

## POSITION STATEMENT

### Refugee Children and Young People's Health

#### BACKGROUND

For the purposes of this Position Statement a refugee is a person who has been forced to leave their country due to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership of a particular social group, and who is unable to return to their country. People seeking asylum – an 'asylum seeker' is a person who has applied for refugee status and is awaiting a decision on their application.

Children and young people comprise approximately half the refugee intake to Australia under the Humanitarian Program. Many of these children are from Protracted Refugee Situations (PRS) which refer to situations in which refugees have lived in exile for 5 years or more. Many of these children may have been born into a protracted exile situation and have been exposed to violence and trauma in their country of origin or exile, including witnessing and/or experiencing sexual and physical violence. Their development and learning is adversely affected by the interrupted education, multiple language transitions and lack of access to activities needed for healthy childhood development experienced during their extended migration.

Refugee children present with a range of health issues that may have long term individual health implications and possible public health implications if not treated effectively. Specific health issues include vitamin deficiency, iron deficiency anaemia, parasite infection/infestation, malaria, latent tuberculosis (TB) infection, physical disabilities, chronic illness, poor dental health, and low rates of vaccination. Migration experiences are associated with psychological co-morbidities in refugee children. These include depression, behavioural problems, nightmares, anxiety, psychosis, conduct difficulties and Post-Traumatic Stress Disorder (PTSD), which is more likely to occur in children who have a history of mandatory detention or who are currently residing in community detention.

Significant barriers affect the ability of refugee families to access appropriate health care services that cater to their complex needs. Families may have difficulty understanding the complexities of Australian health care services. Transport difficulties and language challenges create barriers for mothers accessing maternal and child health services. Lack of trust prohibits unaccompanied refugee young people from engaging with mental health services. Families from refugee backgrounds may find it difficult to access or afford traditional and fresh food. Additional factors affecting the health of these children and their families include family wellbeing, education, religious beliefs, housing, employment, and community acceptance.

The complex health needs of refugee children and young people may pose challenges for healthcare professionals in Australia. Comprehensive assessment from specialised refugee services is therefore essential to accurately assess the specific health needs of each child and plan effective, ongoing care. Despite this, significant numbers (up to 80%) of refugee children resettled in Australia do not currently receive this service.



## THE AUSTRALIAN COLLEGE OF CHILDREN & YOUNG PEOPLE'S NURSES

### BELIEVES THAT:

- Early childhood experiences, particularly during a child's first 1000 days, impact on an individual's lifelong emotional, psychological and social and cultural development.
- All children and young persons have the fundamental right to be supported and protected so they can grow and thrive, not merely survive.
- All children and young persons should have access to age and culturally appropriate preventative, early intervention and treatment services to maintain their physical, mental and cultural health and wellbeing.
- No child or young person should be discriminated against due to their refugee status, race, religion, or for social or political reasons.
- Children and young people should be provided with equitable access to care according to their unique needs.
- All decisions related to the care of children and young people should be made in partnership with the child and family and include the voice of the child.
- Maintaining children and young persons in the family unit, with appropriate support to provide a safe and supportive environment in which children and young people can thrive, is essential for their psychosocial and cultural development

### RECOMMENDS THAT NURSES:

- Ensure all refugee children and young people have a comprehensive health assessment through a specialised multidisciplinary refugee health service including nutritional assessment; immunisation; dental health; developmental screening; identification of acute or chronic health conditions.
- Refer children, young people and families who have witnessed trauma and/or violence to mental health services, including child and adolescent mental health specialists.
- Only use professional interpreters for all interactions between refugee children, young people and families and healthcare professionals.
- Ensure when caring for unaccompanied refugee young people that the nurse has knowledge of the assigned independent legal guardian, and an understanding that unaccompanied minors are particularly vulnerable.
- Ensure that a pathway of care exists for refugee children and young people with identified health needs.

### RESOLVES TO:

1. Continue to seek opportunities to promote and maintain positive health outcomes for refugee children and young people.
2. Advocate for specific refugee health assessment services that are culturally sensitive and who employ children and young people's nurses.
3. Promote the use of culturally appropriate health information for the specific language groups.
4. Promote the inclusion of refugee health studies in post graduate nursing programs.
5. Promote research aimed at improving health outcomes for refugee children and young people.



## REFERENCES

1. United Nations General Assembly. Convention relating to the status of refugees, 28 July 1951, United Nations Treaty Series, vol. 189
2. Department of Education and Early Childhood Development. Refugee status report: A report on how refugee children and young people in Victoria are faring. 2011 [cited 2014 9th April 2014]; Available from: <http://refugeehealthnetwork.org.au/refugee-status-report-a-report-on-how-refugee-children-and-young-people-are-faring/>
3. University of Oxford. The PRS Project, Oxford Department of International Development (QEH), 2012 Page updated 2022, Available from: <https://www.rsc.ox.ac.uk/policy/prs-project>
4. Fazel, M. and A. Stein, The mental health of refugee children. Arch Dis Child, 2002. 87(5): p. 366-70.
5. Newman, L. and A. Harris. Refugees and asylum seekers: supporting recovery from trauma. 2014 [cited 2014 9th April 2014]; Available from: [https://tgn.anu.edu.au/wp-content/uploads/2014/10/Refugees-and-asylum-seekers-Supporting-recovery-from-trauma\\_0.pdf](https://tgn.anu.edu.au/wp-content/uploads/2014/10/Refugees-and-asylum-seekers-Supporting-recovery-from-trauma_0.pdf)
6. Mace, A.O., et al., Educational, developmental and psychological outcomes of resettled refugee children in Western Australia: A review of School of Special Educational Needs: Medical and Mental Health input. Journal of Paediatrics and Child Health, 2014. 10.1111/jpc.12674: p. n/a-n/a.
7. Woodland, L., et al., Health service delivery for newly arrived refugee children: A framework for good practice. Journal of Paediatrics and Child Health, 2010. 46(10): p. 560-567.
8. Mutch, R.C., et al., Tertiary paediatric refugee health clinic in Western Australia: Analysis of the first 1026 children. Journal of Paediatrics and Child Health, 2012. 48(7): p. 582-587.
9. Raman, S., et al., Matching health needs of refugee children with services: how big is the gap? Aust N Z J Public Health, 2009. 33(5): p. 466-70.
10. Riggs, E., et al., Accessing maternal and child health services in Melbourne, Australia: reflections from refugee families and service providers. BMC Health Serv Res, 2012. 12: p. 117.
11. Sheikh, M., et al., The epidemiology of health conditions of newly arrived refugee children: a review of patients attending a specialist health clinic in Sydney. J Paediatric Child Health, 2009. 45(9): p. 509-13.
12. Michelson, D. and I. Sclare, Psychological needs, service utilization and provision of care in a specialist mental health clinic for young refugees: a comparative study. Clin Child Psychol Psychiatry, 2009. 14(2): p. 273-96.
13. Newman, L., N. Proctor, and M. Dudley, Seeking asylum in Australia: immigration detention, human rights and mental health care. Australasia Psychiatry, 2013. 21(4): p. 315-20.
14. Majumder, P., et al., 'This doctor, I do not trust him, I'm not safe': The perceptions of mental health and services by unaccompanied refugee adolescents. Int J Soc Psychiatry, 2014.
15. Zwi, K., et al., Towards better health for refugee children and young people in Australia and New Zealand: The Royal Australasian College of Physicians perspective. Journal of Paediatrics and Child Health, 2007. 43(7-8): p. 522-526.
16. Hadgkiss, E., et al., Asylum seeker health and wellbeing: scoping study commissioned by St Vincent's Health Australia. 2012. Australian Human Rights Commission: Lives on hold: Refugees and asylum seekers in the "Legacy caseload" <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/lives-hold-refugees-and-asylum-seekers-legacy>



17. Asylum seekers and refugee guide – has Australia human rights obligations  
<https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/asylum-seekers-and-refugees-guide#rights>
18. Convention on the rights of the Child: <http://www.austlii.edu.au/au/other/dfat/treaties/1991/4.html>

