

CHILDREN LIVING IN HIDING TODAY AND TOMORROW

A seminar about health and human rights

Nordic School of Public Health
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Children living in hiding today and tomorrow

A seminar about health and human rights

Summary of a seminar at the Nordic School of Public Health
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Nordic School of Public Health

Texts: Cajsa Malmström, Swea Media
Design and editing: Emma Ricknell, Nordic School of Public Health

Contents

Refugee children living in hiding: what do we know and what don't we know?	2
Henry Ascher, paediatrician and associate professor at the Nordic School of Public Health, Gothenburg, Sweden	
Personal experiences of living in hiding	9
Boris Pendic, pharmaceutical student, Gothenburg, Sweden	
"Why can't I go to school? Is it dangerous?" Examples and experiences from a helpline for children staying in Sweden without leave to remain	13
Sanna Vestin, journalist and editor of www.utanpapper.nu , Save the Children's website for undocumented children, Sweden	
Mental health among children seeking asylum in a Scandinavian and international perspective	18
Signe Smith Nielsen, PhD student, Institute of Public Health, University of Copenhagen, Denmark	
What are the connections between health and human rights? How can human rights help?	25
Professor Paul Hunt, UN Special Rapporteur on the right to the highest attainable standard of health (2002-2008), Human Rights Centre, University of Essex, UK	
Children, human rights and the asylum process	29
Dr Charles Watters, Director of the European Centre for Migration and Social Care, University of Kent, UK	

Refugee children living in hiding

What do we know and what don't we know?

Children living in hiding constitute an invisible group in Sweden. We lack knowledge about the long-term effects of living excluded from society.

“We need to do much more research in order to learn how we can support these children and reduce the risk of future vulnerability”, states Henry Ascher, recipient of the 2008 Solstickan Foundation award.

Henry Ascher, paediatrician and associate professor at the Nordic School of Public Health, Gothenburg, Sweden, has for several years volunteered his time to provide health care to refugees living in hiding via the Rosengrenska Foundation in Gothenburg. Rosengrenska is a voluntary charity network of health professionals, founded in 1998 to provide medical support to hidden migrants (undocumented migrants, hidden refugees or rejected asylum-seekers), without access to the national public health care system in Sweden.

Through Rosengrenska Henry Ascher has come in contact with many families living in hiding, with children living in a perpetual state of permanent fear; fear of being discovered and subsequently being forced to return to their original country where they are afraid they will face severe threat. His presentation during the seminar provided an overview of the limited research knowledge base about these children along with a summary of his own experiences.

“The children I have met are living under very difficult daily conditions that include poverty, a feeling of being exposed to glaring injustices accompanied by feelings of increased stress, anger and powerlessness”, states Henry Ascher. “They also suffer from the feeling of being different from other children.”

Research and experience

We can estimate the number of people in Sweden who have experiences of living in hiding as children today or in past times to be well over 10,000, according to calculations by Henry Ascher and journalist Sanna Vestin. Research about children living in hiding in Sweden however, is very limited. The few studies that do exist (see reference list below) nevertheless confirm Henry Ascher’s clinical experiences.

Even if the children are not a homogenous group, they do have some experiences in common. They have all experienced uprooting and migration. For many, the flight to Sweden has been dangerous and full of hardships. The vast majority of the children Henry Ascher has met have experienced or witnessed traumatic events such as war, conflicts and humiliating assaults. Many would have needed therapeutic interventions already upon arrival in Sweden. Furthermore, many of them have been exposed to psycho-social strains linked to the migration process. They feel as if they were barely listened to during the process of applying for asylum and that their experiences were met with distrust.

The family and the child

The families are not seldom split apart. Some parents are imprisoned or killed before or during the flight. In other

cases, the family has to split whilst going into hiding out of security reason or because their hiding-place can not accommodate for the entire family. All the families living in hiding Henry Ascher has met have had symptoms of psychological ill-health.

“The majority of the parents say that their children are the most important reason for them to flee and not give up,” says Henry Ascher. “But they also talk about how difficult it is to be a father or a mother under such conditions. They still have the responsibility, but lack power, subsequently worrying a great deal for their children having to change schools, lose friends, become isolated, and move frequently, in some cases up to 15 times in 5 years. The parents see the sufferings of their children caused by the hiding and the feeling of guilt is often heavy.”

“The children are in many ways invisible, their own problems commonly overshadowed by other more apparent problems. Many take a lot of responsibility for the family, especially the oldest sibling who often acts as a spokesman for the parents, having more knowledge of both the language and the society. They worry a lot for their parents’ health, and avoid demanding too much of them. In one of the studies carried out regarding the lives of children living in hiding in Sweden, a child said: ‘The worst thing I know is to wake mummy up when she is crying in her sleep. That’s the worst. I go and wake her up and say: don’t cry, sleep now’” (När barn lever gömda, Socialstyrelsen 1999:5).

The importance of school

Access to school is an important protective health factor for these children. Children living in hiding in Sweden are not

legally entitled to be admitted to school, yet it is not forbidden for schools to allow them admittance. Not going to school is accompanied by a host of negative factors including isolation, loss of education, social context, socialization and network as well as an overall loss of structure. In school the child has the opportunity to meet important other adults and make friends. Attending school gives at least in some limited regards the chance for a child to feel what it is to be like other children.

Entering a school setting is however not an easy process. Many children say that they have to keep their distance to classmates in fear of being discovered and reported to the police. In order not to reveal their secret many children develop special strategies. One such strategy is the example of a child who took different routes back and forth to school every day in order not to reveal where he and his family were living.

Symptoms of ill-health

Symptoms of child depression are common even in young children. Henry Ascher reminds us of the danger of damaging the early parent-child attachment, which is of crucial importance to the social behaviour and ability to trust other people in future life. Toddlers not attending day-care centres do not meet other children, which often has serious effects on their social development. Some children lose their ability to play, and many are very clingy and strongly attached to their parents. Some react in an opposite way by withdrawing even from the parents and displaying an almost autistic-like behaviour. Younger school children experience a lot of anxiety- and attention-based problems. Enuresis (bed-wetting) is frequent also in older children.

Teenagers live with a heavy responsibility that is often accompanied by the feeling of having to be overtly competent which may lead to depression and exhaustion, sometimes leading to attempted suicide or severe withdrawal symptoms.

Posttraumatic stress disorder (PTSD) is prevalent in all age groups, as well as sleeping difficulties with intrusive nightmares, anxiety, depression, abdominal pain, headache and anorexia. These symptoms of ill-health create an overall high risk of ceased or obstructed development among the children.

Children's attitudes to helpers

Some studies have asked children about their view on helpers, i.e. other important individuals in the child's surrounding. The studies found that the children's relationship to these helpers is of vital importance. Most children express many warm feelings of praise; "they make you feel visible", and a sense of gratitude, which also may be related to feelings of guilt. There are not many places where these children can meet other individuals outside the family who are in a similar situation. In one interview study (Andersson K, Korol J, 2008) some children expressed the importance of such meeting-places, e.g. places where children living in hiding can come together.

Children's thoughts

Children living in hiding express a lot of deep existential reflections about their current situation. In the interview study by Andersson and Korol, children and young adults with residence permit in Sweden talked about earlier

experiences of living in hiding as children. They expressed feelings of injustice, as well as feelings of lack of power and that they could not manage any longer. They felt distrusted and offended. It was complicated to be dependent on others, at the same time as you feel that you cannot trust anyone outside your own family. You always have to keep a line of retreat open which may force you to shut down contact with the surrounding world.

Living in hiding to these children was like being an outsider in a new country. However, many children refuse to accept a role as victims. They are competent individuals, longing for a life like other children.

Receiving Residence Permit

All of the interviewed children in Andersson and Korol's study were very happy and relieved when they finally received a residence permit. However, some reacted with mixed feelings contrary to what they and others expected. Their feelings including indifference and periods of depression and distress. They felt a pressure to keep up a happy surface or facade, especially if their parents were still ill and exhausted. To hide one's anxiety required an obvious level of self-control. Gratitude was mixed with the feeling of being discriminated.

Henry Ascher explains that the children have been living under constant stress for such a long time, with repressed feelings that can now potentially seep through:

"It takes time to overcome fear and insecurity and proceed to normality. The recovery may be slow with various periods of black holes."

The new life

When children are asked about how they look back at the period in hiding today, very different coping strategies can be seen. Some try to actively forget and do not want to talk about it. Others say that they think about the period everyday and try to learn something from it, and some have even chosen to engage in voluntary work for refugees in hiding where they use their own experiences, to help others.

List of references and further reading

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Personal experiences of living in hiding

Boris Pentic is one of the young people who have chosen to talk openly about his experiences of living in hiding as a child in Sweden. He does it in order to help others who are currently in the same difficult situation. It is also a way for him to deal with his own experiences.

"One day for a child is at least like a week for an adult, he says. I lived in hiding for 491 days and lost my childhood."

Boris Pentic is soon turning 20 and studying to become a pharmacist. His appearance shows no traces of hardship, yet he has lived a considerably tougher life compared to the majority of his classmates. He spent half his life growing up constantly on the run, with the 491 days he spent in hiding in Sweden being the worst.

"The worst period of my life"

Boris Pentic was three years old when the war broke out in Bosnia and Herzegovina. At age six he fled with his family to Germany. After a few years they were forced to return to their war torn country of origin, but again life there eventually became too difficult forcing the family to seek asylum in a safe country, trying both Finland and Sweden. After two years of waiting Boris' father was deported.

"It was then that my mother decided we had to go underground and hide", says Boris Pentic. "I was 14 years old and I was about to enter the worst period of my life."

His family found a sanctuary in a church in Gothenburg where they were fed – milk and bread – by a priest and were given mattresses on the floor to sleep on.

“Life became a bit easier when I was able to start school”, states Boris Pendic. “During class I could forget that I was living in hiding. It gave me something to do during the day.”

Going to school brought hope

The school and its daily routines helped him realize that he had a future. Studying gave him new hope, and allowed him to make new friends. However, he still had to keep his secret tightly guarded and close to his chest.

“I could not tell anyone who I actually was and that I was living in a church. Every day I took a different route to school out of fear of otherwise revealing our hiding place. I didn’t dare invite any of my friends home.”

He was in school eight hours a day. After class he stayed in the library to do his homework. Then he had to go “home” and return to all the problems.

“It was horrible. I became a nobody again, a refugee in hiding without a future, without hope.”

Thanks to coming in contact with Henry Ascher and the Rosengrenska Foundation he received a computer, which became a way of dealing with his daily existence.

“The computer helped me for a while to forget who I was.”

As time went on he adapted to the situation and tried to find ways to live a relatively normal life, even though he was often faced with new kinds of problems. As other boys his

age, he became interested in girls. One time he gathered enough courage to ask a girl out for a date.

"Luckily she turned me down. What would I have done otherwise? I didn't have any money to take her anywhere or a home where we could meet. I don't know what I was thinking."

Things that were taken for granted by other teenagers, were impossible for him. He could not even rent a movie, since he had no proper id, nor could he provide an address.

Boris Pendic was able to finish his studies at secondary school after all. The big setback came when he found out that he was not allowed to continue to upper secondary school.

"Then all my hope vanished, everything became black."

The turning point

Boris Pendic became depressed and suicidal and was admitted to a child- and adolescent psychiatric clinic. When he was discharged he started volunteering at a church. The church provided him with food and clothing in exchange. It felt good to have something concrete to help his family with, allowing Boris gradually to feel better.

The real turning point however came a year after when he was informed that he was in fact going to be able to attend school in the fall, thanks to his doctor along with a teacher and the headmaster at Hvitfeldtska Upper Secondary School in Gothenburg, who had all acted in his favour.

"At that point I made an important decision", says Boris Pendic. "I could not carry my secret any more. Therefore I decided to publicly announce who I was."

Thanks to his courage he could finally socialize and begin to live a more normal life, like others his age. He could meet friends after school and was even allowed to go on a school trip to Germany in spite of not having any travel documents.

"My teacher told me it shouldn't be a problem. We were going to go by bus and it wouldn't be the first time a student would have forgotten their passport."

After 491 days in hiding Boris Pendic and his family were granted permanent residence permits. Life after that did however not develop exactly as he had thought it would.

"At first I felt really empty. Almost like a block of ice, without joy or feeling. It was strange. Before the smallest thing would have made me happy, but not now."

He had believed that he would finally be able to make up for his lost childhood, but gradually realized that it things weren't that simple.

"I discovered I had a hard time socializing and making friends. It wasn't possible to make up for the time I had lost either."

A tough period followed and he fell into a deep depression that lasted for almost a year and a half. Today he is feeling better and says that he has learned a lot from living under difficult circumstances.

"I have decided to look back at my past and try to learn from what I have experienced and gain strength from it."

Boris Pendic currently lives his life by two mottos: "what does not kill you only makes you stronger" and "only dead fish swim downstream."

“Why can't I go to school? Is it dangerous?”

Examples and experiences from a helpline for children staying in Sweden without leave to remain

Sanna Vestin reacts to children living in hiding often being portrayed as victims. She has met a lot of these children, well aware of and try to demand their rights in various ways, as coordinator for a helpline aimed at supporting undocumented children in Sweden.

Between 2006 and 2008 Save the Children Sweden operated a free helpline for undocumented children, a project which also included a website (www.utanpapper.nu) which is still active. Journalist Sanna Vestin, editor of the website and coordinator of the helpline during its operation, talks about an e-mail that arrived the very first day the helpline opened:

“It was written by a girl who had come to Sweden when she was 16, who went into hiding when her application was rejected. She was now in irregular employment and had a salary that barely covered the rent of a room in a basement. A big problem for her was that as soon as an employer found out that she did not have any papers, he felt that he could use her. At first she would change jobs when her employers

started demanding sex, but eventually she gave up. Now at 21, she still dreamed of a normal life and studies, but could not see a way out; all she did was cry. Her question was if Save the Children could help her find a psychologist or 'medication for the suffering' as she put it."

No one knows the exact number

Sanna Vestin has documented the experiences of the helpline in the 2008 report "Undocumented children. 'All I want is to land!'", published by Save the Children Sweden. Altogether, the project team had contact with 470 young children and young adults, either directly or through family or support persons. Some of them were former asylum-seekers who had gone into hiding when their application was rejected; others were living in Sweden without having ever applied for leave to remain. Save the Children's main goal was to reach the undocumented children irrespectively of how they had ended up in Sweden.

The number of children living in hiding was unusually low when the helpline opened in 2006.

"This was a remarkable year", explains Sanna Vestin. "A temporary law had just been passed, offering the possibility of a new assessment to former asylum-seekers. But when the helpline was closed in March 2008, the situation had gone back to "normal". This meant that the majority of applications for asylum were rejected and the number of undocumented children seemed to increase."

It is difficult to estimate the exact number, but according to Save the Children there are about 1 000-1 500 undocumented children living in hiding in Sweden today.

In addition to this figure, there are just as many children who live with expulsion orders that have not yet been executed, finding themselves in a state of limbo with almost no legal rights, very similar to children living in hiding.

The right to schooling and health care

Sweden was one of the countries that fought for the UN Convention on the Rights of the Child, which entitles all children the right to education.

“Therefore it is strange that children living in hiding as well as other undocumented children, have no legal right to schooling in Sweden”, states Sanna Vestin.

Sweden, one of the few Western countries which do not fulfil this requirement, has been repeatedly criticised by the UN.

According to the Child Convention, all children have the right to health regardless of their legal status. Since the year 2000 Sweden has given children whose asylum applications have been rejected, access to all health care on the same terms as children who are legally resided in Sweden. However, medication and aids are not included in the law, which means that children in hiding may be forced to pay the full, unsubsidised fee. For other undocumented children the right to all health care is not enshrined in law. Emergency care is to be provided but the child may become liable to pay the full cost in the same way tourists would be forced to.

“But there is no ban against providing care on a need basis”, Sanna Vestin points out. “It is up to individual regional health boards and the care providers whether they wish to offer care to undocumented children and the practise varies.”

Many families are, however, afraid of being discovered and expelled if they bring their child to the hospital.

“Even if the health care personnel do not have the right to inform the police or the Migration Board on their own accord, many parents, and, in the worst case, the personnel itself, do not know this”.

Not only victims

Sanna Vestin is critical towards the prevailing view of children living in hiding as helpless victims. She has met many children, who in spite of their difficult situation, are aware about and demand their rights to be respected. It is an ability that can be vital for their future development. One of these children is 13-year-old Elvira who called the helpline and asked for help to find a new, Swedish family:

“The situation is, that we have hidden because the Migration Board has said that we are going home, but that won’t work. That is why I wonder if you can find a family where I can stay. I finished sixth form and I need to start seventh form now. But I cannot go to school because I’m like illegal. I think that if I am with a Swedish family then they have to let me go to school!”

Fear of expulsion

The single most common problem brought up by the children was that they had been notified of an expulsion order. For parents an expulsion rekindles memories of violence and threats suffered in the country of origin. Children too can have such memories and therefore be afraid. But children who have lived a few years in Sweden also have their own conception of expulsion which is about them being chased from their present home country – Sweden.

The children's condition in Sweden

Even if the helpline was not a clinic, it became obvious during the many phone conversations that the individuals calling were not in a good mental state. The link between how the children fared and the level of access they had to basic rights became apparent. Many brought up concrete difficulties with access to school or day-care, along with access to other various forms of care. The parents worried a lot about how much their children suffered from isolation at home. It transpired that children as well as adults suffered.

Several examples surfaced of children not receiving necessary care, e.g. children with very poor teeth that had not been attended to. There were teenage girls who had become pregnant, but could not afford to pay for maternal health services. Even younger children could miss out on treatment because they didn't belong to the category offered free care, or because the parents were afraid to be disclosed and expelled.

"All this, not having access to health care, social services or schooling, affects the child's health in a negative way," says Sanna Vestin. "The health of children living in hiding could be much better if Sweden fulfilled the requirements of the Child Convention!"

Further reading

Save the Children Sweden (2008). *Undocumented children. All I want is to land!* Stockholm: Save the Children Sweden. Available for download at www.utanpapper.nu/land

Mental health among children seeking asylum in a Scandinavian and international perspective

Host countries can do a lot to minimize the risk of mental illness in the long-term among asylum-seeking children. This is the concluding remark of Signe Smith Nielsen, MSc and PhD fellow at the University of Copenhagen. She has studied the mental health among children seeking asylum in Denmark.

Several studies show that asylum-seeking children is a vulnerable group in society regarding mental illness (see list of references). Children living in hiding also constitute a very vulnerable group and a lot of this knowledge can probably be applied to them, especially regarding the impact of environmental risk factors.

According to previous findings, it is rather the conditions of life that children are offered in the host country than traumatic events in their home country that in the long-term seem to have significant effects on their mental health.

But, as Signe Smith Nielsen points out, there is a need for continued research and follow-up studies in order to create the most sustainable asylum system securing health and well-being for the children.

She has studied physical and mental symptoms among asylum-seeking children in Denmark and compared the results with symptoms among native Danish children. Her study focused on environmental mental risk factors in the post-migration phase; yet, her presentation also included mental risk factors occurring at pre-migration and during migration as well as parental and child risk factors; long-term effects and the implications for asylum policies.

Signe Smith Nielsen and colleagues found significant differences between asylum seeking children and Danish children regarding the prevalence of a number of symptoms:

FIGURE 1. Physical and mental symptoms among 11-16-year-old asylum-seeking children (N = 87) compared to Danish children* (N = 4.824)

	Symptoms more than once a week	
	Asylum-seeking children (%)	Danish children* (%)
Headache	43	24
Stomach ache	30	12
Back pain	32	19
Sad	56	25
Irritable or in a bad mood	49	39
Nervous	40	22
Difficulties in falling asleep	60	31
Dizzy	24	13

*Andersen A, Due P, Holstein BE et al. Skolebørnsundersøgelsen. København: Institut for Folkesundhedsvidenskab, Københavns Universitet; 2003

The study shows that the majority of the asylum-seeking children suffered much more often from symptoms and likewise had multiple symptoms simultaneously. A total of 87%

of the asylum-seeking children had one or more symptoms more than once a week, while 22% of the Danish children reported one or more symptoms more than once a week.

Regarding how the children rated their quality of life, 13% of the asylum-seeking children stated that they had the worst imaginable life. By addition of answer categories, 44% of the children assessed their quality of life as poor (0-3 points), 28% considered their quality of life as medium good (4-6 points), and 28% rated their lives to be good (7-10 points), of those 7% felt that they had the best imaginable life. In comparison, Danish children rated their quality of life on the same scale as the following: 0-3 points = 3%, 4-6 points = 17% and 7-10 points = 80%.

Many of the asylum-seeking children (35-58%) showed evidence of having mental difficulties.

Development of mental illness

Signe Smith Nielsen describes how the development of mental illness is due to multiple causes and furthermore how the stressors occur at three different stages:

- *Pre-migration* – The majority of asylum-seeking children have been exposed to a number of traumatic events, e.g. war and torture, terrorism, natural disasters and/or separation from or loss of family members.
- *During migration* – The life during migration is a time of further stress for the child. Many children experience life threatening dangers and the family-members may be separated. The parents may be overwhelmed and are unable to meet the children's emotional needs.

- *Post-migration* – This period may lead to secondary traumatization. The conditions of life are often difficult and many asylum seekers experience a feeling of vacuum, lack of control, loss of coherence in life and of influence on their own life. They may also experience conflicts, repatriations, fear and depression in the immediate environment.

Risk factors

There is a complex interplay between the children's experiences and various risk factors. Signe Smith Nielsen talks about three groups of risk factors; parental, child and environmental risk factors.

- *Parental risk factors* include parents suffering from post-traumatic stress disorder (PTSD), depression in mother, the parents were tortured (especially the mother), death of or separation from parents, the child has witnessed helplessness of parents, and the parents underestimate the stress levels in their children.
- *Child risk factors* are if the children either have experienced or witnessed traumatic events, suffer from expressive language difficulties, have PTSD leading to long-term vulnerability in stressful situations, have older age or a personality disposition.
- *Environmental risk factors* can be reduced by the host countries as the conditions in the reception of asylum-seekers affect the well-being and possibility to function in the new environment. Such risk factors are protracted stay at the asylum centres including time taken for immigration status to be determined, the number of

relocations, the quality of the stay in the centres, cultural isolation and poverty.

“The stay in an asylum centre, which is common in many countries including Denmark, can lead to exposure to noise, isolation, crowding and a sensory overload. Institutionalisation is a mixed blessing with both a discomfort of living with people you haven’t chosen, but living together may also give strength such as support, share of culture and situation”, Signe Smith Nielsen explains.

Signe Smith Nielsen also points out the connection between protracted stay with many relocations and an increasing risk for mental illness as particularly important:

“When a child relocates it means loss of friends, discontinuation of schooling and forced adaptation to a new environment.”

But data are scanty and we need more research about the environmental factors including protective factors in the asylum system.

Protective factors

Whether a child will develop a mental illness in the long term or not also depends on the protective factors, i.e. factors that enable children at high risk to be more resilient. Signe Smith Nielsen underlines the importance of a supportive family milieu, an external societal agency that reinforces a child’s coping efforts, a positive personality disposition as well as response and functioning of parents during and after stress.

“Altogether, being an asylum-seeking child does not necessarily mean loss of childhood”, claims Signe Smith Nielsen.

“Even if the knowledge is limited about the prevalence of symptoms in the long-term, most of the existing studies show that the children’s symptoms decrease over time. Furthermore, having experienced traumatic events in the child’s home country does not inevitably seem to affect their mental health in the long-term.”

A follow-up investigation of asylum-seeking children 8-9 years after their arrival in Denmark by Edith Montgomery shows that most of the young people functioned well, even if the majority of their parents functioned poorly. This study also indicates that the children’s mental health are to a lesser extent predicted by their previous traumatic experiences, but more to stressful experiences and conditions of life after their arrival to Denmark.

Similar results have been found in another follow-up study in Sweden, by Kjerstin Almqvist et al., 1999.

“To sum up, we can say that there is light at the end of the tunnel”, says Signe Smith Nielsen. “These children are vulnerable, but there are a lot of initiatives that the host-countries can carry out to minimise the risk of mental illness in the long-term. Our knowledge may have implications for asylum policy development. First, the host countries need to protect the children in accordance with the Convention of the Rights of the Child and other international rights documents. Now knowing the risk factors, they should seek to minimise the environmental ones. It means among others to avoid protracted stays within the asylum system and many relocations within the system.”

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What are the connections between health and human rights? How can human rights help?

“The right to the highest attainable standard of health is not just a slogan. It is a fundamental human right enshrined in several legally binding international treaties” says Professor Paul Hunt, UN Special Rapporteur on the right to the highest attainable standard of health between 2002-2008.

Professor Paul Hunt points out that, throughout the world, more attention is being given to health, human rights and the right to the highest attainable standard of health. At last, the right to health is beginning to attract the attention it deserves. Increasingly, health and human rights workers are recognising that health and human rights share common ground and reinforce each another.

When he was UN Special Rapporteur, Paul Hunt not only praised Sweden’s health system, but also expressed concern about some important health issues. He was concerned, for example, about some indications of deteriorating mental health in Sweden, and also discriminatory practices concerning undocumented persons, including children, in the health system.

The message from Paul Hunt to Sweden is clear: “You are not always practising what you preach. Sweden (rightly) urges developing countries to integrate human rights into their policies – but Sweden has not yet integrated the right to health into its own health policies! It has ratified the UN Convention on the Rights of the Child and is legally bound to follow it. But, I am sorry to say, some officials in Sweden do not appear to have grasped the legal effect of signing and ratifying an international treaty.”

As UN Special Rapporteur, he discovered that people were often uncertain about what this right really means. Today, there is a growing health and human rights movement of which the right to health is a critical component:

“Something new is beginning to emerge – the understanding that the right to health is a practical tool for strengthening health policies, programmes and projects.”

The right to health not only includes health care but also access to safe water, food, sanitation and shelter, as well as freedom from discrimination.

“In the last few years we have begun to clarify what the right to health means. This fundamental human right derives from dignity, autonomy, fairness, and respect for individuals and communities. Today, there are numerous detailed reports on what the right to health means operationally, in practice, in reality. We have begun to understand that it is something that can – and must – be integrated into policymaking.”

Excluding specific groups from access to health care is unlawful discrimination according to two UN committees of independent human rights experts, as well as Paul Hunt.

He mentions United Kingdom, South Africa, Uganda, Peru and Colombia as countries where the right-to-health approach is having an impact on politicians and authorities.

The right to health has a particular preoccupation with vulnerable groups such as those living in poverty, including migrants, both documented and undocumented. Also, it is concerned with accountability. If the State fails to provide health care for migrants, documented or undocumented, it must be held to account. Accountability is a key issue, recently explored in a new publication, by Dr Helen Potts, called *"Accountability and the right to the highest attainable standard of health"*.

"It is time to operationalise the right to health, to put it into practice. This will not be done overnight. We need more interdisciplinary collaboration between health and human rights workers to develop and refine a new operational approach, a new range of health and human rights techniques. Human rights have much to learn from health; and health has much to learn from human rights."

For example, he emphasises the need to develop indicators and benchmarks so we know if the authorities are doing what they are obliged to do according to the right to health, and whether or not progress is being made. The right to health asks awkward questions, such as: "How are the authorities ensuring that the poor and vulnerable, including children living in hiding, have access to the health system?"

Paul Hunt talks with optimism and passion about the challenge of developing a health system that ensures the right to the highest attainable standard of health for everyone, including children living in hiding. Such a system must

have certain health-related services and facilities. Additionally, it has to be participatory and non-discriminatory. Also, it must include effective mechanisms for coordination within the health system; referrals from one part of the system to another; and for monitoring and accountability. Health systems must be equitable, inclusive, participatory and evidence-based – and responsive to the needs and rights of all, including undocumented children.

Further reading

Paul Hunt's UN report on the right to health in Sweden, the monograph of Helen Potts on accountability, a long report from The Lancet on health systems and the right to health by Gunilla Backman, Paul Hunt et.al., and many other right-to-health reports can be found on the website of the Human Rights Centre, University of Essex, UK: www2.essex.ac.uk/human_rights_centre/rth/

Children, human rights and the asylum process

Charles Watters is critical towards the tendency of depoliticisation and medicalization as a common mode of incorporation that he has observed in his studies of asylum reception of children in Europe.

“The refugee child emerges not as a political being, but in a context of ‘bare life’ through a sick body.”

Charles Watters is director of the European Centre for Migration and Social Care, University of Kent, UK. He is engaged in several studies of asylum-seeking children, health and human rights in Europe. Among many things, he has compared reception models in 16 European countries. His preoccupation in research is both a micro- and macro level:

“What is actually happening on the ground is quite different from what is stated in the institutions, laws and documents.”

With a specific interest in the modes of exclusion and incorporation of the children, he claims that exclusion and non-incorporation are routinely practised with respect to refugee children in contrast to the solemn declarations of national states and international conventions.

Charles Watters also expresses criticism towards the orientation of bio-legitimacy (medicalization) that he observes in Europe. Bio-legitimacy is a concept that was evoked in Didier Fassin’s observations on the situation of undocu-

mented migrants in France at the end of the 1990's. Didier Fassin documented a striking statistical correlation between sharply declining rates of acceptance of claims for asylum and a concomitant increase in numbers of claimants who were allowed to remain in the country on humanitarian grounds, often on the basis of ill-health. He argued that while these figures indicated increasing scepticism towards claims of persecution on political grounds, they indicated a form of legitimacy based on the sick body (Fassin, 2001).

According to Charles Watters this view has an influence on the reception of asylum-seeking refugee children:

“Refugee children are routinely embedded in discourses of trauma, vulnerability, socio-emotional problems and risks.”

He mentions several common elements in programmes for refugee children. Various school programmes are for instance centred around processes of social and emotional rehabilitation. There is a conflation of social-emotional problems with refugee children. They are given social recognition and professional support on the basis of their perceived problems. Refugee children are homogenised as having analytically similar experiences and latent vulnerabilities. They are also decontextualised as programmes constitute them as a group outside of families and cultural contexts. The parents are seen as a pathological “risk” factor rather than a resource. Another common element in programmes for refugee children is the absence of consent and participation.

Charles Watters points out that, while medicalisation is a component of bio-legitimacy, it can be used strategically to challenge state policies towards asylum-seeking children.

An example here is the work of Derrick Silove and colleagues who demonstrated the impact of detention on asylum-seeking children's mental health and, in so doing were instrumental in reversing government policies.

In concluding Charles Watters proposed a series of accomplishments that would offer a receptive and holistic approach towards the mental health and social care of refugee children:

1. *Take refugee children seriously as competent interpreters of their own lives.*

This accomplishment orientates services towards listening and receptivity. This is not to deny that refugee children are often confused and distressed and having difficulties in adapting to a new environment. What it does suggest is that refugee children themselves may be the best resource for seeking an understanding of these problems and challenges and, further that they are not only the subjects of severely adverse circumstances but are also resourceful and capable in exercising agency.

In practical terms this accomplishment suggests an overall orientation for services for refugee children that can infuse the policies, practices and organisational cultures of service providing agencies

2. *The adoption of a holistic approach which offers integrated programmes of social, educational and psychological context.*

The adoption of a holistic approach implies receptivity to refugee children's needs and flexible ways of working that combines counselling, advocacy and interagency work.

3. *A respect of culture and the limits of intervention.*

This accomplishment suggests moving from approaches that either ignore refugee children's cultures or treat children as though they were necessarily embedded in one specific culture. As such it is a perspective that moves away from what Economics Nobel Laureate Professor Amartya Sen has defined as "plural monoculturalism" (Sen, 2006).

4. *A recognition of the impact of ongoing events on refugee children's lives.*

This accomplishment orientates services towards the here and now of refugee children's lives. This is not to suggest that past events and future orientations are not important for refugee children and these should not be worked through in programmes. What it does imply that the present is a useful starting point for interactions including an ongoing assessment of factors in the here and now that are impinging on children's lives.

5. *An orientation towards empowerment through ownership and participation.*

This accomplishment orients programmes and services towards providing refugee children with a sense of ownership through their active participation in, for example, setting agendas or planning exercises. There is strong evidence to show that a sense of participation and engagement enhances mental well-being. Appropriate levels of participation depend on the context and the capacities of the children.

6. *An engagement with family and meaningful others.*

This accomplishment suggests that refugee children's families and friends should have opportunities to be involved in programmes and parents should be consulted with respect to children's participation. This accomplishment will help to avoid the dangers of professionals creating "divided worlds" between children and their families and offer a sense of continuity and support.

7. *An emphasis on enhancing refugee children's own capabilities.*

Amartya Sen has pointed out that development has to encompass the task of expanding human capabilities and promoting freedom in a context of social responsibility. He identifies certain "instrumental freedoms" that have a role in enhancing and guaranteeing the substantive freedoms of individuals (Sen, 1999). Within the constrained environments experienced by refugee children many of the facilities necessary for enhancing their capabilities may be lacking.

The final accomplishment concerns the provision of an appropriate infrastructure that will promote capabilities including educational resources, reasonable accommodation, healthcare and opportunities for social engagement and play.

List of references and further reading

Fassin, D (2001). "The biopolitics of otherness: undocumented foreigners and racial discrimination in French public debate," *Anthropology Today* 17(1): 3-7.

Sen, A (1999). *Development as Freedom*. Oxford: Oxford University Press.

Sen, A (2006). *Identity and Violence: The Illusion of Destiny*. London: Penguin Books.

Watters, C (2008). *Refugee children: towards the next horizon*. London: Routledge.

“The children I have met are living under very difficult daily conditions that include poverty, a feeling of being exposed to glaring injustices accompanied by feelings of increased stress, anger and powerlessness.”

Henry Ascher, paediatrician, associate professor at the Nordic School of Public Health and recipient of the 2008 Solstickan Foundation award

The obstacles facing children living in hiding are numerous, posing a serious threat to their health and well-being. Their situation of being excluded from society indeed challenges the right to health care for undocumented migrants guaranteed in UN conventions and declarations along with European conventions ratified by EU member states. However, research on this vulnerable and nearly invisible group is lacking.

In January 2009 a seminar entitled *Children living in hiding today and tomorrow. A seminar about health and human rights* was held at the Nordic School of Public Health in Gothenburg with the aim of highlighting the importance of continued and more comprehensive research on this topic. The seminar focused on families who are living in hiding after being refused asylum and facing expulsion. In order to support and ultimately ensure that these children’s human rights are respected further knowledge and cooperation among professionals at many different levels of society is required.

This report is a summary of the lectures given during the seminar, which was arranged by the Solstickan Foundation in cooperation with the Nordic School of Public Health.