



MIGRANT & REFUGEE WOMEN'S HEALTH PARTNERSHIP

Communiqué

First Meeting, Working Group, Migrant and Refugee Women's Health Partnership 25 November 2016

The Working Group of the Migrant and Refugee Women's Health Partnership held its first meeting on 25 November, in Melbourne.

The Working Group discussed the priorities for the Partnership, specific strategies, and guiding principles that would underpin its work.

The Partnership's workplan for the next two years will focus on scoping the context within the clinical and community education and practice, supporting cultural consideration and capability in health care through standard setting for training and accreditation, and promoting public education with a particular focus on systems knowledge through appropriate formats and channels.

A dedicated Sub-Working Group on refugee women's health will be convened bringing together relevant experience and expertise. Another Sub-Working Group will focus on the development of language services standards, recognising the critical role of language services in ensuring better access to health care.

The meeting provided an opportunity to reaffirm the Partnership's focus on women as the strongest influencers on the health of their families. Members emphasised the Partnership's broad focus on women's health, while acknowledging the importance of psychological issues and applying a mental health lens to all considerations, as well as the significant opportunities to engage with women who seek care during antenatal period for screening and health promotion purposes.

One of the key guiding principles for the Partnership is the great diversity within the migrant and refugee women cohort—the state of women's health and their access to health care can vary widely, based on factors such as age, socio-economic status, pre-migration experiences, migration status, and other factors.

The Working Group is acutely mindful of ensuring that the Partnership's work is women-centric, as well as point-of-care centric (i.e. its scope is not limited to medical settings and includes all clinical care).

The meeting explored the key cultural considerations that impact on migrant and refugee women's access to, and experience of, health care, including language, religion and faith, stigma, family and community implications, systems knowledge, health beliefs and help-seeking behaviours. The considerations will inform the work of the Partnership going forward.

The Working Group reiterated that the Partnership's target cohort will include migrant and refugee women on temporary visas. For many residents on temporary or long-stay visas, health care is their only service exposure, and it provides an important avenue for reaching out to, and capturing, the cohort.

Further to the development of specific practical strategies to address barriers to access in health care, the Working Group is well positioned to support broader health policy debate by providing an informed and evidence-based focus on migrant and refugee women's health. In this regard, the Working Group will be pursuing opportunities and partnerships to develop policy relevant health economics research.

The Working Group received briefings by Professor Andrew Markus of Monash University on the findings of the recent Australians Today and Mapping Social Cohesion surveys (including experiences of discrimination, institutional trust and gender issues in migration broadly), and by Associate Professor Andrew Block of Monash Refugee Health and Wellbeing on refugee women's health challenges.

The Working Group will meet four times in 2017, with the second meeting scheduled to be held in February.

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