

Asylum Seekers: Experiences of Health and Care in Eastbourne

Published: July 2023

Contents

1	Context and aims	2
2	Methodology - What did we do and how?	4
3	Key findings and themes	6
4	Questions and further lines of enquiry	13

1 Context and aims

1.1 Background

According to government data, currently 49,000 asylum seekers in the UK have been placed in hotels as 'contingency accommodation'¹, a form of temporary accommodation, whilst individuals wait for placements in longer term dispersal accommodation.

MedAct (2022) highlight that asylum seekers often have increased health needs due to their vulnerability and the, often traumatic, journey they have undertaken. Despite this, there have been concerns that access to healthcare in contingency accommodation is poor, with little to no assessment or signposting offered as standard². The average stay in short term accommodation had drastically increased from three weeks to six months³ leaving many asylum seekers without adequate healthcare provision for an unreasonably long time.

1.2 Context

In October 2022, as part of our Listening Tour, Healthwatch East Sussex (HWES) attended the Sanctuary Café, a weekly drop-in for refugees, asylum seekers and other vulnerable migrants living in Eastbourne. Our goal was to gain an insight from refugees and asylum seekers on their experiences of health and care services since arriving in the town.

At the time of our visits, we heard that approximately 375 asylum seekers were living in Eastbourne, primarily placed in contingency accommodation, from a range of countries, including those in the Middle East, Asia and Africa.

Many asylum seekers we spoke to told us they did not know how to access a GP or other key services when they had a health need, and that hotel staff may not always be willing or best placed to help them. Some individuals we spoke to had pre-existing health conditions but had not managed to receive the healthcare they needed to manage them effectively since arriving in the UK.

¹ Factsheet: Bexhill asylum accommodation accessed 7/7/2023 <https://www.gov.uk/government/publications/asylum-accommodation-factsheets/factsheet-bexhill-asylum-accommodation-accessible>

² Medact, 2022, *The medical consequences of 'contingency accommodation' for people seeking asylum*, Medact Migrant Solidarity Group, Accessed 22/06/2023, <https://stat.medact.org/wp-uploads/2022/11/Medical-Consequences-of-Contingency-Accommodation-for-People-Seeking-Asylum-Medact-Report-PDF.pdf>

³ Commons library link accessed 11/5/23, <https://commonslibrary.parliament.uk/is-planning-permission-required-to-house-asylum-seekers-in-hotels/>

Many of the asylum seekers appeared unaware of their rights to health and care services. A majority did not appear to know what services are available to them via the NHS, which they are eligible to use and how to access them.

Whilst volunteers at the Sanctuary Café were supporting their clients as well as they could, they themselves were often unsure of the arrangements about health provision for asylum seekers, and also encountered problems that were beyond their resources to respond to and resolve.

1.3 Our aim

Each year HWES undertakes a Listening Tour, which focuses on an area of East Sussex to engage with local people and understand the needs of their communities in more detail.

In response to what we heard during our 2022 Eastbourne Listening Tour, we contacted the Sanctuary Café and offered to run some health and care information and advice outreach sessions to help asylum seekers and refugees directly, and support volunteers with advice and resources.

Our aim was:

To scope and identify issues affecting asylum seekers' access to health and care services in the Eastbourne area, identify common themes and to use our findings to determine our response and next steps.

2 Methodology – What did we do and how?

HWES information and signposting advisors attended the Sanctuary Café's drop-in sessions monthly to provide a health and care advice session. We visited five times between November 2022 and May 2023.

During these sessions we:

- directly supported asylum seekers with their healthcare enquiries, recording the experiences and stories they told us.
- supported the Sanctuary Café's volunteers to understand the rights asylum seekers have to healthcare and how to navigate the healthcare system.
- sourced relevant information and resources, and shared links to other useful organisations, including translation services and mental health support with volunteers and asylum seekers.
- provided support between visits via telephone and email.

Engaging with the asylum seekers and volunteers at these sessions, and actively working to overcome the issues and concerns they raised, gave us invaluable insight into the many barriers asylum seekers face when attempting to access healthcare services in Eastbourne and East Sussex.

Feedback from the Listening Tour, and enquiries at the first outreach advice session, had highlighted that registration with a GP, and access to an HC2 certificate (which determines eligibility for free/reduced cost NHS treatment) were frequent concerns.

We used the opportunity to ask asylum seekers who came to our Information & Signposting sessions questions about their experiences of seeking access to healthcare. For example, whether they were registered with a GP, if they had an HC2 certificate, and if so, who had helped them to access these.

We asked these to gain a broader understanding of the extent to which asylum seekers are being made aware of their right to access healthcare in the UK and are being assisted to do this.

Over our five visits, we spoke to 18 asylum seekers who sought our advice and a further six asylum seekers who attended the Sanctuary Café, to ask them their experiences of registering with a GP and applying for an HC2 certificate. We also heard from the volunteers who run the Sanctuary Café (some of which were themselves asylum seekers), who passed on the issues they have heard and encountered in trying to support others.

As the majority of the information we received came through information and advice sessions, rather than standardised surveys, this report cannot provide a comprehensive overview of access to healthcare services for asylum seekers. It does, however, provide valuable insight into the recurrent barriers encountered by asylum seekers in Eastbourne, and allows us to hear the personal stories of how these are impacting on individuals already facing multiple struggles.

This report is therefore based on the views and experiences of the asylum seekers and volunteers that engaged with us and is not the opinion of Healthwatch East Sussex.

The evidence we have gathered will be used to explore the areas that posed significant barriers to accessing healthcare. Suggestions will then be made for further investigations needed to understand how to improve healthcare access for asylum seekers living in Eastbourne.

3 Key findings and themes

This section provides a summary of the key themes we heard whilst engaging with asylum seekers attending the Sanctuary Cafe, and the volunteers who support them on a regular basis.

3.1 Knowledge of the NHS healthcare system

Lack of knowledge of the NHS healthcare system in the UK created multiple barriers for asylum seekers with healthcare needs.

Common issues stemmed from:

- Lack of understanding of the UK healthcare system
- Lack of support to help them navigate the NHS

3.1.1 Lack of understanding of healthcare services

Many of the asylum seekers we spoke to with healthcare concerns did not know what service they needed to use to meet their needs. Crucially, the importance of GPs as gateways to other healthcare services, and the need for an HC2 certificate to access all healthcare services, was not understood.

3.1.1.1 GP services

It became clear that, perhaps due to cultural differences, many of the asylum seekers did not understand the role of a GP and would not know that they needed to be registered with one, both to receive services and be directed to others.

When asked, many asylum seekers did not know if they were registered and if they were, with whom. This meant that before we could help individuals to arrange healthcare appointments, we first needed to help them register with a GP which delayed their medical advice and treatment.

Some asylum seekers were being signposted back to the hotel managers by the Sanctuary Café volunteers to seek help in registering with a GP. In these cases, they were most often being helped⁴, however, this required the asylum seeker to know they needed a GP and to proactively ask for support specifying this.

⁴ This was due to the amount of requests the volunteers were receiving and their capacity to deal with them.

The NHS Sussex Primary Care team informed us that each hotel housing asylum seekers in Eastbourne is allocated to a GP practice and that individual asylum seekers placed in a hotel should be automatically registered with a GP practice⁵. Our experience is that this is either not happening, or not being effectively communicated with asylum seekers in a way that allows them to make appropriate use of these services.

Asylum seekers placed in accommodation other than a hotel are not automatically registered with a GP, and need to make their own arrangements, including finding out which surgery they should be registering with. We are not currently clear on the experiences of this cohort.

3.1.1.2 HC2 certificates

Asylum seekers are required to have an [HC2 certificate](#) to access free healthcare other than GP services and emergency care. This includes secondary hospital care, prescriptions, optometry and dental services.

A few asylum seekers we spoke to told us hotel staff had helped them get an HC2⁶. Many others did not have an HC2 or know that they needed one to access all healthcare. This meant that often the application was started when an asylum seeker needed medical treatment, rather than being completed and available to support access to the relevant services in advance.

The HC2 form is 20 pages long and as far as we can glean only available in English. Volunteers at the Sanctuary Café help some asylum seekers to complete the form subject to their capacity, but many are left to complete it themselves. The form can either be completed online or printed and posted, but the applicant will not be able to access free healthcare until the certificate has been received. This has caused unnecessary delays in meeting the healthcare needs of asylum seekers.

Case examples – lack of process delays access to healthcare



'A' was written a prescription by his GP. When he went to a pharmacy to get the medication, he was told he needed an HC2 certificate or would need to pay. He could not afford the prescription fee so left without the medication. He later called Migrant Help to ask about the HC2 certificate. They emailed him a link to the form which he managed to fill out himself. Once the HC2 certificate arrived he could finally collect his prescription.

⁵ Primary Care Contracts team via email 22/05/2023

⁶ It was not established whether the asylum seeker asked for help or if the hotel staff were proactive in arranging the HC2.

'B' visited HWES at the Sanctuary Café asking for help to find a dentist, as he had teeth missing and often experienced pain. He had not registered with a GP and did not have an HC2 certificate. Without these he was unable to access NHS dentistry or receive a prescription for the pain. HWES staff provided advice on how to register with a GP and how to apply for an HC2 certificate.



3.1.2 Support to understand and access the healthcare system

Asylum seekers are expected to navigate a complex and unfamiliar healthcare system, but it is not always obvious to asylum seekers where they should go for specific health issues. Feedback from the asylum seekers at the Sanctuary Café, suggests that there does not appear to be any source of information or support at their accommodation to help them know what services are available, which they can access and where to find them. It might be that these exist, but they are unaware of them, or that they are not accessible.

We heard mixed experiences of asylum seekers being supported by hotel staff. One asylum seeker told us that the hotel manager had noticed he was looking unwell and arranged for a GP to see him. Another asylum seeker told us when he asked hotel staff to arrange for him to see a doctor for a skin condition, he was told to go to A&E.

The role of hotel staff to help and support asylum seekers to understand and access medical care beyond an emergency remains unclear and appears to be inconsistently applied. This hampers asylum seekers access to healthcare as they become dependent on the willingness and capacity of individual hotel staff members. We spoke to multiple asylum seekers that had been in Eastbourne for long periods with healthcare concerns because they did not know where to go.

Case examples – Dependent on helpfulness of staff for healthcare needs



'C' has a history of heart trouble and has experienced multiple 'heart attacks'. He had an attack, including pain down his left arm and neck, and asked the reception staff to phone an ambulance for him. They did, and then told him to wait in his room until it arrived. His room was on the second floor of a building with no lift.

He went up to his room and waited for 3 hours before the ambulance arrived. Nobody checked on him in this time. He told us that in the last hotel he stayed in, the staff put him in the recovery position and remained with him until the ambulance arrived, which helped him feel safe. He was extremely worried about the length of time he had to wait alone and wanted to know what he should do next time.



3.1.2.1 Accessing services

We found that once an asylum seeker knew which service they ought to access for their healthcare need, getting an appointment or advice still was not straight forward. The two main reasons for this are:

- language barriers, and
- lack of resources.

3.1.2.2 Language

The duty to arrange translation services for individuals accessing NHS care who cannot speak English rests with the healthcare providers. This duty, and how to organise it, does not appear to be widely known. Whilst asylum seekers we heard from were having interpreters arranged for appointments when requested, translation at the point of access appears less readily available. This seemed a particular problem in relation to the following services:

NHS 111

Although an individual can request an interpreter once they are through to a call handler on 111, to get to this point requires them to navigate a series of questions via an automated message that is in English.

We heard that asylum seekers who could not speak good English were therefore not able to use this service for medical advice.

Emergency Departments

We heard of many asylum seekers who could not speak English being treated at A&E departments and not having a translator organised for them. One individual we spoke to who attended A&E had the name of a cream written on a piece of paper for him and was told to take it to the pharmacy. He did not know what his medical condition was, or what the cream was for.

3.1.2.3 Making GP appointments

Similar problems occurred for asylum seekers trying to make an appointment at their GP surgery. Two asylum seekers told us they tried to make an appointment in person, but were told they must phone in to make an appointment. Many of the asylum seekers we engaged with speak no, or very little English. It is therefore much more difficult for them to make an appointment on the telephone. We have not heard of any asylum seekers being offered interpretation services on the phone to facilitate this. Some also do not have access to their own phone which presents another obstacle to arranging an appointment, or receiving call-backs.

Experiences reported to us showed that misunderstandings due to language barriers leads to delays in asylum seekers accessing healthcare, as well as missed appointments. For example, we found multiple asylum seekers had received offers for an appointment by services via an email or letter. Unfortunately, because the correspondence was in English the asylum seeker had not realised its importance and not responded.

Case examples – poor communication as a barrier to access healthcare



'D' cannot speak English. He visited his GP surgery to make an appointment but was told he couldn't make an appointment in person and must phone. He did this, but when he turned up at the time he thought had been arranged he was told he did not have an appointment and was again turned away, without anybody making sure an alternative appointment had been booked and that he knew when it was.



3.1.2.4 Lack of resources for asylum seekers

Lack of money is a real barrier to accessing healthcare. Everyday resources needed to arrange or attend appointments, such as access to a phone and the internet, the ability to travel and being able to purchase medicine and healthcare items⁷, are not always available to asylum seekers. Access to the following services were particularly impacted by this.

Dentists

Lack of resources proved a particular problem for accessing dentistry. Whilst there are

⁷ The cost of medicine will be discussed in the next section.

additional hours dentistry sessions available in East Sussex to help counter the problems people are experiencing accessing an NHS dentist, the closest dentists currently offering these sessions are in St Leonard's-on-Sea or Hastings, which are costly for people to travel to.

The limited language skills and lack of ready access to a phone for many asylum seekers, also makes the expectation that people must phone multiple NHS dentists searching for an available appointment unrealistic. Private alternatives are also unaffordable.

Emergency care

Most of the asylum seekers in Eastbourne are staying in hotels along the seafront, at least two miles away from Eastbourne District General Hospital. We heard from volunteers at The Sanctuary Café that asylum seekers are often concerned about how to access hospital care as they have little money to afford transport.

Case examples – lack of support to attend healthcare services



'E' is an unaccompanied (minor) asylum seeker staying in a smaller hostel in Eastbourne. He had an accident and felt like he had dislocated his arm and possibly broken his thumb. He came into the Sanctuary Café asking for help to get his arm and thumb treated. He told us that he had asked the staff at his accommodation for help to go to hospital, but they told him it would take 24 hours for them to arrange a member of staff to do this and he should go by himself. E does not speak English and did not feel able to do this. He bandaged this hand himself but had still not had it checked by a medical professional.



3.1.3 Healthcare professionals' understanding of asylum seekers

Some of the barriers to asylum seekers accessing healthcare could be avoided by healthcare professionals having a better understanding of the problems asylum seekers encounter, primarily their:

- Lack of resources and knowledge of the healthcare system.
- Right to free NHS care, including the right to a translator.

Below are some examples where healthcare staff may have unwittingly created barriers to asylum seekers accessing the healthcare they need.

3.1.3.1 Prescribed medicine

We heard several examples of asylum seekers being left without the ability to access medication because they were not given a prescription. One asylum seeker requested an appointment at his GP surgery because he had a cough, but he was refused an appointment and told to go to the pharmacy. Whilst people are being encouraged to use the pharmacy for minor complaints, an asylum seeker cannot necessarily afford to buy 'off-the-shelf' medicine.

Another asylum seeker went to A&E with a skin complaint. The doctor at A&E wrote down the cream he needed and told him to go to the pharmacy to get it. He thought he had been given a prescription, but the doctor had just written the name of a cream to help the asylum seeker communicate with the pharmacist. He could not afford to purchase any cream so left without it.

If medicine is needed, a prescription needs to be written so that the individual can access it free of charge – in conjunction with an HC2 certificate.

3.1.3.2 Opticians

Based on the feedback we received, accessing eye tests and NHS optical vouchers were another area that seemed unnecessarily complicated for asylum seekers.

Some individuals attended opticians with a note written for them by volunteers at the Sanctuary Café explaining they would like an eye sight test. We have heard of asylum seekers being charged despite presenting a valid HC2 certificate. One asylum seeker received a free eye test on production of an HC2 but then was charged £200 for glasses, and another that was given an NHS optical voucher, but told they still had to pay an additional £40 for a special lens that was necessary, but not covered by the voucher. These individuals both left without glasses.

Lack of knowledge of the system, and lack of English language skills means that asylum seekers mostly accept what they are told by professionals and if they are denied a service, they do not question this but end up with their healthcare needs being unmet.

3.2 Accommodation

We also heard reports of asylum seekers struggling to highlight personal health-needs linked to their accommodation with the hotel staff, such as the requirement for a specific diet or a ground floor room due to medical needs. We have not included this in the report as we did not hear enough about the situation to sufficiently report on this occasion. However, this is an important issue that would benefit from further investigation.

4 Conclusions and further lines of enquiry

Whilst our findings are based upon a small cohort in a single location, comparable issues have been reported in previous research⁸, including evidence that asylum seekers are not being registered with a GP, nor receiving appropriate information and signposting as standard. This suggests that the experiences reported to us by asylum seekers in Eastbourne are not isolated or exclusively local issues.

Our research indicates that the health and wellbeing of asylum seekers is being affected by the issues identified, and steps could be taken to improve their experiences and outcomes, whilst also supporting services to be better placed to cater for and respond to their needs.

Our engagement at the Sanctuary Cafe points to issues in three main areas: communication, lack of resources, and the need for services to work together.

Many of the challenges experienced by the asylum seekers appear to stem from their understanding of the NHS, how it practically operates, and their ability to engage with those delivering health and care services. The frequency and significance of issues could be reduced by both pro-actively explaining and providing accessible information on how the NHS operates, the services it offers, and how and when these can and should be accessed.

In parallel, increasing access to translation services and information in asylum seekers preferred languages, would also improve their ability to engage with services and vice versa. Issues such as forms, documents and signage only being available in English, or not pro-actively offered in other languages, could also be addressed. Resources may

⁸ Jones L, Phillimore J, Fu L, Hourani J, Lessard-Phillips L, Tatem B, 2022, *'They just left me' Asylum seekers, health and access to healthcare in initial and contingency accommodation* Doctors of the World, Accessed 20/06/2023, <https://www.doctorsoftheworld.org.uk/wp-content/uploads/2022/04/DOTW-Access-to-health-care-in-initial-and-contingency-accommodation-report-April-2022.pdf>

Medact, 2022, *The medical consequences of 'contingency accommodation' for people seeking asylum*, Medact Migrant Solidarity Group, Accessed 22/06/2023, <https://stat.medact.org/wp-uploads/2022/11/Medical-Consequences-of-Contingency-Accommodation-for-People-Seeking-Asylum-Medact-Report-PDF.pdf>

Refugee Council, 2021, *Isat watching the world go by my window: Experience of people seeking asylum living in contingency accommodation*, Refugee Council, Accessed 19/06/2023 <https://media.refugeecouncil.org.uk/wp-content/uploads/2021/04/22152856/I-sat-watching-my-life-go-by-my-window-for-so-long-23rd-April-2021.pdf>

exist, but feedback suggests that awareness and subsequent levels of usage of them, both by health service professionals and by asylum seekers, is relatively low.

Increasing awareness amongst service providers of the limited ability of asylum seekers to obtain the resources or access the tools vital to accessing healthcare appointments and services – primarily money for travel expenses, medication, and access to a phone and the internet – would help ensure that services are appropriately designed and delivered in a way that promotes equality of access. This may also support reductions in Did Not Attend (DNA) and the number of times asylum seekers access services for the same healthcare need.

Multiple services play a key role in organising healthcare for asylum seekers, but feedback suggests they are not joining up as effectively as they might, with asylum seekers highlighting inconsistencies in their experiences. Improvements should focus on accommodation providers pro-actively offering tailored health and care information and support to asylum seekers, as well as the creation of clear linkages with and between local health and care services, statutory partners and voluntary support organisations, such as the Sanctuary Café.

4.1 Further lines of enquiry

Our findings highlight many areas that may benefit from further investigation or clarification from those that provide services or are responsible for the health and wellbeing of asylum seekers in Eastbourne. These include:

- What information and support are being routinely and pro-actively offered to help asylum seekers access and navigate healthcare services in the local area?
- What are the contractual obligations of asylum seekers accommodation (or parent providers) in ensuring asylum seekers can access healthcare when needed, and how do they liaise with NHS Sussex and others to ensure these needs are met?
- Who should be ensuring asylum seekers are registered with a GP, appropriately informed of their registration and are supported to acquire an HC2 certificate?
- What support is in place for unaccompanied minors to access health and care services, or to whom should they turn for this support?
- How are asylum seekers supported to attend health and care services that require paid-for transport?
- How are individual medical needs being met by the accommodation providers?



healthwatch

East Sussex

Healthwatch East Sussex
Greencoat House
St Leonards Road
Eastbourne
East Sussex
BN21 3UT

www.healthwatcheastsussex.co.uk

t: 0333 101 4007

e: enquiries@healthwatcheastsussex.co.uk

 [@HealthwatchES](https://twitter.com/HealthwatchES)

 [Facebook.com/Healthwatcheastsussex](https://www.facebook.com/Healthwatcheastsussex)