

30. juni 2020

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SOCIALT  
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## **The health situation among unregistered and homeless migrants: summary**

This study sheds light on the health situation among unregistered and homeless migrants who are living on the streets of Copenhagen and Århus. The purpose of this study is to provide empirical insight into the health conditions and related healthcare needs experienced by unregistered and homeless migrants. A further purpose of the study is to gather and clarify the experiences and ethical considerations of healthcare professionals and employees/volunteers in social organisations working with unregistered and homeless migrants. The project was followed by an advisory group consisting of the following organisations and institutions: The Red Cross Health Clinic for undocumented migrants, project OUTSIDE, DanChurchSocial, Mændenes Hjem\*, The Street Lawyers, the Homeless Unit of the City of Copenhagen, the Danish Institute for Human Rights and the Danish Research Centre for Migration, Ethnicity and Health at the University of Copenhagen.

The study is based on four weeks of fieldwork carried out during the summer of 2019 and semi-structured and focus group interviews with unregistered and homeless migrants. It also includes interviews with healthcare professionals and employees/volunteers in social organisations in Copenhagen and Århus as well as interviews with representatives of international organisations. The collected data is triangulated in the analysis. The study does not include medical records or statistical data, and the analysis is therefore solely based on the migrants' subjective experiences of their state of health, compared with the experiences of healthcare professionals and employees/volunteers in social organisations. The study includes 20 empirical cases of the interviewed migrants. The cases illustrate the great diversity in their backgrounds and individual trajectories with specific emphasis on their health situation and specific health issues. The issues range from respiratory infections, infected wounds and chronic illnesses to severe mental illness as well as co-morbidities and combinations of physical and mental illness with alcohol and/or drug addiction. Yet, what the unregistered and homeless migrants have in common is the fact that they encounter barriers for accessing healthcare in Denmark, and that they lack long-term solutions to their health needs.

The migrants in this study largely utilize existing civil society facilities that reach out to socially marginalised people living on the streets. Many contact and receive treatment in the Red Cross Health Clinic, and several of the migrants use day shelters and are in touch with outreach teams. The municipalities, health-related outreach teams and private healthcare/social organisations often coordinate their efforts in order to help each individual. Nevertheless, employees/volunteers from these institutions and organisations point to several limitations for providing unregistered migrants with more sustainable solutions to their health needs. This study addresses some of these limitations.

In the analysis of the empirical data, the study highlights several barriers for unregistered and homeless migrants' access to healthcare. A crucial barrier is the fact that the Danish Health Act only allows for emergency treatment of unregistered migrants. This creates a series of limitations for diagnosing and treating non-acute conditions. This includes non-acute conditions that could potentially deteriorate into emergency conditions or that have a severe impact on the individual's wellbeing. Additionally, the analysis identifies issues related to the limited possibilities for follow-up and check-ups of unregistered migrants following emergency treatment. They are often discharged from the hospitals without any social support or medical follow-up. The study also points out that migrants without a Danish social security number (CPR number) often receive a new substitute number with each hospital admission. This means that one patient can have several medical records under different numbers, which makes it complicated for healthcare professionals to get a full overview of a patient's medical history and previous treatments. The analysis

further emphasizes the lack of possibilities for treatment of drug and alcohol addiction as a crucial barrier for improving the situation of many of the migrants in this study. Many asked for treatment for drug/alcohol addiction, but such treatments do not classify as emergency healthcare provision. Consequently, several migrants in this study experience a deterioration in their health including repeated hospital admissions due to alcohol poisoning, liver diseases, drug overdose or psychoses. In this connection, both migrants and professionals among the interviewees underlined the need for long-term psychiatric hospitalisation in order to prevent frequent psychiatric emergency admissions.

Furthermore, the analysis shows, how lack of possibilities for resting and sleeping have a negative effect on the migrants' mental and physical health due to e.g. stress and anxiety related to fear of being arrested while sleeping on the streets. The lack of places to sleep constitutes a specific challenge for migrants who are discharged after hospitalisation since the access to care centres and § 110 facilities\*\* is restricted to registered citizens with a CPR number.

The analysis further shows how the existing barriers for unregistered migrants' access to healthcare put many of the interviewed healthcare professionals in an ethical dilemma. They feel challenged in relation to their ethical oaths for doctors and nurses when they in some instances are unable to provide the same level of treatment to unregistered patients compared with patients who have CPR numbers (and who can therefore receive non-acute treatment, follow-up etc.). Similarly, many employees/volunteers in social organisations find themselves in ethical dilemmas when their humanitarian imperative is challenged by the lack of possibilities to provide assistance to unregistered migrants in the same way that they can support registered citizens (e.g. by providing contact to social workers). They also express uncertainty related to existing legislation concerning whether and how they are supposed to interpret and evaluate migrants' administrative status.

The study concludes with a list of needs within four central areas, which both migrants, healthcare professionals and employees/volunteers in social organisations pointed out as crucial for improving the health of unregistered and homeless migrants. One of these areas is the need for 'necessary' healthcare, which would allow healthcare professionals to carry out non-emergency diagnosing and treatments in situations where a risk of deterioration of the patient's health without treatment is identified. A related need is that of improving the possibilities follow-up after hospitalisation. Another important area is the much-requested treatment for alcohol and drug addiction. Furthermore, the need for consistent/longer-term possibilities for resting and sleeping, especially post-hospitalisation, was emphasized by all interview participants. Finally, there is a need for clarification of several areas of law in order to: prevent that homeless and unregistered migrants are not charged for emergency health care treatment; to prevent that homelessness is criminalised and; to ensure that civil society is not given responsibilities of state authorities, which they should not have. This specifically relates to the revised Danish Health Act (2019), The Act on Social Services; and the revised Act on Public Order (2017).

The study was carried out in the summer of 2019 and finished in February 2020, before the spread of COVID-19 developed into a pandemic. For this reason, the COVID-19 situation was not taken into consideration in the analysis in the study. However, the study includes a post-script about COVID-19 because the pandemic has shown to have a detrimental impact on the situation of the unregistered and homeless migrants in this study.

The authors would like to thank all the migrants as well as the healthcare professionals and employees/volunteers in social organisations who have willingly shared their important experiences and thoughts. The authors would also like to thank the advisory group for their crucial input and comments. It is the aim of this study to bring together the life experiences of the migrants and the many years of work experiences by health care professionals and civil society organisations.

\*Mændenes Hjem is a shelter for homeless men in Copenhagen.

\*\*Residential institutions regulated by the § 110 in the Act on Social Services.