

African Refugee Women

and

Young Refugee Women's Health Project



Project Developed by Sylvia Gray
Multicultural Health Unit

HUNTER NEW ENGLAND
NSW HEALTH

This Project was co-ordinated and developed by **Sylvia Gray**, Multicultural Health Liaison Officer for Women, Children and Refugees, Project Officer, Multicultural Health Unit. June 2008 - December 2009.

Partnerships:

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Madeleine deVille - Clinical Psychologist, Child and Adolescent Mental Health Service (CAMHS)

Helen Buchanan - African Youth Worker Northern Settlement Service Newcastle

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Susan Guest, Nurse/Health Promotion Officer, Family Planning New South Wales

Key Stakeholders

Penola House

Multicultural Health Service HNE Health

Newcastle Mental Health Service HNE Health

Child and Adolescent Mental Health Service (CAMHS) HNE Health

Northern Settlement Service

Family Planning New South Wales

Obstetrics and Gynaecology John Hunter Hospital HNE Health

Kaleidoscope HNE Health

Sexual Health Service HNE Health

Drug and Alcohol Services HNE Health

Young Women Christian Association Hunter Region (YWCA)

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

Australian Centre for Languages (ACL)

Newcastle Community Health Centre - Dietetics and Nutrition HNE
Health

Breast Screen Clinic, Mater Calvery Hospital

Background

Refugees are one of the most vulnerable groups in our society. Many have experienced horrific torture and trauma. Most refugees that arrive in Australia are women and children, many of whom have entered under the Commonwealth Government's Women at Risk Visa. Many of these women have lived in refugee camps for 15 years or more. Many have experienced violence and rape from within the camps and from the militia. Most refugees have had limited or no access to medical services, immunization, health education or preventative health programs. Refugees may experience post traumatic stress disorder, anxiety and depression due to the war and social upheaval they have experienced.

Refugee Health

Humanitarian entrants have almost certainly been exposed to traumatic events such as prolonged periods of deprivation, the loss of loved ones, or a perilous escape from their homeland. In addition, a significant proportion has been subject to severe physical and psychological torture (Victorian Foundation for Survivors of Torture Inc. 1998:15).

It is also estimated that over 50% of refugee women have experienced rape and other forms of sexual abuse. Many are also subject to systemic, pre-meditated torture, most of which is based on sexual abuse. In a study of refugee women settling in Australia, it was found that more than 80% had survived severe forms of torture and trauma either in their country of origin, in flight, or in refugee camps (Refugee Council of Australia, 1997:10).

The Multicultural Health Unit in partnership with Kaleidoscope and GP's provides a Refugee Health Clinic for recently arrived refugees into the Hunter. The Clinic provides on arrival initial health screening investigations, immediate treatment, immunisations and a follow up treatment. Refugee patients are then referred to mainstream general medical practice.

At the Refugee Health Clinic it was identified that there was a great need for education and information on a number of health issues, in particular women's health issues were needed. These included:

- Cervical Screening
- Sexually transmitted Infections
- Contraception
- Breast Cancer
- Domestic Violence, and
- Legal issues around the age of consent and female genital mutilation.

The sessions would be conducted at Penola House. Interpreters from the Health Care Interpreter service would be made available to assist the educators and provide cultural information as required.

Conceptual Framework

The framework adopted was a primary health focus to encompass The Refugee Health Strategy of NSW Health 1999 to:

- Work collaboratively with HNE Health care providers to improve access for refugees to a range of health services
- Enable refugees to make choices that support or advance their health
- Provide services which are equitable, well coordinated and accessible
- Develop innovative early intervention services using multiple entry points and clear pathways to appropriate health care
- Use prevention initiatives that are designed to increase knowledge about HIV/AIDS, sexually transmitted diseases and other health topics as they arise
- Encompass the discussion of the NSW Strategic Directions on Female Genital Mutilation, assist women and clinicians to understand the cultural and legal issues associated with Female Genital Mutilation

Planning

Key stakeholders from local networks were invited to attend a meeting with the Multicultural Health Unit, to discuss and identify issues for refugee women. Issues of concern that were expressed, included young women getting pregnant at a very early age 12 - 16, alcohol issues, cross-cultural issues with parents, mental illness, homelessness, difficulties with navigating the health system and budgeting. In the group of women aged eighteen years and over health issues relating to re-settlement and past trauma, as well as domestic violence, parenting issues, women's health, and mental health were identified.

Once these issues had been identified a number of education and health service packages were proposed:

It was agreed that the women's health component would be addressed by Family Planning NSW in Newcastle. After the women's sexual health education sessions, Informed Consent would be sought for women to attend the FPA clinic for cervical screening and breast examination. Each woman would be provided with an interpreter for their appointment. The women would be offered a comprehensive education and information package, which would include topics on:

- nutrition
- hygiene
- mental health
- drug and alcohol
- breast feeding
- diabetes
- blood pressure
- exercise
- other relevant topics.

A meeting was also held with the Director of Mental Health and the Multicultural Health Unit to canvass support for mental health outreach services to be developed into the Project. This resulted in a partnership with Child and Adolescent Mental Health Service (CAMHS). The team would support and contribute to the health program for 12 - 18 years by positive interaction with young women and adolescents, provision of mental health information

when appropriate, collaboration with other services and engagement in activities. It was also proposed that a mental health worker from Child and Adolescent Mental Health Service would be in attendance at each of the six sessions for Women 12 - 18 years of age.

It was expected that the group size for both the Burundi and Sudanese women would range from 5 - 10 participants. The sessions would run between 1 - 2 hours depending on topics and questions.

Apprehensions

Care needed to be taken not to over saturate the women with too much information. The Multicultural Health Unit would only be responsible for delivering the Health component of the project.

Education strategies

The Multicultural Health Unit will organize the provision of clinicians to deliver information and education in an interactive environment including:

- Drawing female reproductive anatomy,
- Handling a pelvic model showing the muscles of pelvic floor and the location of uterus and cervix,
- Using cervical brush and speculum on a plastic model,
- Making a breast with play-dough and burying a grain of rice to describe breast cancer, and,
- Looking at pictures of Sexually Transmitted Infections.

The refugee health nurse had educational input into health topics like:

- personal hygiene,
- oral health,
- nutrition
- menopause

and other relevant topics. Parenting education services will be made available to pregnant women, and counselling for treatment and rehabilitation of torture and trauma survivors.

Project Objective for women eighteen years of age and over

The objective of the African Women's Health Project is to introduce a range of health services and to provide information and education on various health topics and issues to African Refugee Women. It also aims to increase the cultural competency of various service providers in delivering culturally appropriate care to this group of clients.

The Project goals:

- To improve provision of access to quality health care to African Refugee Women
- To provide prevention and early intervention to reduce occurrence of health issues
- To identify the African Refugee Women's perception and attitudes about various health issues and to address the issues where appropriate
- To improve knowledge about health services in the area
- To increase the understanding of health service providers about African Refugee Women's issues, culture, cultural barriers in accessing services and refugee issues in general

Project goals for adolescents (12 - 18 years)

- To provide a visible presence of mental health professionals in African Young Women's Program, including engagement in activities.
- To engage in positive interaction with young women to reduce barriers to accepting mental health treatment.
- To reduce stigma associated with mental health and mental health services
- To provide advice about access to mental health services and information of the process and likely interactions to expect following a referral.
- As appropriate, to educate about mental health issues- including anxiety problems (including Post Traumatic Stress Disorder), mood problems and more severe mental illness, including psychosis.

- To network with other agencies and provide information about mental health to improve communication and community awareness of the services available.
- To collaborate with the proposed education program for the Refugee Women's Group, including:
 - Domestic violence,
 - Hygiene,
 - Sexual health,
 - Family planning,
 - Birth control,
 - Cultural issues.

AFRICAN REFUGEE WOMEN'S HEALTH PROJECT

Presenters' Evaluations

Evaluation by Gordana Bozinovski, Social Worker
Newcastle Mental Health Service (NMHS)

Newcastle Mental Health Service provided 4 education and information sessions on the following topics:

- Information about mental illness and what this constitutes
- Access/Referral to mental health services
- Dealing with stress, Wellbeing

This information was provided by the Social Worker with the support of the Multicultural Health Liaison Officer.

The Burundi and Sudanese communities were the participants. This included both male and female participants, but the majority of participants were women. The age group range was early/mid 20's to their late 40's.

Information was provided by the use of an interpreter relevant to that language group.

A verbal evaluation was carried out at the end of each session and a number of issues were raised for possible further information sessions.

During the first session regarding referral to the Mental Health Team, both communities were asking for better or smoother pathways for referral to mental health services.

- They felt that having to tell their story a few times was stressful.
- They reported that they needed to know what specific information they needed to tell the professional they were talking to (the "Intake" person) to get the "unwell person seen" especially if that person did not see or understand that anything was wrong with them.

- They wanted to know what specific services mental health provided and how they could utilise those services.

Further sessions around "speaking with mental health services" with specific information around what constitutes a:

- Assessment
- Referral
- Confidentiality
- Why some people may not be appropriate for a referral to mental health services.

After the sessions on Stress management were finished - both communities spoke about the need for more information on parenting teenagers. The groups spoke about the difficulties they were facing with their teenage children and issues of discipline, parenting, children's rights and parents rights. They were stating that much of their stress was a result of what they saw as the cultural issues of immigrating and the loss of respect for parents in that process.

Sessions around effective ways of communicating with teenagers may be a positive way of looking at this issue in the form of education workshops. Something that looks at engaging teenagers and their parents in the same group may be educational for both groups.

Evaluation by Madeleine De Ville, Clinical Psychologist Child and Adolescent Mental Health Service (CAMHS)

Approximately 8 - 10 girls have attended the two young-women's groups that I have attended. In both cases, the girls appeared to enjoy the social aspect of the group and were polite and friendly to workers. However, the girls are collectively guarded and did not initiate interactions with staff. They were also caring for young children and hence understandably distractible. Significant effort has been made by staff to provide a non-threatening environment with fun activities in order to facilitate the provision of information. The girls responded particularly well to a structured sexual health education that was interactive and light hearted, yet with a clear message about personal safety and infection control. Later sessions were cancelled due to non-attendance by the girls. It appeared that their engagement in the group fluctuated due to

external psychosocial and legal issues. - M. de Ville (Clinical Psychologist).

Recommendations

Future sessions may benefit from regular attendance by the same key staff members, a flexible starting time (the girls are notoriously late) and group information sessions rather than one-on-one attempts to deliver information - M. de Ville (Clinical Psychologist).

Evaluation by Alwyn Allen, Registered Nurse Drug and Alcohol Services

Drug and Alcohol Services were approached by the Multicultural Health Unit and requested to provide information and education to the African Women, Burundi and Sudanese and Young Refugee Women under 18 years of age.

6-8 women attended the sessions. All sessions presented were informal, the women relaxing in a lounge area.

Most of the information exchanged with the Sudanese and Burundi Women was via an interpreter.

The aim of the education sessions was to deliver information about drugs and alcohol, in relation to:

- Services available in the area- pamphlets provided
- Access to health professionals
- Venues / locations, available transport
- Harm Minimisation
- Improving knowledge regarding the affects of alcohol – pamphlets provided
- Safe drinking guidelines, - demonstration done
- Implications to health status/mental health
- Domestic Violence.

Alcohol was the primary focus for all groups. Time constraints would not have allowed for any other information re drug use to be included.

The Burundi women were initially unsure why Drug and Alcohol Services were providing this education. Most stated that they did not drink alcohol.

The above issues were discussed and the women were receptive to same. They mostly talked among themselves, but were respectful of the presentation.

A couple of women acknowledged that alcohol was an issue in their family.

The Sudanese women clearly stated at introduction of presentation that they did not understand why they would need to attend the session.

There was difficulty in the concept how this could be of any relevance, as in their culture they stated women do not drink alcohol until age 50.

They declined most of the information to be provided, but a general discussion was held, to engage the women.

Sudanese women were a difficult group to engage due to their stance on alcohol.

The Young Women's Group was also attended by three other health professionals, to present on the day.

The first presentation started late due to the late arrival of the women. This presentation was lengthy, informative extremely interesting and held the attention of the women.

Time constraints did not allow time for Drug and Alcohol Service's presentation due to other commitments.

The women had also been caring for their babies through this presentation, and were somewhat distracted.

Some of the women stated that they did drink alcohol. This group of women would most likely have been receptive to further information, particularly in relation to pregnancy and the associated risks of same.

Evaluation by Susan Guest, Nurse/Health Promotion Officer Family Planning New South Wales

Family Planning New South Wales Health Promotion staff has attended the African Refugee Women's Health Education sessions at Penola House since June 2008.

Family Planning New South Wales- Newcastle Health Promotion Unit was approached by the Refugee Health to provide women's health education to Sudanese and Burundi women attending Penola House at Hamilton.

Education sessions were held for the Burundi women on Mondays and Sudanese women on Thursdays. Family Planning NSW attended three (3) sessions for both groups of women in 2008 and a further 3 sessions per group have been held for both groups in 2009. All sessions have been conducted with the assistance from a female interpreter.

Topics for the sessions were discussed with the women thus enabling the women to have a voice in their own Sexual and Reproductive Health needs. Topics discussed to date have included Natural Family Planning, Cervical Screening, Informed Consent, Menopause, Continence and hygiene, Women and Adolescence, Relationships and Consent.

The number of women attending the groups has been stable with 5-8 women attending each session with a total of 41 women. The Sudanese women attended more sessions due to the Burundi women's education session falling on Monday and their attendance was affected through public holidays and school pupil free days.

The women were quite responsive to the sessions held though initially they were hesitant with the topics and presenter. Hesitation was evident through their lack of interaction with the discussions, minimal eye contact and body language. As the sessions progressed throughout the year the women 'opened up' and accepted the presenter and the topics that were discussed.

The women, in particular the Sudanese women were happy to ask many questions regarding their own sexual and reproductive health and how their bodies 'worked'.

The women also advised the presenter how to approach the subject and how to ask questions surrounding safe sex, casual partners and sexually transmissible infections with the women when they attend Family Planning clinics.

The following verbal feedback was made by the women during and after the sessions:

- They liked the last session held (by the presenter) and have returned (to this session) but if they were in Africa they would not have returned.
- Asked if they used Natural Family Planning as a method of contraception, the women stated that if they had a period and did not fall pregnant than that 'is Gods way of them not having a baby as yet.'
- They go through menopause when they 'ask god to stop them (menstrual periods) and pray.' God decides when their periods stop.
- One woman stated that she had no symptoms (of menopause) when she came to the session but was leaving with symptoms. She realised that the symptoms she was experiencing were in fact menopause not anything else.

Some amendments were made to the education sessions in content in particular visual pictures of female external genitalia as the 'white woman' shown did not necessarily depict the way an African woman can look externally if she has had female circumcision. Medico-language used within the sessions was adjusted according to their needs and level of understanding in English.

Overall the education sessions for the Burundi and Sudanese women were successful and it would be encouraging for the women to receive further sessions concerning their health in the future.

Evaluation by Helen Buchanan, Special care Worker, African Youth Worker, African Men and Women Parenting Group Co-ordinator, Northern Settlement Services 2008 – 2009.

Introduction:

Northern Settlement Services partnered with NSW Police, Hunter New England Health, Service for Treatment and Rehabilitation of Torture and Trauma Survivors, Newcastle Family Support services and Young Women Christian Association (YWCA) - youth parent mentoring program. We aimed to provide educational, personal and practical information in a social and fun type environment breaking down barriers and increasing skills level.

Feedback from youth has been positive and many have requested to be involved in future activities if possible.

Programs

1. Young African mums program (under 24 years old). Monthly sessions involving social outings with parenting education input. Number of women involved 9 -12 each session and up to 5 children under 2 years. Topics covered included:
 - Use of cortisone to whiten skin and risks associated - GP educator
 - Relationship with men resulting in single parenting - NSS
 - Skill in self care - NSS
 - Gym session and weight control & how to use a crèche - The University of Newcastle Forum
 - Christmas, children and gifts - NSS
 - Swimming for adults, babies & toddlers - Belly flops swim school
 - inspire Parenting Mentor program YWCA
 - Mental health information - Child and Adolescent Mental Health Service (CAMHS)
 - Centrelink Youth and Parenting - Centrelink
 - Sexual Health - HNE Health
 - Drug & Alcohol - HNE Health

- Parenting Skills program - Newcastle Family Support Services
2. Young African women's' family relationship skills project. Participants under 24 years of age, with 7 women and 5 children enrolled. Topics covered over several weeks included:
- Parenting strategies
 - Across ages
 - Resources
 - Compromise with kids
 - Conflict resolution
 - Differences in cultures and how do I know
 - Relationships - positive & negative, with who, repairing and letting go
 - All in balance
 - Considering choices

Evaluation by Dubravka Vasiljevic, Project Co-ordinator, Multicultural Health Liaison Officer for Mental Health and Drug and Alcohol Services

The African Women's Health Project has been created with the aim to enhance knowledge of African Women about various health topics and issues, access to health services as well as to identify the components of services' provision which should be changed or adjusted in order to deliver culturally appropriate care. All health education sessions have been presented with the assistance from Kirundi interpreters for Burundi women and Arabic interpreters for Sudanese women. Verbal evaluation of the topics presented has been done after each session. Both groups of women have stated that they have broaden their knowledge about topics presented, health services in the area and referral pathways, which resulted in a number of new referrals to the Newcastle Mental Health Service and the Newcastle Community Health. Further sessions on mental health promotion and wellbeing, sexual health, relationships and diet and nutrition will be presented by the end of the year.

It has been a great pleasure to work with Burundi and Sudanese women, to learn about their culture and beliefs and to assist them to enrich their knowledge about services and resources available.

Evaluation by Sylvia Gray - Project officer Multicultural Health Unit

I must say that over the year I have noticed the women blossom like flowers, the women have been given an opportunity to grow and develop themselves, they have found the Penola House venue a safe haven, a place where they are embraced by the Sisters, volunteers and workers in a dignified and humane manner. The women have developed bonds and friendships with other African country folk. They have become confident and empowered to make informed decisions about their health, children and life. They are learning to navigate the health system and are keen to continue on a pathway of learning and developing new skills that will assist them live in an Australian mainstream community of which they are now a part of. The Penola house venue has an established child care facility and volunteer child care workers whilst mothers take the opportunity to attend training sessions.

I made my first verbal evaluation in December 2008, I consulted with the women about how they were finding the project, they said that they wanted the program to continue, they were keen to visit a supermarket with a dietician to learn about how to identify healthy foods, to learn about relaxation and exercise.

Recommendations

- Where do we go from here? A meeting to be convened with stakeholders to discuss future directions.
- This model to be used for the future Mauritanian and Sierra Leone groups.
- The Sudanese and Burundi groups for women aged 18 and over and for women 16-24, to advance to training workshops information and education sessions, e.g. stress management, developing self esteem, relaxation technique diabetes education etc.

The Multicultural Health Unit would like to express our sincere thanks to all involved in making this special project a great success.

Appendices

Multicultural Health Unit African Refugee Women's Health Project 2008

Venue: 57 James Street, Hamilton at 11.30 am

Program dates for Burundi and Sudanese Women

Burundi Group meet the last Monday of each month

Sudanese Group meet the last Thursday of each month

June 23 & 26 – 11:30am	Introduction: Sylvia Gray, MHLO, Multicultural Health Unit Susan Guest, Family Planning NSW, Nurse/Promotion Officer Women's Health & Cervical Screening
July 28 Burundi Group Only Note- A return session will be needed for the Sudanese Group	Sue Porter, Nurse - Sexual Health Clinic- Infection Control
August 25 Burundi Group Only Note_ A return session will be needed for the Sudanese Group	Jenny Forbes, Breast Health
September 22 & 25	Susan Guest, family Planning NSW, Natural family planning
October - 27 & 29	Eating Healthy- Chris Folletti
November - 24 & 26	Domestic Violence – Chris Folletti

Program co-ordinator Sylvia Gray- ph 49246283

Penola House co-ordinator Sr.BettyBrown – ph 49575563

Appendices

MULTICULTURAL HEALTH UNIT African Refugee Women's Health Project Refugee Women's Health Information and Education Project 2009

Venue: 57 James Street, Hamilton at 1 pm

Program dates for Burundi and Sudanese women

Burundi group meets the last Monday of each month

Sudanese group meets the last Thursday of each month

February 23rd and February 26th	Newcastle Mental Health Service; Presenters: Gordana Bozinovski and Dubravka Vasiljevic- Topics: Mental Illness, Referral pathways, Mental Health Services
March 30th and April 2nd	Drug and Alcohol Services: Presenter: Alwyn Allen: Topics: Drug and Alcohol services; Referral pathways
April 27th and April 30th	Family Planning New South Wales; Presenter: Susan Guest; Topic: Menopause
May 25th and May 28th	Newcastle Mental Health Service; Presenters: Gordana Bozinovski and Dubravka Vasiljevic Topic: Wellbeing and Stress management
June 29th and July 2nd	Family Planning New South Wales; Presenter: Susan Guest: Topic: Continance and Hygiene
July 27th and July 30th	Sexual Health; Presenter: Sally Dawson: Topic: Consent, Sexual Health, Access to Sexual Health Services
August 24th and August 27th	Newcastle Mental Health Service; Presenter: Gordana Bozinovski: Topic: Mental Health Promotion, Access to Mental Health Services
September 28th and October 1st	Family Planning New South Wales; Presenter: Susan Guest; Topics: Relationships and Safer sex practices
November 23rd and November 26th	Newcastle Community Health; Presenter: Margaret Rush; Topic: Diet and Nutrition

Program coordinator: Dubravka Vasiljevic Ph: 40164538; mob: 0438 249 010
Penola House Co-ordinator: Sr. Betty Brown- ph: 4957 5563

Appendices

AFRICAN YOUNG WOMENS' PROGRAM (In partnership with Northern Settlement Services, HNE Multicultural Health Unit, Catholic Care and Department of Community Services)

Young women's group meets the monthly

19th December 2008	Gym experience (University of Newcastle Forum) Tips on diet and exercise.
21st January 2009	Pool and picnic day (Mayfield pool) Sharn Harrison to provide swimming instruction. Sausage sizzles. Discussion and tips on supervising children on outings. Kathryn Thornton – Behavioural Therapist. Petra Ahrens-Murray – Families First. DoCS multicultural worker. Madeleine de Ville - Clinical Psychologist, CAMHS
17th February 2009	Gym visit- Newcastle University Forum St Vincent de Paul Speakers: Family Planning New South Wales, HNEMH and CAMHS
17th March 2009	Finger nail painting (NSS services); Sexual Health program Alwyn Allen: Drug and alcohol program
21st April 2009	Lollipops play centre Discussion and tips on parenting and discipline (how to set limits with children). Kathryn Thornton – Behavioural Therapist. Petra Ahrens-Murray – Families First. DoCS multicultural worker. Madeleine de Ville - Clinical Psychologist
19th May 2009	Gym session. Financial planning Centrelink Finance support worker Madeleine de Ville - Clinical Psychologist
23rd June 2009	Art activity. Setting boundaries with friends and community Assertiveness training - how to turn anger into assistance.

Program coordinator: Helen Buchanan; Ph: (02) 4969 3399

References

NSW Education program on Female Genital Mutilation, 1999

NSW Refugee Health Service, Sydney, 2005