

JSNA Chapter – Asylum seeker, Refugee and Migrant Health

Topic information	
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Executive summary

Introduction

Asylum seekers, refugees and migrants are distinct groups of people with distinct differences from each other, however, they have a common factor in that they have all migrated from their country of origin. Reasons for migrating from a country of origin are the main difference in whether these individuals are referred to as asylum seekers, refugees or migrants. It is important to examine the differences between those who are considered ‘asylum seekers’ and those who have been granted refugee status as this may have a clear effect on their health needs and access to health care. The differences between the groups can be better understood from the following definitions:

An asylum seeker “is a person who has applied for protection through the legal process of claiming asylum, they have left their country of origin and are waiting for a decision as to whether or not they are a refugee. In other words, an asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application. (UNHCR, 2017)

A refugee is, “someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries” (UNHCR, 2017)

A migrant “*should be understood as covering all cases where the decision to migrate is taken freely by the individual concerned, for reasons of 'personal convenience' and without intervention of an external compelling factor*” (UNHCR, 2017)

This definition indicates that “migrant” does not refer to refugees or others who are forced to leave their homes. Migrants are people who make choices about when to leave and where to go, even though these choices can sometimes be very restrained.

It is evident from these definitions that there are distinct differences between these groups, and as such, each group has different needs. Research and evidence has been gathered from local, regional and national sources and analysed to understand the needs of asylum seekers, refugees and migrants in Nottingham. This JSNA chapter aims to recognise and understand the current health and wellbeing needs of these population groups, and contribute towards improving their health and wellbeing.

Unmet needs and gaps

- There is a lack of sufficient records on the number of asylum seekers, failed asylum seekers and number of deportees within Nottingham. This could be due to the lack of ethnicity recording among some services. This has shown to be particularly challenging in determining the needs of this population group and the commissioning of appropriate services.
- Some groups of migrants experience difficulties accessing healthcare services due to a number of barriers, including poor understanding of the role of the NHS, language and healthcare entitlements.
- There are challenges around GP registration and difficulties accessing primary and community healthcare services, this is primarily due to an inability to provide the necessary documentation, particularly in ‘failed’ asylum seekers. There is also often a misconception of what is required for GP registration
- There are difficulties in accessing dental services due to the associated costs, particularly for those with no recourse to public funds (NRPF)
- There is work undergoing to help improve access to interpreting provision at dental practices, however, local intelligence suggest that some dentist are not aware of the free translation services. In addition, there are challenges around accessing face to face translation services which can be a barrier when undertaking physical examinations.
- Mental Health provision is not tailored to meet the needs of asylum seekers, refugees and migrants and some people struggle to manoeuvre through the healthcare system.
- There is no commissioned Mental Health trauma service to respond to the needs of asylum seekers, migrant’s and refugees who have experienced incidences such as torture, violence and trafficking.
- There is a lack of interpreting services to cover out of hour’s services.
- Nationally, pregnant women with complex social factors are much less likely to access maternity services early in pregnancy and data suggests this is also the case

in Nottingham. Early access amongst these groups during 2014/15 ranged from 10% to 83% (all below the 90% target).

- Pregnant women who are recent migrants, asylum seekers or refugees, or those who have difficulty reading or speaking English are the least likely to access Maternity services within recommended timescales.
- Issues such as forced marriage & honour-based violence needs to be further explored, local intelligence suggests that there is lack of awareness of legal services that advocate against honour base violence in Nottingham.
- Migrants in Nottingham are being exploited by working long hours for low wages; this can have a detrimental effect on physical and mental health.
- There are concerns that Unaccompanied Asylum Seeking Children (UASC) are finding it difficult to access secondary school education at certain times in the year and at a specific age, also the numbers of exclusions from school are rising in children from refugee backgrounds as well as other emerging communities
- There is no access to ESOL classes for asylum seekers until after 6 months of being in the country, this is preventing people from learning to speak English and is therefore a barrier to accessing services.
- The Gypsy, Roma and Traveller (GRT) communities are less likely to access healthcare, ESOL and other public services due to a lack of knowledge about how to navigate through the UK systems and a lack of trust in authorities. There is a need for targeted interventions that foster community engagement within these communities.
- There are delays in accessing benefits and employment due to language barriers. This can lead to poverty and destitution, which can have adverse effect on physical and mental health.
- There is a lack of a standardised approach/pathway or protocol to assessing individuals for social support who have No Recourse to Public Funds.
- Discussing mental health difficulties within many asylum seeker, refugee and migrant communities is a cultural taboo and therefore identifying and supporting need is difficult as families are reluctant to access support. In addition, some medical terms do not exist in other languages, particularly learning disabilities and mental health problems, and this can cause difficulties and fear accessing support.

Recommendations for consideration by commissioners

This JSNA chapter identifies several factors that will affect the health and wellbeing of refugees. It is recommended that commissioners consider the following elements in relation to the needs of this population group when developing services:

Data

- Development of more sophisticated data gathering techniques to enable a better understanding of the demographics of asylum seekers, refugees and migrants in Nottingham. This data should be used to inform and plan policy and service developments.

- Schools do not routinely ask if children are asylum seekers, refugees or migrants and therefore data is not recorded and schools may not be aware of children's support needs. Schools must adapt a more robust data gathering system to help ensure the needs of the asylum seeker, refugee or migrant children are being met.
- The lack of robust monitoring of ethnicity by local authorities and national health services means there is a significant gap in understanding the needs of BME communities. Commissioners and service providers need ensure that robust measures are in place to support routine data collection, such as removing the "not known" category in ethnic monitoring and adding a Migrant, European Citizen or Commonwealth Citizen option. This will help to enable the appropriate planning and commissioning of services and ensure equity of access.

Partnership working

- Commissioners and providers of health services in Nottingham need to look outside traditional structures in order to meet the diverse needs of this cohort. Partnership working with the private sector and other public services and community groups is essential in achieving a positive impact on the mental and physical health and wellbeing.
- The community and voluntary sector to work collaboratively to provide advocacy services aimed at new and emerging communities. This should include mapping which organisations currently deliver advocacy work and how this can be improved through greater joined up and partnership working.
- Continue the implementation of work funded through the Migration Impacts Fund which includes, commissioning a health outreach team to work with asylum seeker and refugee communities.
- Partnership working to Improve private housing conditions in the City & particularly in areas where there is a large migrant population.
- Assist migrants to exercise their housing rights to secure appropriate housing that is not overcrowded or in disrepair.

Access to services

- Commissioners to consider setting up a "one stop shop" for health with trained healthcare professionals who are able to respond to the cultural and diverse needs of this population group.
- Caseworkers assigned to Asylum seekers on arrival to aid with the process of applications leading to resettlement and to support with issues including housing, legal aid, the UK health system and entitlements.
- Cultural diversity training to healthcare professionals, frontline staff and staff working in public sector organizations such as The Home Office, Transport services and Job centres, this will help to create cultural awareness and improve access to mainstream services.
- Transportation funding for asylum seekers to enable them to get to their appointments with GPs, the Home Office, solicitors etc.
- Commissioners to undertake an assessment of the interpreting services to better understand why the service is not meeting the needs of this group.
- Standardise the approach for assessing and providing social support for individuals with No Recourse to Public Funds.

Mental health

- Consider targeted mental health work with the asylum seeker and refugee communities to encourage access to mainstream mental health services. There needs to be a particular focus on Unaccompanied Asylum seeking Children (UASC) and their specific needs.
- Clarity of the mental healthcare structures and pathways to care for migrant communities.
- Work with the Department of Health and other regulatory bodies to mitigate the impact of the new NHS charging regulations
- Interpreters when used sometimes may misinterpret or minimise information; offer their own interpretation of events rather than convey the citizen's words, or become emotional whilst discussing sensitive topics, especially if they share a similar background or lived experience. In addition, interpreters lack specific knowledge or training in mental health; therefore resulting in a lack of knowledge of specific terminology and a lack of empathy. Commissioners should consider undertaking a review of translation services to ensure services are culturally competent and are meeting the needs of asylum seekers and refugees.

Capacity building

- More specialist workers/support services for migrants who have been trafficked, sexually exploited including Forced Marriage & Honour Based Violence as part of the serious crime bill 2015.
- Training for professionals on their responsibilities in reporting FGM, HBV, sexual exploitation & FM as part of their professional responsibility and the Serious Crime Bill 2015.
- Undertake an assessment to understand access to education for young migrants and the reasons for an increase in the numbers of young migrants being excluded from school.
- All organisations who work with asylum seekers, refugees and migrants should be aware of the Health Access for Refugees Programme (HARP) directory website, which is beneficial in assisting GPs with translating prescriptions and frontline staff with appointment letters as well as signposting to relevant services.
- Provide training opportunities for key organisations in relation to the social and health needs of migrant communities and information on the support services available.
- Provide training for key organisations around providing support for survivors of modern slavery and trafficking.

Community engagement

- National evidence suggest that health care services should improve their routine engagement with BME communities to provide more opportunities for citizens to inform the planning and commissioning of health services. This will help to ensure services are accessible and meet the needs of Nottingham's diverse communities.

- The community and voluntary sector to work in partnership with NCC and wider stakeholders to capacity build community organisations to act as a mechanism to encourage greater voice and representation within new and emerging communities and develop pathways to which their voice can be heard, such as through area based forums

Education and communication

- Ensure that GPs and other health care workers understand what services are available for supporting asylum seekers, refugees and migrants in Nottingham.
- Targeted support and interventions tailored to the specific needs of new and emerging communities, for example there are high smoking rates amongst some Eastern European migrant groups compared to the general population, further work may be required to establish why this is and whether a targeted intervention for this group is required.
- There are high numbers of teenage pregnancies in Gypsy Roma and Traveller (GRT) communities. Further work may be required to establish why this is and whether a targeted intervention for this group is required.
- Work with third sector organisations and community organisations in order to disperse health information and target at risk groups. For example, dispersal of smoking cessation information through Polish groups.
- Promote antenatal & maternal services including access amongst migrant communities.(Obstetric & Screening)