5.5 Refugee Health

5.5.2 Guidelines for delivering refugee community health

Background
Refugee groups tend to underuse community health services for a variety of reasons, including being unaware of their existence or being fearful of their role. Families may have had limited access to health services in their home country and may not understand the comprehensive health services available in Western Australia. This may result in high levels of anxiety and fear around the uptake of these services.

The community health professional
The community health professional providing care to the client will be referred to as the Community Health Nurse (CHN) throughout the policy, which encompasses refugee health nurses, community health nurses, remote area nurses and ethnic health workers.

As outlined in the Policy for Universal Child Health Service in Western Australia (3.2.2), the minimum qualifications for community health staff employed to deliver the community health Universal Contact Schedule is a registered nurse with qualifications in child and family health. School health nurses are required to be registered nurses.

The client
In the context of this policy, the ‘client’ refers to children under the age of 18 years (at the time of entry into Australia) and their carers receiving health care from the CHNs who are humanitarian entrants, alternatively known as refugees.

General Principles
The CHN can assist refugee families with children to access appropriate health and community services to ensure they understand the benefits and are aware of services which are culturally appropriate and best suited to their needs. The CHN should be aware of, and work collaboratively with, other relevant service providers who have a specific role in assisting refugee families settle into their new environment.

Refugee children and their families can be supported in the child health environment by services that:

- Have skilled and responsive staff who demonstrate awareness and sensitivity around the particular refugee and cultural groups;
- Have Culturally and Linguistically Diverse (CALD) workers who have appropriate training and support work with refugee families;
- Develop partnerships with other relevant agencies so that refugee children and their families are linked into appropriate services;
- Provide a range of comprehensive services which include culturally sensitive early interventions and treatments;
- Provide refugee families with culturally appropriate health-related education and information materials;
- Provide access to appropriate health services and assist families in overcoming barriers to accessing health services;
- Provide service delivery that is responsive to the needs of refugee families, including outreach services and parenting groups;
- Implement evidence-based services that are long term and address multiple risk factors;
- Follow up Humanitarian Entrant Health Service (HEHS) Care Plan directives;
- Monitor family functioning over a period of time;
- Collaborate and liaise with other health care providers and refer to appropriate services.

**Common issues**

As part of the community health universal contact schedule CHN address a range of health issues with children and their families including providing information and support relevant to child development and family circumstances, as well as appropriate screening. Further detail on this service is outlined in the Community Health Policies, Procedures and Guidelines manual. The CHN can play an important role in identifying any particular problems or issues which may be impacting on a client’s health, wellbeing and adaptation to society.

Clients are encouraged to enter the community health universal contact schedule and community health system. Particular health issues relevant to the clientele can be appropriately addressed by the CACH Service Refugee Health Team as well as the CHN. These issues are outlined in more detail in the following along with significant operational matters.

**Dietary considerations**

Dietary issues are a common problem experienced by refugee children and their families before and after resettlement to Australia. On arrival, the health status of a refugee child may be poor due to past food deprivation and prolonged periods with a sub-optimal diet.\(^1\)\(^2\) Difficulties in accessing familiar foods, unfamiliarity of many fruits and vegetables available in Australia and the cost of familiar foods are added stressors experienced by refugee children and their families.\(^2\) Conversely, post-resettlement, the risk of excessive weight gain and/or obesity (and related complications) in children is significant and occurs for various reasons including change of diet from traditional to high-energy and processed foods, excessive consumption of sweetened drinks, increased sedentary lifestyle and increased screen time (TV, computer).

**Iron deficiency**

Iron deficiency is one of the most prevalent nutrient deficiencies seen worldwide. Pregnant and lactating mothers and children from 9-36 months are at highest risk because they have higher iron requirements. The decreased iron stores affect the production of haemoglobin and the oxygen carrying capacity of the blood.\(^3\)
Iron deficiency can be caused by:
- **Sub-optimal diet**
  - This may be due to previous famine, current reduced access to familiar high iron foods, reduced familiarity with high iron foods, accessing the shops and/or the cost of food.
- **Parasites**
  - Can damage the intestinal wall causing blood loss.
- **Poor introduction to solids practices**
  - Prolonged breastfeeding without the introduction of solid foods (at around 6 months of age) or with the introduction of solids foods that are not high in iron can lead to iron deficiency.
- **Tea consumption**
  - Consuming large amounts of tea containing tannin, a natural colouring agent, inhibits iron absorption. For this reason, tea should be avoided until post-puberty.

**Vitamin deficiencies**
Although relatively uncommon among the general population, vitamin deficiencies experienced by refugee groups include:

- **Vitamin D**
  - Vitamin D is mainly absorbed by the body through direct sun light and small amounts through food like salmon, mackerel, tuna and cod liver oil. Vitamin D is essential for the production of the hormone required for calcium absorption, bone development and growth as well as having important effects on immunity and development of some autoimmune conditions (e.g. insulin dependent diabetes). Vitamin D deficiency leads to rickets in children and osteomalacia or early onset osteoporosis in adults, delayed walking, bowing legs, seizures and failure to thrive. Treatment for tuberculosis may also contribute to low vitamin D levels. Once found to be vitamin D deficient, supplementation is required as dietary vitamin D is inadequate to replace stores.

Some refugee groups are at high risk of Vitamin D deficiency and should be screened for vitamin D deficiency. Those most at risk include:
- women and children with dark skin;
- veiled women and their children, such as women who follow the Islamic faith, and those from Africa, Middle East and Central Asia;
- children of women who were deficient during pregnancy will also be deficient;
- those living in institutions where access to sunlight is restricted;
- recent migrants and refugees arriving from countries of unrest where they may have experienced significant abuse and intimidation resulting in large amounts of time spent indoors;
- prolonged breastfed children where solids have not been appropriately introduced.

Vitamin D levels can decrease during the winter months when exposure to sunlight is restricted. Re-checking levels during summer is beneficial. Treatment is usually with supplementation. Consult a local GP or refugee health clinic for assessment and treatment support.
• **Vitamin A**
  A common deficiency in refugees in their home countries and mainly caused by poor health and low vitamin A content in rationed food. It is particularly prevalent among pre-school children causing night blindness and ocular lesions. Growth may also be delayed with impaired bone formation and dental problems. Vitamin A is found primarily in oils, fruit and vegetables.

• **Vitamin C**
  A deficiency most common in pregnant mothers and people who have been reliant on food rations. Deficiency can cause excessive bruising and gum disease. Fruits (citrus fruits and berries) and vegetables contain vitamin C.

**Poor appetite**
Potential causes of poor appetite experienced by refugee children and families include:
- Coping with a new environment. The child could be facing new experiences such as travelling long distances, learning a new language, and coping with a different urban environment;
- Physical causes, such as intestinal worms, *Helicobacter Pylori* infection, iron deficiency anaemia, malaria, inherited blood disorders;
- Psychological issues relating to family dynamics, depression, anxiety and stress;
- Reduced physical activity;
- Changes in growth patterns;
- Changes in meal patterns;
- Excessive milk intake i.e. > 500mL per day;
- Excessive consumption of sweetened liquids (juice, cordial, soft-drinks);
- Increased intake of treats or ‘party’ foods, which provide a large amount of energy (kilojoules) intake and leaving little room for nutritious family foods;
- Dental caries.¹

If poor appetite occurs early in the settlement phase, reassure parents that it will take some time for their child to become familiar with their new surroundings and foods. Appetite and interest in foods will usually return as the child becomes more accustomed to his/her new way of life and makes new friends.

**School lunches**
Children may arrive at school without lunch for a variety of reasons including:
- Packed school lunches may be an unfamiliar concept as attending school may in itself be a new experience. Some children may have been used to going home for the mid-day meal or lunch may have been provided on site.
- Food insecurity. Some families may have insufficient money and knowledge to access a safe and regular food supply.
- Ongoing mental health issues, including depression and post traumatic stress disorder, may mean that some parents find it very difficult to plan and prepare a packed lunch prior to the school day.¹
Tips for the health professional working with refugee families:

- Run an information session or talk at an informal meeting for parents on how to pack a lunchbox;
- Run hands-on activities for children preparing school lunches;
- Suggest that the school run a lunch program;
- Support the school canteen in offering a nutritious menu. Encourage a supply of Halal foods from the canteen, if a number of Muslim children attend the same school;
- Engage a community dietitian to work with school staff to clarify their policy regarding lunches (as part of a broader health promoting schools policy);
- Access resource cards and posters available from the Good Food for New Arrivals website.¹

Refer to the Child and Antenatal Nutrition manual for more information on multicultural nutrition -

Immunisation

A catch-up immunisation program for each client will have commenced in the Humanitarian Entrant Health Service. This can be continued and completed by the CHN. Alternatively the client can access immunisations through a preferred GP or immunisation clinic.

Refer to the immunisation schedule described in the relevant operational circulars -

Women’s health

Women’s health issues should be discussed with adolescent female clients and with clients’ mothers if they attend the appointment. The importance of these issues should be discussed in a sensitive manner. Women can be referred to appropriate health services and be supported with relevant appointments as required. All health checks need to be conducted in a culturally appropriate manner by a female practitioner with clear explanations of procedures.

Screening

Many refugee women have not had breast or cervical screening, nor are aware of Australian health practices and screening. In addition to screening provided by GP’s, screening is also available for refugee women in the Perth metropolitan area at ISHAR Multicultural Women’s Health Centre.

It is important to explain the relevant screening and procedures offered by the services and their importance.

Perinatal care

CHNs may have contact with pregnant women. The CHN should take this opportunity to discuss the importance of antenatal care and available services with these women.
Vitamin D deficiency screening should be encouraged as well as supplementation whilst breastfeeding to ensure adequate vitamin D levels in the newborn infant.

Breastfeeding should be promoted in accordance with the CACH Breastfeeding Friendly Health Initiative Breastfeeding Policies - http://cahs.hdwa.health.wa.gov.au/__data/assets/pdf_file/0014/108140/3.6.1BFHI_Community_Health_Services_BF_Policy.pdf

An Edinburgh Postnatal Depression Scale (EPDS) has been demonstrated as having high reliability and specificity as an indicator of significant depressive symptoms. This is to be offered to all mothers as part of the Universal Contact Schedule at both the 6-8 week and 3-4 month contacts (optional at the 8 month contact) and at any other time the CHN deems necessary. Further assessment and/or referral must be conducted for those who give a positive response to item 10 (self-harm) or for those women who score 10 or more. The EPDS tool is available in several languages. The cut-off score on translated versions may vary from the English version and should be taken into account when making clinical decisions.

Concepts of family planning will vary amongst refugee women as will practices. Women should be made aware of contraception options and referred to appropriate services as needed.

**Domestic violence and safety**

Many refugee women have been exposed to domestic violence and may feel unsafe in their current situation. The CHN can ask clients the following questions of clients to gain an insight into their safety:

- Are you in any way worried about the safety of your children?
- Are you afraid of anyone in your family?
- Has anyone in your family ever pushed, hit, kicked, punched or otherwise hurt you?
- Would you like some help with this now?

If there are any concerns for the safety of the child/children, report the matter to the Department for Child Protection. Refer the parent to support services as needed. Women experiencing compromised safety, are at risk of being harmed or who feel unsafe in their current situation should be referred to Crisis Care or a social worker immediately.

**Female Genital Mutilation**

Female Genital Mutilation (FGM) is defined by the World Health Organisation (2008) as: ‘all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons’.

FGM is commonly practiced throughout Africa and the Middle East. The custom is centuries old and is performed by women for a variety of cultural reasons. The age at which FGM is performed varies among countries and cultural groups, but is usually performed on young girls."
In WA, FGM is a criminal offence under section 306 of the Criminal Code. Under this section a person who performs FGM on another person or arranges or takes a child from the State with the intention of having the child subjected to FGM is guilty of a crime.

Under the Children and Community Services Act 2004, FGM is part of physical abuse and is therefore not a mandatory report.

If the CHN is concerned a child is at risk of having FGM performed on them then a referral is made to the Department for Child Protection (DCP) local district office or Crisis Care. A team will then investigate, including possible referrals for support and counselling.

If a child is found to have already had FGM performed then referral to gynaecology for any ongoing medical management should be considered as well as a report to either WA Police Child Abuse Squad or DCP.

Refer to the FGM Policy (DOH, 2000) for more information.

Safe sleeping
The risk of Sudden Infant Death Syndrome (SIDS) is highest in the first year of life and SIDS guidelines and safe sleeping strategies should be discussed with carers. Cultural values, parental preferences and child safety all need to be considered.

Mental health
Many refugees experience poor mental health and should, where appropriate, be referred to a mental health service or GP. Children can experience anxiety, sleep disturbances and/or depression upon arrival to Australia which can continue into adolescence and beyond.

In addition, exposure to traumatic events pre-arrival can lead to post-traumatic stress disorder (PTSD). PTSD can result from witnessing events that have threatened someone’s life or safety. Consequences may include feelings of fear, horror, panic and helplessness, high anxiety and social withdrawal. The person may be overly alert and deliberately avoid potential reminders. The event is sometimes re-lived through nightmares. Children with PTSD may imitate violent behaviour. PTSD can impact on relationships and day to day activities.7

Children exposed to extended trauma or who are separated from their parents are at higher risk of psychological disturbance.8

It is important to monitor emotional health and well-being of parents and children. This involves facilitating access to culturally appropriate information and support services.

Language and use of an interpreter
Health professionals need to demonstrate understanding as the majority of refugee families entering Australia do not have good English proficiency.9 Miscommunication is a barrier to providing adequate health care.
Refugee families are entitled to have an interpreter provided for them at the time of the medical consultation (both in hospital and in community/general practice). Organising an interpreter is not the responsibility of the family.

CHN are often required to work with professional interpreters to facilitate meaningful communication between themselves and the client. Interpreting services are generally available in most languages and Auslan (Australian Sign Language of the deaf community).

The client’s and carer’s literacy levels can have a significant impact on service delivery and how health information is understood. Some clients may be illiterate in their own language and English, therefore translated written information may not be useful. Finding alternative formats to written information may benefit these clients (e.g. stories, pictures, demonstrations). Health literacy (understanding of diseases and jargon) may be limited, as well as what constitutes a healthy lifestyle. These factors need to be taken into account when discussing health issues with the client.

**Tips for effective communication and using an interpreter**¹⁰

- Do not use family, friends or untrained personnel as interpreters as confidentiality may be compromised or material of a sensitive or traumatic nature may be exposed;
- Ensure that the interpreter and client understand each other’s language. It is vital to establish the specific language and dialect required;
- Ensure that the client is comfortable with the interpreter. In small communities or where there are potential political and ethnic divisions, confidentiality can be compromised;
- When talking through an interpreter, address *the client* not the interpreter and speak in the first person e.g. do not use “…ask him how he feels…”;
- Sit facing your client;
- Speak in a natural tone of voice; it is a language difficulty not a hearing problem;
- Avoid extended use of jargon and slang words;
- Keep sentences short where possible. Allow time for the interpreter to speak;
- Provide regular summaries of the information presented to ensure comprehension;
- Rephrase where there is poor understanding;
- Refrain from extended conversations between yourself and the interpreter;
- Reassure the client of their rights to confidentiality;
- Be aware of the client’s literacy level and pitch your language appropriately. Whilst understanding the English language may be difficult, some clients would be well educated in their country of origin and would readily comprehend information provided. Other clients may have poor education and literacy levels compounding the difficulty with understanding the information presented;
- Plan sufficient time for appointments requiring an interpreter.

The correct language and cultural sensitivities must be taken into consideration when booking an interpreter.⁹
When an onsite interpreter for a particular language is not available, a telephone interpreter may be arranged. Staff should consult local guidelines for the preferred interpreter agency.

Refer to the Language Services Policy for more information.

**Transporting clients**

Newly arrived refugees may need assistance in getting to appointments while they are learning how to transport themselves or use public transport.

With regards to providing transport, the CHN can offer first time transport to appointments relating to complex or urgent health issues, where resources allow. Clients should be encouraged to seek further support from their case worker for maps and public transport timetables.

Existing local area policies regarding the use of government vehicles and transportation of clients should be adhered to. In addition, CHN must abide by the following when transporting clients:

- the CHN must have a current valid WA Driver’s Licence;
- children are not to sit in the front seat of the vehicle;
- children are required to be seated in an appropriate child restraint dependent on their age and according to WA legislation;
- all passengers are to wear a seatbelt;
- if a passenger is affected by alcohol, transport is not to be provided.

**Conclusion**

Services provided to refugee clients are designed to ensure that a wide range of specialised and existing community programs and resources are provided to children and families in need. The community health service will provide opportunities in addition to the scheduled contacts to bring families together, provide support for social networks, and to strengthen local community connections.

These guidelines will support the delivery of health promotion, detection and early intervention services to families with children in need with a focus on engaging vulnerable families with community health services. These guidelines will contribute to improving the health and well-being of refugee children and their families in Western Australia.

**References**

1. Association for Services to Torture and Trauma Survivors. Poor appetite in refugees children. Association for Services to Torture and Trauma Survivors, Good Food for New Arrivals Project. 2004


4. Nowson C, Margerison C. Vitamin D intake and vitamin D status of Australians. MJA 2002; 177: 149 - 152.


Supporting and/or related policies


- 4.4.3.5 School Aged Health Early Detection Guidelines: Refugees 2007 http://cahs.hdwa.health.wa.gov.au/__data/assets/pdf_file/0005/60971/4.4.3.5_Refugees.pdf


Community Health
Policies, Procedures and Guidelines
At Risk Groups

- Guidelines for protecting children (2009)


- Immunisation schedule

- Administering Medication: Section 2: Paediatric Nursing Practice Manual

- Health Records: Descriptions and guidelines for use, retention and disposal
  - Child health records policy 3.8.8.1
  - School health records policy 4.6.8.1
  - Operational Directive OD 0133/08 - Patient Information Retention and Disposal Schedule

- WA Health Language Services Policy (2011)

- Collecting specimens - Section 5: Paediatric Nursing Practice Manual


Useful resources
Refer to Appendix 2 for a list of support services and agencies.
## Appendix 1: Indicators of refugee children/families at risk

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
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</table>
| Cultural                          | • cultural dislocation (loss of language, familiar culture and religion) and difficulties in acculturation  
  • harassment (religious or racial) at school or in the community |
| Material                          | • financial stress, difficulties in meeting school and life expenses  
  • changes in socio-economic status  
  • inadequate or overcrowded housing |
| Mental/emotional trauma           | • loss of caregivers, friends, relatives  
  • exposure to war zone, sudden loss of home  
  • experience of abuse (physical, sexual, rape, torture)  
  • direct active participation in fighting  
  • mental health issues |
| Dislocation                       | • in refugee camp for extended time (2+ years)  
  • internal dislocation in own country  
  • frequent or on-going relocations before and/or after resettlement, including schooling |
| Physical health (impacting on learning) | • permanent injury or disability (hearing loss, vision impairment, brain injury, scarring, loss of limb or movement, poor dental health, malnutrition effects)  
  • inaccurate age documentation  
  • infectious diseases - e.g. TB |
| Family stresses                   | • no guardian  
  • not with birth family/usual caregivers  
  • caregivers not of parental generation  
  • low educational level of caregivers  
  • caregivers with mental health issues  
  • family violence  
  • financial stresses |
| Educational                       | • challenging behaviour  
  • withdrawn behaviour  
  • poor progress due to cognitive delay |
| Social interactions               | • developmental social level below peers  
  • no effective relationships with peers/friends  
  • difficulties with opposite gender |

### Humanitarian Entrant Support Services

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<thead>
<tr>
<th>Organisation</th>
<th>Service provision</th>
<th>Contact details</th>
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<tbody>
<tr>
<td>Association for services to Torture and Trauma Survivors (ASETTS)</td>
<td>ASETTS is a non-profit, non-government organisation which provides treatment and support to people who have been tortured or traumatized by violent conflicts. Many clients are recent arrivals to Australia, although services are available to all survivors whatever the length of their residence in Australia has been. ASETTS' Services are free, confidential, culturally inclusive and are designed for children as well as adults. ASETTS services are only for people who have already arrived in Australia. ASETTS are unable to assist with migration to Australia nor provide direct monetary support.</td>
<td>286 Beaufort Street PERTH WA Phone: (08) 9227 2700 Fax: (08) 9227 2777 Email: <a href="mailto:reception@asetts.org.au">reception@asetts.org.au</a> Website: <a href="http://www.asettts.org.au">http://www.asettts.org.au</a></td>
</tr>
<tr>
<td>Australian Asian Association of WA</td>
<td>Provides information and referral services to migrants.</td>
<td>275 Stirling Street, Perth WA 6000 Phone: (08) 9328 6202 Fax: (08) 9227 8410 Email: <a href="mailto:austasia1@iinet.net.au">austasia1@iinet.net.au</a> Website: <a href="http://www.aaawa.org.au">http://www.aaawa.org.au</a></td>
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</tbody>
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| Australian Red Cross | Support includes:  
• Tracing & restoring family links  
• Immigration detention  
• Asylum seeker assistance  
• Community detention  
• Community assistance  
• Trafficked people | 110 Goderich St, East Perth WA Ph: (08) 9225 8888 Freecall: 1800 810 710 Fax: (08) 9325 5112 Email: wainfo@redcross.org.au Website: [http://www.redcross.org.au](http://www.redcross.org.au) |
| Catholic Migrant Centre | Provides settlement services for newly arrived refugees, in addition to support for refugee youth, employment and training. Services include:  
• help with applying for entitlements,  
• school enrolments,  
• medical check ups,  
• life skills training,  
• transitional accommodation,  
• securing long term rental properties,  
• short term counselling for torture and trauma. | 25 Victoria Square, Perth WA 6000 Ph: (08) 9221 1727 Fax: (08) 9221 3793 Email: cmc@cmc-perth.org Website: [http://centrecare.com.au/catholic_migrant.services](http://centrecare.com.au/catholic_migrant.services) |
<p>| Centrecare | Centrecare is a not-for-profit organisation delivering quality professional counselling, support, mediation and training services. | 456 Hay Street, Perth WA 6000. Phone: (08) 9325 6644 Email: <a href="mailto:enquiries@centrecare.com.au">enquiries@centrecare.com.au</a> Website: <a href="http://www.centrecare.com.au">www.centrecare.com.au</a> |</p>
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<tr>
<td>Coalition for Asylum Seekers, Refugees and Detainees (CARAD)</td>
<td>NGO supporting asylum seekers and refugees. Supports those who are not eligible for any other assistance from government services because of their visa status. Pays for accommodation, living expenses allowance and medical expenses. Provides English program and home tutoring.</td>
<td>Trinity Refugee Centre 245 Stirling St, Perth WA 6000 Ph: (08) 9227 7322 Fax: (08) 9228 9749 Website: <a href="http://www.carad.org.au">http://www.carad.org.au</a></td>
</tr>
<tr>
<td>Communicare</td>
<td>Communicare Settlement Grants Program provides a range of services aimed at assisting new arrivals. Services include English program, renting and accommodation issues, family and domestic violence, alcohol and drug issues, children and youth issues, legal problems, health and mental health issues, counselling and financial help.</td>
<td>28 Cecil Ave, Cannington WA 6107 Ph: (08) 9251 5777 Fax: (08) 9350 5770 Email: <a href="mailto:staff@communicare.org.au">staff@communicare.org.au</a> Website: <a href="http://www.communicare.org.au">http://www.communicare.org.au</a></td>
</tr>
<tr>
<td>Edmund Rice Centre (Trustees of Christian Brothers Inc.)</td>
<td>Provides information, referral and advocacy services to humanitarian entrants. Supports through education programs and community development activities.</td>
<td>18 Brewer Place, Mirrabooka WA 6061 Ph: (08) 9440 0625 Fax: (08) 9440 1920 Email: <a href="mailto:ercmwa@westnet.com.au">ercmwa@westnet.com.au</a> Website: <a href="http://www.ercm.org.au">www.ercm.org.au</a></td>
</tr>
<tr>
<td>Metropolitan Migrant Resource Centre (MMRC)</td>
<td>The Metropolitan Migrant Resource Centre Inc. is a non-profit community organisation based in Mirrabooka which provides services across the metropolitan area. Covers general humanitarian entrant support such as health and wellbeing, interpreters and locating food.</td>
<td>1/14 Chesterfield Road, Mirrabooka WA 6061 Mirrabooka Office (08) 9345 5755 Clarkson Office (08) 9200 6284 Email: <a href="mailto:admin@mmrcwa.org.au">admin@mmrcwa.org.au</a> Website: <a href="http://www.mmrcwa.org.au">www.mmrcwa.org.au</a></td>
</tr>
<tr>
<td>Multicultural Services Centre of WA</td>
<td>• Meet the settlement, welfare, education and training, cultural and related needs of culturally and linguistically diverse Western Australians; • Undertake research and community education activities related to their needs; and • Establish Foundations/Trusts for this purpose.</td>
<td>20 View Street North Perth WA 6006 Ph: (08) 9328 2699 Email: <a href="mailto:admin@mscwa.com.au">admin@mscwa.com.au</a> Website: <a href="http://www.mscwa.com.au/">http://www.mscwa.com.au</a></td>
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### Health and wellbeing support services

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<tr>
<th>Organisation</th>
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<tbody>
<tr>
<td>Central Immunisation Clinic</td>
<td>Provides a free immunisation service and advice over the phone or via email.</td>
<td>16 Rheola Street, West Perth WA 6005 Ph: 9321 1312 Fax: 9322 5955 Email: <a href="mailto:centimm@health.wa.gov.au">centimm@health.wa.gov.au</a></td>
</tr>
<tr>
<td>Disability services</td>
<td>State Government agency responsible for advancing opportunities, community participation and quality of life for people with disabilities. The Commission provides a range of direct services and support and also funds non-government agencies to provide services to people with disabilities, their families and carers.</td>
<td>Disability Services Commission 146-160 Colin Street West Perth WA 6005 Ph: (08) 9426 9200 Freecall: 1800 998 214 Fax: (08) 9226 2306</td>
</tr>
<tr>
<td>Organisation</td>
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<tr>
<td>Enuresis clinic, PMH</td>
<td>Provides a self management program to assist with bed wetting for children 5 ½ years upwards.</td>
<td>Ground Floor, Godfrey House, Princess Margaret Hospital for Children, Roberts Road, Subiaco WA, Ph: (08) 9340 8356, Fax: (08) 9340 8733</td>
</tr>
<tr>
<td>Health Direct Australia</td>
<td>Toll-free 24 hour, seven day a week health advice line available to all people calling from within Western Australia. healthdirect's experienced nurses provide immediate professional advice on how urgent a health concern is and what to do about it.</td>
<td>Ph: 1800 022 222</td>
</tr>
<tr>
<td>Humanitarian Entrants Health Service</td>
<td>Detect health problems and facilitate the treatment and management of communicable diseases and other health problems. Review the immunisation status and commence catch-up immunisation if required.</td>
<td>Anita Clayton Centre, 1/311 Wellington Street, Perth WA 6000, Ph: (08) 9222 8500, Fax: (08) 9222 8501, Email: <a href="mailto:acadmin@health.wa.gov.au">acadmin@health.wa.gov.au</a>, Website: <a href="http://www.health.wa.gov.au/accc/">www.health.wa.gov.au/accc/</a></td>
</tr>
<tr>
<td>Oral Health Centre of WA</td>
<td>Dental services provided to public dental patients who are subject to an eligibility test.</td>
<td>17 Monash Avenue Nedlands WA 6009, Ph: (08) 9346 4400, Email: <a href="mailto:info-ohcwa@uwa.edu.au">info-ohcwa@uwa.edu.au</a></td>
</tr>
<tr>
<td>Princess Margaret Hospital for Children</td>
<td>Hospital based care for children and adolescents.</td>
<td>Roberts Road, Subiaco WA 6008, Ph: (08) 9340 8222</td>
</tr>
<tr>
<td>Refugee Clinic, PMH</td>
<td>Supports the care requirements of refugee children and adolescents including their medical, social and psychological needs.</td>
<td>Dorothy Surmans House, 70 Hay Street, Subiaco WA 6008, Phone: (08) 9340 8222</td>
</tr>
<tr>
<td>Transcultural Mental Health Services, RPH</td>
<td>Promotes access to mental health services for people of culturally and linguistically diverse (CALD) backgrounds.</td>
<td>Royal Perth Hospital, 50 Murray Street, Perth WA 6000, Ph: (08) 9224 1760, Email: <a href="mailto:Valza.Thomas@health.wa.gov.au">Valza.Thomas@health.wa.gov.au</a></td>
</tr>
<tr>
<td>WA Dental Health Services</td>
<td>Dental services provided to eligible persons, emergency care for the relief of pain due to oral conditions.</td>
<td>43 Mt Henry Road COMO WA 6152, Phone: (08) 9313 0555, Email: <a href="mailto:dheu@dental.health.wa.gov.au">dheu@dental.health.wa.gov.au</a>, Website: <a href="http://www.dental.wa.gov.au">http://www.dental.wa.gov.au</a></td>
</tr>
</tbody>
</table>
## Women’s health support services

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Service provision</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Domestic Violence services</td>
<td>• Legal Aid</td>
<td><a href="http://wa.gov.au/governmentservices/communitysafety/domesticviolence/">http://wa.gov.au/governmentservices/communitysafety/domesticviolence/</a></td>
</tr>
<tr>
<td></td>
<td>• Freedom From Fear - resources and publications</td>
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<tr>
<td></td>
<td>• Men’s domestic Violence Helpline</td>
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<tr>
<td></td>
<td>• Women’s Information Service</td>
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<tr>
<td>Breascreen WA</td>
<td>Screening mammograms are performed for the purpose of detecting breast cancer at an early stage. Women aged 40 years or over are eligible to have a free screening mammogram at BreastScreen WA every two years.</td>
<td>9th Floor, Eastpoint Plaza, 233 Adelaide Tce, Perth WA 6000. Appointments Ph: 13 20 50</td>
</tr>
<tr>
<td>Family Planning Australia</td>
<td>Provides a comprehensive range of information, clinical, counseling, educational and training activities around sexual and reproductive health.</td>
<td>70 Roe Street Northbridge WA 6003 Ph: 9227 6177 Fax: 9227 6871 Email: <a href="mailto:sexhelp@fpwa-health.org.au">sexhelp@fpwa-health.org.au</a> Website: <a href="http://www.fpwa.org.au">www.fpwa.org.au</a></td>
</tr>
<tr>
<td>Gosnells Women’s Health Service</td>
<td>Organised by women for women offers counselling, female General Practitioner, information and referral, support to women who are at risk of developing or currently experiencing antenatal or postnatal stress, depression and anxiety.</td>
<td>Suite 7, Level 1, Gosnells Community Lotteries House, 2232C Albany Hwy, Gosnells WA 6110 Ph: (08) 9490 2258 Fax: (08) 9490 1365 Email: <a href="mailto:info@gwhs.com.au">info@gwhs.com.au</a></td>
</tr>
<tr>
<td>ISHAR Multicultural Centre for Women’s Health</td>
<td>Encourages the health and wellbeing of women of all ages and from all cultural backgrounds. Ishar’s service delivery is flexible and responsive to the needs of the participating women who are provided with information, referral, counselling, training and/or support.</td>
<td>Kevin Smith Community Offices, 21 Sudbury Road, Mirrabooka, WA 6061 (Mirrabooka Library Building) Ph: (08) 9345 5335 Fax: (08) 9349 9113 Email: <a href="mailto:info@ishar.org.au">info@ishar.org.au</a> Website: <a href="http://www.ishar.org.au">www.ishar.org.au</a></td>
</tr>
<tr>
<td>Kind Edward Memorial Hospital</td>
<td>WA’s largest maternity hospital and only referral centre for complex pregnancies. Care for pre-mature and sick infants and gynaecological care for women.</td>
<td>374 Bagot Road Subiaco WA 6008 Ph: (08) 9340 2222 Website <a href="http://www.kemh.health.wa.gov.au">http://www.kemh.health.wa.gov.au</a></td>
</tr>
<tr>
<td>Multicultural Women’s Advocacy Service / Women’s Health and Family Services</td>
<td>Not for profit organisation where programs includes medical, counselling, drug and alcohol support, domestic violence, mental health and other health services for women and their families.</td>
<td>227 Newcastle St Northbridge WA 6003 Phone: (08) 9227 8122 Toll-Free: 1800 998 399 (Outside Perth Metro Area) Fax: (08) 9227 6615 E-mail: <a href="mailto:info@whfs.org.au">info@whfs.org.au</a> Website: <a href="http://www.whfs.org.au/">http://www.whfs.org.au/</a></td>
</tr>
<tr>
<td>Sexual health clinic</td>
<td>Provides a comprehensive range of information, clinical, counseling, educational and training activities around sexual and reproductive health.</td>
<td>• Sexual Health Helpline - 9227 6178 • Royal Perth Hospital Sexual Health Clinic - Ainslie House Murray St, Perth Ph: 9224 2178 • FPWA Sexual Health Services 70 Roe Street Northbridge Ph: 9227 6177 or 1800 198 205 toll-free</td>
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Interpreter and translator services

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<thead>
<tr>
<th>Organisation</th>
<th>Service provision</th>
<th>Contact details</th>
</tr>
</thead>
</table>
| Customised Language and Cultural solutions | Translation of manuals and documents; interpreters; English language program. | Ph: (08) 9445 2988  
Mobile: 041 62 55 700  
Email: silvina@clcsol.com.au  
Website: www.clcsol.com.au |
| On-call Interpreters & Translators Agency | Accessible 24hrs. Office hours 8am - 6pm. | 4th Floor, 231 Adelaide Tce  
Perth WA 6000  
Ph: (08) 9225 7700 |
| Shoji Australia | Japanese interpreters and translators (surcharge applies). | Ph: (08) 93856911  
PO Box 219 Cottesloe WA 6911  
Email: info@shojiaustralia.com.au  
Website: www.shojiaustralia.com.au |
| Translating and Interpreting Service (TIS) for English Speakers | TIS National provides a number of interpreting services to English speakers to help them communicate with non-English speaking clients. The service is available as a site visit or telephone interpreting. | Department of Immigration and Multicultural Affairs  
1260 Hay Street  
West Perth WA 6005  
Ph: 13 14 50 |
| Translators International | Document translation and interpreting services. | Suite 1/44 Kings Park Road  
West Perth WA 6005  
Ph: (08) 9321 1960  
Email: translat@translators-international.com.au |
| WA Deaf Society | Auslan interpreters | Ph: 9441 2677 |

Locating food

<table>
<thead>
<tr>
<th>Store</th>
<th>Foods available</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Halal Food Directory</td>
<td>Halal foods</td>
<td><a href="http://www.halalaustralia.com.au">www.halalaustralia.com.au</a></td>
</tr>
</tbody>
</table>
| Bentley Halaal Meats | Halaal meats | 11 Hill View Place, Bentley  
Ph: (08) 9458 1052 |
| Cheap Bazaar Foods | Extensive range of grains, flours and legumes, dried nuts, fruits and flat breads. Has molokya. | Mirrabooka Shopping Centre |
| Daily Supermarket | Extensive range of grains, flours and legumes. Has molokya, cassava and okra, amaranth and fresh tamarind. | 527 Beaufort Street, Highgate  
Ph: (08) 9328 9570 |
| Global Foods | Good selection of loose and prepacked grains, rices and flours. Has cassava. | 493 Albany Hwy Victoria Park  
Ph: (08) 9361 3624 |
| Good Food for New Arrivals | Joint project between ASeTTS and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to assist families in learning more about food in Australia and what types of food to eat for good health. | Email: nutrition@assetts.org.au  
Website: http://goodfood.asetts.org.au |
| Hung Phat Oriental Foods | | Koondoola Plaza Shopping Centre |
| Ismail’s Halaal Butcher | Halaal meat | Shop 19, 377 Wanneroo Road  
Balcatta WA 6021  
Ph: (08) 9344 4850 |
| Kakulas Brothers | Extensive range of grains, flours and legumes. Has molokya, cassava and okra. | 183 William Street Northbridge  
Ph: (08) 9328 5285 |
| Kakulas Sisters | Extensive range of grains, flours and legumes. Has molokya and cassava | 90 Hillsborough Drive, Nollamara  
Or 35 Market Street, Fremantle  
Ph: 9430 4445 |
At Risk Groups

<table>
<thead>
<tr>
<th>Store</th>
<th>Foods available</th>
<th>Contact details</th>
</tr>
</thead>
</table>
| Kosher Australia              | Kosher                                               | Ph: 9317 2500  
Email: info@kosher.org.au.  
www.kosher.org.au                                                        |
| Kosher Food Centre            | Mini supermarket selling traditional Jewish foods & groceries | 3 Plantation Street  
Menora WA 6050  
Butcher: (08) 9271 1133  
Bakery & Patisserie: (08) 9370 3311  
General Enquiries: (08) 9370 3311  
Email: info@kosherfoodcentre.com.au                                         |
| The Meat Giant                | Halaal meat                                           | Shop 21 Mirrabooka Square  
Mirrabooka WA 6014  
Tel. (08) 9244 6811                                                         |
| Perth Halaal Butcher          | Halaal meat                                           | 5/81 Acton Avenue, Rivervale                                                      |
| Yee Sing Oriental            | Asian supermarket                                     | 35 Hulme Street, Myaree  
Ph: (08) 9330 9096                                                             |

Other useful resources

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Details</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amnesty International Australia</td>
<td>Collection of articles and recent news about refugees and what is being done to solve the issues.</td>
<td><a href="http://action.amnesty.org.au/refugees">http://action.amnesty.org.au/refugees</a></td>
</tr>
</tbody>
</table>
| Australian Breastfeeding Association| Breastfeeding information and support via a helpline. | Website:  
www.breastfeeding.asn.au/  
Ph: 1800 686 268                                                                 |
| NSW Refugee Health Service    | Resources and fact sheets about the health of refugees in Australia    | http://www.sswahs.nsw.gov.au/sswahs/refugee/                                      |
| Playgroups WA                 | Support all young children, families and communities to learn together through play - playgroup sessions offered throughout the state. | 1-3 Woodville Lane, North Perth  
Toll Free phone: 1800 171 882  
Email: admin@playgroupwa.com.au  
| The Refugee Council of Australia | Provides information on refugees in Australia                            | www.refugeecouncil.org.au                                                        |
| Royal Women’s Hospital, Victoria | Factsheets                                                                | www.thewomens.org.au/mulilingualfactsheets                                        |