

## 2007 NSW Health Awards Entry

<b>Entry Title</b>
HARK - Health Assessment for Refugee Kids
<b>Abstract</b>
<p>The vision of the Children's Hospital at Westmead is 'Healthy Children for a Healthy Future' and as part of this vision we have established the HARK service which provides comprehensive health assessment, treatment and support for newly resettled refugee children in NSW.</p> <p>The HARK service plays an important public health and preventative role by providing crucial early diagnosis and timely intervention in this very vulnerable group of children. A key aspect of the HARK service is to enable continuing care in the community.</p>
<b>Aim</b>
<p>To establish a service that provides comprehensive health assessment, treatment and support for one of the most vulnerable groups in our society – newly arrived refugee children and their families.</p>
<b>Nature of the Problem</b>
<p>Children who are refugees have often come from areas where they have suffered conflict, forced exile, deprivation and unhealthy environmental conditions. Research indicates that many of these children have special health care needs resulting from these poor health conditions, malnutrition, and exposure to difficult living conditions in their countries of origin. Also contributing is poor access to health care services in Australia upon arrival (Cooke et al, 2000; Sheik-Mohammed et al, 2006). They have also received only minimal, if any, healthcare in their country of origin and in the refugee camps prior to embarkation (Adams et al, 2004).</p> <p>Services that provide a preventative role and intervention early in the settling period are therefore essential. A comprehensive service addressing these needs did not exist prior to the establishment of the HARK service.</p>
<b>Extent of the problem</b>
<p>Australia accepts about 13,000 humanitarian refugees per year. More than 1,000 of these are children under 15 years of age who settle in NSW, mostly in metropolitan Sydney (Department of Immigration and Multicultural and Indigenous Affairs, 2006).</p> <p>Refugee children are at increased risk of significant health issues, most treatable, which if undiagnosed or inappropriately treated may lead to serious health consequences in the future.</p>

CHW is situated in the heartland of resettled refugees in Sydney. It is known to refugee communities and refugee service providers as a place they can trust to provide high quality and culturally sensitive care. However, before the HARK service was established, services for refugee children were disparate, not well coordinated and difficult for refugee families to access.

A large number of refugee parents face the challenge of coping with a chronically ill child as well as the competing demands and issues associated with resettlement. The HARK service is able to assist with the complex and often unique challenges that this group of children and their families face.

### **Strategic importance**

This initiative is of strategic importance as it is providing a service to one of the most vulnerable groups in our community. The development of the HARK service supports a number of the Goals and Strategic Directions of NSW Health, including; prevention, early intervention, strengthening primary health and continuing care in the community ultimately leading to improved health outcomes and reduced avoidable hospital admissions.

### **Planning and implementing solutions**

In order to engage stakeholders and determine the key elements required of the HARK service, extensive consultation was conducted with hospital staff, members of the community, NSW refugee health service, resettlement services and individual interest groups. A review of the literature and data available was conducted as well as a series of focus groups, interviews and meetings with the stakeholders listed above, in order to establish the scope of services required by refugee children and their families. All discussions and ideas put forward were considered and prioritised to arrive at a final set of recommendations regarding the HARK service. One of the key issues regarding the running of the clinic that was highlighted through this process was the need for dedicated staff. In particular, a part time clinic coordinator and social worker were thought to be essential. A business case was developed and presented to the NSW Department of Health asking for appropriate funding to establish the HARK service with 2 part-time staff members and this was successful. A number of other hospital services and staff were engaged and the HARK service was created.

### **Outcomes and Evaluation**

The HARK service was establishment in May 2005 and from then to November 2006,

- 239 patients attended the clinic, with the majority (75%) born in Africa (refer to Table1 for further demographic data).
- Of these 239 children, 127 were female and 112 male,
- Ages ranged between 1 and 17 years.
- Health conditions that were identified comprised of;
  - o 3% (7/239) hepatitis B carriers.
  - o 5 % (11/239) malaria.
  - o 16% (37/239) schistosomiasis particularly those of African background.
  - o Of the 216 children tested for latent tuberculosis, 57% had positive results with >10

mm induration.

- Of the 224 patients tested there were no cases of syphilis identified.
- Blood count analyses revealed considerable levels of anaemia (17%).

This data indicates just how significant and varied the health care needs are of this group of children who have previously had little or no health care.

The HARK service now provides comprehensive care which addresses their needs and follows up various health issues that may have gone undetected or could have been considerably worse when eventually discovered.

There has been much positive feedback from refugee children, their families and other service providers regarding the HARK service and it is very satisfying for the staff involved to know they are making a significant difference to the lives of refugee children and their families.

**Table1: Demographic characteristics of children seen at the HARK clinic 2005 - 2006**

CHARACTERISTICS	N=239
Age	
<b>0-7</b>	87 (36%)
<b>8-12</b>	107 (45%)
<b>13-17</b>	45 (19%)
Sex	
<b>Female</b>	127 (53%)
<b>Male</b>	112 (47%)
Country of Birth	
<b>Asia</b>	37 (16%)
<b>Middle East</b>	20 (8%)
<b>Western Africa</b>	45 (19%)
<b>Central Africa</b>	46 (19%)
<b>Eastern Africa</b>	91 (38%)

### **Sustaining change**

We have established a process to ensure the HARK service is sustainable in the long term, and that improvements made thus far are able to be maintained.

This has been achieved by;

- Liaison with key stakeholders within the community and other organisations who provide services to refugees.
- Collaboration with patients and their families to further identify their health care needs.
- Assisting these families to link with services closer to home to ease transport issues.
- Identifying and linking patients to general practitioners of similar ethnic background and

within neighbouring suburbs for easier communication and access.

- Corresponding with community GPs and healthcare workers about the various patients' needs.
- Establishing continual feedback from service users, referral agencies, interest groups and hospital staff to improve the service.

## Future Scope

In order to build regional and other partnerships aimed at enhancing the community's health and wellbeing, we developed communication channels with other refugee health service providers, such as the Newcastle and Coffs Harbour refugee health units.

The HARK service has become a role model, evidenced by staff from other healthcare organisations, such as Sydney Children's Hospital at Randwick, consulting with us about how to develop a similar service in their area.

The demand for the HARK service is exponentially growing with more attendances each week at clinics. This trend is expected to continue and a priority for the service is to address and manage this demand. We plan on keeping the strong collaborative focus that the service has developed and further strengthen our support and enablement of continuing care in these children's communities.

## References

Adams KM, Gardiner LD, Assefi N. Healthcare challenges from the developing world: post-immigration refugee medicine. *BMJ* 2004, 26:328(7455):1548-52.

Australian government department of immigration and multicultural and indigenous affairs. Australia's Refugee and Humanitarian Program; FACT SHEET 60 *DIMIA* 2006.  
<http://www.immi.gov.au/media/fact-sheets/60refugee.htm>

Cooke R, Murray S, Carapetis J, Rice J, Mulholland N, Skull S. Demographics and Utilisation of health services by paediatric refugees from East Africa: Implications for service planning and Provision *Australian Health Review* 2000, 27(2):40-5

Sheikh-Mohammed M, MacIntyre CR, Wood NJ, Leask, Isaacs D. Barriers to access to health care for newly resettled sub-Saharan refugees in Australia. *MJA* 2006, 185[(11/12)], 594-597.