

Refugee children's academic outcomes similar to non-refugee peers despite learning challenges

May 19 2016, by Kendra Stephenson

Refugee children had similar academic success as other children if adequately supported, despite having more behavioural and emotional problems overall, a comprehensive review has found.

Emotional and behavioural issues were most prevalent in refugee children under the age of 10, with internalized issues such as anxiety and depression occurring more often than external problems, which included aggression or hyperactivity.

"Despite the thousands of refugees resettled annually, there isn't a lot of research exploring learning challenges of refugee children and no research at all on autism spectrum disorder, language impairments or dyslexia," said Dr. Ripudaman Minhas, an author of the study and a developmental pediatrician St. Michael's Hospital. "However, the existing evidence suggests that children of refugee backgrounds have the potential to perform just as well as their peers when provided with supportive resources and even have similar rates of high school completion."

The study, published today in the journal *Pediatrics*, looked at available data on learning difficulties in refugee children to identify gaps in knowledge, [risk factors](#) for lower academic outcomes and resources for success. Researchers from St. Michael's Hospital and the Royal Children's Hospital in Melbourne, Australia found tremendous gaps -

especially in early childhood data - with almost no research on refugee children in low and middle-income countries, despite 86 per cent of refugees settling in those areas.

With the arrival of 25,000 Syrian refugees to Canada - many of them children - Dr. Minhas said it's important for communities, [health care providers](#) and educators to be aware that a child's experiences in the first few years of life affects development potential, relationships, and their ability to navigate and succeed in society.

"Many refugees settled in developing or developed countries have fled situations of war, discrimination or trauma - often void of basic human rights, including consistent access to education," said Dr. Minhas.

"Although it's clear that refugee children's pre-migration experiences influence their learning and can cause difficulties, some of the most important factors for success occur in the post-migration environment, many of which can be addressed in the country of settlement."

The review identified major risk factors for lower academic performance among refugee children, including experiences of trauma, racism and bullying, low teacher and parent expectations, teacher stereotyping and language difficulties.

Better education outcomes were associated with high academic and life ambition, parent support and involvement in education, parental education and language proficiency, family cohesion, parental physical and mental health, accurate educational assessment and grade placement, higher teacher expectations and understanding and supportive peer relationships.

The review included data from 34 studies on learning difficulties in 29 groups of refugee children published between 1996 and 2015.

Also among the findings:

- Lower teacher expectations of refugee children were common in both primary and secondary schools;
- Almost always, higher [academic success](#) was associated with supportive peer relationships, however refugee children reported difficulties forming such relationships and experienced frequent bullying, racism and discrimination;
- Higher incidence of attention deficit hyperactive disorder, or ADHD, in refugee children whose parents experienced trauma (65 per cent male, 30 per cent female), compared those whose parents did not experience trauma (five per cent male, 10 per cent female);
- Approximately 90 per cent of children diagnosed with ADHD also met criteria for post-traumatic stress disorder, or PTSD.

For educators, Dr. Minhas said it's critical that refugee children be monitored and supported in light of any traumatic experiences during their migration journey and encourage two-way communication between educators and students for increased academic success.

Health care providers and community organizations should bolster youth programs and support services for earlier identification and intervention for developmental, learning or behavioural difficulties, with an emphasis on child mental health. For instance, St. Michael's hosts a rotating, monthly clinic along with four other sites focused specifically on the unique health needs of Syrian refugees.

"We have also launched a developmental pediatric clinic providing integrated, accessible and specialized care for newcomer inner city families," said Dr. Minhas. "The pediatric clinic practices a connected care model, combining family doctors, pediatricians, developmental pediatricians, psychologists, psychiatrists, counselors and schools to

support at-risk children and their families - including those with refugee backgrounds."

Provided by St. Michael's Hospital

Citation: Refugee children's academic outcomes similar to non-refugee peers despite learning challenges (2016, May 19) retrieved 26 April 2024 from

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