### **HIV Ireland National Conference :**

"HIV, Social Inclusion, Stigma, and Social Policy"

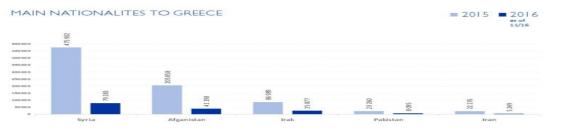
> 28<sup>th</sup> September 2017 Dublin

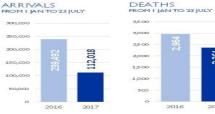
'HIV Stigma, Social Inclusion and the 'Migrant' Community'.

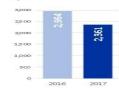
> Dr. P.J. Boyle Clinical Nurse Specialist DProf (Health), M.A. (Dev. St). RCN., RGN., HSE Refugee Clinic Balseskin Refugee Reception Centre Dublin

## What you may have seen or heard?



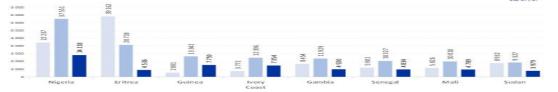






MAIN NATIONALITIES TO ITALY







\*TO 23/07/17

#migrationeurope | migration.iom.int/europe

# Migration means of access...

## Who or what is a 'migrant'?

- Immigration Processes Visas, work / study permit, others
- In the main rigid administrative system (? Overly bureaucratic, complex / lengthy, ?? Person centred?? - Economy / society

#### **Protection System**

- 6 ways of getting access into the Irish protection system:
  - 1. Existing Refugee Programme "Programme Refugees"
  - 2. Medical Programme Refugees
  - 3. "Ordinary" Asylum Seekers
  - 4. Family Reunification Programme / other mechanisms
  - 5. 'No status' e.g. 'undocumented'
  - 6. IRPP programme " EU Relocation & Resettlement"

## Understanding the complexity....migration, 'refugeedom' living or affected by HIV

- Intersectionality common experiences challenges and opportunities -
- In general an ambiguity exists in the use of language & terminology within the discourse of ethnic diversity, health & migration at practice, research and policy level – then consider adding HIV issues
- <u>What are the consequences and impact for people ?</u>
- Categorizations by whom / what / FOR WHAT PURPOSE? (administrative, social, cultural, language, medicalization immigration status)
- Ethnic minorities, migrants, refugees NOT homogenous groups terminology /definitions - attention to the diversity 'within' and 'between' migrant groups.

# Understanding the complexity.... (contd).

- Intersectionality (contd).
- In the first instance are people affected by or living with HIV coming forward for support, advocacy, services etc?
- Labelling, Stigma, Taboo, "othering"
- Entitlements basic Needs 'who is entitled to what? 'Rights' Citizen V's Non-Citizen Questions for Health professionals / Services
- WHAT IS THE IMPACT ON CLIENTS, HEALTH / SOCIAL CARE STAFF / SERVICES......SOCIETY ?

# **Balseskin Reception Centre**

- Is the largest of the Dublin Reception centres opened in late 2001 for newly arrived asylum seekers.
- Direct Provision System & Dispersal Policy (Dept. Justice Equality & Law Reform (Reception & Integration Agency).
- Health centre opened in April 2002 Health Service Executive.
- It is situated on a 7 acre purpose built site (North Dublin beside airport)

- Port-a-cabin-style units shared accommodation & communal dining / social areas.
- Maximum number of residents: 369













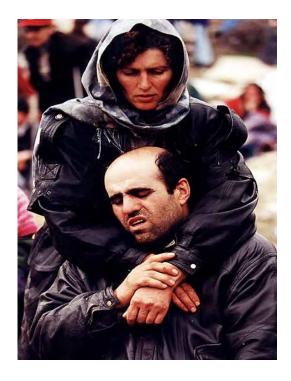
**Dignity** 

*'Quality of being worthy of respect' 'self-importance' 'pride' 'self-esteem' self-respect'* 



# Migrant Healthcare – vulnerability?

- 'Push & Pull' Factors
- Experiences prior to arrival, en route, current – regardless of migrant status
- Cultural adaptation
- Physical /Psychological
- At risk sub-groups
- Loss & Bereavement
- Trauma / Torture
- Security / Safety / Trust
- Access to services
- Effects of asylum process
- Future Prospects



# WHY?

## **Obligations** :

- Moral & Ethical
- Professional
- Statutory & Legislative

What factors are negatively impacting on these obligations?



# **HSE Primary Care Services at Balseskin**

Health Screening Assessment (voluntary / confidential / separate to A/S process)

- Community Nursing & Midwifery
- P.H. / Medical GP service
- HSE Social Work
- HSE Psychology
- HSE Children's services (pre-school, play therapy)
- HSE PHN
- HSE Funded Activities Co-ordinator / project
- Community Partnership with NGO / Voluntary Agencies







# Health Screening assessment What does it involve?

- Voluntary / confidential / separate to A/S Process:
- T.B. Questionnaire / BCG check CXR referral
- Blood test HIV, Hepatitis B&C, VZV, Rubella (others)
- Child health e.g. Vaccination Hx, child Health / Dev.
- Midwifery Ante-natal / post natal assessment / Referrals
- Specialist Referrals (ID / GUIDE, Psychology / Psychiatry Paediatrics / Child Dev / Dental, Drug Tx Service)
- Psycho social assessment / Referrals : HSE Specialist Psychology Service for Refugees / Asylum Seekers and / or HSE Primary care social worker.
- GP Practice referrals from screening team / self referrals
- Initial screening in reception phase followed -up in relocation areas -
- Patient advocacy role (health services, legal / humanitarian)
- Public health role / health promotion.

# 2016 HSE Refugee Clinic Balseskin

•	Overall total	6,463
•	Total No. of Interventions (MDTs):	3,057
•	Reviews / Recalls / Emergencies:	2,029
•	No. attended health screening:	1,377
•	No. invited for health screening assessment:	1,682
•	No. of people accommodated:	1,823

• 80+% Total uptake of voluntary health screening

#### • Cohorts Accommodated at Balseskin:

Asylum seekers, Convention refugees, Programme Refugees, Permanent Medical Resettlement Cases (UNHCR evacuees), Human Trafficking, pending deportees, IRPP cohorts (Syrian / Iraqi ex- Greece & Lebannon)

#### • Countries of Origin: :

Nigeria, D.R. Congo, Zimbabwe, Albania, Algeria, Malawi, Afghanistan, Pakistan, Bangladesh, Sri Lanka, Egypt, Palestine.

# HIV (Balseskin Clinic) 2002-2017 (August)

- 380 diagnosed cases of HIV since commencement
- Gender 70% female / 30% male
- Main countries of origin: Zimbabwe, Sth. Africa, Nigeria, Malawi, Cameroon, DRC (Congo)
- Referral to HIV / ID Specialist Teams for review and Treatment
- Engagement with HIV sector: Community Based organisations, advocacy groups, NGOs, peer led initiatives;
- CNSp Role: (client caseload, education, advocacy, research, consultancy)
- Historical Community Development / Primary Care model: Open Heart House Outreach, DAA (HIV Ireland Outreach), HIV Nurses Group, one-to one client work.

# HIV advocacy / awareness work in Balseskin

- Early 2000's AIDS & Mobility Europe <u>www.aidsmobility.org</u>
- NFP Irish Network pan-EU Projects specifically targeted at mobile and migrant populations living with or affected by HIV
- Set up national network of HIV sector stakeholders including PLWHIV, clinicians, NGOs, Balseskin clinic, HSE
- Irish contributions to working groups / conferences / seminars and production of resources
- Informed and contributed to the Education and Prevention subgroup of NASC

# Health and social care provision....

"The elephant in the room" (ETHNOCENTRISM)

We need to look at ourselves & how we do things

- Socio-Cultural
- Political / Legal
- Organisations / Systems
- Professional Education
- Leadership / 'Ignorance'

#### "HEARTS & MINDS"

#### **Cultural competence**

Partnership + Empowerment = Equality



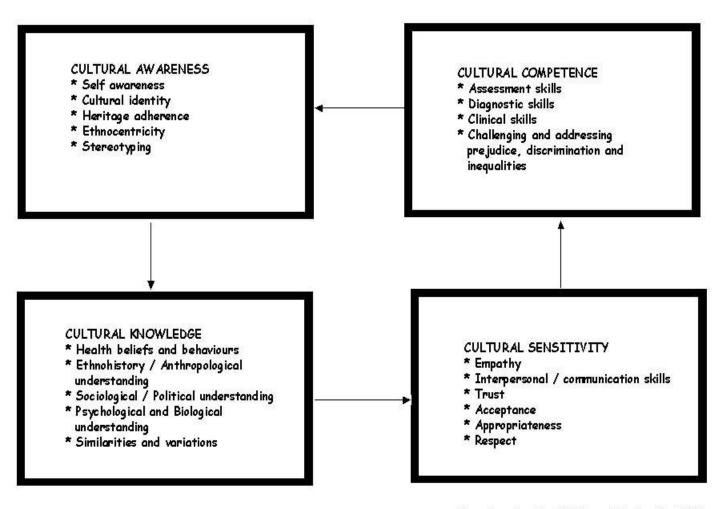
PTT Model for Developing Cultural Competence -Underpinning Values used in Migrant Health (Papadopoulos Tilki Taylor 1998)

- Human Rights
- Socio-Political Systems
- Intercultural Relations
- Human Ethics
- Human Caring

"The failure to provide culturally appropriate services is not always deliberate but is underpinned by ethnocentricity which assumes people of other cultures find mainstream provision acceptable and effective"

Tilki 2006

#### The Papdopoulos, Tilki and Taylor Model for Developing Transcultural Nursing Competence



(Papadopoulos I, Tilki M and Taylor G, 1998)

# Globalisation has resulted in a shift in thinking....for us as individuals, professionals and organisations...



Where are YOU positioned as a client, health professional, manager, organisation in this process?



National immigration law is often the arena where human rights and national self interests clash and the principle of promoting the best interests of vulnerable groups can be over looked.

# **Useful Sources of Information**

- <u>www.icn.ch</u>
- <u>www.unhcr.org</u>
- <u>www.healthequity.ie</u>
- <u>www.tnn.ie</u>
- <u>http://www.europeantransculturalnurses.eu</u>
- <u>http://www.hpsc.ie/A-Z/SpecificPopulations/Migrants/</u>
- <u>www.hse.ie</u>
- Further statistical information on asylum system / refugees.
- <u>www.inis.gov.ie</u>
- <u>www.ria. gov.ie</u>
- <u>www.integration.ie</u>
- <u>http://www.integration.ie/website/omi/omiwebv6.nsf/page/statistics-en</u>
- <u>www.equality.ie</u>
- <u>www.mrci.ie</u>
- <u>www.unhcr.org</u>
- <u>www.paveepoint.ie</u>
- <u>www.irishrefugeecouncil.ie</u>
- <u>www.cso.ie</u> (Central Statistics Office)

# Acknowledgements

- Mr. Niall Mulligan HIV Ireland
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- HSE Team in Balseskin Clinic
- Ms. Essene Cassidy DPHN HSE CHO9
- Ms. Diane Nurse HSE Social Inclusion
- Dr. Maureen Brennan AMO Balseskin
- Residents and Clients of Balseskin Reception Centre and Clinic.

# Go raibh míle maith agaibh!

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