his children asked him 'daddy, why don't you go to work?'

The Bi-Cultural Health Navigator role was Jon's first job in Australia. It provided an opportunity for him to learn about working in an Australian workplace, superannuation, tax, employment contracts etc. Jon has been engaged and happy in the role stating that, 'for me it's not only about money, it's about dignity'. Jon went on to secure a job at Northern Health as a Non-Clinical Ward Assistant and currently works at City of Whittlesea. Jon feels confident about finding further work in future now that he has local work experience.

Case Study 2

NAME: Aisha (not client's real name)

AGE: 32

BORN: Egypt

ARRIVED IN AUSTRALIA:
4 years ago, on a skilled visa

HOUSEHOLD COMPOSITION:
Couple with 1 child

PREVIOUS OCCUPATION:
Fine Arts Teacher

Aisha joined the Bi-Cultural Health Navigator course with an interest in gaining respectful work. Aisha had been unsuccessful in past interviews due to her limited English and lacked confidence applying for jobs.

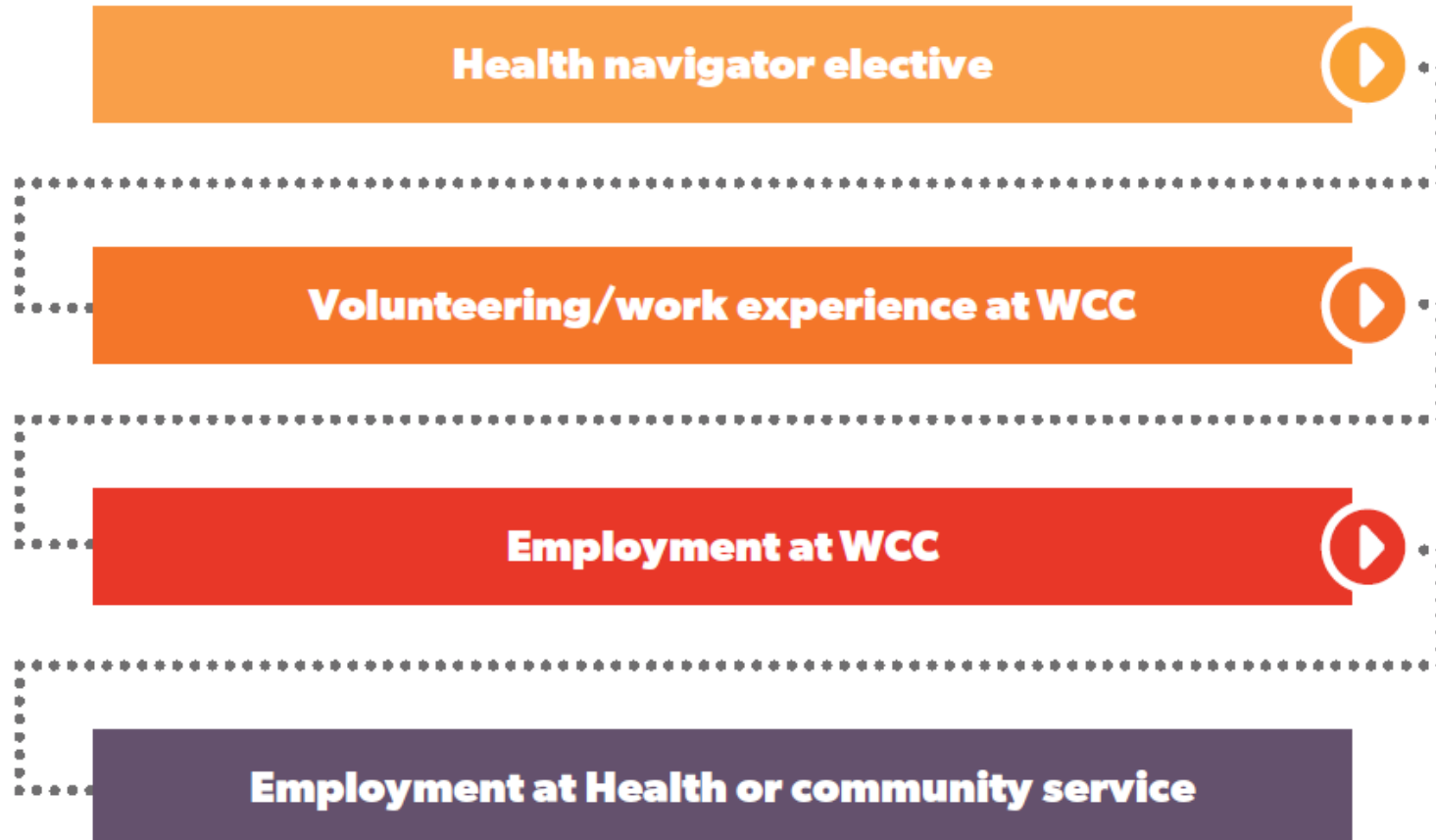
Aisha's language skills have steadily improved through her involvement in the program. She is happy to have made connections with people from different backgrounds. Due to the flexible nature of the work she is able to take her daughter to and from school and work on weekends when her husband is home. She is feeling more confident about finding work in future.

What worked?

For community & partnership

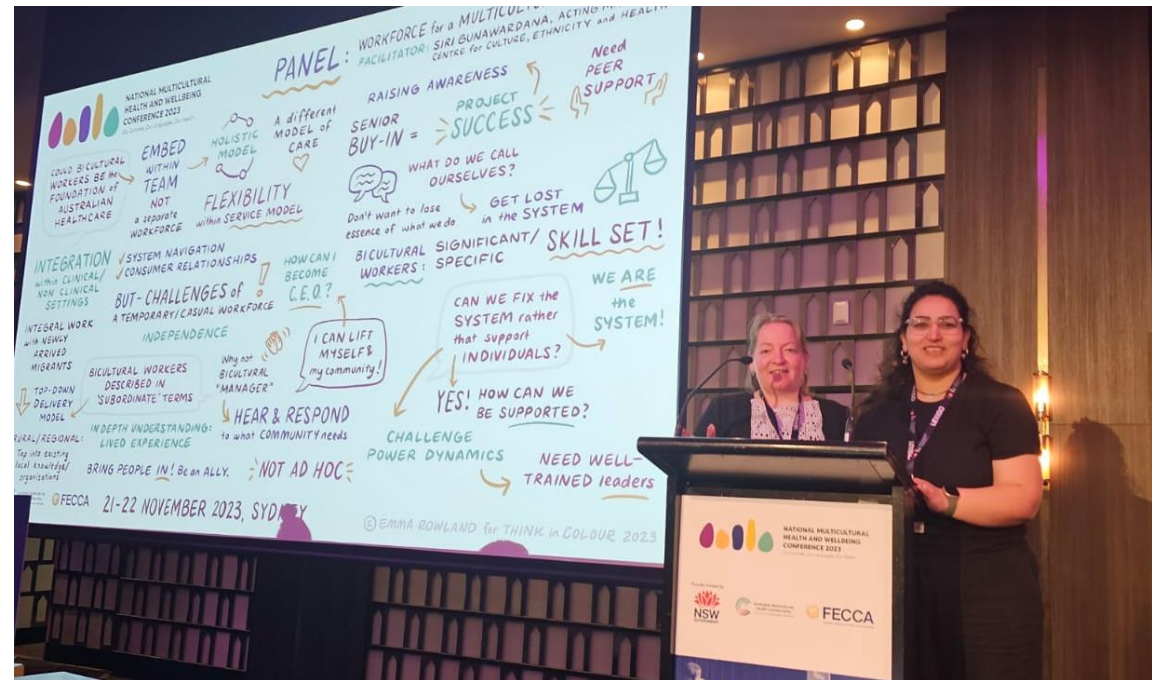


Health Navigator Journey

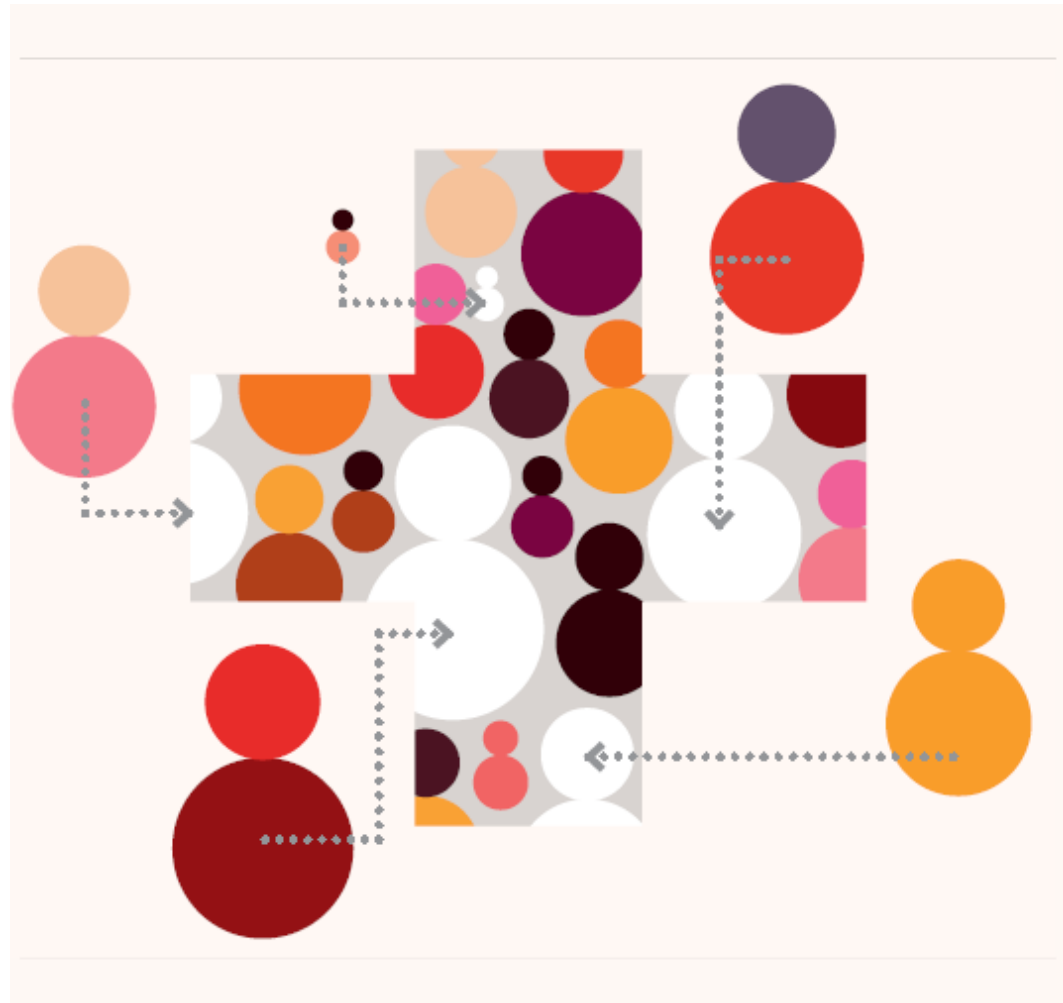




Bi-Cultural Health Navigator Project was acknowledged and recognised around Victoria



Future Opportunities: Health Sector Multicultural Employment Strategy



Increasing Multicultural Health Sector Workforce

Pre-employment Training

- Cross-cultural communication skills
- Working with clients with complex needs
- Understanding the Australian health care system and the different employment pathways within it



Placement Pathways

- Pathway for overseas qualified health professionals
- NLS program to support financial cost of overseas qualification recognition
- Pathway for jobseekers from multicultural backgrounds interested in working in health



Support, Mentoring & Further Training

- On the job supervisor (health service) and Bi-Cultural mentor (support organisation)
- Communication and support mechanisms to address work place issues if and when they occur
- Support to continue to English language proficiency
- Further training to support up-skilling and or transition to clinical roles



Bi-Cultural Health Navigators

Hiyah Rahman & Hiba Ayass – Whittlesea Community Connections

Overview

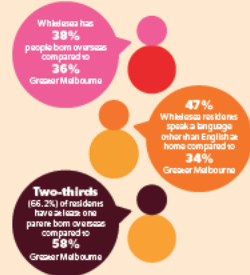
The project trains people with migrant and refugee backgrounds interested in working in the health sector to better understand and navigate the health system in Australia. Trained Bi-Cultural Health Navigators gained employment opportunities delivering COVID19 information and support to multicultural communities in Whittlesea. This included in language information about when and where to get tested, current health advice and reliable and accurate information about Australia's vaccination program.



The Bi-Cultural Health Navigator project is a partnership project between Melbourne Polytechnic, Northern Health and Whittlesea Community Connections (WCC).

Background

Whittlesea is one of the fastest growing and most multicultural LGAs in Victoria. According to the 2021 ABS Census Data:



Partnership Model

Key to the success of this project is the partnership approach between Melbourne Polytechnic, Northern Health and Whittlesea Community Connections. Each partner brings their own knowledge and strength to drive upon: NH, an expert training and further education provider; WCC, a major health provider of specialist and acute health services and WCC's connection and engagement with Whittlesea's diverse communities. As the project evolved the City of Whittlesea was also partner, as the Bi-Cultural Health Navigator was integrated into Council's Emergency Management response. This provided for additional local employment and engagement opportunities. WCC has engaged with Drummond Street and Cancer Council to extend the reach of the Bi-Cultural Health Navigators beyond COVID19 response to other areas of primary and mental health.

Implementation

WCC provided on-going mentoring support to help navigators address workplace barriers working in an Australian workplace. Navigators represent the community's rich diversity and use their language and cultural knowledge to support community to access trusted information and support to live in a COVID19 safe way. Navigators delivered community information sessions, developed resources and attended on-going vaccination clinics.



Outcome

- Individual**
 - A total of 24 people with migrant and refugee backgrounds have been employed through the project.
 - Health Navigators have developed a range of skills and competencies through on-going training, job mental health first aid and mentoring which has built their confidence to communicate and share their learning with community.
 - For most this has been their first job in Australia and the experience and confidence gained has enabled them to secure further work.
 - All Navigators showed their interest in the health sector and built relationships there have been pathways to transition into other employment.
- Community**
 - Increased COVID19 literacy
 - Increased access to information to make informed decisions
 - Higher vaccination rates particularly among OAGD communities
- Partnerships**
 - Providing learning and skill development opportunities in a growth sector closely aligned with employer needs and expectations.
 - Building the capacity of organisational staff to select community in a way that best fits, fosters and nurtures local skills and talent and build a bridge into the community as we want to work with.
 - Providing an opportunity for people to come into the workforce with a strength in cultural knowledge that enable people to understand health care and be heard in that system.
 - On-going commitment by NH to identify how the health work force is developing across the organisation and for navigators to be employed in a range of different roles.

If you like to hear more about the Bi-Cultural Health Navigator project you can visit our [Website](#)

What worked?



For Bi-Cultural Health Navigators

Motivation: The course was a voluntary elective, attracting people with a genuine interest in working in health. Many of the participants came from health backgrounds and were keen to apply their new skills and experience in Australia. Some held recognised qualifications in Australia for various reasons.

Cultural safety: Health Navigators, trained by WCC, were able to facilitate a culturally safe environment where community members felt welcomed and comfortable seeking support and information.

Flexibility: The program was adaptive and responsive, and provided personalised responses to participant needs.

Nature of the work: Respectable and well-matched to their skills and interest. Some Bi-Cultural Health Navigators needed to compromise with their career aspirations but chose to do so. Some were unable to find employment in Australia and this project gave participants and potential candidates a choice and did not see them under or over-qualified.

Opportunities for language skills: Health navigators that their English language skills improved as a result of working together and in partnership with the City of Whittlesea, Northern Health, Melbourne Polytechnic and WCC.

One to one and group support: The program considered people at each stage of their employment journey, whether they are seeking entry into the workforce or pursuing a long-term option.

For community & partnership

Strategy: Several funding sources became available due to the Covid crisis and its significant impact on multicultural communities, providing sufficient resources to pilot the project and other part-time Health Navigator positions and help with the sustainability of the pilot.

Community as an integral component: Involving local employers, organisations and other NGOs increased the level of connection to new migrants, refugees and people seeking employment training, support and job opportunities.

Responsiveness: The program was responsive to the changing needs of the community as the COVID situation developed.

Health Navigator Journey



Future Opportunities:

- The Bi-Cultural Health Navigator model could be replicated in other industries.
- The program could be enhanced with the engagement of volunteer industry mentors.
- Develop a sustainable model or pathway (incl Northern Health and other local health services).



- Other Partners and Funders:
- Department of Families, Fairness and Housing
 - Department of Health
 - City of Whittlesea Council
 - Cancer Council Victoria
 - DFV Health
 - Drummond Street Services



Q&A



Whittlesea
**Community
Connections**
Making a positive difference everyday



Hiba Ayass

Multicultural Team Leader

Phone: 9401 6697

Address: Shop 111, PACIFIC Epping, Epping, 3076

HAYASS@WHITTLESEACC.ORG.AU www.whittleseac.org.au

Language barrier? Tips and resources for health sector workers

Presentation for
Victorian Refugee Health Network
Statewide meeting

Spase Veljanovski

14 November 2024

Overview

Tips and resources to assist you with communication when there is a language barrier between you and your client.

1. Plain language
2. Spoken communication techniques
3. Translated resources
4. Interpreting – 5 step framework

1. Plain language

What?

- Plain language is communication that is clear and easy to understand for your *target audience*

Why?

- Almost 60% of Australians have a low level of individual health literacy
- When you use simple, accurate language you make it easier for more clients to understand you and make informed decisions

How?

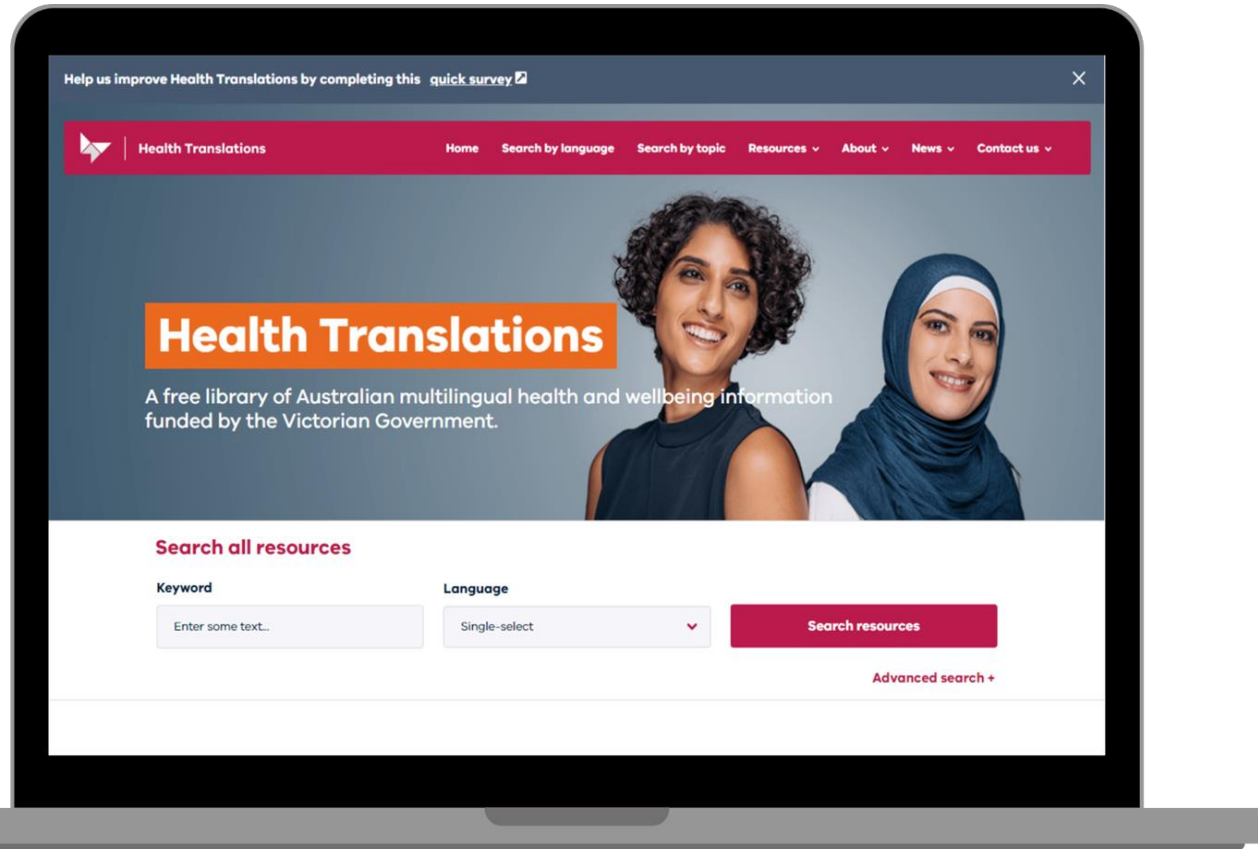
- Swap jargon for plain language

2. Spoken communication techniques

- **Use plain language**
- **Find out client's view and knowledge**
- **Say less**
 - Need-to-know vs nice-to-know
 - Limit to 3-5 key messages
- **How will they remember?**
 - Ask if they want to take notes on paper or in their phone
 - Record the key points in the recorder on their phone
- **Check for understanding.** Teach back... and via an interpreter

3. Translated resources

Free and reliable online Australian health information



- Victorian Government initiative
- Designed for practitioners
- Over 30,000 resources in many formats
- Translations in 130+ languages
- 100+ topics

Visit www.healthtranslations.vic.gov.au to access the online library

4. Interpreting – 5 step framework

1. **Assessing** the need for an interpreter
2. **Booking** – getting the right interpreter
3. **Briefing** – your return on investment
4. **Communicating** effectively
5. **De-briefing** – comments, compliments & complaints



4. Interpreting – 5 step framework

Resources

- [Assessing the need for interpreter](#) developed by the Judicial Council on Cultural Diversity
- [Interpreting video scenarios](#)
- [CEH interpreting tip sheets](#)
- [CEH self-paced learning](#)
- Training, eLearning & presentations <https://www.ceh.org.au/training/>

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- Feedback on today's meeting
- Topics you would like covered in future meetings
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