



STARTTS

**Somali Women's
Consultation Report**

7 October 2003

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Overview of the Somali Community in NSW

The Somali Community of NSW is one of the emerging communities in Australia. Most Somali people arrived in Australia after the 1991 civil war in Somalia. According to community estimations, there are approximately one and a half thousand Somali people living in NSW. In the past three years 109 Somali born people have arrived in Australia mostly under the Humanitarian program and 64 of these were women (DIMIA Settlement Data Base). Most Somali people in NSW are women and children who lost their husbands or fathers during the civil war. Many spent many years in refugee camps in Kenya, Ethiopia, South Africa and Egypt before arriving in Australia. They also experienced trauma and torture during the civil war in Somalia as well as in the refugee camps.

Generally, they have a low level of English language proficiency, and require the services of an interpreter. Many Somali people can't read or speak English. Therefore health information and other medically related letters end up unread. They prefer to receive the information verbally through an interpreter or friend than in writing. Because of this some of them miss their doctor's appointment or their children's immunization.

Thus, many Somali people are already disadvantaged in understanding the health services available. Most of the Somali women have been tortured or otherwise traumatized, and need a safe space to express their experience and to offer each other emotional support. They need psychological support and counselling.

However, due to migration and the stress of the refugee experience many Somali people feel unconfident in seeking outside support such as health, education or counselling. The Somali men share some of these health disadvantages; they feel they have little support from the health services and much attention is given to women's health but little towards men's. Many feel depressed, because they feel they can no longer fulfil their role as father, husband and financial provider. Therefore, there are also specific needs in the area of Somali men's health.

Similarly, there is a substantial need for youth services and programs to meet the requirements of an increasing young Somali population

Although the Somali community has made considerable gains in terms of breaking the isolation, reducing illiteracy, and promoting social adjustment and employment, they remain one of less benefited and low-income groups.

Therefore, the Somali people particularly newly arrived refugees need more health and settlement information sessions to improve their knowledge and understanding of the Australian system.

Model and Process of Consulting with Somali Women

a) Planning

In early 2003 The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) and Auburn Migrant Resource Centre commenced planning for joint consultations with some African communities including the Somali community. During planning it became apparent that a number of service providers were working with or were interested in working with the Somali community. As this is a small and emerging community it was felt that holding separate consultations for each service provider might result in the community feeling over-consulted but undervalued. All service providers agreed that the process of any consultation should support community development principles of respect and empowerment, and not become an imposition on the community.

The following service providers agreed to a partnership to consult with the Somali Community in Sydney:

- The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- Auburn Migrant Resource Centre (AMRC)
- Baulkham Hills, Holroyd, Parramatta Migrant Resource Centre (BHHP MRC)
- Multicultural HIV/AIDS and Hepatitis C Service
- N.S.W. Refugee Health Service (RHS)

BHHP MRC employs 2 part-time Somali CSSS workers. Advice was sought from these workers regarding the most appropriate and relevant ways to consult with the community. The importance of providing men and women with culturally appropriate safe spaces to discuss issues lead us to consult separately with men and women. Therefore we have commenced with a women's consultation.

A number of meetings were held between the service providers. It was decided to combine the consultation with a family day for the women and young children. The consultation/family day would be held at Auburn Botanical Gardens. Lunch, transport and childcare would be provided.

The topics to be discussed could be divided into settlement, and health including emotional health. Each service developed a guide regarding the information they would like to gather from the consultation.

An invitation was distributed through networks, current and previous clients of services, Somali groups and meeting places.

The Female CSSS worker was actively involved in recruiting the attendance of women even though she was on maternity leave. A bicultural worker was also contracted to assist in informing the women about the event.

It was envisaged that after lunch each service would briefly and informally provide information. Participants would then be divided into small groups and bilingual

workers would facilitate discussion around the identified issues. The Bilingual Community Educators were provided with questions to guide them in the discussion.

b) Consultation

The consultation was held on Tuesday 7 October from 11am at Auburn Botanical Gardens. Many participants were picked up from the Somali Islamic Centre in Lakemba, and those who resided closer to Auburn made their own way to the consultation. It is estimated that 150-200 women and 70-80 children attended the consultation.

Due to the high numbers of participants services did not formally present information. However service providers interacted informally with the women, and provided information about their services.

Service providers and Bilingual Community Educators joined the women in groups and discussed issues and needs. The discussions were based on previously planned questions.

There were many positive aspects to this process of consultation however there were some challenges that will need to be addressed if this format is used again. These include:

- Bilingual Community Educators were provided with a briefing and the consultation questions prior to the event, they were not involved in the planning process (see consultation guidelines attached). It is recommended that a meeting between bilingual contract workers and all service providers be held prior to the consultation and budgeted accordingly. Ideally they should be involved in the process however the budget may not extend to this.
- There were many workers attending the consultation however there was no structured task delegation on the day resulting in confusion for some workers.
- Cultural activities and entertainment such as dance or art were not organised and in the future this should occur.
- There was no equipment available for the childcare workers from the community. Equipment for the children needs to be supplied by service providers.

Positive aspects to this process include:

- Women and children enjoyed a social day out at the same time as being consulted.
- Women were not over-consulted
- It was a participatory process that enabled cultural issues to be included in planning the format.
- Implementing recommendations does not fall to one service, increasing the chances that they will be implemented.

Although there were challenges it was felt by all partners to be a successful pilot format for a consultation. The partnership will extend to a planned consultation with Somali men in the near future.

Results of the Consultation

The following results are based on the feedback from the consultation

a) Health

Access to health services and services utilised

Most common services used by participants included:

- GP
- Medical Centres
- Hospital emergency departments
- Hospitals

Somali women mainly use their family Doctors for their health problems. Hospitals are used to give birth as well as for very serious health problems.

Knowledge of health services

- Most participants had a good understanding of the role of GPs and how to access emergency departments at their local hospital.
- Most of the participants received information about health services from their families and friends.
- Most participants stated that they didn't know about Community Health Services, and those that knew about them had not used them.

Difficulties when using a health service

- None of the women mentioned specific difficulties when accessing services. Many stated that they preferred to use their husbands as interpreters as it takes longer to get an appointment if they used a professional interpreter.
- Some women expressed that they experienced racism from Doctors. Some of the women also indicated that they felt more comfortable when seeing a female Doctor.

Main health issues affecting you or your family

Main health issues mentioned by participants were:

- Asthma
- Allergies
- Flu
- Stress
- Obesity
- Gallstone
- Back pain
- Depression
- Headaches

General comments: Women self identified as very active and strong. Most Somali women are very shy and prefer to share their problems with a bilingual worker. Mental health issues are kept within the family or community and Somali people prefer to talk about these issues with their own people.

b) Emotional/Mental health

Access to mental health or STARTTS services in Australia

- Some women said that they knew about STARTTS but they had never used it because they didn't need it.
- The majority of women were not aware of the range of services that STARTTS offered.

Treatment of mental health or emotional health problems in Somalia

- Most women stated that for preserving their mental and emotional health they used spiritual solutions, such as praying.
- They believed that a good friend was the best psychiatrist.
- Talking to family, friends and reading the Koran is the best way to address mental health issues.
- In very extreme cases they went to the hospital.

Meaning of word "counselling"

- There is no such word in Somali that means 'counselling'.
- Most participants indicated that they knew what counselling meant in Australia but they didn't feel it to be a useful intervention.
- Some participants stated that it was better to talk about issues of concern with members of their families, particularly elders and friends.

c) Settlement

Main settlement needs of Somali Women

Main issues raised by participants were:

- Lack of interpreters
- Lack of Somali teachers aides at school
- English language access – require home tutoring, as it's very difficult to access AMEP classes for women. Many have 4 or more children.
- Access to affordable childcare is a problem
- Tutors for school-aged children to assist with homework
- Lack of appropriate and affordable accommodation
- Orientation to Education system – as many don't understand the education system in Australia and what is happening at school with their children.

- Unemployment - Some women felt hopelessness in regard to employment, and that they could not get jobs because of their dress, specifically the 'veil' and have experienced discrimination because of this.

Awareness Settlement Services provided by MRCs, CSS Workers

- Some women said that they were aware of settlement services and information provided by CSS workers, however they were not aware of MRCs. They were not aware that the Somali worker was from the MRC.
- The young women in particular were not aware of the CSS workers and the MRCs. They got together every Saturday at the Islamic Centre/Lakemba to study the Koran. One of the girls said that the Somali Family Day was her first day out since school holidays began as she always stays home during the holidays.

Difficulties when using settlement services

- Some participants stated that information/referral services were not enough and that they need more practical help and support.

Sources for getting information, related to settlement

- Most women indicated that 'word of mouth' from family/friends/Somali workers as their main source of information. Other sources were radio programs, newsletters, Schools and Mosques.
- Some women were not aware that the Somali radio program was back on air. They suggested that the current radio airtime was inconvenient and prevented many women from listening to the program.

Essential information related to settlement

- Many women wanted the RTA to provide the driving test in Somali language.
- Teachers aides at school were seen as a very important service for both parents and children.

d) General comments and observations

Some of the women suggested that they would like to get together more often and have more social activities. They spent a lot of time at home looking after children with no time for themselves. Some of the activities suggested by the women included: cultural dancing, gym, and swimming.

Recommendations

a) Health Recommendations

What	Who
1. Organise information/ education programs with Somali community about health services	RHS/MHAHS
2. Organise information/ education programs about using professional interpreters	RHS
3. Develop health information /education programs with the community to target the main health issues affecting the community	RHS/MHAHS

b) STARTTS

What	Who
1. Organise radio information session regarding STARTTS services and counselling concepts	Community Development Worker
2. Organise information sessions for Somali Women regarding STARTTS and concepts of counselling	Community Development Worker and Generalist Counsellor
3. Recruit, train and support Somali Bicultural facilitators for Families in Cultural Transitions (FICT)	FICT Co-ordinator
4. Explore possibility and implement strategies to support women to meet socially	Community Development Worker
5. Explore possibilities of supporting young women to attend social events	Community Development Worker, Youth

6. Continue to advocate to DET regarding the need for homework tutoring for refugee young people	Community Development Worker in conjunction with Anglicare Migrant Services Emerging Communities Project
7. Continue to work with NESB housing taskforce regarding lack of affordable and appropriate housing for refugee families	Community Services Co-ordinator
8. Advertise SMPP via community radio	SMPO
9. Contact FASTT services to obtain information on individual, family and community work they have been doing with Somali Community	Community Services Co-ordinator and Community Development Worker
10. To enable ongoing staff development, dedicate one staff development day to the use of Islam in counselling and specific issues for the Somali community in counselling	Community Services Co-ordinator and Clinical Services Co-ordinator
11. Article regarding the Somali Community in Australia in Transitions	Transitions Editor
12. Develop and implement strategies to ensure Somali young women can access Gunnedah Soccer tournament	STARTTS and Auburn MRC

c) Settlement Services – BHHP MRC and Auburn MRC

What	Who
1. Organise radio information sessions regarding role of Somali CSSS workers and MRC's	BHHP MRC
2. Advocate that schools and DET provide information sessions regarding education system to community and involve Somali teachers aides	BHHP MRC and Auburn MRC
3. Advocate for SMPP program to advertise services via Somali radio	BHHP MRC and Auburn MRC
4. Liaise with RTA regarding possibility of test in Somali	BHHP MRC and Auburn MRC
5. Explore possibility and implement strategies to support women to meet socially	BHHP MRC
6. Explore possibilities of supporting young women to attend social events	BHHP MRC
7. Assist the community to develop cultural dancing programs	BHHP MRC and Auburn MRC

Somali Family Day - 7th October 2003

Consultation Guidelines for Bilingual Workers

These are the questions for next week. The consultation will take about 2 hours. Here is a guide to help you plan for the day, please modify to suit yourself and the group. There will be two bilingual workers per group. One will facilitate and the other will take notes (scribe). I will also bring a tape recorder.

Preparation

It is important that you have prepared yourself adequately for the focus group. This involves being familiar with the questions.

Concentrate

Complete concentration is necessary in order to pick up significant points from the discussion.

Probe

Probing, such as asking participants to elaborate on a significant point is essential.

Encourage Everyone

You should try to make sure that every participant in a group has a chance to have a say.

Keeping to Time

It is important to keep track of the time, as you will find that people can usually talk for hours about their personal experiences. When the time allocated to each question is up you should try to wind up the discussion and move to the next topic.

Welcome and Introductions

I amand this isscribe.

Thank you for coming today. We are interested in hearing about your settlement experience including your knowledge of health services and your experience using them.

My job is to facilitate discussion. I have a series of questions, which I will be asking and there will be time later for any other issues that you may wish to raise.

.....(scribe's) role is to write down all your comments. We would also like to use a tape recorder so that we can later check whether our notes are accurate.

No names will be used and the discussion is private and confidential.

Refugee Health Services

What health services have you used?

What health services are you aware of?

(GP/ Hospital/Community Health Centre/ Dental etc)

Have you or your family had any difficulties when you used a health service?

What are the main health issues affecting you or your family?

STARTTS

Have you accessed STARTTS services or any other mental health service in Australia?

- If 'yes', what was the service and what was good and not so good about it?
 - If 'no' is there a reason you would not access STARTTS (try to elicit information such as stigma about mental health services, only "crazy people" go to STARTTS)?

How would mental health or emotional health problems be treated in Somalia?

What does the word "counselling" mean to Somali people and who performs this function in the Somali Community?

Settlement

What are the main settlement needs of Somali Women?
(employment, accommodation, education, income support, childcare etc.)

Are you aware of any Settlement Services provided by MRCs, CSS Workers?

Have they had any difficulties when they have used Settlement services?

Where do you normally get information, related to settlement?
Word of mouth, Radio program, Newsletter, Schools, Temple...etc

What sort of information is essential for you related to settlement?

Consultation Stakeholders

a) STARTTS (NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors)

152-168 The Horsley Drive Carramar NSW 2163
Po Box 203 Fairfield NSW 2165
Phone (02) 9794 1900 Fax (02) 9794 1910
and
44-50 Auburn Rd, Auburn NSW 2144
Phone (02) 9646 6666 Fax (02) 9646 6610
and
157-161 George Street, Liverpool NSW 2170
Email: starts@swsahs.nsw.gov.au
Website: www.startts.org.au

STARTTS is a statewide service established in 1988 to develop and implement ways to facilitate the healing process of survivors of torture and refugee trauma and to assist and resource individuals and organisations who work with them to provide appropriate, effective and culturally sensitive services. Services include: assessment, counseling, psychiatric assessment and interventions, family therapy, group interventions, support groups, youth programs, child counseling, and various strategies to increase the capacity of support networks and refugee communities to sustain its members.

STARTTS employs a multidisciplinary staff from a wide range of cultural backgrounds reflecting our client group and covering a range of languages. Members of our staff have strong community links and we are committed to providing services appropriate to the many different cultures that comprise our client group. STARTTS consults regularly with a diverse range of refugee communities to ensure specific and relevant service provision to the many different cultures, which comprise our client group.

All STARTTS services are available to the Somali Community and recently STARTTS has been working in conjunction with the Somali CSSS workers by establishing and supporting:

- English classes for women at Lakemba via volunteers from STARTTS volunteer program
- Sewing group for women at Lakemba
- Providing a social events during school holidays for younger Somali women

STARTTS was an active participant in the Somali Working Party that provided support to the work of the Somali Health Worker in South Western Sydney Area Health Service and has provided assessment and counseling to Somali clients.

As part of the organisation's commitment to working and consulting with small and emerging communities and to enable STARTTS services to be accessible and appropriate to the Somali community, it was decided in 2003 that STARTTS would hold consultations with the Somali community in NSW.

b) Auburn Migrant Resource Centre (AMRC)

17 Macquarie St Auburn NSW 2144
PO Box 788 Auburn NSW 2144
Phone: (02) 9649 6955 Fax: (02) 9649 4688
Email: reception@amrc.org.au
Website: www.amrc.org.au

Auburn Migrant Resource Centre Inc. (AMRC) is funded by Department of Immigration and Multicultural and Indigenous Affairs (DIMIA). Auburn MRC is an independent community based organisation established in 1996. The MRC provides information and referral services to migrants and refugees in the target area will be better able to access services refugees and humanitarian entrants living in Auburn Local Government Area. Auburn MRC also initiates and engages in planing forums and networks to promote implement access and equity and the benefits of cultural diversity, appropriate services will be developed in the target area to help migrants and refugees settle and participate in the social and economic life of the community.

The MRC networks with various community and ethnic organisations in the Auburn LGA to provide information to mainstream services on cross cultural issues. The staff regularly take part in meetings with service providers to ensure that the issues of our clients are represented and their needs are met in the community.

The Auburn MRC takes pride in supporting the multicultural diversity of our area. Accordingly Auburn MRC actively participates in events that increase the awareness of migrant and refugee issues and overcome the marginalisation of these communities in mainstream society. Some of these include:

- Refugee Auburn MRC Week
- International Women's Day
- Auburn Festival
- Auburn MRC Open Day
- Launching Special Reports
- Information Sessions

Two Somali sessional workers providing case work and community development from Auburn MRC every Monday and Tuesday. Auburn MRC continuously supports Somali community since its establishment by involving in consultations, providing specific courses, organising information sessions, etc.

c) Baulkham Hills, Holroyd, Parramatta Migrant Resource Centre (BHHP MRC)

15 Hunter St, Parramatta NSW 2124
PO Box 1081 Parramatta NSW 2124
Phone: (02) 9687 9901 Fax: (02) 9687 9990
Email: enquiries@bhhpmmc.org.au
Website: www.bhhpmmc.org.au

The BHHP MRC is a non-profit community service organisation established to promote the well-being of migrants, refugees and humanitarian entrants from culturally and linguistically diverse backgrounds living in the local government areas of Baulkham Hills, Holroyd and Parramatta.

The MRC coordinates the development and provision of a range of services for its target population such as:

- Providing direct assistance through the provision of settlement information and referral services
- Community development activities to enhance the capacity of communities to participate in the broader Australian society
- Information and training sessions for migrants to increase their knowledge and understanding of services and thus increasing access to services
- Working in close partnership with other local and regional service providers (both government and non-government) to enhance service awareness and capacity to address the needs and issues of migrants, refugees and humanitarian entrants
- Networking with local and regional services to improve access, equity and participation
- Provision of centre facilities to be used by community groups for meetings, educational, cultural and recreational activities.

The MRC employs two Somali speaking Community Settlement Services Workers (CSS) to cover the needs of Somali speakers in NSW. The CSS workers offer a casework service which provides settlement information and referrals in the area of housing, English classes, employment, education and training, health, immigration, family issues, etc. The workers outreach at Auburn MRC and Lakemba Islamic Centre.

The MRC's role also includes working closely with services at the local and regional level to assist them understand the needs of migrants, refugees and humanitarian entrants and tailor services that are responsive to those needs and issues.

d) Multicultural HIV/AIDS and Hepatitis C Service (MHAHS)

Level 5 Queen Mary building
Grose St (off Church Street)
Camperdown NSW 2050
PO Box M139
Missenden Road NSW 2050
Phone: (02) 9515 3098 or 1800 108 098 (NSW) Fax: (02) 9550 6815
Email: info@multiculturalhivhepc.net
Website: www.multiculturalhivhepc.net

The Multicultural HIV/AIDS Service (MHAHS), auspiced by the Central Sydney Area Health Service, works to respond to HIV/AIDS and hepatitis C among people from culturally and linguistically diverse backgrounds in New South Wales. The Service works with twenty language groups including Somali language to empower individuals and communities to access better health. The Service also assists mainstream services to respond appropriately to the needs of individuals and communities from culturally diverse backgrounds.

The philosophy of the Service is based on the concept that understanding culture as well as language is vital if people from culturally and linguistically diverse backgrounds are to access care, support and information which are appropriate to their needs.

The Service works in three areas as:

- Care and support
- Education and prevention, and
- Advocacy and training

The Service employs bilingual/bicultural workers called co-workers, who are integral to the links between the service and culturally diverse communities. These co-workers assist with strategies in community development, health promotion and ethnic media campaigns, as well as a clinical support program for people affected by HIV/AIDS and Hepatitis C. The co-workers have been selected for their language and cultural skills as well as their sensitivity to HIV/AIDS and hepatitis C issues.

MHAS employs co-workers from the following languages:

Arabic, Bosnian, Burmese, Chinese languages, Croatian, Greek, Indonesian, Italian, Khmer, Lao, Macedonian, Polish, Portuguese, Serbian, Somali, Spanish, Thai, Turkish and Vietnamese.

Individuals and service providers can refer a client. We do not need a Medicare Card or any other form of identification and all referrals are treated confidentially. Support is provided by co-workers who can assist clients with a range of issues including:

- access to the health care system and other HIV/AIDS services
- emotional support
- liaising with case managers or other health care workers
- discussing testing, health monitoring and treatments

e) N.S.W. Refugee Health Service (RHS)

Suite 5, Level 2 157-161 George St Liverpool NSW 2170

PO Box 144 Liverpool NSW BC1871

Phone: (02) 8778 0770 Fax (02) 8778 0790

Email: refugeehealth@swsahs.nsw.gov.au

Website: www.refugeehealth.org.au

The NSW Refugee Health Service (RHS) aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW. RHS undertakes a range of activities including: consulting, training and supporting health workers working with refugees; liaising between agencies that work with refugees and local health services; delivering health information to refugees; providing clinical health assessments, advice and referrals; facilitating and conducting research; and advocating for health equity for refugees. Many RHS activities are conducted through partnerships with specialist agencies, mainstream health services and community organisations.