



Health and wellbeing of refugee kids

Project ECHO® series for educators, healthcare providers and support workers

Of the 1,929 humanitarian arrivals who settled in Queensland in 2017 40% were under 18 years of age.



Health status All refugee children have experienced trauma in some form – this may be physical, emotional, or psychological.²

Negative impacts of migration

Pre- and post migration challenges can negatively impact the mental health and overall wellbeing of refugee children.^{3,4}

Exposure to trauma, often involving family separation and loss



The journey to a place of safety



Accessing appropriate health care



Disrupted education



Adjusting to a new culture and language



Studies have shown that up to 63% of children from a refugee background display symptoms of post-traumatic stress disorder.⁵



Education outcomes

There are many risk factors for educational disadvantage facing refugee children: language transition, trauma, interrupted schooling and possible mental health issues.^{2,3,4}

Literacy and numeracy problems

Many refugee students may have gaps in their literacy and numeracy due to disrupted education²

Symptoms of traumatic experiences

Students with refugee backgrounds may display behaviours that are symptomatic of traumatic experiences:

- fear or anxiety, easily overwhelmed or upset
- social withdrawal or difficulty making friends
- irritability or inconsistent moods
- decreased memory, attention and focus.



Impact of the education environment

The education environment is recognised as a crucial factor impacting on the settlement outcomes of children and their families from refugee-backgrounds. Schools provide a place of: ^{4,6,7}

- stability
- safe relationships
- support for social skills
- belonging and connection.



How can ECHO® help improve outcomes?

To help you improve health and wellbeing outcomes for refugee kids, ECHO® offers:

- free online professional development
- real-life case-based learning
- knowledge sharing across health and education
- peer interaction and collaboration
- ongoing access to the virtual learning network.



References

- ¹Refugee Health Network Queensland, Activity snapshot 2017-2018. www.refugeehealthnetworkqld.org.au/wp-content/uploads/2016/11/Refugee-Health-Snapshot-2018-v4.pdf
- ²NSW Department of Education, The impact of refugee experiences. schoolssequella.det.nsw.edu.au/file/af4c8570-ab87-4609-ace5-2ea30872a45d/1/The-impact-of-refugee-experiences.pdf
- ³Correa-Velez I, Gifford S & Barnett A (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine* 71, 1399-1408.
- ⁴Kia-Keating M & Ellis BH (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry* 12 (1), 29-43.
- ⁵Gandham S (2017). High prevalence of symptoms of post-traumatic stress in children of refugee and asylum seeker backgrounds. *Journal of Paediatrics and Child Health* 53 (Supplement 3), 16.
- ⁶Kia-Keating M & Ellis BH (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry* 12 (1), 29-43.
- ⁷Matthews J (2008). Schooling and settlement: refugee education in Australia. *International Studies in Sociology of Education* 18 (1), 31-45.

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Contact us

For information or to register, please email ECHO.CHQ_Refugee@health.qld.gov.au or visit our webpage www.childrens.health.qld.gov.au/project-echo

