

Supplement 1:

SAVE-KID: Survey on the Care of Refugee Children and Adolescents in Germany

Welcome to this online survey on the medical care of asylum seeking and refugee minors (ASRM) in Germany. As part of our research, we aim to explore two major areas in detail. The first focuses on infectious disease management, including the implementation of an infectious disease screening. In the second section addresses your experiences with mental health problems in ASRM. The survey pertains to individuals with recent refugee histories who have arrived in Germany within the last two years. We aim to gather insights from a wide range of stakeholders, who, in their professional or voluntary roles, are in contact with children, adolescents, and families with refugee histories. Therefore, the initial questions will ask about your working field. Please feel free to share the invitation link. This study is an online-only survey. Participation is voluntary and pseudonymized. No personally identifiable information will be collected. Completing the questionnaire will take approximately 10-15 minutes. We kindly ask you to complete the entire questionnaire. Please participate only once.

A. Demographic Data

At the beginning of the survey, we would like to ask for some demographic data.

- a. How old are you?
- b. To which gender do you feel you belong?
 - i. Female
 - ii. Male
 - iii. Other

> If A.b.ii. "Other":

- c. To which social gender do you feel you belong? Please provide the most appropriate description:
-

B. General Information

Thank you for supporting us with your knowledge and experience in this survey. Please always choose the most appropriate response option in the following questions.

- a. Please select your professional role in the care of individuals with refugee histories:
 - i. Physician
 - ii. Staff in a medical clinic
 - iii. Interpreter
 - iv. Social worker
 - v. Volunteer in refugee care
 - vi. Employee of a municipality/regional government office
 - vii. Staff in a refugee shelter
 - viii. Other professional group

> If B.a.viii. "Other professional group":

- b. Please provide the most appropriate description of your professional role:

> If B.a.i. "Physician":

- c. Please select your medical specialty or the specialty you are pursuing:
 - i. Pediatrics and Adolescent Medicine
 - ii. General / Family Medicine
 - iii. Internal Medicine
 - iv. Obstetrics and Gynecology

- v. Dermatology and Venereology
- vi. Child and Adolescent Psychiatry
- vii. Other medical specialty

> If B.a.vii. "Other medical specialty":

d. Please indicate your medical specialty:

> If B.a.ii. "Staff in medical clinic":

e. Please select your professional role in the medical clinic:

- i. Pediatric nurse
- ii. Nurse
- iii. Medical assistant
- iv. Paramedic
- v. Research assistant
- vi. Other professional group:

> If B.e.vi. "Other professional group":

f. Please provide the most appropriate description of your professional role:

g. Please indicate your place of work:

- i. (State) reception center
- ii. Municipal or communal refugee accommodation
- iii. Medical practice
- iv. University hospital
- v. Non-university hospital
- vi. Municipal administration
- vii. Supra-regional administration / government district office
- viii. Cross-institutional / independent
- ix. Other workplace

If B.g.x. "Other workplace":

h. Please provide the most appropriate description of your workplace:

i. I have been working in the above role for ... years.

j. I work in the above role...

- i. Professionally (i.e., you receive payment for the activity, including part-time or proportionate employment)
- ii. Voluntarily (i.e., no monetary compensation, possibly a trainer allowance, expenses)

k. In which federal state is your place of work located?

- i. Baden-Württemberg
- ii. Bavaria
- iii. Berlin
- iv. Brandenburg
- v. Bremen
- vi. Hamburg
- vii. Hesse
- viii. Mecklenburg-Vorpommern
- ix. Lower Saxony
- x. North Rhine-Westphalia
- xi. Rhineland-Palatinate
- xii. Saarland
- xiii. Saxony
- xiv. Saxony-Anhalt

- xv. Schleswig-Holstein
 - xvi. Thuringia
 - l. In your aforementioned role, how many individuals with refugee histories* have you been in contact over the past three months?
(*individuals who have fled to Germany within the last two years, including those in ongoing asylum procedures)
 - m. How many of these were asylum seekers*?
(*individuals in ongoing asylum procedures)
 - n. How many of these were ASRM*?
(*children and adolescents who have fled to Germany within the last two years, including those in ongoing asylum procedures)
-

>> If B.g.i. "(State) reception center" or ii. "Municipal or communal refugee accommodation":

C. Workplace

Thank you for this initial information. We would like to explore your workplace in more detail.

- a. How many individuals live in your facility at the same time? Please estimate the average of the past three months.
- b. How many of them are ASRM? Please estimate the average of the past three months.
- c. How many ASRM have you interacted in your role over the past three months?
- d. Does your workplace offer medical consultations?
 - i. Yes
 - ii. No
 - iii. Unknown

>> If C.d.i. "Yes":

- e. How often do these medical consultations take place?
 - i. Daily
 - ii. Weekly
 - iii. Monthly
 - iv. Less frequently
 - v. Unknown
- f. Which professional groups are represented in the medical consultation? (Multiple choice)
 - i. General practitioners
 - ii. Internists
 - iii. Pediatricians
 - iv. Nurses
 - v. Interpreters
 - vi. Psychologists
 - vii. Midwives
 - viii. Other professional groups
 - ix. Unknown

> If C.f.viii. "Other professional groups":

- g. Please specify the other professional groups:

> If C.d.ii. „No“:

- h. Do you know why consultations are not taking place?
 - i. Yes
 - ii. No

> If C.h.i. „Yes“:

- i. What are the reasons for not holding a consultation? (Multiple choice)
 - i. No need
 - ii. Staff shortage
 - iii. Referral to a clinic if necessary
 - iv. Referral to a general practitioner if necessary
 - v. No cost coverage
 - vi. Other reasons:

> If C.i.vi. “Other reasons”:

- j. Please specify the other reasons:
-

>> If B.g.iii. “Medical practice”:

D. Workplace

Thank you for this initial information. We would like to explore your workplace in more detail.

- a. You work in a medical practice. What is the practice’s focus of care?
 - i. General practitioner care
 - ii. Pediatric and adolescent care
 - iii. Specialist medical care
 - b. Approximately how many patients are treated in your practice* over the past three months?
(*for group practices, please specify per chair/seat)
 - c. Approximately how many refugee patients* are treated in your practice** over the past three months?
(*individuals who have fled to Germany within the last two years, including those in ongoing asylum procedures; **for group practices, please specify per chair/seat)
 - d. Approximately how many asylum seekers* are treated in your practice** over the past three months?
(*individuals in ongoing asylum procedures, in general cost coverage provided by the social welfare office; **for group practices, please specify per chair/seat)
 - e. Approximately how many ASRM* are treated in your practice over the past three months?
(*children and adolescents who have fled to Germany within the last two years, including those in ongoing asylum procedures)
-

>> If B.g.iv. “University hospital” or D.g.v. “Non-university hospital Medical practice”:

E. Workplace

Thank you for this initial information. We would like to explore your workplace in more detail.

- a. You work in a hospital. Approximately how many refugee patients* have you treated over the past three months?
(*individuals who have fled to Germany within the last two years, including those in ongoing asylum procedures)
- b. Approximately how many asylum seekers* have you treated over the past three months?
(*individuals in ongoing asylum procedures, in general cost coverage provided by the social welfare office)
- c. Approximately how many ASRM* are treated in your practice per quarter?
(*children and adolescents who have fled to Germany within the last two years, including those in ongoing asylum procedures)

F. Communication

- a. How often do communication problems arise in the medical care of refugee patients?
- i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown
- b. How often do these communication problems impair adequate medical treatment?
- i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown
- c. How often do you use the following communication aids?

	Always	Very frequently	Frequently	Occasionally	Rarely	Never
In-person interpreter	☐	☐	☐	☐	☐	☐
Remote video interpreter	☐	☐	☐	☐	☐	☐
Over-the-phone interpreter	☐	☐	☐	☐	☐	☐
Staff members	☐	☐	☐	☐	☐	☐
Relatives	☐	☐	☐	☐	☐	☐
Online tools (i.e. Google translate)	☐	☐	☐	☐	☐	☐

- d. Please list any other communication aids you use in your practice:
- e. How often do you find yourself without a communication aid when you need one??
- i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown

>> If B.a.i. „Physician”:

G. Infectious Disease Care

In the following section, we focus on infectious disease screening for ASRM. We would like to know how your practice or department proceeds.

- a. Do you conduct vaccinations or infection screening in refugee children and adolescents?
 - i. Yes
 - ii. No

> If I.a.ii. „No“:

- b. If no vaccinations or infection screenings are conducted, where are these measures carried out? (Multiple choice)
 - i. Referral to a pediatric clinic
 - ii. Referral to a pediatrician
 - iii. Referral to a general practitioner
 - iv. No structured approach
 - v. Already done in advance
 - vi. Unknown

/ End of Section I.

>> If I.a.i. „Yes“:

- c. Do you conduct other screening measures in ASRM?
 - i. Yes
 - ii. No

> If I.c.i. „Yes“:

- d. What other screening measures do you conduct? (Multiple choice)
 - i. Hearing screening
 - ii. Vision screening
 - iii. Developmental status
 - iv. Assessment of relevant psychological conditions or stress factors
 - v. Other measures

> If I.d.i. „Other measures“:

- e. What other screening measures do you conduct? []
- f. Do you apply specific measures for infection screening in ASRM under 15 years?
 - i. Yes
 - ii. No

> If I.f.i. „Yes“:

- g. What methods do you use for infection screening in ASRM under 15 years? (Multiple choice)
 - i. Anamnesis
 - ii. Physical examination
 - iii. Infection serologies
 - iv. Quantiferon test
 - v. Tuberculin skin test
 - vi. Chest X-ray
 - vii. Blood count
 - viii. Clinical chemistry (e.g., GOT, GPT, creatinine)
 - ix. Stool examination for parasites
 - x. Other examinations

> If I.g.x. „Other examinations“:

- h. What other examinations do you conduct? []

- i. Do you apply specific measures for infection screening in ASRM over 15 years?
 - i. Yes
 - ii. No

> If i.i.i. „Yes“:

- j. What methods do you use for infection screening in ASRM over 15 years? (Multiple choice)
 - i. Anamnesis
 - ii. Physical examination
 - iii. Infection serologies
 - iv. Quantiferon test
 - v. Tuberculin skin test
 - vi. Chest X-ray
 - vii. Blood count
 - viii. Clinical chemistry (e.g., GOT, GPT, creatinine)
 - ix. Stool examination for parasites
 - x. Other examinations

> If i.j.x. „Other examinations“:

- k. What other examinations do you conduct? []

- l. Do you regularly use specific infection serologies in standard screenings?
 - i. Yes
 - ii. No

> If l.l.i. „Yes“:

- m. Which infection serologies do you use in standard screenings? (Multiple choice)
 - i. HIV
 - ii. Hepatitis A
 - iii. Hepatitis B
 - iv. Hepatitis C
 - v. Mumps
 - vi. Measles
 - vii. Rubella
 - viii. Varicella
 - ix. Tetanus
 - x. Diphtheria
 - xi. Schistosoma
 - xii. Trypanosoma
 - xiii. Other serologies

> If l.m.iiix. „Other serologies“:

- n. What other serologies do you use as part of standard screenings? []

- o. Do you use specific infection serologies in presence of specific risk factors?
 - iii. Yes
 - iv. No

> If l.o.i. „Yes“:

- p. Which infection serologies do you use in presence of specific risk factors? (Multiple choice)
 - i. HIV
 - ii. Hepatitis A
 - iii. Hepatitis B
 - iv. Hepatitis C

- v. Mumps
- vi. Measles
- vii. Rubella
- viii. Varicella
- ix. Tetanus
- x. Diphtheria
- xi. Schistosoma
- xii. Trypanosoma
- xiii. Other serologies

> If I.p.iii. „Other serologies“:

q. What other serologies do you use in presence of specific risk factors? ☐

> If I.m.vi. “Measles” or I.p.vi. “Measles”:

- r. What is the reason for determining measles serologies?
 - i. Documentation of immunity status for preschool or school
 - ii. Evaluate immunity status before vaccination
 - iii. Documentation of vaccination efficacy
 - iv. Other reason

> If I.r.iv. “Other reason”:

s. What are other reasons for determining measles serologies? ☐

t. Are you offering vaccinations to ASRM?

- i. Yes
- ii. No

> If I.t.i. „Yes“:

- u. Which vaccinations do you offer to ASRM?
 - i. Diphtheria, Tetanus, and Pertussis vaccine
 - ii. Inactivated Poliovirus Vaccine
 - iii. Haemophilus influenzae type b vaccine
 - iv. Measles, Mumps, and Rubella vaccine
 - v. Varicella-Zoster Virus vaccine (known as the chickenpox vaccine)
 - vi. Pneumococcal vaccine
 - vii. Rotavirus vaccine
 - viii. Hepatitis A vaccine
 - ix. Hepatitis B vaccine
 - x. Meningococcal serotype C vaccine
 - xi. Meningococcal serotypes A, C, W, and Y vaccine
 - xii. Human Papillomavirus vaccine
 - xiii. COVID-19 vaccine
 - xiv. Influenza (flu) vaccine
 - xv. Additional vaccinations

> If I.u.xv. “Additional vaccination”:

v. Which additional vaccinations do you offer to ASRM? ☐

w. Do you document verbal information in the official vaccination record?

- i. Yes
- ii. No

x. Do you know the guideline and recommendation of the German Society for Pediatric Infectious Diseases (DGPI) on the care and screening in ASRM in Germany?

- i. Yes

[illegible]

- b. If you wish, please list any other behavioral or mental health problems that you have observed:
- c. Approximately, how many ASRM with one or more of these behavioral or mental health problems have you been in contact with over the past three months? (as integer)
- d. To your knowledge, how many of these ASRM have been referred for further follow-up care due to their behavioral or mental health problems? (as integer)
- e. In your opinion, are you able to meet the needs of these ASRM with behavioral or mental health problems?
 - i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown
- f. Do you ever feel overwhelmed when working with ASRM who have behavioral or mental health problems?
 - i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown
- g. Do you have professional training in working with minors who have behavioral or mental health problems?
 - i. Yes
 - ii. No
- h. At your workplace, are ASRM routinely screened for psychological stress and mental health problems?
 - i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown

> If J.h.i./ii./iii./iv./v. "Always / very frequently / frequently / occasionally /rarely":

- i. Which screening methods are used?
- j. At your workplace, are behavioral problems in ASRM routinely documented?
 - i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown
- k. Do you have adequate resources* available to further assess and care for minors with behavioral or mental health problems?

(*By resources, we mean specialized staff or facilities, such as social pediatric centers (SPC), pediatricians with respective experience, educators, psychologists, psychiatrists, etc.)

- i. Always
 - ii. Very frequently
 - iii. Frequently
 - iv. Occasionally
 - v. Rarely
 - vi. Never
 - vii. Unknown
- l. How do you experience the accessibility of these resources for ASRM (compared to minors who have grown up in Germany)?
- i. Significantly easier
 - ii. Somewhat easier
 - iii. Similarly easy / difficult
 - iv. Somewhat more difficult
 - v. Significantly more difficult
 - vi. Unknown
- m. In your opinion, what makes access to resources more difficult? (Multiple choice)
- i. Cost coverage not guaranteed
 - ii. Lack of available appointments
 - iii. Lack of available interpreters
 - iv. Resources spatially not accessible for ASRM and their families
 - v. Resources not/poorly accepted by ASRM and their families for scheduling reasons
 - vi. Resources not/poorly accepted by ASRM and their families for cultural reasons
 - vii. Resources / Facilities reject the treatment of ASRM
 - viii. Other obstacles
- n. In your experience, what other barriers make access more difficult? []
- o. In your experience, what factors facilitate access to the resources mentioned? []
-