

# BRIDGING THE GAP

PARTNERSHIPS FOR CHANGE IN REFUGEE CHILD & FAMILY HEALTH

NEWSLETTER #4 OCTOBER 2014

In this edition, we detail four Bridging the Gap quality improvement initiatives, outline the approach we are taking to professional development and profile two people that are contributing to making it all happen!

## Quality improvement projects

Four Bridging the Gap quality improvement projects are in varying stages of development and implementation.

### In the south east:

**MATCH Identify and Connect** is exploring opportunities to bring midwives and maternal and child health nurses together to facilitate a smoother transition between services for families of refugee background. The MATCH working group together with Foundation House are developing cross-sector training that aims to identify refugee background families early in pregnancy and connect them with appropriate support.

**Language in labour** is developing options to improve communication between families of refugee background and health professionals during labour and birth. The challenges of communication in labour was a key issue identified by health professionals and Afghan women and men taking part in the *Having a Baby in a New Country* study (see p3).

### In the west

**Continuity of midwifery care** for families of refugee background is being facilitated by early identification of women of refugee background at the time of hospital booking enabling triage into 'one to one' midwifery care (caseload midwifery).

**Happy Healthy Beginnings** is an exciting initiative that will provide culturally sensitive clinical care, group support and information in a community setting. The program is initially being developed for Karen women from Burma.

## Healthy Happy Beginnings

**Oh Su Tha Pwee Ah Dah Sah Taw Tha**  
(Karen translation)

A working group of several local organisations in Melbourne's west have been meeting to plan a new way to provide pregnancy care for families of refugee background, close to where they live, and in ways that meet the needs of women and men for information, advice and care in the context of pregnancy.

Community consultation with the Karen community in Werribee has informed program planning. The name of the program - *Healthy Happy Beginnings* - was agreed following suggestions made by participants in the community consultation.

*Healthy Happy Beginnings* will provide community based antenatal care for Karen families in a format designed to promote health literacy and understanding of preventative health in conjunction with routine clinical care.

The program will be facilitated by a multidisciplinary team of midwives, maternal and child health nurses, interpreters and bicultural workers who will offer a group based program, with individual appointments for antenatal care operating alongside group information sessions.

The working group has been enthusiastically discussing values, principles and aims to underpin the program and the practicalities of undertaking a cross-sectoral, family centred, socially inclusive and culturally appropriate approach.

*"Strictly applying the same rules to everyone doesn't necessarily lead to fair outcomes"*

Kate Jenkins, Human Rights and Equal Opportunity Commission

## 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

DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT

SOUTH EASTERN MELBOURNE MEDICARE LOCAL

SOUTH WESTERN MELBOURNE MEDICARE LOCAL

MUNICIPAL ASSOCIATION OF VICTORIA

## Training to support us 'doing things differently'

All Bridging the Gap working groups have identified a need for additional training to facilitate new ways of providing care to families of refugee background.

There have been many discussions about the 'who, how, why, when' of training and the development of principles to underpin training in Bridging the Gap.

We have agreed on the following principles to underpin training:

- The need to be clear about purpose and about expected outcomes
- The importance of taking a participatory approach to the design and conduct of training
- The integration of training within Bridging the Gap projects
- The need for training to go hand in hand with organisational change
- The importance of ensuring that approaches to training are sustainable.

In the west training is poised to start with:

- *Healthy Happy Beginnings* working group and staff
- An introductory session for front-of-house staff and health professionals at the launch of Bridging the Gap in the West.

Foundation House are providing leadership and guidance for training for Bridging the Gap.

## Launch in the west

The launch of **Bridging the Gap** in the west will take place on Tuesday 25th November 9-10am at Sunshine Hospital followed by an introductory session on the refugee experience.

To RSVP or for more information please contact:

Bridging the Gap ☎: 99366084

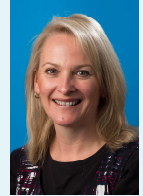
✉: [bridgingthegap@mcri.edu.au](mailto:bridgingthegap@mcri.edu.au)

## Introducing Sue Willey

Sue is a Bridging the Gap study investigator, and is involved in the MATCH project in the South East.

### Can you tell us about your current work?

I'm an academic member of staff at Monash University, School of Nursing & Midwifery where I teach nursing and midwifery. I also coordinate the Refugee Health Nursing and Primary Health Care specialty stream. This stream has been developed in partnership with the state government, Foundation House and others. I am also employed on a casual basis as a maternal & child health nurse with the City of Greater Dandenong.



### Can you tell us a little more about your work in refugee health?

Since moving from clinical practice as a refugee health nurse to an academic role, I have been developing innovative educational resources that offer students improved knowledge and awareness of the many health and psychosocial issues that vulnerable communities such as people from a refugee background face. I have been fortunate to be able to combine this with research opportunities that have a direct focus on refugee health. Having a dedicated refugee health nursing and midwifery academic role at Monash University that is grounded in primary health care broadens the focus of health care from the acute sector to the primary health care sector. I continually remain excited to have this opportunity and feel fortunate to be involved in such as stimulating area of health care.

### Hopes for Bridging the Gap?

I feel this is a fantastic opportunity for many people from different areas of Melbourne to work collaboratively in bringing about innovative change and improvements in health care for people from a refugee background. I hope change results in a culturally responsive healthcare workforce that enables and empowers refugee communities. In doing so, Bridging the Gap offers capacity building and advocacy for systematic change that I hope results in improved health equity and equality for refugee populations.

## First steps in providing responsive care to families

In the last newsletter we outlined some of the issues related to identifying people of refugee background using data obtained from women and families at point of entry into the health system. The Bridging the Gap Steering Group has agreed that the collection of four data items – country of birth, year of arrival in Australia, language spoken, interpreter required – provide the best indication of likely refugee background for data collection purposes.

For maternity and early childhood health services data of this kind provides an alert or 'flag' of refugee background. The challenge for many health professionals is what to ask next. What will assist in having a better understanding of a client's background? What does one need to consider as the first step in providing responsive care to families?

We put these questions to a group of health professionals who work closely with families of refugee background. This group included a paediatrician, general practitioner, a midwife and maternal and child health nurse. The group suggested that it was always good to ask the four 'identification' questions again:

- *Which country were you born in?*
- *Which year did you arrive in Australia?*
- *Which languages do you speak?*
- *What is your preferred language for interpreting?*

Additional questions suggested:

- *Where have you arrived from?*
- *Do you have other family members here?*
- *Did you arrive in/come to Australia as a refugee or asylum seeker?*
- *Did your partner come to Australia as a refugee or asylum seeker?*
- *Where were your other children born?*

Use of the third person was also suggested:

- *"I have looked after many people from xx (country) who have had a very difficult time. I'm wondering if you arrived in Australia as a refugee?"*

- *"Our service likes to make sure that our clients have all the support that they need: I'd like to ask you..."*

Supported by training the Bridging the Gap quality improvement initiatives provide an opportunity for clinicians to try out these questions to better identify families of refugee background and respond to experiences of trauma and the challenges of settlement in the context of clinical care.

## Having a baby in a new country: paper published

Findings from the *Having a baby in a new country project* have been published in the open-access journal BMC Pregnancy and Childbirth.

The study informed the development of the Bridging the Gap partnership and many of the quality improvement initiatives currently underway.

The paper: *How do Australian maternity and early childhood health services identify and respond to the settlement experience and social context of refugee background families?* can be accessed at:

<http://www.biomedcentral.com/1471-2393/14/348>

## Introducing Dannielle Vanpraag

In April Dannielle Vanpraag joined Bridging the Gap as the data manager/analyst. She is working with the investigators and implementation sites to undertake the time series analysis of perinatal and early childhood data.



Dannielle's background is in database analytics and demographic marketing / customer insights. She worked with colleagues in the National Health Service in the UK, across primary care, secondary care, government and health charities to use data insights to evidence health need, plan services, develop health promotion campaigns and evaluate the success of public health interventions.

Dannielle has a Bachelor of Commerce and is currently completing a Masters of Public Health with a research project in Health Program Evaluation.

Many will have already met Dannielle as she supports the Bridging the Gap team with the quality improvement initiatives. Dannielle is based at MCRI, Parkville and can be contacted on [dannielle.vanpraag@mcri.edu.au](mailto:dannielle.vanpraag@mcri.edu.au) and 9936 6084.

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## Website

Bridging the Gap is online. For more information please visit us at <http://www.mcri.edu.au/11405.aspx>

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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This newsletter has been put together by the Healthy Mothers Healthy Families research group at MCRI.

For more information please contact the Bridging the Gap team:

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