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Health And Social Services Councils

Response To Asylum Seekers And Refugees – Policy Guidance On Access To Health And Social Services

September 2003

ASYLUM SEEKERS AND REFUGEES – POLICY GUIDANCE ON ACCESS TO HEALTH AND SOCIAL SERVICES

The Health and Social Service Councils' Response to the Consultation Paper

2. The Health and Social Services Councils are charged with the responsibility for keeping services under review and representing the interests of users of health and social care services in Northern Ireland. The Councils commend the DHSSPS for their positive leadership of the Health Sub-Group of the NI co-ordinating group of the National Asylum Support Service. The inclusion of representatives from ethnic minority groups and organisations with a human rights perspective, as well as service providers, means that the sub-group has access to a wide range of expertise to support its deliberations. Asylum seekers and refugees are amongst the most vulnerable of all users of HPSS services. The Council welcomes the development of policy guidance in relation to ensuring access to service for this group of people and the opportunity afforded to comment on the draft policy document.
3. The draft document takes a very positive and rights based approach to the discussion on meeting the needs of asylum seekers and detainees. We are conscious however that National Asylum Support Service is a national (ie UK wide) initiative and as such will reflect UK governmental policy on the issue of asylum seekers and refugees. In the period since the publication of this consultation document the UK government has published proposals to curtail the rights of overseas visitors to NHS services. Concern has been expressed that any requirement for NHS staff to 'police' such a system could impact negatively on the relationship between asylum seekers and the service. We trust that the positive approach towards the needs of asylum seekers and refugees demonstrated in this policy document will prevail despite the more punitive approach being adopted by the UK government.
4. We strongly support the stance taken in the document in emphasising responsibilities of public bodies under Section 75 to provide equality of treatment for refugees and asylum seekers, the emphasis placed on their human rights, and the importance of providing culturally sensitive services. The provisions of section 75, and in particular the requirement on public bodies to actively promote good community relations, provides the opportunity for

dealing more positively with the needs of asylum seekers in Northern Ireland compared to other areas of the UK.

5. The document refers to the estimates produced by Dr Robbie Mc Veigh on the number of asylum seekers in Northern Ireland, which suggest that there are approximately 2,000 asylum seekers and refugees from around 30 different countries currently living in Northern Ireland. The need to refer to estimates points up the fact that at present the Home Office compiles no statistics specific to Northern Ireland on immigration and asylum issues. It is our view that the planning of HPSS services for asylum seekers and refugees requires access to accurate up to date statistical information, and that the DHSSPS might add its support to the request from the Law Centre (NI)¹ to the Home Office to have such statistical information compiled.
6. A number of asylum seekers are currently detained at Maghaberry prison. Figures compiled by the prison service show that the number detained is increasing as is the number being held for periods of 3 months or more. A total of 82 detainees were held in prison in Northern Ireland during the period July 2001 to December 2002.² The health needs of detainees are currently the responsibility of the NI Prison Service. We suggest that the DHSSPS negotiate with the NI Office to ensure that the prison service develop comparable policies to guide its provision of health care services to asylum seekers.
7. Primary Care Services. Boards should consider what additional support should be provided to GP practices providing services to asylum seekers and their families.
8. We agree that the experience of many asylum seekers is likely to give rise to psychological distress and the need for trauma counselling. However, the problems of providing adequate counselling services in a range of languages must be recognised. Very specific skills on the part of interpreters is likely to be required if counselling services are to be provided in anything other than the service user's first language.

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¹ Sanctuary in a Cell update Law Centre (NI) July 2003

² Sanctuary in a Cell update Law Centre (NI) July 2003

9. Services for Children. We support the view that the children of asylum seekers may require particular services because of traumatic experiences that they have endured. Reference is made to the difficulties in finding suitable accommodation for unaccompanied minors. Depending on the age of the minors we believe that the policy guidance should suggest that care arrangements rather than simply accommodation may be appropriate. We strongly support the concept that such children should be 'treated as children first and then as asylum seekers', and afforded the protection of the provisions of the Children's Order. In this respect the legal position of children being cared for by adults other than their parents should be considered. Whether accompanied by their parents or not, young asylum seekers and refugees might appropriately be considered 'at risk' and offered the support and protection generally afforded to children in that situation.

10. Hospital Services. Many of our hospitals now have the experience of providing care and treatment for an ethnically diverse population. The policy guidelines relating to hospital care are applicable to dealing with ethnic minority populations whatever their circumstances, and represent guidance we would fully endorse. An additional reference tool is the Multicultural Handbook for Staff produced jointly by the Southern Equality Assurance Unit, the Southern Health & Social Services Board, the four Health & Social Services Trusts and the Southern Health and Social Services Council.

11. Maternity Services. Some women asylum seekers or refugees may present in an advanced state of pregnancy with little or no ante natal care and a generally poor health status. The experience in the Republic of Ireland, which has attracted greater numbers of asylum seekers, is that the maternal and child death rate has risen as a result. Guidance should support the concept that such patients will require significantly increased levels of care and attention.

12. The recent death of a male child of an emigrant family in the Republic of Ireland as the result of a circumcision carried out by an unqualified person highlighted the differences in hospital policies on the question of circumcisions carried out for cultural or religious purposes. Some hospitals were prepared to perform circumcisions in such circumstances while others were not. Since asylum

seekers and refugees arriving in Northern Ireland may wish to have male circumcisions performed for religious or cultural reasons the role of the HPSS in this respect should be considered and appropriate guidance issued.

A handwritten signature in black ink, reading "Nelia van der Linden". The signature is written in a cursive style with a large initial 'N'.

Chief Officer
Southern Health & Social Services Council
On Behalf of the four Health & Social Services Councils.

22 September 2003