Identification of Vulnerable Persons
Norwegian practice and pilot project

By Vegard Nore, senior adviser. Presentation in Vouliagmeni, 20th November 2013
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 responsibility 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 specialized health care.

• Our guidelines 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 accommodation
  3) provide health information relevant for the asylum decision

• 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 specialized 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 occurred where 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 municipalities 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.