HealthCare for Asylum Seekers and the Destitute in Leicester

A briefing paper for the Health Scrutiny Committee 8th March 2007
Leicester City Public Health Directorate

1. Introduction

1.1 This paper has been prepared for the Leicester City Council Health Scrutiny Committee meeting on 8th March 2007. It presents an overview of healthcare provision for asylum seekers and destitute individuals in Leicester City.

2. Background

2.1 Definitions

Asylum seekers are people who are “outside of their country of nationality or habitual residence and are unwilling or unable to avail of the protection of that country or return there for fear of persecution”. Destitute individuals are those who are extremely poor to the extent that they lack the means to provide for themselves and do not receive any statutory support.

2.2 Context and Legislation

Asylum seekers can obtain status as refugees in Britain if they meet the 1951 United Nations convention’s definition of a refugee, by having a “well-founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion.” The Immigration and Asylum Act introduced in 1999 meant that asylum seekers were dispersed to different parts of the UK including Leicester City.

2.3 The majority of destitute individuals become destitute as a result of their asylum claims being rejected or their asylum claim rights being exhausted. More recently, Section 4 of the Nationality Immigration and Asylum Act has been put into place that entitles such individuals from a country which the Home Office have declared unsafe to sign a voluntary return paper stating that they are willing to be returned when their country is considered safe. Section 4 support consists of accommodation and food vouchers only with no cash benefits. Many people are afraid to sign the form and do not, therefore, receive any support from the Section 4 entitlement.

2.4 In 2005 in the UK, 25,720 people applied for asylum, 78% of these applications were rejected. In the same year, 13,080 people were sent home and 12,640 remained in the UK without any legal right to do so.

3. Asylum Seekers & the Destitute and Healthcare entitlement

3.1 Those eligible in the UK for full NHS treatment include:

- Refugees or asylum seekers with an ongoing application to remain in the UK
- People detained by the immigration authorities
3.2 Those ineligible for full NHS treatment include:

- Those who have not yet submitted an asylum application to the home office
- Those who have had their asylum applications rejected and have exhausted the appeals process
- People on Section 4 support
- People resident in the UK with no valid visa

3.1 The groups ineligible for full NHS treatment receive limited care comprising Emergency or immediately necessary treatment:

- Treatment of sexually transmitted diseases (other than HIV)
- Treatment of specified illness on public health grounds, such as notifiable diseases and those to which specific public health enactments apply
- Services provided in an accident and emergency department
- Family planning
- Compulsory psychiatric treatment

3.4 Thus individuals who fall into the categories of those ineligible for full NHS treatment are not entitled to some important and basic healthcare needs, such as antenatal care for pregnant women and the treatment of HIV.

4. Health Status in Asylum Seekers and the Destitute

4.1 Asylum seekers have substantial health care needs because of:

- Poverty and overcrowding
- Factors specific to their geographical origins (such as HIV/Aids)
- Factors relating to traumatic experiences such as geographical displacement, torture and mistreatment. Children and women are particularly vulnerable.

4.2 Certain conditions are particularly prevalent in this group compared with the UK population including:

- Depression & Anxiety: 2-3 fold higher
- Post Traumatic Stress Disorder: 7 fold higher
- Pregnancy: 3-6 fold higher
- Psychiatric disorders: unknown but afflicts up to 25% of children in this group
- Tuberculosis: more than 10 fold higher
- HIV: up to 30 fold higher
- Hepatitis B: up to 15 fold higher
5. Provision of primary and secondary healthcare for this group

5.1 It has been shown that primary care services for asylum seekers are often inadequate, with problems registering with a GP due to:

- Closed lists
- Lack of awareness of the rights and entitlements of asylum seekers
- Refusal due to fear of overwhelming need and insurmountable language difficulties

Once registered, the quality of health services for asylum seekers provided by mainstream general practice around the UK has been shown to be inconsistent and those entitled to treatment often receive poor quality care.

5.2 Currently GP practices have the discretion to accept failed asylum seekers as registered NHS patients while the Department of Health has yet to respond to a 2004 consultation on primary care entitlements of overseas visitors to NHS primary care services. This uncertainty has led to confusion both for asylum seekers and GPs.

5.3 The situation is clearer for failed asylum seekers who need secondary care: Secondary care treatment (including treatment already underway) is chargeable from the date the asylum claim is deemed to have failed.

5.4 Barriers to this group receiving or accessing healthcare include:

- Cultural/language barriers, lack of culturally sensitive services
- Lack of co-ordination between voluntary and statutory agencies resulting in inadequate signposting of services
- Lack of consistency in patient record keeping
- Lack of awareness amongst GPs/health service workers of legal issues around asylum seekers leading to problems with registration
- More urgent priorities such as immigration, housing, support arrangements, etc.
- Unfamiliarity with UK systems, lack of knowledge of mental health services and rights.
- Fear of betrayal of confidence especially in small refugee communities. Mistrust of health professionals due to fears of diagnoses being passed on to immigration authorities and impacting negatively on their asylum claim, also fear of information spreading and of others knowing. Refugee fear of exposure to authorities or of being charged for services.
- Fear and stigma of being labelled as ‘mentally ill’ since it can lead to isolation or even rejection by their communities that may otherwise be supportive.
- ‘Counselling’ as understood in a western culture may be an alien concept to many
• Reluctance to talking about feelings with people seen as ‘outsiders,’ also talking about past trauma may not always be a culturally appropriate way of dealing with unhappy memories.

• Some female asylum seekers/refugees actively search for a female counsellor and may not attend if this is not offered.

6. **Aims and Objectives of this work**

6.1 The aims of this piece of work are to investigate the level of healthcare provision for people who are classed as asylum seekers or who may be destitute as a result of failed asylum in Leicester. Further, to make recommendations based on the findings as to how the healthcare provision can be optimised for this vulnerable group.

6.2 The principal objectives are to:

1. Establish basic demographic data of the population of interest in Leicester
2. Establish what level of healthcare provision exists for asylum seekers in Leicester, what the main issues are and to what degree health services locally are able to deal with them.
3. Develop recommendations aimed at improving the health of and health care provision to asylum seekers in Leicester with a particular focus on those who are destitute

7. **Data on the quantity of AS and Destitute individuals and their healthcare service use in Leicester**

7.1 **Demographic data for this group**

Data are not routinely collected by many organisations and there is little sharing of data between organisations. The main sources of demographic data include:

• Home office (NASS-National Asylum Support Services) dispersal data
• ‘Assist’ data (designated primary care service for asylum seekers in Leicester)
• Voluntary and faith groups-refugee action report
• East Midlands Consortium
• Leicester Refugee and asylum seekers’ voluntary sector forum 2006
• IND (Immigration and Nationality Directorate) Statistics Department (Home Office Asylum Seekers statistics).

7.2 **Some Facts about asylum seekers in Leicester City**

• Male to female ratio is 2:1
• Nationality of subjects varies over time but at the time of this enquiry, approximately 50% of asylum seekers were from the Middle East and
40% from Sub-Saharan Africa. The countries from which most asylum seekers came included Iraq, Somalia, Iran, Zimbabwe and Afghanistan.

7.2 Access to Healthcare in Leicester

1. The number of asylum seekers and destitute individuals in Leicester at any one time-point is likely to range from 998-1160 individuals.
2. Of this number, between 14-27% are destitute.
3. We estimate that ASSIST, the dedicated primary care service in Leicester (see below), provides care to approximately 65% of these destitute individuals.
4. A further 16% of destitute individuals are registered with a GP elsewhere.
5. Equivalent figures for 3 & 4 above, reported at a national level, are approximately 20%.
6. This means that 19% of destitute individuals are not registered with a GP.

8. Healthcare provision to this group in Leicester

8.1 Asylum seekers and destitute individuals in Leicester City are served by a designated healthcare service Assist7, details of which are below:

• Current list size=1374
• Offers registration health screening including TB screening. HIV and hepatitis screening are also offered at registration
• High rates of uptake of screening services: Cervical cytology uptake rate is 85%
• Offers ‘shared’ care for patients with drug and alcohol misuse
• Health visitor caseload of approximately 90 children
• Consultant midwifery service (50 pregnant women seen in the year 2005/06)
• Offers help to victims of female genital mutilation
• In-house specialist support for patients with mental health issues and close working with the Leicester Crisis Resolution Team

8.2 The following table lists requirements that have been identified from a review of the literature including existing guidelines from the Department of Health (DH)\textsuperscript{13} and the British Medical Association (BMA)\textsuperscript{14} and statutory requirements for healthcare provision and compares current provision in Leicester:
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Current position at Assist</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Access to primary care with full permanent registration</td>
<td>Full access and registration is available for asylum seekers. New destitute patients can only be registered as temporary but continuity of care is maintained</td>
<td>Destitute patients have access only to ‘immediately necessary’ treatment</td>
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<tr>
<td>Information about health services</td>
<td>Routinely provided</td>
<td></td>
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<td>Appropriate and comprehensive health assessments including mental and physical health</td>
<td>Physical health screening is comprehensive but less so for mental health screening</td>
<td>A culturally appropriate and more sensitive means of mental health screening should be considered</td>
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<td>Adequate access to translation, interpreting and advocacy services in appropriate languages</td>
<td>A variety of interpretation services are utilised including family, on-site staff and professional interpreters, the latter are predominantly by telephone.</td>
<td>The limitations and difficulties with using non-professional interpreters was acknowledged by ASSIST and language services are used appropriately</td>
</tr>
<tr>
<td>Access to services for mental health problems and to specialist services for survivors of torture and organised violence</td>
<td>Two on-site counsellors provide service on a ¾ time basis, one of whom has training in providing support for victims of torture. The current waiting time is approximately 6 weeks. No external specialist services are available.</td>
<td>The literature around this area suggests that this is a common area of unmet need in this vulnerable group.</td>
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<tr>
<td>Advice and information on health promotion</td>
<td>The health visitor routinely provides smoking cessation and child health services</td>
<td>Health promotion activities were limited by a lack of space but this has now improved at ASSIST’s new premises</td>
</tr>
<tr>
<td>Health care provision complemented by adequate housing, income and social support adequate access to translation, interpreting and advocacy services in appropriate languages</td>
<td>There is currently no routine referral to social services other than for children with particular needs or unaccompanied minors. Individuals with specific issues in relation to housing and other social needs are would be referred on an individual basis</td>
<td></td>
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<td>A comparison with service provision in other dispersal areas for asylum seekers</td>
<td>Representatives from Assist attend meetings of the regional and national network of designated primary care services for asylum seekers.</td>
<td>It is important to maintain these links as legislation relating to asylum seekers is constantly evolving as are the health needs of this group.</td>
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9. **Summary of Key Findings**

At any one time there are as many as 1160 asylum seekers in the city of Leicester. Of these, between 140-270 individuals are destitute and, therefore, not entitled to full NHS treatment. Around 65% of these destitute individuals are registered with the specialist GP service, ASSIST. A further 16% are registered with other GPs. This total is far higher than nationally reported figures. This means that 19% of destitute individuals are not registered with a GP. We know from the evidence base that there are significant problems with provision of healthcare in mainstream general practice and that specialist services are likely to be better equipped to deal with asylum seekers’ and destitute individuals’ health. ASSIST provide a good service to the local population both in terms of the number of people that it serves and the quality of care received. Although it meets the vast majority of the requirements recommended from the evidence base, including BMA and DOH guidelines, some areas of potential further input have been identified here in order to align them with national recommendations.

10. **Recommendations for the provision of healthcare to asylum seekers and the destitute in Leicester**

1. The Leicester asylum seeker and destitute individual population are well served by ASSIST both in terms of the proportion of individuals seen and the quality of healthcare provided. The PCT should continue to support ASSIST in providing this care.

2. A systematic method of referring individuals to ASSIST needs to be in place, possibly using written material and translated into appropriate languages. All organisations in contact with eligible individuals should be approached regarding the dissemination of such material.

3. ASSIST should continue to ensure that patients registering with them undergo a full registration medical assessment in line with national recommendations. The assessment should follow an accepted protocol (as suggested by the DH/BMA). Consent to this assessment should follow General Medical Council (GMC) guidance and both physical and mental health needs should be addressed. Any immediate social care needs should also be addressed and appropriate referrals made.

4. Medical conditions with significant public health implications such as TB and possibly HIV, hepatitis B and C should be tested for at the initial assessment.

5. Because of wider public health implications, specific protocols should be developed in relation to the management of certain groups of asylum seekers, regardless of their asylum status, including:
   a. Children and minors
   b. Patients with mental health issues
   c. Antenatal patients
   d. Patients suffering from HIV, hepatitis B or C.

6. Providing care to asylum seekers necessitates addressing the wider determinants of health. ASSIST should continue to ensure that dental referrals are made as appropriate and all families referred to the health
visitor or school nurse. Notifications of school age children should be sent to the local education department. Wider input has been requested from members of the multi-agency forum, particularly in the areas of housing and education.

7. Staff that deal with asylum seekers should undergo regular training in dealing with specific issues relating to asylum. ASSIST should continue to ensure adequate staff training. This training should include awareness of cultural and religious issues that are particularly relevant to asylum seekers. In addition specific training is needed in the management of unusual health conditions that relate specifically to asylum seekers including TB, HIV, malaria, female genital mutilation, intestinal protozoa, round worms, flat worms, filariasis, schistosomiasis, liver flukes and endemic conditions in countries of origin.

8. The annual report produced by Assist is informative and accessible and its continuation is to be encouraged. The report is useful in helping to evaluate the services provided by Assist. Other methods of evaluation should also be considered to ensure that these services are in line with ‘best practice’ and to ensure that the current quality of care is maintained.

9. Whilst good working practices exist between organisations, communication channels could be made more systematic between Assist and other providers such as NASS, departments of housing, education, employment and training, social welfare and other statutory and voluntary sectors.

10. It is important to maintain strong links between Assist and mainstream GP practices. Patients are transferred from ASSIST to mainstream General Practice if their asylum applications are successful. In addition, many asylum seekers and refugees (including destitute individuals) register with mainstream GP practices and close links between Assist and GP practices will facilitate the sharing of ‘best practice’.

11. All organisations that provide care and support to asylum seekers should, with consent, consider storing information on numbers of asylum seekers.

12. Further information is required on the services provided to the estimated 16% of destitute individuals who are registered with mainstream GP services in Leicester (see below).

13. It is important that ASSIST and PCTs who commission its services work collaboratively to build in contingencies around the long term future of ASSIST, given the volatile and changing nature of the whole area of asylum in the UK.

11. **Areas for further work**

1. **Aim**: Develop a means of referral for potential patients to ASSIST from NASS and voluntary groups. This may entail production of written, translated material.

   **Progress**: ASSIST leaflets are already available in the 10 most commonly spoken languages. These have been distributed to the East Midlands Contract Compliance Team who will coordinate their distribution to all other organisations who have dealings with this group.
2. **Aim:** Gain further information on the work of those mainstream GP providers of healthcare to asylum seekers and destitute individuals in Leicester. This may involve a GP survey or could be part of future voluntary groups surveys.

*Progress:* The 2007 annual destitution survey conducted by the Leicester Refugee and Asylum Seekers’ Voluntary Sector Forum has been modified in order to obtain information on healthcare including GP provision other than through ASSIST. It is hoped that this will distinguish whether the mainstream GP provision to this group is widespread or through a few GPs with an interest in asylum seekers and the destitute.

3. **Aim:** Offer training for GPs on Asylum issues either through ASSIST or through independent means.

*Progress:* GPs identified in 2 above will be offered training opportunities primarily through ASSIST.

4. **Aim:** Members of the Leicester City PCT’s public health team would welcome the opportunity to assist in the design and analysis of future surveys of asylum seekers as undertaken by voluntary groups.

*Progress:* as mentioned in 2 above, the public health team have included questions on healthcare access and provision by the destitute in Leicester. Although the scope is currently limited, it is hoped that future surveys will include more detailed healthcare questions.

Dr Cother Hajat & Dr Mike McHugh
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References:

3. BMA. Asylum seekers: meeting their health care needs. London: BMA; Board of science and education; available at: www.bma.org.uk/ap.nsf/Content/Asylumseekers
8. The Assist Service, 1st Annual Report, June 2005, Eastern Leicester and Leicester City West PCT.