



arteveldehogeschool

LID VAN DE ASSOCIATIE UNIVERSITEIT GENT

“A BUDDY NEAR THE CRIB”

Perinatal coaching for underprivileged families

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Artevelde University College Ghent

Belgium

“A BUDDY NEAR THE CRIB”

- 1. Preliminary research
- 2. Project: the buddy-model
- 3. Study

1. Preliminary research

- Research in perinatal care for underprivileged woman at the Artevelde University College Ghent revealed:
 - High barrier to health care access
 - Difficult communication towards health care professionals

1. Preliminary research

- *How do doctors communicate with poor patients?*
 - Doctors impose more guidelines
 - Patients are less involved in decisions
 - More physical examination, more biochemical approach
 - Less diagnostic and treatment information

1. Preliminary research

- *What do professionals think about people in poverty?*
 - Explanation of poverty: individual problem (debt) or coincidence ('deserving' and 'undeserving' poor)
 - Difference in perceptions: culture of life interferes with care, e.g. handling time
 - Caring relationship should be based on trust and equality

1. Preliminary research

- *What do people in poverty think about health care?*
 - Treshold to care is a bigger problem than financial problem
 - Need for participation
 - Need for empowerment
 - Need for individual coaching

1. Preliminary research

- *Bottlenecks*
 - Capacity building takes time- sometimes individual health care has no time
 - To give and to take responsibility/ power
 - Coach must stay the link between the individual person and health care institutions

2. Project: the buddy-model



2. Project: the buddy-model

- *WHAT?*
 - Midwifery students and social work students act as a coach to lead their family to health care
 - Act out of the empowerment paradigm
 - Educating students to understand this different perspective on health care
 - Students act as multipliers in their future professional environment

2. Project: the buddy-model

- *HOW?*

- A. Formation of the students

- Opt to the project
 - Bachelor thesis
 - Highly motivated
 - Responsibility

2. Project: the buddy-model

- A. Formation of the students:
 - Students undergo a specific training:
 - 12 hours
 - Various thinking patterns are offered to develop some competencies useful in coaching deprived families
 - Students learn:
 - To see the power of poor people
 - To listen to their story
 - Not to condemn
 - To share responsibility
 - To build a relationship
 - To guard their limits

2. Project: the buddy-model

- B. Recruiting deprived families:
 - Who can participate?
 - Disadvantaged pregnant woman
 - Ghent area
 - Comply with conditions
 - Conditions: 6 points
 - Screening list with poverty criteria: family situation, Network, employment situation, Participation in health, Housing, Age

2. Project: the buddy-model

- B. Recruiting deprived families:
 - Who leads the families to us?
 - All social services of the (4) hospitals in Ghent were contacted (neg)
 - Recruitment by gynaecologists (neg)
 - Prenatal consultation by midwives (pos)
 - Voluntary organizations (pos)

2. Project: the buddy-model

- B. Recruiting deprived families:
 - Obstacles:
 - Referral: very difficult distrust?
 - “we don’t see poor people”
 - Knowledge of the project

2. Project: the buddy-model

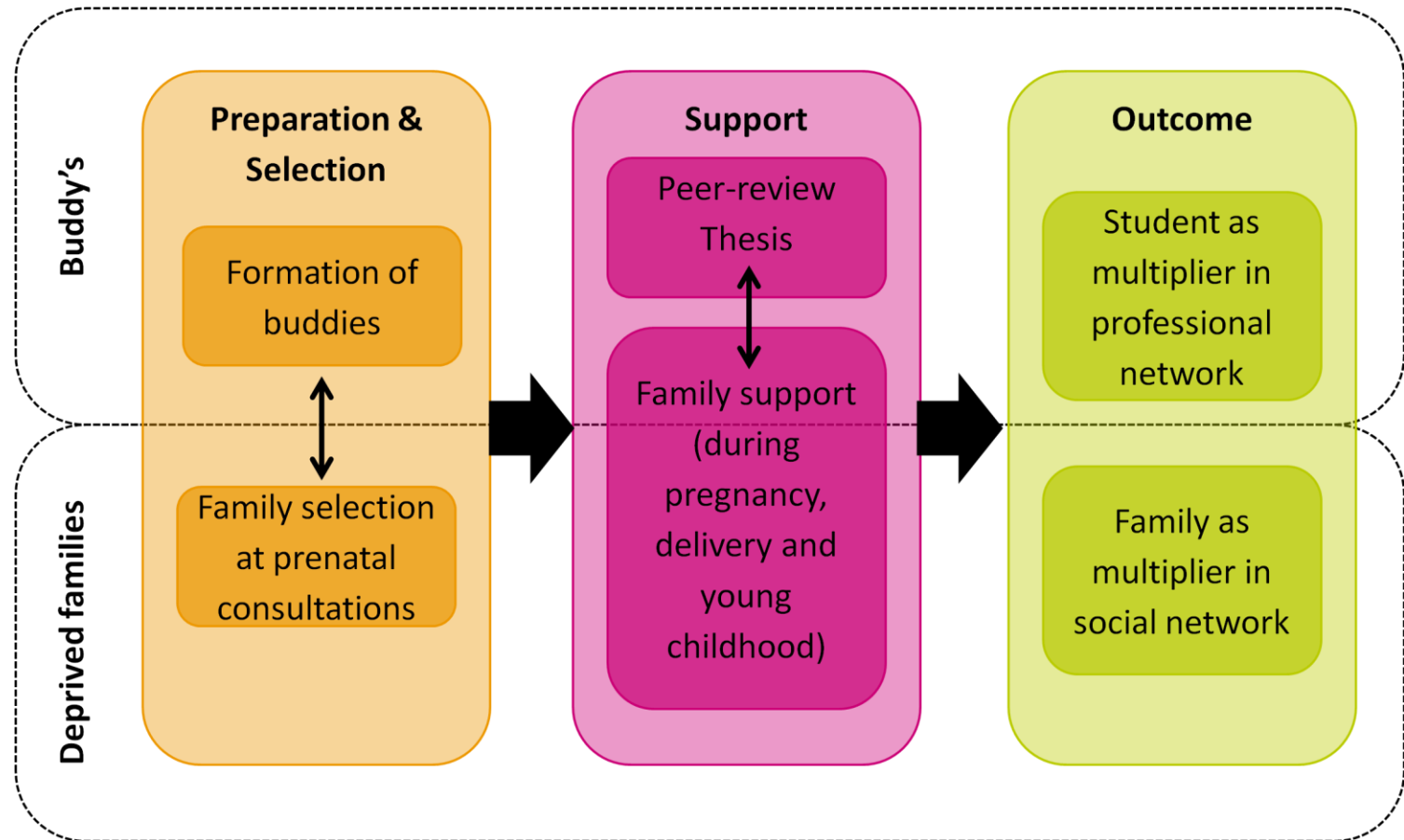
■ *TASKS OF A BUDDY*

- Having a conversation (experience of pregnancy, parenthood, healthy food, baby food, ...)
- Practical matters (check baby outfit, look for information on internet, visit doctor, visit social services, walking together, shopping and cooking together)
- The buddy contacts her 'buddy-mom' every week by telephone, and visits her at least every 2 weeks

2. Project: the buddy-model

- *SUPERVISION*
 - Two-weekly peer review (2 h)
 - Participants:
 - 15 students
 - 2 midwives
 - 1 social worker
 - 1 educator (who makes report)
 - A digital platform
 - Students make a report after every call or visit
 - All the members involved can read the reports

2. Project: the buddy-model



3. Study

- 1. Aims of this study
 - Design a 'buddy-profile'
 - Design a structure applicable in different settings
 - Evaluate the added value of the project for the deprived families:
 - Has the family's (social) network increased?
 - Has the buddy action increased their ability to manage their own life?
 - How did the family perceive the buddy's support?



3. Study

■ 2. Methodology

■ Collecting data from:

■ Peer review through mind-mapping

- → qualitative evaluation

■ Digital report of all the buddy' visits on an online survey

- → quantitative evaluation

■ Interviews with the participating families at the start and ending of the buddy-action

3.Study

- 2. Methodology
 - Listing up:
 - Buddy specific issues to assure follow-up of the family problems
 - General issues and services to improve buddy action
 - Common themes to define the buddy action

3. Study

- 3. First results
 - During the peer reviews, buddies have a strong need to tell their stories
 - Students need to know about social services
 - Students experience their work as meaningful
 - An important obstacle: to handle priority issues: basic conditions (housing, eating, heating) first versus care first?





The agreement to telephone once a week to the family seems simple. In reality I often have to leave a message, up to 4 times before I get response. It is a matter of balance: I don't want to be too intrusive but I don't want to show lack of interest either.

I want to give her the necessary space, so if she doesn't answer her phone I understand that she's in no need of a buddy on that particular moment. I always leave open messages such as

'I hope that you do well, that your son Sander had a good time during the holidays...you know how to reach me...I contact you again later this week.'

There has never been a call from her part.

I am impressed by the complexity of the situation. As a buddy you cannot solve all the problems and the family can't do this either.

It is a long term process. It's hard for me to accept this. "

CONTACTS

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