

17th BIENNIAL CONFERENCE

ESHMS



LISBON
2018

*AN APPROACH TO BUILDING TRUST BETWEEN REFUGEE
COMMUNITIES AND THE HEALTH CARE SYSTEM: A MODEL OF
COMMUNITY ENGAGEMENT*

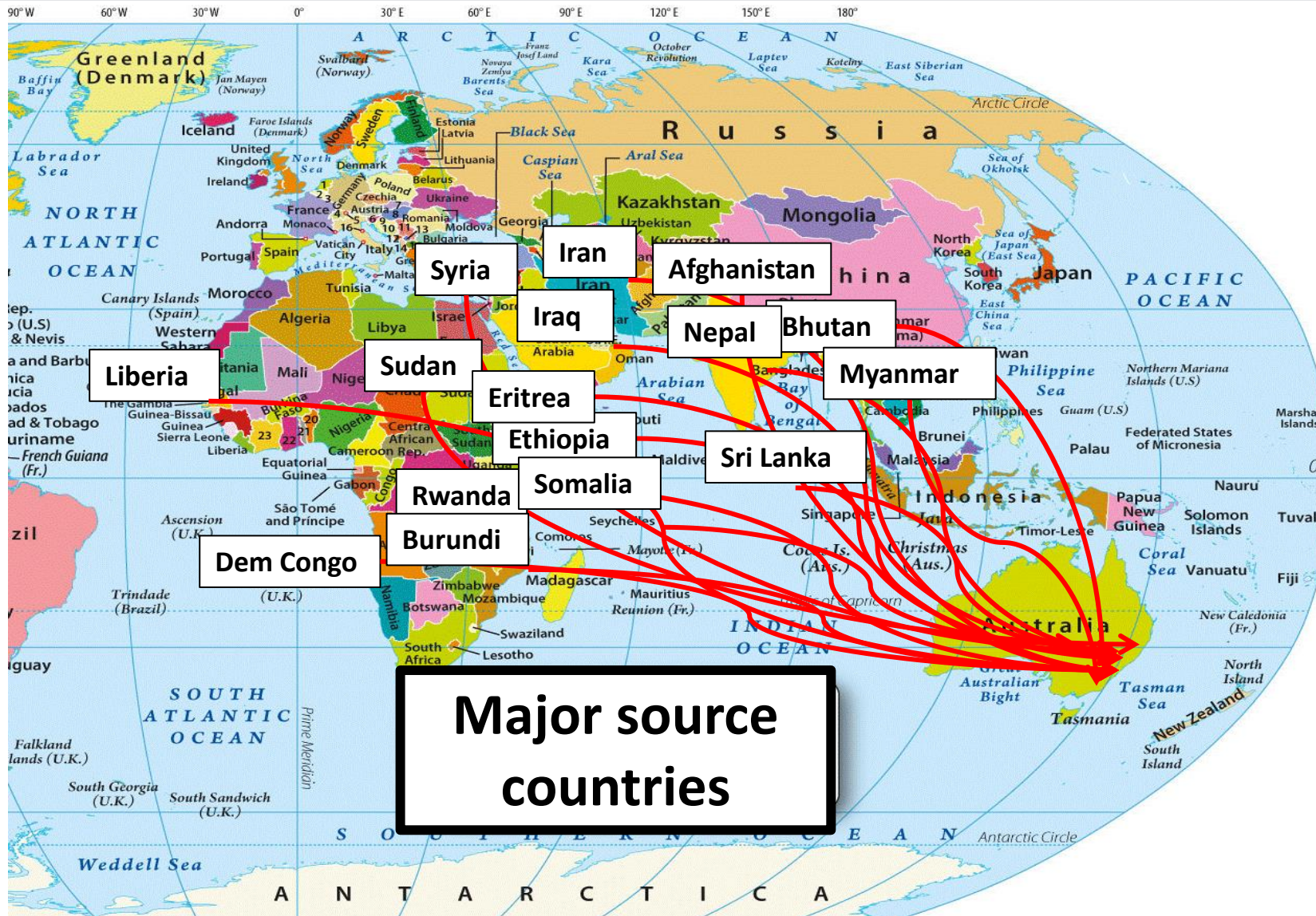
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Outline of presentation

- Background to Australian refugee and humanitarian settlement;
- Why engagement around health is important;
- Challenges to building trust with refugee background communities;
- Outline of a trauma informed response to engagement;
- Examples of what has been achieved.



Context of humanitarian resettlement in Australia

Approximately 150,000 refugee and humanitarian entrants settled permanently in the past 10 years



REFUGEE AND HUMANITARIAN PROGRAM GIVES IMMEDIATE PERMANENCY AND ACCESS TO ALL SERVICES.

- Health
- Housing
- Employment support
- Income support
- Language classes



Access to health services



Childhood experiences



Housing



Education



Family income



Employment



WHY IS ENGAGEMENT IMPORTANT?

- Permits ethical right to have input into decisions about their health;
- Improves policy and health outcomes;
- Improves relationships between service providers and consumers;
- Serves a variety of political purposes;
- Develops trust between patient communities and the health system - an overriding imperative for health service development.



CHALLENGES IN BUILDING TRUST WITH COMMUNITIES FROM REFUGEE BACKGROUNDS

- Cultural distance of the patient from the mainstream social and cultural life.
- Particular sub culture of the health system itself, with its own traditions and cultural norms .

One of the major problems... is that the formal service system has a 'culture of its own....to make good use of it requires .. [the community]..to master the language, roles and values of that culture.'

Victorian Foundation for Survivors of Torture (2016), *The Early Childhood Access And Participation Project: Talking With Chin Families From Burma About Early Childhood Services: A Guide to the Model* VFST, Melbourne. P4

CHALLENGES IN BUILDING TRUST WITH COMMUNITIES FROM REFUGEE BACKGROUNDS

- Experience and legacy of trauma
- Unfamiliar with systems/Unresponsive systems
- Ongoing vulnerabilities



TRAUMA INFORMED RESPONSE TO ENGAGEMENT WITH COMMUNITY

An analysis of the parameters of refugee related trauma always emphasises

- multidimensional nature of the experience and concomitant losses
- impacts are social, psychological and existential
- experienced singly or cumulatively by individuals, families and whole communities.

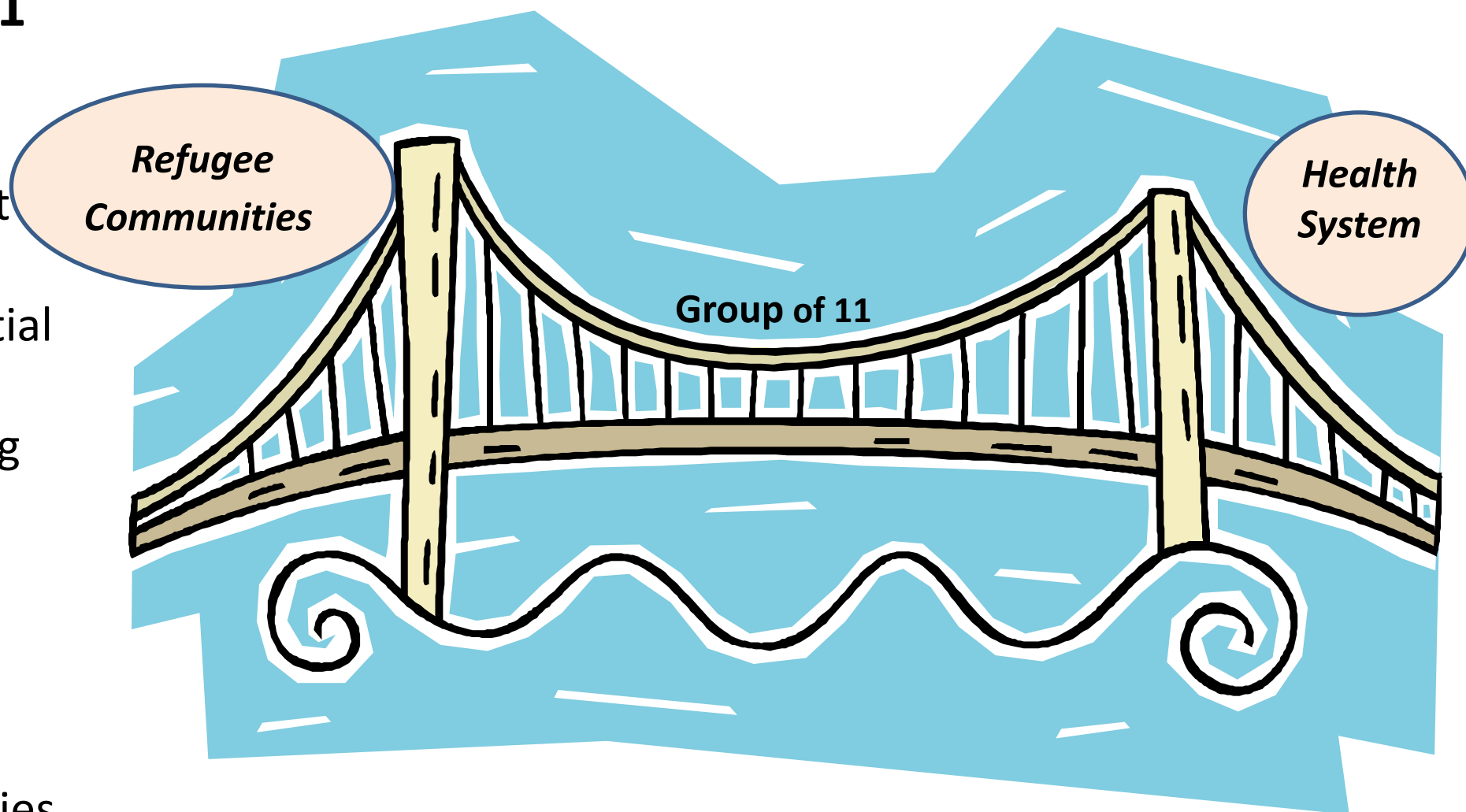
ONGOING VULNERABILITY

- Difficulties with language
- Alienation
- Racism
- Fear/ distrust
- Traditional sources of health support may not be available/useful



THE GROUP OF 11

- Recruited a group of people from relevant backgrounds
- “Leaders” or “potential leaders”
- “Experts” while being “average”
- Source of advice to health organizations and the catalyst for improving health literacy in communities





Dimension of vulnerability	What this means for the individual	How the model acknowledges this vulnerability
Loss of control	Internal and external control – loss of the ability to control psychological reactions to stimuli and the environment.	Monthly meetings Information sharing Logistics are consistent and predictable. Skill development
Loss of connection	Significant attachments to people, places, networks, and cultural practices.	Sense of family – connection with each other and with the health system
Loss of autonomy and self esteem	Humiliation and guilt are shameful secrets that many traumatised people carry. Racism and discrimination exacerbate	Encouragement to take risks Profound respect for the wisdom of the group Appropriately remunerated
Loss of meaning	Many cannot continue to hold with notions of good, evil, order and chaos. Sense of purpose is lost.	Inspired by the importance of the work

Victorian Foundation for Survivors of Torture (1998), *Rebuilding Shattered Lives*, VFST, Melbourne



ESSENTIAL ELEMENTS FOR BUILDING TRUST

- A mindset not a technique;
- Organizational commitment and a high level champion;
- Ongoing process, not a fixed time event;
- Respects the wisdom of the community;
- Celebrates and manages the cross cultural communication “bumps” .



WHAT HAS BEEN ACHIEVED?

- Trained clinicians about the needs of their refugee patients;
- Delivered appropriately tailored health literacy to refugee communities;
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- Provided advice to policy makers;
- Gave a voice to the community through acting as peer researchers;
- Built co-creation research capacity in community - as reflective and sharply analytical researchers.



CO CREATION IN RESEARCH – THE PEER INTERVIEWER MODEL – HEALTH NEEDS OF YOUNG PEOPLE FROM REFUGEE BACKGROUNDS

Gives voice to young people from refugee backgrounds which *informs our care.*

Develops the research capacity of the community, enhances the quality of information available from vulnerable and “hard to reach” communities and *informs health service development.*





CO CREATION IN REFUGEE HEALTH RESEARCH

THE PEER INTERVIEWER MODEL – HEALTH NEEDS OF YOUNG PEOPLE

Cultural barriers

...a lot of us in the African community do not talk about our health issues –like a taboo...there are so many explanations to certain issues such as witchcraft and someone could use it against you. (U7and U8)

**Accessibility of health services –
failure to build relationship and mistrust**

He did not treat me like a human being, but they treat us like machines e.g. sit down, open your mouth, what is the problem. They do not behave well may be because we are refugees. (F6)



CO CREATION IN REFUGEE HEALTH RESEARCH THE PEER INTERVIEWER MODEL – HEALTH NEEDS OF YOUNG PEOPLE

Importance of spirituality

If I feel sad or anxious I will make some prayer for myself; prayers are very important thing in my life. (A8)

I take a deep breath, and if it does not help then I start to pray to God in order to get help from him to be stress free (F9)

Help seeking practices

If my friends are unwell they talk to their family members and friends; they also talk to GP but at last as they believed GP is the last resort. (A2)



CO CREATION IN REFUGEE HEALTH RESEARCH

Future work

- Evaluation of government policy - *The Refugee Health and Wellbeing Policy and Action Plan*
- Evaluation of the service initiatives – *The efficacy of health information given to people on arrival*
- Development of targeted health research - *Expanding knowledge about the presence of a patient's cultural and spiritual explanatory models of health : A focus on the efficacy of cancer prevention strategies in women from South Sudan.*

The dimensions of trust/distrust that have emerged through this work is generalizable to other contexts where health inequalities and mistrust mitigate against health outcomes.





THANK YOU