

Health Care for Asylum Seekers, Refugees and Migrants

Definitions

Asylum Seeker-An asylum seeker is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognised as a refugee and is waiting to receive a decision on their asylum claim.

Refugee-Legal residents who can access all public funds, services and can apply for citizenship after 5 years of residing in the UK. Many people travel as planned Refugees when governments organise controlled movement of large numbers of people from at risk countries e.g. Afghanistan, Ukraine

Migrant-People who move freely and legally across borders with visa's for either work/study/study/spouse, or have no need for any visa within EU boundaries



Entitlements

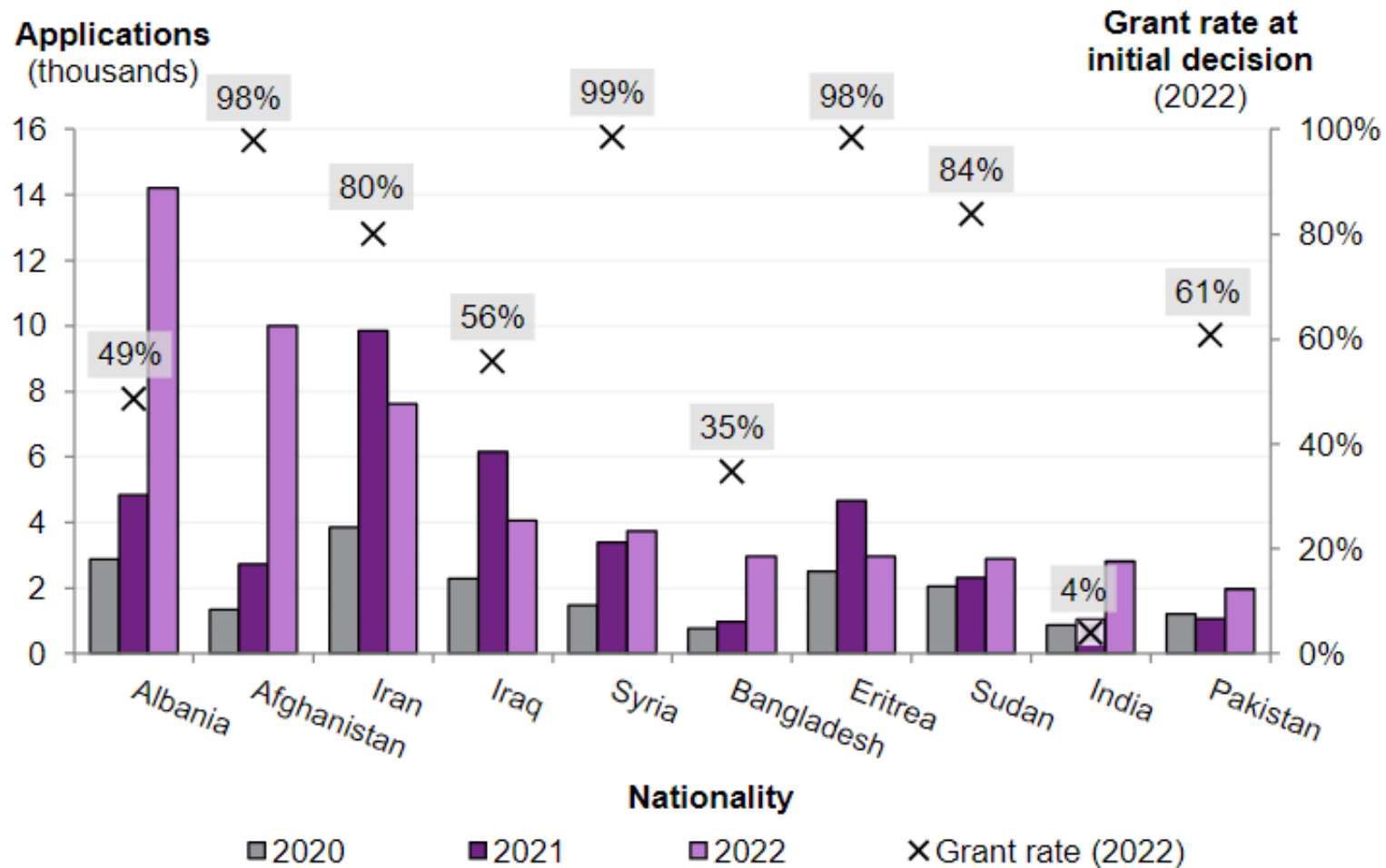
Asylum Seeker

- Not entitled to work for first 12 months-can then be recruited into shortage occupation posts e.g. health care
- Families/individuals who not living in hotels are supported with £40.85 per week (plus additional £3 if pregnant, £5 for baby under 1, £3 child aged 1 to 3). Can apply for Mat B1 if pregnant and EDD 8 weeks or less, or if baby under 6 weeks age (£250 one off).
- Given free temporary accommodation via Mears housing.
They can immediately access free healthcare, prescriptions, dental care, eye tests, help toward glasses, support for travel costs. NINES team who are Belfast Trust only helps in interim.
- School, pre school, free school meals

Refugee

- Asylum payments cease.
- Can apply for work or benefits.
- Required to leave Asylum occupancy within 28 days and apply for housing via housing executive or private rental (risk of homelessness high at this stage).
- Application for reunification can take place for partner and children under 18yrs
- Refugees also arrive under UK resettlement schemes e.g. Syrians and Afghans

Top 10 nationalities claiming asylum in the UK, years ending September 2020 to 2022, and grant rate at initial decision (%), 2022



Source: Home Office. How many people do we grant protection to? Feb 2023

Current Situation

Over the past number of years there has been a significant increase in the number of people coming to Northern Ireland seeking asylum.

Has increased from approximately 300 per annum to 2000 per annum.

Individuals are arriving through various routes, some coming through government schemes due to war or conflict in their own country.

The following are examples of methods of entry into Northern Ireland:

Refugees (status pre determined)

- Homes for Ukraine/Families for Ukraine scheme
- Afghan resettlement scheme

- Individuals/Families seeking Asylum
- Migrants e.g. Poland, Romania, East Timor



Numbers of Asylum Seekers, Refugees and Migrants currently residing in Northern Ireland

- Asylum Seekers-3000-
- Migrants-141,000 –Middle East &Asia-30,000 Africa-11,000 EU -70,000
- The vulnerable migrants tend to settle in Southern, Northern and Belfast Trust where work is readily available
- Ukrainian - 2417 Ukrainian here under a visa scheme registered with a GP in Northern Ireland
- Afghan Refugees-120
(Afghan and Ukrainian Refugees are residing in accommodation across the region)
- No Recourse to Public Funds (NRPF), there is a small but growing complex cohort of people in NI who are deemed to have NRPF, following an unsuccessful asylum application or EU citizens who do not have EU settled status, (numbers are difficult to quantify)

What does the journey through the Service look like for an Asylum Seeker

- Arrive in Northern Ireland and attend Drumkeen House within office hours or PSNI Station outside of office hour
- Make claim for Asylum- if approval is given to proceed with the claim, they are immediately entitled to avail of Health & Social care Services
- Mears who are a housing provider are contacted to provide accommodation
- A range of accommodation is used to house Asylum Seekers including hotels, Bed& Breakfast facilities, HMO properties and rented accommodation
- In hotels and Bed & Breakfast accommodation 3 meals and snacks are served daily
- Hotel rooms are small and not suitable as long term accommodation

- Originally most Asylum Seekers would have settled in Belfast Trust, but now due to lack of housing in this area, wider dispersal of individuals and families is taking place across the Region
- Individuals and Families can be moved from their initial accommodation to dispersal accommodation at very short notice, which has implications if they have been referred on to other Services, often there is no forwarding address or they may have moved to another Trust.
- When a service user applies for registration Practices should forward the documents to BSO who are the decision makers
- Accommodation that is secured is often not close to health care facilities
- Belfast and Southern Trust have a dedicated Northern Ireland New Entrant Service (NINES service)

What is NINES (Northern Ireland New Entrant Service)

NINES is a Nurse Led Service which offer:

- A combination of drop in clinics and appointments to new entrant
- Health Screening particularly Tuberculosis, Hepatitis B & C, HIV and delivery of Mantoux and BCG immunisations
- Blood pressure recording, urinalysis, blood glucose
- Support to register with a GP, and signposting to other services e.g. maternity, health visiting, dentist and optician
- Referral pathways to specialist services e.g. TB services, GUM clinic, hepatology
- Liaison with partners such as Home Office, TEO, Community and Voluntary Services

- Within the NINES services a Specialist Health Visitor who is part of the team offer short term targeted support to antenatal women and will continue to hold these families and complete universal HCHF contacts until the baby is 16 weeks old
- Since November 2022 Belfast NINES now offer a dedicated Family Health clinic on alternate weeks supported by Education, Surestart, Barnardo's and Midwifery services
- South Eastern, Northern and Western Trust do not have a NINES Service so the wider Public Health Nursing Teams take on the responsibility for the Asylum Seekers as well as Refugees. This has added increased pressure to caseloads due to lengthier visits with interpreters and often complex health issues being identified
- The Public Health Nursing service only has a small cohort of staff recently trained who are currently working through their competencies to be able to complete TB and BBV screening.

Services Offered by Trusts for Asylum Seekers and Refugees

Asylum Seekers

- Weekly referrals to Trusts for Asylum Seekers who have consented to their information being shared
- Belfast Trust through NINES offer a holistic health assessment as well as TB and BBV screening for Asylum Seekers however there is a waiting list

Migrants

- Southern Trust NINES offer a holistic health assessment for Migrants along with TB and BBV screening

Ukrainian Refugees

- Assistance Centres were opened for Ukrainian Refugees-Belfast continues to have a weekly clinic whilst a more ad hoc service is available across the rest of the region
- Support will be given if required for registration with a GP and schools and families/individuals are signposted to community and voluntary services

Afghan Refugees

- Trusts will be notified of any planned resettlement of Afghan Refugees that are due to arrive in their area
- All families known to services will be offered a home visit to complete their family health needs assessment
- There are substantial waiting lists across all Trusts for TB & BBV screening
- There is no regionally agreed pathway for initial contact with HSC

Overview of Presenting Health Issues

- Cardiovascular disease
 - Type 2 diabetes
 - Mental Health Issues-anxiety, mental distress, depression
 - Cancer
 - Incomplete vaccination of children
 - Developmental delay
 - Behavioural issues
 - Poor dental health
 - Maternal health- (NRPF) women often don't present until 3rd trimester of pregnancy
 - Safeguarding concerns
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- Consider UKHSA guidance on initial health assessment for newly arrived migrants, refugees and asylum seekers

Challenges

- Non recurrent funding to address the health needs of Asylum Seeker's
- Tariff associated with Refugees
- Late allocation of funds to Trusts due to late allocation of money to Northern Ireland
- Money coming in from 3 different streams but same clinicians are delivering services to asylum seekers, refugees and migrants
- Difficulty recruiting staff due to posts being temporary

- Access to health care- pressures within primary care can result in increased attendance at ED departments. This client group often attend ED for medication for pre existing medical conditions
- High expectations of Health Service and what services can be accessed
- Impact on aligned services-Considerable waits for treatment services e.g. treatment for latent TB or chronic hepatitis
- MOU/information Sharing-Not all Asylum Seekers are being referred to services.
- Difficulty getting interpreters with some languages

Recommendations from Working Groups

- A paper has been drafted and forwarded to SPPG which proposes an expansion of the NINES Service within Belfast and Southern Trust and the development of a NINES Service in the South Eastern, Northern and Western Trusts
- A TB task and finish Group was set up and chaired by Dr Brid Farrell the recommendations from this group are :
- Clear pathways should be developed between NINES and mainstream services for clinical care problems identified through NINES including
- TB (active and latent) assessment and management
- BBV assessment and management through timely assessment by GUM, hepatology etc as appropriate
- Vaccination
- Other non infectious disease issues that emerge during the assessment eg imaging, mental health, blood disorders etc
- All Trusts should have an identified medical lead consultant for TB with dedicated PAs for TB work in their job plan.