



POLICY BRIEF

Foreign-born Children in Europe: An Overview from the Health Behaviour in School-Aged Children (HBSC) Study

Co-funded by the European Commission, the Office of the Portuguese High Commissioner for Health and the International Organization for Migration (IOM), the “Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities” IOM-managed project provides a platform for dialogue on migration health priorities and fosters engagement from policy-makers at all levels to tackle health inequalities in Europe.



Further information is available at:
www.migrant-health-europe.org

This policy brief is based on the background paper ‘Foreign-born Children in Europe: An Overview from the Health Behaviour in School-Aged Children (HBSC) Study’ elaborated within the framework of the AMAC project:
www.migrant-health-europe.org/background-papers

Opinions expressed in this brief are those of the authors and do not necessarily reflect the views of the European Commission or the Office of the Portuguese High Commissioner.

This brief presents findings from the analysis of results from twelve countries participating in the Health Behaviour in School-Aged Children (HBSC) 2006 Study. In these twelve countries, schoolchildren who were foreign-born were self-identified to have stratified data on this section of the adolescent population. Foreign-born children were compared to their native peers in relation to family affluence, relationship with parents and friends, school life and perception, and involvement in health risk behaviour.

Why this topic?

Migration is becoming increasingly common in Europe. While adults may choose to migrate, children normally have less control over the situation. It is therefore important to explore how these children integrate and how they fare compared to their native peers. School integration is often taken as an indicator of future integration in society.



Topic in context

The twelve participating countries/regions of the HBSC network gathering data on migrant adolescents were: Flemish-speaking Belgium, Germany, Denmark, Spain, Greece, Ireland, Iceland, Italy, Scotland, Sweden, Wales and Portugal. The proportion of child immigrants in the participating countries ranged from 4% in Wales to 11% in Ireland.

Some findings:

- While some differences are evident between foreign-born children and their native peers regarding relationship with friends and parents, school perceptions and involvement in risk behaviour, no clear, cross-national migrant vs. native children pattern was found;
- Overall, cross-national analysis suggests that the general health and life satisfaction of foreign-born children is similar to that of their native peers;
- One pattern does stand out: migrant children systematically report to be living in less affluent families across all countries and thus are more disadvantaged than host country children; child migrants seem to be also at a higher risk of isolation and social exclusion;
- Due to the complexity of the migration phenomenon, and the different aspects of it intervening in health and health behaviour, there is a need for more focused studies on child migrants (i.e. looking at different groups, at country of origin and country of residence, language fluency etc., and comparing specific immigrant groups across countries).

For more details, please go to www.migrant-health-europe.org/background-papers.



POLICY BRIEF

Foreign-born Children in Europe: An Overview from the Health Behaviour in School-Aged Children (HBSC) Study

Policy Background

The right of migrant children to good health and health care is advocated in European and international charters and other texts:

- ▲ Resolution EB124.R6 on reducing health inequities through action on the social determinants of health (WHO Executive Board, Geneva, 2009).
- ▲ Social cohesion for mental well-being among adolescents (WHO Regional Office for Europe, Copenhagen, 2008).
- ▲ Closing the gap in a generation: health equity through action on the social determinants of health (WHO Report from the SDH Commission, Geneva, 2008).
- ▲ The Tallinn Charter: Health Systems for Health and Wealth (WHO Regional Office for Europe, Copenhagen, 2008).
- ▲ International Migration Report 2002 (United Nations, Department of Economic and Social Affairs, Population Division, New York, 2002).

Recommendations for the European institutions

- ▲ Support national and European collaborative research efforts to obtain further and better data on the health of child and young migrants;
- ▲ Scale up investment in information systems at the national and European levels to measure and appropriately address health inequities;

Recommendations for EU Member States

- ▲ Build universal social and health protection systems and increase generosity towards a level that is sufficient for healthy living;
- ▲ Promote high quality research on child and adolescent migrant health through focused and systematic studies;
- ▲ Take into account migrant health and its complexities when designing policies and programmes for migrant communities;

Recommendations for national stakeholders

- ▲ Ensure that information systems from the education, social and health sectors perform efficiently and fulfill their goal of responsiveness to the needs of especially vulnerable populations;
- ▲ In global interventions (involving family, school and community), foster effective programmes and services that support migrant parents to help develop children's personal and social skills leading to healthy choices.

