

Asylum seekers in Coventry: haven or healthcare?

AIM:

- ◆ To examine how accessible healthcare is to asylum seekers and refused asylum seekers in Coventry;
- ◆ To note the discrepancies between their legal entitlements and what they actually receive.

HYPOTHESIS:

That the healthcare provided to this group would be substantially poorer than the health care provided to British citizens in terms of both accessibility and quality.

INTRODUCTION & IMPACT:

The law regarding asylum seekers is constantly in flux. It has evolved over hundreds of years with the arrival of people fleeing religious persecution, the French Revolution, Russian pogroms and twentieth century wars. Yet from the earliest years, (*Calvin's Case 1608*), it has been evident that foreigners are viewed as the 'friend' or 'enemy'. The category into which a group fell often depended on how they contributed to the economy, how well they blended into society, and how they were perceived by the monarchy or government.

With the Government being so apprehensive about taking on asylum seekers, we wondered whether the health services provided for those who managed to arrive would be of an adequate standard. Our interest in this specific area developed after the landmark case *R (on the application of A) v Secretary of State for Health [2009] EWCA Civ 225* where it was decided that refused asylum seekers cannot be regarded as Ordinarily Resident, and therefore would not be legally entitled to NHS healthcare (although it can be subject to discretion within individual healthcare Trusts). This research focuses on three main questions:

- ◆ What level of health-care do asylum seekers/refused asylum seekers believe they are legally entitled to?
- ◆ What do the health-care practitioners in Coventry feel they can provide to asylum seekers/failed asylum seekers?
- ◆ What are the psychological, logistical or financial barriers, if any, between the client and the health/care practitioner? What steps are taken to reduce these, if any?

EVALUATION:

- ◆ Bias against healthcare institutions – by tailoring our questionnaires and interviews in a neutral manner, we were able to diminish our bias.
- ◆ Sample size in Coventry not adequate enough to be especially conclusive – this is why we opted for a qualitative method rather than a quantitative one.
- ◆ Language barriers in understanding asylum seekers responses – by recording the interviews with a Dictaphone, we were able to playback the interviews to clarify any misinterpretation or spot any mistakes in how we interviewed the participants.
- ◆ Difficulties with time constraints. In turn, there were some difficulties with access to some other medical centers.

"During the project, our research was premised on the power dynamics in the UK, which is not necessarily the same for asylum seekers that come from less individualistic societies. They may be more reluctant to critique those in perceived positions of power, like doctors, and it is a cultural difference we should be aware of."

RESEARCH PROCESS:

Stage 1:

Awareness of ethical issues explored; literature survey to supplement construction of interview/questionnaire.

Stage 2:

Approaching institutions for preliminary research in context. Developing deeper understanding of the issues at hand (e.g. trauma, and language barriers etc.)

Stage 4:

Identifying, accessing and interviewing a sample of participants.

Analysis of raw data, discussion of data and conclusions.

Stage 3:

Constructing interview/questionnaire and consent form in a culturally sensitive manner. Other barriers considered, such as somatic illnesses, and differing medical standards between countries.

CONCLUSION & DISCUSSION:

After meeting a number of asylum seekers and a few key medical practitioners in the Coventry area, we have come to the conclusion **that our hypothesis does not stand.**

- ◆ While primary, emergency treatment is provided for everyone at Walk-in Centers without questions asked, **less urgent ailments like dental problems have also been provided to refused asylum seekers without charge.** It appears that healthcare professionals are more concerned with treating asylum seekers or refused asylum seekers as individuals rather than maintaining strict regulations.
- ◆ All the participant asylum seekers stated that they found it **'easy' to communicate** with doctors and nurses. Medical practitioners additionally explained that they had to undergo training on how to handle such patients, employed interpreters and had some multi-lingual documents available.
- ◆ Medical professionals have attested that the costs of treating asylum seekers **are not greater than treating ordinary UK citizens.** In the opinion of one professional, as asylum seekers do not generally come from an elderly demographic, the NHS has to spend less on medication for this group as a whole.
- ◆ One cause for concern was that the participant asylum seekers **were uncertain of the medical benefits** they were entitled to and seemed only to be aware of the treatments that they had received themselves. By publicizing tests and check-ups catered towards this group, a preventative approach might be encouraged.
- ◆ Besides language barriers, another hurdle is obtaining an accurate medical history from the patient. To tackle this, medical centers use Nurse Assessment Forms to assist diagnosis (very in-depth and detailed forms).

RESULTS:

i) Asylum seekers, refused asylum seekers and refugees

| Questions: | Participants (by number): 3 failed asylum seekers, 1 unknown, 1 asylum seeker, 1 refugee; aged 18-45, four males and two females, 3 have been in the UK for 2-5 years and 3 have resided in the UK for 5+ years. | | | | | |
|---|--|--|---|---|---|-----------------------------|
| | A | B | C | D | E | F |
| Score x/5 for quality of healthcare | 4 | 4 | N/A | 5 | 4 | N/A |
| Score x/5 for receptiveness of medical practitioners | 3 | 3 | N/A | 4 | 5 | N/A |
| Perceived treatment offered by NHS: | Flu/cold | Flu/cold, HIV, TB, dental care, skin-related illnesses, trauma | Flu/cold, chronic dysentery, malnutrition, skin-related illnesses | Flu/cold, pregnancy, TB, dental care | Flu/cold, HIV/Aids, STDs, chronic dysentery, pregnancy, anxiety, TB, malnutrition, broken/sprained limbs, dental care, ulcers, skin-related illnesses, psychological trauma | Accident and Emergency Care |
| Perceived free treatment by NHS: | Flu/cold | Flu/cold, TB | All indicated above in previous response are free | All indicated above in previous response are free | All indicated above in previous response are free | Dental Care |
| Have you ever been refused treatment? | No | No | N/A | No | No | No |
| Scale of v. difficult to v. easy, difficult/easy is it to communicate with doctors? | Easy | Easy | N/A | Easy | Easy | N/A |
| Reasons behind their views on the quality of the NHS: | Receptive doctors | Free | N/A | Free and comfortable environment | Free, accessible and clean. | Not in a position to answer |

ii) Healthcare practitioners

| Questions: | Healthcare Practitioners (by number): 1 doctor, 1 healthcare assistant, 1 nurse. All have been working at least 8 years in health, and at least 1 year in dealing with asylum seekers specifically. | | |
|--|---|--|--|
| | A | B | C |
| What barriers are there to efficient and correct diagnosis of illnesses in asylum seekers and refused asylum seekers? | Language barriers | Language barriers, trauma | Language barriers, trauma, cultural differences in perceiving authority and may find it difficult to speak to medical practitioners. |
| How do you overcome these barriers? | Employ interpreters | Employ interpreters, supply documents in several languages | Employ interpreters, have multilingual staff, supply documents in several languages |
| Which groups do you believe are entitled to free healthcare? | Refugees, Asylum seekers, Refused Asylum Seeker under S.4 Support | Asylum seekers, refused asylum seekers | Asylum seeker, refused asylum seekers, economic migrants |
| Is medicine free? (even for more costly medication, such as HIV?) | Yes | No | Yes |
| On average, how long do you think it takes for asylum seekers and refused asylum seekers to meet a doctor/nurse once they have requested medical care? | Within a day | 1-2 days | Within a day |