



Improving access to health services for people seeking and refused asylum

The Equality and Human Rights Commission

The Equality and Human Rights Commission is Great Britain's national equality body and human rights institution

Our mission: to guide, persuade, nudge and sometimes confront those best placed to make Britain fairer.

We want to be a strong, effective regulator, prepared to use our unique legal powers to tackle discrimination and human rights violations.

Why are we doing this work?

The UK has signed up to the [Universal Declaration of Human Rights](#) which provides a universal set of standards for how people should be treated. This applies to everyone, regardless of who you are or where you come from.

Our [Is Britain Fairer?](#) review on migrants, refugees and asylum seekers, showed that asylum seekers face barriers in accessing public services, including health services.

"When you have health, you have everything"

The human right to health applies to **everyone**, regardless of immigration status.

It upholds that everyone has the right to the highest possible standard of physical and mental health conducive to living a life in dignity.

How can we improve access to healthcare?

- 1) Creating an evidence base – commissioning research
- 2) Improving awareness of rights and entitlements
- 3) Improving policy and practice to ensure these rights are realised

UK sites

Preliminary results

- 21 Asylum seekers, 9 refused asylum seekers (13 men, 17 women)
 - Mental health (10), disability (4), maternity (5), LGBT (2)
- Service providers: 3 roundtables, 7 one to ones

Glasgow (Scottish Refugee Council)

- 2 asylum seekers (2 women)
 - Namibia, Nigeria
 - Disability
- Service providers: 6 one to ones

Swansea (EYST)^(a)

- 3 asylum seekers, 2 refused asylum seekers (3 men, 2 women)
 - Iran, Syria, Sri Lanka, DRC, Cameroon
- Roundtable with 5 service providers



Nottingham (Refugee forum)

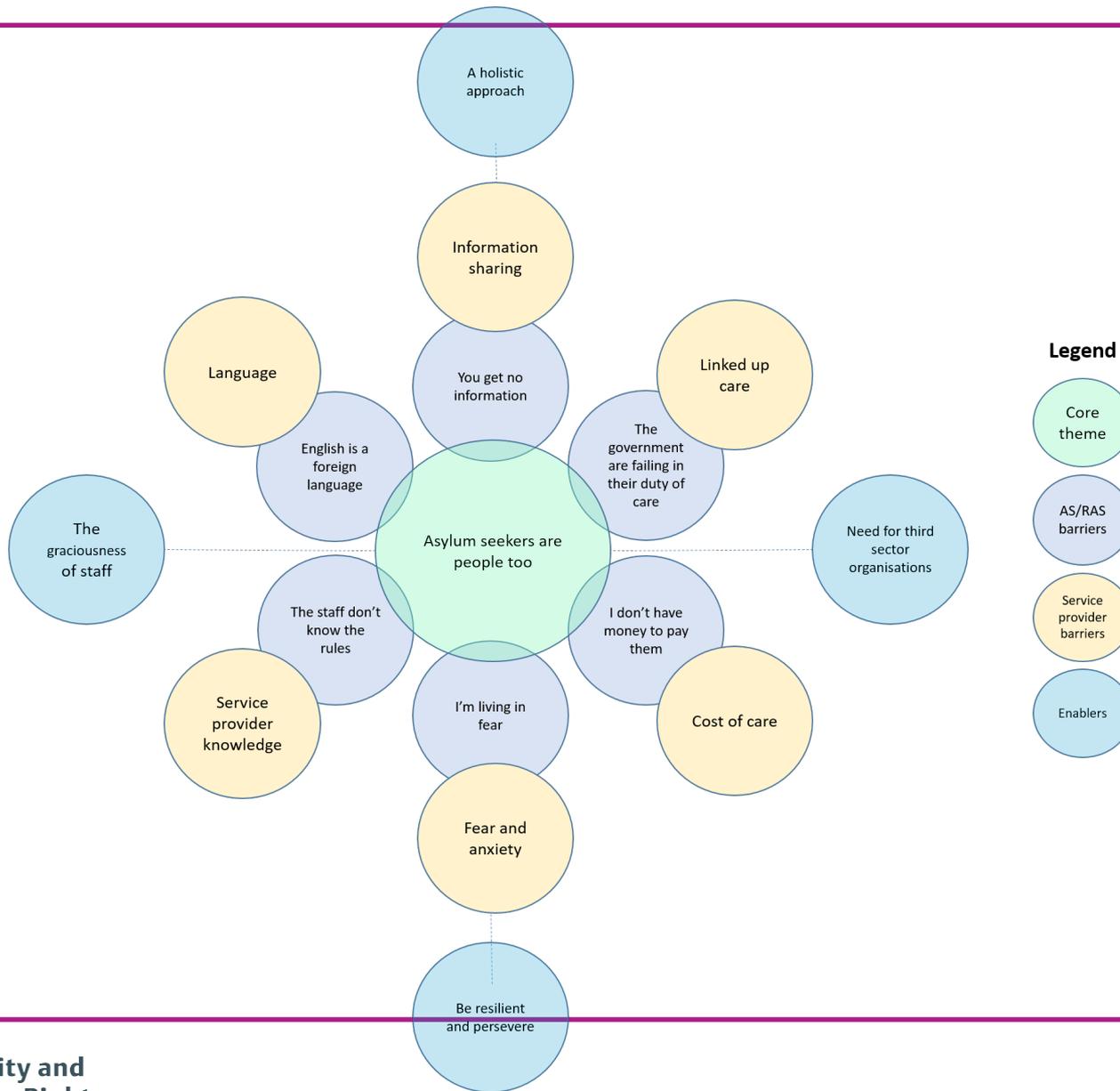
- 5 asylum seekers, 2 refused asylum seekers (3 men, 4 women)
 - Iraq (3), Gambia, Zimbabwe, Cameroon (2)
- Roundtable with 7 service providers

London (DotW)^(b)

- 11 asylum seekers and 5 refused asylum seekers (7 men, 9 women)
 - Ivory Coast (2), Pakistan, Cameroon, Nigeria (2), Sierra Leone, Tanzania, DRC (3), China, Gambia, Eritrea, India (2)
- Roundtable with 12 service providers; 1 one to ones

(a) Ethnic Minority and Youth Support Team Wales

(b) Doctors of the World



“I have fear about whether I will be treated or not at a GP or the hospital...I don't want this asthma attack because I don't know what I'll find at the hospital.”

Esther



“There was never any information or help, and I did not know about and was not informed about any rights I may have.”

Sephora



Equality and
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"We really struggled. He was diagnosed with a lot of medical conditions, so we had to pay a lot. We had to choose between food and prescriptions. It was really hard."

Kalani



"So long as you've got no status,
that fear won't go...one receptionist
will look at you as a human, the
next, as a foreigner."

Esther



Recommended actions: national policy

1. Ensure a clear separation between immigration proceedings and the provision of healthcare services
2. Review current Home Office accommodation and dispersal policy and practice to ensure that healthcare needs, especially of disabled people and pregnant women, are met in the provision of asylum accommodation.
3. Ensure that people seeking asylum have the necessary financial resources to fully access healthcare services

Recommended actions- national and local practice

4. Provide clearly communicated and accessible information to people seeking and refused asylum in a way that improves understanding of their rights to access health services, including specialist services such as gender specific or mental health services.
5. Ensure that healthcare services are able to provide professional interpreters to help people seeking and refused asylum to navigate unfamiliar healthcare systems, facilitate clear communication between patient and doctor, and ensure informed consent for any treatment.
6. Increase the knowledge among both clinical and non-clinical healthcare staff of the healthcare rights and entitlements for people seeking and refused asylum, and ensure that this understanding is applied in practice.

Good practice and a human-rights based approach

- Producing replicable examples of good practice
- Improving awareness of rights and entitlements through embedding information
- Encouraging training and human rights based approaches to healthcare provision

A human rights based approach

- Are healthcare professionals (including frontline staff such as receptionists) trained on the rights and entitlements of those seeking asylum, the problems they face in accessing healthcare, and their cultural sensitivities?
- Is the process for registering with a GP well understood by staff and patients?
- Are professional interpreters provided without the person having to ask for one?
- Are there ways for people who don't speak English and have limited money and/or internet access to register with a GP and to make appointments?
- Is healthcare provided in a person-centred way, with clear consent and involvement by patients in their care, and how is this provision monitored?
- Are services commissioned locally that meet the healthcare and access needs of those seeking asylum?

Next steps – get involved!

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- 1) Share good practice
- 2) Promote our findings and recommendations
- 3) Embed a human rights-based approach