

European Federation for Street Children
Contribution to the Consultation on
“Solidarity in Health: Reducing Health Inequalities in the EU”

Launched by DG SANCO and DG EMPL

Foreword

The European Federation for Street Children is a EU-level platform of NGOs which work in the protection of the most vulnerable children, particularly street children, in the EU. This contribution will therefore focus on the aspects of inequality in health relating to these children’s access to health.

On general data

It is difficult to provide evidence on the tendencies taken by the access to healthcare for street children under the present socio-economic context, given the lack of reliable data and of targeted research on the street children phenomenon itself. Nevertheless, as clearly emerged from a workshop which was held by EFSC on the 5-6th May 2008 on the situation of street children in the mostly concerned countries in Central and Eastern Europe , it can be stated that the phenomenon is increasingly acquiring a European dimension, and that the flows of unaccompanied children at risk of ending up in the streets represent a challenge for the health system of the whole of the EU.

In addition to the flows of unaccompanied foreign minors from Northern Africa, separated children from the new Member States of Romania and Bulgaria are increasingly moving to Western European Member States, while the new Member States are increasingly destination countries of migration flows originating from non-EU Eastern Europe and Asia. Most of these separated children are not known to official registers and therefore virtually lack any access to health if they do not enter the social care system.

In practical terms, they often exclusively enjoy health care in emergency situations, as a number of barriers (e.g. fear of becoming exposed to the authorities and being repatriated, language barriers, lack of awareness of their rights, etc.) hinder their visiting of general practitioners (cfr. PICUM report “Undocumented children in Europe: Invisible Victims of Immigration Restrictions”, April 2009).

In addition, EFSC Member Organisations report that street children from minority groups and of extremely excluded social groups are practically prevented from accessing the health care system by housing segregation and lacking service provision in their extremely marginalised areas of living. Accessibility of healthcare is thus a crucial issue to be addressed when wanting to overcome inequalities in health from the

point of view of street children.

Furthermore, it must be considered that street children are in general more exposed to violence, and that accidents and diseases relating to unhealthy lifestyles disproportionately affect them. They should therefore be considered as a specific target group of the healthcare systems and in particular of health care services on the local level.

Reducing inequalities in health entails a major challenge for the social care system, i.e. the conflict between the attempts to ensure access to health and education for those children and their migration projects, which are in most cases built around the willingness to work, as a recent report from Parsec and Terre des Hommes revealed. The fear of being identified, denounced, administratively registered and repatriated creates a self-segregation of these children, either by themselves or their responsible adults, which is difficult to be overcome under the present context of restrictive migration policies.

More detailed information and monitoring about the reasons keeping these invisible children away from the healthcare system and the social services would be required in order to improve the access to health for them. A whole set of indicators would be required in this field, where the available information is at present very scarce. A most important issue to focus on is to ensure the access to basic care for these children, not only for serious illnesses but also for minor accidents and in particular regarding preventive measures which are absolutely crucial. It would be important that a Commission Communication would highlight these aspects and pave the way for setting up monitoring mechanisms on the issue in close relation with the Member State.

On scope of level of EU action/ subsidiarity

Action at EU level is required for improving access to healthcare for street children and for the most vulnerable children in Europe, given in particular the increasingly European dimension of the phenomenon. A co-ordinated effort of all Member States, in close co-operation with the EU migration policy both from the internal and external side, is fundamental for ensuring that the right to health is realised for all children in origin and destination countries, as well as at all steps of their migration route. An important role in sensitising Member States on the need for ensuring the right to health for all, including undocumented children and street children, independently from their registration status, is to be played by NGOs. This applies in particular in light of the increasingly restrictive attitudes of some of them and of the recently approved EU Return Directive. The health strategy and the prioritisation of solidarity in health under the OMC are important support factors to these efforts, and a Commission Communication about the issue would serve the awareness raising objective even stronger.

EFSC fully supports the statement that the EU has also a role to play in facilitating the exchange of good practices in combating health inequalities and promoting access to healthcare for the most disadvantaged groups of which street children range on top as one of the most important ones. EFSC considers that a major value added of European-level action would rely in the support to trans-national and trans-regional exchange and consultation with those actors who are more directly involved in the daily life of these children, such as teachers, social workers and police officials, but also health operators with whom these children may be in contact. A cross-national comparison of their experiences could provide useful information about the situation of those children and the reasons for their lack of access to health care. Cultural mediation is also an important factor in easing access to healthcare for separated children as the language barrier and the lack of awareness constitute in many cases a hindrance. Raising awareness about

children and their families about existing initiatives to bring healthcare closer to them is an important step towards improving access not only of single families but of wider communities to healthcare. The European Union has a key role to play in supporting the training of cultural mediators and the exchange of good practices in this field.

EFSC welcomes the European Union's clear stand towards the elimination of health inequalities, and supports the establishment of the common target of ensuring access to health care for all in maximum ten years among Member States, through the Social OMC. A commitment of all Member States towards ensuring access to basic healthcare for all directly entails, in turn, an effort towards making invisible children visible, while ensuring the realisation of their fundamental rights and best interests. A fundamental reporting exercise is required for this. The European Federation for Street Children is planning to undertake a European Report on Street Children, providing regular data on the situation of street children and their access to basic services, as a first step towards this goal as soon as the funding preferably from an EU assistance programme will be available for this project. The European Commission's support to this project and in developing common guidelines and benchmarks for reporting on the issue through the OMC is vital, as the recent report on Child Poverty and Well Being has shown. Peer reviews on good practices in ensuring access to health for the most marginalised groups are an important tool to make the commitment to solidarity in health a reality.

Given the pattern of extreme inequality in health suffered by street children and the most marginalised children in Europe, EFSC supports that the OMC sets to itself another, shorter-term common target, i.e. that at least a special treatment for separated children is guaranteed by law in each Member State and it is not left to the discretion of the general practitioners, as it is the case in some EU Member States (cfr. PICUM report "Undocumented children in Europe: Invisible Victims of Immigration Restrictions", April 2009).

The issue of access to healthcare for street children being so inextricably articulated between social and health policy aspects clearly requires a multi-disciplinary, joint effort of the different actors involved in the improvement of the living conditions of these children, from border authorities to municipalities. It necessarily involves co-ordination between health policy and social policy, migration policy and education policy as well as between the different disciplines of academic research (medicine, psychology, social work etc.) that are crucial to pave the way for strategies based on an objective analyze of the situation.

Possible Actions and Impacts

Supporting investments for reducing health inequalities would fit well in the objectives of both the European Social Fund and the European Regional Development Fund in the Convergence objective. Access to quality services is one of the pillars of the active inclusion approach and is a fundamental aspect of social inclusion. Structural funds may support a mapping exercise on access and quality of healthcare for the most disadvantaged groups both among regions of the same Member States and among Member States, in order to identify the major urgency points and also provide the financial means for support projects which are predominantly to be carried out on a local and regional level.

Outreach projects may be also supported by European programmes to actively reach these invisible children through inter-disciplinary teams of social workers, health care professionals, psychologists, as in a recently developed and innovative methodology supported by SamuSocial France and described during EFSC conference "Promoting integration of marginalized children and youth through social inclusion: schooling, vocational training and participation" held in Verona on 4-5 December 2008. Furthermore, trans-

national projects may be funded for the intercultural training of social workers and health professionals.

As mentioned above, the focus of all actions should be on ensuring general care for all, including the most marginalised and invisible children. This implies an active effort by the services providers to reach those children and proactively ensure that their right to health is fulfilled. This effort is inextricably linked with poverty reduction policies, policies to facilitate access to education for the most excluded children as well as with an intercultural, individualised approach to social work for social and health inclusion. These areas should be addressed jointly from a holistic perspective and therefore require the cooperation of all actors directly or indirectly involved in child protection at the local level. Enough care should be paid to the importance of raising awareness among children and their families about the opportunities they have of accessing healthcare.

According to EFSC's member organisations, a challenge is posed at the local and regional level of action to the viability and political independence of NGOs working with street children and therefore to their ability to tackle the equality gap in health access. The growing tendency of channelling EU funding for NGOs via local governmental authorities in particular within the new Member States confers these authorities an inappropriate selection power regarding the beneficiaries within their country which limits the freedom of locally-active NGOs to criticise their action. Thus, unless it is part of the Structural Funds, funding for actions reducing inequalities in health should be de-linked from the intermediary national governmental levels.

EFSC Member Organisations also stress that, in order to maximise the impact at national level, the joint action of the European Commission with Member States to combat health inequalities requires a better articulation of the regional/local level with the national one. This is a fundamental requirement to ensure that the necessary awareness and political will are in place for locally-oriented initiatives of outreach work to proactively improve children's access to health.

As mentioned above, at EU level, the OMC and the Health Strategy should underline Member States's commitment to overcome health inequalities, focusing in particular on ensuring access to general healthcare for all, independently from their legal status. Efforts in this direction should also support awareness-raising and cultural mediation actions, in order to better inform the most vulnerable children and their families or adults in charge of them about the possibilities to access healthcare.

Support to EU-level NGO platforms such as EFSC for specific projects and studies on the collection of best practices in ensuring access to health for the most marginalised children would facilitate the exchange of good practices EU-wide. EFSC has a particular expertise in the collection of practices of cooperation of municipalities with NGOs from expert case studies which it has carried out in 2008 for the Council of Europe, which could be usefully applied to the issue of facilitating access to healthcare. Devoting a peer review to this topic under the OMC would in addition be a viable solution.

A trans-national research on the diseases and accidents which most often affect street children in Europe would help improving the availability of specialised health care professionals to intervene in the mobile units. Particular action should be taken to fight the spread of HIV/AIDS among these children.

Other points

As mentioned above, the approach of mobile multi-disciplinary teams of professionals, including doctors,

psychologists and social workers, such as in the case of SamuSocial France - whose approach mostly used for homeless adults could be usefully adapted to the intervention with street children -, and of some EFSC member organisations, have proved useful in reaching the most invisible and marginalised children. Their individualised and holistic approach allows reaching the child in the complexity of his/her living situation. EFSC member organisations as well as the EFSC as a whole count on a significant expertise from this point of view, and are ready to support the Commission in the development of best practices in this field.

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