

# Health needs of refugees - are we prepared?

As the EU struggles to agree on the management of the refugee crisis, it is timely to reflect on how health professionals can respond to those who will need support on arrival in Ireland, writes PJ Boyle

WITH the geopolitical region of the current European refugee crisis being physically 'next-door' to the European Union, it seems incredulous that in 2015 the situation was allowed to reach crisis point. Why did an EU strategy or emergency plan not exist? Even more disturbing is that the United Nations secretary general was obliged to remind governments and citizens of the world of our human moral and ethical obligations towards each other. These are questions for another time – the priority now is to respond.

As the EU struggles to reach agreement on the management and most appropriate response to the refugee crisis, it is timely to reflect on how health professionals in Ireland can respond to those who require healthcare support on arrival.

This article outlines the experience of the HSE interdisciplinary team currently providing health assessments and support to newly arrived asylum seekers and refugees. This is the only full-time HSE team working exclusively with refugees nationally.

The service was established in the mid 1990s and has evolved significantly over the years. Nursing plays a central leadership role in the delivery of the service, and in other aspects of migrant health policy development.

Healthcare provision to migrant populations does not occur in a vacuum. It requires more than specialist clinical and technical knowledge. Challenging and reflecting on our ethnocentric attitudes and revisiting our humanitarian values in the context of our work is essential.

#### Migration or refugee crisis?

There has been much debate in the media about whether the current situation in Europe is a 'refugee' or 'migrant' crisis. If we are to reach a clearer understanding of the issues, strategically plan and implement effective responses, then the use of correct terminology is essential.

Refugees and asylum seekers are two distinct groups. The international legal definitions for refugees and asylum seekers, under the 1951 UN Convention Relating to the Status of Refugees, are:

- *An asylum seeker* is a person seeking to be recognised as a refugee under the 1951 UN Convention. If someone is granted this recognition they are granted refugee status and are no longer considered to be an asylum seeker. Asylum seekers are sometimes described as 'illegal', which is a misnomer. Asylum seekers cannot be illegal as everyone has a recognised human right to seek asylum
- *A refugee* is a person who has left their own country and cannot return due to a well-founded fear of persecution on the

basis of their race, religion, nationality, member of a particular social group or political opinion. In Ireland this includes membership of a trade union or having a particular sexual orientation.

Historically, Irish people have responded humanely to international refugee crises, including to Hungarian refugees in the 1950s, Vietnamese in the 1970s, Bosnians in the 1990s and Burmese in the mid 2000s. Indeed more recently the Irish Navy's mission in the Mediterranean, including the government's announcement to aid and assist Syrian refugees, is testament to our efforts in meeting our ethical and legal obligations under the UN Geneva Convention.

Although small in numbers and limited in capacity, Ireland's record in assisting 'programme refugees' (those granted refugee status prior to arrival) is politically significant, demonstrating to larger nations our leadership role in humanitarianism.

Ireland continues to participate in many refugee resettlement programmes, such as the permanent resettlement of medical cases from UN refugee camps in conflict areas such as Iraq, Somalia and Syria, where healthcare services have been destroyed. Many of these families have been temporarily accommodated at Baleskin Refugee Reception Centre.

Further information on the resettlement programmes for refugees is available on [www.integration.ie](http://www.integration.ie)

### The facts

While some people believe that Ireland has been 'overrun by migrants' over the years, this is simply not the case. Compared to other EU member states, Ireland has much lower levels of inward migration and asylum applications. Indeed until recently (2010) Ireland had the lowest rate of refugee recognition in the EU (1.3% in 2010). This low figure came under scrutiny from the UN Special Rapporteur and other independent observers who called for greater transparency of the process. A complex legal system of seeking protection did not help the situation and resulted in delayed decision making. Following interventions, in more recent times Ireland's refugee recognition rates (including other categories of protection) have increased to almost 20%.

It is anticipated that there will be a more efficient single legal procedure for seeking protection under the new Immigration Residence and Protection Bill.

In terms of direct provision accommodation for asylum seekers, there are approximately 5,000 people living within the direct provision system throughout Ireland, including single adults, children and families accommodated in different types of centres and hostels (see [www.inis.gov.ie](http://www.inis.gov.ie) and [www.ria.gov.ie](http://www.ria.gov.ie))

The findings of the Working Group on the Protection Process (the McMahon Report), which examined the direct provision system, were published on June 30. The group made 173 recommendations on various sectors and services for refugees and asylum seekers, including healthcare. The report is on the Department of Justice website [www.justice.ie](http://www.justice.ie) and critical reviews appear on many NGO websites including [www.humanrights.ie](http://www.humanrights.ie)

It is difficult to comprehend the devastation and suffering experienced by refugees. The risks taken to seek and maintain basic protection are desperate and dangerous at times. Their journeys both physical and psychological are cloaked in loss and pain, yet veiled in hope, resilience and courage.

If we found ourselves in such a dire situation, what would we expect from those who could help us? A welcome, a helping-hand, human compassion, empathy and kindness? Or a cautious cold approach, filled with suspicion, rejection

or criminalisation?

### Migration – history repeating itself

The phrase 'What happens globally, impacts locally' is often used in development studies to gain an insight into challenging situations that require solutions. This approach is useful in understanding the complex factors that contribute to migration and its effects on people. Migration is a phenomenon that has always been part of the human experience. Researchers speak of 'push and pull' factors associated with migration: pull factors may be economic improvement, education and career prospects; push factors may include poverty, unemployment, political instability, war/terrorism etc.

Modern Irish history demonstrates all too well our own experience of immigration and emigration, and the challenges it brings. This is particularly relevant in the context of nursing. As a migrant cohort, nurses make up a significant professional grouping in international migration demographics. As a profession nursing is closely allied to the migration process, so we should have some understanding of the consequences of migration for people.

History has also taught us that each generation is responsible for the creation of a refugee crisis. For whatever reasons there will always be vulnerable men, women and children forced to leave their homelands to seek safety and protection elsewhere in order to survive. Increasingly refugees and asylum seekers find themselves in sometimes unwelcoming places as they struggle to avail of basic needs and regain their lives with dignity.

In an age of globalisation, the mass movement of vulnerable people has acquired a new complexity. Alongside this exists a tension that is deeper in terms of building relationship. These tensions are not exclusive to the general public and national governments – they also exist in healthcare professions and organisations.

Perhaps understandable but never excusable, there are some among us who remain cynical and critical about helping refugees and asylum seekers. Citing opinions such as 'charity begins at home' 'Ireland cannot afford it' and so on. Influencing factors such as sensational and irresponsible media reporting, the use of xenophobic (fear of foreigners) and ethnocentric (ethnic superiority) language, can direct our concerns and attention away from the person and result in a de-humanising of what are very human

experiences. In the current climate there is a danger that healthcare staff may assign a generalised negative view of 'who' a 'migrant' is or who are asylum seekers and refugees.

Ethnocentric attitudes and discriminatory behaviours have no place in the provision of healthcare. When they do emerge at an individual or service level, they are often due to lack of education, and experience. Where complacency and ethnocentrism do exist in healthcare, we need to challenge it and meet it with opportunities for professional development. There is a paucity of empirical research about ethnocentrism and racism in nursing and healthcare in Ireland. Where limited studies have been conducted, they demonstrate an inertia among professionals in being conscious of these issues and the impact on their practice. There is also evidence of a lack of willingness to change and minimal opportunities for mentoring or supervision.<sup>1</sup>

If Irish healthcare services are to respond to the current crisis by accommodating refugees and asylum seekers, then healthcare staff must be provided with the skills and services resourced to care effectively for this vulnerable group.

### Provision of health services to refugees/asylum seekers

The provision of dedicated health and social care services to asylum seekers and refugees is not new to Ireland. The health screening assessment service for refugees/asylum seekers was established in the mid-1990s by the then Eastern Health Board Community Care Services. With the introduction by the government in 2000 of the direct provision system for accommodating increasing numbers of asylum applications, primary health services began to provide healthcare support to centres around the country. This very often involved nursing contributions.

Part two of this article, which will be published in the next issue of *WIN*, will focus on the care and support offered to refugees within Irish health services and the importance of healthcare professionals taking the time to engage with such clients and other bodies that work with them.

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# Health needs of refugees - are we prepared?

In part two of an article on responding to the needs of migrants and refugees, PJ Boyle discusses their care within the Irish health services

AS THE reception centre is the first phase of direct provision accommodation, voluntary health assessment is offered to all newly-arrived residents – asylum seekers/refugees and programme refugees, including victims of human trafficking. Consequently the population remains transitory and the service is demand and needs led. Now located at Baleskin Refugee Reception Centre in Dublin, the refugee health screening team provides health and social care support from the medical centre on-site to more than 320 residents.

The interdisciplinary health screening team works as part of HSE (Dublin North City) primary care and social inclusion services. The team is made up of a clinical nurse specialist (CNS – asylum seekers health assessment), two nurse-midwives, a medical doctor (area medical officer), a visiting PHN and clerical staff. In addition, there are two HSE childcare staff who provide pre-school education, parent support and play therapy. The team works in partnership with psychologists from the HSE Specialist Psychology Service for Refugees and Asylum Seekers who are based in the medical centre. The team also works closely with the visiting GP service for the referral and management of acute and chronic conditions for residents on site. The HSE also recently approved the positions of a primary care social worker and community mental health nurse.

Health assessments are private and confidential and separate to the asylum process. They are undertaken during residency at the centre and clients are given a personalised hand-held record of their

assessment and any results. Pending outcomes and disclosures during the health assessment, referrals to specialist services are arranged if necessary, for example maternity, paediatrics, infectious diseases, public health. The team has provided health screening assessment to thousands of residents since its inception and has undertaken a number of work-based research studies to date.<sup>1,2,3</sup>

## 'Public health' in context of migrant health

Although the service was established with a focus on communicable disease screening, such as TB, hepatitis and HIV, over the past 15 years it has evolved significantly. By responding to the health and social care needs of refugees and asylum seekers, the team has amassed specialist experience on migrant health, transcultural nursing and cultural competence development. Health screening comprises public health assessment, vulnerability assessment and a broader psychosocial evaluation of the immediate health and wellbeing needs of people on arrival.

Although some newly arrived refugees and asylum seekers may have specific health issues pre-departure from their country of origin, the majority are generally healthy – both physically and psychologically. Likewise the refugee population is not a homogeneous group. Their presenting health issues reflect a microcosm of global health. Our experience is not limited to the provision of voluntary public health or communicable disease screening. However, in addition to their refugee experience, some people may also

have a serious illness requiring different nursing support and interventions.

Over the years our nursing and midwifery practice has supported many people, including children with chronic illness, life-limiting conditions, palliative care and serious mental health problems. This work involves close liaison with healthcare services and professionals in acute hospitals, maternity services, community/primary care and psychiatric/mental health services. Many of these services may not be familiar with the living circumstances of refugees and the barriers associated with accessing equitable care when required.

The new guidelines for migrant health screening in Ireland from the HSE/HPSC offers an opportunity to deliver on best professional interdisciplinary and inter-agency practice in public health – see [www.hpsc.ie](http://www.hpsc.ie). However, gaps remain and there is room for improvement in health services for refugees and migrants. The delivery of practice in accordance with these guidelines will require significant commitment and financial resourcing, including staffing, education and training in primary care, public health and population health. Establishing a single interdisciplinary unit in the HSE to plan and implement migrant health services, across the organisation and relevant agencies, may prove more valuable and cost effective than the current fragmented system.

## Engaging with clients and others

A key component of working with asylum seekers and refugees is forming partnerships with community-based organisations with expertise in commu-

nity integration and primary healthcare. Practicalities may impact on the provision of care, such as communication/language barriers, cultural differences in understanding causes of ill-health and treatments, and health-seeking behaviour, lack of resources such as interpreters/mediators. We work from a specialist knowledge base of trans-cultural nursing and cultural competence, including application of explanatory health models. We can share this information with other services, agencies and professionals.

Using this community development approach enables a richer engagement and ownership by service users to finding their own solutions to their needs. Baleskin clinic staff liaises with many such services, such as the Community Mothers Programme, HIV Ireland, the Cross Care Migrant Project and Jesuit Refugee Service. Our vision of nursing extends beyond narrow definitions of public health to include other important social determinants relevant to the migrant health context.

In addition, professional education is a key component of our work. We contribute to formal multidisciplinary undergraduate and postgraduate programmes in nursing, medicine and psychology, including participation in many international conferences and symposia on migration and health.

#### Future of migrant health work

Despite examples of effective migrant health programmes across Europe, there remains cause for concern. There seems to be a number of contradictions to Europe's approach to migrant health. Healthcare organisations and professionals are becoming increasingly compromised professionally and ethically in their practice. In some EU states healthcare staff must consider the 'migrant status' of people before determining their level of access to care and treatment. This is an unfair and challenging position for any healthcare professional. Such expectations may be interpreted as a collusion by healthcare professionals with stringent and damaging migration policies that can deny people their fundamental human rights. For further information on such developments see [www.eupha.org](http://www.eupha.org) and [www.ecre.org](http://www.ecre.org)

In an effort to address such issues, in April 2014 at the European Association of Public Health Conference on Migrant and Ethnic Minority Health in Granada, Spain, participants drafted the 'Granada Declaration' to highlight concerns of healthcare professionals to the Council of Europe (see [www.eph.org/a/6023](http://www.eph.org/a/6023)).

Although clinical knowledge and

## HSE refugee clinic Baleskin 2014

Total number of asylum seekers accommodated (2014)	1,358
Total invited for health screening assessment (2014)	1,217
Total number attended health screening assessment (2014)	981 (81%)
Reviews/recalls/emergencies (2014)	2,141
Total No (multidisciplinary) (2014)	2,711
Grand total of attendances (2014)	5,833
Health screening Jan-April 2015	639/786
Reviews/recalls Jan-April 2015	804

#### Top eight countries of origin of asylum seekers in 2014:

Pakistan, Nigeria, Bangladesh, DRC, Zimbabwe, Albania, Algeria, Malawi

**Cohorts accommodated:** asylum seekers, convention refugees, programme refugees, permanent medical resettlement cases (UNHCR evacuees), victims of human trafficking, pending deportees

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project management are important, fundamental in responding to migrant and refugee health needs is humanitarianism and social justice. In March this year the University of Limerick hosted the RESTORE Migrant Health Conference addressing issues beyond language and cultural barriers, including the promotion of professional migrant health education for healthcare staff. Ireland has participated in a number of international studies and conferences investigating such issues.

In Ireland the HSE National Intercultural Health Strategy 2007-2012 (under review) has contributed significantly to the migrant health sector. Although not all its recommendations have been implemented, work is ongoing in several areas, including health screening, language and communication. The HSE National Intercultural Governance Committee works with other HSE directorates, statutory bodies and NGOs, to advance the recommendations.

The nursing profession contributes significantly to this organisational process and to the wider HSE organisation on issues of migrant and intercultural health, including policy development and education. Nursing scientific literature provides many useful resources, including specialist texts in transcultural nursing and cultural competence.

The International Council of Nurses position statement on the treatment of migrants, refugees and displaced people outlines the professional and ethical

obligations of nurses internationally in responding to the needs of migrants and refugees. See also the European Transcultural Nurses Association [www.europantranculturalnurses.eu](http://www.europantranculturalnurses.eu), the Irish Transcultural Nurses Network [www.tnn.ie](http://www.tnn.ie) and the Partnership for Health Equity website [www.healthequity.ie](http://www.healthequity.ie)

#### Help in times of need

As Ireland prepares a response to the European refugee crisis, where do you position yourself and how prepared do you feel? It is important for us not to lose sight of the value of helping each other in times of need. As a nurse who has worked exclusively with asylum seekers and refugees, I continue to ask myself – is it not simply the case that we are all individual human beings deserving of respect and dignity when we need care? We need to ask ourselves if the assigning of a political, social or administrative label to a person negatively affects us and the quality of care and relationship between the nurse and the patient, and, if so, why?

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