

**Joint Committee on Children, Equality, Disability, Integration and Youth
Tuesday, 27th June 2023; 15:00-18:00; Committee Room 4, LH2000, Leinster House.
"Challenges facing refugee and migrant children in Ireland"**

Safetynet is a Medical Charity providing quality health care to vulnerable patients without access to mainstream services while advocating for an inclusive health system. Safetynet's services are commissioned by the HSE Social Inclusion and, in the National Transit Centre, HSE Health and Wellbeing. We provide Primary Care Services including GP and nursing clinics and health assessment and screening.

Over the last year and a half our migrant health service has increased significantly, initially we provided pop up clinics for Beneficiaries of Temporary Protection fleeing the war in Ukraine and increases in International Protection Applicant numbers. Now, our migrant clinics see IPAs who are faced with structural barriers to care. We continue to provide GP clinics for Roma without medical cards.

Of the 6445 BoTPs/ IPAs from over 85 countries seen by our migrant health team in 2022, 794 were children. This year so far we have seen almost 800 migrant children in our clinics.

We view "Challenges facing refugee and migrant children in Ireland" through a health lens understanding health in a broad social determinants model. These are as follows

1 Children on their own being deemed adults and therefore not being protected.

These 'age disputed minors' present to us as children, however the state may not recognise them as such and while they are 'deemed adult' they are not protected as children as they should be in accordance with International and EU law. Often these minors are not able to provide documentary evidence of age at the time of their initial assessment. It can take months for a re assessment after which their child status may be accepted. In the interim they can be extremely vulnerable and unprotected in adult accommodation. At least 1 of our 17 yr. old patients in this situation was given no accommodation and slept on the streets. On his re assessment his age was accepted, and he was taken into care.

In the briefing document we submitted we describe 8 case studies all of whom we met on visits to our GPs, all of whom claimed to be under 18 – two were 15yrs when we met them, two 17 and the other four 16 yrs . The GPs concurred that they were likely to be the ages they claimed to be based on their physical and behavioural maturity. All requested a reassessment and waited months for this, most did not yet have it when we spoke with them last. One was successful in having his claimed age accepted however this occurred just as he turned 18yrs. The two 15-year-olds continue to be very vulnerable with one not managing to feed herself adequately and the other's mental health is suffering. Common themes emerging are the lack of information received about the process, the lack of certainty that they had been age assessed, the desire to go to school, the desire to be among own age group and their feelings of fear and anxiety.

It is our understanding that the International Protection Office rely on the Tusla 'eligibility for services' assessment to decide whether to treat the young person as a child or an adult

Tusla have been clear their assessment should not be used for this purpose. The principle of benefit of doubt in favour of the child's claimed age does not currently apply. At the very least, in the interest of child protection, the young person should be placed in safe accommodation until the age assessment has been fully concluded, including the appeal. We welcome the provision in a new Tusla protocol¹ stating that the benefit of the doubt will apply and we recommend this be implemented immediately.

2 Barriers to health care integration

Migrant Children require access to Primary Care 24/7 and out of hours. Importantly they require access to immunisations on an ongoing basis. The progress in establishing the systems to provide these immunisations is variable across the CHOs. Barriers to health care access include

Medical card application process is slow and does not cater for parents of migrant children with low or no income who cannot provide evidence of means.

Lack of communication ability /Interpreting: Unlike the rapid establishment of Ukrainian interpreting, access to interpreting in other languages is not available as a standard for Primary Care across CHOs. This is a risk to safe health care for migrant children.

Lack of system wide coordination and communication

Local services including PHN are not informed of new pregnant women / new babies or children coming into an area. Migrants themselves are not given more than 24hrs notice before being moved to another area making it very difficult to coordinated care and transfer medical records and thus resulting in lost to treatment and follow up. Parents do not know how to navigate the health system – examples that have helped are the Lynn Clinic and cultural mediators

3 Poverty, inappropriate accommodation, and food

The impact of poverty and cramped living condition without cooking facilities have been well described. Children's physical mental and emotional wellbeing suffers consequently. Single parents without family network can be faced with impossible choices in terms of childcare e.g. lone mothers unable to attend antenatal appointment as can't leave children alone or bring with them to appointments.

In Conclusion

Migration in and off itself imposes challenges for children including loss, trauma and fear. The States response to migration and efforts to welcome, accommodate and integrate children and their families can create or remove further challenges. Some migrant children are in Ireland years and still do not have access to mainstream health services. We have seen in the last couple of years just how quickly the health system can respond when there is a will and an urgency. A coordinated emergency response approach is required when the usual systems cannot cope to ensure people receive safe shelter and have basic needs met, including health care. Children should always be prioritised within this response. We should never again be in a situation whereby people and on occasion unaccompanied minors, applying for international protection are forced to sleep on the streets.

¹ Tusla, March 2023. Procedural Guidance and Assessment Framework for the determination of eligibility for services under the Child Care Act 1991 for separated children seeking international protection