

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

An international migrants' needs assessment is being undertaken in 2016-2017 and this summary section will be updated once completed. If you have any questions about the needs assessment contact: [lucy.bryson@brighton-hove.gcsx.gov.uk](mailto:lucy.bryson@brighton-hove.gcsx.gov.uk)

### Why is this issue important?

The reasons a person/household may migrate could be to seek work, to study, to join a spouse or other family members or because they are forced to do so by violence, persecution or other human rights abuses in their home country. Amongst these diverse populations, some of the most vulnerable migrants are those who are forced to seek asylum. Others who suffer from the effects of violence and poor physical and mental health are those who are trafficked into the UK for the purpose of labour exploitation or other forms of modern slavery.

The 1951 Refugee Convention provides an internationally recognised definition of a refugee which then imposes on a country the duty to protect and support a person granted Refugee Status. An 'asylum seeker' is an individual who has applied for protection in a country (has asked to be formally recognised as a refugee) and is going through the legal process of waiting for this application to be determined.<sup>1</sup> The UK is home to less than 1% of the world's refugees – out of more than 65.3 million forcibly displaced people worldwide.<sup>2</sup>

Asylum seekers and refugees who have fled persecution and human rights abuses in their countries of origin bring with them the health problems associated with traumatic past histories, difficult and dangerous journeys. They also face the challenges of settling in a new community and country.

Whilst there is a clear legal distinction between asylum seekers and those with Refugee Status, the subjective experiences of those going through the process will make it difficult to differentiate the health needs of these two groups. In addition, there is an overlap with the general Black and Minority Ethnic communities, wider migrant communities and other vulnerable migrant groups

who may share many of the same challenges and needs, including those whose asylum applications have been refused.

The needs of other vulnerable migrants are often overlooked. For example, migrants from other EEA (European Economic Area) countries may be exploited in their work and recent benefit changes are causing poverty and for some, destitution.

The government provides for asylum seekers outside the mainstream benefits system. The rates of financial support for asylum seekers have been cut to £36.95 per week per person regardless of age (August 2015). Those whose applications for asylum have been refused are likely to lose their entitlement to any support from the state if they do not return to their home countries. Like others who have no legal basis of stay in the UK, they are known as 'undocumented migrants'. Recent immigration legislation is making it considerably more difficult for undocumented migrants to gain access to health care, tenancies, legitimate work, driving licenses, bank accounts and other services.

As there is little local evidence of the needs of these groups, the national evidence is set out here.

**Health needs of refugees and asylum seekers:** It is currently difficult to gain a comprehensive account of the health needs of migrants because much existing evidence on health includes ethnic group but not migration variables such as country of birth, length of residence in the UK, or immigration status.<sup>3</sup> However it is recognised that they do have high health needs compared with other population groups, with evidence that their health deteriorates in the first two to three years following arrival in the UK.<sup>4</sup> This is especially so for their psychological health which, evidence shows, worsens on contact with the UK asylum system.<sup>5,6</sup>

<sup>3</sup> UNHCR global Trends 2015

<sup>4</sup> Burnett A. Fassil Y. Meeting the health needs of refugees and asylum seekers in the UK: An information and resource pack for health workers. Department of Health; 2002. Available at: [http://www.fph.org.uk/uploads/bs\\_asylum\\_seeker\\_health.pdf](http://www.fph.org.uk/uploads/bs_asylum_seeker_health.pdf) [Accessed 24/07/2015]

<sup>5</sup> Nottingham and Nottinghamshire Refugee Forum. 'Into the Mainstream' Project: Focus Group report 2012. (2012)

<sup>6</sup> Porter M and Haslam N (2005). Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. JAMA. 2005 Aug 3;294(5):602-12. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/16077055> [Accessed 01/09/2015]

<sup>1</sup> UNHCR. The 1951 Refugee Convention. Available at: <http://www.unhcr.org/pages/49da0e466.html> [Accessed 24/07/2015]

<sup>2</sup> UNCHR. Global Report 2013. Available at: <http://www.unhcr.org/gr13/index.xml> [Accessed 01/09/2015]

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

**Mental health:** Low-level and acute mental health problems are often experienced as result of displacement, isolation, uncertainty, loss of social status and poverty. Many may suffer Post-Traumatic Stress Disorder from atrocities and multiple losses. Anxiety, depression and sleep problems are common.<sup>7</sup> Racial discrimination and the immigration process itself may also impact on mental wellbeing.

**Maternal health:** Saving Lives, Improving Mothers' Care 2014<sup>8</sup> identified that women born outside the UK were significantly more likely to die in or near to childbirth than those born in the UK. Refugee and asylum seeking women make up 12% of all maternal deaths, but only 0.3% of the population in the UK. Pregnant asylum seeking women are seven times more likely to develop complications and three times more likely to die during childbirth than the general population.<sup>9,10</sup>

This picture is supported by recent research in London with evidence of the deterrent effect of entitlement checks and charging.<sup>11</sup> Many of the women in their study did not have a GP, despite being in the UK for on average 4.6 years at the time of delivery. Antenatal care was frequently received late and often did not meet the minimum standards for care recommended by NICE, putting women and their unborn children at increased risk.

Whilst the numbers of maternal deaths has decreased overall reflecting improvements in maternity services, women who have sought refuge within our shores may present with medical and social challenges. Some women may have been victims of rape or sexual violation leading to unwanted pregnancies or sexually transmitted

infections. In certain migrant populations female genital mutilation is more prevalent and this can lead to obstetric complications.

There is low uptake of breast and cervical screening amongst asylum seeker and refugee women in the UK.<sup>12</sup>

**Communicable diseases:** Depending upon the country of origin, circumstances of migration and underlying health, some groups of migrants may have high rates of certain diseases e.g. malaria, tuberculosis (TB), HIV and hepatitis. For both TB and HIV, rates are higher for non-UK born people.<sup>13</sup> There is evidence that less than half of TB cases amongst migrants are diagnosed within five years of arrival.<sup>13</sup> While reactivation of latent TB has been identified as a significant factor, this also highlights the importance of other contributory factors, such as low income and poor living conditions in the UK, especially documented among recent migrants. Lack of trust and appropriate information may also delay diagnosis and access to treatment and care.

New migrants from countries where screening of blood donors and donations is not routinely performed may be at higher risk of Hepatitis B infection.

**Sexual health:** Cultural or religious beliefs around sexual practices; the availability and use of contraception; and experience of sexual violation may influence rates of sexually transmitted infections.<sup>4</sup>

**Children's health:** There is clear evidence that low income, poor housing, disadvantaged neighbourhoods and parental stress create disadvantages for children in the short and long-term. These challenges faced by vulnerable migrants impact on their children's health.<sup>14</sup>

**Uptake of healthcare services:** A number of factors affect the uptake of healthcare services:

<sup>7</sup> Mind. A civilised society: mental health provision for refugees and asylum seekers in England and Wales. Mind: London; 2009.

<sup>8</sup> Saving Lives, Improving Mothers' Care 2014. MBRRACE-UK and NPEU; Available from: <https://www.npeu.ox.ac.uk/mbrrace-uk/reports> [Accessed 24/07/2015]

<sup>9</sup> Report of the parliamentary inquiry into asylum support for children and young people 2013. Available from: [http://www.childrensociety.org.uk/sites/default/files/tcs/asylum\\_support\\_inquiry\\_report\\_final.pdf](http://www.childrensociety.org.uk/sites/default/files/tcs/asylum_support_inquiry_report_final.pdf). [Accessed July 2015]

<sup>10</sup> Perinatal Mortality Surveillance Report 2013. Maternal, Newborn and Infant Clinical Outcome Review programme. Available from: <https://www.npeu.ox.ac.uk/mbrrace-uk/reports>. [Accessed 24/07/2015]

<sup>11</sup> Shortall, C., McMorran, J., Taylor, K., Traianou, A., Garcia de Frutos, M., Jones, L. and Mur-will, P. Experiences of Pregnant Migrant Women receiving Ante/Peri and Postnatal Care in the UK: A Doctors of the World Report on the Experiences of attendees at their London Drop-In Clinic. 2014 Available from <http://www.doctorsoftheworld.org.uk/pages/publications>

<sup>12</sup> Health Protection Agency. Migrant health: infectious diseases in the non-UK born populations in the UK. An update to the base line report; Dec 2011. Available at: [www.hivscotland.com/%2Fdownloads%2F1329147074-migrant%2520Health%2520-%2520Health%2520Protection%2520Agency.pdf&ei=MvWxVaToBKW17gak4uwBA&usg=AFQjCNEZKDhnl17SUz1f0fTdeZUV9nLUC](http://www.hivscotland.com/%2Fdownloads%2F1329147074-migrant%2520Health%2520-%2520Health%2520Protection%2520Agency.pdf&ei=MvWxVaToBKW17gak4uwBA&usg=AFQjCNEZKDhnl17SUz1f0fTdeZUV9nLUC) [Accessed 24/07/2015]

<sup>13</sup> Public Health England Tuberculosis in the UK: Annual report on TB surveillance in the UK. 2013 PHE London, 2013.

<sup>14</sup> The Children's Society; Report of the Parliamentary Inquiry into Asylum Support for Children and Young People. (2013)

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

- Understanding of the UK health system, and in particular the role of the GP
- Differing health seeking behaviours and expectations of healthcare services<sup>15</sup>
- Language, literacy and cultural differences
- Cultural awareness and sensitivities of the UK health and social care workers that may impact on the take-up of help offered.
- Changing entitlements to free NHS care
- Poverty and destitution acting as a barrier to access.<sup>4</sup>

The National Health Service (Charges to Overseas Visitors) Regulations 2015 came into force in April 2015 and these have created some changes in entitlements to healthcare. Primary healthcare remains accessible to all irrespective of immigration status, as does healthcare provided at A&E departments up to the point of admission to hospital. Diagnosis and treatment of communicable diseases and sexually transmitted infections also remains accessible to all. However, other secondary healthcare is chargeable to all those without settled status in the UK. Those who have paid the new immigration health charge, now part of the visa application process, are exempt from paying for secondary care and some of the most vulnerable migrant groups, including asylum seekers and victims of domestic violence and trafficking are also exempt if they are identified as such when attending for healthcare.<sup>16</sup>

There are concerns about the effect of the increased collaboration between NHS trusts and the Home Office Visas and Immigration Service that has arisen as a result of the tightening of the rules in this area.<sup>17</sup>

There are fears that some more vulnerable and possibly destitute migrants, including pregnant

women, may delay seeking appropriate healthcare for fear that this will lead directly to their removal from the UK, or in anticipation that this may lead to large healthcare bills that they are unable to pay, also affecting their right to remain in the UK.<sup>18</sup>

### Key outcomes

None of the indicators in the Public Health, NHS or Adult Social Care Outcomes Frameworks are specifically targeted at refugees and asylum seekers. However, a wide range of indicators are directly relevant such as children in poverty, HIV, self-reported wellbeing, homelessness, school readiness, adults with physical disabilities supported, support for carers.

### Impact in Brighton & Hove

The city is participating in the government's Syrian Vulnerable Person's Relocation Scheme to resettle 20,000 refugees from the countries bordering Syria. By August 2016 five households had arrived in the city as part of that scheme.

We do not know exactly how many other refugees live in Brighton & Hove as there are no systems in place to record this. In addition many members of our Sudanese Coptic Christian community, for example, with around 5,000 members, would no longer consider themselves refugees. Although the first generation arrived in the UK as a result of persecution and conflict and may still have some of the social and mental health difficulties associated with displacement to a new culture.

It is estimated that 200 asylum seekers live here at any one time.<sup>19</sup>

Nationally the number of applications for asylum in the UK in 2015 was 32,414 (excluding dependants), 29% higher than in 2014. There has been an upward trend in this figure over the last four years. There has been a rise in applications from Iran, Sudan, Afghanistan and Iraq.

As Brighton & Hove currently has no designated accommodation for asylum seekers, most asylum seekers in the city will therefore be dependent for accommodation and support on members of their

<sup>15</sup>Randhawa, Kirat (2014) Illness and healthcare experiences of recent low-income international migrants in a UK city. Doctoral thesis (PhD), University of Sussex. Available from: <http://sro.sussex.ac.uk/51574> [Accessed July 2015]

<sup>16</sup>Gov.UK. Pay for UK healthcare as part of your immigration application. 2015. Available from: <https://www.gov.uk/healthcare-immigration-application/overview>  
<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations> [Accessed July 2015] and

<sup>17</sup>Keith L, Van Ginneken E. Restricting access to the NHS for undocumented migrants is bad policy at high cost. BMJ 2015;350:h3056 doi: 10.1136/bmj.h3056 <http://press.psprings.co.uk/bmj/june/migranthealth.pdf>

<sup>18</sup> <https://www.gov.uk/healthcare-immigration-application>

<sup>19</sup> Brighton & Hove Refugee & Asylum Seekers' Forum 2015.

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

own communities and may seek to live in the city because those communities exist here.

Additionally in 2015, across England 61% of decisions were refusals, 34% were grants of refugee status and the remaining decisions granted leave to remain on other grounds. Asylum seekers from Eritrea, Iran, Syria and Sudan are most likely to receive refugee status, thereby allowing them to remain in the UK for at least five years, seek work and bring their immediate family to join them.

This is significant for Brighton & Hove, given our existing Sudanese and other Arabic-speaking populations and also our long-established Iranian-born population. We might conclude that our Iranian and Sudanese communities will continue to receive and support new arrivals from these countries. This is further supported by anecdotal evidence from the local voluntary and community sector that refugees who had lived in other parts of the UK whilst in the asylum system seek to move to the city to settle within our existing Black and Minority Ethnic (BME) communities.<sup>20</sup>

Furthermore the additional proposed cuts to Home Office support for families whose asylum claims have been refused<sup>21</sup> may lead to destitute families moving from elsewhere to Brighton & Hove to join contacts within our BME communities. There may be increased presentations to social services and further pressures within these communities.

As well as these asylum-seeking households and unaccompanied asylum-seeking children (UASC), 19 former UASC care leavers are being looked after by Brighton & Hove City Council. The largest Nationality amongst UASC is split evenly between Albanian and Afghani, and for care leavers the largest is Afghani and the second Iranian.

There are a very small number of migrants with No Recourse to Public Funds being supported by adult social care because of their high mental and physical health needs.<sup>22</sup>

<sup>20</sup> Evidence gathered in day to day work with these communities and feedback from Housing Options staff supporting refugees.

<sup>21</sup> Home Office consultation document. Reforming Support for failed asylum seekers and other illegal migrants. August 2015

<sup>22</sup> Social Care Institute for Excellence. Good practice in social care for refugees and asylum seekers. 2015. Available from:

<http://socialwelfare.bl.uk/subject-areas/services-client-groups/asylum-seekers-refugees/scie/174140guide37.pdf>

[Accessed 24/07/2015]

In Brighton & Hove in 1998, 14% of births were to mothers born outside the UK, rising to 26% of births in 2011 and with a further rise to 29% in 2014.<sup>23</sup> The greatest proportion in 2014 was to mothers born in Europe (13%), Southern Asia (3%) and Northern Africa (2%). Until 2003 the most common country of birth outside of the UK was Bangladesh, but in more recent years mothers born in Poland have a greater number of births.<sup>24</sup>

For one in twelve residents (21,833 or 8.3%) aged three years or over English is not their main or preferred language according to 2011 Census data.<sup>25</sup> Arabic is the most widely spoken language in the city besides English, with 0.8 % of residents using it as their main or preferred language. Polish is the next most common language (0.8 %) followed by Chinese (0.7 %), Spanish (0.6%) and French (0.5%). Note that this does not necessarily mean that these residents can't speak English.

Just over a third (34%) of Sussex Interpreting Services (SIS) interpretation sessions in 2014/15 were for Arabic speakers.

The proportion of children with English as an Additional Language has risen from 6.7% in 2007 to 11.3% in 2014, although this is still 5% than the England.

### Where we are doing well

There are a number of local community organisations that work with refugees and asylum seekers which provide strong links for developing two way communication, trust and joint initiatives with these communities. There is an updated directory of services available in the city for the refugee and asylum seeking communities.<sup>26</sup>

Asylum seeking children and young people under 18 who arrive in Brighton & Hove separated from their parents or other caregivers are assessed for

<sup>23</sup> Office for National Statistics. Vital Statistics Tables

<sup>24</sup> Office for National Statistics. Annual Births Files

<sup>25</sup> Black and Minority Ethnic Communities in Brighton & Hove. April 2015. Brighton & Hove City Council Policy, Scrutiny & Communities Unit. Available from;

<http://www.bhconnected.org.uk/sites/bhconnected/files/Black%20and%20Minority%20Ethnic%20Communities%20in%20Brighton%20%26%20Hove%20%28April%202015%29%20-%20Full%20report.pdf>. [Accessed 24/07/2015]

<sup>26</sup> Directory of local services for refugees, asylum seekers and migrants in Brighton & Hove (updated July 2014). Brighton & Hove City Council.

Accessible from URL: <http://www.brighton-hove.gov.uk/index.cfm?request=b1126962>

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

support by the Council's Support Through Care team.

The council's Ethnic Minority Achievement Service (EMAS) provides bilingual support in the classroom and home-school liaison for families for newly arrived migrant families. This service has been leading the work to close the gap in educational attainment between children who have English as an Additional Language and those who do not.

Adult and Children's social services have specialist workers with a remit to assess and work with vulnerable migrant households with No Recourse to Public Funds. Case law, government guidance and primary legislation frequently change the duties and powers of the local authority in this area so it is important that specialist staff ensure that the local authority can respond quickly in a lawful and humane way to destitute migrant households who present.

The community safety team chairs and administers the Brighton & Hove Refugee & Migrant Forum, a large multi-agency forum that meets quarterly to share information about developments affecting refugees and migrants. The Forum counts amongst its members a number of organised groups representing a wide range of refugee populations – various groups from Sudan (both Christian and Muslim), Iran, Sierra Leone, Gambia, the Kurdish community and the Oromo community from Ethiopia, and the group is also aware of refugee populations in the city from Afghanistan, Palestine and elsewhere.

A recent development has been the formation of a community-led 'Sanctuary on Sea' steering group which lobbied successfully for Brighton & Hove City Council to become a 'City of Sanctuary' in June 2015. This involved a public declaration of intent from the Leader of the Council to create a culture of welcome for refugees and asylum seekers. The '#Refugees Welcome' movement is strong within the city and the city council has been proactive in working with the community on a number of initiatives.

### Local inequalities

Asylum seekers tend to be young men. In 2013 only 27% of asylum applications were made by women. For young age groups, acute infectious illnesses, minor accidents and trauma, reproductive health issues and child health concerns tend to be the most commonly encountered health needs.

In Early Years Foundation Stage the gap in achievement for pupils with English as an Additional Language (EAL) compared to non EAL pupils was 8.9 %, representing a narrowing of the gap from 16% in 2012. At Key Stage 1 the EAL gap was 9% for writing, 5% for Maths and 4% for reading in 2014, representing narrowing of gaps in all subjects, although Brighton & Hove's gaps are larger than the England gaps in all three areas. At Key Stage 2 the EAL gap has fallen from 14 % in 2011 to five per cent in 2014, however, it's still higher than the England average.<sup>27</sup>

### Predicted future need

Migration to the UK – by those seeking asylum and others – is unpredictable and dependent on world events and EU economies and migration policies as well as UK government policy. The United Nations reports that the Middle East is facing the most serious global refugee crisis since World War II. A consequent large rise in asylum numbers is not yet being seen in the UK, as security measures to prevent asylum seekers from arriving in the country have been stepped up. However it is possible in future that households arriving into the UK, including from the Middle East conflicts may choose to settle in Brighton & Hove, given the size of the Arabic speaking population here.

Government legislation designed to exclude undocumented migrants from NHS care, accommodation, legal advice, and bank accounts may make these populations even less visible to public services until there is an acute need for health care, social services or another emergency.

Further changes to benefit entitlements for EEA nationals, including the consequences of the recent

<sup>27</sup> Brighton & Hove City Council. Black and Minority Ethnic Communities in Brighton & Hove. April 2015. Available at: <http://www.bhconnected.org.uk/content/reports> [Accessed 24/07/2015]

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

EU Referendum, may also change the size and needs of our large EEA national population.

### What we don't know

As stated, there is a lack of detailed information about refugees and asylum seekers living in the city. There are also a number of other vulnerable migrant groups and little is known about their health and wellbeing needs. These will include:

- Undocumented or irregular migrants including people with No Recourse to Public Funds
- Victims of people trafficking
- Other new arrivals to the UK entering our BME communities e.g. recently arrived spouses or family joiners
- Migrant workers from the EU and outside the EU
- International students and their families

### Key evidence and policy

Department of Health guidance on providing NHS treatment for asylum seekers and refugees:

<https://www.gov.uk/government/news/guidance-on-providing-nhs-treatment-for-asylum-seekers-and-refugees>

Taylor K. Asylum seekers, refugees, and the politics of access to health care: a UK perspective. *British Journal of General Practice* 2009; 59 (567):765-772 (October 2009)

The Home Office Visas and Immigration co-ordinates the Government's policy on asylum seekers and refugees:

<https://www.gov.uk/government/organisations/uk-visas-and-immigration>

Independent advice and support is provided by the British Refugee Council:

<http://www.refugeecouncil.org.uk/>

### Recommended future local priorities

1. Data gathering and needs assessment – the 2016/17 needs assessment

2. Community engagement and development<sup>28</sup>
3. Develop and distribute clear information for migrant communities about entitlements to NHS Care, encouraging early access to primary care rather than later presentations to A&E.
4. Support the development of the Doctors of the World project to help us understand better the health needs of migrants in the city including the impact of the NHS Charges to Overseas Visitors Regulations on migrant populations as well as.
5. Continue to work closely with the local refugee voluntary and community sector on creating a welcoming city for those seeking sanctuary in the UK, including on our participation in the Syrian Vulnerable Person's Relocation Scheme.
6. Consider how the wellbeing of migrant populations may be affected by the outcome of the EU referendum.

### Key links to other sections

- Ethnicity
- Children in need, Child poverty, Education
- Happiness and wellbeing
- Rough sleeping & single homelessness, Housing
- Mental health
- Domestic & sexual violence/abuse

### Further information

The Refugee and Migrant Forum short directory of local specialist services working with refugees, asylum seekers and other vulnerable migrants in Brighton & Hove (July 2014). <http://www.brighton-hove.gov.uk/content/community-and-life-events/migrants-asylum-seekers-and-refugees>

Brighton Voices in Exile, a registered charity, is a provider of services reaching out to asylum seekers, refugees and those with no recourse to public funds within Sussex.

<https://www.facebook.com/pages/Brighton-Voices-In-Exile/155351114563073?sk=timeline>

<sup>28</sup> Mind. Commissioning mental health services for refugees, asylum seekers and vulnerable migrants; summative report of local scoping and initial consultation. NHS Brighton and Hove. December 2011.

## 4.2.6 Vulnerable migrants including refugees & asylum seekers

Health Protection Agency. Migrant Health Guide.  
<http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/MigrantHealthGuide/>

Refugee Council <http://www.refugeecouncil.org.uk/>

Understanding the health needs of migrants in the South East region: A Report by the South East Migrant Health Study Group on behalf of the Department of Health. 2010.  
[http://www.sepho.org.uk/Download/Public/13743/1/migrant\\_health\\_report\\_Oct10.pdf](http://www.sepho.org.uk/Download/Public/13743/1/migrant_health_report_Oct10.pdf)

Dr Linda Morrice Hidden Histories; Migrants in Brighton, University of Sussex  
<https://www.sussex.ac.uk/webteam/gateway/file.php?name=exhibition-catalogue.pdf&site=320>

BRIEFING; Health of Migrants in the UK: What Do We Know? The Migration Observatory Oxford.  
[http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Briefing%20-%20Health%20of%20Migrants%20in%20the%20UK\\_0.pdf](http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Briefing%20-%20Health%20of%20Migrants%20in%20the%20UK_0.pdf)

### **Last updated**

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