



Initial Accommodation and HIV

Report by the National AIDS Trust

Introduction

The National AIDS Trust is the UK's leading policy and campaigning voice on HIV and AIDS. The National AIDS Trust develops policies and campaigns to halt the spread of HIV, and improve the quality of life of people affected by HIV and AIDS, both in the UK and internationally.

This report presents the work that the National AIDS Trust has undertaken thus far on a short-term project aiming to identify and support consistent best practice in meeting the HIV-related needs of asylum seekers supported in initial accommodation. The report provides background information on HIV and asylum seekers to the UK, and outlines key findings from discussions with the Home Office Border and Immigration Agency, Department of Health and initial accommodation¹ healthcare staff. It also presents additional findings from a questionnaire on initial accommodation sent to Home Office Border and Immigration officials. Finally, the report offers short- and long-term recommendations to encourage further discussion and outline next steps.

The National AIDS Trust is grateful to officials at the Home Office Border and Immigration Agency and Department of Health and initial accommodation healthcare staff who facilitated the project. The interpretations and conclusions of this report remain those of the National AIDS Trust.

Background

Migrants and asylum seekers are some of the most vulnerable people living with HIV in the UK. Migrants living with HIV often come from countries with high rates of infection. In addition the process of migration, including high risk of poverty and poor access to safer sex education and health care, can contribute to the risk of becoming infected.

Due to a lack of official data, Gazzard, *et al* estimated the number of asylum seekers living with HIV in order to calculate treatment costs. Despite limitations, using immigration and HIV prevalence data for 2003-04 they estimated there would be 899 asylum seekers living with HIV from the top ten applicant countries.²

However, there is simply no accurate way of knowing how many migrants are living with HIV. Extrapolation from HIV prevalence data in applicant countries is problematic because it assumes that HIV prevalence among migrants is the same as for the total population. It has been suggested that this may not in fact be the case. Migrants may be more or less vulnerable to HIV for a variety of reasons. However, it

¹ Initial accommodation refers to housing provided by the Government for asylum seekers upon application who require immediate accommodation support while awaiting dispersal.

² Gazzard, B., Anderson, J., Ainsworth, J. and Wood., C., *Treat With Respect – HIV, Public Health and Immigration*, http://www.ukcoalition.org/migration/HIV-Treat_With_Respect1.pdf, 2005.

is still a reasonable assumption that HIV prevalence among migrants will be higher than in the general population of the UK.³

The Health Protection Agency found there has been a large increase in the number of non-UK born individuals diagnosed with HIV in England, Wales and Northern Ireland.⁴ In 2004, 70 per cent of those diagnosed with HIV, for whom a country of birth was reported, were born outside the UK. The majority of non-UK born individuals diagnosed with HIV were black Africans from sub-Saharan Africa and the total number of migrants living in the UK who were born in sub-Saharan Africa has increased in recent years. Between 1991 and 2001, the number of migrants from Zimbabwe increased 2.3 fold, the fifth largest increase in migrant numbers from any one country, while the ninth largest increase was in migrants from South Africa (2 fold).

Non-UK born people accounted for the majority of new HIV diagnoses in 2004 and over a third of people seen for HIV care. Many are diagnosed late in the course of their infection. Up to one third of cases were diagnosed two or more years after arrival in the UK.⁵ This is not consistent with the view sometimes expressed that migrants might come to the UK solely to seek treatment for HIV. In addition the number of deaths in non-UK born cases of HIV has increased between 2001 and 2004⁶; this may be related to late diagnosis, or in some cases to not starting antiretroviral (ARV) treatment at the appropriate time. This demonstrates a need for the HIV risk in migrants to be considered earlier.

There are inherent challenges related to HIV prevention, testing and treatment in initial accommodation. This includes the average length of time an asylum seeker is supported in such accommodation. In addition, the regional re-alignment programme for initial accommodation, which is currently underway, must be considered. This means that some established services are closing and newer services are opening. Such a re-alignment may affect key recommendations as outlined at the end of this report. Finally, the New Asylum Model (NAM) developed in 2005 and implemented beginning in 2007, introduces a faster, more tightly managed asylum process with an emphasis on rapid integration or removal. This may shift emphasis away from initial accommodation towards dispersal and longer-term accommodation.

However, it is worth highlighting what might be gained. There is not only a need to comply with the duty of care and human rights obligations owed to asylum seekers, but initial accommodation staff can also play their part in protecting public health in the UK. It remains the case that those supported in initial accommodation will be dispersed and become active members in their communities throughout the UK. Healthcare clinicians, including initial accommodation staff, that work with asylum seekers are ideally placed to consider HIV risk in their assessment of a patient's health needs and should be supported in this role.

Aim and Objectives

The aim of this project is to identify and support consistent best practice in meeting the HIV-related needs of asylum seekers supported in initial accommodation.

³ National AIDS Trust, *Dispersal of Asylum Seekers Living with HIV*, <http://www.nat.org.uk/document/113>, 2006.

⁴ Health Protection Agency, *Migrant Health*, www.hpa.org.uk/publications/2006/migrant_health/migrant_health.pdf, 2006.

⁵ Ibid.

⁶ Ibid.

Main objectives for the project include:

- To support high quality and appropriate care for those diagnosed with HIV who are in initial accommodation centres;
- To ensure HIV testing is provided where requested or clinically indicated according to best practice guidelines;
- To identify opportunities and challenges to communicate HIV-prevention and sexual health promotion messages to those in initial accommodation centres; and,
- To support a stigma- and discrimination-free environment regarding HIV in initial accommodation centres, which can provide reassurance on the accessibility and confidentiality of NHS services for HIV and sexual health post-dispersal.

Methods

Thus far, the National AIDS Trust has met with key officials of the Home Office Border and Immigration Agency and Department of Health to discuss the project. Following this, a short electronic questionnaire on initial accommodation was sent to the Home Office Border and Immigration Agency for completion (the questionnaire is available on request from the National AIDS Trust). The questionnaire asked about the following:

- Number and location of initial accommodation centres.
- Nationality and gender of those supported in initial accommodation.
- Average length of time spent in initial accommodation.
- Healthcare provision at each initial accommodation centre.

The National AIDS Trust met with a range of healthcare professionals including GPs, HIV nurses and other clinicians at two initial accommodation centres in Ashford (part of South East Central Induction Centre) and Barnsley (part of Yorkshire and Humberside Induction Centre) to learn more about the induction process and health assessment as to better understand the accommodation support process and what opportunities exist to support best practice related to HIV.

The National AIDS Trust drafted a resource on HIV and AIDS for healthcare professionals to provide asylum seekers supported in initial accommodation. Feedback on the draft resource is being received from initial accommodation healthcare staff.

Initial findings

There are nine initial accommodation centres in the UK including seven in England, one in Wales and one in Scotland. Over the past 12 months, all facilities supported men, women and children. These facilities are:

- South East Central Induction Centre (Kent)
- London Initial Accommodation Centre (Croydon)
- Clearsprings (Cardiff)
- Astonbrook (West Midlands)
- YMCA (Glasgow)
- Yorkshire & Humberside Induction Centre (Leeds)

- Angel (Wakefield)
- North West Consortium Induction Service (Greater Manchester)
- Accommodata (Liverpool)⁷

Length of stay and most commonly reported nationalities

Over the last 12 months, the average length of time all asylum seekers were supported in the nine centres was 27 days (range 18 days to 67 days). The shortest and longest periods an individual was supported in initial accommodation reported were 1 day and 457 days respectively. The four most commonly reported nationalities supported were Iranian (2,418), Eritrean (2,002), Afghan (1,085) and Somali (667). HIV prevalence in Eritrea is estimated at 2.4 per cent and Somalia at around 4 per cent.⁸

Induction

A DVD produced and provided by the Home Office Border and Immigration Agency is shown to all asylum seekers who arrive in initial accommodation. It is available in 36 languages and provides an overview of the rights and responsibilities of asylum seekers during the application process. It briefly highlights health issues, and recommends everyone have a health check and register with a GP. It also explains that everyone can receive NHS healthcare. Provision of healthcare in initial accommodation is through local Primary Care Trust, NHS Walk-in Centre or NHS Direct. No mention of HIV or sexual health issues is made in the DVD.

Health assessment

Initial accommodation healthcare staff provide health assessments for asylum seekers supported in initial accommodation. Asylum seekers receive a book of their personal health record ('blue book') which is intended to facilitate information sharing by health professionals during the asylum application process. The book includes past medical history on blood disorders (e.g., Hepatitis B, HIV, anaemia), tuberculosis (more migrants now come from parts of Africa where there are increasing rates of TB and HIV co-infection⁹) and sexual health (e.g., sexually transmitted infections, other sexual health problems, actions taken).

HIV resource

Initial accommodation healthcare staff from Ashford and from Barnsley who met with the National AIDS Trust do not have a specific informational material on HIV to provide to asylum seekers supported in initial accommodation. As a result, these GPs and nurses suggested that a basic resource on HIV was needed to give to asylum seekers during their health assessment and at any other appropriate time during their stay in initial accommodation.

These clinicians felt such a resource should outline how the virus is transmitted, how to access testing, pre- and post-testing discussion and treatment and care while in initial accommodation and at their post-dispersal locations, as well as highlight issues such as confidentiality and disclosure. It was also thought that a resource would be a useful tool to communicate HIV-prevention and sexual health promotion messages to a vulnerable group of individuals who may be afraid to disclose their HIV status or request a test even if they have been at risk because they feel it could affect the status of their application. The resource should include reassurance that HIV status will not affect the outcome of their asylum application and that doctors and healthcare

⁷ Note that Liverpool City Council will be providing initial accommodation in place of North West Consortium Induction Service.

⁸ UNAIDS, *Report on the global AIDS epidemic*, May 2006.

⁹ Health Protection Agency, *Migrant Health*, www.hpa.org.uk/publications/2006/migrant_health/migrant_health.pdf, 2006.

professionals will keep their status confidential and not share it with anyone else. It was also recommended that such a resource be translated into some of the main languages spoken at the centres.

HIV-related training

Initial accommodation healthcare staff also noted a potential need to receive specific training on HIV and share best practice. It was suggested that one potential forum to facilitate such a training could be the National Induction Centre Network Group.

Conclusions

While some people supported in initial accommodation might stay for extended periods of time, the average stay according to the Home Office Border and Immigration Agency was just under four weeks. This is useful in giving an indication of the scope for activities to assist asylum seekers living with HIV.

Although there may be limited scope, it would appear that four weeks does present a valuable opportunity to support those with HIV-related needs in initial accommodation. There are opportunities to promote voluntary HIV testing upon request or clinical indication, highlight HIV and sexual health issues in the induction DVD, develop a specific HIV and sexual health resource to provide to asylum seekers and provide training and resources for healthcare staff on HIV.

To supplement our initial findings, the National AIDS Trust hopes to distribute a questionnaire to each of the healthcare managers in initial accommodation centres throughout the UK to gather additional information so that we can develop longer-term strategies to ensure that the HIV-related needs of asylum seekers living with HIV are consistently met.

Recommendations

Outlined below are short- and long-term recommendations arising from this project that aim to support best practice and a stigma- and discrimination-free environment in initial accommodation centres regarding HIV, which can provide reassurance on the accessibility and confidentiality of NHS services for HIV and sexual health. The National AIDS Trust hopes to take forward these recommendations in partnership with initial accommodation staff, clinicians, officials and other key stakeholders.

Short-term

Many of these short-term recommendations have been or are being actioned:

- Develop educational materials to communicate HIV-prevention promotion messages to those supported in initial accommodation.
- Ensure healthcare staff in all initial accommodation centres have easy access to resources on HIV, specifically:
 - Medical Foundation for AIDS and Sexual Health booklet “HIV and Primary Care”.
 - National AIDS Manual booklets including “Anti-HIV Drugs”.

- Identify and share best policy and practice in relation to HIV- and sexual health-related provisions in initial accommodation and offer recommendations with a view to support high quality and appropriate care for asylum seekers living with HIV. This includes participating in a meeting of the National Induction Centre Healthcare Network Group which is currently scheduled for November 2007.

Long-term

Below are longer-term recommendations that are subject to funding as well as approval from the Home Office Border and Immigration Agency and Department of Health:

- Develop an electronic questionnaire for completion by each of the nine initial accommodation centres on the health- and HIV-related provisions at each centre including the health induction process, how HIV testing is carried out in accommodation centres and the availability and accessibility of ARV treatment, pre- and post- testing discussion and educational interventions to those supported in initial accommodation centres.
- Facilitate more detailed discussions on measures undertaken in initial accommodation to prevent and treat HIV, continue gathering examples of best practice related to the HIV-related needs of asylum seekers supported in initial accommodation and identify appropriate networks such as the National Induction Centre Network Group and other clinical pathways to support consistent best practice.
- Design and facilitate specific HIV-related training to initial accommodation healthcare staff to ensure policy and practice on HIV are implemented effectively.
- Translate educational materials in key languages to communicate HIV-prevention promotion messages to those supported in initial accommodation and provide translators with information and assistance as required to ensure the most appropriate language is used.