

Supplementary Material

Qualitative experiences of primary health care and social care professionals with refugee-like migrants and former quota refugees in New Zealand

Jonathan Kennedy^{A,B,C}, Helen Kim^A, Serena Moran^{A,B} and Eileen McKinlay^A

^ADepartment of Primary Health Care and General Practice, University of Otago, Wellington 6242, New Zealand.

^BNewtown Union Health Service, Wellington 6021, New Zealand.

^CCorresponding author. Email: jonathan.kennedy@otago.ac.nz

Appendix S1. Demographic Questionnaire

Demographic Information

Date:

Name	
Age	
Gender	
Ethnicity	
Own Refugee/Migrant background	
Discipline/Profession	
Year working in Primary Health Care	
Role with Refugees/Migrants	
Years working with Refugees/Migrants in Primary Health Care	

Appendix S2. Interview Questions

Interview Questions

Brief introduction:

As you know NUHS has a particular interest in working with Refugees and migrants with a refugee like background. For these migrants, the term Refugee Like Migrants is used in your practice. This research explores the perception of staff working with refugees, regarding the possible differences when providing healthcare to Quota Refugees versus refugee like migrants.

So my first question is,

Staff Knowledge

1. How are migrants with a refugee like background (Refugee-Like Migrant) different from Quota Refugees (Quota Refugees) or Asylum seekers? [Background – asking more about the people rather than how you work with them]

Difference between working with Quota Refugees vs. Refugee-Like Migrant

2. What are the services/supports available for Refugee-Like Migrant, and how are these different to the support given to Quota Refugees as part of the resettlement programme by the Red Cross? [Knowledge of external services and supports]
3. Are there different health/social assessment processes you use for Refugee-Like Migrant compared to Quota Refugees? What are these? [Processes you use]
4. What health-seeking behaviours have you noticed in Refugee-Like Migrant compared to Quota Refugees? Why could there be a difference? [Health seeking behaviour]
 - a. E.g. Scheduling appointments, arrive late or very sick before they seek health care, coming to GP vs. ED
5. Do you think there is a difference in building relationships with Refugee-Like Migrant compared to Quota Refugees? [Relationship building]

Focus on Refugee-Like Migrant

6. What are the greatest needs for Refugee-Like Migrant in health care? [Greatest needs]
 - a. i.e. Mental Health issue
7. Refugee-Like Migrant come from different backgrounds, cultures and experiences. I am interested in the commonalities that exist across different cultures and backgrounds. Can you comment on your experience of these commonalities? Are there differences you need to take into account? How do you know this information? [Commonalities that transcend culture]
8. So far in your experience, what has worked well in providing care for Refugee-Like Migrant? And what hasn't? [Professional development]

Challenges/Barriers

9. What are the challenges and barriers that you have faced when providing health care services to Refugee-Like Migrant? How have you overcome these barriers? [Barriers and Solutions Used]
10. In the future, what other solutions would you suggest that could help to overcome these challenges and barriers? [Other ideas not yet used]
11. Think back to when you first started at NUHS/PUCHS, what would have been really helpful for learning about how to approach this particular group?

If you come up with more answers, please feel free to email your responses.