



**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

Bernice Samson and Janna van der Zand

on behalf of TOGETHER team:

Charlotte Clous, Ingrid Brokx, Carina Tap and
Geert Tom Heikens

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 Refugeechildren:

- *<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 obesity^{2,6} and diabetes (RR=1.5-2.5)³
- Limited health literacy⁴
- Dental problems ⁵
- 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, ***= Early interventions***
- 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 ,
- Establishment of Website **www.Gezondinederland.info** .

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

The background is a faded, artistic rendering of a Dutch landscape. It features a prominent windmill in the center, a traditional house with a red roof to the right, and a field of colorful flowers in the foreground. The overall tone is soft and painterly.

Thank you for your attention!
Are there any Questions/Comments?

References

- 1: GGD GHOR NL, Factsheet sterfte en doodsoorzaken onder asielzoekers tussen 2011 en 2015 (Dutch research). 2018.
- 2: Schellingerhout R. Ervaren gezondheid, leefstijl en zorggebruik. In: Dourleijn E. & Dagevos J. (red.). Vluchtelingengroepen in Nederland. Den Haag: SCP; 2011.
- 3: Goosen E.S.M. A safe and healthy future? Epidemiological studies on the health of asylum seekers and refugees in the Netherlands. (Academisch Proefschrift). Amsterdam: AMC, Universiteit van Amsterdam/GGD GHOR Nederland; 2014.
- 4: Lanting L.C., Joung I.M., Vogel I., Bootsma A.H., Lamberts S.W. & Mackenbach J.P. Ethnic differences in outcomes of diabetes care and the role of self-management behavior. Patient Education and Counseling. 2008; 72: 146-154.
- 5: Lamkaddem M., Essink-Bot M.L., & Stronks K. "Gevlucht-gezond?" – II Ontwikkelingen in gezondheid en zorggebruik van vluchtelingen in Nederland, Eindrapport. Amsterdam: Afdeling Sociale Geneeskunde AMC/UvA; 2013.
- 6: Stellinga-Boelen A.A.M. Nutritional assessment of asylumseekers' children in The Netherlands. (Academisch Proefschrift). Groningen: Rijksuniversiteit Groningen; 2007.
- 7: GGD Nederland. Kindermishandeling bij asielzoekers in Nederland. Epidemiologisch onderzoek op basis van gegevens van de Medische Opvang Asielzoekers 2000-2008. Utrecht: GGD Nederland; 2013.
- 8: Bean T. Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands. (Academisch Proefschrift). Leiden: Universiteit Leiden; 2006.