

Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers

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Key Words:

Refugee, Maternal and Child Health, Access to Health Services, Cultural competence

Research aim:

This study aims to explore experiences of using maternal and child health (MCH) services, from the perspective of families from refugee backgrounds and service providers.

Results/Conclusion:

Although participants who had children born in Melbourne had good initial access to, and experience of, using MCH services, significant barriers remain. A systems-oriented, culturally competent approach to service provision would improve the service utilisation experience for parents and providers, including formalising links and notifications between settlement services and MCH services.

Implications:

Four themes were identified: facilitating access to MCH services; promoting continued engagement with the MCH service; language challenges; and what is working well and could be done better. Several processes were identified that facilitated initial access to the MCH service but there were implications for continued use of the service. The MCH service was not formally notified of new parents arriving with young children. Pre-arranged group appointments by MCH nurses for parents who attended playgroups worked well to increase ongoing service engagement. Barriers for parents in using MCH services included access to transportation, lack of confidence in speaking English and making phone bookings. Service users and providers reported that continuity of nurse and interpreter is preferred for increasing client-provider trust and ongoing engagement.

Cultural Group(s):

Refugees, Immigrants

Location of study:

Melbourne, Australia

Age group:

Number included in study:

336

Type of participants:

Immigrant/Refugee Mothers and Children

Research approach:

Socioecological model of health and a cultural competence approach. Two geographical areas of Melbourne were selected with seven focus groups made of the participants.

Type of data:

Secondary data sources used:

Specific scales or analytical techniques used:

Implications/ Recommendations:

Notes: