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

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In the summer of 2000 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. Statutory services are trying to develop a response to the arrival of this new community of service users in terms of policy and practice.

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.

NERS worked in partnership with 5 volunteers, who are themselves Asylum Seekers in living in Sunderland, to design a participatory approach that would give voice to the experiences and feelings of asylum seekers regarding health and the health services to which they are entitled. Face to face interviews in own language were carried out with a representative range of volunteer respondents. A total of over 150 hours has been spent on the research, analysis and reporting. Research findings can be applicable in all settlement regions

Analysis of the responses demonstrate how:

1. prior existing health needs on arrival, which relate to
   - conditions forcing a person to flee their country (i.e.: conflict, torture, 'trauma')
   - health provision in countries of origin (i.e: if sanctions or conflict have reduced local capacity)
   - the affect on health of the method of travel to safety, and
2. prior expectations of health care based on the structure of health provision and medical treatment in countries of origin, and
3. a reduced ability to look after one's own health in
   - an unfamiliar environment
   - through another language
   - through the constraints of the Immigration and Asylum Act
   - whilst facing acute anxiety over separation, status and isolation

combine to produce a need for specialist knowledge and treatment and also an increased level of general need for health provision.

However, significant barriers in accessing health services and effective treatment were identified centred on issues of communication, information, awareness and understanding amongst health staff, time delays, and capacity. These problems have led to negative experiences of seeking health treatment and feelings of discrimination, leading to a lack of confidence in the health services, reduced uptake and increased levels of anxiety, and a consequent increased need to rely on an ability to look after one's own health.

The views of Asylum Seekers towards a proposed 'Transient People Health Centre' were also revealed, with a positive response to specialist provision but deep concerns about separate provision.

Gaps in service provision relating to mental well-being were also identified, but with the suggestion that alongside the availability of specialist services, a holistic view of health that linked well-being to social inclusion, community support and activities would provide significant relief and enable self-reliance.

In suggesting a way forwards, therefore, it is important to see Asylum Seekers and Refugees as a potentially valuable resource in providing solutions to many of the problems identified in service provision. This could be achieved by service providers offering and building working partnerships with these communities, thereby enabling them to apply their own skills in informing and supporting others, in facilitating access to services, and in health promotion.

Participatory approaches in identifying needs, in policy development and in mechanisms for implementation will help in ensuring that service development is evidence based, needs led and client centred, whilst also allowing for mutual understanding and trust.

If you would like more information please write to:
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