

## A PUBLIC HEALTH STRATEGY FOR REFUGEE CHILDREN - A SWEDISH PERSPECTIVE

**A. Hjern**<sup>1</sup>, H. Ascher<sup>2</sup>, L.H. Gustafsson<sup>3</sup>, O. Jeppsson<sup>4</sup>, T. Lindberg<sup>5</sup>, S. Mjones<sup>6</sup>, R. Zetterstrom<sup>7</sup>  
<sup>1</sup>*National Board of Health and Social Welfare, Stockholm* <sup>2</sup>*Department of Paediatrics, The Queen Silvia Childrens Hospital, Gothenburg* <sup>3</sup>*LJUSTORP, Bjurholm* <sup>4</sup>*Huddinge Childrens Hospital, Huddinge University Hospital, Stockholm* <sup>5</sup>*Department of Paediatrics, Umea University Hospital, Umea* <sup>6</sup>*Department of Paediatrics, Sundsvall Hospital, Sundsvall,* <sup>7</sup>*The Astrid Lindgren Childrens Hospital, Karolinska Hospital, Stockholm, Sweden*  
[anders.hjern@sos.se](mailto:anders.hjern@sos.se)

In the last three decades Sweden has received several hundred thousands refugee children. In response to a growing number of scientific studies the public health perspective has gradually shifted from communicable disorders and nutrition to psychosocial support. Uprooting, traumatic stress and an unstable legal and housing situation make the newly settled refugee child vulnerable to the development of psychiatric disturbances. Follow-up studies have demonstrated the key role of social support for their long-term adaptation. A sustainable public health approach to newly settled refugee children involves existing child health and educational institutions. Child health services need to have an introduction that adapts the existing child health programmes to the special needs of the newly settled refugee family. This includes immunisations and screening programmes but also safety, nutrition and dental health. Child health professionals have a key role as a source of social support and information for the individual refugee parent. On the societal level they should advocate creating supportive environments for these vulnerable children in schools and day care centres.

