How to Optimise Refugee Children’s Health/Wellbeing in Preparation of Transitions into Primary and Secondary School: A Qualitative Inquiry.

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Background
Refugee children are less likely to access appropriate healthcare than non-refugee children1.

Objectives
To identify refugee children’s developmental health/wellbeing strengths and needs, and the barriers and enablers to accessing childhood services during the primary and secondary school transitions.

Method
Focus groups and health literacy surveys were administered with Arabic-speaking refugee parents of children aged 0-5 years (n=11) or in first year secondary school (n=22). Focus groups also included refugee adolescents (n=16) just starting high school, and key service providers to refugee families (n=27). Vignettes focusing on a healthy child and a child with difficulties facilitated the discussion.

Results
Personal resilience and strong family systems were identified as strengths. Mental health was acknowledged as a complex primary need. Opportunities for play/socialization were recognized as unmet adolescent needs. Adults identified a need to support navigation and prioritization of health services, and to develop a system that supports integration of cultural values. Parents identified community as facilitating health knowledge transfer for new arrivals; whilst stakeholders saw this as a barrier when systems change. Around half the preschool parents had not heard of early childhood centres, and reported difficulty accessing child healthcare. They identified the GP as the main source of health support; whilst adolescent parents recognised the role of the school. Health communication in written (not spoken) English was a significant roadblock. Differences in refugee family and service provider perceptions were also evident.

Conclusions
Culturally-tailored models of care embedded within GP services and school systems may assist improved healthcare for refugee families.