

The changing landscape of Paediatric Refugee health in South Western Sydney, Australia

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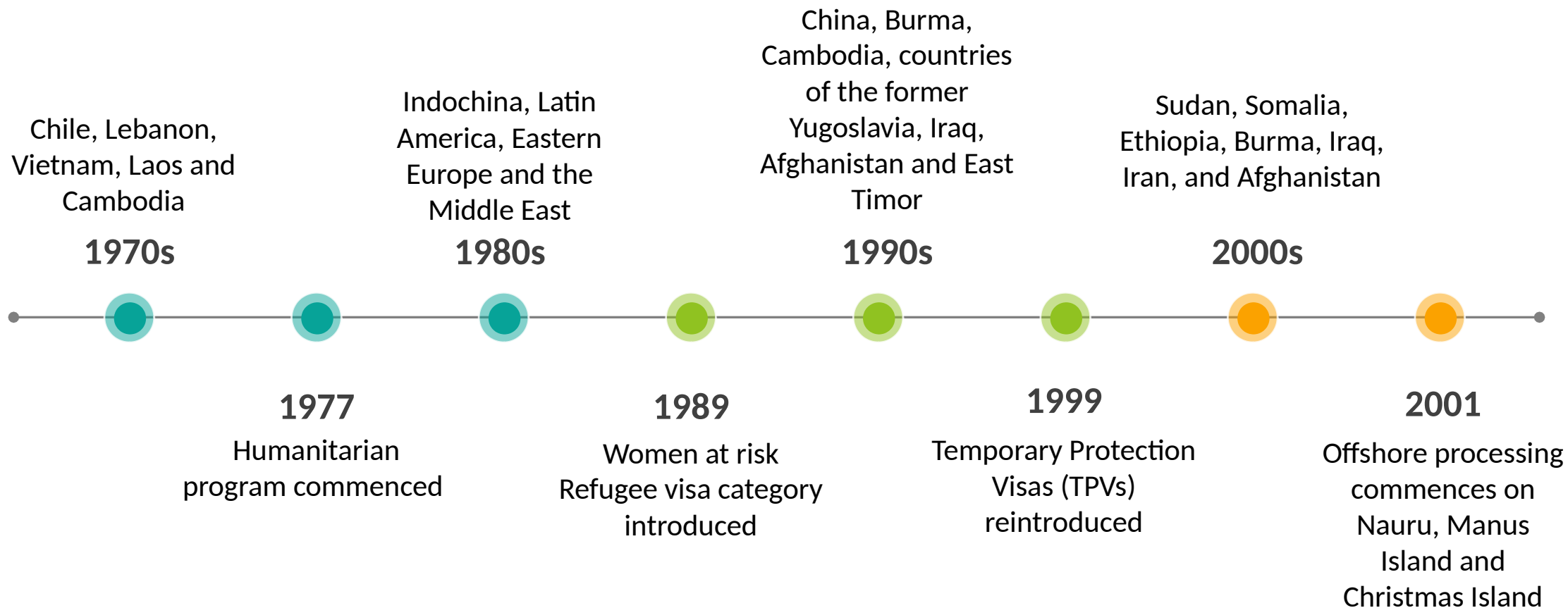
Department of Community Paediatrics, South Western Sydney Local
Health District (SWSLHD)



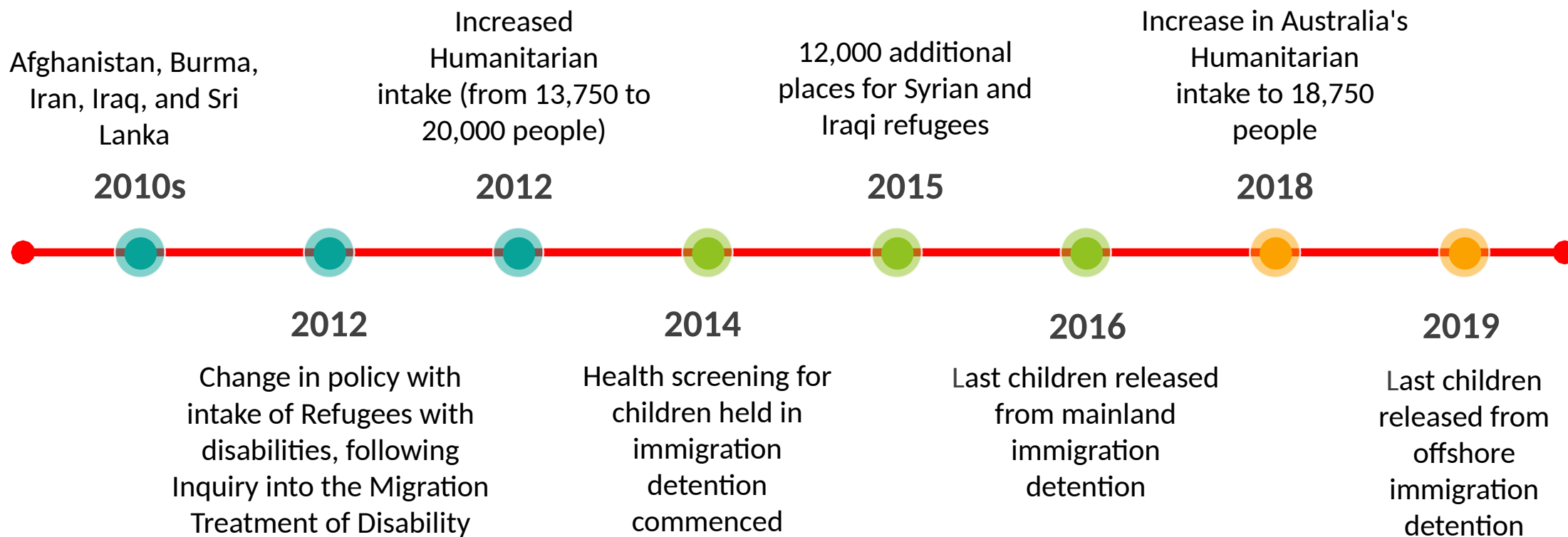
Refugees

The internationally recognised definition of a Refugee is a person who:
“Owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of the country of his nationality and is unable or owing to such a fear is unwilling to avail himself of the protection of that country...”

Australia: Humanitarian program



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- 18,750 Humanitarian entrants/year
- 50% children and young people
- 40% settle in NSW
 - 85% in Western and South Western Sydney (SWS)



Australian Bureau of Statistics²

Royal Children's Hospital, Immigrant Health Service³

City of Sydney, NSW Health⁴

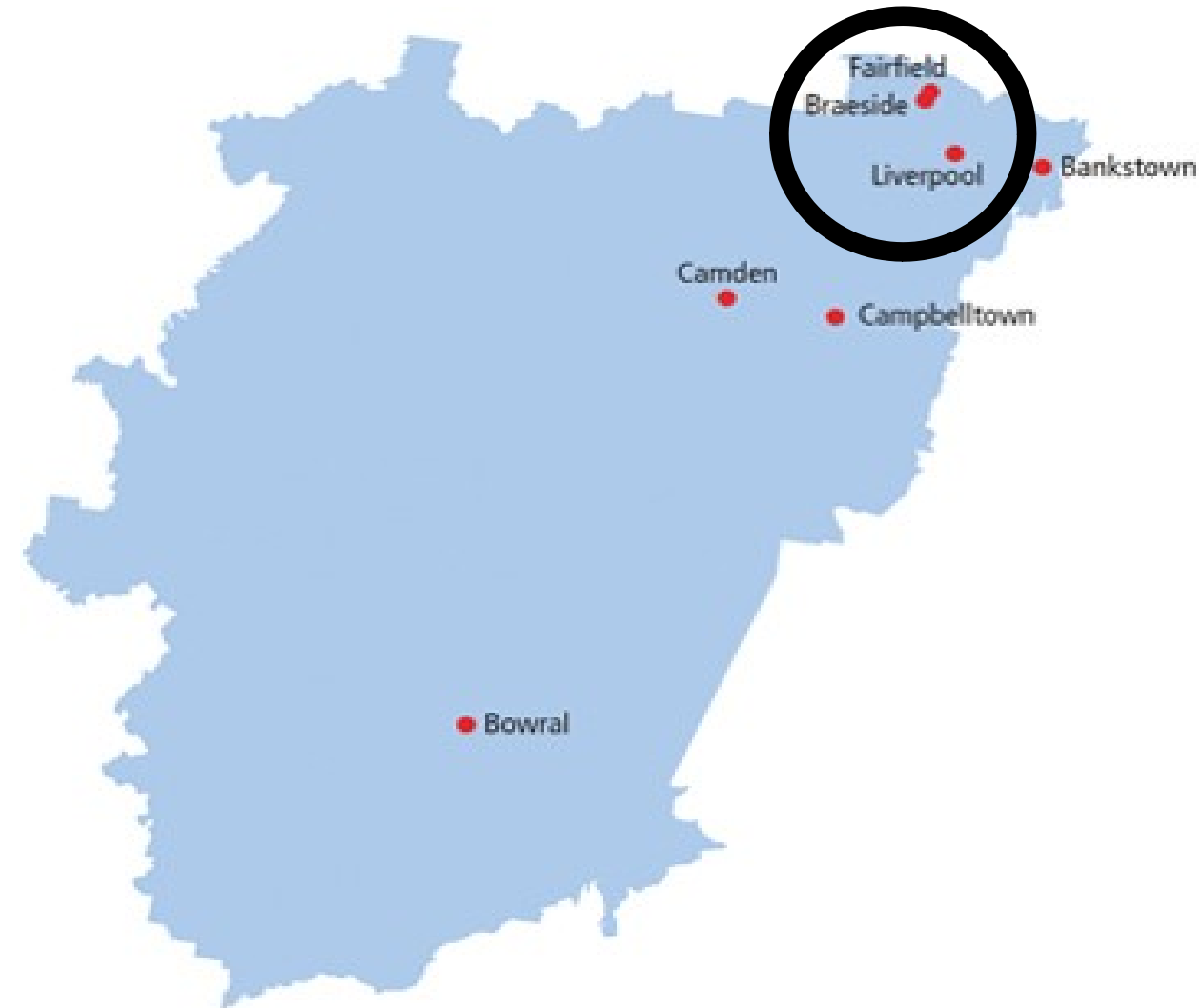
Study: Research question

Are the current health and support services for Refugee children in South Western Sydney responding to their changing health needs?

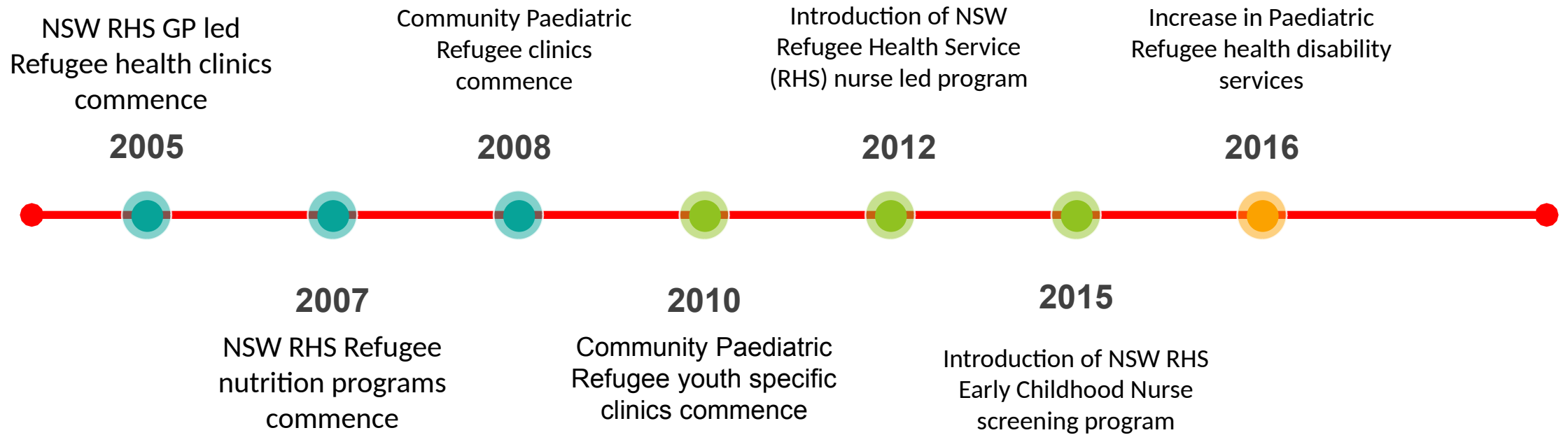
- Primary objective
 - To describe the current health needs of Paediatric Refugees and how these needs have evolved over the last ten years in SWS, Australia
- Secondary objective
 - To evaluate the parallel evolution of Refugee health policy and health service provision over the same period of time in Australia

Study: Setting

- SWSLHD
 - Population almost 1 million
 - 14 major community health centres
- 2 community Paediatric Refugee clinics
- Home to largest settlement of Australia's Humanitarian intake



Australia: Humanitarian program

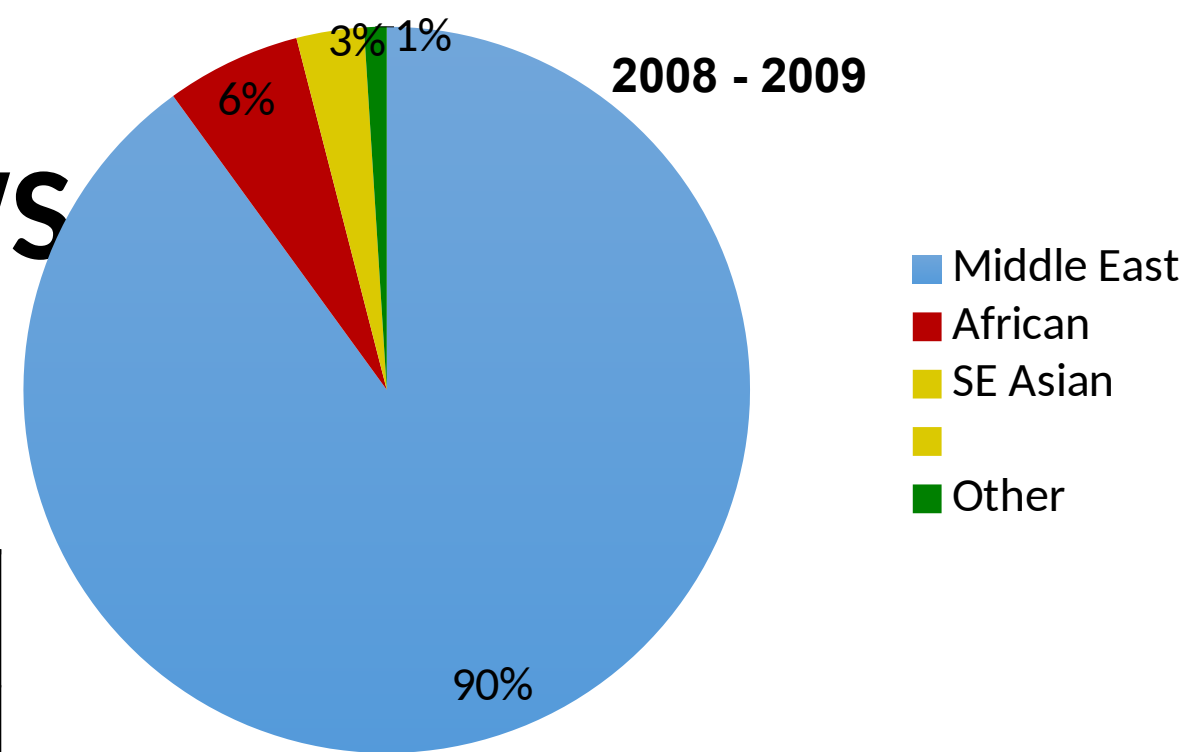


Existing studies in SWS

- Raman et al. 2009

	NSW RHS	Newcastle Clinic	HARK Clinic
Anaemia	21	28	25
Schistosomiasis	22	36	24
Malaria	15	23	9
Hepatitis B non immune	55	70	81
Low vitamin D	10	-	30
Mantoux positive	-	-	25*
Low Ferritin	-	-	15

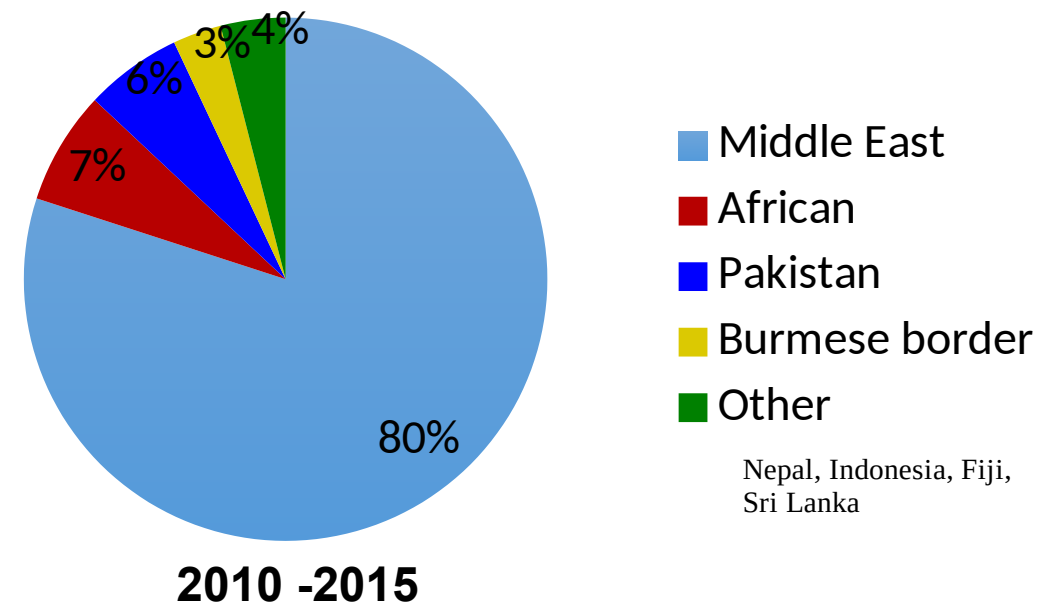
Raman et al. 2009



- 20% of newly arriving refugee children being assessed comprehensively
- Wide variation of screening/assessment across sites

Existing studies in SWS

- **Raman et al. 2016**
- Study period 2010 – 2015
- Study population: 159 new Paediatric Refugee patients
 - 82% Refugee, 18% Asylum Seeker
 - 60% male, 40% female
 - Mean age 7.3 years



Study: Health issues

Year	2010	2011	2012	2013	2014	2015
Total seen in clinic	25	26	17	39	35	17
n (%) with disability	3 (12%)	3 (11.5%)	3 (18%)	7 (18%)	13 (37%)	7 (41%)
Average Age (yrs)	11.2	8.3	11.4	8	12.1	5.4
Sex (Male)	66%	100%	33 %	71%	77%	57%
Ethnicity	2 : M.East 1 : Sudan	1:SE Asian 1: M.East 1:Sudan	All - M.East	All - M.East	All M.East	All M.East
Condition	1 : Down Syndrome 1 : Cri du chat 1 : Moderate ID	2 : Mild ID 1 : Mild GDD	2 : Moderate ID 1 : Severe ID	3 : Severe DD / ASD 1 : Mod DD/ ASD 2 : Severe ID 1 : Mild ID	2 : Fragile X Synd 3 : CP/ Profound ID 2 : CP/ Severe ID 1: Mod GDD/ ASD 1 : mild GDD/ SLD 2 : Severe GDD 1 : Moderate GDD 1 : Mild GDD 1 : Severe SLD	1 : CP/Mod ID 1 : Severe GDD 1 : Moderate GDD 2 : ASD (severe) 2 : Mild GDD/ID, Severe SLD
Co-morbidities	+ teeth, ↓Vit D,	+ Teeth, Behavioural	++ Teeth, Behavioural	++ Teeth, Behavioural	+++ Epilepsy, CAH, Teeth, Behavioural, ↓Vit D	+++ Eyes, Teeth, Epilepsy, obesity, vit D, Behavioural

Study: Health barriers

Theme	System issues	Provider issues	Index child & family issues
Barriers to access Identified from Family perspective	<ul style="list-style-type: none"> -Hard to access special schooling -Limited or no access to respite care -Difficulties in accessing welfare benefits 	<ul style="list-style-type: none"> -Medical specialist challenges (fees, follow-up, waiting lists) -Other medical (dental care with GA, waiting for services, poor experience with hospital) -Language support: Availability of interpreters at times -Access to quality childcare (long waiting lists, non-specialised childcare) -Case management: unreliability of single point of contact 	<ul style="list-style-type: none"> -Unrealistic parental expectations of improvement -Fear of consequences if full extent of disability is revealed -Transport difficulties -Families' need for support and respite (who to ask for new things, desiring respite) -Impact on siblings -Difficulty remembering appointments
Identified from Provider perspective	<ul style="list-style-type: none"> -Lack of infrastructure for complex health/disability needs -Specific concerns with education -Changes with disability service provision 	<ul style="list-style-type: none"> -Specialist fees -Expense of special taxis -GPs who don't know the system -Time-consuming communication -Lack of language specific caseworkers -No refugee-specific childcare -Poor service adjustments to suit refugees with disability -6 month period of support too short for these families 	<ul style="list-style-type: none"> -False expectations of treatment -Lack of past experience services -Health Literacy, negotiating complex Australian healthcare -Fear of being penalised for disability -Transport difficulties -Anxiety about sending children to childcare -Language barriers -No self-advocacy for services -Disability a barrier to trauma care

Conclusions

- Developmental disability & co-morbid chronic health conditions: emerging issue in newly arriving Refugees
- Many barriers to appropriate access identified
 - Key enabler- having good access to interpreter services
- Need better planning & coordination by health/ welfare professionals
- Tailored intervention needed in the context of families' dealing with compound settlement issues

Where to from here?

- Data collection over the last 10 years (2009 - 2018)
 - Estimated sample size of 300 new clinic attendees
- Further analysis of demographics, health needs and health outcomes
- Results to be utilised to shape service delivery for SWS Community Paediatric Refugee clinics going forward
 - How are we responding to the evolution in health needs?
 - Where are the gaps?

Bibliography

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Acknowledgements

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