

BRIDGING THE GAP

PARTNERSHIPS FOR CHANGE IN REFUGEE CHILD & FAMILY HEALTH

NEWSLETTER #7 JUNE 2015

As a result of self-reflection and exposure to refugees' experiences, I will be more patient and understanding to better clients' health care experience Participant - South east professional development day

Reflections and new ideas

In May two regional meetings brought together Bridging the Gap partners to plan next steps to improve health care for families of refugee background. At both meetings there was much enthusiasm, energy and lots of great ideas to support quality improvement initiatives. The meetings also provided an opportunity to reflect on progress and what has been learnt in undertaking the numerous activities to date. People reflected on the highlights of Bridging the Gap over the past 18 months, including the various projects and processes of bringing about change:

- ❖ having the chance to think about what we can do with the families in our community
- ❖ building partnerships and relationships
- ❖ the opportunity for staff to have a reflective space and to share knowledge and skills
- ❖ watching people embrace doing things differently
- ❖ building on things that work well.

In addition to the existing projects, the regional groups have prioritised ideas for new activity.

In the west

- ❖ Language services, focussing on improving access to accredited interpreters for women booked for an induction of labour.
- ❖ Explore opportunities to strengthen transition from maternity to maternal and child health care including: making improvements to the birth notification process, and

coordinating seamless transition from maternity to maternal and child health services

- ❖ Consider pathways to language specific postnatal groups (i.e. parenting groups).
- ❖ Professional development, focussing on introducing the refugee experience training to new medical staff and developing sustainable training for medical practitioners, midwives and nurses.
- ❖ New pregnancy group modelled on Healthy Happy Beginnings.

In the south east

- ❖ Service leaders 'welding' group to clarify ideal pathways of care; moving towards 'seamless care' requires clarification of roles and how best to bring services together in a way that is visible to staff and families.
- ❖ Sustainable and replicable training with a focus on medical staff, including GPs; midwives; and administration clerks.
- ❖ Pregnancy group with a focus on transitioning into postnatal care and maternal and child health.

PARTNER ORGANISATIONS

MURDOCH CHILDRENS RESEARCH INSTITUTE

VICTORIAN FOUNDATION FOR SURVIVORS OF TORTURE

MONASH HEALTH

WESTERN HEALTH

CITY OF GREATER DANDENONG

CITY OF WYNDHAM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF EDUCATION AND TRAINING

SOUTH EASTERN MELBOURNE MEDICARE LOCAL

SOUTH WESTERN MELBOURNE MEDICARE LOCAL

MUNICIPAL ASSOCIATION OF VICTORIA

Introducing Crystal Russell

Can you tell us a little about yourself?

I have a background in health policy at both a State and Commonwealth level, and have been working in refugee and asylum seeker health policy as part of the Diversity Policy and Projects Unit for over three years. I am passionate about social policy and believe that working in collaborative partnerships is the best way to support quality outcomes for people from refugee backgrounds. I am currently undertaking a Masters in Community Psychology and am interested in exploring mechanisms for social change across different social movements.

Your role at DHHS?

I work as the Senior Policy Adviser for Refugee and Asylum Seeker Health Policy in DHHS. I see my role as an interface between the department and the refugee and asylum seeker health sector. I work across DHHS to build awareness of the issues facing people from refugee backgrounds, including asylum seekers, and to strengthen links with the sector so that we can respond collaboratively to emerging issues in a way that best supports the sector and the community. I am also currently the Acting Manager of the Diversity Policy and Projects Unit, which aims to embed diversity across DHHS policy and programs with a specific focus on cultural and linguistic diversity; refugee and asylum seeker health; lesbian, gay, bisexual, transgender and intersex health; men's health; and women's health.

What excites you about your work?

My work is interesting, challenging and always engaging. The thing that excites me most about my role is the ability to work collaboratively with people who are innovative, passionate and committed to making a difference to the lives of some of our most vulnerable people. I feel constantly inspired by the people I work with, by their expertise, dedication and commitment, and our ability to work together towards a common goal.

What contribution can policy make to the Bridging the Gap program?

Our policy role in the Bridging the Gap Program is to translate what we learn through the program into state-wide policy and practice guidelines that can work towards addressing issues at a systemic level. It is also about promoting and supporting the innovative approaches emerging from the Bridging the Gap program as examples of best practice so these can be adopted by other services. In the coming week DHHS and DET will be meeting with the Bridging the Gap team and other partners to explore how we can support the program across State Government into the future.

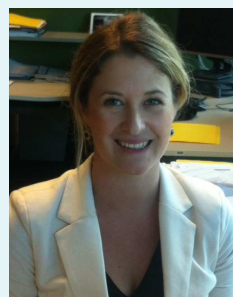


Photo: Crystal Russell

Professional development day

Over 50 midwives, maternal and child health nurses, administration clerks and medical practitioners from the south-east spent a day together participating in Bridging the Gap training. Planned by partner organisations and facilitated by a large multidisciplinary group, participants spent the morning learning about the refugee experience and approaches to supporting recovery from trauma; and the afternoon attending training modules of their choice including: working with interpreters; safety planning; incidental counselling; identification of clients of refugee background; case management for socially complex clients.

Those participating were invited to evaluate each session providing important information to enable the various modules to be embedded in service professional development programs.

Participants were overwhelmingly positive about the day.

New papers

The Bridging the Gap protocol was recently published in the open access journal BMC Implementation Science. The paper tells the story of the evidence behind Bridging the Gap, how the partnership was formed and the iterative, co-designed approach to quality improvement. The evaluation including the time-series design and process measures are also described. The protocol has been accessed nearly 2,000 times since publication in April. <http://www.implementationscience.com/content/10/1/62>

Data from two consecutive population-based surveys of recent mothers in Victoria provides a unique opportunity to gauge whether changes to the organisation of maternity services is making a difference to immigrant women of non-English speaking background experiences of care. The findings, recently published in the journal *Midwifery*, indicate no change in immigrant women's experiences over the eight year period between the surveys during which time there were major efforts to increase midwifery led models of care and provide greater continuity of caregiver. The paper can be accessed for free until July 31st at the following link: <http://authors.elsevier.com/a/1RB53ydlTI3vY>

A paper published in *BMJ Quality & Safety* reports that Afghan women and men's attending maternity care have very mixed experiences of language support. There was diversity as to whether Afghan women had an accredited interpreter at pregnancy visits with men commonly interpreting for their wives. There was minimal interpreting for imaging and pathology screening appointments and during labour and birth. Health professionals noted a number of challenges in negotiating interpreter services with family members and difficulties in managing interpreter-mediated visits within standard appointment times. Given compelling evidence of the association between poor communication and quality and safety of care, the study has identified important opportunities to enhance the engagement of interpreters and reduce social inequalities in maternal and child health outcomes. <http://qualitysafety.bmj.com/content/early/2015/06/18/bmjqs-2014-003837.full.pdf+html>

Promoting equity: co-designed innovation to improve refugee maternal and child health

This was the title of a presentation that Jane Yelland gave at a plenary session at the recent Perinatal Society of Australia and New Zealand Conference. Other speakers in the session included David Isaacs on antenatal care for asylum-seeker women and Mark Parrish from the IHMS speaking on healthcare in immigration detention. Speakers formed a panel at the end of the session for a lively if somewhat controversial question (via twitter) and answer session.

About Bridging the Gap

Bridging the Gap is a partnership between Healthy Mothers Healthy Families research group at Murdoch Childrens Research Institute and the Victorian Foundation for Survivors of Torture (Foundation House), maternity and maternal & child health services in Melbourne's south east and west, primary health care networks, local and state government.

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