# The World In Your Waiting Room

Working with Refugee Background Communities in Primary Care



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RPH Refugee Study Day - 13 May 2021



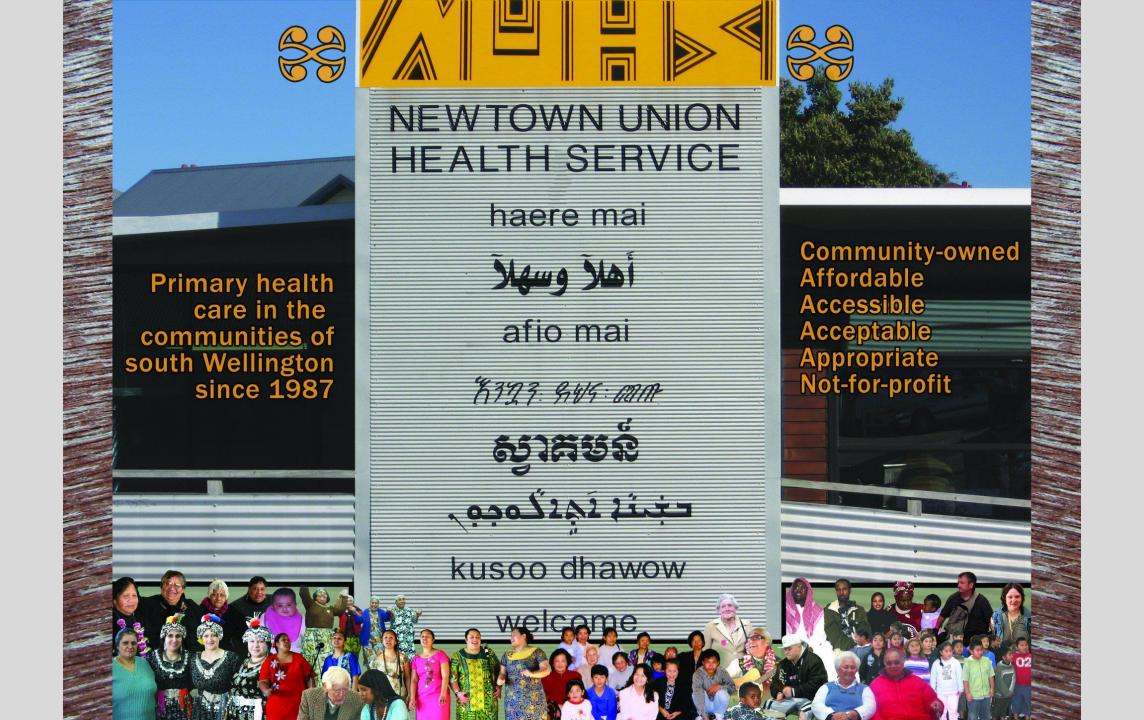


### What We Will Cover

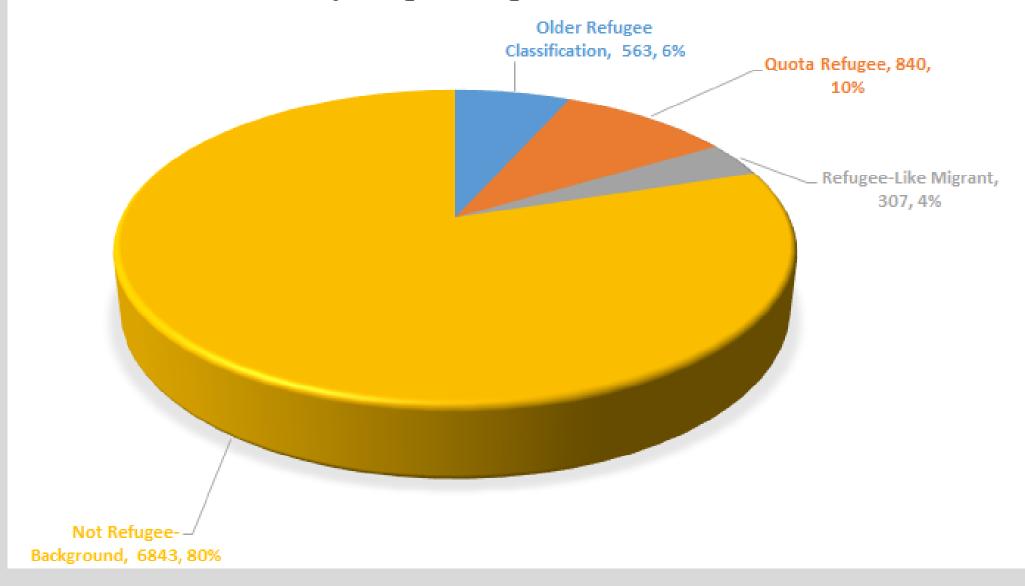
- 1. Us, Our work & Our journey
- 2. Newtown Union Health Service
- 3. 'Refugees' & Disparities
- 4. Working cross-culturally explore relevant considerations and concepts
- 5. Barriers and enablers to effective care
- 6. A model for enhancing care
- 7. E-learning Series
- 8. Our Top Tips!



Helen Zughaib - 'Generations Lost'



# Registered Newtown Union Health Service Population as at 10/1/2020 by Refugee-Background Classification





# Think 'Refugee' What comes to mind?



# **Images and Definitions**



















# Refugee or Migrant?

- Asylum Seekers
  - Up to 200 per year
  - Screening via RPH & PHC
- Refugee Family Support Category
  - Up to 330 per year
  - Not considered 'refugee'
  - No systematic health screening/orientation or resettlement support on arrival
- 'Refugee-like Migrants'
  - Other Immigration Categories
  - Visitor visa; Work visa



'Migrant', Antoine Berchane

# Refugee-like Migrant

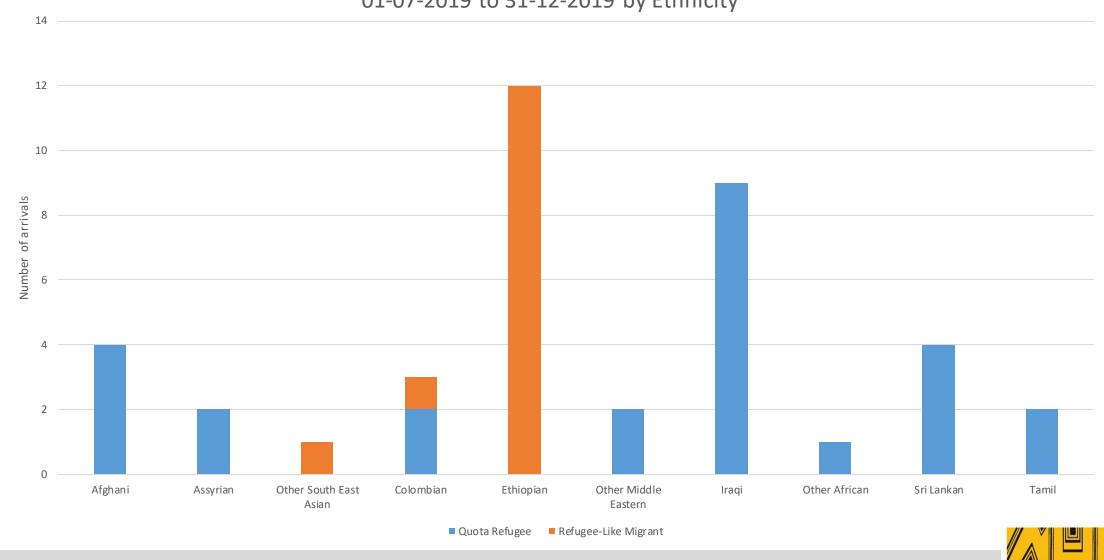
From a background comparable to people admitted to New Zealand with refugee status <u>AND</u> has similar health needs and require screening similar to a refugee

Examples of situations contributing to the above criteria:

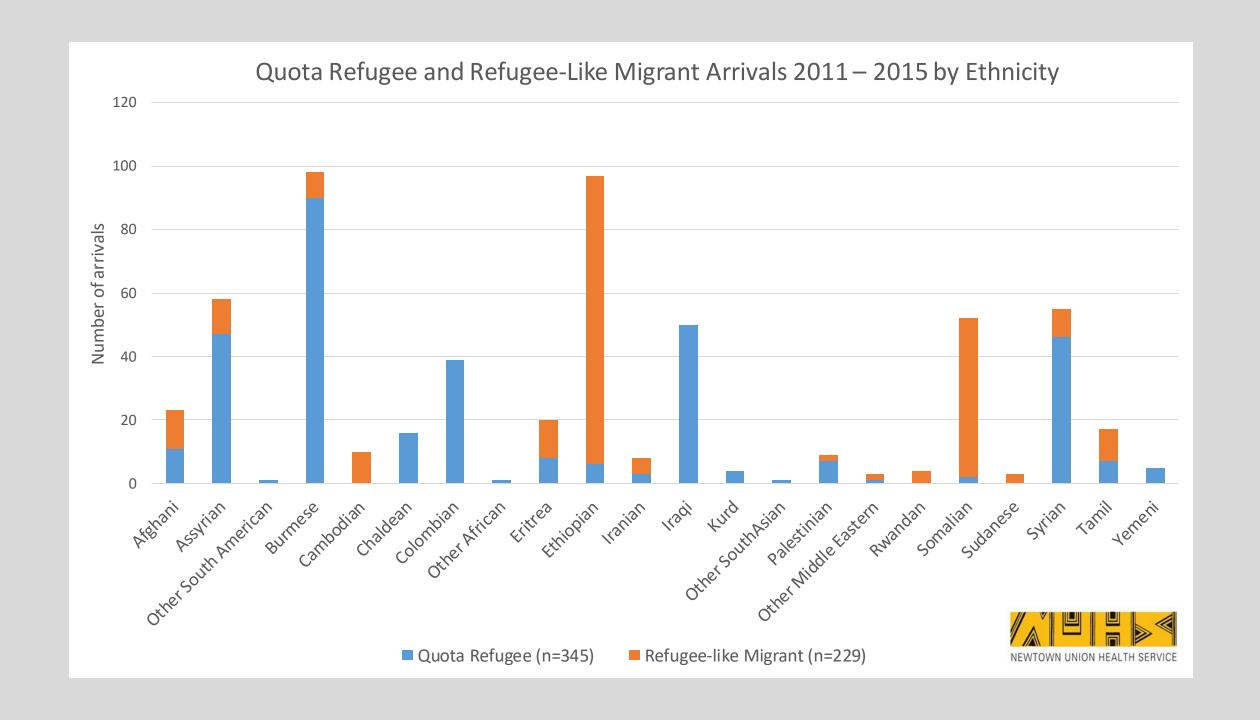
- High rates of endemic disease in country of origin
- Poor access to health care
- Exposure to trauma
- Exposure to war or conflict
- Prolonged residence in refugee camps or asylum countries
- Forced migration or internally displaced people
- Origin from country where refugees are currently originating







NEWTOWN UNION HEALTH SERVICE



# Working Cross Culturally: Concepts

- Unconscious Bias
- Discrimination
- Racism
- Stereotyping/Assumptions
- Othering
- Cultural Proximity



'Migrant', Antoine Berchane

## **Barriers to Health & Wellbeing**

- Language
- Literacy/Education
- Poverty
- Social isolation & exclusion
- Discrimination/Racism
- Effects of past experiences forced migration
- Disparities in service provision
- Inequitable access to determinants of health
- Cultural values, norms, beliefs illness, systems, roles
- Stereotyping, Assumptions, Stigma
- Lack of culturally safe services
- Lack of adequate time



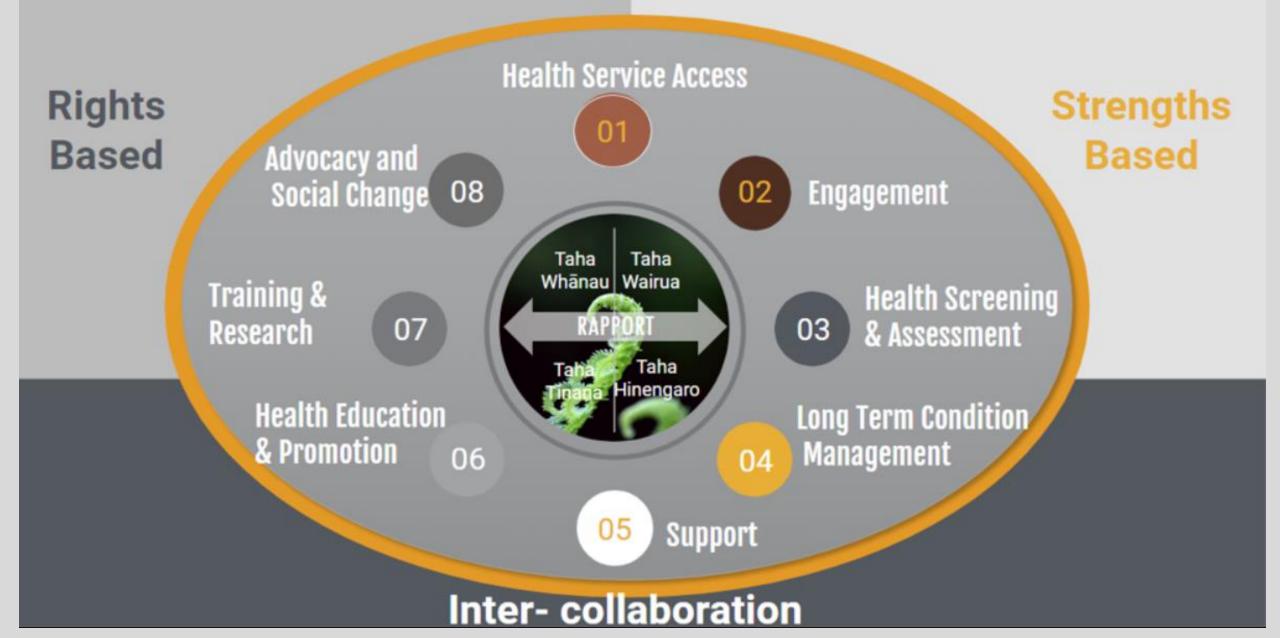
'Awe is Destruction', Bryce Chisholm

# Issues in Refugee Health

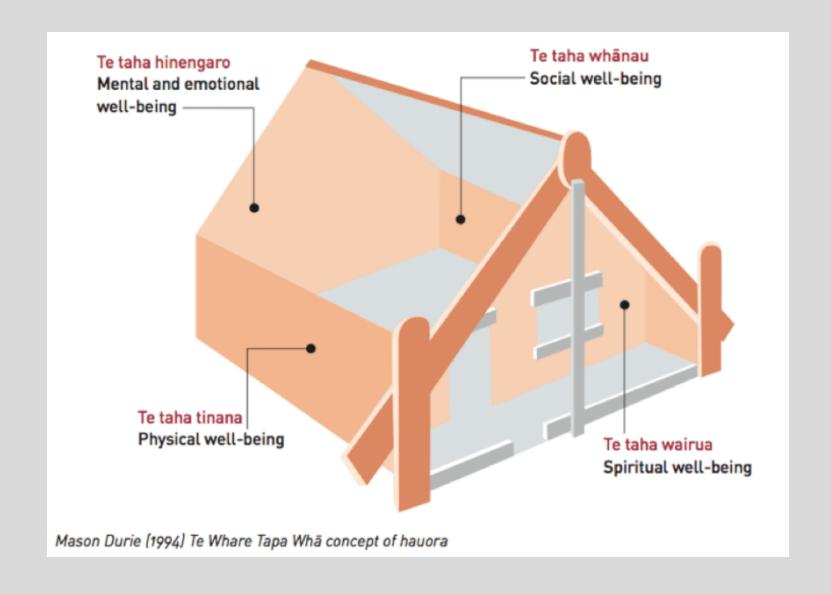
- Loss of social status
- Separation from family/friends
- Immigration status and that of family
- Family Reunification
- Mental health PTSD, somatisation, distress
- Physical health issues infectious, long term, acute
- Children being used as interpreters; intergenerational conflict of values/social norms; different parenting styles, expectations
- Post migration stressors effect on wellbeing/mental health



## **Model for Enhancing Care**



# Te Whare Tapa Whā



#### The Foundations

#### Rights Based

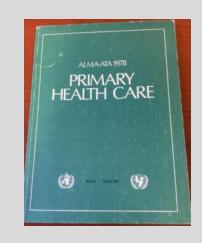
- "A human rights-based approach incorporates concepts that support people to realise their human rights. This includes non-discrimination, social justice, participation, and accountability" (Changemakers Refugee Forum)
- Alma Ata Declaration 1978 "the right to health...a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity..."

#### Strengths Based

- "emphasizes the client's resources, capabilities, support systems, and motivations to meet challenges and overcome adversity" (Loue, 2018)
- Culture, beliefs and customs
- Fosters hope

#### Inter-collaboration

- Collaborative teamwork occurs along a continuum interdisciplinary, multidisciplinary, transdisciplinary (Pullon et al., 2011)
- Positive effects of good teamwork known
- The patient at the centre and a participant in the care





Peap Tarr, Artist

## **Model for Enhancing Care**

#### **Support**

Refer to appropriate professionals and agencies such as social workers, refugee advocacy groups and resettlement support providers (e.g Red Cross). Help them navigate the systems.

Assist families with making connections in their communities for example practical things like childcare.

Build trust and have therapeutic conversations.



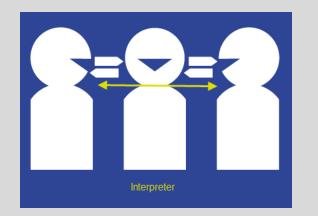
#### Advocacy & social change

Work with relevant organisations to advocate for your refugee families.

Participate in larger campaigns that advocate for refugee rights.

# Working with Interpreters

- Essential to use a professional interpreter to ensure clear, effective communication and safe clinical practice
- HDSCRC Right 5: Right to effective communication
- Ability to assess when a professional interpreter is the only safe option
- May be times when practical to use a non-professional interpreter
- Confidence and skills are required to effectively use interpreters
- Patients expressed concerns around accuracy and confidentiality (Cheng et al. 2015)
- Gender, mutual understanding, trusting relationships, using the same person to interpret at each visit seen as beneficial (Cheng et al. 2015)



## Our E-Learning Series







Module One: Journey to resettlement Module Two: Resettlement experience Module Three: Working with Refugees

Module Four: Enhancing Health of Refugees









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Life before becoming a refugee
The journey to becoming a refugee



Resettlement processes Needs and challenges Resettlement experiences



Being culturally responsive Health Literacy Communication



Te Whare Tapa Wha Model for working with refugees Health Screening





# **Questions?**



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