



Longitudinal study of refugee children

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Outline

- Refugee experience
- Longitudinal Study
- NSW government response to Syrian crisis

Luway's story

[Luway's story](#)



Issues raised in Luways' story

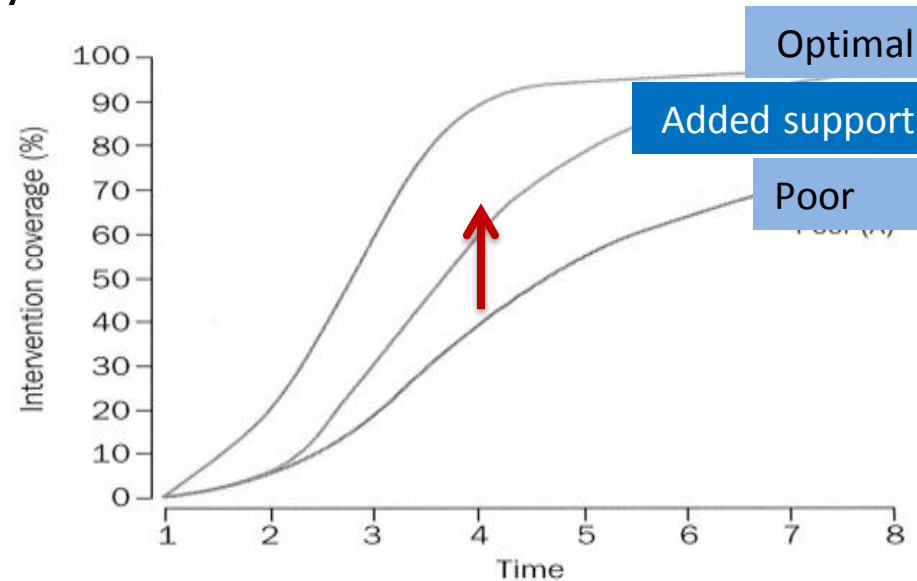
- Limited access to health care
- Interrupted education
- Witnessed or experienced torture and trauma, family separations
- Unidentified/untreated health conditions
- Significant barriers to accessing healthcare
- Missed opportunities for universal age-based health promotion and prevention initiatives
 - New born assessments
 - Childhood immunisations
 - Hearing and vision screening prior to school entry

What we know

- Highly vulnerable yet resilient group
- Physical health: routine screening is highly effective in identifying a range of health conditions
 - high rates of infectious diseases, incomplete immunisation, growth and nutrition problems, poor dental health
- Psychological wellbeing: less well documented
 - high rates of post traumatic stress disorder (PTSD); depression, anxiety and behavioural problems; limited impact on function
- Development: very limited evidence
- Research esp. over long term presents multiple challenges
- Very few longitudinal studies of refugee children worldwide

What this study adds

- Measurement of physical health, development and socio-emotional wellbeing over time
- Identification of risk and protective factors on arrival
- Exploration of cultural acceptability and feasibility of developmental and psychological screening instruments



Overview of the study

- Study setting: good access to GPs through established model of care
- Assessments over 3 years:
 - Physical health (Blood tests and clinical examination on arrival, height, weight)
 - Development (Australian Developmental Screening Test)
 - Social-emotional wellbeing (Strengths and Difficulties Questionnaire)
 - Risk and protective factors
- Recruited 61 children
 - Ages: 6mths to 15 years (mean 6 years)
 - Gender: Equal numbers
 - COB: Over 10 COB (Middle East, Africa and SE Asia)
- 85% retention rate between Year 2 and Year 3



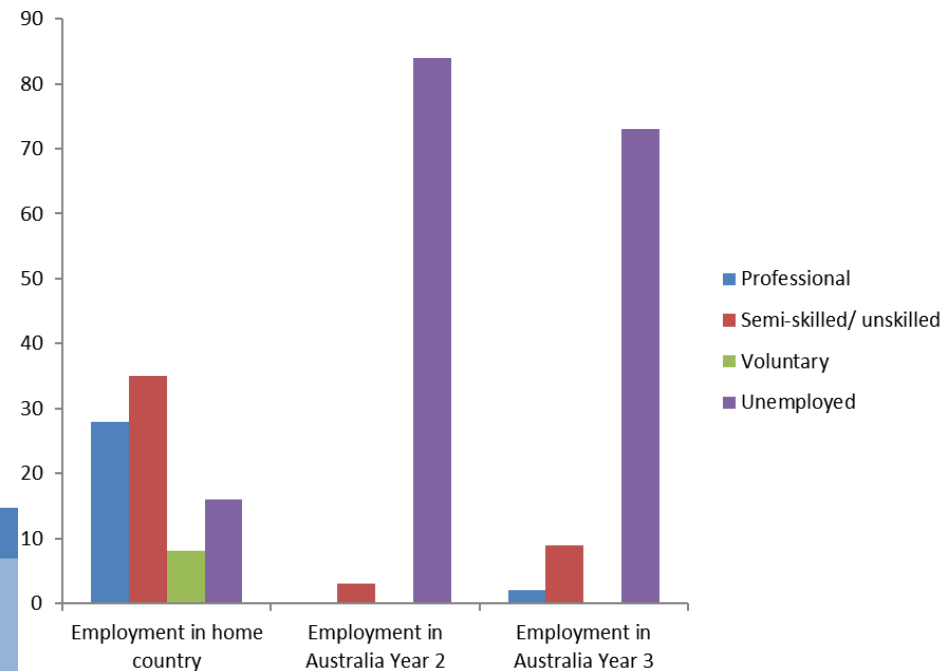
Key Findings (1)

- Developmental issues identified were mild; most resolved over time
- Social-emotional issues peaked in Year 2; most resolved in Year 3
- Good GP access and appropriate use of Emergency Departments
- Poor access to Early Childhood Services

Access to Health Care (Parent report)	Year 2 post arrival	Year 3 post arrival
Visited GP (every 1-3 months)	38/51 (75%)	22/54 (41%)
Good access to GP	50/51 (98%)	45/52 (87%)
Presented to ED (last 12 months)	6/51 (12%)	4/51 (7%)
Visited Early Childhood Services (last 12 months)	5/22 (23%)	1/26 (4%)
Visited Dentist (last 12 months)	26/51 (51%)	33/52 (63%)

Key Findings (2)

- Children with ongoing social-emotional concerns at Year 3
 - More likely to be of Middle Eastern background ($p < 0.05$)
 - More likely to have arrived in Australia without their father ($p < 0.05$)
 - More likely to be in families experiencing a high number of stressful life events post-settlement e.g. change in school &/or residence; change in employment status &/or marital status
- Protective factors included:
 - Proximity to own community
 - Support from general community
 - Minimal stressful life events



NSW Response to the Syrian Crisis

- Increased support for refugee children and their families includes funding for:
 - Early Childhood Nurses (Refugee specific)
 - School based supports (Health and Education)
 - Specialist refugee health services (RHS and STARTTS)
 - Mainstream health services
 - Employment Support



Acknowledgements: Research Team

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