POSITION STATEMENT

Refugee Children and Young People’s Health

BACKGROUND

Children and young people comprise approximately half the refugee intake to Australia under the Humanitarian Program [1]. 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 [2]. 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 [3, 4]. 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 [4-6].

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 [6-10]. 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 [1, 8, 10, 11]. Migration experiences are associated with psychological co-morbidities in refugee children [5]. 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 [5, 7, 12, 13].

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 [1]. Transport difficulties and language challenges create barriers for mothers accessing maternal and child health services [9]. Lack of trust prohibits unaccompanied refugee young people from engaging with mental health services [14]. Families from refugee backgrounds may find it difficult to access or afford traditional and fresh food [1]. Additional factors affecting the health status of these children and their families include family wellbeing, education, housing, employment and community acceptance [15].

The complex health needs of refugee children and young people may pose challenges for healthcare professionals in Australia [8, 16]. Comprehensive assessment from specialised refugee services is therefore essential in order to accurately assess the specific health needs of each child and plan effective, ongoing care [6, 8, 10]. Despite this, significant numbers (up to 80%) of refugee children resettled in Australia do not currently receive this service [6, 8].
THE AUSTRALIAN COLLEGE OF CHILDREN & YOUNG PEOPLE’S NURSES
BELIEVES THAT:

- Early childhood experiences impact on an individual’s life long emotional, psychological and social development
- All children and young people have the fundamental right to be supported and protected so they can grow and develop to their full potential
- All children and young people should have access to age-appropriate healthcare services to maintain their physical and mental health and wellbeing
- The best interests of the child and young person should be considered in all decisions related to their care
- Maintaining children and young people in the family unit is essential for their social and psychological wellbeing and 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


