Longitudinal study of refugee children

Lisa Woodland, SESLHD
A/Prof Karen Zwi, SCHK
Dr Sue Woolfenden, SCHK

Prof Katrina Williams, RCH VIC
Dr Pam Palasanthiran, SCHK
Prof Adam Jaffe, SCHK

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Primary Integrated and Community Health Research Forum
Outline

• Refugee experience
• Longitudinal Study
• NSW government response to Syrian crisis
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
  o New born assessments
  o Childhood immunisations
  o 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
  o high rates of infectious diseases, incomplete immunisation, growth and nutrition problems, poor dental health
• Psychological wellbeing: less well documented
  o 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

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

• Children with ongoing social-emotional concerns at Year 3
  o More likely to be of Middle Eastern background (p<0.05)
  o More likely to have arrived in Australia without their father (p<0.05)
  o 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:
  o Proximity to own community
  o Support from general community
  o 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

**Investigators**
A/Prof Karen Zwi, SCHN
Lisa Woodland, SESLHD
Dr Sue Woolfenden, SCHN
Prof Katrina Williams, RCH VIC
Dr Pam Palasanthiran
Prof Adam Jaffe

**Refugee Child Health Fellows, SCHN**
Dr Louise Sealy
Dr Santuri Rungan
Dr Nikola Morton
Dr Marion Mateos
Dr Meredith Sissons
Dr Janka Paprckova

**Refugee Health Nurses, ISLHD**
Colleen Allen
Lisa Atkins
Jenny Lane