



**N OVERVIEW OF THE HEALTH SERVICE IN SUNDERLAND
FROM THE PERSPECTIVE OF SERVICE USERS WHO ARE
ASYLUM SEEKERS IN SUNDERLAND**

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1. Introduction

Background to the Study

This year, the settlement of people who have been forced to leave their own countries and seek refuge in the UK began in Sunderland as part of the Government's planned dispersal policy for Asylum Seekers. By August 2000 the number of Asylum Seekers settled in Sunderland under this policy was estimated to be 500.

Previously, Sunderland had been host to only around 60 asylum seekers based at one hostel operating in the city. Most of these individuals moved on to other accommodation outside of Sunderland fairly quickly. However, with the numbers arriving under the planned dispersal, statutory services are trying to develop a response to the arrival of this new community in terms of policy and practice. Meanwhile, Asylum Seekers are trying to understand and navigate their way around an unfamiliar health service structure and system. It is a steep learning curve for all concerned.

In August 2000, The North of England Refugee Service was asked by the Sunderland Health Authority if it could provide a brief sketch, within a few weeks, of the recent experiences of Asylum Seekers as users of the health services.

Aims:

The research aims to

1. Provide a snapshot of the situation based on the range of experiences and feelings of asylum seekers in Sunderland
2. Identify specific problems that asylum seekers are experiencing in:
 - a. looking after their own health
 - b. as users of health services in Sunderland
3. Assist in identifying possible solutions to the problems identified

Methodology:

Problems would be self-identified through **participatory appraisal** carried out by 5 volunteers who are themselves asylum seekers, in partnership with NERS' staff. This study was carried out as a piece of qualitative research, based on face to face interviews in own language. A representative range of respondents was targeted: 20 respondents (3 female/17 male) representing 11 countries of origin/ethnic groups.

A total of over 100 hours of volunteer time and 7 days in NERS staff time has been spent on the research, analysis and reporting. Sunderland Health Authority agreed to provide some financial support (£485) for this project to cover volunteer expenses and direct costs.

Methods:

- The request from the HA was discussed with Asylum seekers who have volunteered their help to NERS. 5 volunteered to take part as researchers. Between them they spoke 5 languages.
- A questionnaire was developed from group discussion as the basis for face to face interviews
- The following variables were considered in targeting respondents:
 - a) Age
 - b) Gender
 - c) Single / family unit
 - d) Disability
 - e) Cultural background (& nationality)
 - f) Location of housing
 - g) Type of housing (hostel, flat, shared house etc)
 - h) Housing provider type (private sector, local authority housing, housing association)
 - i) Length of settlement in Sunderland
- Members of the Asylum Seeker community in Sunderland were asked if they would agree to participate as respondents (either as clients who visited NERS offices or as acquaintances of the Research Group members).
- The 5 interviewers each conducted five interviews, in the respondents' own language
- Responses were fed back to the Research Group for analysis
- The Research Group sought examples of Good Practice from other contexts as possible solutions to the problems identified
- Writing of final outputs

Confidentiality:

With respect to people's right to confidentiality, it was explained to all respondents that information about individual identities would not be revealed. Those willing to take part in this survey did so on a voluntary basis on the understanding that information about their experiences in accessing health services and the treatment they received may help the health services to increase their understanding of the problems faced by service users and to work towards evidence-based, needs-led service development and delivery that will benefit others.

Responsibility:

Where unmet health needs of respondents were identified, those respondents were offered support in the form of intervention on their behalf by NERS.

Volunteering

As the law stands at present, no payments can be made to the Asylum Seekers until they have been in the UK for 6 months and have a work permit. Only volunteer expenses can be paid. We therefore need to ensure that volunteer researchers feel that their participation in this survey has some potential benefit both to their own personal or future development here as well as for the benefit of the community of asylum seekers as a whole.

Budget

£485 contributed by Sunderland Health Authority

Focus Group 1:	Initial discussion and planning	3 hours x 5
Focus Group 2:	Drafting questionnaire	3 hours x 5
Interviews:	x 20	25 hours
Focus Group 3:	Feedback of responses	2 hours x 5
Focus Group 4:	Analysis of responses	3 hours x 5
Focus Group 5;	Drafting report	3 hours x 5
	Investigation of Good Practice examples	
Focus Group 6:	Final outputs	2 hours x 5
Presentation of findings:		2 hours x 5
Travel costs & meal allowances: 5 volunteers		£ 415.00
Photocopying / office costs		£ 70.00
NERS Staff time:	Facilitating meetings and analysis	
	Report writing	
Value of NERS contribution in kind		£2,100

Principles underpinning participatory appraisal:

That involving Asylum Seekers themselves in the process of research will be more effective:

- 1) Asylum seekers are best placed to self-identify problems because:
 - They have shared personal experience (expertise) of the problems faced in accessing health services of another country and in particular in Sunderland
 - They may gain the trust and confidence of other members of the asylum seeker population
 - Their shared language and cultural background allow for effective communication and understanding
- 2) That service users should be actively involved in evaluating the quality of health care that they are entitled to in their area of settlement
 - That participation by asylum seekers themselves in the development of policy and practice on health care will make the health service more responsive to their needs (evidence based / needs led)
 - That this will aid in promoting equal opportunities in mainstream health care provision

2. Respondent Profile (see separate chart)

3. Prior existing health needs on arrival

1. Wounds relating to conflict situations
 2. Physical & neurological effects of torture
 3. Trauma from torture &/or conditions which led person to flee their country
 4. Ill health and untreated conditions amongst people coming from countries:
 - where sanctions have led to shortage of medical supplies
 - where conflict has reduced the level of health provision
- **Leading to immediate need for access to health services and specialised treatment**

Prior expectations of health care and services

It is important to recognise that individuals from other countries arrive with varying expectations about health service structures and provision which are based on the structures and types of health care provision and treatments available in their country of origin. For example,

- Many countries have direct access to chosen specialist health services
- Doctors perform immediate on-site diagnostic tests

The UK National Health Service is structured so that access to secondary or specialist health care is at the discretion of primary health care (the GP). As such, they act as 'gatekeepers'. Unless this structure is adequately explained, and that it is the same for all members of the community, it can appear to asylum seekers that they are being denied access on the basis of discrimination.

4. Problems identified in Ability to look after own health

1. Communication

Language barrier & information gap.

- Unable to discuss simple health problems and solutions with chemist
- Unable to recognise British brand names of known medicines, or instructions how to use non-prescription medications

➤ ***Solutions which involve Asylum seekers &/or Refugees themselves***

- Useful information accessible in own language on comparative treatments
- Same language / community peer support – with training for health education / promotion workers from the AS/R community to enable self-reliance

2. New Environment

- Climatic difference – often radical change, especially cold and damp
- Common illnesses to host population may be new/unrecognised by AS, and how to avoid or treat them
- Non-availability of 'traditional' treatments
- Radical change in diet – stomach upsets, poor nutrition
- Arriving exhausted and with prior existing health needs (due to events/conditions fleeing from and conditions of and length of travel to safety)
- Need rapid understanding of British system of health service provision and entitlements

➤ ***Solutions which involve AS/R themselves***

- Accessible information on precaution and prevention measures
- Accessible information on healthy eating
- Early contact with support network

➤ ***Solutions which are beyond the capacity of AS/R to provide themselves***

- Immediate access to professional health check / boost
- Warm and rain resistant clothing
- Warm & dry accommodation

3. Accommodation

- Poor quality of housing – cold and damp, unhygienic conditions
- Poor or unfamiliar diet - No self-catering in hostels. Emotional value of cultural diet
- Increased risk of contact with unchecked contagious diseases through sharing with strangers who have been through exhausting travel routes, &/or from countries with collapse in health services/sanctions leading to no drugs available.

➤ ***Solutions which involve AS/R themselves***

- Culturally appropriate diet in hostels
- Monitor accommodation standards for compliance

➤ ***Solutions which are beyond the capacity of AS/R to provide themselves***

- Immediate professional health checks
- Contractual standards

4. Cashless System

Voucher system set at 70% of income support levels deemed minimal allowance needed to live on

- No clothing for new climate

- No money for non-prescription medicines – aspirin, antacids etc
 - No money to purchase familiar foods
 - Limited retail outlets accepting vouchers where familiar foods available
 - No money to make contact with family
 - No money to travel to distant known community support
- *Solutions which are beyond the capacity of AS/R to provide themselves*
- First aid boxes and accessible information on how to use them
 - Clothing donations & Locally available community support
 - Target retail outlets with culturally appropriate foods to accept vouchers
 - Voucher system itself

5. Poor mental well-being

- Trauma from experience of becoming refugee and torture
 - Anxiety for families left behind, and feelings of loss and separation
 - Anxiety awaiting decision on asylum case. Fear of forced return. High level of uncertainty. State of limbo.
 - Reduced status and stigmatised
 - Racial harassment
 - Isolation, both personal and cultural
 - Enforced inactivity due to 6 month work rule and ambiguity about volunteering opportunities
 - Depression, acute anxiety, chronic insomnia
- *Solutions which involve AS/R themselves*
- Community and social support – to reduce isolation and share concerns
 - Activity in the wider community and with the wider community
- *Solutions which are beyond the capacity of AS/R to provide themselves*
- Specialist trauma/torture support / counselling / psychological services for severe cases
 - Effective policing
 - Effective anti-discrimination measures
 - Quick and fair decisions on status
 - Volunteering opportunities
 - College / sport / activities access
 - Linkage of health and social services
- **Collectively this leads to an increased need for access to health services, including mental health provision**

5. Problems identified in Accessing health services and treatment

1. Communication

Language barrier & information gap.

- Lack of or shortage of trained interpreters as mediators to health services and treatment
- Unable to communicate health problems to health staff. Health staff unable to communicate advice/information to service users.
- GP Receptionists unable to communicate, but having to make decisions on urgency/priority for appointments
- Lack of appropriate information, accessible in own language, about the health system and entitlements

➤ **Solutions which involve AS/R themselves**

- AS and health service staff work together towards producing useful information accessible in own language
- Peer support in same language. Training for health education / promotion workers from the AS/R community

2. Lack of awareness & understanding amongst health professionals & staff

- Of the special needs of AS and the specific circumstances in which they are living
- About responsibilities, rights & entitlements of AS as service users, specifically the rights of AS to an interpreter
- Of the crucial role of trained interpreters in delivering effective health treatment
- Of cultural differences (expectations based on prior experience in own country, and methods of treatment)

➤ **Solutions which involve AS/R themselves**

- Training for health professionals on AS/R and cross-cultural issues during training and in the workplace. The involvement of AS/R themselves in as trainers.

3. Time delay

- in accessing health checks or immediate treatment for prior needs between arrival in UK and dispersal, registration & 1st health check/appointment. This can be from 2 weeks to 2 months.

➤ **Solutions which are beyond the capacity of AS/R to provide themselves**

- Health checks on arrival to screen for immediate needs
- Systematic referral/notification of immediate health needs from reception point to dispersal point
- Personal record cards to be kept by AS themselves

4. Discrimination

- Asylum Seekers feel they are treated as the problem rather than service users with health problems
- Feelings that health staff do not care about AS or take their health problems seriously. Feelings of neglect and lack of respect.
- Those AS who already speak some English get quicker access and more effective treatment

- *Solutions which are beyond the capacity of AS/R to provide themselves*
 - Reinforce implementation of Equal Opportunities in service provision

5. Distance

- In the cashless system Asylum Seekers must go on foot. Access to the GP surgery is a serious problem for the disabled and women/families with young children. Repeated visits before an interpreter present.
- *Solutions which are beyond the capacity of AS/R to provide themselves*
 - Travel arrangements for disabled and women with young children
 - Health visitor make home visits to those in most difficulty

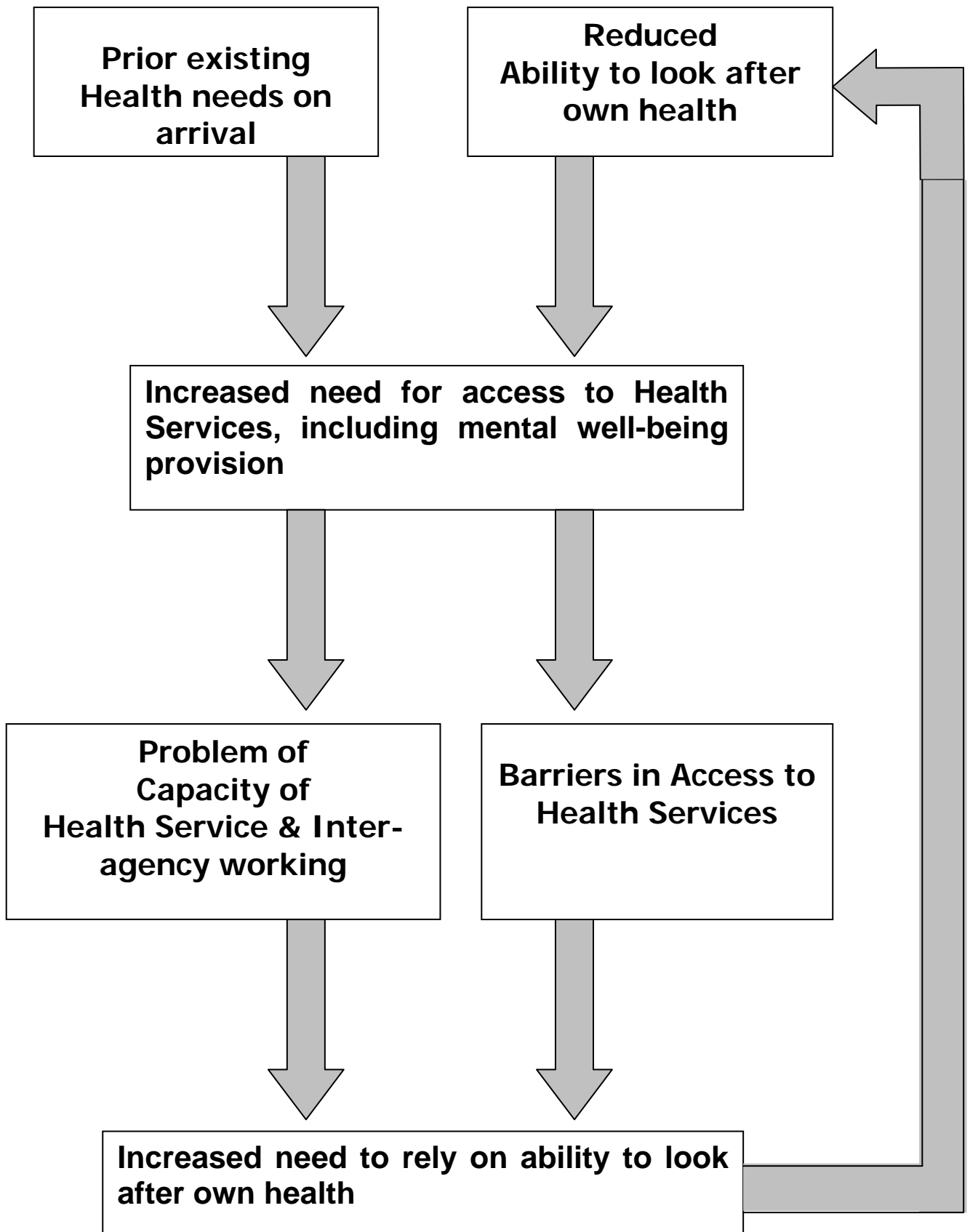
6. Capacity of the Health Service itself

These problems are recognised by Asylum seekers

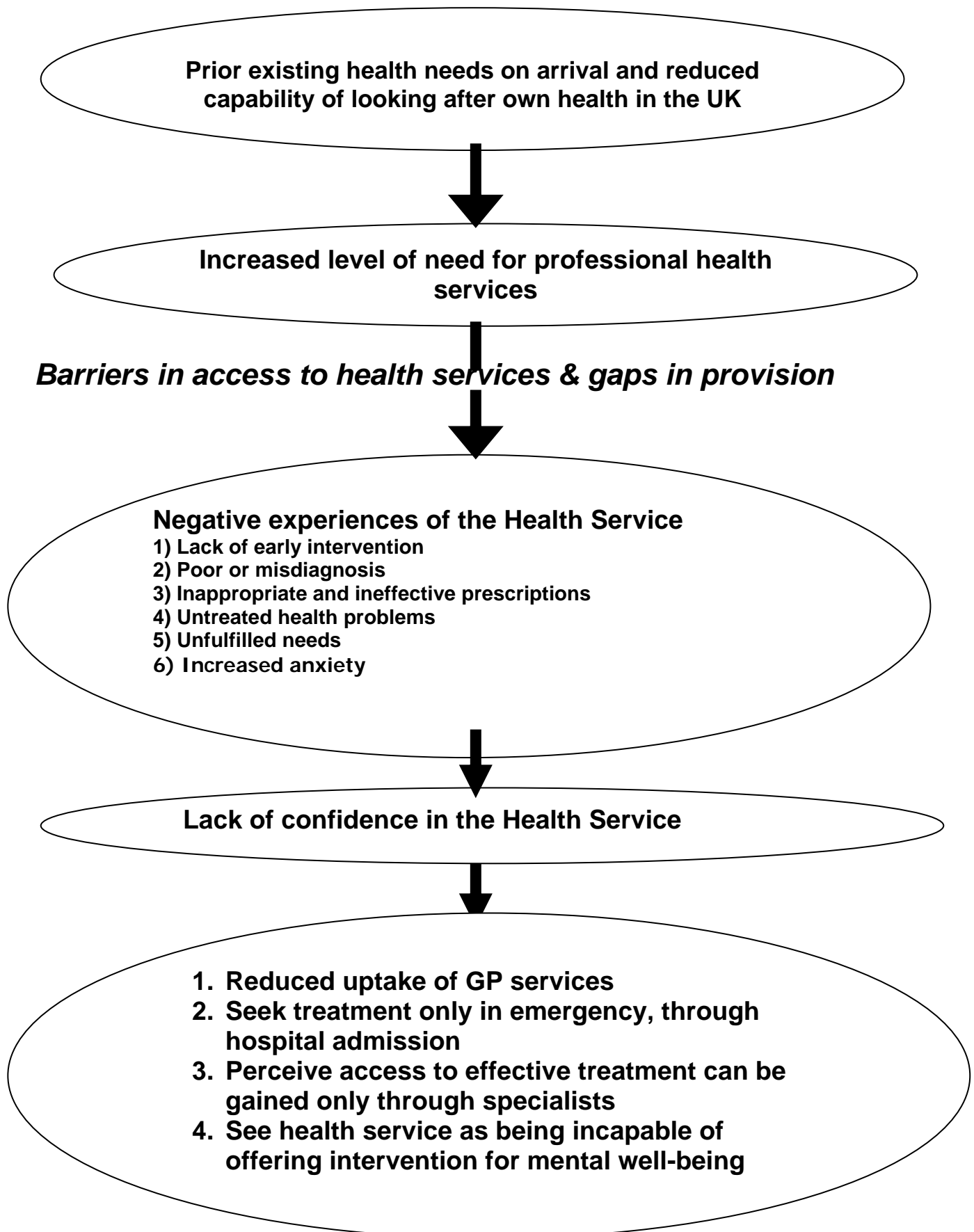
- Low number of GPs per head of population (43 per 100,000 in Sunderland)
- Delayed appointments
- Limited GP consultation time
- Shortage of trained interpreters generally and for new language groups in particular. Without an interpreter health problems are not diagnosed and treatment is ineffective, leading to multiple appointments and wasted time/resources.
- Lack of capacity on interpreter training courses
- 6 month rule on employment creates time delay between trained interpreter (3 months) and permit to work as an interpreter.
- Lack of specialist knowledge on treatment for certain injuries relating to conflict and torture.
- Lack of specialist knowledge and service for mental health problems associated with torture and trauma
- ***Solutions which involve AS/R themselves***
 - Partnership approach to prevention and health promotion with role for Asylum seekers and refugees themselves
 - Promote employment opportunities for AS with prior medical qualifications
- *Solutions which are beyond the capacity of AS/R to provide themselves*
 - Tackle barriers to rapid re-qualification of AS with prior medical training
 - Increase capacity of interpreting service through more courses
 - Training for specialist knowledge

- **Collectively this leads to an increased need for ability to look after own health**

6. Summary: self-identified problems regarding health and access to treatment



7. Consequences



8. The views of Asylum Seekers towards the proposed 'Transient People's Health Centre'

Positives: Expectations

A *Specialist* Health Centre would:

- Be a reception centre for new arrivals for immediate health screening and quick referral
- Be an information point
- Be staffed by people who are aware of and understand the situation of Asylum Seekers, the circumstances in which people are forced to become an Asylum Seeker, and the entitlements of asylum seekers statutory responsibilities of service providers.
- Be staffed by people who understand the crucial role of interpreters in accessing and delivering health services
- Have interpreters available, and useful tools for communication (eg: dual language flash cards)
- Take a holistic view of health
- Have links to social services
- Provide transportation for those in need
- Involve Asylum seekers and Refugees themselves in delivering solutions - information, health promotion services, support, acting as bridges and building confidence and trust
- This would offer an immediate solution to the problems identified.

As a short term measure, it would allow health professionals to build an understanding and expertise which could inform mainstream provision.

Negatives: Concerns

A *Separate* Health Centre would:

- Stigmatise Asylum Seekers
- make AS feel different to other people in the community
- make AS stand out in the community
- encourage other people to discriminate against AS

Asylum seekers would prefer:

- improved access to mainstream services
- to be cured with other English people
- to be able to change their GP if not happy with the service
- to be able to chose which service they feel most comfortable with

9. Asylum Seekers as a valuable resource

Asylum Seekers themselves can be part of the solution to the problems identified, if offered the chance to work in partnership with service providers and are adequately resourced to do so:

- They have expert and regional knowledge of the problems which can inform service planning and delivery
- They can be partners in the development of useful information in own languages
- They can provide peer support by working in partnership to design and being trained to deliver health promotion to their co-community / language groups
- They can provide community and cultural support networks to reduce isolation
- They can monitor standards and provide feedback for evaluation and planning
- They can practice existing skills (through prior medical qualifications)
- They can act as mediators: building trust, bridging
- They are Interpreters
- They can advise on culturally appropriate diets
- They can be involved in the training of health professionals, thereby promoting awareness and understanding which will promote equal opportunities in mainstream service provision

10. Recommendations for a Way Forwards

Rather than being seen as the problem, Asylum Seekers and Refugees can be seen as a **valuable resource** if given the chance to become involved as partners in the process of research into needs, client centred policy development and in service delivery.

1. As partners in research aimed at identifying the problems: so that service development is evidence based, needs led and client centred
2. As partners in designing solutions and developing strategies to facilitate access and use of health services: self-identified and through fact finding visits in search of Good Practice examples
3. As partners in the direct delivery of services and support: to build trust; to act as a bridge; in the promotion of health education and prevention programmes; and in the training of health professionals

The effectiveness of any measures will be greatly enhanced by participatory approaches that are based on genuine partnerships. This in turn would enable new members of the community to use their own resources and skills to help each other and to become active citizens in their new host societies.

The European Council on Refugees and Exiles recommends that:

1. 'In order to promote the active participation of Refugees in European host societies, ECRE emphasises the importance of enabling Refugees to use their own resources and skills to help each other, in particular newcomers...'
2. 'A key priority..... across Europe should be the participation of Refugees as service users and providers in the conception, development, organisation and evaluation of integration services and policies'
3. '(the acknowledgement of) the potential impact of the reception phase on the process of integration of those eventually granted leave to settle in a European country'

ECRE position on the integration of refugees in Europe, September 1999.

For findings of trans-national research project see NERS website www.refugee.org.uk

'A Trans-national Network: Hearing the voices of refugees in integration policy and practice in the EU' (January 2001). A project funded by the European Commission which provided a forum for collating and comparing Good Practice across three European Union member states in relation to the *effective involvement of Refugees themselves in processes of policy and practice formulation and implementation centred on the issue of Integration.*

Full report (100 pages), Executive Summary (6 pages) and Process Evaluation Report (26 pages).

APPENDIX A: Collated Responses from Participants

Area 1: Introduction to the Health Service:

Once you had arrived in England, how were you first made aware of any health services available to you?

1. Prior to dispersal / first point of contact

Information leaflet on NHS (entitlement to free treatment & medication)

Issued with HC2 form

Advice from Immigration case worker (RAP). Told to give HC2 form to a health worker if want to access NHS.

Leaflets not always in own language. Advice not always given in own language so not clearly understood.

Some had translated leaflets. Some in Dover had interpreters to explain it to them.

For those at Dover there was a health centre they could visit whilst awaiting dispersal

Others had no access to health services despite requiring immediate attention. No health check prior to dispersal (10 days).

RAP arrivals being dispersed from Thorncliffe Hotel – just given an information package in English and hurried advice as boarding bus. Only given address of Sunderland Health Authority. Should have been given dedicated time and explained and in own language.

NHS leaflet did not contain enough information to help access Health treatment once in Sunderland. Only had HC2 form to show to who ever.

Those who already spoke good English already could be satisfied with the amount of information given them

2. Direct Arrivals

Assisted through NERS one stop service

3. Dispersed

Those dispersed to hostels were registered with GP by receptionist but not given any other information. Or they received a letter telling them which GP they had been registered with.

Housing support workers for shared housing assisted with registration (variable quality)

Those dispersed to LA housing taken to Civic Centre for registration

Health Visitor briefing

Other people / other people sharing house

Suggestions:

- A dedicated reception centre to welcome and assist new arrivals in first instance.
- Staffed by people who have time/interest to really listen and with interpretation
- Immediate screening and diagnosis for quick referrals to appropriate specialists/sections
- A systemic process for referral or notification of prior/immediate health needs to housing provider or Health Authority in area of dispersal (& a client record card to be kept by asylum seeker themselves)

Area 2: Prior medical needs that needed immediate attention on arrival in England/Sunderland

Did you need any medical treatment immediately on arrival in England?

Examples:

X was an ex-detainee and had been tortured in prison. Sunderland GP treatment did not reach expectations or hopes for treatment. Only given pain killers, which were not effective. Felt that GP considered his problem unimportant. Very brief appointment. Felt his experience was undermined. NERS is following up.

Y was suffering great pain from the shifting of metal splints in his leg required after torture in Iraq and requiring operation to correct. No attention given prior to dispersal (10 days) despite requests. Also needs eye operation. Once in Sunderland (10 days), the system has been so slow, with no specialist treatment yet received (2.5 months). 6 GP appointments with no interpreter present. Changed GP as not satisfied with treatment. To date has only received pain killers. No X-ray yet. Still not even sure if GP has referred him to specialist. Very painful to walk to GP surgery, which can take up to an hour because of his disability. NERS Volunteer is following up

Z had Kidney problem & stomach ulcer: No interpreter present. GP seemed uninterested in listening fully and was just trying to write out a prescription for tablets as fast as possible. Only pain killers given, which upset stomach ulcer more.

A: had severe pain from a Dental problem. He was forced to use a friend's medical card to get treatment as it took 4 months to get his own card.

B: had a very painful knee on arrival. Told he would have to wait until he was dispersed to register with a doctor. It took him one month to get registered.

C: had a bad throat infection on arrival. Reception facility made an appointment 10 days away, but was dispersed after one week, and then took one month to register with a GP.

Some are very anxious that they may have picked up diseases on route to UK, given the conditions of the journey and close proximity to others from all countries. Not sure if feeling exhausted or suffering illness. Would like immediate health check over to ensure nothing contagious has been caught. Would help ease already existing state of high anxiety that is felt by all.

If you needed to continue with medical treatment that you had been receiving in your own country, do you feel that the Doctor consulted with you and understood about the treatment you are used to receiving?

X had been receiving treatment for chronic back pain in own country. Sunderland GP could not, or didn't try to understand details and refused to refer X to specialist. Afghanistan – shortage of doctors and medicines so could not receive medical treatment at home

Area 3: Registering with a Doctor

Have you registered with a doctor? What was your experience of doing this?

Registration can take anywhere from 2 days to 2 months. Average 2 weeks.

Assisted by: Housing support worker
Hostel receptionist
Health visitor
Self / friend

Some housing providers offer a more systematic and immediate registration.

Choosing between male and female doctor not considered a priority or to make a difference

Most people have a journey by foot of 20 minutes. Journeys over 20 minutes considered a problem. Serious problems for those who are disabled and who therefore need to visit the GP more often.

A: Felt Intimidated visiting a GP surgery in an area where there were only white people

Some who have not been to a GP yet have heard it takes too long to wait for appointment once you are ill, and that the treatment is not effective anyway. Disincentive to register or take up health services.

Suggestions:

- Address transport needs of disabled, and those with particular difficulties of travel such as women with young children who may not have a push chair.

Area 4: At a Doctor's / appointments with the Doctor

Q: Have you wanted to seek medical help from a doctor whilst in Sunderland. If so, how did you arrange this and what was your experience?

All have experienced delays in getting an appointment.

There is some understanding that delays in appointments are experienced by all the population as the capacity is limited.

The vast majority of appointments are one week after the symptoms/problems are most urgent. People fear their lack of earlier intervention has serious consequences.

Mixed feelings about treatment by GP receptionist/staff when trying to make an appointment: Common negative feelings are:

Staff are unhelpful and don't seem to care.

Staff try to push the person away and delay appointments.

No explanation offered for delays.

Lack of care about the situation of Asylum Seekers

Refuse to take their health problems seriously.

Some felt that they were not treated with respect.

Positive experiences were that staff were kind to the children when doing health checks.

Communication problem

English language speakers have had most success and satisfaction with getting appointments, shorter delays, and more effective treatment, which shows that language is a significant barrier in equality of health provision. Only one Afghan client had no delay in making an appointment and had an interpreter present

Example: Z was able to express herself through her good English, so was prescribed effective medicine (anti-acid) for her stomach ulcer. But C, who had less English and could not make himself understood, and with no interpreter present, was prescribed pain killers for his stomach ulcer.

Some English language speakers still have difficulty with understanding regional accent, so still require an interpreter. All English language speakers need to be given the choice to request an interpreter if they wish to.

Interpreters: 2 problems 1) a general shortage or non-availability 2) lack of awareness among GP surgeries of their statutory responsibility to provide an interpreter for an appointment. Many Asylum Seekers have been told by surgery staff that it their own responsibility to bring an interpreter with them and refuse to book an interpreter. This has led to many people never having had an interpreter present at an appointments or appointments being repeatedly postponed. This is a common experience.

Example: Disabled man in great pain and in need of attention to displaced leg plates has had all 6 appointments without an interpreter present, despite asking the GP staff to arrange for an interpreter. Staff have told him it is his own responsibility to bring an interpreter, not theirs and refuse to book an interpreter. Therefore all appointments have lacked understanding of what he and the GP are trying to tell each other. Consequently, he has no idea if the GP has referred him for specialist treatment, or how long he will have to wait.

Language barrier prohibits attention to internal problems as these are most difficult to communicate.

Failure to appreciate the crucial role of an interpreter in health service provision. Most had a feeling that, although the lack of interpretation affects the GP's ability to perform effectively, the GP's are not concerned about this and make no obvious attempts to understand. Therefore they appear not to take problems seriously – for example, X was unable to express/make the GP understand what

was wrong, and was told there was nothing wrong with him and he was exaggerating, whereas he was in much pain.

Y was told by his GP only to seek an appointment if it was a serious case.

Others felt that the GP and staff did not make sure that the Asylum Seeker fully understood what was being told to them or instructed. They left unsure of what they should do.

Consequently some have not thought it worthwhile to seek provision from their GPs ever again, but do not know who to turn to with their health problems.

These problems lead to the obvious chance of

- 1) lack in ability to correctly identify and respond to priority cases (by receptionist)
- 2) Misdiagnosis by GP, with consequent lack of intervention and/or inappropriate or damaging prescriptions

It appears that not all those registering have had new patient checks.

**Q: If you needed to see a doctor again, how would you arrange this yourself?
What difficulties would you anticipate now?**

Hostel residents would ask hostel receptionist to arrange an appointment

Some are confident that they can arrange an appointment themselves, or with the help of a friend

Difficulties anticipated:

The language barrier is the main problem in making an appointment oneself.

This also makes it difficult to make the receptionist understand the problem and its seriousness/priority

Anticipate a long waiting time for appointment- once they fall ill they know they wont be seen quickly

Anticipate that no interpreter would either be offered or provided. A request for an interpreter will be refused.

Anticipate that they would not have long enough with Doctor to explain their problems

Anticipate ineffectual treatment

Suggestions:

- Have dual-language flash cards to communicate with receptionist the basis of the problem.
- If GPs are unaware of their statutory responsibility to provide an interpreter, Asylum seekers could be issued with a standard letter that all AS can take to their GP receptionist which states what language interpreter they need and that it is the responsibility of the GP to provide one at the appointment

**Q: Where you prescribed any medicine? If so, what was it?
Did you have any problems in getting the prescription?
Do you feel that this medication helped you?**

Prescriptions were predominantly pain killers (paracetamol mainly, also Ibuprofen and co-codamol) but all considered these to be useless/ineffectual to the problem they were seeking help for. They experienced no noticeable benefits or changes to their health. Many considered pain killers to be inappropriate for their needs.

Only those who had a command of English sufficient to make themselves understood by the GP received what they considered appropriate and effective medicine.

example:

Prescribed only pain killers (for stomach ulcer and kidney problem)

participatory health appraisal questionnaire / NERS volunteers

Back ache – wanted an ointment but doctor refused and just prescribed paracetamol

Went 5 times to the doctor, had prescriptions but didn't feel any better on each one. Finally offered a test but another week. Thinks this test should have been done much earlier/immediately. Awaiting results. Did complain by asking how to – can speak English – given phone numbers. Phoned and wrote a letter and got a reply/complaints form and reply saying it was being investigated and would be told result.

Only one person with a prescription didn't know where a dispensing chemist was located
Nobody had any problem at the chemist in getting the prescription

Q: If you were unhappy about the health service you were offered, did you feel able to tell anyone, or complain to anyone?. If you did try to express your concerns, what happened?

Nobody knew about their right to complain, or how to make a complaint and who to. They did not know who else to turn to when they wanted more assistance or were unhappy with the service they had received.

Some said they would come to NERS to express their concerns and ask for more assistance.

X has very good English and did ask his surgery about how to complain, after he felt that he was being refused adequate diagnostic treatment for a condition that he had been to the doctor's several times about but with not positive results. He was given a telephone number to ring, but did not know whose number it was. He rang it and was told to write to the Practice Manager of his surgery and also to the Health Authority Complaints department. He did this and received an written acknowledgement that his complaint was being investigated and a response made to him in writing. He is awaiting the outcome.

Q: *Is there any treatment that you were able to receive in your home country that you cannot get here?*

Traditional medicines or treatments are not available here

There is same day access to a doctor in Iran and the Congo for example.

Intervention in health problems is quicker.

Much more use of diagnostic testing is done. It is the norm. Here the GPs don't use it.

There is quick direct access to specialists

No language problems. Even if the standard of treatment is better here in the UK, only those with English language can access and benefit from it. So it is worse treatment than in own country.

Therefore feeling that the treatment in own country is better

Some countries have a lack of good medical treatment because of UN sanctions (Iraq) or disruption through war (Afghanistan) which leads to a general poorer health on arrival here in the UK

NB: No information about the existence of private health care is given to Asylum Seekers

Area 5: Health Visitor / Specialists

Q: Who was the first health professional you had contact with? Have you ever been visited by or met the Health Visitor?

Of those people who THOUGHT THEY MIGHT HAVE BEEN visited by the Health Visitor (10 respondents):

* please note: Of the respondents interviewed, only the family in Houghton had actually been visited by the Health Visitor. The person to whom the respondents were referring could therefore have been a housing support worker or other, but was not the health visitor.

People were not really sure who the person was, or whether the person they thought might be a health visitor was in fact that person. Some thought he/she may be somebody from the Home Office. They couldn't remember the name or identity of the person, or how to contact them again.

Most experiences related to filling in a form/questionnaire, parts of which they couldn't understand. Then the person left, without offering any without offering any other advice.

One person was given advice on letting enough air into bedrooms and to try to find appropriate clothes against the cold

Some said they were registered with their GP by the this person

Some said the person did not come with an interpreter, so they could only communicate through English. Some felt that the person tried hard to overcome the problem of the language barrier. Although she did her best they still couldn't communicate properly. They couldn't ask her the questions they wanted to.

Y was sent by the person to hospital for chest x-ray.

Some felt that the person didn't really care – for example, s/he had promised three times to bring a doctor to X who was in great pain, but never did, which was taken as a lack of respect.

Most hostel residents had been visited by the a person they thought might be the health visitor

Of those who had not been visited by the Health Visitor (10 respondents):

Some had not heard of a Health Visitor or know what they did.

Some imagined a Health Visitor to be somebody who made home visits to asylum seekers, who could give advice and information on health matters to Asylum Seekers, and who would find out people's health problems and make sure they received appropriate referral and attention/give them advice on how to get treatment.

They would like that information to include advice on how the climate/environment in Sunderland might affect them, how to prepare themselves for the problems that moving to a new environment might present, and how to lead as healthy a life as possible in Sunderland. Any local health issues to look out for and how to respond.

They would like to be visited by the Health Visitor.

Feeling that Health Visitor was only concerned with families. Single people feel excluded and their needs not recognised.

Q: Have you ever been referred to a Specialist or for Specialist treatment? What was your experience?

7 respondents were wanting to see a specialist, but their GPs had refused to refer them.

1 disabled man hoped that his GP had referred him for specialist treatment, but had not understood what the GP had told him, so was just waiting.

1 with a skin complaint has been waiting to see a specialist for 3 months

1 person has seen a specialist and was happy with experience (radiograph)

Area 6: Medical Emergencies:

Q: Have you ever experienced a medical emergency? If so, what happened?

6 out of the 20 respondents had experienced an emergency situation. They had either dialled 999 themselves, gone to the emergency & accident department of the hospital themselves, or the emergency services had been called by the hostel receptionist.

Examples:

A: After experiencing a wait of 8 hours (11pm – 7am) in a hospital (given anti-biotic). So now intimidated from going to hospital and would avoid it even if needed.

B: leg became so painful had to ask a friend to call an ambulance. Spent 5 hours waiting in emergency then just given pain killers. (Does not know how to call for ambulance on own.)

C: After suffering a panic attack and fainting, friends called an ambulance but didn't get any useful treatment. Just told to relax. Nobody visited him in hospital.

D: admitted to hospital in Gall stone emergency and was operated upon. No interpreter present. Was given one injection by a nurse. 5 minutes later a second nurse asked if he had had an injection but he didn't understand properly and got a second injection which he says was the same. He felt this could have endangered his life. He received no visitors during his stay in hospital. Happy with treatment otherwise

E: was admitted to hospital with a heart complaint. He was given full diagnostic tests and felt confident with this attention. Recovered well.

Q: What would you do in an emergency to get medical help? Was any procedure explained to you by any one?

3 out of 20 respondents did not know how to get help in an emergency, or where the nearest hospital was located

Another three knew to call 999, but didn't know where a hospital with an A&E department was located

The rest felt confident they knew how to respond/get a response

Some worried that would not have money for a telephone (or didn't know it was free) and would try to walk to nearest known hospital

They would go to the hospital for full/proper diagnostic equipment. GP surgeries do not have diagnostic equipment and they can't get access to specialists. Lost confidence in care and effectiveness of GPs so wouldn't go to GP again.

They do not know an out of hours telephone number for a doctor/ were not given instructions from GP to phone them for out of hours problems. The doctor is available only through an appointment.

Hostel residents rely on receptionist to make arrangements

.

Area 7: Health of Mind

Q: Have you felt depressed, very anxious, experienced panic attacks or not been able to sleep whilst you have been in Sunderland?

Q: Have you tried to seek any help, or been offered any help for this? What has been your experience?

17 out of 20 respondents said they suffered from depressed and anxiety. Many said they suffered from insomnia too.

5 had sought help from their GP. One had been prescribed sleeping pills, which didn't work. Don't like taking medicines unless really have to. Another had managed to talk to his doctor about not sleeping – able to have the chance (was given the time) to discuss his whole situation and that made him feel better. Another was just to relax, which didn't help. Another was advised to do some sport.

12 said they had not tried to seek help as they didn't think any was available or it would be useless. Because they were disillusioned with the treatment for their physical health, they didn't have any expectations that the health service could treat their psychological problems. No confidence that they could make themselves understood, bearing in mind the sensitive, personal and traumatic content of their problems, as knew an interpreter would not be provided. No uptake of existing services. Gap in service provision.

Depression, anxiety and sleeplessness were the result of:

Worrying about their family's safety, and having no information about them.

Missing their family.

Worrying about their asylum claim. What would happen to them if it was negative.

Trauma from experiences

Living alone in block with strangers speaking different languages

Racist attitudes and harassment from people (shop keepers / phone booth / young people throwing stones) Insults and abusive language make lives a nightmare

Lack of activity permitted – facing 6 months of nothing/enforced passivity

Isolation and loneliness, feeling alone – no community to engage with

No felt health improvement despite going to GP

Weather

Voucher system – no choice to buy what want/need

No information about learning opportunities or further studies permitted to AS

Feeling no one can help

Feeling lack of care about health makes this worse

These are seen as common problems facing Asylum seekers, but are exacerbated by the asylum system here (hostel confinement / voucher system / racism / forced inactivity)

Would help if isolation could be reduced, for example if they could join in social activities, access leisure centres, participate , hobbies, learning courses. Some hostel staff have tried to link people to same language speakers.

Area 8: Looking after your own health:

Q: Do you feel able to look after your own health here in Sunderland, in a situation where you wouldn't normally expect to go to a doctor for help?

Not enough cash to buy what is needed (including warm clothing)

Can only get some medicines through prescription as this is the only way its free. Therefore have to try to see doctor even for simple cases.

Language problem – can't identify medicines or read the instructions

Lack of familiarity with English drug names. Medicine names are different here eg: you take paracetamol here for headache; in Iran we take Acetaminophone

Cannot communicate with the people working in the chemist, to explain problem, or what is needed

Could treat themselves for simpler complaints like normal headaches and stomach upsets if knew appropriate drugs

English speakers feel more confident about looking after their own health – headache, colds, upset stomach.

One person would know how to treat his throat problem if the traditional remedy was available for it here

Cannot afford herbal treatments.

Climatically the conditions are different here and so people feel more vulnerable

Those in houses (self-catering) felt they able to have better diet

Because it is more difficult in these circumstances to look after own health, it forces people to seek help from the GP on every occasion.

Suggestions:

- A leaflet explaining common health problems in Sunderland/UK and how to treat/prevent them.
- A booklet in own language explaining medicines here and how to use them
- Some comparison between drugs in home country and in UK
- Each housing unit should have an emergency/ medicine box
- This would avoid wasting GP time

Q: Do you consider that you have suffered from any bad health as a result of the conditions in which you are living here in Sunderland? If so, what are they and why?

Lack the possibility to buy nutritious food because of lack of money / voucher system

Hostels – no self catering possible. One hostel only 2 meals a day, always chips and no fruit.

Cannot buy familiar diet (easier for the stomach) as certain shops do not accept vouchers

Cannot discriminate what is good in the local food as unfamiliar with it

No appropriate clothes to face the English cold, wet weather. Colder and damper weather has worse effects for those unfamiliar to it– rheumatism.

Lack of specialist treatment for those who have been tortured. Need specialist treatment from Medical Foundation for Care of Victims of Torture – only in London

Poor provision from the health services and GP attitude

Relations with flatmates (strangers / all are tense) and relations in Sunderland generally

Unhygienic living conditions: eg: filthy carpets. Mould growing on shower curtain. Sporadic hot water and flat gets very cold; communal areas cleaned only once in 4 months.

Sharing with others who may be carrying contagious diseases.

Area 9 :General Feelings:

Q: Do you feel you have enough understanding of health services available to you here in Sunderland, and how you can seek help from them, and what they can help with?

Would like to know more about rights and entitlements for treatment
Want more details about structure of health service as a system
Want to know who to go to for help. Only reference point is through hostel staff = dependency
Want more knowledge of medicines here and how to use them
Health visitor should be accompanied by interpreter. But leaflets to remind what information the health visitor gave
Only those already with some English can ask for more information
Want information about the private health sector too

Q; In your opinion, what would be the most useful information to be made available to you in the first few weeks of living in Sunderland?. How would that information best be provided?

At earliest possible point:
Inform of rights and entitlements
Information on the Health realities of new environment and how to look after oneself
Information on looking after own health through knowledge of local chemist as a resource
Information that compares English drugs & doses to those used to treat self in own country
Explanation of how the health service is organised – a general outline
Explain the quickest way to see a GP rather than go to the hospital.

The most important thing is to have translated information – so that don't have to resort to an interpreter for everything, as they are not available

Regular home visits from a Health Visitor. With an interpreter.
Or information and advice delivered by a Health Visitor who speaks own language and knows the experience of seeking asylum here

Home visits could also monitor quality of accommodation.

Q: Do you feel that health service staff understand the particular problems facing asylum seekers in Sunderland?

They don't really understand specific problems of refugees / asylum seekers.
Not familiar with our culture
There is a language barrier between us which prevents understanding, so it is not possible for them to build up a general awareness from these encounters
Think they are trying their best. Possibly in the near future they will have more experience and would understand better.

Once they know you are an Asylum Seeker, they intentionally start delaying your appointment or ignoring you or your needs
They don't understand our needs and don't care about us
They neglect our needs

- Suggestion: some way of raising awareness of the issues faced by asylum seekers, and the problems they are having with getting treatment for their health

Q: Are you satisfied with the way you have been treated by health service staff?

GPs did not seem to want to listen. Consultation time was too short to understand all problems or make most accurate diagnosis, and GPs don't conduct any examination or diagnostic tests before making a prescription.

Refusal to arrange for interpreters.

This made people feel that their problems were not treated seriously, and also that they were not cared about as people. This was taken as a lack of respect.

4 people felt they had been discriminated against as asylum seekers, based on their experience of treatment. They felt there was an irreverence towards asylum seekers.

Q: The Sunderland Health Authority are proposing to set up a separate health centre for 'Transient People' in Sunderland. This would provide a service for people described as having no permanent residence – for example, including homeless people, and Gypsies. What do you feel about this idea? Do you think it would provide you with a better/easier service, or do you think it would be better if you had access to the mainstream services which are available to all people?

Positives (expectations):

I agree with a separate health centre if it has qualified staff, interpreters and GPs, and was within easy reach, or provided its own free transportation.

Firm agreement for separate specialist facility

Yes, it's a good idea as it will solve many problems. It will make easier to access the health service and give improved treatment.

It would have staff who know the specific problems facing Asylum Seekers, or at least they would be able to build up an understanding and expertise through this centre

Interpreters would always be available, as the language barrier is the biggest problem

It would provide written information in different languages

It would be a place where you could go for an immediate health check on arrival in Sunderland

There would not be a long wait for appointments

More people would get more rapid assistance

Good idea but only if within easy reach

If this is the only way of having a pool of interpreters available then it is a good thing (but prefer to be with normal service)

Negatives:

Improved access to mainstream services is a better option

Don't want to be separated. Want to be cured with other people.

Don't want to feel different from other people living in the community

I think this discriminates against people and is not a good idea. This idea is an insult to humanity. It is better that all people have access to mainstream services

Both ideas are good but can have both positive and negative sides. It would be better if a person or an Asylum Seeker had the right to choose one of them, the one they are most comfortable with or suits them best.

I prefer improved access to mainstream services like everyone else

I want to be treated the same as English people

I believe we should have access to mainstream services because we can change our GP if we are not happy with them for some reason.

There could be emotional damage to have a separate centre, because we will feel discriminated against and also it will encourage other people to discriminate against us. We don't want to stand out in the community.

Area 10: Summary:

Q: What do you think the main problems are?

Communication

Non-availability of interpreters, or shortage of qualified/appropriate/trained interpreters
Refusal to provide an interpreter
GPs staff don't understand the crucial role and importance of interpreters. Non-qualified staff are making decisions on urgency without understanding the problem

Awareness & preparedness:

A health service that is not pre-prepared to deal with new Asylum Seeker population who have special needs, face unique living conditions, and who can only access and receive treatment through another language.
GP staff don't know their statutory responsibilities or the rights of Asylum Seekers

Information:

No information in my own language
Not knowing the area well enough

Capacity:

Having to use GP as the only point of reference for all health needs. But GPs don't have enough time to cope with them.
Many people seeking assistance at the same time
A health service that appears not to have the capacity to deal with more people, creating delays and shortages
A saturated system
Not enough doctors

Quality of treatment:

Time delay in accessing health care between arrival in UK and registering with GP/1st medical check
Danger to health through misdiagnosis
Danger to health from delayed intervention/treatment
Delay in treating people with urgent needs
The quality of the health service is very poor
Prescribed medicines not effective
Lack of concern
Delay in referrals or refusal to refer asylum seekers to specialists and for hospital treatment

Equal opportunities:

Single people don't get as much attention
Discrimination against asylum seekers in attention to their needs
Access is not equal to those who cannot speak enough English to make themselves understood, or to understand the information given to them. They get worse treatment.

Context (cashless system / housing conditions / new environment)

Distance to GP
Access only to prescribed medicines
Inability to look after own health adequately

Co-ordination, referral, partnership

There is no response between health service staff and AS
No social services available for Asylum seekers, especially for the disabled and those with special needs

Q: What solutions can you yourself suggest for any of the problems you have identified in this whole discussion, that would have helped you and might help others too?

A dedicated / separate health centre for immediate health check

A fixed, known place where one can get information in different languages

It would be wise to work with some Refugees in the health service, or to give them training so that they can make a bridge between Asylum Seekers and the Health service. This would also allow more Asylum Seekers to express themselves and their problems openly and with confidence.

More interpreters. Interpreters at every appointment if requested

Ensure that all GP surgeries understand it is their obligation to try to get an interpreter for appointments

Take our problems seriously

Awareness training to health professionals and staff – rights and entitlements of Asylum Seekers; the issues they face as a consequence of the dispersal system; background to becoming an Asylum Seeker and implications for health needs and provision; statutory responsibilities of health service providers; the crucial role of interpretation

Home visits to asylum seekers by health visitors and referral to health professionals / other services

Free Transport to doctor's appointment (especially for disabled)

Check health standards of accommodation

Provide first aid box.

A card to be provided for all Asylum Seekers to enable them to access treatment

Do you have any other comments you would like to add?

Area 11 : Dentist & Optician

**Have you registered with a Dentist and received any treatment?
Did you experience any problems with this?**

Dentist treated clients without an interpreter.

Examples:

Dentist misunderstood client as no interpreter present. A was trying to tell the dentist he had severe pain in a back tooth. The Dentist removed a filling and refilled it saying the material was better here. But it was another tooth that was hurting.

B had an appointment without an interpreter. The dentist couldn't understand his problem and just gave him pain killers

C was told he needed to pay £400 for a new tooth from his own money, and wouldn't accept the medical card.

Have you needed any treatment for your eyesight? What has been your experience of getting this treatment?

Optician gave free glasses. But couldn't refer person to eye specialist for operation.
Otherwise positive experiences of Opticians. Perfect service

But lack of standard information given by Opticians. Some people told they would have to pay extra, others told it was all free.

Are you yourself, or anyone else you know who is an asylum seeker, a health professional? If so, have you/they received any advice, or would like any advice, on how to get your qualifications recognised in England so that you could find employment here?

(Samal) – An Afghan doctor who does not know how to get advice about recognition of his qualifications here. (NERS refer to Nitán Shukla)

THANK YOU VERY MUCH FOR YOUR TIME AND PARTICIPATION IN THIS STUDY

APPENDIX B

Questions for use as basis of discussions

Profile of respondent:

Nationality:
Age:
Gender:
Date of Arrival in England & Sunderland:
Location in Sunderland (neighbourhood):
Type of housing (hostel, flat, shared house):
Housing provider (i.e.: private, local council etc, if known)

Area 1: Introduction to Health Service:

Once you had arrived in England, how were you first made aware of any health services available to you?

- *What* information were you given?
- *Who* gave you that information?
- *Where* was that information given to you?
- (*How*) Was that information given in a language you could understand properly? (ie: was an appropriate interpreter used?)
- Were you given any written information about what health services are available to you and how to access them? If so, was the information in a language you could understand fully?
- Were you satisfied with the way in which you received this information?
- How could it have been improved?

Area 2: Prior medical needs that needed immediate attention on arrival in England/Sunderland

Did you need any medical treatment immediately on arrival in England?

- If so,
- what health problems did you have?
 - How did you receive treatment for this and who from/where?
 - Are there any negative or positive things you can say about this experience?
 - How could your experience have been improved?

If you needed to continue with medical treatment that you had been receiving in your own country, do you feel that the Doctor consulted with you and understood about the treatment you are used to receiving?

Area 3: Registering with a Doctor

Have you registered with a doctor? What was your experience of doing this?

- How soon after your arrival here did you make your registration?
- How did you make your registration?
- Did you receive any help in doing this?
- Did you have any problems in making this registration?
- Were you able to choose between a male or female doctor?
- How far away from where you live is the doctor where you are registered?
- How do you get there?
- How long does it take you to get there?
- Are there any problems about where your doctor is located?
- How do you feel about the way you were treated by staff at the doctor's surgery?

Area 4: At a Doctor's / appointments with the Doctor

Have you wanted to seek medical help from a doctor whilst in Sunderland. If so, how did you arrange this and what was your experience?

- Did you experience any delay in getting to see a doctor? If so, were you given any explanation?
- Did the doctor have an interpreter there for your appointment? Did they speak your language properly?
- How many times have you had a doctor's appointment since you have been in Sunderland?
- Have you always had an interpreter present at a doctor's appointment?
- Do you feel you were able to make the doctor and receptionist fully understand what you felt was wrong with you/the symptoms?
- Do you feel the doctor or receptionist made sure you fully understood the information they were giving you?

If you needed to see a doctor again, how would you arrange this yourself? What difficulties would you anticipate now?

Where you prescribed any medicine? If so, what was it?

Did you have any problems in getting the prescription?

Do you feel that this medication helped you?

If you were unhappy about the health service you were offered, did you feel able to tell anyone, or complain to anyone?. If you did try to express your concerns, what happened?

Is there any treatment that you were able to receive in your home country that you cannot get here?

Area 5: Health Visitor / Specialists

Who was the first health professional you had contact with?

Have you ever been visited by or met the Health Visitor?

- Where did you meet him/her?
- How often have you met them/been visited by them?
- What help or advice did they offer you?
- What do you understand the role of the Health Visitor is?

Have you ever been referred to a Specialist or for Specialist treatment? What was your experience?

- How long do you expect to have to wait to see the specialist or to get specialist treatment?

Area 6: Medical Emergencies:

Have you ever experienced an medical emergency? If so, what happened?

- Have you had to spend any time in a hospital in Sunderland? What was the experience like?

What would you do in an emergency to get medical help? Was any procedure explained to you by any one?

- Do you know where your nearest hospital with an accident and emergency department is?
- What would make you want to go to the hospital directly, rather than to the Doctor?

Area 7: Health of Mind

Have you felt depressed, very anxious, experienced panic attacks or not been able to sleep whilst you have been in Sunderland?

**Have you tried to seek any help, or been offered any help for this?
What has been your experience?**

Area 8: Looking after your own health:

Do you feel able to look after your own health here in Sunderland, in a situation where you wouldn't normally expect to go to a doctor for help?

- Do you feel that you could treat yourself in the same way as you could in your home country? For example, would you know how to get something to relieve a headache or upset stomach? (i.e: paracetamol / aspirin/ throat lozenge etc).
- What are the problems and what would make this easier for you?

Do you consider that you have suffered from any bad health as a result of the conditions in which you are living here in Sunderland? If so, what are they and why?

- For example, can you find and afford, or are you provided with enough vitamins, fruit etc?
- Are you able to keep warm enough?

Area 9 :General Feelings:

Do you feel you have enough understanding of health services available to you here in Sunderland, and how you can seek help from them, and what they can help with?

In your opinion, what would be the most useful information to be made available to you in the first few weeks of living in Sunderland?.

How would that information best be provided?

- For example, through visit by the health visitor, or translated information leaflets etc?

Do you feel that health service staff understand the particular problems facing asylum seekers in Sunderland?

Are you satisfied with the way you have been treated by health service staff?

- Do you feel you were given respect?
- Did you feel any discrimination?

The Sunderland Health Authority is proposing to set up a separate health centre for 'Transient People' in Sunderland. This would provide a service for people described as having no permanent residence – for example, including homeless people, and Gypsies. What do you feel about this idea? Do you think it would provide you with a better/easier service, or do you think it would be better if you had access to the mainstream services which are available to all people?

Area 10: Summary:

What do you think the main problems are?

What solutions can you yourself suggest for any of the problems you have identified in this whole discussion, that would have helped you and might help others too?

Do you have any other comments you would like to add?

Area 11 : Dentist & Optician

**Have you registered with a Dentist and received any treatment?
Did you experience any problems with this?**

- | |
|--|
| <ul style="list-style-type: none">• How far away is your dentist?• Was an interpreter arranged for you? |
|--|

Have you needed any treatment for your eyesight? What has been your experience of getting this treatment?

Are you yourself, or anyone else you know who is an asylum seeker, a health professional? If so, have you/they received any advice, or would like any advice, on how to get your qualifications recognised in England so that you could find employment here?

THANK YOU VERY MUCH FOR YOUR TIME AND PARTICIPATION IN THIS STUDY