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ESSOP POSITION STATEMENT

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Migrant children in the European Union – a call for action for equal access to health care and education

Introduction

Each month tens of thousands of asylum seekers reach Europe, of whom 20 to 30 percent are children under the age of 18. Several millions of undocumented migrants, reunifying families and migrants seeking work add further large populations of children to the migrant scene in Europe. In recent years barriers and borders between the member states in the European Union (EU) have gradually been lifted. European residents, including asylum seekers and immigrants, can move more freely between different countries. In response to this free movement, the EU has taken several important steps towards a uniform immigrant policy. One aspect of this policy is to define the basic living conditions to be offered asylum seekers. This includes stipulations about access to health care and education for children. This position statement outlines the needs and rights of these children especially during the first phase of transition and settlement. It recommends action child health professionals and their professional organisations can take to promote and protect these rights.

The UN Convention of the Rights of Children

Migrant children pose a number of medical ethics, human rights and public health challenges for child health professionals. The UN Convention on the Rights of the Child recognizes fundamental rights for all children, including migrants. The Article 2 of the Convention was written with these children in mind.

> *"States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."*

Article 22 adds that any child who is seeking refugee status or considered a refugee shall, whether unaccompanied or accompanied, receive appropriate protection and assistance in the enjoyment of applicable rights. This includes a right to protection (articles 19 and 25), health care (article 24), education (article 28) and rehabilitation (article 39). With support of these articles, the Standing Committee of the Rights of Children in Geneva, in a comment to its report on Norway in 2000, made it clear that all categories of migrant children have rights to health, medical care and education.
At the recent launch of the European Forum on the Rights of the Child it has been decided, to "encourage the development and implementation of strategies to promote the rights of children national and international levels, especially for the effective implementation of the United Nations Convention on the Rights of the Child, and cooperate in shaping and implementing the European Union Strategy on the Rights of the Child." (1) The rights of asylum seeking children are currently being violated in many European countries. Even nations that ordinarily like to be considered pioneers of children's rights in the world, such as the UK, Sweden and Norway, have received repeated critique on this issue.
What then are the practical implications of being a migrant child on the needs for health and medical care?

Physical health

The difficult situation of pregnant migrant women influences the health status of their offspring.
The effective provision of reproductive health care services adapted to specific needs and cultural factors of immigrant women remains a challenge. Infants may have lacked skilled postnatal care including screening at birth for inborn errors of metabolism, endocrine or other conditions - with potential detrimental impact on health because of delayed diagnosis and treatment.

Many migrant children are born in low income countries where nutritional deficiencies (2) and infectious disorders like tuberculosis (3,4), hepatitis B (5), HIV (6) and intestinal parasites (7) are much more common than in Europe (8). The new and unfamiliar environment in the country of reception puts newly settled children at particular risk for injuries. The restricted economy of the newly settled migrant family makes the home and the immediate surrounding traffic environment the main arenas for these injuries (9). Epidemiological studies demonstrate that migrant children in Europe have a less satisfactory dental health compared with the majority population (10-12).

Specific concerns arise for migrant children with chronic health problem and disabilities. They have a higher risk of exclusion and may have lower levels of participation in society than other disabled children (13).

Mental Health

A number of studies in northern Europe indicate that the main health problems of refugee children are to be found in the mental health domain. As many as 40-50% of children in asylum-seeking families have been reported to have a significant load of child psychiatric and psychosomatic symptoms (14) . There are many different factors that contribute to these symptoms (15) (See Figure 1).

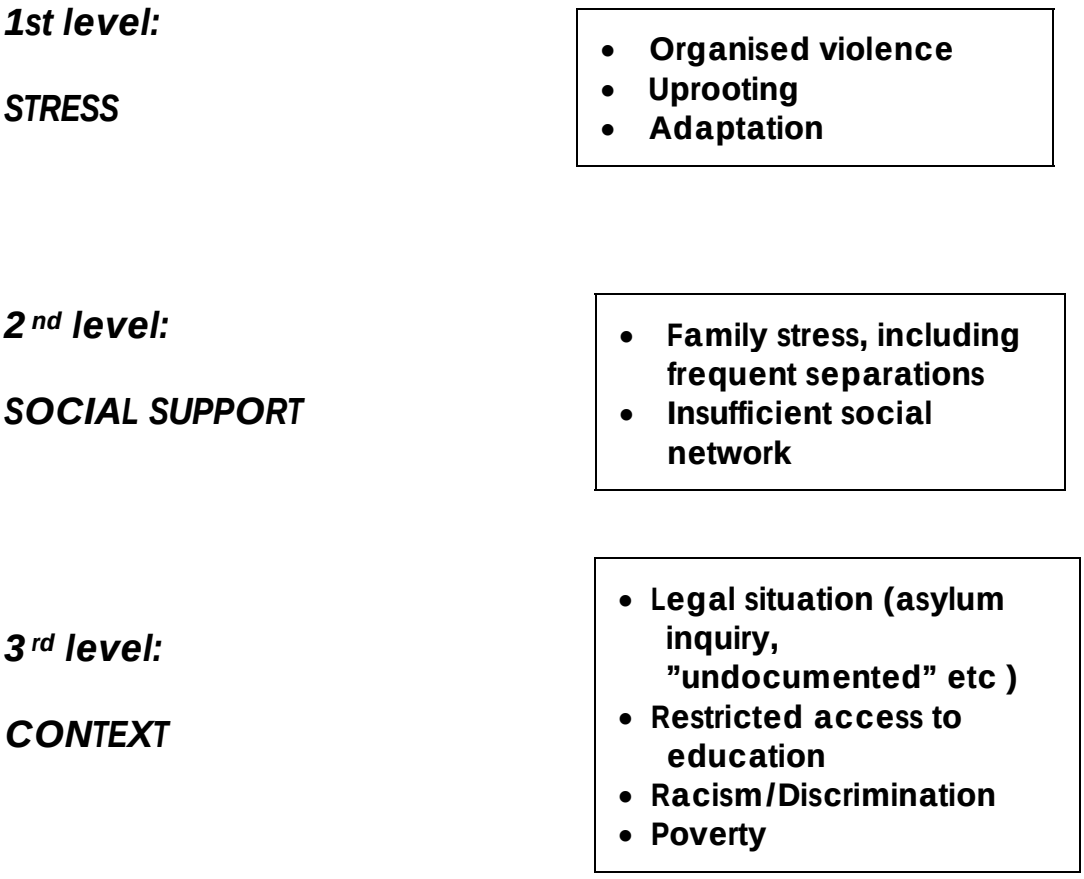
All migrant children have experienced uprooting. They have left their home for reasons they may not understand and are confronted with a new environment with an unfamiliar culture and language.

Many migrant children have been exposed to single or multiple events of political violence. In recent years the literature on post-traumatic stress disorder (PTSD) in children has grown rapidly, and has been given a key but contested role in the discourse on refugee children in Western child psychiatry (16,17). PTSD includes symptoms of re-experiencing (nightmares etc), avoidance (fears, phobias and social isolation) and hyperalertness (sleep disturbances and irritability etc). For some children the threat of violence has been an important part of their environment for long periods of time, forcing adaptations of a more "chronic" nature.

The crucial importance of social support systems for mental health is supported by a large body of research. Most newly settled families leave important parts or even all of their social support systems in the home country. This makes migrant children particularly dependent on the ability of the parents to support them in their efforts to adapt to the new environment. Unfortunately many migrant parents themselves suffer from poor mental health because of stress which makes this task all the more difficult (18).

The knowledge about risk factors on the individual and family level should not keep us from recognising the importance of the societal context in which these families live. The social situation of migrants is extremely vulnerable. Few other residents are as dependent on legislation and state services, which give the framework to important factors such as employment, availability of school and day care services and housing. The legal status of the family, the attitudes of the population in resettlement countries and the culture-specific discourses of childhood and mental health are other important contextual factors that shape the matrix for the interactions of the child and the family with his/her new environment.

Figure 1. An ecological model of the psychosocial situation of refugee children in exile
[Adapted from Hjern & Jeppsson (20)]



A promising alternative or complementary strategy to the trauma approach is that of a social support approach (19, 20). This approach has the advantage of using already existing resources such as child health care centres and the school system. Child health nurses can offer individual support and information to migrant parents and organise parent groups for mutual support. Introduction classes with small groups can be organised within nurseries and schools. Through co-operation with the social services of the community and NGOs the creation of social networks can be facilitated through contact families and support for self-organisation of the migrant community. It is probable that the single most important item in this strategy is daily access to educational activities within the "normal" educational institutions.

Policy implications for child health professionals – action on the local, national as well as the on European arena

Migrant children frequently live in conditions of poverty that are rarely seen in other children in Europe. The struggle of everyday life of their families is filled with obstacles created by governments and their institutions. In recent years the ambition to create a common European migrant policy has further complicated their situation, but also opened up new possibilities for advocacy. Most migrant children live in a vulnerable situation. However, unaccompanied minors and undocumented children should be of particular concern in advocacy because of their extreme vulnerability and powerlessness.

The European Society of Social Pediatrics urges paediatricians and other stakeholders to relentlessly point to the vulnerable position of migrant children and their need for special protection of their rights, especially to health care and education. Migrant children have had few, if any, possibilities to influence the situation in their country of origin or the decisions made about migration. He/she is an un-protected, innocent third part in the middle of a European setting where governmental decisions concerning migrants are guided by political purposes. Humanity, and the UN Convention of the Rights of the Child demands the creation of special rules and laws of protection for these children and paediatricians are needed in advocacy for them:

- **Advocacy for the rights of migrant children on the international level**
  Agreements on the European level have become very important in national migrant policies in Europe and have the potential to improve the rights of these children. Paediatricians should lobby policymakers to remind them of the specific needs of children for adequate health care, education and a family that cares for them.
- **Advocacy for the rights of migrant children on the local and national level**
  Paediatricians have a key role in the advocacy for the rights of migrant children to equal access to health, dental and medical care and education. The right for children to their parents also needs to be implemented in the legal framework regarding family reunification. The UN Convention of the Child is a powerful advocacy tool in arguing for the rights of migrant children. Governments rarely limit care for migrants because of economic reasons, such limits are usually created as integral parts of migrant policy to restrict immigration. Pointing to the lack of meaning in excluding services for children is therefore essential.
- **Education and training**
  All child health professionals should have an understanding of the special needs of migrant children. Increasing numbers of children in the European Union with a background of migration create the need for migrant friendly pediatric health care delivery on all levels. Therefore, the special situation of migrant children needs to be included in undergraduate and postgraduate training for all child health professionals, either as a separate topic or integrated other equity and social justice topics.
- **Health care delivery** When paediatricians meet these children in their daily practice they should set an example by never closing a door to a child because of his legal status irrespective of the policy of the organisation. Ensuring that migrant children have equal access to high quality child health services is an important part of the agenda for migrant children. Child health professionals should audit their local services to highlight and eliminate barriers for access to services for migrant children. Self-help or parental organisations should be encouraged to consider their specific needs. Child health professionals should be extremely careful in their assistance to immigration authorities with medical advice. Inappropriate use of medical technology should not be used to justify unjust immigrant policies, as exemplified with age determination of adolescent migrants. Health services and pediatricians should provide linguistically competent services (21), the use of children as “interpreters” is to be avoided.

- **Information and research**
  Data on child health status by migrant status should be integrated in the routine assessment of health indicators on regional, national and European levels. International comparisons of child health indicators in migrant children are very important in advocacy for changes of policies. The Child Health Information for Life and Development (CHILD) data set [22] provides a good template for such data systems. These results are urgently needed for quality management to improve provision of immigrant child health care. However, it is often difficult to gather data systematically about some categories of migrant children, especially such as undocumented children and asylumseekers. In the clinic, pediatricians gain quite unique experience of the living conditions of these children. This experience needs to be collected and disseminated. Adequate consideration of these issues in European research programmes is needed.

Action points for paediatric organisations:

- Openly state their advocacy function in relation the rights of migrant children to equal access for care and education
- Provide guidelines for the delivery of easily accessible migrant-friendly health services for children on all levels and include this as an integral aspect in the routine quality management
- Identify a named person or group responsible for advocacy
- Regularly disseminate information about the health and educational situation of migrant children
- Ensure that paediatricians receive training in advocacy and specific communication skills
- State the competencies required to work for migrant children & include them in the curriculum and examinations
- Develop educational strategies to achieve the above
- Develop a policy for participation by young people in planning services
- Ensure that their clinical services are accessible to undocumented and asylum seeking children and their families
- Participate in international collaborations regarding advocacy and research about migrant children.

Useful materials:
Separated Children in Europe Programme
http://www.separated-children-europe-programme.org/

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