From formal entitlement to access in practice: Frontline cooperation and healthcare access for unaccompanied minors across six European cities

A policy-oriented qualitative study of frontline implementation across six European settings

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Introduction

UAMs are children under 18 who arrive in EU Member States without an adult legally or practically responsible for them (EUAA, 2026). As recognition of age and unaccompanied status varies across national contexts (Parusel, 2017), we understand UAMs as a context-dependent category, referring to children recognised as unaccompanied within each study site.

UAMs may experience complex and overlapping health needs shaped by conditions before, during and after migration, including social and economic adversity, isolation and the absence of a responsible adult (Kadir et al., 2019, Derluyn and Broekaert, 2008).

Despite formal protection and healthcare arrangements, barriers may persist, including language and cultural differences, mistrust, fear and difficulties navigating complex system, as examined in selected practice (Fondazione L'Albero della Vita Onlus, 2021).

While research has extensively documented their health needs (e.g. Daniel-Calveras et al., 2022, Kadir et al., 2019) and formal healthcare entitlements (e.g.: Derluyn, 2018; Trummer et al., 2016), less is known about how access to appropriate healthcare is realised in practice and how identified barriers are addressed.

Objectives

- Provide a policy-oriented insight into the implementation of UAMs' formal healthcare arrangements and **barriers to access** in frontline practice across six European sites.
- **Identify frontline strategies and cooperation mechanisms** addressing these barriers.

Methodology

- **Qualitative multi-site study** of healthcare access among undocumented children and adolescents under 18 across ten European locations.
- 49 semi-structured interviews with experts and frontline professionals, addressing undocumented children broadly, not UAMs specifically.
- **UAM-relevant data segments extracted** and aggregated, complemented by policy documents, legislation and grey literature.
- **Abductive thematic analysis** informed by bricolage theory, examining how frontline actors mobilise resources and strategies to navigate barriers and facilitate access to care.

Results

Formal healthcare entitlement

Across the six countries, UAMs generally access healthcare through mainstream systems, although the degree of integration and scope of entitlement vary.

France and Italy offer the **broadest formal coverage**, while access in **Czechia, Denmark, Germany and Switzerland depends more on legal status or institutional arrangements**.

Mixed access is most evident in Czechia and Denmark, where mainstream healthcare coexists with specialised provision. In Germany, youth welfare supports access, while Switzerland relies on statutory health insurance and child protection.

Barriers in practice

Despite **greater attention and more targeted efforts** to secure healthcare access for UAMs, they face barriers similar to those experienced by migrant children more broadly. These include **fragmented services, administrative requirements, communication barriers and provider attitudes**, which continue to limit access to continuous, preventive and youth-friendly care.

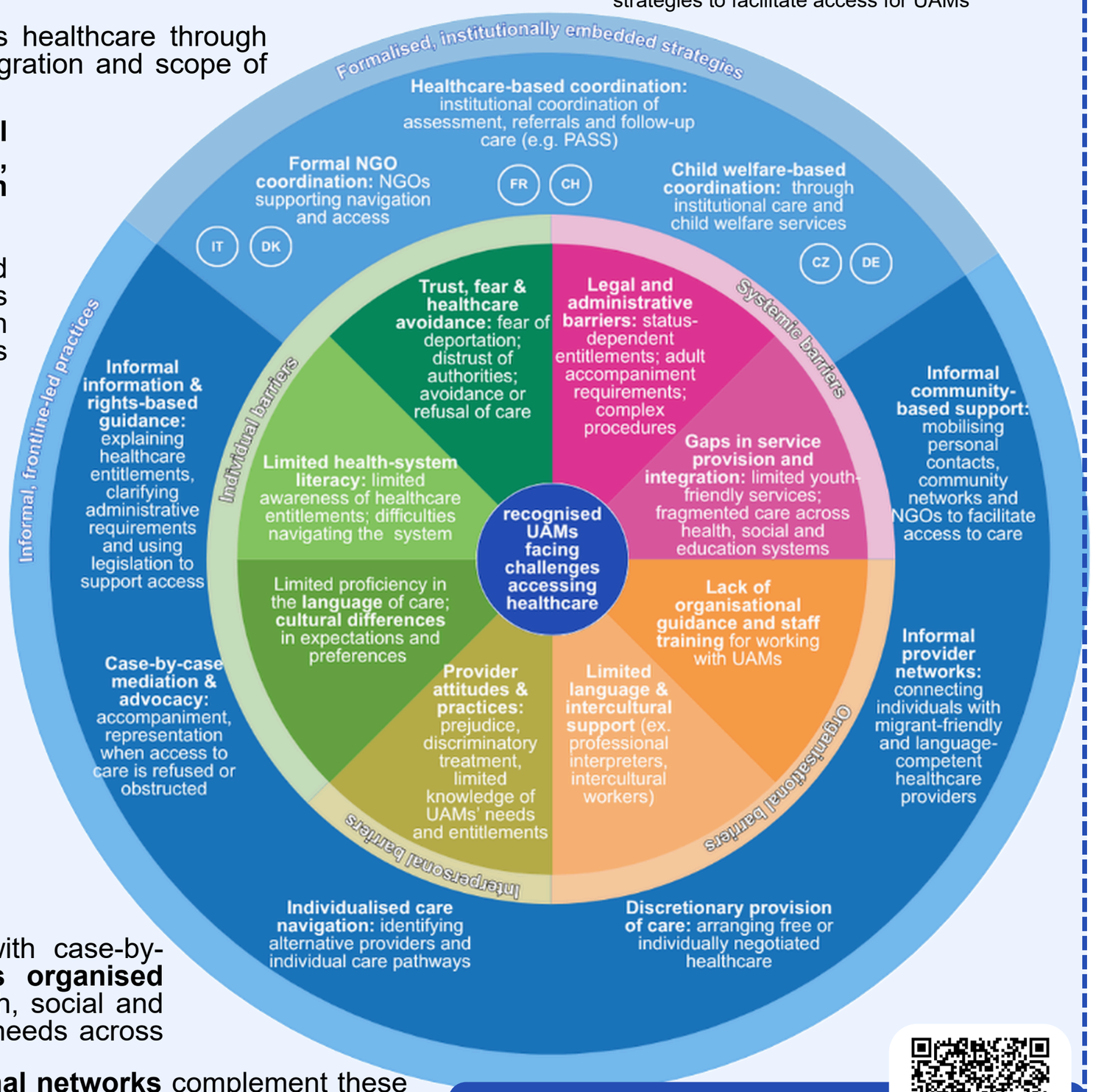
Professional discretion remains a key factor: providers' knowledge, experience and willingness to find individual solutions can facilitate access but also lead to variation.

Frontline strategies

Frontline actors combine formal coordination with case-by-case solutions. While **formal coordination is organised differently** across sites, it aims to connect health, social and educational services and facilitate responses to needs across sectors.

NGOs, social services and informal professional networks complement these pathways through mediation, advocacy and individual navigation, connecting UAMs with experienced, trusted and language-competent providers where formal mechanisms are insufficient.

Fig.1. Barriers to healthcare access and frontline strategies to facilitate access for UAMs



More detail information for each sites here

Conclusion

Formally guaranteed healthcare entitlement does not automatically translate into effective access. Limited formal coordination can make **access dependent on individual advocacy, personal contacts and case-by-case action.**

While these practices bridge gaps in the formal system, they can also make access fragile and uneven.

The findings point to the need for **stronger cross-sectoral coordination**, care responsive to the complex and age-specific needs of UAMs, and strengthened **knowledge and competencies among frontline actors.**

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