

Appendix 2 - Further Evidence on Issues Affecting the Health of Refugees and People Seeking Asylum

1. Heterogeneity of Refugees and Asylum Seekers and their Circumstances

Asylum seekers and refugees are not a homogenous group but one that is diverse in its configuration comprising a population differentiated by culture, religion, beliefs and social norms. Consequently, their social, economic and health needs cannot be addressed with a generic approach but should be considered within the context of an individualized, holistic model of care and service provision.

Asylum Seekers and Refugees Sexual Health Needs Assessment NHS Bolton May 2011 Kathryn Burke

Among refugees and asylum seekers there are also many differences in terms of culture, ethnicity, race, religion, trauma exposure, family composition, and resettlement experiences and status. Such diverse characteristics and needs, therefore, necessitate different solutions and models of healthcare, including mental health services and interventions

Meeting the mental health needs of refugees and asylum seekers Panos Vostanis The British Journal of Psychiatry Mar 2014, 204 (3) 176-177; DOI: 10.1192/bjp.bp.113.134742

2. Extent of Health Issues of Refugees and People Seeking Asylum in Greater Manchester

Very little evidence available

Sample of 26 destitute asylum seekers attending Oldham Unity on 18.02.2016

Registered with GP	Not registered with GP	Treated for anxiety/depression in last 12 months	On 4 or more daily medications	Has attended A&E in last twelve months	Has been an inpatient in hospital in last 12 months
77%	23%	62%	43%	58%	43%

- All of the asylum seekers, who were not registered with a GP, had been destitute for more than twelve months.
- The person who attended A &E the most times was someone who was destitute and homeless and was sleeping rough or using night shelters.

Sample of 11 women, with children, attending Oldham Unity on 18.02.2016

Number of women with children	Registered with GP	Number of children	Number born ex UK	Number born in UK
11	11 (100%)	20	12 (60%)	8 (40%)

- All were receiving Section 95 support

- 8 of the 11 ((73%) have had their initial application for asylum refused

3. Sexual Health Issues

The main sexual health issues affecting asylum seekers and refugees are:

Suffering the consequences of sexual violence, torture rape

Being pregnant as a result of rape

Suffering the consequences of female genital mutilation (FGM)

Suffering from HIV/AIDS

Fleeing persecution because of sexual orientation and fear of prejudice and harassment in the UK

Being involved with the sex industry

Being at risk of sexual exploitation

Risk taking behaviours

Wilson, R., Sanders, M., Dumper, H. (2007). Sexual Health, Asylum Seekers and Refugees. A handbook for people working with refugees and asylum seekers in England. Family Planning Association, London

4. Unaccompanied Asylum Seeking Children and Young People

The needs and circumstances of unaccompanied asylum seeking children share many of the characteristics of other UK children looked after but in many other respects they are quite different. As a group, unaccompanied asylum seeking children are unified by their separation not only from their family of origin, but from their community and country of origin and are seeking refuge from political, cultural, religious or other forms of persecution including armed conflict and war. Their experiences may include direct experience of beatings, rape or torture and they may have been witness to the beating, rape, torture and killing of others including family members. Some may have been 'child soldiers' or fleeing from attempts to enlist them as 'child soldiers' Their journeys to the U.K may include the payment and the involvement of human traffickers and those journeys may have been lengthy and fraught with danger and uncertainty. For some, the death of companions may have accompanied the journey and the possibility of death may never be far away. Arrival in the U.K. will be met by a massive culture shock where language, food, routine, religious observance, attitudes to animals, education, sexuality, gender, dress, alcohol and those in authority including parental figures may be very different and even objectionable as previous expectations and experiences of custom and culture are breached

The Health Needs of Unaccompanied Asylum Seeking Children and Young

People John Simmonds, Director of Policy, Research and Development Florence Merredew, Health Group Development Officer & British Association for Adoption and Fostering Expert Paper 23 SCIE/NICE

recommendations on looked after children: Promoting the quality of life of looked-after children and young people 2010

5. Accompanied Asylum Seeker Children and young adults

Evidence shows that the following groups of children and young people are at risk of not being fully immunised: children and young people who have missed previous vaccinations (whether as a result of parental intent or otherwise); looked after children; children with physical or learning difficulties; children of teenage or lone parents; children not registered with a general practitioner; younger children from large families; children who are hospitalised; minority ethnic groups; vulnerable children, such as those whose families are travellers, asylum seekers or homeless.

Reducing differences in the uptake of immunisations (including targeted vaccines) in children and young people aged under 19 years NICE 2010

6. Drug and Alcohol Use

There is little existing research on drug use amongst young refugees and asylum seekers, especially outside London, and very few studies on the particular experiences of unaccompanied minors and drug use.

Refugees and asylum seekers have more reason than most communities for hiding involvement with drugs for fear of it interfering with their asylum application or their right to remain in the UK. The paper highlights the fear refugees and asylum seekers have of being victims of drug- or alcohol-related crime. Young asylum seekers are vulnerable to mental health problems, particularly those with unaccompanied minor status, and this can pose a serious risk to problematic drug use. Further, refugees and asylum seekers struggle to access healthcare, partly because health professionals are confused about their entitlement to healthcare and partly because of language difficulties and poor access to information. This has led in some cases to self-medication and a reliance on prescription drugs to cope with mental and physical health problems

Drug prevention for young asylum seekers and refugees McCormack, Mary; Walker, Rowan. Mentor UK Research Report 2005

Although psychological expectations and cultural background differed, our main finding was a hypothetical causal mechanism where use patterns have a similar function across groups as a means of “killing time”. “Killing time” involved countering the psychosocial distress of the asylum-seeking process and uncertainties about the future as well as past trauma.

Killing time: drug and alcohol problems among asylum seekers in the Netherlands Dupont et al The International Journal of Drug Policy Jan 2005

7. Pregnancy

In September 2010, the National Institute for Health and Clinical Excellence (NICE) published a guideline² that identified particular groups of pregnant women who are affected by complex social factors. One of the groups identified included women who are “recent migrants, asylum seekers, refugees or who have difficulty speaking or reading English”.

The guideline makes clear that pregnant asylum seeking women may be affected not only by complex social factors within the UK (lack of knowledge of the health system; problems with interpretation), but also by poor health and other medical concerns arising as a result of pre-arrival issues, such as: A poor overall health status; Underlying and possibly unrecognised medical conditions; Possible FGM issues; Psychological and medical effects of flight from war torn countries; Fears about immigration; and Languages difficulties.

It is also recognised that maternal stress in pregnancy has a detrimental effect on subsequent childhood development

However, the aim, wherever possible, will be to settle them into accommodation where they will be able to access services throughout their pregnancy and into new motherhood, by:

- if possible, accommodating pregnant women as close to the maternity unit where they are currently accessing care, as well as existing sources of family and social support; or,
- where there is no previous link to maternity services, disperse them from IA as soon as possible so that they can establish health and community links in the dispersal area and avoid disruption around delivery.

Healthcare Needs and Pregnancy Dispersal Guidance v3.0 UK Visas and Immigration 2016

A recent survey amongst women and children, attending our project, showed that 40% had accessed maternity care while in the UK

Response to ‘A Consultation on the extension of charging overseas visitors and migrants using the NHS in England’ S Bailey Oldham Unity Destitution Food Project 2016

8. Health Needs Resulting from Poverty and Homelessness

A recent survey of our destitute users showed that 23% were not registered with a GP. They were principally people who had been destitute for more than twelve months. They mentioned that, particularly as they often had no fixed address, it was difficult to register with a doctor and some believed that completing a registration form would mean that information would be shared with the Home Office.

Response to 'A Consultation on the extension of charging overseas visitors and migrants using the NHS in England' S Bailey Oldham Unity Destitution Food Project 2016

Advice from GP and other health agencies often suggests obtaining and using non-prescription medicines.

This means the Home Office believes that single adult asylum seekers can meet their essential living needs (food, clothes, transport, toiletries, non-prescription medication, communications etc.) on just £5.23 a day.

Refugee Action briefing on Early Day Motion 99 – High Court judgment on asylum support October 2014

Non-prescription medicines for children are about double the price of those for adults (e.g. Nurofen is £2 for adults and £4.19 for Children; paracetamol is £0.49 for 16 for adults and £3.69 for 12 Calpol sachets for children). Children will also need plasters, disinfectant, creams etc.

Birmingham Community Law Centre/Welfare Reform Club paper "An analysis of asylum support rates in respect of children" November 2015

Despite the Department of Health's commitment to retain free consultations with doctors and nurses, individual will still be deterred from accessing care because they will see little point in taking advantage of a free consultation with a healthcare professional when they do not have the means to pay for any diagnostic test or medicines to treat their illness.

RCGP Evidence to Immigration Bill Standing Committee, October 2013