Community engagement and early intervention supported integration of asylum seeking families in the Netherlands: 
the role of child health practitioners

ISSOP; Bonn, 27-29th of September 2019

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Introduction

• Youth public health ≠ clinical paediatrics
  – Physicians in public health, youth public health nurses (both front+back office)
  – Pedagogue
• Legal entitlement and public funded for ALL children & youth
• Youth public health care in The Netherlands = surveillance and early intervention in the socio-psycho-biomedical development of children and youth.
  – For all children and youth (<18 yr.)
  – It’s a child's right, not mandatory
• Extended program for high risk populations i.e. refugees and asylum seekers
Child/Public Healthcare and Refugees

Activities:

• Antenatal/from birth-18 yrs. all children/youth invited to attend check-up
• Administer and monitor the national immunisation program.
• Execute small interventions and/or provide necessary referral,
• In close collaboration with communities, welfare organisations, with primary- and secondary care practitioners (i.e. paediatricians, child psychiatrists, rehabilitation, dentists),
• School Health visits and advice to educational staff.

For ALL Refugee children:
- <3 months after arrival in asylum checkup by nurse and physician youth public health
- Vaccination status + administer
- Parenting support
- Health education and promotion

= Early interventions
High influx refugees - What we see

- Increased risk (RR=2.0) of perinatal death (i.e. congenital (heart-) disease, infections) ¹,³
- Increased risk of drowning³ (Refugee male RR= 20.0)¹
- Frequent use (1.5x) of GPs (PHAROS)²
- Increased incidence (point/period prevalence or incidence?) of obesity²,⁶ and diabetes (RR=1.5-2.5)³
- Limited health literacy⁴
- Dental problems⁵
- Increased risk (RR= 1.6) of child abuse⁷
- Increased incidence of mental health problems (60% vs 8%); especially increased in unaccompanied minors⁸

High influx refugees - What we do

National program to improve refugee health at municipal level by:
- Training of community volunteers,
- Improving intercultural communication by professionals (i.e. E-learning),
- Increasing awareness at local government/municipality level about the special needs for refugee health,
- Creating platforms for professionals to interact in regards to refugee health related problems,
- Practical guideline ‘Intake refugees for youth healthcare professionals’,
- Guidelines for the prevention of drowning,

Professional Association of Physicians of Youth Public Health (AJN)
- AJN: Child & Youth Refugee taskforce,
- Development of Interdisciplinary Guidelines for Child (Health) Care for Refugee Children and Youth (work in progress).

TOGETHER:
- Active participation in TOGETHER, the Dutch National Interdisciplinary Taskforce on the (Health-) Care for Refugee-children.
- Here in Bonn we like to reach-out to collectively collaborate in a Continuum of Care over the entire migration route.
Challenges

- Marginalisation of ex-unaccompanied minors.
- Contain governmental awareness of (preventive) health and participation for refugees
- Implement evidence based trauma screening methods for refugee children and youth
- Stay aware/sensitive to cultural differences
- Communication – translator
Thank you for your attention!
Are there any Questions/Comments?
References