

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Children on the move in Europe: A narrative review of the evidence on the health risks, health needs, and health policy for asylum seeking, refugee and undocumented children
AUTHORS	Kadir, Ayeshah; Battersby, Anna; Spencer, Nick; Hjern, Anders

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Geir Gunnlaugsson Institution and Country: Paediatrician and Professor of Global Health, Faculty of Sociology, Anthropology and Folkloristics, University of Iceland, Reykjavik, Iceland Competing interests: I am a member of ISSOP through which I have come to know three out of four authors.
REVIEW RETURNED	08-Sep-2018

GENERAL COMMENTS	<p>Over-all, an excellent paper that gives good and important information on the health of children on the move with focus on those in Europe. It should interest all those who are working with migrant children, and who care for their long-term health wellbeing, in Europe as elsewhere.</p> <p>The introduction is short, and the paper would benefit from better background to the migration drama in Europe since 2014. Those events have slowly been instrumental in pushing into power ultra-conservative populists who ride on a wave of fear and anti-migration sentiments. The introduction could also give an overview of the main entry points of migrant children with numbers. The first paragraph on page 7, lines 5-9, might therefore fit better in Introduction rather than as an opening statement for a discussion on the mental health of UASC. Thus, I suggest the authors to expand on this background, and also highlight the situation in other settings than the European one, if not in the Introduction, then in the Discussion. We have for example a slowly unfolding disaster at the southern border of the USA that could be discussed, and the context of European migrant children put better in a global context. All migrant children, irrespective of place and setting, suffer from similar health challenges as those that are described for those in Europe.</p> <p>On page 2, line 52, it should be made more clear in text that the reader will find in Table 1 definitions on the different concepts used in the paper. It might be enough to move the (Table 1) to line 51 and place it after undocumented children.</p> <p>On page 3, the reference given to the Flow chart should preferably be given earlier in the paragraph, my suggestion is to move it from line 31 to line 12.</p> <p>The authors define children appropriately as those who are under the age of 18 years, that is 0-17 years of age (Table 1).</p>
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	<p>I would however prefer to have it written that way rather than using 0-18 years as is done on page 3, line 19. The same applies to >18 years on page 3, line 25, I would use ≥ 18 years to avoid any misunderstanding. Similar problem is found on page 7, line 15.</p> <p>The definition of adult population in publications as those with mean age above 18 years needs clarification (page 3, line 24-25). The mean age indicates that such publications could have included child populations.</p> <p>On page 3, line 41 "... all phases ..." is used and again in line 43. I suggest the authors to rephrase this.</p> <p>Some sentences are long, for example there are 52 words in one sentence on page 6, line 24-30. Please revise.</p> <p>The special section on UASC on page 7 could conveniently be deleted and incorporated into the section on psychosocial and mental wellbeing, page 5.</p>
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REVIEWER	<p>Reviewer name: Shanti Raman Institution and Country: University of New South Wales, Australia Competing interests: Nil</p>
REVIEW RETURNED	15-Sep-2018

GENERAL COMMENTS	<p>This is a really important, indeed urgent topic and I commend the authors on undertaking it. Having said that, it is not immediately obvious, why we need a review just limited to Europe. Are the issues for refugee and asylum seeking children distinctly different or unique, simply because a very large number of migrants arrived in Europe over 2 years? Perhaps the authors need to make a stronger case for why. Also the term Migrant in the title, is still contentious. I would leave it out and just say Review of the Evidence on asylum seeking, refugee and undocumented (should that be unaccompanied) children.</p> <p>The Title does need to be re-thought- What evidence is presented here? Isn't this just a Review of the Health Risks/Needs of refugee and asylum seeker children arriving in Europe? While there is a table with the definitions listed- the authors should make some reference to the fact that terms like migrants, refugees and asylum seekers can be used interchangeably and often to suit political agendas- perhaps state something along the lines of: "therefore using a rights-based agenda and having clear definitions we will stick to the following terms...".</p> <p>There is very discussion about the terms and the context, for eg about why undocumented migrants is included. If this is due to space (word limit) constraints the authors should state that and reference a source that would adequately explore these terms. It is not clear why the review is limited to health risks/needs in the first few months after arrival, and how the information extracted could be limited to those first few months. To my mind this paper reads rather like a Situation Analysis report, rather than a review, because the Results section has elements of Discussion.</p> <p>Finally the referencing style both in the text (I think superscript number after punctuation rather than parenthesis) and in the reference section needs work.</p>
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Abstract

Very brief, not enough detail. What sort of review is it? Not at all clear how the authors would determine “health risks and needs of asylum seeking, refugee and undocumented children in Europe during the first few months after their arrival” or indeed how “the ways in which European health policies respond to these risks and needs” would be gathered. It is usual for an abstract to contain at least a sentence on the findings/results and conclusions

Introduction

More context on the global situation wrt children on the move is required, and then focusing down on Europe would make sense. Some discussion about where migrant children are coming from in the recent past. Otherwise, there is no reason to limit the review whatsoever to the countries mentioned in the Methods. Para 2: we know quite a lot now about the health needs of refugee children and youth from the international literature- this should be stated. The authors could state, that much of the literature comes from North America- which would make a stronger case for doing this review on the state of play in Europe.

Para 3: Table 1 is actually a list of pertinent definitions. This is not mentioned in the text at all!

Methods

BMJPO will ask for more detail on what sort of review this is. Are PubMed and EMBASE sufficiently exhaustive as search strategies? More detail is needed. Hand searches are only mentioned at the end- how and why were they done? Any websites or grey literature searches? Were review papers included in the search- if so, how were the results pertinent only to children in Europe (for eg Fazel et al’s paper)? Are the non- European countries included only those from where recent refugees are arriving from? Why is Afghanistan included? Why not all the other countries that refugees and asylum seekers originate to seek refuge in Europe, such as Sri Lanka, countries in Africa etc? This is not clear. How would the authors focus on the first few months following arrival? How are health risks determined, is that just under immunisation, lack of access to health services? There is no mention made of the search strategy or methods undertaken to gather information on how European health policies respond to these risks and needs.

I think a table listing all the included studies should be made available- at least as an Appendix, if space does not permit all references to be listed in the text.

Results

P4, 1st para: “Migrant children need to compliment their vaccinations” (re-phrase, incorrect use of word. Perhaps “Migrant children may need catch-up immunisations to comply with the immunisation schedule of the host country”).

P4, 5th para: Full- stop needed after 1st sentence.

P5, 3rd para: why is a Canadian study mentioned in the Results? Surely not included in the review.

Subheading should be: Psychosocial and mental health issues, not wellbeing. Since this review is about health risks and needs.

P6, last para: why do we need to know about preventive mental health interventions- not the subject of the review.

P7 Unaccompanied Minors:

	<p>para 2, last sentence- comment on a Norwegian study 3.5 years after settlement —how is this relevant to the stated aim? P7 Age assessment: Admittedly this is an important rights issue- but not clear how this is a health need/risk. How did studies about age determination get included in the review?</p> <p>Implications: perhaps this should be replaced by Discussion: I would recommend at least 1 paragraph discussing how limited this review is- how few studies there are in the European region compared to say North America and Australia. Also how similar or different findings are from studies carried out in different western host countries, versus countries of first asylum.</p> <p>Conclusion and Implications: seem to be saying the same thing. Perhaps subheading could be combined.</p> <p>References Need to re-do and edit references, ensuring they comply with the requirements of BMJPO. Several are incorrectly referenced, incompletely capitalised, spelling mistakes etc.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Over-all, an excellent paper that gives good and important information on the health of children on the move with focus on those in Europe. It should interest all those who are working with migrant children, and who care for their long-term health wellbeing, in Europe as elsewhere.

Response: Thank you.

Comment: The introduction is short, and the paper would benefit from better background to the migration drama in Europe since 2014. Those events have slowly been instrumental in pushing into power ultra-conservative populists who ride on a wave of fear and anti-migration sentiments. The introduction could also give an overview of the main entry points of migrant children with numbers. The first paragraph on page 7, lines 5-9, might therefore fit better in Introduction rather than as an opening statement for a discussion on the mental health of UASC. Thus, I suggest the authors to expand on this background, and also highlight the situation in other settings than the European one, if not in the Introduction, then in the Discussion. We have for example a slowly unfolding disaster at the southern border of the USA that could be discussed, and the context of European migrant children put better in a global context. All migrant children, irrespective of place and setting, suffer from similar health challenges as those that are described for those in Europe.

Response: We have significantly edited the introduction based on the helpful comments of both reviewers, and have addressed the situation in the United States in the discussion, to help put the findings of this review into a broader context.

Comment: On page 2, line 52, it should be made more clear in text that the reader will find in Table 1 definitions on the different concepts used in the paper. It might be enough to move the (Table 1) to line 51 and place it after undocumented children.

Response: We have adjusted the text accordingly.

Comment: On page 3, the reference given to the Flow chart should preferably be given earlier in the paragraph, my suggestion is to move it from line 31 to line 12.

Response: We've edited the paper to an original research article and have referenced the flow chart in the section describing the information given in the chart.

Comment: The authors define children appropriately as those who are under the age of 18 years, that is 0-17 years of age (Table 1). I would however prefer to have it written that way rather than using 0-18 years as is done on page 3, line 19. The same applies to >18 years on page 3, line 25, I would use ≥ 18 years to avoid any misunderstanding. Similar problem is found on page 7, line 15.

The first place referred to in this comment (page 3, line 19) refers to searches in search engines, which for PubMed could only limit the age birth-18 years.

Response: We've altered the second instance (page 3, line 25) as suggested.

Comment: The citation on page 7 refers to a paper by Bean et al, which reported findings in UASC aged 12-18, so we have kept this in order to maintain accuracy.

Response: Please note, we have clarified our inclusion and exclusion criteria, and we ended up including a few papers with 18 and 19 year olds, as well as two papers on a longitudinal cohort of children that became young adults.

Comment: The definition of adult population in publications as those with mean age above 18 years needs clarification (page 3, line 24-25). The mean age indicates that such publications could have included child populations.

Response: Thanks for identifying this. We've clarified the text.

Comment: On page 3, line 41 "... all phases ..." is used and again in line 43. I suggest the authors to rephrase this.

Response: We have adjusted the text accordingly.

Comment: Some sentences are long, for example there are 52 words in one sentence on page 6, line 24-30. Please revise.

Response: We have adjusted the text accordingly.

Comment: The special section on UASC on page 7 could conveniently be deleted and incorporated into the section on psychosocial and mental wellbeing, page 5.

Response: We appreciate your point. However we have highlighted UASC in a separate section because they are a special group with a different profile from accompanied children, both in terms of mental health risks and outcomes, and also in terms of health care needs. The section which immediately follows is focused on age assessment of UASC. If we were to move the UASC section, then the age assessment section would fall out of context. For these reasons, we have elected to keep the section in its current placement.

Reviewer: 2

General Comments

This is a really important, indeed urgent topic and I commend the authors on undertaking it. Having said that, it is not immediately obvious, why we need a review just limited to Europe.

Are the issues for refugee and asylum seeking children distinctly different or unique, simply because a very large number of migrants arrived in Europe over 2 years? Perhaps the authors need to make a stronger case for why.

Response: We've addressed this point in the final paragraph of the introduction

Comment: Also the term Migrant in the title, is still contentious. I would leave it out and just say Review of the Evidence on asylum seeking, refugee and undocumented (should that be unaccompanied) children.

Response: In order to remain more neutral, we've changed the term "migrant" to "children on the move" in the title and in the text.

Comment: The Title does need to be re-thought- What evidence is presented here? Isn't this just a Review of the Health Risks/Needs of refugee and asylum seeker children arriving in Europe?

Response: We've adjusted the title to make it more precise.

Comment: While there is a table with the definitions listed- the authors should make some reference to the fact that terms like migrants, refugees and asylum seekers can be used interchangeably and often to suit political agendas- perhaps state something along the lines of: "therefore using a rights-based agenda and having clear definitions we will stick to the following terms...".

Response: This is a great point, thanks. We've added this to the text.

Comment: There is very discussion about the terms and the context, for eg about why undocumented migrants is included. If this is due to space (word limit) constraints the authors should state that and reference a source that would adequately explore these terms. It is not clear why the review is limited to health risks/needs in the first few months after arrival, and how the information extracted could be limited to those first few months. To my mind this paper reads rather like a Situation Analysis report, rather than a review, because the Results section has elements of Discussion. Finally the referencing style both in the text (I think superscript number after punctuation rather than parenthesis) and in the reference section needs work.

Response: We initially wrote this as an invited review and did a literature search in order to ensure that we were not missing any of the recent literature. We have since altered the text to that of an original research article, with a structured abstract as well as results and discussion sections. We hope that our alterations and additional information clarifies the above noted points.

Abstract

Very brief, not enough detail. What sort of review is it? Not at all clear how the authors would determine "health risks and needs of asylum seeking, refugee and undocumented children in Europe during the first few months after their arrival" or indeed how "the ways in which European health policies respond to these risks and needs" would be gathered. It is usual for an abstract to contain at least a sentence on the findings/results and conclusions

Response: The abstract has now been revised to a structured abstract to deal with the above issues.

Comment: More context on the global situation wrt children on the move is required, and then focusing down on Europe would make sense. Some discussion about where migrant children are coming from in the recent past. Otherwise, there is no reason to limit the review whatsoever to the countries mentioned in the Methods.

Response: We've significantly adjusted the introduction and discussion to address these points.

Comment: Para 2: we know quite a lot now about the health needs of refugee children and youth from the international literature- this should be stated. The authors could state, that much of the literature comes from North America- which would make a stronger case for doing this review on the state of play in Europe.

Response: Thanks for this very helpful suggestion. We have done this and also addressed this in the discussion.

Comment: Para 3: Table 1 is actually a list of pertinent definitions. This is not mentioned in the text at all!

Response: The reference to Table 1 is in the introduction. We've moved it, still within the introduction, as we have edited the text to discuss terminology more carefully as you suggested. This is very helpful, thank you.

Methods

BMJPO will ask for more detail on what sort of review this is. Are PubMed and EMBASE sufficiently exhaustive as search strategies? More detail is needed. Hand searches are only mentioned at the end- how and why were they done? Any websites or grey literature searches? Were review papers included in the search- if so, how were the results pertinent only to children in Europe (for eg Fazel et al's paper)? Are the non- European countries included only those from where recent refugees are arriving from? Why is Afghanistan included? Why not all the other countries that refugees and asylum seekers originate to seek refuge in Europe, such as Sri Lanka, countries in Africa etc? This is not clear

Response: We have significantly revised the methods section to address all of these questions. We have also made a table of included studies, which divides original research and review articles and provides summaries of the findings.

Comment: How would the authors focus on the first few months following arrival?

Response: We ended up including a few papers that looked at longer term outcomes, including a longitudinal cohort study. As such, we've removed this sentence, as it is not accurate/relevant.

Comment: How are health risks determined, is that just under immunisation, lack of access to health services? There is no mention made of the search strategy or methods undertaken to gather information on how European health policies respond to these risks and needs.

Response: We have revised the methods section to address these questions. We did not use search terms for specific health risks. Rather, we left an open search strategy to look for all papers that addressed the health of children on the move. It is only in our analysis and write-up that we differentiate between reported health risks and outcomes.

Comment: I think a table listing all the included studies should be made available- at least as an Appendix, if space does not permit all references to be listed in the text.

Response: We have made a table.

Results

Comment: P4, 1st para: "Migrant children need to compliment their vaccinations" (re-phrase, incorrect use of word. Perhaps "Migrant children may need catch-up immunisations to comply with the immunisation schedule of the host country".

Response: We've edited the text, thanks for picking this up.

Comment: P4, 5th para: Full- stop needed after 1st sentence.

Response: We've corrected the grammar, thanks for picking this up.

Comment: P5, 3rd para: why is a Canadian study mentioned in the Results? Surely not included in the review.

That's correct. We included it because there is not good data available for injuries in children on the move in Europe. During the restructuring of the paper, we moved this to the discussion, where it fits more naturally. Please note that this paper is therefore no longer counted in the hand-searched counts.

Subheading should be: Psychosocial and mental health issues, not wellbeing. Since this review is about health risks and needs.

Response: We have made this change.

Comment:P6, last para: why do we need to know about preventive mental health interventions- not the subject of the review.

Response: We think this paragraph is quite important and relevant, as the review identifies mental health risks – and any informed response should consider preventive interventions as well as mitigating interventions. It is our hope that this review might be useful to policy makers who are seeking to respond to the health risks and needs of children on the move.

This is also why, in addition to health risks and needs, we examined European health policy for children on the move.

When we revised the structure of the paper, we moved the paragraph to the discussion.

Comment: P7 Unaccompanied Minors: para 2, last sentence- comment on a Norwegian study 3.5 years after settlement—how is this relevant to the stated aim?

Response: We have qualified this finding – however we feel it is important, as it adds some weight to the burden of mental ill health after trauma in UASC.

Comment: P7 Age assessment: Admittedly this is an important rights issue- but not clear how this is a health need/risk. How did studies about age determination get included in the review?

Response: We feel this is also an important health issue, as it relates to the kinds of investigations the young people are subjected to and also the support they do or do not receive as a result of the eventual assigned age. The decisions about age are most often made without regard to the actual needs of the individual young person. This can be an important social determinant of health for this population and it brings forth a serious ethical and human rights dilemmas.

Implications: perhaps this should be replaced by Discussion: I would recommend at least 1 paragraph discussing how limited this review is- how few studies there are in the European region compared to say North America and Australia. Also how similar or different findings are from studies carried out in different western host countries, versus countries of first asylum.

Conclusion and Implications: seem to be saying the same thing. Perhaps subheading could be combined.

Response: We've rewritten the discussion and conclusion and have sought to highlight this point.

Comment: References

Need to re-do and edit references, ensuring they comply with the requirements of BMJPO. Several are incorrectly referenced, incompletely capitalised, spelling mistakes etc.

Response: We've followed the BMJPO referencing style guidelines. We have corrected the syntax and spelling errors in the citations.

VERSION 2 – REVIEW

REVIEWER	Reviewer name: Geir Gunnlaugsson Institution and Country: Faculty of Sociology, Anthropology and Folkloristics, Gimli v/Saemundargata 2, University of Iceland, IS-101 Reykjavik, Iceland, Tel. work +345-525 4369/fs. +354-843 6237 Competing interests: None
REVIEW RETURNED	13-Dec-2018

GENERAL COMMENTS	<p>Over-all, the paper has improved in scope and quality, compared to the first version. It is well written, and gives good overview of relevant literature of an important child public and global health theme. It highlights relevant problems for children on the move, and gives interested readers (e.g., policy makers, practitioners, and students) an opportunity to dig deeper in conducted and published studies (in English) that have been identified as important by the authors. As such, the paper is a contribution to improved services, as well as understanding of the plight of children on the move, and their needs.</p> <p>Minor comment relates to page 5, line 41. It should be clarified if the literature search included children 18 years and younger or children 0-17 years. As it stands now, children less than 19 years of age might have been included.</p> <p>Another comment relates to limitation of the study, that is, the search was limited to publications in English, which could be highlighted and commented on. Despite English being the lingua franca in the scientific literature, recognition of that there might be relevant published (and grey) literature in other languages is to be recommended.</p>
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REVIEWER	Reviewer name: Shanti Raman Institution and Country: South Western Sydney Local Health District Competing interests: Nil
REVIEW RETURNED	17-Dec-2018

GENERAL COMMENTS	I am happy that the authors have sufficiently addressed previous suggestions and comments I had made with respect to the original paper and therefore strengthened their paper. I would just remove sub headings from the Discussion section as they are not necessary
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REVIEWER	Reviewer name: Karen Zwi Institution and Country: UNSW and Sydney Children's Hospitals Network, Sydney, Australia Competing interests: nil
REVIEW RETURNED	29-Dec-2018

GENERAL COMMENTS	<p>This is an excellent review paper on an important topic of global significance. Only very trivial edits are suggested as follows:</p> <ol style="list-style-type: none"> 1. Add to keywords: asylum seeker, refugee, unaccompanied child, undocumented child. 2. In the abstract: the last sentence of Results needs editing ie...in access to health care, affecting child health outcomes 3. Throughout, standardise whether you use well-being or wellbeing. 4. Finally, at the risk of self promotion, it is probably worth referencing in the Discussion sections on North American and Australian research and Mental Health (pages 16 & 18) that a small Australian prospective longitudinal study did demonstrate protective factors for social-emotional wellbeing (which concurs with the international literature). Furthermore a comparison study quantified the impact of detention on social-emotional wellbeing in the Australian context. References are as follows: Zwi K, Woodland L, Mares S, Rungan S, Palasanthiran P, Williams K, Woolfenden S, Jaffe A. Helping refugee children thrive: what we know and where to next. Archives of Disease in Childhood 2018;103(6):529-532. DOI:10.1136/archdischild-2017-314055 Zwi K, Mares S, Nathanson D, Tan AK, Silove D. The impact of detention on the social-emotional wellbeing of children seeking asylum: a comparison with community based children. Eur Child & Adolescent Psychiatry 2017;27(4):411-422. DOI:10.1007/s00787-017-1082-z Zwi K, Woolfenden S, Williams K, Rungan S, Woodland L, Jaffe A. Protective factors for refugee children in the first three years of settlement in Australia. Archives of Disease in Childhood 2017;0:1-8. DOI:10.1136/archdischild-2016-312495.
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Minor comment relates to page 5, line 41. It should be clarified if the literature search included children 18 years and younger or children 0-17 years. As it stands now, children less than 19 years of age might have been included.

The text states: “The database searches were limited to papers providing data on children (birth-18 years) in the English language.”

Response: As we noted in our response to similar feedback during the previous revision, we adjusted the text as suggested and clarified our inclusion and exclusion criteria regarding age. We specified that we ended up including a few papers with 18 and 19 year olds, as well as two papers on a longitudinal cohort of children that became young adults. To make this explicitly clear, we also provided a detailed overview of the ages of children in each study in the Table 2.

Another comment relates to limitation of the study, that is, the search was limited to publications in English, which could be highlighted and commented on. Despite English being the lingua franca in the scientific literature, recognition of that there might be relevant published (and grey) literature in other languages is to be recommended.

Response: We’ve adjusted the text accordingly.

Reviewer: 2

I am happy that the authors have sufficiently addressed previous suggestions and comments I had made with respect to the original paper and therefore strengthened their paper. I would just remove sub headings from the Discussion section as they are not necessary

Response: We've adjusted the text accordingly.

Reviewer: 3

This is an excellent review paper on an important topic of global significance. Only very trivial edits are suggested as follows:

1. Add to keywords: asylum seeker, refugee, unaccompanied child, undocumented child.

We've added these key words.

2. In the abstract: the last sentence of Results needs editing ie...in access to health care, affecting child health outcomes

Thanks for picking this up. We've corrected the spelling and grammatical errors.

3. Throughout, standardise whether you use well-being or wellbeing.

Thanks also for picking this up, we've changed the text for consistent use of the spelling "wellbeing".

4. Finally, at the risk of self promotion, it is probably worth referencing in the Discussion sections on North American and Australian research and Mental Health (pages 16 & 18) that a small Australian prospective longitudinal study did demonstrate protective factors for social-emotional wellbeing (which concurs with the international literature). Furthermore a comparison study quantified the impact of detention on social-emotional wellbeing in the Australian context. References are as follows:

Zwi K, Woodland L, Mares S, Rungan S, Palasanthiran P, Williams K, Woolfenden S, Jaffe A. Helping refugee children thrive: what we know and where to next. *Archives of Disease in Childhood* 2018;103(6):529-532. DOI:10.1136/archdischild-2017-314055

Zwi K, Mares S, Nathanson D, Tan AK, Silove D. The impact of detention on the social-emotional wellbeing of children seeking asylum: a comparison with community based children. *Eur Child & Adolescent Psychiatry* 2017;27(4):411-422. DOI:10.1007/s00787-017-1082-z

Zwi K, Woolfenden S, Williams K, Rungan S, Woodland L, Jaffe A. Protective factors for refugee children in the first three years of settlement in Australia. *Archives of Disease in Childhood* 2017;0:1-8. DOI:10.1136/archdischild-2016-312495.

Thanks we've referred to these in the text and references