

# Refugees and Asylum Seekers

The health and wellbeing of those in Croydon



December 2016

“We all ‘shined’ earlier but something happened.”

Homeless Refugee, 2016

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## Executive Summary

Healthwatch Croydon is the 'consumer champion' for local health and social care service users. We ensure that those who plan, run and oversee services listen to the views and experiences of local people. As part of our business plan for this year we are undertaking engagement projects with eight 'seldom heard' groups - people who may be isolated, vulnerable and marginalised.

In this report we research the experience of refugees and asylum seekers. During the autumn of 2016 we engaged with 105 people of all ages, visiting organisations including Croydon Refugee Day Centre, Linguahouse CIC, British Red Cross and Tamil Family Association. We also talked to frontline staff at Crisis and the British Refugee Council.

We found that the experience of expectant and new mothers, and children, who are afforded 'social protection' including welfare and accommodation, can be radically different from that of single adults, who are not.

Without recourse to public funds, adults can find themselves homeless, many 'trapped' in their situations - desperate to work, but without official documentation, not easily able to secure legal employment. This places them in a position of vulnerability and risk - we heard accounts of exploitation, violence, malnutrition and constant tiredness.

While these people do have good access to primary and emergency care services, this is not necessarily their greatest need - many are preoccupied with 'getting through the day and night'.

It is not the remit of Healthwatch to comment on welfare or housing but nonetheless we urge policymakers to consider this, and ask if the increasing reliance on the third sector to pick up the pieces, while the state 'looks on' is fair, or sustainable.

Recommendations for health and social care services in brief (more on Pages 17-20):

### Service Accessibility

*Children and advocates comment on long waiting times for psychological and emotional support, while frontline staff say it is 'virtually impossible' to get homeless adults assessed by a psychiatrist.*

#### **We said:**

- Patients require timely access to treatment. Health professionals should signpost patients to peer and supplementary support groups, while they are on the waiting list.
- Interim support is particularly important for the homeless, who may have a tendency to drift.

*It is widely known that there is a shortage of female GPs, we heard that some women experienced waits of over a month, while others have sought alternatives, such as female pharmacists, as they have lost confidence in the system.*

#### **We said:**

- Given the acute under-supply of female GPs in the borough, could staff be shared among practices, or patients be prioritised based on need?

## Information and Advice

*Tamil women spoke of being isolated during the day, sometimes leading to anxiety and depression. Many are not aware of where they could go if they needed support.*

### **We said:**

- Practice staff are well-positioned to signpost women to community groups and activities and should take on a more structured role in doing so.

*We were told that the Community Mental Health Team (CMHT) has ‘lost its sense of community’ and is seldom seen at hostels, and other venues where vulnerable people may be found. NHS Croydon CCG commissions SLaM to provide mental health support in the community through these teams. If a service user is based in a hostel, they will go to the hostel, if appropriate, however they need a referral via a GP or urgent care unit, see section 4.15.*

### **We said:**

We would encourage the CMHT to increase its current engagement with charities to educate groups of vulnerable people, continuing the practice of health professionals working with the third sector.

*Not all people are aware of the full breadth of urgent care services available and when and how to access them.*

### **We said:**

- To educate people on their options, self-care posters and flyers should be made available, in various formats and languages where applicable. Inappropriate use of A&E or GPs should not increase, due to lack of awareness.

## Language

*We heard that children and adults, in particular those with poor levels of English can feel ‘intimidated’ at the reception desk and in the consulting room.*

### **We said:**

- A single bad experience may be enough to discourage people from returning and seeking future help. Staff need to be aware of cultural sensitivities in their interactions with new and recent arrivals.

*There is a lack of awareness of the availability of interpreting services throughout the health and social care system. There is also a lack of consistency in the interpreting services provided within the system.*

### **We said:**

- GPs and providers should raise awareness of interpreting support, and do their best to identify (and act on) cases where interpretation is clearly needed.

## What Next?

We intend to review progress over the next year, and will be meeting with service leads at Croydon Health Services NHS Trust, South London and Maudsley NHS Foundation Trust, and London Borough of Croydon (Public Health). We also plan to re-engage with the service users at Croydon Refugee Day Centre, and with ‘frontline’ organisations and charities, to measure ongoing experience.

## 1. About Refugees and Asylum Seekers

### 1.1 Refugees

A refugee is a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside their country of nationality and (owing to such fear) is unable, or unwilling to seek the protection of that country, or return to it. (1951 United Nations Convention relating to the Status of Refugees)

In the UK, a person is officially a refugee when they have their claim for asylum accepted by the government. Refugees are not economic migrants.

### 1.2 Asylum Seekers

An asylum seeker is a person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded.

### 1.3 Refused Asylum Seekers

A refused asylum seeker is a person whose asylum application has been unsuccessful, and has no other claim for protection awaiting a decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical for them to return until conditions in their country change.

## 2. Application Process

According to the Home Office, 32,414 applications for asylum were received in the UK during 2015. Decisions on asylum and human rights claims made in the UK are made by the UK Border Agency, which is an agency of the Home Office. It is not legally possible to apply for asylum from outside the UK. Asylum seekers are protected from removal once they have made an asylum claim and are waiting for a decision.

Asylum claims can and should, wherever possible, be made to an immigration officer as soon as an asylum seeker arrives in the UK. Once a person has passed through immigration control and is inside the UK, he or she must claim asylum at the offices of the UK Border Agency in Croydon. If an asylum application is not made as soon as an asylum seeker enters the UK, the person may be denied welfare support and accommodation. The delay may also harm their claim at a later date. Asylum applicants should find a lawyer to represent them as soon as possible to help them during the asylum application process.

In 2007, the Home Office introduced a new process for dealing with asylum claims, called the New Asylum Model (NAM).

“Everybody has a problem with documents.”

Homeless Adult

Each asylum application is assigned to a specific member of UK Border Agency staff (known as a case owner) who will be responsible for the case, and for all decisions taken on it, from the time the application is made until the person is granted permission to stay or is removed from the UK. Decision-making is much faster than it has been in the past (usually within a few weeks).

There will be an initial screening interview in which the UK Border Agency takes the personal details of the applicant and their journey to the UK, checks if they have claimed asylum in the UK or Europe before, and gives them a reference number for their application. A few days later the applicant will be asked to attend a 'first reporting event' where they will meet the case owner who will deal with their case.

The substantive interview, or asylum interview, is held within the next couple of weeks. This is when the applicant gets an opportunity to describe to the case owner what has happened to them and what it is they fear in their own country. After the interview, some applicants may be dispersed to accommodation across the country, or taken to secure immigration centres.

### **3. The Experience of Local People**

As the borough's 'official patient voice', Healthwatch Croydon has listened attentively to local refugees and asylum seekers, engaging with 105 people. In addition, we have consulted with staff at local charities and organisations on the frontline. This report looks at the experience of single adults, unaccompanied children, and families and parents.

### **4. The Experience of Local Adults**

As a condition of their immigration status, asylum seekers and refused asylum seekers may have no recourse to public funds (NRPF), meaning they will not have access to welfare benefits, public housing, or financial support from the Home Office. However, some benefits and state services are not classified as public funds and so may be accessed, this includes support from social services, primary healthcare, compulsory psychiatric care, emergency medical treatment and education for children up to the age of 18.

Although people may access health and social care services as appropriate, some struggle to meet other basic needs, such as shelter and nourishment, and this must have a detrimental impact on their health and wellbeing.

#### **4.1 Outreach at Croydon Refugee Day Centre**

The Refugee Day Centre at West Croydon Baptist Church provides essential support, advice and advocacy to refugees and asylum seekers at their weekly drop-ins. Many of those using the service are homeless, some find themselves in desperate circumstances, while others in more stable environments come to socialise.

**“The nurse at the Rainbow Clinic is great!”**

**Expectant Mother**



We frequented the centre during September and October 2016 and engaged with 45 service users. The following themes emerged:

#### 4.1.1 Lack of Identification

Many people did not have official identification, such as right to reside authorisation, passports or work permits, this means they cannot secure legal work, or even volunteer.

*“I have no choice but to come to the centre here as I can't apply for benefits. The documents I did have were stolen and as a result there's no chance of getting secure work. A friend of mine who I sleep rough with did some labouring for this 'dodgy character' and he was given a fraction of what was promised, after a week of 'breaking his back'. Without official documents we don't have many options, it's not safe.”*

*“Even if I could work, they pay monthly and in the meantime I would starve (I have no money at all). Sleeping rough also means I'm constantly tired. Everybody has a problem with documents, it's dreadful.”*

*“Officers and organisations take a long time to process documents. I lost my work permit and needed a duplicate - it took the Home Office two years! Why can't they just log into a computer and print it! During that time, without a job, I lost my accommodation and am back on the street again.”*

*“I don't have any place to go so I use this centre weekly - I can't even get a volunteering role anywhere. I can't prove who I am and they 'don't want to know'.”*

*“Application forms (for so many things) need to be supported with identification and references. How is it possible for homeless people to get these things?”*

#### 4.1.2 Homelessness

Without recourse to housing or benefits, many people were in a destitute condition, sleeping rough, tired and malnourished.

*“When on the street, you become a 'street person' and nobody wants this. In the night we don't get much sleep - my back is killing as it's hard on the pavement and the wildlife and cleaners wake us up at 5am. In early morning there are no toilets - this is not trivial as it's an £80 fine for anyone caught going in public. In the day time there's nowhere to chill and relax, so we're constantly tired. When we do get money, it doesn't last long.”*

*“A lot of us rely on the Queen's Garden soup kitchen, which comes in the evening. Without that I don't know what we'd do. Even refugees have dignity and feel shame, but at least my family back in Sri Lanka don't know it's come to this (I'll never tell them).”*

*“If you're homeless you're more likely to lose things. I don't have any possessions - no phone, nothing to sleep on, only my clothes (and these were donated).”*

*“Here’s a photo of me and a friend about two years ago - we were in good spirits and pretty optimistic when we arrived. As you can see I’m almost unrecognisable now, I’ve been rough sleeping for a long time, lost a lot of weight and my teeth are in a bad state. I always ‘feel dirty’. Sure I use the shower once a week here, but I can’t seem to ‘wash the street off’. Where is my friend? He got fed up and went back home (voluntarily deported), he got mugged twice, on the second time they took his shoes. It’s ironic as we came to this country to be safe!”*

#### **4.1.3 Employment Support**

Those that have used or considered support from the Job Centre comment that the service is not easy to access, unresponsive and not always effective.

*“There are problems with passports - everybody wants to work but we don't have the documentation, and nobody can help us. At the Job Centre everything is 'online only'. I live on the street and don't have the means to make a telephone call either. Everyone asks for identification, no matter where I go.”*

*“At the Job Centre I have an appointment every two weeks, but time ticks. The adviser says ‘I’m waiting for a decision from the manager’ and other things ‘randomly repeat’ and all of a sudden months have passed, with little progress.”*

*“I’m on income support and the Job Centre won’t help me to get a job due to my eyesight. I need a British passport, but it cost £1,000. I sign on once a month and the money is simply not enough to get by, let alone get the passport. In the meantime all I have is ‘Right to Reside’ documentation and that only goes so far. I haven’t been outside Croydon in 7 years.”*

#### **4.1.4 Community Support**

Community groups do their best to support people. With tight resource and reliance on volunteers and charity, options available will be limited.

*“At Croydon Reach the advocate only works on a Monday. It took a long time to get a grant - my documents were ‘in the system’ for so long I got £240, the old amount, it had gone up to £360 while my paperwork was being processed.”*

*“The Salvation Army has a ‘letter service’, we can use their address for 3 months, in order to receive post. It’s great, sometimes a lifeline, but it’s not I.D.”*

*“Nothing interests me now - they have football and yoga clubs, but I’m preoccupied with just getting through the day and night.”*

*“If I stayed in the hostel people say I would have got a flat, eventually. But I had to get out of there. I’m not asking much, all I want to do is get a job and have a normal life, I don’t want to be stuck in a hostel.”*

#### 4.1.5 Access to Health Services

Almost everybody was registered with a GP, however some find it more convenient to go straight to A&E, while others, not aware of their rights, are deterred from seeking access. For some lacking accommodation and other basic needs, health isn't a personal priority.

NHS Croydon CCG commissions SLAM to provide Community Mental Health services. These are delivered through Mood, Anxiety and Personality services and the Promoting Recovery team. These services are provided within a community setting so will involve workers visiting people who live in hostels to give support, where appropriate.

The aim of these services is to improve quality of life through promotion of health and social inclusion and promote a recovery. Referrals to this service can be from multiple sources, including assessment and treatment teams, GPs and other members of primary care teams.

NHS Croydon CCG commissions SLAM to provide mental health support in the community through these teams. If a service user is based in a hostel, they will go to the hostel, if appropriate.

Homeless asylum seekers can go to an urgent care hub and get treatment and be registered without documentation. GPs are managed by NHSE and have their own individual registration policies however they should not discriminate, based on BMA guidance: <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/patient-registration-for-gp-practices>

*“A lot of us go to A&E, simply because it's easier.”*

*“Most of the people here are registered with GPs but there are still problems generally because of the lack of identification. A lot of us sleep in the park.”*

*“I sleep rough and nobody cares and if I'm ill, where am I going to go? What's the use waiting for 6 hours at A&E, to be declined treatment as I don't have I.D., or a national insurance number.”*

*“I know one guy who admits to having HIV, but he doesn't want it documented. He won't get treated for any condition in case they detect it.”*

*“My eye's not getting better, I have pain and I'm not happy with the drug - it swells the eyes and I can't go out and have to stay home. I'm not quite sure what's wrong, but if I have no vision I can't walk. I need to get it sorted properly, but the GP says 'see the specialist' and the specialist says 'talk to the GP'. I haven't challenged this as I don't know how the system works.”*

*“I remember going to this place on Brigstock Road (Rainbow Centre) and they got me registered with a GP. Everyone was very supportive, I was treated like a normal person and made to feel comfortable. I haven't used the GP since registering - this may sound odd to you, but my health is way down on my list, for one I have nowhere to live, I'm quite often afraid, I have no job, no money to spend - I crave a good meal and a drink. Officially I'm 'not a person', but if I'm dying, they will treat me - that gives me some comfort at least.”*

#### 4.1.6 Language and Culture

Those with a limited level of English can find basic conversation ‘intimidating’, while others struggle to complete forms and paperwork.

*“Refugees need somebody to explain things to them, the system, and culture.”*

*“A friend of mine, also a rough sleeper has a pain in her side, but I can’t make her visit the GP as she feels intimidated by the reception staff - her English is very basic. Whether this is intentional or not, it means she suffers without treatment.”*

*“Receptionists have ‘a lot of power’ and should be more tolerant and understanding.”*

#### 4.2 Interview with Crisis

Crisis is the national charity for single homeless people. They offer year-round education, employment, housing and well-being services from centres in London and beyond. Meeting with local staff on 18<sup>th</sup> October 2016, we heard that they work very closely with other organisations including the Salvation Army and Faith in Action, to provide practical support to a ‘growing number’ of homeless refugees. As part of a five year review, Crisis identified Croydon as the ‘area of most desperate need’, with ‘rising levels of poverty and homelessness’.

As a result the charity is targeting additional resource in the borough, with a new day centre to open in December that provides washing (showers) and laundry facilities, as well as tuition, such as language classes. They can also help to secure legal paperwork and assist people into employment. The aim is to ‘sustain people’, rather than simply provide something for the short term.

We heard that rough sleepers become ill and many have mental health issues, some ‘extremely unwell’ with psychotic symptoms and schizophrenia. Despite the clear concerns, it is ‘virtually impossible’ to get them assessed by a psychiatrist as the waiting lists are too long. Many will use substances, but ‘cannot access’ drug or alcohol services if they’re not British. Staff say that Crisis ‘end up’ giving essential support that should be provided by the Community Mental Health Team (CMHT). They also note that the CMHT has lost its sense of ‘community’, as they no longer come out to hostels or other social venues, to ‘see things as they are’.

Staff also confirmed many of the issues the refugees had told us. Language can ‘make people scared’ to access health services, and this can have a real impact on their health and wellbeing.

Homeless refugees have no identification - it’s all too easily lost or stolen, along with other ‘vital’ possessions such as mobile phones. They can’t get work, or other essentials like bank accounts, and many become ‘trapped’ in their situations.

During the winter months some churches provide accommodation, but getting into them is ‘quite difficult’ and the ‘restrictive rules’ are tough, for example having to be in by the 8pm curfew, despite having a casual job that finishes at 10pm. Those barred from one, can find themselves barred from all.

## 5. The Experience of Local Unaccompanied Children

Unaccompanied Asylum Seeking Children (UASC) are under 18 when their asylum claim is submitted, applying for asylum in their own right, separated from both parents and not being cared for by an adult who in law or by custom has the responsibility to do so. There were over 3,000 asylum applications from UASC in 2015, a 56% rise from the previous year. (Home Office)

UASC enter the care of a council as a looked after child and have the same rights to help and support as a child who enters the care system for any other reason.

**“We didn’t know we could get interpreters.”**

Family Member

presented. As numbers increased, this has caused capacity issues for those areas which are ports of entry to the UK.

The National Transfer Scheme (NTS) has been introduced to achieve a more equitable distribution to address these pressures.

Any child or young person claiming asylum will undergo a welfare interview by the Home Office to collect biometrics and bio data and to establish whether they have immediate health or protection needs. Children are referred to a local authority as soon as possible post arrival or post claiming asylum.

### 5.1 Outreach at Linguahouse CIC

Linguahouse is a Community Interest Company based in Croydon. Established in 2005, they have over ten years’ experience working with young refugees and asylum seekers. As the group’s name suggests, they have a particular focus on language, and aim for all young people be proficient in English.

Through their discussions with young people, parents and carers over the years, they are ‘increasingly aware’ that access to, and experience of health and social care services can be problematic. Issues such as cultural and language barriers, accessing GP and mental health services and poor understanding of prevention campaigns often combines to exclude young people from ‘relevant and timely’ services.

Healthwatch Croydon attended their event on 16<sup>th</sup> October 2016, which celebrated the group’s work to-date and brought together around 30 young people from the ages of 14-25, their parents and carers.

### 5.2 Outreach at British Red Cross

The British Red Cross has a long tradition of providing practical and emotional support to vulnerable refugees and asylum seekers in the UK. They support people in a variety of ways, including offering emergency food, clothes or small amounts of cash to those facing severe hardship. They also help refugees access services and offer advice to the most vulnerable.

Locally, they host a 'Refugee Befriending Project' for young people, which offers professional and peer support - we visited on 22<sup>nd</sup> October 2016 to engage with around 10 young people present.

### 5.3 The Views of Young People

At both Linguahouse CIC and the British Red Cross, we asked young people what they feel works well, and what could be improved.

**“Staff have made an effort to get to know me.”**

Young Person

#### 5.3.1 What do you feel works well?

We heard many examples of good signposting, through which young people were able to access advice and support. On talking to foster parents, we heard that the system is 'more efficient than before', with children placed quicker now, than previously.

*“I was referred to the South London Refugee Association, an organisation I knew nothing about, and from there I managed to get into a lot of other things, I've even made new friends!”*

*“I get supported by Off the Record and Compass, and it's invaluable. I don't know what I'd do without them!”*

*“I was told about Afghan Voice Radio and now I'm a regular listener - many of the shows are about adjusting to this country and learning, and that's vital for me as a young person.”*

*“When I first came to the country it was really tough - at the doctors I couldn't understand people, it was difficult explaining my problem. But a year on and it's easy now - the staff have made an effort to get to know me, I feel they have looked out for me.”*

*“I got foster parents soon after arriving and my emotions are settling down. Being with them has also helped me pick up the language and I'm learning about the culture all the time (not a day passes where I don't learn something). I am very grateful to my new parents, and the people who made it happen. I think this is a 'wonderful country'.”*

#### 5.3.2 What do you feel could be improved?

New and recent arrivals may initially struggle with oral and written communication, and along with cultural awareness, this presents barriers. Long waiting times for mental health therapy is also cited as an issue.

*“Language is a problem when accessing services (not only at the GP) and it can be very ‘difficult and disappointing’. I am learning the language but it takes some time.”*

*“I have a younger brother and he is very anxious, partly because of the language barrier, and also as he is not yet accustomed to the new environment. Doctors and staff should try to be understanding. At the last appointment the doctor asked questions we both didn’t understand - he did try to rephrase but we were still confused and it made us both feel inadequate. We left thinking what was the point, if an interpreter was there the appointment would have been more meaningful for all. I don’t know if I can convince my brother to go back.”*

*“We need more interpreters in GPs and in hospitals, on my last two visits I feel they made assumptions because I couldn’t get my message across.”*

*“More information in Pashto please! All of us from Afghanistan are learning the language but it takes time. I do find it easier now, but when I first came it was ‘quite frightening’.”*

*“This is all new - I need somebody to explain things to me.”*

*“They need to improve the waiting time, especially for psychological and emotional support. Personally I suffer from guilt - I made it here and I know how it is for all the people I left behind. I think about it all the time, even six months on and I need to talk to someone in order to move on. I’m still waiting, and suffering.”*

#### **5.4 Interview with the British Refugee Council**

The British Refugee Council (BRF) is the ‘biggest voice for refugees in the country’ and on 1<sup>st</sup> August 2016 we visited the Croydon branch. Supporting around 3,000 UASC locally per year, staff are very much on the frontline providing ‘essential’ advocacy such as help with access to education, social services, accommodation and legal support. They also supplement development, through referring to the Princes Trust, arranging activities such as therapeutic walks, and arranging work placements.

We heard from staff that unaccompanied children, many with basic levels of literacy and maths, find it difficult to integrate into society and as a result can find themselves marginalised. There are long waiting lists for schools, which means children miss out on basic development and training, at the very time they most need it. Many of the children, away from home and their families, will have emotional and mental health needs, some having experienced adversity (such as conflict, bereavement and trafficking). The lack of official identification also presents considerable barriers, such as ability to register for college, or other institutions that we take for granted.

All children including refugees and asylum seekers, are protected under the Children’s Act. However, health professionals including some GPs are not aware of this, despite their legal obligations.

The local authority is responsible for planning and providing a named social worker, who will make sure children are registered with GPs and dentists. Due to ‘large caseloads’, social workers are operating ‘beyond capacity’ and this can result in delays. One child has an eyesight problem and can’t read at all. The social worker, although agreeing to make arrangements, is ‘taking forever’ and there is no news, after weeks, of any ophthalmology

appointment. It's sometimes not a straightforward process either - a staff member recounts having to 'argue over the phone' to secure entitled visits from a key worker for a child in pain. Staff consider that social services are 'good at what they do on the whole', but sometimes assessments can be 'harsh and ill thought through'.

Sexual Health is a taboo in many of the home countries, but BRC staff have not been able to secure a talk from a sexual health professional. Children therefore remain uneducated on this important topic. Education on the whole is more of an issue than health and social care, while staff say their biggest area of concern is 'Age Dispute', whereby children who are deemed 18 or over are detained and deported.

**“Most of the problems are systematic.”**

Support Worker

## 6. THE EXPERIENCE OF LOCAL FAMILIES AND PARENTS

Expectant and new mothers are entitled to accommodation and additional support, and may choose local maternity services.

### 6.1 Outreach at Croydon Refugee Centre and Tamil Family Association

In addition to meeting mothers at the Croydon Refugee Day Centre (see 3.1), we visited the Tamil Family Association, a local organisation that supports individuals and families at 'difficult times in their lives', signposts, and promotes health and wellbeing. On 15<sup>th</sup> October 2016 we engaged with families (around 20 people) on their experience of health and social care services.

#### 6.1.1 Access to Health Services

Everybody was registered with a GP, and the vast majority had praise for primary and acute health services. Some comment on a lack of female GPs.

*“I think the standard of treatment in this country is among the best anywhere (much much better than back in Sri Lanka)! I gave birth to my son at Croydon University Hospital and both myself and my husband were very well looked after, treated with utmost dignity and respect. I had the same midwife throughout, and she came back the day after to see me, outside of her hours. At post-natal everybody was nice, the food was good and I was given tips on various things. I sent a card of thanks.”*

*“The doctor and staff have been very supportive, before and after birth. I was referred for scans, which went like clockwork, given advice on infant nutrition and set up with a health visitor, who has also been very good (she said I have a 'cute baby boy' and made me feel valued). In a way I will miss the attention but it's nice that things have gone smoothly, I never doubted it. I am new to this country - just less than a year, but I feel at home here.”*

*“The nurse at Rainbow Centre is great!”*

*“I've been in here for 10 years and registered at Brigstock Medical Centre 3 years ago - the nurse helped me to register. The service is fine, I use the pharmacy the most.”*



*“I need to see a female doctor and the practice only has one - she only works on a Tuesday so I have to wait 3 weeks (sometimes more) to see her. The last time, even after waiting, I got there to find she wasn't in and a male doctor was booked instead. I waited all that time, to waste my time! There was no note on my record of my requirement - had there been, they could have contacted me? Anyway, I know a good pharmacist and I may consult with her on my issue, as I really can't wait another 3 weeks. Sometimes women do have to seek out alternatives and I wonder how many of us go without treatment altogether?”*

### 6.1.2 Language and Culture

Some people were unaware of translation services, with variability on being assisted. Language barriers may also hinder diagnosis of learning disabilities and other conditions.

*“My daughter's English is much better than mine, so I relied on her to translate throughout my pregnancy. Some months later I did find out the GP (and other services) can provide translators - I would still have used my daughter as I like to 'keep matters private', but other people should know about this service. Not all people have understanding cultures and families.”*

*“Initially I translated for my mum, it was embarrassing for both of us and I think on the fourth visit the doctor realised and offered a translator for the next session. It would've been useful to know this sooner.”*

*“I think some children are less likely to be diagnosed with learning disabilities or other conditions, due to language barriers. Only 'pushy and articulate' parents are able to get treatment - others fall through the gaps.”*

## 7. Learning from Experience

We found that expectant and new mothers, and children, are afforded the same 'social protection' that most of us are accustomed to, including access to accommodation and sustenance. This does not routinely extend to single adults however, who may have no recourse to public funds, and as a consequence, may find themselves homeless.

Many of the homeless people we talked to felt 'trapped' in their situations - desperate to work, but without official documentation, not easily able to secure legal employment. This places them in a position of vulnerability and risk, with some exploited by black market employers. The experience of rough sleeping also takes its toll - in addition to being malnourished and tired, some recount muggings and having no possessions, even something to sleep on.

Although homeless refugees and asylum seekers may access primary and emergency care services, this is not necessarily their greatest need - many are preoccupied with 'getting through the day and night'. It would appear that the system allows people to experience adversity, but is ready to act should their health be at risk.

It is not the remit of Healthwatch to comment on welfare or housing but nonetheless we urge policymakers to consider the human and financial cost, and ask if the increasing reliance on the third sector to pick up the pieces, is fair, or sustainable.

## 7.1 Recommendations for Health and Social Care Services

Based on what we've heard, we have summarised 'key' improvements that may be considered to improve health and social care services in certain areas.

It is the role of Healthwatch to influence the commissioning and delivery of services, therefore our recommendations are not prescriptive, but intended to inspire solutions to the issues that clearly exist.

### 7.1 Service Accessibility

#### ***Recommendations for GPs and Mental Health Providers***

*Children and advocates comment on long waiting times for psychological and emotional support, while frontline staff say it is 'virtually impossible' to get homeless adults assessed by a psychiatrist.*

7.1.1 Patients require timely access to treatment. Health professionals should signpost patients to peer and supplementary support groups, while they are on the waiting list. Interim support is particularly important for the homeless, who may have a tendency to drift.

**Action:** By this time next year, we hope that more people will receive meaningful and timely supplementary support, while on waiting lists.

#### ***Recommendations for Public Health***

*Support workers at a leading charity tell us that refugees and asylum seekers are 'not eligible' for substance abuse support or rehabilitation services.*

7.1.2 Levels of service need to be communicated to colleagues within the third sector. Homeless refugees and asylum seekers are a vulnerable group, low and non-existent levels of service need to be risk assessed.

**Action:** By this time next year, we hope that refugees and asylum seekers will be able to access some level of rehabilitation support.

#### ***Recommendations for GPs***

*It is widely known that there is a shortage of female GPs, we heard that some women experienced waits of over a month, while others have sought alternatives, such as female pharmacists, as they have lost confidence in the system.*

7.1.3 Given the current under-supply of female GPs, could staff be shared among practices, or patients prioritised based on need?

**Action:** By this time next year, we hope that fewer women will lose confidence, or have to wait over a month to be seen.

## 7.2 Information and Advice

### ***Recommendations for GPs***

*Tamil women spoke of being isolated during the day, sometimes leading to anxiety and depression. Many are not aware of where they could go if they needed support.*

7.2.1 Practice staff are well-positioned to signpost women to community groups and activities and should take on a more structured role in doing so.

**Action:** By this time next year, we hope that fewer women from ethnic minorities will feel isolated.

## 7.2 Information and Advice (Continued)

### ***Recommendations for the Community Mental Health Team***

*We were told that the Community Mental Health Team (CMHT) has ‘lost its sense of community’ and is seldom seen at hostels, and other venues where vulnerable people may be found. NHS Croydon CCG commissions SLaM to provide mental health support in the community through these teams. If a service user is based in a hostel, they will go to the hostel, if appropriate, however they need a referral via a GP or urgent care unit, see section 4.15.*

#### **We said:**

We would encourage the CMHT to increase its current engagement with charities to educate groups of vulnerable people, continuing the practice of health professionals working with the third sector.

**Action:** By this time next year, we hope that more vulnerable groups will receive visits from community mental health professionals.

### ***Recommendations for Croydon CCG and Health Providers***

*Not all people are aware of the full breadth of services available and when and how to access them. For example, when to self-manage, see a pharmacist or doctor, visit a walk in centre or attend A&E. Also awareness of NHS 111 is lacking.*

7.2.3 To educate people on their options, self-care posters and flyers should be made available in various formats and languages where applicable.

**Action:** By this time next year, we hope that people will be more informed on self-care options, and that inappropriate use of A&E or GPs does not increase, due to lack of awareness.

## 7.3 Language

### ***Recommendations for GPs and All Providers***

*We heard that children and adults, in particular those with poor levels of English can feel 'intimidated' at the reception desk and in the consulting room.*

7.3.1 A single bad experience may be enough to discourage people from returning and seeking future help. Staff need to be aware of cultural sensitivities in their interactions with new and recent arrivals.

**Action:** By this time next year, we hope that fewer people will feel discouraged to visit their GP, or other services.

### ***Recommendations for GPs and All Providers***

*There is a lack of awareness of the availability of interpreting services throughout the health and social care system. There is also a lack of consistency in the interpreting services provided within the system.*

7.3.2 GPs and providers should raise awareness of interpreting support, and do their best to identify (and act on) cases where interpretation is clearly needed.

**Action:** By this time next year, we hope that more people will be supported with interpretation, as appropriate.

## **7.3 Language (Continued)**

*People often struggle to complete application forms and paperwork, with some finding 'basic questions' difficult.*

### ***Recommendations for GPs and All Providers***

7.3.3 Staff should be accommodating and support patients to complete paperwork, perhaps signpost to support organisations, if not able to assist directly.

**Action:** By this time next year, we hope that fewer people will be put off by forms and paperwork.

## **8. Celebrating Local Success - The Homeless Health Team.**

In 2015, Croydon's Homeless Health Team won the Student Nursing Times Award for nurse placement of the year.

The team were put forward for nomination by their own students to win over and above other services from across the country, in what the judges described as a fiercely competitive final.

The team provides much-needed support and assistance to homeless people in the community, as well as to refugees and asylum seekers, including those who have experienced distressing struggles and trauma, such as torture and rape.

It also provides care throughout the community where it is needed - including in hostels and homeless shelters. They also offer full primary healthcare services, similar to that of a GP, such as immunisations, health screening, HIV, sexually transmitted infections, and

tuberculosis screening at the Rainbow Health Centre in Thornton Heath. As part of their bid to win the award, the team created a film to describe what they do and how they support students which the judges viewed as ‘inspirational’ and inclusive.

On winning the award, Paul Coleman, who is the advanced nurse practitioner and clinical lead for the team, said “We are really thrilled to win especially as we were nominated for this award by our students. Our students appreciated the support they received from the team during their placement as they looked after vulnerable clients living in challenging circumstances so it is great to get recognition for the extra support and effort we all provide despite the complex work we do”.

Healthwatch Croydon, through its engagement, has also recorded praise for the team, who continue to provide an essential frontline service, to a high standard.

“ I just withdraw and accept my situation.”

Homeless Refugee

## 10. Glossary of Terms

BME	Black and Minority Ethnic
BRF	British Refugee Council
CMHT	Community Mental Health Team
CCG	Clinical Commissioning Group
CPG	Croydon Carers Partnership Group
ID	Identification
NAM	New Asylum Model
NRPC	No Recourse to Public Funds
NTS	National Transfer Scheme
UASC	Unaccompanied Asylum Seeking Children

## 11. References

### The 1951 Refugee Convention

<http://www.unhcr.org/uk/1951-refugee-convention.html>

### Home Office Immigration statistics, April - June 2016

<https://www.gov.uk/government/publications/immigration-statistics-april-to-june-2016/list-of-tables#asylum>

### Home Office Immigration Statistics (User Guide)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/547190/user-guide-immigration-statistics.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547190/user-guide-immigration-statistics.pdf)



“All I want to do is get a job, and have a normal life.”

Homeless Refugee, 2016