

BRIDGING THE GAP

PARTNERSHIPS FOR CHANGE IN REFUGEE CHILD & FAMILY HEALTH

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Bridging the Gap is well underway, with stakeholders investing much energy and enthusiasm in planning of health care quality improvements. This edition of the newsletter shares some of that vision and passion, and some food for thought about the role of data in Bridging the Gap.

What does care for refugee families look like?

An all-day forum in February 2014 brought together stakeholders from the partner organisations and the program investigators who together shared their vision for what they would like to achieve in Bridging the Gap. Participants were passionate about:

Services that are:

Welcoming, responsive, connected and well integrated, seamless, flexible, family centred, multidisciplinary.

Workers who are:

Knowledgeable, sensitive, culturally aware, well supported.

Women and families who feel:

Respected and treated with dignity, engaged and confident, safe, their experience and needs are understood and valued, they can communicate and be heard.



Understanding the refugee experience

Foundation House's 'The Refugee & Asylum Seeker Experience' training was delivered at the forum. This half-day session was tailored to ensure relevance to the context of the Bridging the Gap partner organisations.

Feedback was overwhelmingly positive:

"This was completely outside of my normal thinking which is why I needed this"

"Each section of the morning session built on the last; kept me engaged and very interested"

"Good fundamental understanding of basic issues"

"Foundation House's recovery framework gives some direction when working in, what can be, very chaotic situations"

Many provided feedback as to what they would do differently as a result of attending the training:

"Reflect on my interactions with clients"

"Try to look for opportunities to change the system"

"Heightened awareness and more confident, with evidence, to push outside current constraints"

"Provide and promote training for staff and professionals locally"

"More collective problem solving, prioritise use of limited resources"

Many were keen for their colleagues to participate in the training and this is now a priority initiative for Bridging the Gap.

PARTNER ORGANISATIONS

MURDOCH CHILDRENS
RESEARCH INSTITUTE

VICTORIAN FOUNDATION FOR
SURVIVORS OF TORTURE

MONASH HEALTH

WESTERN HEALTH

CITY OF GREATER
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DEPARTMENT OF HEALTH

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DEVELOPMENT

SOUTH EASTERN MELBOURNE
MEDICARE LOCAL

SOUTH WESTERN MELBOURNE
MEDICARE LOCAL

MUNICIPAL ASSOCIATION
OF VICTORIA

Data matters

Many are talking about data in the context of Bridging the Gap, including:

- the need to collect routine data that better identifies families of refugee background
- how best to use data (i.e. country of birth, language spoken, year of arrival) to inform service and care planning
- use of data to inform implementation of quality improvement initiatives, and
- data to describe progress and process of implementation and to measure outcomes.

The partnership has adopted the term **refugee background** acknowledging that asylum seekers, refugees and those who have come to Australia on various visa categories (e.g. family reunion) have been through similar experiences in their country of origin (or transit country) and will share common challenges in settlement including accessing health care.

Ascertaining who has a refugee background is challenging. There is no agreed definition. Reliance on visa or self-reported refugee background is problematic. There are numerous types of visa that may apply to Australia's Humanitarian Program, and 'refugee' designated visa/s accounts for only half of the total humanitarian intake. It is not always straightforward to ask directly about refugee background. Some people may choose not to disclose their refugee background due to perceived, or real, stigma and discrimination. Asking about refugee background also raises the question, when do you stop being a refugee? It is thought that people may be less likely to identify as a refugee with increasing duration of settlement, but effects on families and on health outcomes are likely to be ongoing.

Bridging the Gap working groups in the west and the south east are progressing the steps for better ascertainment to enhance data and importantly, the interpretation of data to alert clinicians to issues they may need to consider when working with families.

Introducing Pauline Petschel

What does your role involve?

Currently I coordinate the Maternal & Child Health Universal Team at Wyndham City Council. The council is the fastest growing municipality in Victoria with over 4.000 births this financial year. The service operates out of 18 clinics and currently has 60 staff.



What aspects of your service are you proud of?

The Maternal & Child Health Team at Wyndham! The team consists of administration officers, parenting support educators, MCH nurses both universal & enhanced and all are enthusiastic and energetic in their service delivery.

The support from management to allow the development of innovative programs such as the drop-in breast feeding clinic and drop-in MCH service located in primary schools.

The opportunity to work in partnership with other service providers and researchers to develop better and more assessable services for the community.

Hopes for Bridging the Gap?

I hope that this project identifies best practice for refugee families legitimizing what is already happening for these families, identifies gaps in the service so that the service can be adapted to better fit our refugee families and to form stronger partnerships with all providers of services for the community.

Informing policy and practice

Elisha Riggs and Jane Yelland were recently invited to present Bridging the Gap at the DEECD Maternal and Child Health (MCH) state-wide conference. The annual conference attracts around 1,000 people and is televised around the state. The presentation included an outline of the evidence that has informed the development of the program, some of the quality improvement initiatives in MCH as proposed by partners at the partnership forum, and an overview of the evaluation.

Earlier in the day the Future Directions for Victoria's Maternal and Child Health Service consultation paper was launched. Much of Bridging the Gap resonates with this proposal that places particular emphasis on improving outcomes for children experiencing vulnerability.

<http://www.education.vic.gov.au/Documents/childhood/professionals/health/futuredirections.pdf>

Suboptimal care and maternal mortality among foreign-born women

The team at MCRI are collecting material on a wide range of issues related to Bridging the Gap. In time the resources will be available to stakeholders via the website.

A recent paper published in BMC Pregnancy and Childbirth report findings from a Swedish study examining maternal deaths amongst foreign-born and Swedish-born women.

Suboptimal care factors were associated with a majority of maternal deaths and significantly more often to foreign-born women. The main delays to care-seeking were 'non-compliance' among foreign-born women, miscommunication and lack of professional interpreters. The authors conclude that increased insight into a migration perspective is advocated for clinicians who provide care to foreign-born women. The paper can be accessed via the link below:

<http://www.biomedcentral.com/content/pdf/1471-2393-14-141.pdf>

Coming soon!

The Bridging the Gap website is coming. The following link is to a description of the program on the Healthy Mothers Healthy Families home page. You will also find a copy of the report presenting the findings from the *Having a baby in a new country: the experience of Afghan families and stakeholders* study.

<http://www.mcri.edu.au/research/themes/phge/healthymothers>

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