



## **Pioneer Scheme Half-day Learning programme**

Wednesday 6<sup>th</sup> November 2019

### **KNOWLEDGE EXCHANGE**

## **Migrant health**

With Greg Higgins, Asylum Health Bridging Team

### **1) What were the key learning points from this session?**

- History of immigration in Glasgow – in 1999 the government strategy for dispersal of migrants across the UK involved 12 different centres, Glasgow being the only Scottish centre. Glasgow had empty/excess accommodation at the time and received funding for housing migrants. Initial sites for housing included the Red Road flats, Kingsway and Govan.
- In 2012 the Asylum Health Bridging Team (AHBT) was formed after a review of the allocation of funding, and a recognition of the need for support for asylum seekers in registering for and accessing healthcare/GP services. One study in Govan showed only around 40% of asylum seekers were registered with a GP. The demographic of asylum seekers at this time also changed from 80% families, to 80% single people.
- The AHBT was initially based in the Red Road Flats, then when the flats were demolished the team were homeless for a period of time before settling in the current Hub in Govan. This has meant some loss of the community feeling that was established at the Red Road Flats.
- 2 main routes of arrival in Glasgow for asylum seekers, as follows:
  - Routed from a south-eastern port to Glasgow after initial screening by border official (around 12% of people presenting to the UK are routed to Glasgow)
  - 'Walk-ins' – arrive directly in Scotland and walk in to a police station. Around 20 per week arrive this way. Screening then done in Glasgow rather than down south.

- on arrival migrants are housed in temporary accommodation in Govan/Ibrox (G51). They receive £5 per day/pp and shared accommodation whilst providing evidence of no money/destitution (assisted by Migrant help Charity with this). Once approved by Home Office asylum seekers can be moved to permanent accommodation under an occupancy (rather than tenancy) agreement. They will receive £37.80 per week and will have utilities paid for. This housing was previously provided by Serco but is now provided by Mears. A small percentage of migrants do not claim financial support as they have alternative support e.g. from work/family.
- From around 2016 onwards there has been a shortage of permanent accommodation, partly as Serco are still holding some accommodation after forced evictions, so Mears have been unable to take over these buildings. This shortage is set to worsen between now and Christmas, as more migrants arrive with the increased freight travelling across the channel.
- When someone arrives in Glasgow, the AHBT are informed and the person is appointed an initial health assessment within 5-7 days. This is a bit like an initial patient health check carried out in GP practices, but also includes routine BBV screening and assessment of mental health issues/trauma. Lots of asymptomatic Hepatitis (and less frequently, HIV) are detected and the team have arrangements for direct referral to the Sandyford and Gastroenterology. After much campaigning, the AHBT are also able to generate CHI numbers for these patients. There is also access to sexual health screening. Appointments are usually with a face to face interpreter initially, with options for subsequent appointments to be with a face-to-face or telephone interpreter. Greg spoke about how several traumatised migrants that he has met have found it far easier to discuss their trauma via a telephone interpreter rather than with another person in the room (? Linked to feelings of shame).
- Trauma assessment at these initial appointments includes questions about FGM, sexual violence, trafficking, torture and domestic violence.
- It is emphasized that these initial appointments are focussed purely on health, as many migrants may be suspicious/concerned that there may be links with their asylum application.
- The AHBT hub has one session/week provided by a midwife, another session from the Sandyford for sexual health screening, and a team including 4 nurses and 2 Mental Health nurses.
- All those who are pregnant, aged under 5 years old, or with an immediate and necessary health need are registered with a GP whilst at accommodation in G51. Previously there was an enhanced contract for GPs to take on these patients, however many GPs opted out so this contract was scrapped. Now GPs are not able to opt out but receive extra funding for registering these patients.
- Asylum claims can take anywhere between 3 months to 10 years to be processed and settled. Lawyers are involved from the start to help asylum seekers prepare for

their interview and prepare statements/evidence. Migrant Help provide a list of lawyers to asylum seekers.

- 'Detention Centres' (otherwise known as 'Reception and Removal Centres' – some asylum seekers are sent here initially and can be out within 24 hours and other stay much longer. Often used to house asylum seekers whilst awaiting deportation. Usually if an asylum seeker is going to be deported, they will receive £1500 and help with preparing required documents. Forced deportation depends on the country – e.g. it is often difficult to prove that a Chinese national has ever left the country, so often they cannot return back, and some countries are 'non-returnable' countries e.g. Iran, Syria and Somalia. However, it is still possible for someone from a 'non-returnable country' to be refused asylum – in which case the asylum seeker has to declare themselves as destitute/appeal etc.
- Trafficking – people can be trafficked for forced labour, or for sexual exploitation. If trafficking for forced labour is suspected then police are involved and the person is housed in a safehouse in Paisley for up to 50 days. If trafficked for sexual exploitation, TARA (Trafficking Awareness Raising Alliance) provide wrap-around support including access to legal advice, crisis accommodation etc.
- Other help that the AHBT offer includes the following:
  - Signposting to English classes
  - Support with registering with schools
  - Help accessing dental services and opticians, financial support for glasses
  - Onward referral to 3<sup>rd</sup> sector organisations e.g. Rape crisis, British Red Cross (who have a mum's project for pregnant women, are able to help trace family members via their networks, and have a youth program to teach migrants about law and offer language classes etc), The Refugee Council (who can help with accessing benefits and opening bank accounts for those who have asylum status.
  - Help with accessing grants e.g. £300 grant for women who have a baby, and extra £3 per week from 6m of pregnancy until child aged 3 years old.
  - Gym/swimming only £1 if asylum seekers present their asylum card
- If an asylum application is refused, asylum seekers can apply for section 4 support – which provided urgent financial support and accommodation, particularly in cases where an asylum seeker has a chronic medical condition. This can be accessed with help from the Refugee Survival Trust. Patients might bring a form in for a GP to complete relating to this (at this stage asylum seekers are still entitled to access to GP services).
- The Glasgow Destitution Network is a network of services including night shelters and hosts willing to house asylum seekers who have had sudden removal of their financial support and accommodation due to a refusal of an application.

## 2) What changes to practice might you consider?

- Now feel more aware of the process that asylum seekers go through and the help available to them
- Reflect on use of interpreters in consultations particularly when having conversations around trauma – a telephone interpreter may be more appropriate for the patient than a face to face interpreter
- Will now look out for scanned copies of the Health questionnaire completed by the AHBT when seeing patients who are migrants as this is likely to contain a lot of useful/relevant information – an improvement project at a practice might be to see how these are scanned/filed to make them more readily retrievable from Docman?
- Now much more aware of other services available to patients and will consider signposting patients to these services in future (see resources list below).

## 3) Any useful resources to share?

<http://live.nhsggc.org.uk/your-health/health-services/homeless-health-and-resource-services/access-to-services/asylum-health-bridging-team/>

<https://www.migranthelpuk.org/>

<http://www.scottishrefugeecouncil.org.uk/>

<http://www.womenssupportproject.co.uk/directory/179,1,249/TARA.html>

<https://www.glasgow.gov.uk/TARA>

<http://www.learnesolglasgow.com/find-an-esol-class-in-glasgow.html>

<https://www.redcross.org.uk/>

<https://destitutionaction.wordpress.com/>