Equity: from clinical to research and back again; the case of refugee children

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Sydney Children’s Hospital Network
University of New South Wales
2007: what we know about refugee children

- Highly vulnerable yet resilient group
- Models of care to enhance access ‘known’ but access not measured
- Routine screening is highly effective for physical health
- Development and social-emotional wellbeing is not well documented
- Trajectories over time in resettlement country not known
- Predictors of wellbeing over long term not known
Moving from knowledge to implementation

Poor access to health care
• Cultural competency
• Availability of services
• Barriers for GPs
• Language and knowledge barriers
• Practical barriers

Framework for good practice
• Routine screening linked to ongoing care
• Care co-ordination
• Consumer engagement
• Accessible
• Data collection & evaluation
• Sustainability
• Advocacy
Model of care: regional NSW

Refugee nurses

Child/Family

Settlement Services

Linked GPs

GP Guidelines provided by Wollongong Hospital, SCH and MHS

Partners in service provision include:
• Sydney Children’s Hospital Network
• Wollongong Hospital
• Multicultural Health Service
Key finding: access can be enhanced

- 97% of newly arrived refugee children accessed screening
- 88% screened within one month and 96% within 6 months of arrival
- 72% had all the recommended screening tests performed
- Innovative models of care can
  - provide timely and accessible health screening
  - build capacity in the primary care sector

Knowledge gaps: health over time, development and social-emotional wellbeing
Longitudinal study

1. To assess over time
   - **Physical health**
   - **Development** (6 mths-5yrs)
   - **Social-emotional wellbeing** (4-15 yrs)

2. Identify risk and protective factors that contribute to health outcomes **in order to provide early intervention for optimal outcomes**

**BMJ Open** Methods for a longitudinal cohort of refugee children in a regional community in Australia

Karen Zwi,† Santuri Rungan,† Susan Woolfenden,† Katrina Williams,‡ Lisa Woodland§
Study design to address equity in participation

**Strategies to minimise attrition**

- Pilot study
- Using clinician research nurses
- Home based assessments
- Feedback to participants
- Support access to other services
- Working closely with GPs

Easy to answer 85%

N=61 (40% of eligible enrolled)
100% follow up at 13 months
85% follow up at 31 months

Respectful 100%
Health outcome measurement at 3 follow up:

- Physical health - 15% chronic disease 13% overweight
- Developmental health - 27% mild developmental problems in year 2; all resolved by year 3
- Social-emotional wellbeing (SDQ) - abnormal scores reduced from 13% to 6% over time
How do we identify the small number at increased risk of poor social emotional wellbeing?
<table>
<thead>
<tr>
<th>Protective factors for social-emotional well-being of refugee children in the first three years of settlement in Australia</th>
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<tbody>
<tr>
<td>Karen Zwi, Lisa Woodland, Katrina Williams, Pamela Palasanthiran, Santuri Rungan, Adam Jaffe, Susan Woolfenden</td>
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<table>
<thead>
<tr>
<th>Child factors</th>
<th>Younger age</th>
<th>Gender</th>
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<tbody>
<tr>
<td></td>
<td>Chronic disease</td>
<td>BMI</td>
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<table>
<thead>
<tr>
<th>Family factors</th>
<th>Region of origin - Africa</th>
<th>Family composition - father present</th>
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<tbody>
<tr>
<td>No parental disclosure of torture or trauma</td>
<td>Birth in a refugee camp</td>
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<thead>
<tr>
<th>Settlement factors</th>
<th>Fewer stressful life events in the past year</th>
<th>Family in Australia prior to arrival</th>
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<tr>
<td></td>
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<td>Proximity to one’s own community</td>
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<td></td>
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<td>External community support</td>
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<td></td>
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<td>Stability in child’s school and residence</td>
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<td></td>
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<td>Financial stability</td>
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<td></td>
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<td>Marital stability</td>
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<td></td>
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<td>Parental employment</td>
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<td></td>
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<td>Parental education and study status</td>
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<td></td>
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<td>English language proficiency</td>
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<td>Access to health care</td>
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Cumulative protective factors predict social-emotional wellbeing

All have normal SDQ if 4 or more protective factors
What these studies add to our knowledge

Participation in research and access to care can be enhanced.

Most refugee children do well over the first 3 years.

Identification of early protective factors enables proactive f-up if <4 protective factors.
The impact of detention on the social–emotional wellbeing of children seeking asylum: a comparison with community-based children

Karen Zwi, Sarah Mares, Dania Nathanson, Alvin Kuwei Tay, Derrick Silove

What about the impact of detention?
Implications for policy and practice

Likely to optimise outcomes in accompanied refugee children settling in high-income settings:

- child and family level:
  - reduce postmigration exposure to detention and discrimination
  - promote stability and belonging in school and residence
  - provide support for families to remain intact

Helping refugee children thrive: what we know and where to next

Karen Zwi, Lisa Woodland, Sarah Mares, Santuri Rungan, Pamela Palasanthiran, Katrina Williams, Susan Woolfenden, Adam Jaffe
Implications for policy and practice

Community and societal level:

- Promote welcoming environment in the host country
- Settle families in close proximity to their own ethnic community
- Provide access to social & economic resources
- Facilitate employment opportunities
Equity: from clinical to research and back again
Thank you and questions

**Investigators**
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**Participants**
Thank you to the families and children who generously shared their time
Extra slides not for talk
Thank you and questions

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Next steps in clinical practice and research

Trial predictive tool and early identification
Trial interventions likely to be effective in producing better outcomes
How do we promote employment? social inclusion? education...?
Predictors: Risk and Protective factors

Settlement factors
- Stressful life events in the past 12 months (including changes in school and residence)
- Access to socio-economic resources
- Feel supported by general community
- Experience of discrimination
- Access to health care

Family factors
- Parental English language proficiency
- Proximity to own ethnic community
- Parental employment and study status
- Region of origin
- Birth in a refugee camp
- Family composition
- Post arrival immigration detention

Child factors
- Physical health on arrival (presence of chronic disease and obesity/overweight)
- Age
- Gender

TIME
Bioecological model: Bronfenbrenner
## Social-emotional wellbeing improved over time

<table>
<thead>
<tr>
<th>SDQ</th>
<th>No. children requiring further assessment</th>
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<tr>
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<td>13 months</td>
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<tr>
<td>Overall score</td>
<td>5/39 (13%)</td>
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<td>Emotional symptoms (headaches, worries, feeling unhappy or fearful)</td>
<td>9/39 (23%)</td>
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<td>Conduct problems</td>
<td>5/39 (13%)</td>
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<td>Hyperactivity &amp; inattention</td>
<td>3/39 (8%)</td>
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<tr>
<td>Peer relations (preferring to play alone, not having friends, being bullied)</td>
<td>8/39 (21%)</td>
</tr>
<tr>
<td>Pro-social behaviour</td>
<td>0/39 (0%)</td>
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Child (0-15yrs) arrivals to the Illawarra (May 2009 – Dec 2013)

- Children eligible for the study: n=158
  - 61 children enrolled
    - Assessed at Year 2: n=61
      - SDQ: n=39
      - ADST: n=15
      - Semi structured interview: n=54
  - Children not enrolled: n=97
    - Nurses/interpreters unavailable: n=47
    - Families declined: n=29 children
    - Moved out of area: n=13
    - Unable to be contacted: n=8
  - Ineligible: n=70

Children assessed at Year 3: n=52
- SDQ: n=45
- ADST: n=13
- Semi structured interview: n=37

Lost to follow up: n=9 children

Study sample and follow up to 3 years
Study sample = national sample

♀ n = 32 (52%)
♂ n = 29 (48%)

Mean age: 6 years; Range: 6 months - 15 years

- 40% of parents had low levels of education
- 30% of fathers were absent on arrival
- 13% of children were born in refugee camps, and
- 11% of parents self-disclosed previous trauma

Countries of Origin

- Burma 35%
- Congo 20%
- Iraq 16%
- Thailand 7%
- Malaysia 3%
- Malawi 3%
- Kenya 3%
- Iran 3%
- Ethiopia 3%
- Other 3%
Risk and protective factors over time

- increased parental employment (p=0.001)
- improved English proficiency for partners (p=0.02)
- reduced stressful life events in the last 12 months (p=0.003)

Stable - Parents were:

- studying English (96% at year 2 - 76% at year 3)
- accessing government financial support (96%;100%)
- feeling supported by their own community (78%;73%)
- feeling supported by the general community (69%;63%)
### Access to health care longer term

<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)</td>
<td>38/51 (75%)</td>
<td>22/54 (41%)</td>
</tr>
<tr>
<td>Good access to GP</td>
<td>50/51 (98%)</td>
<td>45/52 (87%)</td>
</tr>
<tr>
<td>Presented to ED (last 12 months)</td>
<td>6/51 (12%)</td>
<td>4/51 (7%)</td>
</tr>
<tr>
<td>Visited Early childhood services (last 12 months)</td>
<td>5/22 (23%)</td>
<td>1/26 (4%)</td>
</tr>
<tr>
<td>Visited Dentist (last 12 months)</td>
<td>26/51 (51%)</td>
<td>33/52 (63%)</td>
</tr>
<tr>
<td>Fully Immunised</td>
<td>42/51 (82%)</td>
<td>48/51 (94%)</td>
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</tbody>
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