



EU-Level Consultation on Migration Health - "Better Health for All"

24th – 25th of September 2009

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Ensuring the right of migrant children to health care: the response of hospitals and health services

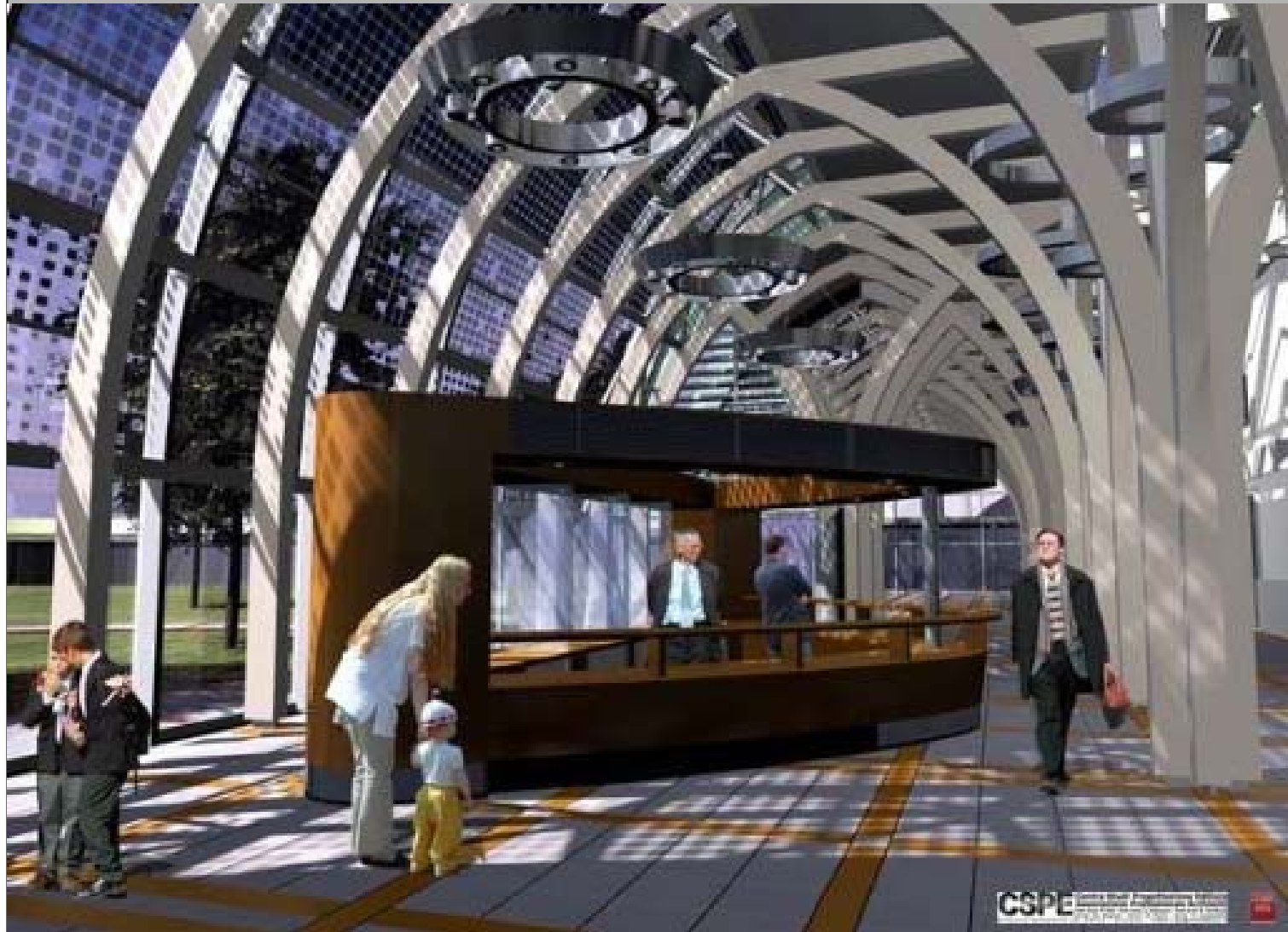


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Introduction

CRC

Framework for protection of all children in every life setting

Health Care

Evolution of the concept of health and of health care

In a context of child migration...

How do hospitals and health services respond and how do they ensure migrant children's right to health care?



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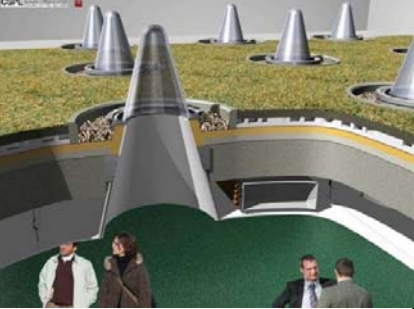
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Conceptual and legal framework for the respect, protection and fulfilment of migrant children's right to health care

Migrant Children: unaccompanied and separated children; children who are 'outside the territory of the State of which they are nationals or citizens'; second generation migrants; refugee and asylum seekers.

Conceptually, we argue that services must:

- Be child/parent-centred;
- Recognise health protection, promotion and prevention as integral to children's care;
- Consider cultural diversity in the design and delivery of services;
- Respect children's rights including their right to:
 - Non-discrimination (Art. 2, CRC)
 - The best interest of the child (Art. 3, CRC)
 - Life, survival and development (Art. 6, CRC)
 - Right to express views freely (Art. 12, CRC)
- Address the wide determinants of health, including the social det.



The role of hospitals and health services in respecting migrant children's right to health care

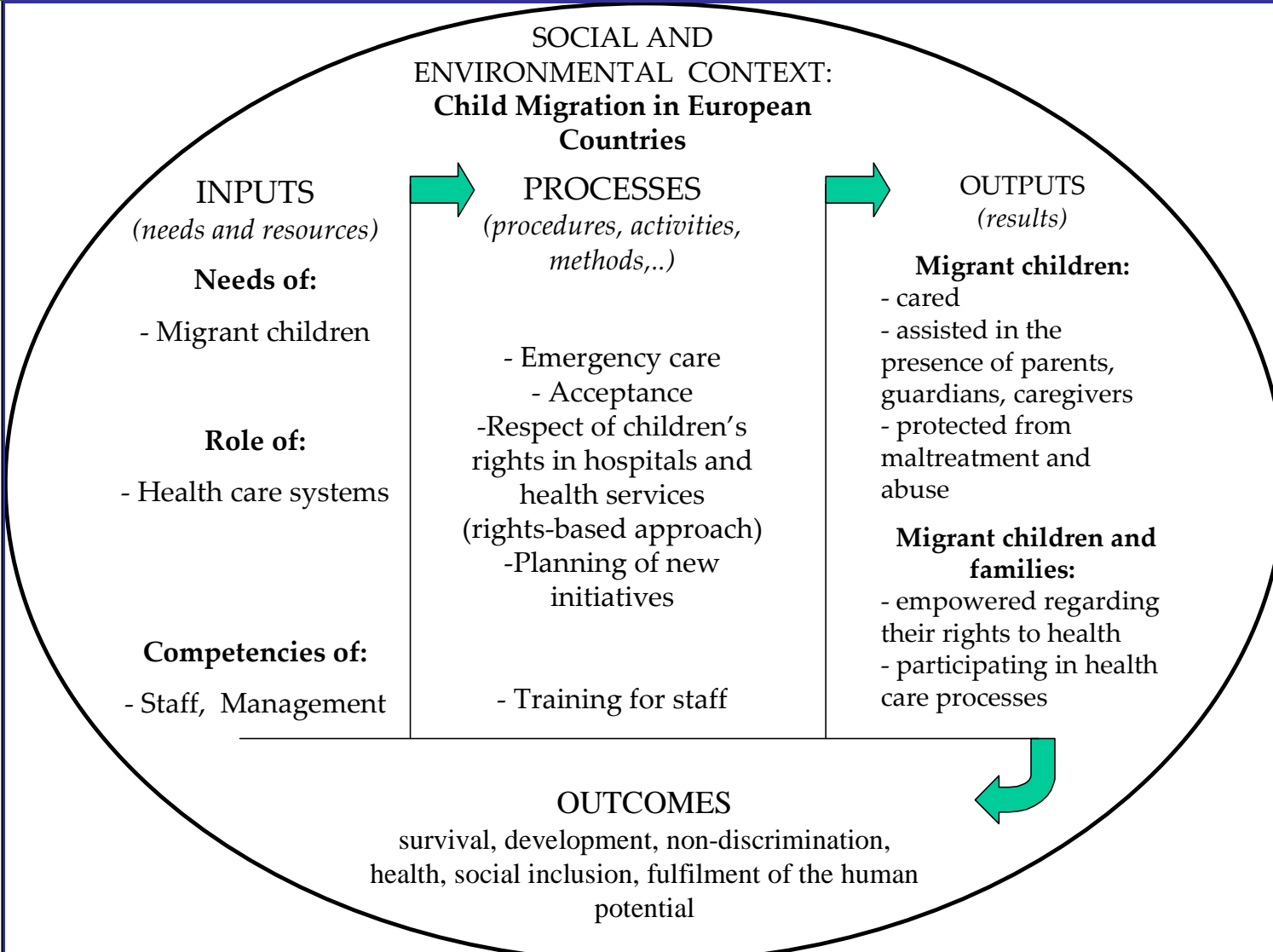
The role of hospitals and health services in a context of child migration



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Situation Analysis

1. Good Practices

- a) Culture change in the community for advocacy of migrant children's health and development;
- b) Cultural change in the hospital following a rights-based approach
- c) Organisational change of services provided to migrant children
- d) Professional change for a health promotion approach oriented to migrant children



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2. Case-Studies

- a) Migrant children's right to health care: the response of the Regional Government of the Canary Islands
- b) Health care for migrant children in Stockholm County
- c) *Progetto Intercultura*: re-organising services at hospital level to respond to the needs of migrant children in Florence
- d) Baleskin Refugee Reception Centre, Ireland

Lessons learned from the Good Practices

- a) Culture change in the community for advocacy of migrant children's health and development



Raising awareness in the community and promoting partnerships between the media, local civil society organisations and local governmental services, i.e. inter-sectoral, multidisciplinary partnerships between local health services, government, school, parish centres, etc.

- b) Cultural change in the hospital following a rights-based approach



Addressing and monitoring the respect and fulfilment of children's rights in hospital, i.e. the adoption and implementation of 'Equality and Diversity' Strategies, self-evaluation tools



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(cont.)



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c) Organisational change of services provided to migrant children



Identifying gaps in the respect of migrant children's right to healthcare and by putting into place adequate mechanisms, i.e. interpretation and cultural mediation services

d) Professional change for a health promotion approach oriented to migrant children



Training and awareness raising on cultural competency, awareness on the availability of relevant services and referral mechanisms, i.e. 'Equal Rights, Equal Access'
Training package



Lessons learned from the Case-Studies

CS 1. Migrant children in a Nordic welfare state- the case of Stockholm

+

- Migrant children who are residents or have access to health services of equal quality and quantity as the majority population, incl dental care.
- Health status is similar to that of the majority population.
- Interpreters of good quality are available and free of charge.

-

- Undocumented migrant children have very restricted access to care. Small numbers though.
- Considerable numbers of migrant parents have restricted access to care
- The use of a personal number as a key to the social welfare system is effective in keeping undocumented migrants out of services.
- Civil disobedience and the creation of NGO clinics have been necessary to provide care for undocumented migrants



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Lessons learned from the Case-Studies (cont.)

CS 2. Easing Transitions: The case for child-centred interdisciplinary working with asylum seeking children in Ireland

”Non-Directive play therapy is a specialised intervention that recognises that children have an inherent capacity to heal themselves through play”

(Stokes 2008)



“An awareness by healthcare staff of the specific health & social needs of migrant children requires an informed transcultural health care approach”.

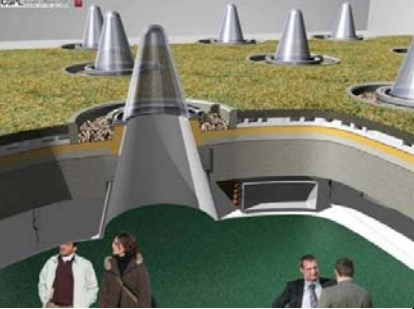
(Boyle 2009)



Lessons learned from the Case-Studies (cont.)

Service Development 2001-2009

- First of its kind in Ireland dedicated to migrant children.
- Developed in partnership by Statutory Health Service and Reception & Integration Agency
- Commenced as Children's Facility (Play & early education) developed into interdisciplinary therapeutic service
- Accepts professional referrals (Nursing, Medical, Psychology, Schools, Parenting)
- Special cases One-to-one Interventions – behavioural, learning, emotional, development issues.
- Education (student placements) & advisory role within the sector (healthcare, social care education migration agencies)
- Contributing to finding solutions to the on-going challenges of ethnic diversity within the Irish social / services context.



Conclusion: Questions for reflection and discussion

How is migrant children's right to health care being met by hospitals and health services?

- Lack of documentation on hospital and health services' practice;
- Migrant children are seldom addressed as a specific target group;
- Vast range of epidemiological data and literature, but few assessing migrant children's right to health care;
- Good practices and Case-Studies show the range of activities available and their effectiveness in ensuring the right of migrant children to healthcare.



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FINAL SUGGESTIONS

Common responsibility, common action: Complementarity between the work of international agencies, governments, civil society organisations, hospitals and health services

- *International agencies:* assist governments and national health systems in developing instruments for monitoring migrant children's right to health care;
- *Governments:* ensure that national health systems, hospitals and health services protect, respect and fulfil migrant children's right to health care;
- *Civil Society Organisations:* advocacy for migrant children at community level and with hospitals and health services;
- *Hospitals and health services:* ensure the fulfilment of migrant children's right to health care and their empowerment.



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Implementation of a 'knowledge-system' (i.e. Reference research & monitoring structure) to assess and diffuse information on the delivery of specific healthcare services

FINAL SUGGESTIONS

What type of assessment instruments may be adopted by hospitals and health services to evaluate the respect of migrant children's right to health care?

- *Top-down approach:* instruments from external agencies (i.e. Ministry of Health, Regional or Local Inspectorate Services);
- *Bottom-up approach:* external evaluation from civil society organisations;
- *Self-evaluation:* by hospitals and health services on how are they meeting migrant children's right to health care.



To adopt instruments of evaluation of the respect of children's rights in hospital, i.e. Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital



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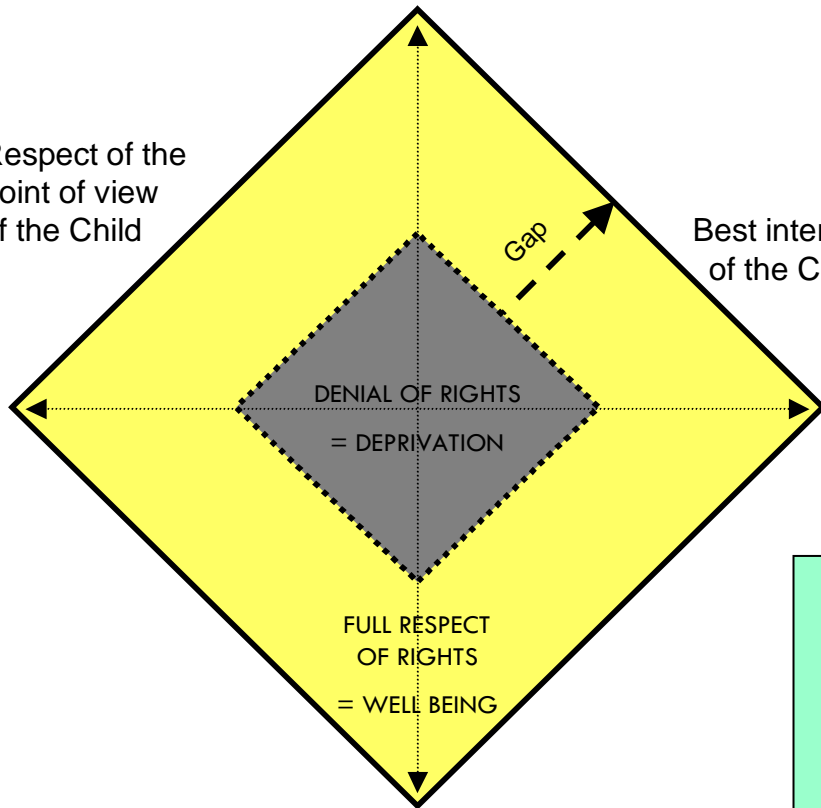
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GENERAL PRINCIPLES OF THE U.N. CONVENTION
ON THE RIGHTS OF THE CHILD

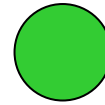
Life, survival, development
and protection

Respect of the
point of view
of the Child

Best interest
of the Child



Non-discrimination



**HPH Task force on Health Promotion for
Children and Adolescents in & by Hospitals
and Health Services**

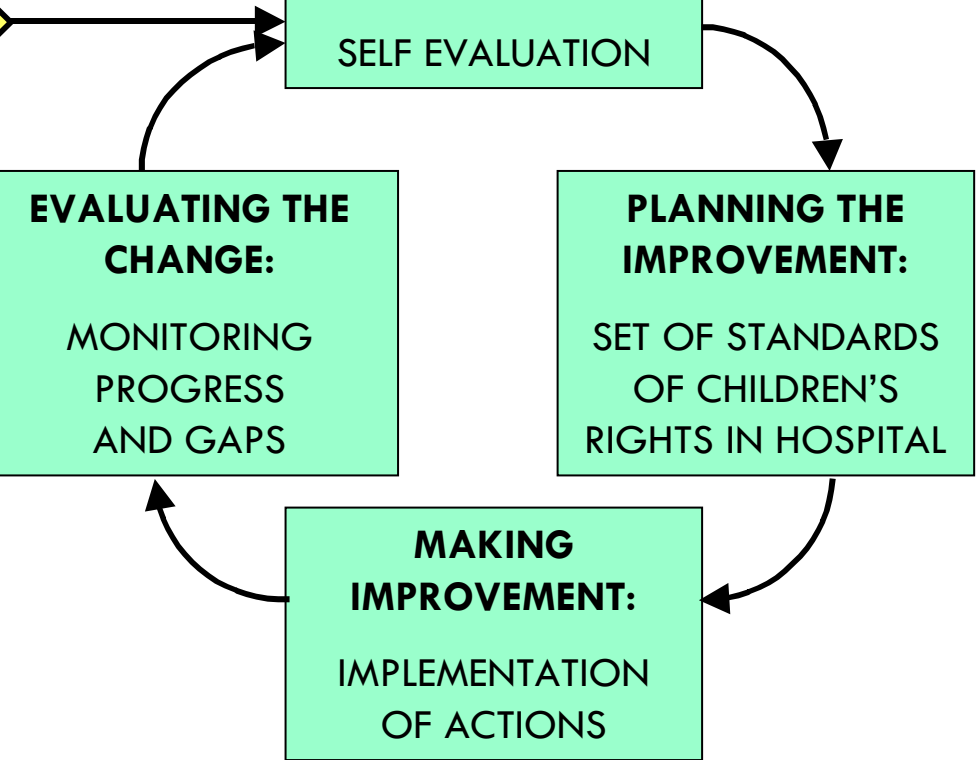


**MAPPING THE
REALITY:
SELF EVALUATION**

**EVALUATING THE
CHANGE:
MONITORING
PROGRESS
AND GAPS**

**PLANNING THE
IMPROVEMENT:
SET OF STANDARDS
OF CHILDREN'S
RIGHTS IN HOSPITAL**

**MAKING
IMPROVEMENT:
IMPLEMENTATION
OF ACTIONS**





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Thank you for your attention!

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