



2023

# Westmead Hospital Pilot Evaluation

REFUGEE CAMP IN  
MY *NEIGHBOURHOOD*

# Table of Contents

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**01 — Impact quotes**

**02 — Summary**

**03 — Key messages**

**04 — Outputs**

**05 — Feedback**

**06 — Outcomes**

**07 — Learnings**

# Impact quotes



A very valuable experience. Grateful for the sharing of refugee stories. So brave. Take home messages: friendly welcome, use interpreters and explain that it is confidential

Thank you for sharing your stories, they are powerful stories that do create change, I will work to make a difference, thank you.

Thank you for sharing your story and being vulnerable in doing so. I've learnt a lot from today and it was all very touching and confronting and I think all health workers would benefit from this education. I sincerely wish you all the best for your futures and sending love and thank you.

There are only tears in my eyes. My heart is hurting for all people in such a life experience. Be brave, I will be kind to those in need.

Thank you for guiding us through the refugee and asylum seeker experience. I feel that I have a bit more knowledge that I can use in my practice as a community OT.

Be empathetic. Get an interpreter Always, because things are lost in communication if they don't speak English.

Thank you for today. I will continue to treat patients as if they are my family no matter where they are from. Because of today, I will especially treat refugees patients with my upmost care.

The tour made me realise how hard navigating the health system can be when you don't speak the native language.



Quotes from healthcare professionals who attended 2023 Westmead Hospital Refugee Camp in My Neighbourhood tours

# Summary

On the 27 & 28th of April 2023, the Refugee Camp in My Neighbourhood (RCIMN) Project piloted a health professional development incursion model at Westmead Hospital.

This was developed and delivered in consultation and collaboration with NSW Refugee Health Service, Westmead Hospital Multicultural Health Unit and community members with lived experience as refugees and seeking asylum.

This 'mobile model' pilot responded to frequent requests from health professionals for onsite delivery within the hospital, to enable a more accessible professional development opportunity for busy health staff as well as a greater reach of those who can attend the onsite continuing professional development learning

The aim of this project was to offer other health professionals within the hospital system an immersive interactive experience that develops their understanding of the presenting needs of people with lived experience as refugees and or asylum seekers. Through doing this, the RCIMN project has also been able develop and test a mobile 'incursion' model of an existing static model, which can now be delivered in other health care settings.

Westmead Hospital's Learning and Development facility was transformed into a nine-section experiential tour, which explored aspects of the refugee and asylum-seeker journey.

The 1.5 hour tour explored:

- Global trends around refugees and people seeking asylum,
- Australia's obligations to offer protection for people seeking safety as refugees and asylum seekers,
- Reasons people become refugees and asylum seekers, and the definitions of these terms,
- Fleeing and crossing borders,
- Daily life in a refugee camp and urban environment,

# Summary cont.

- Experiences of travelling to Australia by boat to seek asylum,
- Experiences of immigration detention in Australia, and
- Accessing health care services in Australia.

This was followed by a debrief session, where tour participants were invited to reflect on what they experienced, learned and how it will influence their professional practice going forward.

78 health care professionals attended tours across 2 days, guided by 7 tour guides with lived experience as refugees as seeking asylum, and 4 NSW Refugee Health Service staff.

Evaluation of the feedback from the pilot found that:

- 100% of tour participants surveyed reported an increased understanding of the conditions and health challenges people face in refugee camps or urban environments during their refugee journey, how prior experiences may influence refugee/asylum seekers' engagement in the Australian health system, and awareness of potential barriers to engaging in the Australian health system and associated support needs for refugees/asylum-seekers
- 96% of tour participants surveyed reported increased empathy and insight into the refugee and asylum seeker experience
- 93% of tour participants surveyed reported increased understanding of practices/actions which can help overcome barriers to engaging with the health system for refugees/asylum seekers (eg. interpreting, creating a welcoming environment, building trust, explaining concepts such as confidentiality)
- 100% of tour participants surveyed would recommend the experience to their colleagues

As a result of this pilot, the Refugee Camp in My Neighbourhood Project and NSW Refugee Health Service been approached by Liverpool Hospital and Nepean Blue Mountains Hospital to deliver this model in their hospitals.

# Key messages

Consultation was conducted with people with lived experience as refugees and seeking asylum (with diverse intersecting backgrounds and identities), NSW Refugee Health Service staff and Westmead Hospital Multicultural Health to identify the key messages which were important to include in the tour delivery.



## 01. Building trust

- The refugee experience is one of loss of safety and grief.
- They may have experienced racism and discrimination prior to arrival and in host country - including when trying to access health care.
- Confidentiality: people may not have come from a place where the principles of privacy and confidentiality in health care are respected. This can lead to barriers in accessing support for LGBTIQ+ people, women experiencing sexual/physical violence, people experiencing drug and alcohol addiction, and people experiencing mental health issues.
- The importance of a good welcome and treating people with respect - can help to overcome many barriers.



## 02. Cultural/context awareness

- Language barriers: note that some people cannot read even in their own language. Or, people who do not speak/write much English can struggle to access the information they need to navigate the health system.
- Cultural and community stigma around sexual health and mental health can create barriers to accessing health services.
- Ensuring that interpreters are used, and where possible translated materials are provided.

# Key messages cont.



## 03. Navigating the Australian healthcare system

- People may have poorly managed health conditions prior to arrival.
- Their experiences of health care may be completely different to what happens in Australia- based on what happens in their home country, and what was provided in asylum country.
- The existence of fee waiver for Medicare ineligible asylum seekers.
- The importance of providing a good welcome/safety.
- The importance of using interpreters.
- The complexity of the Australian health care system and the need for practitioners to explain and advocate.
- The difficulty of patients to advocate for themselves in a new system.
- People feeling lost in the system.
- Understanding referral processes and accessing specialist services can be very challenging and confusing.
- Allied health may be a non-existent concept in many countries refugees are coming from.
- People may come from a context where they can directly access specialist services, be prescribed medicine by a pharmacist, or where they are instructed on what to do by their doctor. Self-advocacy, choice and navigating multiple specialist services may be a completely new concept for some people.
- Long wait-lists can leave people feeling frustrated, or alternatively think that their health condition is not serious, and make it more likely that the appointment won't be remembered.

# Key messages cont.



## 04. Trauma-informed care

- Severe psychological and physical health impacts of traumatic experiences prior to arriving in Australia and continuing for some people here (eg. in immigration detention, living on temporary protection visas, family separation etc), including and ongoing exclusion from health care services for people on temporary protection visas.
- People may be used to only seeking medical help when there is a serious issue which needs intervention vs preventative health
- People may have prior experience in other countries where they have had inadequate or no health care services, experienced violence or discrimination at the hands of health professionals.
- People may not have a prior experience of accessing preventative health services.
- People may expect to have to pay for medical services and fear that they will not be able to afford this.
- Importance of explaining, providing information and checking for understanding. Ask, don't assume. Things which seem obvious to us, may not be obvious at all to someone who has had a very different health system experience (eg needing a referral letter, or letting the clinic know if the condition deteriorates, or that appointment times can be changed).

These key messages were used to inform the tour design, tour guide delivery and feedback questions for participants.



# Outputs



## 01. Consultation

- 3 x 1 hour consultations conducted to identify relevant health messages for the project, with tour guides, NSW Refugee Health and the Westmead Hospital Multicultural Health Unit.



## 02. Mobile model developed

- Content condensed to 1.5 hours delivery time
- Infrastructure reduced to make it a more simple installation
- 5 short videos developed to be included in different sections of the tour, which incorporated additional tour guide experiences and a health focus
- Design of the project tested with hospital staff, tour guides and NSW Refugee Health Service



## 03. Training

- Training adapted from static model, incorporating health focus
- 2 hour training for tour guides to prepare for the adapted project delivery
- Briefing and practice with NSW Refugee Health Service staff

# Outputs



## 04. Pilot project delivered

- Installed over one day (Wednesday 26 April)
- 12 x 1.5 hour tours delivered over 2 days (Thursday 27 and Friday 28 April)
- 7 tour guides who have previously participated in this project engaged to deliver the tours
- 4 NSW Refugee Health staff supported the project delivery
- 3 volunteers from the RCIMN Working Group supported delivery
- 129 tour bookings made
- 78 health care professionals participated in tours, from the following backgrounds: administrative staff, allied health staff, clinical staff, community workers, health promotion, public health, and research staff.



## 05. Evaluation

- Pre-existing evaluation questions developed for the static project model were reviewed and refined to make them healthcare specific.
- This was informed by the key messages identified through consultation with tour guides, Westmead Hospital Multicultural Health Unity and NSW RHS.
- 28 tour participants surveyed
- 4 tour guides interviewed
- NSW RHS staff debrief notes
- Short evaluation report developed

# Feedback

Feedback was received from 28 participants.

- Administrative staff (3)
- Allied health staff (10)
- Clinical staff (8)
- Community worker (1)
- Health promotion (3)
- Public health (1)
- Research staff (1)

100% of participants said that they would recommend the tour to their co-workers.

All participants reported an increase in their understanding in the following areas:

- The conditions and health challenges people face in refugee camps or urban environments during their refugee journey (100%)
- The barriers refugees and asylum seekers may face in Australian healthcare settings (96%)
- The experience of being in Australian immigration detention (96%)
- Why people are forced to flee their homes as refugees or to seek asylum (86%)
- The difference between a 'refugee' and an 'asylum-seeker' (86%)
- Refugee and asylum seeker rights under international law (79%)

Tour participants reported the following impacts of the tour on the way they will provide care and services to people from refugee/asylum-seeker backgrounds:

- Increased awareness of how prior experiences may influence refugee/asylum seekers' engagement in the Australian health system (100%)
- Increased awareness of potential barriers to engaging in the Australian health system and associated support needs for refugees/asylum-seekers (100%)
- Increased empathy and insight into the refugee and asylum seeker experience (96%)
- Increased understanding of practices/actions which can help overcome barriers to engaging with the health system for refugees/asylum seekers (eg. interpreting, creating a welcoming environment, building trust, explaining concepts such as confidentiality) (93%)

# Feedback

The aspects of the tour that made those changes happen were:

- Hearing directly from people with lived experience as a refugee or seeking asylum (96%)
- Experiencing some of the things that refugees and people seeking asylum go through (82%)
- The tour information, content, objects, data that was presented (82%)

As a result of their participation, the practical things health professionals can do, change or focus on in their daily work to better support people with refugee-like experiences included:

- Ensure systematic use of interpreter/translation services. (96%)
- Being aware of how prior trauma may be impacting behaviours. (82%)
- Check carefully for individual understanding when asking questions or providing health information or instructions. (82%)
- Explain, where possible, basic information about how the health system works in Australia. (eg. The referral process, confidentiality, allied health) (76%)
- Share insights into practical approaches to working people from refugee/asylum seeker backgrounds with co-workers. (76%)
- Advocate to address the needs of refugees and people seeking asylum needs in my workplace. (71%)
- Focus on personal behaviours to build trust (64%)
- Seek further training on trauma-informed approaches, cultural awareness etc. (61%)

# Feedback

What else participants would like to have included in the tour:

- Information on additional training health care workers can do so that they are more equipped to support patients from refugee-like backgrounds
- More information on available services to refer patients from refugee-like backgrounds to
- More practical strategies for how to support patients from refugee-like backgrounds
- More time with the social worker at the end of the tour
- Images of detention centers
- More information about Australia's management of refugees and asylum seekers
- More information on advocacy or actions that can be done to improve Australia's treatment of asylum-seekers and refugees, especially for people who are in detention
- More about the experience of refugees in camps
- A longer version of the tour, with more time to listen to each tour guide's story.
- A more in-depth view on clinics in refugee camps

"Fantastic tour, well-presented and very moving. I am a person who learns best through experience, so it was a very good way to absorb the information and make it more real, it was engaging and emotive. I would suggest, if the whole tour is too long for health workers in their day, that just the last sections on healthcare challenges once in Australia could be its own half an hour experience to get more staff through the program. Thank you for running this, and to the people who shared their stories."

"I hope that majority if not all healthcare workers experience this. You guys are amazing!"

"Thank you for making the tour available, I appreciated hearing from people with lived experience, it definitely made an impact and I will be sure to keep these learnings in mind in my day-to-day work."

# Project Outcomes

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Objectives	Assessment	Outcomes
The voice of 'Lived Experience' drives the design of the Incursion model	Interviews and consultations undertaken with tour guides/community member with 'lived experience'	<ul style="list-style-type: none"><li>• Lived experience of tour guides and Multicultural Health Unit at Westmead Hospital/NSW RHS staff with lived experience as refugees informed the key messages, design and delivery of the tours</li><li>• Health specific experiences incorporated throughout the different aspects of the refugee journey incorporated into the tour</li></ul>
Incursion model developed that keeps the integrity of RCIMN Model	Feedback from Tour Guides, RCIMN Working Group and engaged communities with lived experience	<ul style="list-style-type: none"><li>• Incursion model delivered which kept the integrity of the RCIMN model, with a spotlight on health and healthcare experiences along the journey</li><li>• Inclusion of multiple personal lived experiences through the tour delivery – both from tour guides delivering in person, and short videos shown</li></ul>

# Project Outcomes

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Objectives	Assessment	Outcomes
That the pilot modules meet the needs of the hospital community	Evaluation feedback from tour participants	<ul style="list-style-type: none"><li>• Hospital pilot was an accessible and impactful professional development opportunity for hospital staff</li></ul>
That the Tour Guides' develop confidence, skills and capacity for economic participation	Employment and education outcomes measured through phone interviews and surveys 1 and 3 months post project.	<ul style="list-style-type: none"><li>• 2 tour guides have since found full time employment, which they attribute to the confidence they have built as a result of participation in the RCIMN project</li><li>• Most guides reported a positive experience of being involved in the pilot, with one reporting that the reduced number of tour guides made participation a little more isolated, compared with the static model</li></ul>
That the Incursion Model can be replicated for greater impact	Bookings and interest for future incursions and positive feedback.	<ul style="list-style-type: none"><li>• 2 hospitals have requested the project incursion to be delivered – Liverpool Hospital and Nepean Blue Mountains</li></ul>

# Key Learnings

## What worked well

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- On-site location of the project made it more accessible to the intended audience
- Working with experienced tour guides who were able to adapt their delivery to the audience, location and shorter time
- Less physical infrastructure – did not impact the outcomes for/impact on tour participants
- Collaboration with NSW Refugee Health Service and Westmead Hospital Multicultural Health Unit to co-develop and deliver the project

## What could be improved

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- Border guard simulation – no guides wanted to do this role, and this was due to no availability of guides who had previously conducted this role. Luckily, some of the NSW RHS staff were able to take on this role.
- Finding previous guides who were available for such a short-term piece of work meant that the pool of guides who could participate was limited
- Guides working alone in sections of the tour. In the static model of the project, guides are usually always working with another person, which provides an extra layer of psychosocial support, especially when discussing topics which can trigger trauma
- Some infrastructure was still very labour-intensive to be installed (such as toilets, A-frame signage, items for display in the refugee camp setting). This needs to be reviewed and potentially reduced even further if possible.
- More time to explore the applied practice in Australian health care settings – the 1.5 hour tour only allowed for a short exploration of health care in Australia.



# Mobile model learnings

## Cost and sustainability

- The grant did still not cover the true cost of project managing the incursion model.
- Hundreds of hours of in kind work was contributed to this project, in addition to the other hours covered by the grant.
- The amount of work required in preparing for the delivery of this tour (meetings and liaison with project partners, confirming dates, managing budgets, recruiting tour guides, preparing for and bumping in the project etc) is very significant.

## Physical installation

- The tour was effectively delivered as a physically scaled down version.
- Each delivery of the project still requires some consultation and tailoring to the context where it is being delivered, including the re-design of the physical space and installation to suit the site where it is being delivered.
- The installation was largely conducted by volunteers from NSW RHS and the Refugee Camp in My Neighbourhood Project Working Group.

## Partnership with NSW RHS & Westmead Hospital Multicultural Health Unit

- Collaboration with different partners was essential for this pilot project delivery. Insights provided in the consultation and key message development phase were highly valuable in tailoring the content for health care professionals.
- NSW RHS provided a vital link with navigating professional development within the health system.

## Promotion and bookings

- 129 bookings were made but only 78 people attended.
- Perhaps delivering the tours on a Friday was not the best decision as there were high drop-out levels. Future delivery might trial a mid-week delivery block.
- Our previous experience delivering the static model has taught us that free bookings have a higher drop-out rate than paid bookings. This needs to be further explored with hospitals involved in future delivery.
- For a hospital pilot get a CNE from the hospital involved to push promotion amongst fellow CNE/head of departments.

# Mobile model learnings

## Tour delivery

- The content for the static 2 week project was condensed and adapted to be relevant for a health care audience, and still resulted in a change in awareness and understanding for participating.
- Staff and tour guides should be clearer about stops., they should mention next stop is going to be... In the pre-briefing, they should mention how many stops there will be, and that it will finish with a debriefing session.
- Ensure the inclusion of a border guard simulation in future versions.
- For shorter versions, hospital pilot, boat and detention can be put into one section.
- In the debrief, removing messages for the tour guide, only keep the details about what are they going to do/change with their work after attending the tour.
- Adding a section before the de-brief or as part of a debrief where social workers talk about the services available in NSW for refugees and asylum seekers and case studies on how the services work with refugees.
- On health tent, use RHS clinical staff that worked in refugee camps.
- Health care in urban environment: how do you get health care if you live in an urban environment? Cost of procedure/service, risk of attending place (women and children particularly), delay in accessing health care.
- Getting to Australia, not everyone comes by boat. The process of applying through UNHCR is missing (which is the majority of the cases). Explore how this could be improved next time.
- More time to explore the application of prior experiences of refugees and people seeking asylum in Australian health care settings would be valuable if possible.
- The incorporation of 5 short videos into the tour delivery was really valuable, as it helped to manage time, provide lived experiences in the case where not all tour guides had lived experience relevant to a section of the tour they were working on (due to limited guide numbers).

# Mobile model learnings

## Availability and wellbeing of tour guides

- Delivering a short-term project (only 2 days of work) put some constraints around how many tour guides could participate in this and their availability. Some previous guides had found employment, and some had limited availability due to part time work. Finding guides who have previously been trained and delivered the project for short-term work is challenging.
- Most guides reported that this experience was meaningful to them. There was some concern that for some guides were working alone on sections where they would normally have another guide present to co-deliver tour sections.
- If possible, budgeting for two guides to deliver (even across multiple sections) would be ideal. Some if this is difficult due to the availability of guides.

## Next steps

- The opportunity to pilot this mobile incursion version of the RCIMN Project in a hospital setting has been very valuable. A model has been developed and tested successfully, and if funding can be secured to cover the project administration fees long-term, the model is successful for changing the awareness and practices of health professionals when they engage with people from refugee and asylum-seeking backgrounds.
- The resources and model developed in this pilot are ready to be adapted in to other hospital settings, and the focus will now be on exploring financially sustainable ways of delivering this.

# Acknowledgements

The Refugee Camp in My Neighbourhood Project has always been a collaborative effort between communities with lived experience as refugees and seeking asylum, community organisations, individual volunteers, Councils and service providers.

We would like to thank the following project partners for enabling this pilot to be delivered:

City of Parramatta (grant funding)  
NSW Refugee Health staff & volunteers  
Australian Red Cross  
Westmead Hospital  
Somali Welfare & Cultural Association  
Asad, Olexsandra, Elias, Iman, Zahira, Damon & Naseer  
RCIMN Project Working Group Members

**We thank all our partners you for your  
continued support for this project**

## Contact

Refugee Camp in  
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