

Health Inequalities - Access to Services

Scottish Refugee Council

About Scottish Refugee Council

Scottish Refugee Council is Scotland's leading refugee charity with a vision to ensure that all refugees seeking protection in Scotland are welcomed, treated with dignity and respect and are able to achieve their full potential. We provide advice and information to refugees in Scotland. We also campaign for the fair treatment of refugees and asylum seekers and to raise awareness of refugee issues, their needs and experiences, with service providers, decision makers and the general public.

About the evidence session

The Health and Sport Committee of the Scottish Parliament is undertaking a roundtable evidence gathering session on Tuesday 25 March 2014 on access to healthcare services in Scotland. The aim of this strand of work is for the committee to investigate the extent to which inequalities in accessing healthcare contribute to health inequalities in Scotland.

Summary of recommendations

- **We commend the Scottish Government's recently published refugee integration strategy, *New Scots: Integrating Refugees into Scotland's Communities* to the Committee as a positive development. If successfully implemented by public authorities, this will play a significant role in progressing health access to refugees and asylum seekers in Scotland.**
- **We recommend to the Committee that they scrutinise the impact of the Immigration Bill on migrants, refugees and asylum seekers and health services in Scotland;**
- **We suggest that the Committee consider the need for national interpreting standards in Scotland in order to promote fairer access to services and ensure equality of access; and**
- **Asylum destitution and poverty has a well-documented impact on access to health and health outcomes. We believe more can be done in Scotland to mitigate the impact of asylum destitution and its impact on health. We recommend that the Committee assess the potential of a framework of measures by public bodies in Scotland to mitigate asylum destitution.**

Introduction

Scottish Refugee Council warmly welcomes the opportunity to provide a statement and participate in the evidence gathering session. Our statement focuses on issues of access to healthcare in Scotland for refugees and asylum seekers, the vast majority of whom live in deprived areas and experience poverty. We structure our response around four key issues we

have identified and which we anticipate will be of interest to the Committee. We recommend that the Committee may wish to incorporate consideration of these issues in its discussions on inequality of access to healthcare in Scotland.

1. A strategic approach to integrating asylum seekers and refugees in Scotland

In December 2013, the Scottish Government, published *New Scots: Integrating Refugees in Scotland's Communities*, a new strategy for refugee and asylum integration in Scotland. The health outcomes in the strategy are that refugees and asylum seekers are supported to fully understand their rights and entitlements to healthcare; that an understanding of refugee integration pathways is embedded in all health-related strategies; and that the planning and delivery of health services in Scotland is informed by the needs of asylum seekers and local communities.¹ It will be important in the context of any work on accessibility of health services for asylum seekers and refugees that the committee is aware of this positive development. Scottish Refugee Council worked with the Scottish Government and others in developing this strategy and we are hopefully if properly implemented by public authorities the actions will play a significant role in improving healthcare access for refugees and asylum seekers.

2. Universal access – impact of the Immigration Bill on Scotland

The human rights based principal of universal access to healthcare in Scotland must be highlighted and celebrated. The approach of the current and previous Scottish Governments stands out in positive contrast to the confusion and spectre of charging for access to healthcare in England being further legislated for by the new Immigration Bill and confirmed in the Department of Health's proposals for migrants' access to the NHS in England². In contrast to the provision of health services free of charge to the small number of refused asylum seekers in Scotland³, the position in England that this group is subject to charging results in the absurdity of those the State knows have no means being expected to pay. Furthermore, emergency care is proposed to be chargeable for certain categories of migrants under the Department of Health's proposals with all the deterrent effect and concomitant health risks this creates, particularly for what should be priority groups like pregnant women.

We know from our experience that even in Scotland where the legislation and guidance clearly exempt all those who have made an application for asylum

¹ Scottish Government, Scottish Refugee Council & COSLA SMP, *New Scots: integrating refugees in Scotland's communities 2014-17*, December 2013, http://www.scottishrefugeecouncil.org.uk/assets/0000/7439/FINAL_VERSION_-_NEW_SCOTS_REFUGEES_IN_SCOTLAND_S_COMMUNITIES_-_3_DECEMBER_.pdf

² Department of Health for England, *Sustaining services, ensuring fairness Government response to the consultation on migrant access and financial contribution to NHS provision in England*, December 2013, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268630/Sustaining_services_ensuring_fairness_-_Government_response_to_consultation.pdf

³ The number of refused asylum seekers in Scotland is difficult to fully quantify. Research by Glasgow Caledonian University estimates that several hundred may be in this position.

from charging⁴, a fear of authority can result in vulnerable people at all stages of the asylum process being reluctant to access care until their condition becomes critical. Charging regulations disproportionately deter those groups in vulnerable situations (e.g. pregnant refused asylum seekers), in financial poverty (including some refugees), or who are distant from mainstream services (e.g. those made destitute through UK asylum policy and practice), from accessing healthcare.

Furthermore, we strongly believe that it is inappropriate in principle to expect frontline professionals to act as de facto immigration officers, particularly when this undermines relationships premised on trust such as that of doctor and patient. As the Committee clearly recognises, access to healthcare is a vital social good which the Immigration Bill and Department of Health proposals undermine in their seeming intention to deepen the tension between the respective goals of healthcare and immigration in the UK. The inappropriateness of asking health professionals to act as immigration officers was the first of five reasons we and co-signatories felt it necessary to publish a shared statement of concern on the impact of the Immigration Bill in Scotland.⁵ ***We recommend to the Committee that they examine the impact of the Immigration Bill on migrants, refugees and asylum seekers in more detail as part of its work to address inequalities in access to healthcare in Scotland.***

2. Communication barriers

A lack of access to high-quality interpreting has a significant impact on efforts to promote more accessible public services in Scotland including in healthcare. The issue of access to appropriate interpreting is a persistent one that has been the subject of discussion for a long time. Our forthcoming research on refused asylum seeking women's experiences of maternity care in Glasgow, carried out with Strathclyde University, found that interpreting remained a key area of concern to health professionals, voluntary sector workers and women accessing maternity care.⁶ The Glasgow Refugee Asylum and Migration Network (GRAMNet) at Glasgow University is currently working on a project entitled, Ethical Interpreting in Healthcare Settings, which is an excellent resource for public authorities and service providers, as well as for interpreters.⁷ Other organisations in Scotland have previously published excellent guidance for interpreting in specific settings.⁸ Sensitive and

⁴ Scottish Government Health Directorate, CEL 09 (2010) Overseas Visitors' Liability to Pay Charges for NHS Care and Services www.sehd.scot.nhs.uk/mels/CEL2010_09.pdf

⁵ Scottish Association of Landlords, Shelter Scotland, Scottish Federation of Housing Associations, Chartered Institute of Housing, Royal College of GPs in Scotland, Migrant Voice, Migrants Rights Scotland, Scottish Refugee Council, Sarah Craig, Prof. Tom Mullen, *Statement of concern on the impact of the Immigration Bill on Scotland's communities*, January 2014 http://www.scottishrefugeecouncil.org.uk/assets/0000/7602/Statement_of_concern_on_the_impact_of_the_new_Immigration_Bill_on_Scotland_-_20th_January_2014.pdf

⁶ Da Lomba, S. and Murray, N. (forthcoming) *Women and children first? Refused asylum seekers' access to and experiences of maternity care in Glasgow*, Scottish Refugee Council & Strathclyde University

⁷ <http://www.gla.ac.uk/research/az/gramnet/getinvolvedactiveprojects/trainingmodel/>

⁸ See for example: Glasgow Violence Against Women Partnership, *Good Practice Guidance on Interpreting for women who have experienced gender based violence*, 2011,

professional interpreting provision is fundamentally critical to the accessibility of healthcare services and yet Scotland has no national standards or guidance on interpreting. ***We suggest that the Committee consider whether the time has come for public authorities to work systematically to develop a national standards for the provision of interpreting in Scotland in order to promote fairer access to services and ensure equality of access.***

Linked to interpreting and communication barriers is the issue of information provision and awareness of entitlements and available services. In order to access services, people need to know they exist and understand how to access them.

3. Mitigating the impact of the asylum destitution in Scotland

Scottish Refugee Council's Stop Destitution Campaign last year⁹ highlighted the spectrum of poverty forced on those seeking international protection in Scotland. Over 3,000 individuals including MSPs and councillors, the Church of Scotland Moderator, Glasgow's Archbishop, Edinburgh's Lord Provost and other faith and civic leaders supported the campaign.

A motion highlighting the campaign received support from 35 MSPs and was debated in the Scottish Parliament on 22 November 2012. The Minister for External Affairs and International Development concluded the debate by stating that: *"the fact that those powers [immigration and asylum] do not rest with us does not mean that we do not take responsibility. If an asylum seeker is living on the streets of Scotland that becomes the responsibility of every councillor, MSP, MP and Minister. Even if all we can do is shout then we have a duty to ensure that we shout the very loudest."*

Whether refused asylum, destitute and unable to return home with no access to any financial support; or receiving cashless (Section 4) support nearing UN Global Poverty levels, or in receipt of mainstream asylum (Section 95) support which is intentionally well below minimum UK income support levels, the vast majority of people seeking asylum in Scotland are living in poverty. Destitution has a significant impact on access to health and health outcomes. Scottish Refugee Council has recently expressed concerns that changes to Home Office funded asylum advice contracts will lead to even further destitution. ***We believe more can be done in Scotland to mitigate the impact of asylum destitution and its impact on health. We recommend that the Committee assess the potential of a framework of measures to mitigate asylum destitution.***

**Scottish Refugee Council
March 2014**

www.womenssupportproject.co.uk/userfiles/file/GVAWP%20Good%20Practice%20Guide%202011%20Final%20Nov.pdf

⁹www.scottishrefugeecouncil.org.uk/news_and_events/latest_news/2035_stop_destitution_campaign_takes_petition_to_uk_government