

Health care delivery When paediatricians meet these children in their daily practice they should set an example by **never closing a door to a child because of his legal status irrespective of the policy of the organization. Ensuring that migrant children have equal access to high quality child health services** is an important part of the agenda for migrant children. Child health professionals should **audit** their local services to highlight and eliminate barriers for access to services for migrant children. **Self-help or parental organizations** should be encouraged to consider their specific needs. Child health professionals should be **extremely careful in their assistance to immigration authorities with medical advice**. Inappropriate use of medical technology should not be used to justify unjust immigrant policies, as exemplified with age determination of adolescent migrants. Health services and paediatricians should provide **linguistically competent services** (21), the use of children as “interpreters” is to be avoided.

Draft of the Survey “Child health Inequalities among migrants families in the European Region” to be launched to Primary paediatric /Care professionals (paediatricians, others like family doctors /GP, to be decided upon further strategic decisions)

1. Demographic issues
 - Age
 - Paediatric specialist /training
 - Practice profile: public / private, individual/team practice, child care setting (medical, school health, developmental screening, children with special needs/disability/child protection, others).
2. Migrants child health status profile (paediatrician perception / knowledge) :
 - Do migrants children have more or different health problems than the autochthonous child population? (It can be 2 questions). If yes specify.
 - Do you have current information on migrants children health problems?
3. Is there in your country migrant children (MCh)/migrant families specific child care /welfare policies?
4. Child care delivery
 - Do migrants MCh have barriers to access to child health services (If yes specify reasons: nationality, family migration status /undocumented/asylum, cultural/linguistic, religion)
 - Are there barriers to child care services /levels?. If yes specify those with existing barriers (primary care, emergency care, hospital care, mental health care, chronic disease/disability).
 - When looking after MCh do you have?
 - available / appropriate pediatric services to manage prevalent problems among MCh?
 - available / appropriate linguistic/intercultural services /networks (NGOs)?
 - available / appropriate Social Services?
 - have you got involved in migration legal issues?
5. Information/ Training/Education.
 - Are there updated guidelines for MCh health care in your country?. If yes specify the source (Pediatric Society, Public Health authority, NGOs)
 - Have you had training /continuous education on MCh care /specific problems?