Helsedirektoratet
Norwegian Directorate of Health

Identification of Vulnerable Persons

Norwegian practice and pilot project

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Role of Directorate of Health

- Standardize health services through guidelines etc
- «Guideline on health services to asylum seekers, refugees and family reunified persons»
- Among topics: recommended content for health control
- Sets standard for good practice, but not legally binding

Systemic weakness

- No integrated legal package for life as asylum seeker
- No intersectoral integration of data systems
- No time limits for various aspects of the asylum process
- No entity following the individual through the whole process – except the Directorate of Immigration

Sectorised legislation

- Act on immigration regulates access to Norway, protection and citizenship
- Services to asylum seekers not elaborated in other acts
- Municipality where reception centre is located, has resposibilty to deliver services
- Health: Only tuberculosis screening is absolutely mandatory in arrival transit reception

Health practice at arrival

- TBC check in arrival transit, health services available on request
- Emphasis on general health status and level of functioning, contagious diseases, acute conditions and needs for medication
- Mental and other symptoms may be noted, but not treated unless acute
- Patient record follows to next place of residence, to be followed up in the ordinary health services

Health practice in later stages

- Municipality of residence provides physician and access to mother and child health clinic, and if needed referral is made to spescialized health care

- Our guidlines are practised to varying degrees and ways in different municipalities. Some GPs initiate examination of the asylum seekers.

- Attendance is always voluntary, except for TBC.

Pilot project at transit reception center

- Goals for the follow up of the individual asylum seeker:
  1) improve health care
  2) check need for adjustments in accomodation
  3) provide health information relevant for the asylum descision

- System goal:

To develop a more systematic method based on recommendations and experiences from the pilot project, for identification of the vulnerable persons.

How we do the pilot:

- Two specalized nurses employed at transit reception center
- Asylum seekers are told they can get a voluntary health talk
- Asylum seekers must seek the nurses themselves
- Based on informed consent – in multiple layers
- Questionnaire/guideance will help the nurses structure talks

Status

- Awaiting concession from The Norwegian Data Protection Authority

- Exploring how the ordinary health office works, and how information flows from them to municipalities and Directorate of Immigration.

- Observing asylum seekers in the arrival transit, but no health talks

Suggestion from Directorate of Health:

- Background: Recently, a triple murder incidence occured were the perpetrator has Dublin agreement status, the day before planned return to Spain

- Our response: Health control with emphasis on mental health should be made mandatory for municipalites with reception centres.

Exchange of information

- Much information within the health service and between health service, Directorate of immigration, asylum centres and municipal authorities goes orally.

- Norway has strict regulation of confidentiality, written communication is often formally difficult.

- We fear much is lost because of inadequate technical systems and routines.