

Healthwatch Report – Access to healthcare for vulnerable migrants

Healthwatch commissioned Refugee and Migrant Forum Essex & London (RAMFEL) to look into issues around access to healthcare for vulnerable migrants. In particular we were asked to look at - Ensuring people have access to the right health and care services they need to stay well.

RAMFEL works with a range of vulnerable migrants that have different entitlements to healthcare along with varying needs. For example an undocumented migrant would not automatically have entitlement to secondary care, may in fact be an undocumented migrant who is an asylum seeker or victim of trafficking after which they would have entitlement to secondary care. The rules are complicated for us to understand at RAMFEL as professionals in this field, so for healthcare professionals, vulnerable migrants themselves and those administering access it can be very confusing.

Methodology

9 individuals gave in depth interviews regarding their experience of accessing healthcare and 11 people (separate to the in-depth interviews) completed questionnaires as part of this small research project. We have also added anonymous case studies based on individuals we have worked with. We also spoke to staff regarding their experience of supporting clients who had difficulty accessing healthcare.

Findings

1. Vulnerable migrants deterred from accessing medical services

Vulnerable migrants especially those with insecure immigration status are being put off accessing medical services even when they need them as they worried about the consequences. Clients tend to hear information from friends or the media, leading to information often being inaccurate;

“I have recently heard that if you are an “overstayer” or with “no recourse to public funds” and need medical operation you have to pay the medical bill from the hospital, even for childbirth...previously I accessed healthcare, hospital and GP’s easily but now I am very worried”.

Trying to understand entitlement to healthcare is becoming increasingly complex and is creating anxiety and mis-information with vulnerable migrants in Redbridge (stats). For example in the quote above, someone who has leave to remain in the UK with a No Recourse to Public Fund (NRPF) restriction, will have paid or received a fee waiver for an Immigration Health Surcharge which entitles them to access healthcare during their period of leave the same as a UK citizen. However as you can see from the quote above it may put people off accessing healthcare.

Florence told us that she,

“avoids using healthcare services which may incur a cost. Its hard to go to get treatment when you have no status because you have no money. It’s too scary to imagine what would happen if I needed to access healthcare for a serious condition, but not be able to afford to pay for it. The hospital was really really good and the mid-wives were excellent”.

None of the people we interviewed understood the difference between primary and secondary health care, no one was able to explain exactly their entitlement to healthcare and at least 3 clients felt they weren't entitled to support that they in fact were, a common theme though was one of fear of being denied care, of being unable to pay for care or of receiving treatment leading to future immigration applications being denied.

2. Poverty, destitution and low income

Those interviewed were a mix of asylum seekers, refugees and other vulnerable migrants with and without status, therefore the financial means of the clients varied. However in different ways financial issues did affect their ability to access healthcare.

Transport

"I have a budget of £5 for day to live on. It's difficult for me to pay for travel to and from hospital appointments"

"If I don't have money I walk to the GP even though it's far away".

38% of those interviewed mentioned issues with transport affected their ability to access healthcare however 43% of clients said they experienced financial difficulties.

3. Lack of access to correct and understandable information

Many of the clients we interviewed spoke enough English to complete the interview or questionnaire, out of the 4 clients who needed an interpreter to complete the interview however 3 of them said that lack of interpreting and translation was an issue, the one client who did not find it an issue was because the medical staff spoke his language;

"Language is a major barrier for non-English speakers. I find it difficult to know where to go or find the location of the GP. Unable to access online services as I can't read English".

"Accessing healthcare in Ilford is not good, a lot of problems, no interpreters"

"Everything was good[but], they don't provide interpreters"

4. Psychological effect of the "hostile environment"

One mother who had recently given birth by caesarean felt hounded by the home office in the days after giving birth, the home office used discharge information to find her current address and performed an immigration raid which left her "physically shaking" afterwards. Struggling at the time with homelessness and her new born baby as a first time mum, the immediate intervention of the Home Office and the collusion with medical services certainly engendered a feeling of hostility at an already difficult time. The child in question is a British citizen, and the mum now has leave to remain.

Another mother we interviewed was diagnosed with cancer, shortly after which she was presented with a bill for treatment of the cancer and of the cost of giving birth 6 years ago, that she had up until that point been unaware she needed to pay for.

5. Lack of advice and support

Mohammed was unable to apply to renew his HC2 certificate through the asylum support related services who he informed us should process this for him and was unable to pay for medicine at that time. Other interviewees had similar experiences and there was no clear

point at which the NHS would provide them with the necessary information, to ensure they understood their rights and entitlements. RAMFEL is also concerned that whilst asylum seekers have a right to access medical care as well as clients with leave to remain with NRPF attached, they may fall foul of unsophisticated attempts to screen people who may have to pay for medical treatment.

“Belinda is concerned about what will happen once the maternity card runs out this April because she has no status. She’s concerned as she is destitute”.

All clients interviewed had been able to register with a GP, although this result may be slightly misleading in that all individuals interviewed were clients of RAMFEL.

Case Study #1

Mrs. A from Tanzania has been suffering from mental health issues for several years, at various points she has been sectioned under the mental health act, attempted suicide and has a long history of self-harm and addiction. Mrs. A has no status in the UK, this places limits on the services she can access unless she passes thresholds for care within the care act. Mrs. A is street homeless and is not taking her medicine as it makes her drowsy and she is worried about being attacked on the streets, or freezing on the streets whilst asleep in winter. Mrs. A is regularly attended to by emergency services, for self-harm and mental health issues. As she is unable to care for herself properly she is referred to the Redbridge Home Treatment Team. She is refused access to care because she has “no recourse to public funds” and is only self-harming in an attempt to access housing. After a lengthy legal battle Mrs. A wins temporary support, whilst in support Mrs. A again attempts suicide, disengages with support services and her support by the home treatment team is stopped again.

Restriction to services she should have received endangered her life and her limited access to certain services means that considerable effort is spent by emergency services whilst other services wait until her health deteriorates to level that they may be compelled to intervene. RAMFEL found it very difficult to provide legal services to Mrs. A because her health and street homelessness were unattended to, even though a viable claim could potentially be made.

Case Study #2

Mrs. B from Ghana lives in Redbridge and was worried about having an operation doctors informed her was necessary as she did not want it to lead to the rejection of her immigration claim due to having more than £500 outstanding debt to the NHS. Only after receiving legal advice from RAMFEL did she decide to go ahead with the operation

Case study #3

Mrs. C has recently received her status to remain in the UK as the sole carer of her son who is a British citizen. When she gave birth to her son a few months ago by caesarean, she gave

details of where she was temporarily staying as she was homeless at that time, due to her giving birth by caesarean and other health complications she needed to be visited daily by a health visitor. She believes that the address on her discharge notice was shared with immigration, who visited her at that property to inform her that she should leave the country.

Case study #4

A member of staff at RAMFEL spoke of a client in a previous role they had supported. Mrs D had been in the country for several years, she suffered a stroke whilst out shopping and was rushed to hospital. When she was asked about her passport, she became worried and left the hospital for fear of being detained by immigration services. She was unable to receive treatment that would have lessened the effects of the stroke. Mrs. D was entitled to receive healthcare as she was a victim of trafficking, she didn't know yet what that meant and the hospital were unaware. An assessment of a client's eligibility for healthcare can be an extremely complex issue that requires in depth legal and medical knowledge to assess. The process is one that will leave those entitled without support at certain points and will come at considerable human and administrative cost.

The 'hostile environment' that the government wants to create for vulnerable migrants is one in which they are now increasing intimidated, bullied and scared by those they go to for help. In Redbridge as in case study A & B we can see the devastating and cruel effects this has on people's lives. We find that our clients tend to get most of their information about services through informal networks such as friends, community & religious institutions. Through such networks horrific stories such as those above will spread confusion and fear. There are limited services for vulnerable migrants to get accurate and practical information in the right language or format regarding healthcare, and even with information eligibility to healthcare is incredibly complex and may first require a full review of their legal status in the UK.

Conclusions

Vulnerable migrants are for a range of reasons finding it difficult to access the right health and care services they need to stay well. Most of them are finding their way to services eventually although this sample group are undoubtedly affected by the fact that they are linked in with a service that helps them to access healthcare. From the different difficulties that we have found

Recommendations

1. Redbridge should encourage all services that it manages to recognise vulnerable migrants with health care needs as human beings first and foremost, challenging where possible the governments 'hostile environment' and not take part in the bullying, intimidation or humiliation of certain vulnerable migrants
2. Redbridge should look at where denying treatment is creating additional costs as well as human suffering. For example the case of Mrs. A cost significantly more in emergency services and legal fees than necessary secondary care would have done. In the same way

that support to those with TB or other infectious diseases is exempt from restricted access to healthcare, housing etc the council or CCG should undertake research to look at where restricting access costs more overall to the state or the borough.

3. Redbridge needs to provide an advice service through which vulnerable migrants can understand their rights and entitlements to healthcare and be actively supported to access them. For example, clients entitled to free prescriptions should be informed about the HC1 form/HC2 certificate.

“I had to pay for prescriptions myself and often cutting back on food” quote from an interviewee eligible to apply for free prescriptions.

4. Training needs to be provided to gate keepers in relevant services as to the rights and entitlements to medical or social care of different groups of vulnerable migrants, to ensure there is not a repeat of the case of Mrs. A. Regular updated information regarding changes in law
5. GP surgeries and other NHS services need to be made aware of the obligation to provide interpreting services to clients who need it. More easily accessible interpreted information on-line or in the facilities would be beneficial.