

Communiqué

First Meeting, Sub-Working Group on Refugee Women's Health - Migrant and Refugee Women's Health Partnership 20 February 2017

Sub-Working Group on Refugee Women's Health met for the first time in Melbourne on 20 February 2017. Members discussed the priorities for the Sub-Working Group and specific areas of focus that would support the overall objectives of the Partnership.

The meeting provided an opportunity to reiterate key principles underpinning the consideration of good practice in the provision of culturally appropriate care to refugees, including the reflection of diverse experiences of refugees, including gender, sexuality, and age. Older women and young women were identified as cohorts requiring dedicated focus in this regard.

Much of the Sub-Working Group's workplan over 2017 will focus on consultation, and members reiterated the significance of lived/consumer experience and the need to ensure adequate consultations throughout the policy development.

The discussion centred on a holistic care model that does not focus on an individual's health exclusively in view of their refugee background; instead, it brings out a situation of a person and responds to the situation. With regards to the role of the professionals, members considered the critical elements of providing culturally appropriate care, including the identification of families and individuals from refugee backgrounds, their migration histories and social circumstances, and knowing how to respond to those, as well as what tools can be applied to manage the situation appropriately.

Members emphasised the importance of developing the understanding of what all clinicians can do to provide culturally appropriate care, within their sphere of influence. This includes the importance of trauma healing as opposed to trauma reinforcing interaction.

The discussion of refugee health and health system literacy informed the consideration of the role settlement and settlement services might play in resolving certain misunderstandings, including through health orientation and care plans. Similarly, Primary Health Networks provide important opportunities for engagement with regards to cultural competency and safety in primary health care. Regional settlement of refugees is a particular consideration in this regard.

Members raised the significance of 'touchpoints' for individuals and families in terms of passing the continuing message through various channels. The role of technology in health literacy and information, as well as language services, was discussed extensively.

With refugee women's health being its key focus, the group explored the need for balancing conversations to focus both on newly arrived refugees going through settlement, as well as the broader migration cohort with its unique health vulnerabilities and health care needs. Learnings should be drawn from refugee health experiences—across professional, systems and consumer levels—to inform the universal system.

The Sub-Working Group received briefing from Dr Jane Yelland from Murdoch Children's Research Institute who discussed relevant research findings that can inform strategies for health services to better meet the needs of refugees, including professional development and people's information needs.

There was an overall agreement on the need to explore avenues for influencing systems, and well as the national policy and strategy development on migrant and refugee women's health.

The Sub-Working Group will have three further meetings in 2017, with the second meeting scheduled to be held in May.

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