connecting care for children

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Healthcare for refugees: reflecting on experiences at the Metropole Hotel

Connecting Care for Children

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Refugees at the Metropole: background

Refugees are individuals who have left their home country due to 'a well-founded fear of being persecuted' or the threat of armed conflict[1]. A large proportion of refugees are children

- Refugees have full rights to free healthcare in the UK, and we have an obligation to provide healthcare services catering to their needs
- The Hilton Metropole is one of four 'Bridging Hotels' in the Bi-Borough area of London, which provide temporary accommodation and support for resettled Afghan refugees awaiting placement in more permanent accommodation
- The Metropole currently houses 600 to 650 refugees. Many worked under the UK government
- Families make up the majority of this population. Most children have travelled with their parents, but some are accompanied by other relatives or family friends
- Services are funded by the Home Office and delivered by a variety of providers, including Westminster Council, GPs from Healthcare Central London (HCL) and Health Visitors from Central London Community Healthcare (CLCH)
- Slowly families are leaving the hotel and being rehoused across the country

What we did and why

Connecting care for children (CC4C) is a team based at St Mary's Hospital that brings paediatric expertise from the hospital into the local community through GP hubs and community engagement work[2]

We came across several children from the Metropole in St Mary's paediatric wards, clinics and emergency department and became interested in how this population accesses care; we also wanted to support families in reaching the right services

What we did:

- In December 2021 and January 2022, 2 doctors and 2 administrative assistants from the CC4C service visited the Metropole to speak to 5 refugee families and find out more about their experiences of healthcare
- Some key questions were:
  - 'What are the healthcare needs of their children?'
  - 'What are their experiences of healthcare inside and outside of the hotel?'
  - 'Do they know how to access help if their children became unwell?'
  - 'What are the main barriers to accessing care?'
  - 'How could we provide better care?'
- We also spoke to **GP leads,** to paediatric colleagues at St Mary's to learn about their experiences of working with refugee families and to colleagues in other organisations working with this community
- We also reviewed data collected by Central London Healthcare and Westminster council on the Metropole population and GP service
- See appendix for case details

Why we did it:

We hope to improve the healthcare we collectively provide for local refugees by:

- Providing feedback to the Metropole team on what has worked well with their model of care, and to inform future health planning for similar groups
- Identifying key health needs and disseminating these to GPs who are now involved in their care
- Identifying how this group could be supported further

What services were provided for the Metropole community?

Refugees at the Metropole were provided with a wide range of healthcare services to bridge the gap to mainstream care. These were coordinated by Central London Healthcare and Westminster Council, with on onsite GP practice playing a central role.

A summary of some of these services, based on our best understanding from the Metropole GP service proposal, the Metropole GP service report, and discussions with providers at Central London Healthcare and Westminster council:

General services:

Hotel rooms based on size/structure of the family

3 meals a day at hotel canteen and after-school snack time for children

Provision of shoes and clothes

Children all in local schools

Onsite GP practice:

Onsite primary health service

Staffed by GPs, advanced nurse practitioners, and receptionists

Basic health assessment for all residents

Residents registered with local GPs

Access to systm1 and online prescribing

Children's health:

Health visitor checks for under 5s

School nurse reviews

Health education at the Hotel:

Education sessions on health-related topics

English language classes

Information leaflets for families on accessing health services

Baby and me groups

Vaccinations:

Child vaccinations

Flu and COVID-19 clinics

Mental health services:

One-on-one counselling services (Lateef Project)

Referrals into mainstream mental health services

Infectious disease screening:

TB screening questions

Sexual heath screening questions

Interpreter services:

2-3 interpreters on site during working hours

Mixture of male and female interpreters who speak Pashtu, Dari and Farsi

As of the 7th of January 2022, the onsite GP practice is closed and families access healthcare through the local GP practice at which they are registered.

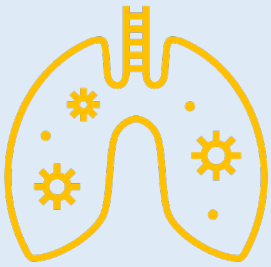
Interpreters and council staff have remained onsite to help patients access care and a variety of vaccination clinics and education sessions are ongoing.

What health needs did we identify? 1/5

Refugees often face unique health challenges. Their needs may be influenced by circumstances in their home country, by their journey here, or by the situation they find themselves in when they arrive. We sought to understand the needs of this specific group of refugees better.

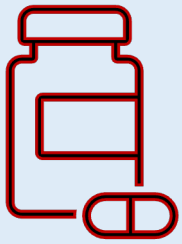
The most pressing needs were:

Mental health concerns



Infectious diseases and immunisations

Language barriers and unfamiliarity with UK health system



Management of long term health conditions

What health needs did we identify? 2/5

Language barriers and unfamiliarity with the UK healthcare system:

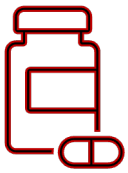
- Lack of English-speaking and unfamiliarity with healthcare beyond the onsite GP service was barrier to care for many
- Many refugees at the Metropole speak little or no English
- Women are less likely to speak English than men
- A significant proportion of this population is unable to read and write in their home language
- This resulted in difficulties with arranging and attending appointments, accessing emergency phone services (999/111), and communicating with healthcare professionals at appointments

One mother explained:
'Twice I have been to A&E with an interpreter; it would have been impossible without an interpreter'

She also said:
'Calling 111 would be difficult with the language barrier'

- Many of the mothers we spoke to had attended local English lessons organized through the council and found these helpful
- In general, we found that women were less aware of how to access care for their family compared to men. One woman explained that although she and her children had frequently accessed care at the Hotel, she was not aware of how to organize appointments or which GP the family was registered at

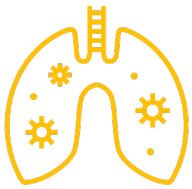
What health needs did we identify? 3/5



<u>Management of chronic health problems is complicated:</u>

- Interrupted care, loss of health records from home, and difficulties in coordinating secondary care were some of the problems faced by patients and the staff looking after them
- The St Mary's paediatrics team faced several barriers when providing care for a child with a potentially life-threatening condition requiring daily monitoring and treatment:
    - This patient's care was taken over by several teams before reaching St Mary's without a clear handover of treatment at each stage
    - The paediatric team did not know how long this patient was likely to remain at the area, and whether they should set medium and long-term treatment goals or just short term care
    - As the patient lacked a named GP at the Hotel, the paediatric team found it difficult to arrange repeat prescriptions
    - Providing effective education for the patient and their family was challenging due to language barriers
    - Changes to the child's routine and a lack of cooking facilities made it difficult to provide optimal care.
    - These difficulties led to a delay in the family receiving important medication, and they had to attend the emergency department to obtain medication out of hours
- Another child at the hotel had a treated illness that required regular monitoring. His follow up appointment at home was delayed for several months due to movement to the UK, and this was a source of anxiety for his family
    - Fortunately, this patient's father spoke English and had a good understanding of healthcare in the UK, and he was successfully registered with the hotel GP and followed up in secondary care
    - The patient's mother noted that it would have been much more difficult without an English speaker in the family and that she was not aware of test results or a follow up plan from the hospital

What health needs did we identify? 4/5



Spread of infectious diseases:

Management of infectious diseases amongst refugee children is complex

Spread of infection in hotel:

- Infectious diseases can spread quickly within transitional housing like the Metropole Hotel, where children eat meals in a communal canteen, visit each other's hotel rooms, and play in corridors
- 60 children were affected by a chicken pox outbreak in the hotel this winter (from GP handover report). Staff cited difficulties with enforcing isolation measures in the hotel despite best efforts
- Health visitors noted that diarrhoea and vomiting were common amongst infants due to poor sterilization of bottles. Sterilizers were eventually provided for every family and health visitors had discussions with families around hygiene and hand washing

Undiagnosed infectious diseases:

- Although the incidence is unknown in this specific population, refugees have a high incidence of infectious diseases such as TB and Hepatitis B[3,4]. A recent screening program for unaccompanied asylum-seeking children and young people in North West London found high rates of these conditions[5]
- Westminster council commissioned an initial screening programme that included TB screening questionanaire and a sexual health assessment, with referrals for STI testing and contraception. However, families may benefit from more rigorous screening in keeping with national guidelines (see plans, below)[6]

Child immunisations:

- The vaccination status of many children at the Metropole is uncertain or incomplete, and rates of vaccination are known to be low in Afghanistan[7]
- All families were individually contacted to encourage child immunisation and under 5s were reviewed by health visitors. 45 children were immunized at the Hotel based on previous records (if known) or in line with a pro-active approach advocated by Public Health England when unknown[8]
- However, Central London Healthcare have found 70% of under 16s in the Hotel currently do not have an immunisation plan in place. Updating vaccination records and encouraging immunisation is therefore an urgent need

What health needs did we identify? 5/5

<u>The mental health needs of these families will need to be addressed in the short, medium and long term:</u>

- There is an increased burden of mental health problems, such as depression, anxiety and post-traumatic stress disorder, amongst refugee children[9]
- This was reflected in some of the families we spoke to:

  Some children had ongoing fear and anxiety around traumatic experiences in their home country
  One mother said:
  'After gunshots in the streets in Kabul, my daughter was afraid of loud noises and of the security guards at the hotel'

  One mother said that although her children were generally happy, they have had difficulties integrating at school due to the language barrier:
  'The children are happy but they don't know the language. They are in school but it's hard with them not speaking English'

  Several parents expressed their ongoing anxiety about family members who were still in Afghanistan awaiting evacuation:
  'I try to be happy that I am safe and that my family is safe but there is a lot to miss, my house, the food I used to cook'

- Post-traumatic stress symptoms and other mental health concerns were also noted by school nursing and health visitor teams

Patient experiences of the onsite GP practice

Families described their experience at the Metropole GP practice in overwhelmingly positive tones

- They were able to **access care quickly**, appreciated that they did not have to travel to appointments and felt well looked after by the GPs
- The onsite interpreter service meant **language barriers were overcome** and interpreters noted that they had developed good relationships with some of the families
- The GP service acted as an effective triaging service, mostly providing **a smooth route** into A&E, mental health services and secondary care:

  'Last night my child had a rash all over their body, I didn't know what to do so just gave them a shower. In the morning it had almost cleared but the doctor said to go to A&E. The hospital knew we were coming and had an interpreter. It's all good now.'

- A key issue highlighted by families was the **different approach to care in the UK** compared to Afghanistan. Families often expected medication to be given straight away when their children were unwell, and were frustrated by the 'watch and wait' approach often adopted in the UK for minor health problems. One mother said:

  'I'm used to the system in Afghanistan where as soon as the child is ill you go to the doctor and they give antibiotics or medication [to help]. The doctors here say it takes time for the child to get better and give paracetamol. It makes me sad to see my child in pain.'

Experiences of healthcare outside the GP

Emergency services:

- Many of the families we spoke had attended A&E. The reasons for attendance ranged from minor injuries, to rashes, to high fevers and sore throats
- Some patients were referred by the hotel GP and others had attended without a referral. The close proximity of the Metropole to St Mary's Hospital and the guarantee of being seen relatively quickly meant this was an attractive option for accessing out of hours care
- In general, families had **positive experiences at A&E**. They found it convenient, and felt staff were attentive and addressed their concerns adequately. Some were also discharged with translated information
- Families were **less aware of other emergency services**, such as 111 and out of hours GP practices, which may be have been more suitable than A&E. Those that knew of 111 were not aware that it provided a telephone interpreter

Secondary care (Paediatrics):

- From speaking to families and colleagues, we learned that children had been directed into secondary care through **a number of routes**: one was referred by a school, some were referred following emergency department attendances, and others referred by the onsite GP practice
- In several cases, **delays in patients obtaining an NHS number** meant that paediatric teams could not treat patients promptly
- Some patients **initially lacked a named GP**, which made it more difficult to coordinate primary and secondary care

Bridging the gap to mainstream services: how did patients feel?

Many families felt apprehensive about accessing mainstream GP services now that the onsite GP service is closed

One mother said:

'I don't know these things [how to access GP care]. We have been here 4 months and have gotten used the service here. It was a challenge going out and finding St Mary's

- There were several **barriers** families anticipated, including:
  - Logistical challenges with contacting a GP and communicating during appointments
  - Wider concerns about whether GPs would provide fast appointments and address their health problems adequately

    One mother said:

    'My worries are that I can't speak the language and that GP practices give appointments very late'

    Another said:

    'If you want to see a doctor you have to make an appointment and it is a long wait. In the meantime you have you could get worse. In Afghanistan you get seen quickly'
- Several parents were still **unclear of which GP practice** they/their children were registered with and had difficulties arranging appointments as a result
- **Health visitors explained that patients' first and second names were often muddled and birthdays were incorrect (perhaps because birthdays are not celebrated in this community), which may have contributed to registration issues**
- Initially, family members were registered across several GP practices: although families are now being moved to the same practice, there remains confusion
- However, families felt **reassured that the council/CCG staff and interpreter team** would have an ongoing presence at the hotel to provide support
- Families were also thoroughly **prepared for this transition** through multiple in person teaching sessions and written leaflets on accessing care delivered by the CLH team

Recommendations

After speaking to families, we re-connected with the Metropole clinical leads and paediatrics colleagues to assess what interventions could be put in place to address these:

1. Multi-disciplinary case discussions:

- We recommend using our existing CC4C multi-disciplinary meetings (MDT) and clinics to support local GPs looking after children and young people from the Metropole
- At CC4C MDTs, local GPs discuss cases with a paediatric consultant and local dieticians, health visitors, school nurses and CAMHs professionals. At CC4C clinics, children are jointly reviewed by a paediatric consultant and GP in local GP practice
- The Metropole Hotel has already been identified several patients for CC4C MDT or clinic, and we will encourage local GPs and health professionals to refer refugees to these

2. Information for families on child health:

- We recommend the extensive educational work already carried out at the Metropole is expanded with additional emphasis on child health
- After speaking to families and staff at the Metropole, we decided further in person sessions on child health with support from interpreters would be most beneficial
- Topics to include: refresher on how and where to access care, and advice on immunisations

3. Infectious disease screening programme:

- We have liaised with paediatric infectious disease colleagues, Metropole Hotel clinical leads and the local council to develop an infectious disease screening plan for residents at the Hilton Metropole. This proposal was written by the local authority's public health strategist, to be executed by Find and Treat
- Screening will assess the burden of tuberculosis (TB), Hepatitis B, Hepatitis C and HIV in this population
- Patients with positive test results will be referred for infectious disease follow up. We recommend CC4C provide continuing support for children identified with infectious diseases, as identified by this programme

4. Immunisations:

- Further initiatives to update vaccination records and immunise children should be a top priority
- Families need consistent information and easy access to immunisation services
- A clear directive is needed for health professionals regarding the validity of immunisations received before arrival in the UK, as per PHE[8] guidance
- We recommend CC4C co-produces FAQs[9] for families and professionals and that these are disseminated through: GP hubs, other professional networks e.g. health visitor and school nurse, workshops at the hotel

Appendix: health needs identified and recommendations to address them

Management of long-term conditions is complicated:

- Interruptions in care and incomplete handover of information
- Delays in receiving NHS numbers and registration with named GP
- Language barriers make education and communication with secondary health providers complicated

High burden of mental health problems

Multi-disciplinary case discussions :

CC4C already supports MDT meetings at GP practices. Using these, undertake a short exercise to **connect care** between GPs, paediatricians and local health visitors/CAMHS professionals/school nurses looking after refugees with complex mental and physical health problems and **share experiences from between MDT members**

Language barriers and lack of confidence in accessing healthcare in the UK:

- Families had difficulties arranging and attending appointments, accessing emergency phone services (999/111) and communicating with healthcare professionals
- Unnecessary attendances to emergency department
- Concerns about using local GP practices

Information for families on child health :

Deliver further in-person sessions to help families feel more confident accessing care in the UK, with a focus on children's health and immunisations

Infectious diseases:

- Infectious diseases spread easily within transitional housing
- There is a potentially higher burden of TB and blood borne viruses in this population
- Immunisation plans are incomplete for many children

Infectious disease screening programme:

Screening programme to identify TB and blood borne diseases in this population and treat families if required (in process, via Find and Treat) CC4C to provide support to any children/young people with above diseases identified

Immunisation:
Drive to promote vaccination uptake in this group through consistent messaging to healthcare providers via GP hubs and to family education sessions

Appendix: summary of cases, abbreviated to preserve confidentiality

Case 1:

- Family of 6: mother, father and four children. Husband speaks English as has previously lived in the UK
- Had used secondary care services and A&E

Case 2:

- Family of 6: mother, father and four young children. Arrived in the UK in August 2021, and husband worked for the UK government in Afghanistan
- Had used A&E multiple times, and spoke about children's mental health and Metropole services

Case 3:

- Family of 3: father, mother who is currently pregnant, and young baby. Father spoke English due to his former job
- Had used onsite GP and attempted to use 111 and the new GP practice

Case 4:

- Family of 7: mother, father and five young children. Family arrived in the UK in August 2021 and were evacuated as father worked for the UK government
- We spoke about different attitudes to healthcare in the UK and Afghanistan, had used A&E

Case 5:

- Family of 2, with extended family also living in hotel. Child has long-term health condition requiring daily management and input from school and family
- Information gathered about this case through discussion with the family, paediatric consultant and specialist nurse

Appendix: useful resources and acknowledgements

Useful resources:

British Medical Association (BMA): Refugee and Asylum Seeker Health Resource
Guidance for health professionals on health needs and entitlements of patients who are refugees or asylum seekers
https://www.bma.org.uk/media/1838/bma-refugee-and-asylum-seeker-health-resource-june-19.pdf

Public health England: Migrant health guide
Advice and guidance on health needs of migrant patients in the UK
https://www.gov.uk/government/collections/migrant-health-guide

Public Health England: Afghan relocation and resettlement schemes: advice for primary care
Specific advice on addressing health needs of Afghan Refugees under the Afghan Relocations and Assistance Policy (ARAP) scheme or Afghan citizens' resettlement scheme (ACRS), for primary care
https://phwwhocc.co.uk/ih/wp-content/uploads/2020/07/PHW-Swansea-HEAR-technical-report-FINAL.pdf

The Health Experiences of Asylum Seekers and Refugees in Wales
Large study exploring healthcare of asylum seekers and refugees in Wales. Includes perspectives of both patients and healthcare providers
https://phwwhocc.co.uk/ih/wp-content/uploads/2020/07/PHW-Swansea-HEAR-technical-report-FINAL.pdf

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