

Investigating the health needs of newly arrived refugee children

A community sample of Victorian school children

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Background

- 13, 000 refugees each year
 - Metropolitan Melbourne 3000/year
 - >50% are children(0-19 years)
- Increased risk of
 - Health problems, eg. Nutritional def (eg. Vit D deficiency, anaemia, malnutrition), infectious diseases (eg. Parasitic, TB), under-immunisation
 - psychological problems
 - socioeconomic disadvantage
- Currently ~70% from sub-Saharan Africa, eg. Sudan
 - Higher burden of disease than other groups (WA Migrant Health Unit)



Current resettlement services

- DIAC, Private resettlement agencies
- Provide subsidised private housing, case worker, English classes, organise short term trauma counselling
 - Tend to be resettled in areas where private housing is affordable ie outer metropolitan areas
 - Will organise medical appointments if family requests but not transport and not routine
- No coordinated national system for health assessments
 - WA has Migrant Health Unit which sees 80% of new arrivals
 - No similar data from other states
 - RCH(Melb) Immigrant Health Clinic sees approx 300 new cases/ year



Children

- School age children enrolled in English Language Schools for 6-12 months
- All new arrivals screened by School Nursing Program for hearing and vision
- School Nurses increasingly called upon by school to deal with other health issues that arise
- Few studies examining health issues in this group in a community setting



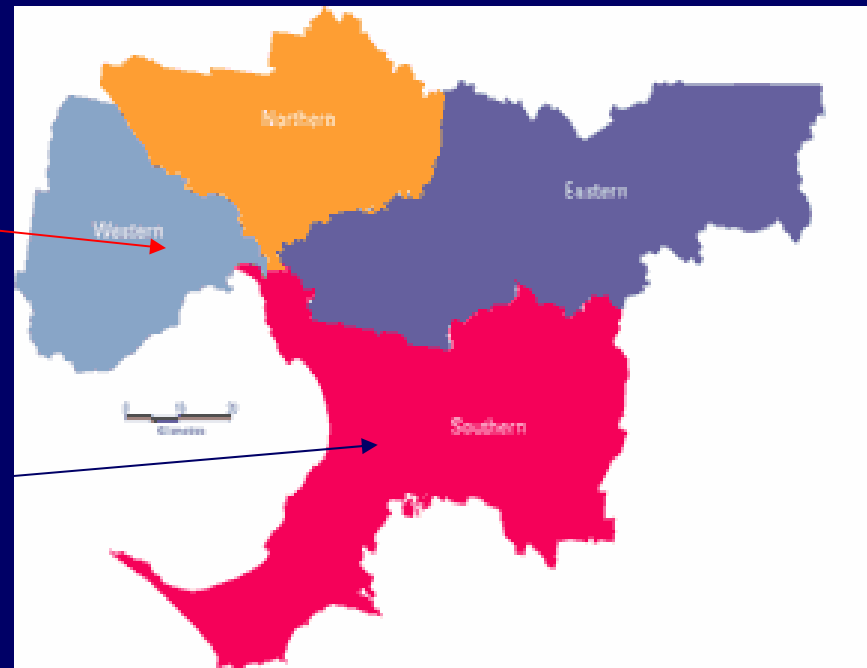
Aims of study

- To describe the health needs of a sample of newly arrived refugee children in two primary schools in metropolitan Melbourne
 - Document current health problems
 - Describe patterns of access to health care
 - Describe parental concerns about health, development and behaviour



Methods

- Schools
 - St Albans Primary School English Language Centre
 - Springvale Primary School English Language Centre



- Ethics approval from RCH Ethics Committee and Department of Education
- Agreement from School Nursing Program, individual schools and Regional Directors of Education



School Nursing Program- Victoria

- Office for Children, Dept of Human Services
- Health and Vision screening for all Prep students and all new arrivals to the school
- School Entrant Health Questionnaire
- Advice and referral of health issues arising in the school



Method

- Term 4, 2006
- Inclusion criteria
 - Student at the primary school
 - Arrived less than 12 months ago
 - Immigrated under a refugee or humanitarian category visa
- Questionnaire – 30 questions covering demographics, current health problems, access to health care, PEDS
- Administered face-to-face or by phone by school nurses
- Interpreters used
- Descriptive data analysed using STATA



Results

- **70 interviews completed**
- **Demographics**
 - 90% Sudan
 - Most in Australia 7-12 months
 - 90% in private rental housing
 - 90% not employed, on government benefits
 - 40% mothers no formal education
- **Time in refugee camp**
 - 26%
 - Further 50% left from Egypt



Pre arrival health check

- a mandatory part of the resettlement process
- 75% had prearrival health check



Post arrival health check

- 75% had seen a doctor since arrival (higher with greater length of time in Australia)
- Of those who had seen a doctor since arrival
 - 75% had seen a private GP
 - 20% had attended a community health centre
 - None in this sample had accessed a dedicated Immigrant Health Clinic at a tertiary hospital



Dental health

- 63% had not seen a dentist



Health problems

- 34% reported Vit D deficiency
- Few (2) reported anaemia
- None reported having TB, malaria



Immunisation status

- 95% reported their children being fully immunized
- 60% had received catch up immunisations in Australia
 - 60% had immunisations at school
 - 30% had immunisations from GP



Development and Behaviour

- Very few parental concerns
- 4% concerned about speech development
- 2% concerned about progress at school
- 2% concerned about behaviour
- Many listed other concerns,
 - Housing
 - long wait for hospital outpatient appts etc



Discussion

- Community based health services are being accessed
- Schools play an important role in delivering post-arrival services
 - Milne et al (2006)
 - IEC in Western Sydney
 - Immunisation



Discussion

- Dental services are not being accessed
- Davidson et al (2007) reported on the problems with accessing public dental services for new arrivals (13-58 month wait).
 - Also higher rate of untreated decayed teeth
 - An important public health issue as poor dental health affects nutrition, learning, development (Gussy et al, 2006)



Discussion

- Few parental concerns about development and behaviour
 - Does not match anecdotal information from schools
 - PEDS translation/ validity in this group?
 - Other survival concerns predominate?
 - Concern that problems in children will reflect poorly on parenting?



Conclusion

- Community services are being accessed rather than tertiary services
 - Challenge for health services to deliver high quality care that is accessible
 - Ensure that community based services are resourced
- Public dental services need to be more accessible
- Further studies required to assess development and behaviour in a culturally acceptable way



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