East Sussex County Council

Asylum Seeker and Refugee Rapid Health Needs Assessment

Public Health East Sussex

2023

Contents

Acknowledgements

Thank you to stakeholders contributing to the Rapid Needs Assessment from;

- East Sussex County Council
- Hastings, Eastbourne, Lewes, Rother and Wealden District Borough Councils
- NHS- including the Sussex Integrated Care Board and Primary care services
- Voluntary community Sector including The Links Project, Sanctuary Café, Refugee Buddy project, Hastings Voluntary Action, Rother Voluntary Action, 3VA, Association of Ukrainians in Great Britain Limited, Holy Trinity Hastings.
- Asylum seeker accommodation service providers

Abbreviations

ACRS	Afghan Citizens Resettlement Scheme
ARAP	Afghan Relocation and Assistance Policy
BMI	Body Mass Index
CBT	Cognitive Behavioural Therapy
DALY	Disability Adjusted Life Years'
GP	General Practice
HFU	Homes for Ukraine
HIV	Human Immunodeficiency Virus
ICB	Integrated Care Board
ImRs	Imagery rescripting
LA	Local Authority
LCS	Locally Commissioned Service
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer+
NHS	National Health Service
PTSD	Post Traumatic Stress Disorder
STI	Sexually Transmitted Infection
TB	Tuberculosis
U.K.	United Kingdom
UKHSA	United Kingdom Health Security Agency
UNHCR	The United Nations High Commission for Refugees
VCS	Voluntary Community Sector
WHO	World Health Organisation

Introduction

Asylum seeker and refugee populations are increasing worldwide through war and conflict. The U.K. has seen increases in refugees and asylum seekers through ongoing global conflict including the war in Ukraine. Refugees and Asylum seekers have specific health needs and vulnerabilities that need considering in both health care terms and the wider determinants of health. Asylum seekers and refugees have large health inequalities and the need to understand these, address them to enable positive health and wellbeing is essential.

We will analyse the current met and unmet needs and this information will be utilised with current evidence on the most effective interventions to inform further work recommendations.

Aims and Objectives

Aim

The aim of this health needs assessment is to understand the specific health needs for the asylum seeker and refugee population in East Sussex. The focus of this piece of work will be on adults and families. Children will have a separate needs assessment undertaken, which is currently being undertaken.

Objectives

- Describe the current national and local context for asylum seekers and refugees.
- Describe the current asylum seekers and refugees support system in East Sussex.
- Undertake a literature review examining known health and wellbeing needs for the asylum seeker and refugee population, including interventions that are evidenced.
- Undertake frontline workers survey to highlight the met and unmet needs.
- Undertake asylum seekers and refugees survey to highlight the met and unmet needs.
- Make recommendations to improve the health and wellbeing of refugees and asylum seekers in East Sussex.

Methods

A combination of methods were used to carry out this needs assessment.

A literature search was undertaken by our public health librarian to elicit current evidence of the needs and potential interventions for asylum seekers and refugees.

An online survey was undertaken to elicit the professional opinion of noted stakeholders anonymously from the voluntary care sector, primary care, local authority and housing

sector (private and public). Their reports undertook thematic analysis to highlight the top themes in each question. A copy of the questions can be found in Appendix B.

Another survey was undertaken formulated from areas highlighted on initial discussions with stakeholders working with asylum seekers and refugees for the asylum seekers and refugees themselves. These were translated into the six most common languages which were Ukrainian, Pashto, Dari, Tigrinya, Farsi, French and Arabic. The survey was available online or in paper form and with assistance to complete it when necessary. Distribution was to known hotels, VCS groups, via newsletters, social media and support workers. (Survey questions can be found in Appendix A).

Setting the scene

Definitions of Key Terms

The United Nations High Commission for Refugees (UNHCR) provides definitions for our commonly used and misused key terms.

Migrant

A migrant is someone who has moved to another country, irrespective of the reason and legal status.[1]

Refugee[2]

Under international law and UNHCR's mandate, refugees are persons outside their countries of origin who are in need of international protection because of feared persecution, or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder.

In the United Kingdom, a refugee is defined as a person who has already had their asylum claim accepted and they have the "refugee permission to stay" for a minimum of five years and therefore refugee status.[3]

Asylum seeker

The 1951 Refugee Convention on the Status of Refugees states an asylum seeker is someone who enters a country to claim asylum and undertakes the asylum process to gain formal refugee status. [4]

Failed Asylum Seeker

A Refused/failed asylum seeker is someone whose application for asylum/refugee status has been refused in the United Kingdom (U.K).[5]

Undocumented Migrant

"The term 'undocumented migrant' refers to someone living in the UK, whom the Government does not consider has the right to remain. This is usually because they are a 'non-citizen' who does not currently have a valid visa or other form of documentation demonstrating their status or right to live in the UK."[6]

Stateless Persons

A stateless person is a person "not considered as nationals by any State under the operation of its law".[7]

What are the routes for entering the United Kingdom for refugees and asylum seekers?

Four different routes are described for refugees or asylum seekers to enter the U.K. by the House of Lords.[8]

1. Claiming Asylum

The House of Lords paper[8] states that "a person must be physically in the U.K. to claim asylum". With no ability to claim asylum from another country outside of the U.K. asylum seekers enter the country irregularly, for example via small boat crossings of the English Channel to seek asylum.

The Asylum-Seeking Process

In the U.K. the process of asylum is regulated by International and British Law [8]. Asylum seekers can request asylum on entering the U.K., at the port of entry. An immigration officer will provide a "screening" interview[9] at the time to register the asylum claim. If the asylum seeker is deemed "destitute" initial accommodation is provided. Current initial accommodation is in hotels for those arriving, with the next step for accommodation whilst the application is being processed being dispersal accommodation.

Dispersal accommodation is longer-term housing managed by housing companies and has previously been agreed by local authorities whether to participate, however in April 2022 by law all local authorities became dispersal areas[10]. Work is currently being undertaken on how this new policy at a national and local level can be put into practice.

An asylum seeker will be provided with a caseworker if their initial screening interview and application has been deemed appropriate by the home office.[11] The caseworker will undertake a formal interview for the asylum claim, at which a legal representative can be present.

An asylum seeker will then have a decision made on whether they are granted refugee status, which will be either:

Group 1- right to remain for in U.K. for minimum 5 years.

Group 2- right to remain temporarily in U.K. for 30 months.

If they are deemed to have "no reason to stay" they are asked to leave the U.K., however there is the right to appeal route. [11]

The government target for an asylum application process is 6 months[11]. Noted is the risk of homelessness if a positive decision is given, due to the 28-day notice period for leaving Home Office accommodation when a decision is granted.

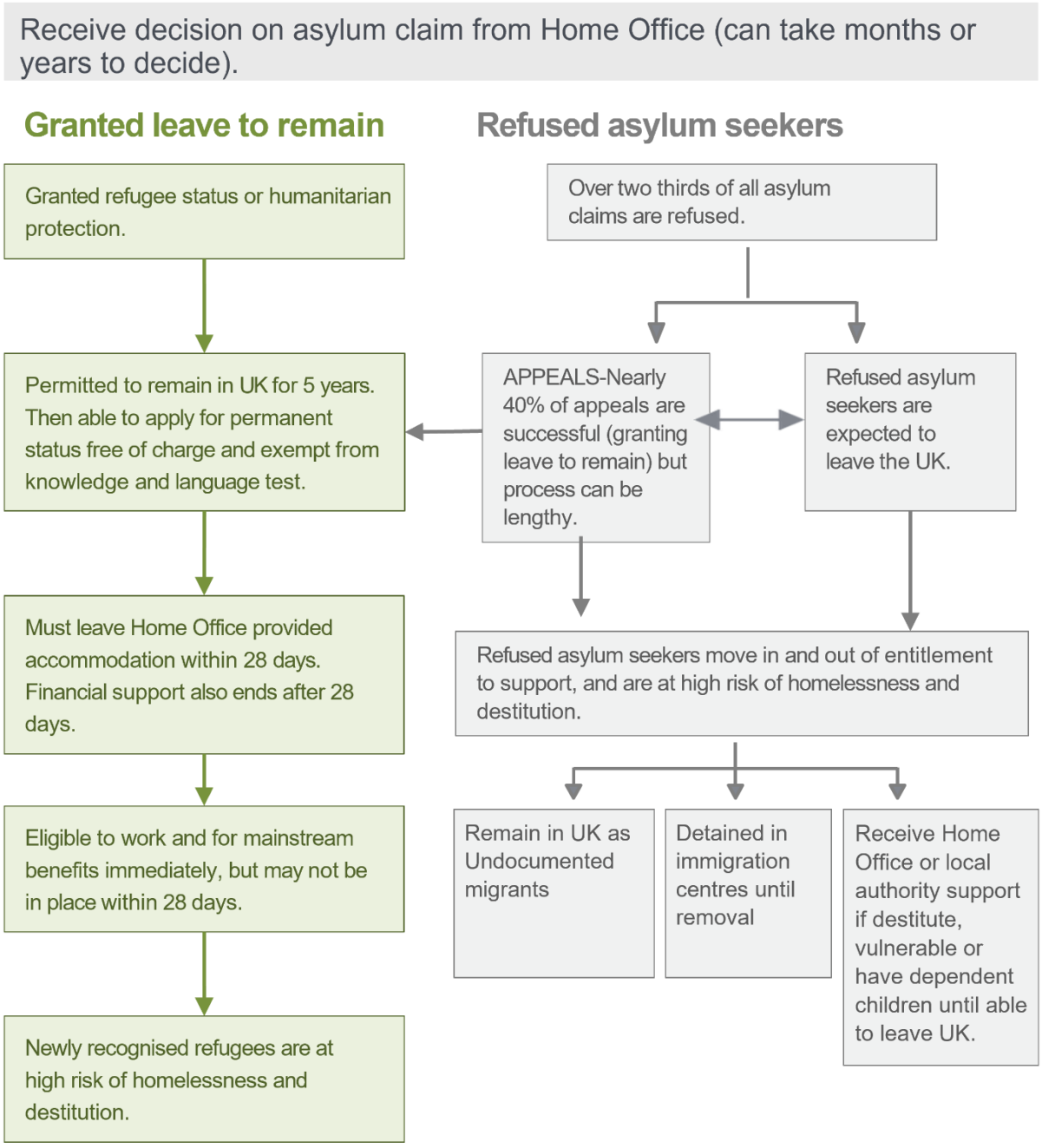


Figure 1. Possible Asylum-seeking decisions. Adapted from the BMA "The Refugee Journey"[12]

2. Refugee Family Reunion

"The UK allows an adult refugee to be joined in the UK by their spouse or partner, and any children under 18 years old, if they formed a part of the family unit before the

refugee fled their country." [8] A formal application is submitted and reviewed by a Home Office caseworker before a refugee can be accepted and join their family member in the U.K.

3. Refugee Resettlement Schemes [8]

Refugees who have been granted asylum and refugee status in a specific country have the opportunity via the UNHCR to apply for refugee status in the U.K. The UNHCR selects refugees against the U.K. resettlement schemes criteria and works with the U.K. to enable their transfer, with home office agreement.

The most common scheme is the U.K. resettlement scheme and local authorities provide integrative support on the refugee arrival.

4. Nationality specific schemes [8]

There are several specific refugee schemes for countries, these include:

Schemes for people from Afghanistan

- All Districts and Boroughs in East Sussex have people on a resettlement scheme which they receive funding to support refugees with housing, school's registration and health visitor and primary care registration.

Afghan Relocation and Assistance Policy (ARAP)

This scheme was launched in 2021 and is specifically for people from Afghanistan who worked for the U.K. in Afghanistan prior to the Taliban taking power.

Afghan citizens resettlement scheme (ACRS)[13]

This scheme is for Afghan citizens who have been evacuated to the U.K. and was launched in 2022.

- Both schemes for Afghanistan allow indefinite leave to remain and the ability to apply for British citizenship after five years.
- Priority groups for ACRS include those who have assisted the UK efforts in Afghanistan.
- Vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBTQ+)
- Support and funding are given at a District and Borough level for English language lessons, schools and health visiting registration, housing, support for healthcare registration and community orientation.

Schemes for People from Ukraine (Informally known as Homes for Ukraine)

Ukraine Family Scheme is available to those who have a qualifying family member who lives in the U.K.

Ukraine Sponsorship Scheme is available to Ukrainians who have a sponsor in the U.K. for at least 6 months.

The County Council leads on the two Ukrainian schemes enabling refugees, who have already had their refugee status approved, to remain in the UK for up to three years with preliminary housing with hosts, the ability to work, go to school and to receive free health care. There is support from charities and specific commissioned Voluntary Care services (VCS). The government refers to Ukrainians in these schemes as guests or refugees. For the purpose of this document, we will refer to people from Ukraine as refugees.

Hong Kong National Visa is available to Hong Kong British Nationals.

The Syrian Vulnerable person scheme[14]

This scheme closed in 2020, however 20,000 people from Syria were nationally supported as refugees under the resettlement scheme, which is a 5-year scheme. The funding and the support is driven by local authorities who voluntarily received refugees.

The UNHCR prioritised people who were women and children at risk, people in severe need of medical care and survivors of torture and violence amongst others.

Support was and is given for accommodation, English lessons, schooling, employability, health service access for a five-year period[15] and the ability to apply for indefinite leave to remain.

Entitlements Of Refugees and Asylum Seekers

The level of support and whether this is provided by the County Council, District and Borough or Home office will depend on a person's status as a refugee or asylum seeker in the U.K. and the scheme they have entered the U.K. on or legal basis. A summary table of the entitlements of refugees and asylum seekers can be found below in table 1.

Health care rights are clear in the U.K. however they are frequently misinterpreted and therefore described here. Healthcare is free at the point of access for British citizens, those with the right to remain, refugees and asylum seekers. This includes emergency care, primary care and secondary care, with some potential costs for dentistry. Undocumented migrants and refused asylum seekers have the right to primary and emergency healthcare. Those refused asylum seekers who are appealing their negative asylum claim decision have the same rights to healthcare as a refugee or British citizen.

Secondary care treatment is limited and there are potential charges for those who are undocumented migrants, refused asylum seekers who are not appealing the decision and visitors from countries without reciprocal healthcare agreements. [16]

Table 1. Entitlements for refugees and asylum seekers

	Resettlement Scheme	Homes for Ukraine scheme	Undocumented Asylum seeker (no application)	Asylum seeker in initial accommodation	Asylum seeker in dispersal accommodation
Accommodation	Support for housing provided	Sponsored by UK citizen, those homeless entitled to district and borough housing support	No	Yes	Yes
Right to remain	Indefinite for most schemes	3 years	No	-	-
Right to work	Yes	Yes	No	Request permission from the home office 12 months after applying for refugee status	- Request permission from the home office 12 months after applying for refugee status
Right to education for child	Yes	Yes	Yes	Yes	Yes
Free Primary care access	Yes	Yes	Yes	Yes	Yes
Dental/optician and prescriptions	Free if fulfil HC2 certificate wage criteria	Free if fulfil HC2 certificate wage criteria	No	Free with HC2 certificate	Free with HC2 certificate
Free Secondary care access	Yes	Yes	Only for emergency care and certain conditions e.g.,	Yes	Yes

	Resettlement Scheme	Homes for Ukraine scheme	Undocumented Asylum seeker (no application)	Asylum seeker in initial accommodation	Asylum seeker in dispersal accommodation
			communicable diseases		
Money Support	Eligible to apply for welfare benefits	Eligible to apply for welfare benefits	No	£9.10 per week	£45 per week

International and National Asylum seeker and Refugee picture

The United Nations Refugee Agency (UNHCR) states there are 89.3 million people forcibly displaced worldwide, 53.2 million displaced within their own country.[17]

69% of refugees are from five countries, Afghanistan, Syria, Venezuela and Myanmar and South Sudan, with over 72% being hosted in their neighbouring countries. Turkey receives the most refugees hosting 3.8million, with Germany in the top five with 1.2 million refugees.

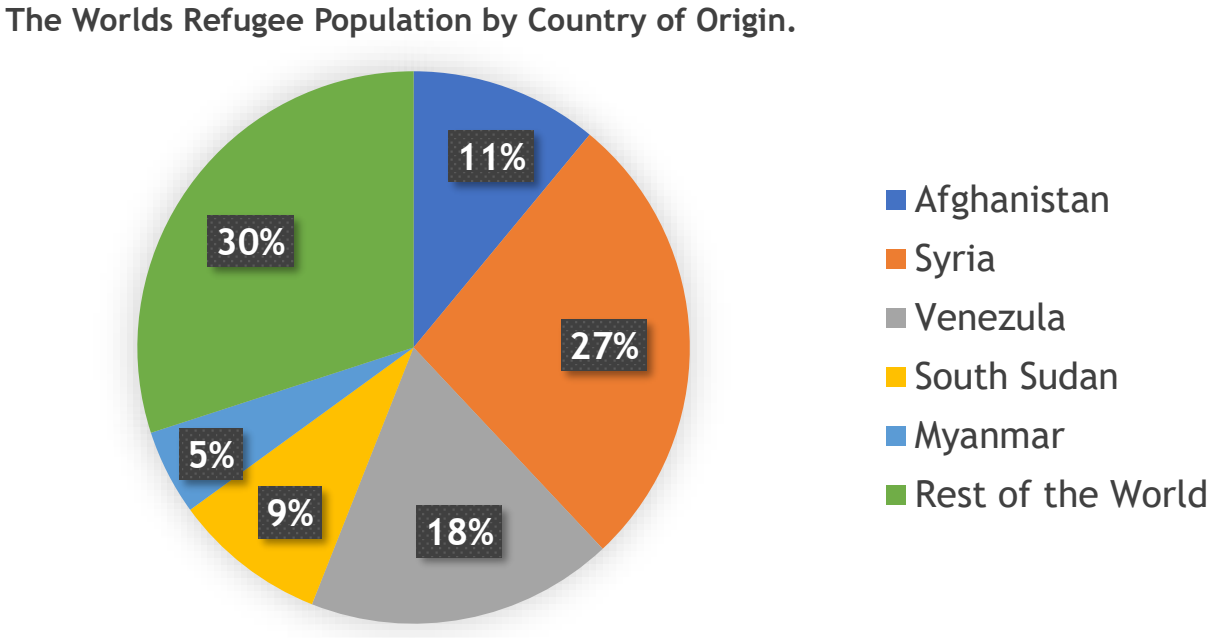


Figure 2. The Worlds Total Refugee Population by Country- Taken from the United Nation High Commission for Refugee Council Statistics [17]

The Picture in the U.K.

According to UNHCR statistics, as of November 2022 there were 231,597 refugees, 127,421 pending asylum cases and 5,483 stateless persons in the UK.[18]

Asylum seekers

For asylum seekers there were 72,027 asylum applications (main applicants only) in the UK in the year ending September 2022, over double the number in 2019[19]. However only 16,400 initial decisions were made.

As of December 2022, of the 160,919 asylum seekers who had cases for seeking asylum pending over 68% had been waiting over the 6 months home office target.[20]

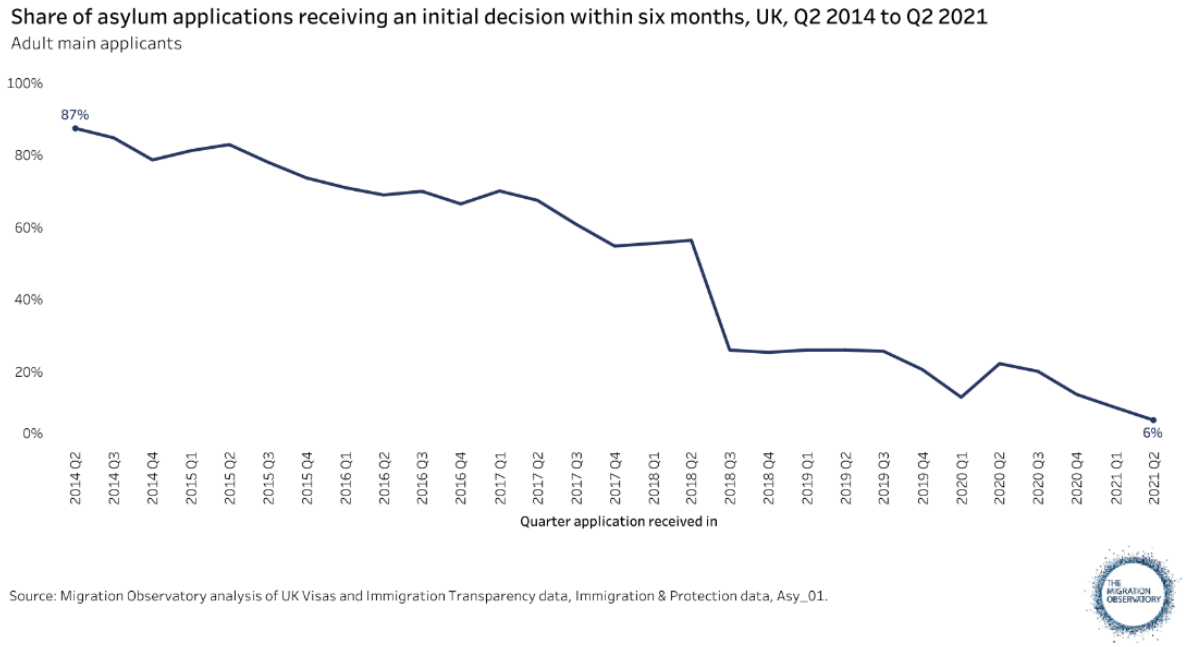


Figure 3. Percentage of Asylum seeker Applications receiving a Positive Decision within 6 months. Taken from the Migration Observatory.[21]

Of the top 10 nationalities (Iran, Iraq, Eritrea, Albania, Syria, Afghanistan, Sudan, Vietnam, El Salvador and Pakistan) applying for asylum, half have a grant rate above 80% (Iran 82%, Afghanistan 98%, Eritrea 98%, Syria 98% and Sudan 87%).

Homes for Ukraine

By 30 September 2022 the Ukraine Visa Schemes had been granted positive decision for 189,131 applications, the Ukraine Family Scheme 53,117 and The Ukraine Sponsorship Scheme 136,014 positive decisions granted. Extensions were also granted for over 35, 000 people from Ukraine.

Refugee status or Resettlement

The UK offered protection (in the form of refugee status, humanitarian protection, alternative forms of leave to remain and resettlement) to 17,378 people (including dependants) in the year ending September 2022, which is an increase in number from pre-pandemic levels.

Asylum seeker and Refugee picture in East Sussex

The picture for East Sussex will be described with data available to all citizens. This is described as 'open access data' There are limitations to the data that East Sussex public health have access to and this will be discussed in the limitations and recommendations.

Homes for Ukraine

East Sussex has over 1200 refugees from Ukraine staying in the county.

Resettlement schemes at District and Borough Level.

East Sussex County Council does not have direct access to resettlement scheme numbers. This data is held by the Home Office and District and Boroughs. All District and Boroughs support people on the resettlement schemes including from the Syrian resettlement scheme and the Afghanistan schemes.

Asylum seekers in Initial Accommodation

East Sussex currently has six adult asylum seeker hotels, with the majority in Eastbourne.

Dispersal accommodation

- Longer-term temporary accommodation, for asylum seekers pending their refugee application decision, in houses and flats is known as dispersal accommodation. Hastings and Eastbourne have been dispersal areas voluntarily for many years. Asylum seekers will already have lived in initial/contingency accommodation prior to being dispersed.

In April 2022, the law changed to include all District and Borough Council areas as potential areas of dispersal. [22] [23] This may affect District and Borough capacity to support asylum seekers in the future if the infrastructure is not present.

Data for people in dispersal accommodation areas could not be confirmed and is not shared to the County Council at all and will be discussed in recommendations and limitations.

Current service provision

- East Sussex County Council, as a two-tier authority, currently has refugee and asylum-seeking work conducted at County and District and Borough level, with the Sussex Integrated Care Board having responsibility for healthcare in East Sussex.

Support

The County Council leads on Homes for Ukraine due in part to being financed directly from the government. Provision includes hosts providing housing, support to register with a GP, initial transport support, information on English lessons, school enrolment, support into work, private rental advice, a single point of access for support, benefits advice and volunteer hubs for Ukrainian people through the local VCS.

Estar is an employability scheme funded by East Sussex to aid people into work who have the right to work, which has recently been expanded to include refugees. Currently more than 200 refugees have been supported by the project and there have been 82 Job starts from it.

The District and Borough provide the support and receive the finances for resettled schemes refugees. Resettlement officers from District and Boroughs support resettlement scheme refugees to find housing, enrol for education, English lessons, and healthcare. Support does vary across East Sussex with the infrastructure of English lessons and community support being well developed in areas such as Hastings who have a longer history of supporting resettled scheme refugees or asylum seekers.

Voluntary Sector Support

The voluntary sectors work East Sussex wide and undertake the majority of community support work. This includes support for Refugees from Ukraine in ‘hubs’ and ‘cafes for Ukraine’ community settings. These support hubs provide community and social support, link into English lessons, signposting to healthcare and welfare support and some have counselling provided.

Asylum seeker support has developed extensively in Hastings and Eastbourne, with outreach work into East Sussex. Voluntary sector support includes (but is not limited to) the Links project (Hastings) and Sanctuary café (Eastbourne) where community spaces, support, health and social care signposting, employability support, immigration advice and a space to meet and undertake art and some games are provided. The Buddy project (Hastings and St Leonards with some outreach to Wealden), LOSRAS (Lewes) and Networx (Eastbourne) also provide services.

Healthcare

Primary care and secondary care are free at the point of access to all refugees and asylum seekers except those undocumented or refused asylum and not seeking to appeal. Therefore, access and registration opportunities are the same as a British citizen.

Different levels of provision and support have been set up for primary care registration for asylum seekers and refugees in East Sussex.

Homes for Ukraine Refugees/Guests are supported via their hosts to register with general practitioners. A new NHS Locally Commissioned Service (LCS) for Ukrainians, including children has been released across East Sussex in October 2022 to enable a health check on arrival to the county at a GP surgery including for infectious diseases such as Tuberculosis, updating immunisations, chronic health care conditions and mental health.

Resettled refugees are supported via the district and borough re-settlement officer and should have had health assessments prior to entering East Sussex at bridging hotels or in a country abroad they were first accepted as a refugee.

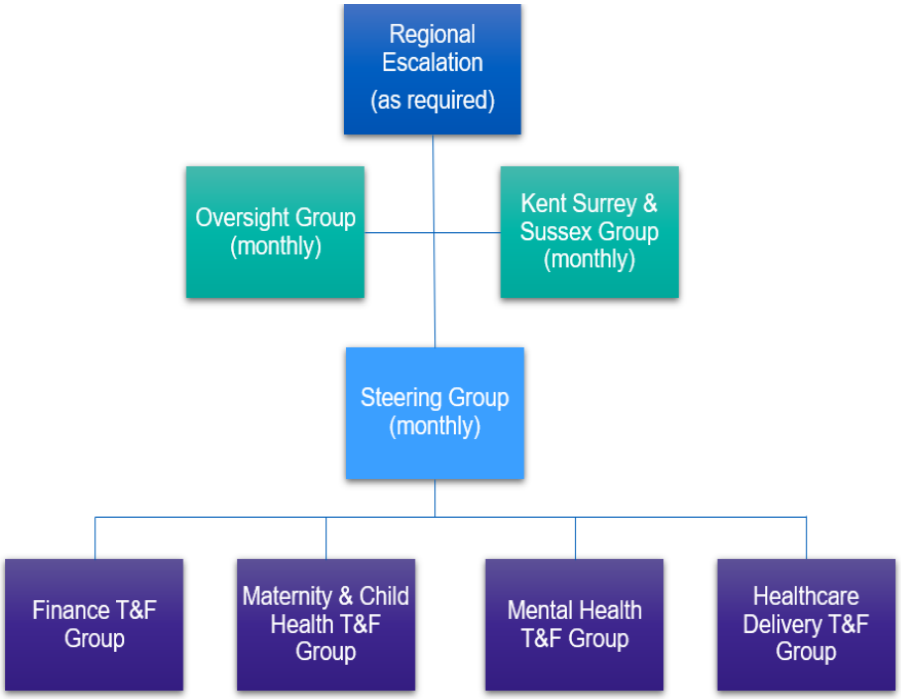
Asylum seekers in Initial Accommodation have specific GP practices assigned to them, contracted to undertake initial health assessments and provide day to day primary care support. A wrap-around West Sussex based service is present in the event of extra capacity needing to be stood up, for example in an outbreak situation or new hotel opening.

Asylum seekers in Dispersal Accommodation are signposted by their accommodation providers to register at a GP practice and should have had an initial health assessment in initial accommodation. This is dependent on taking up the offer and provision in another area.

Governance structure

The healthcare provision is co-ordinated by the ICB and includes task and finish groups on maternity and children, mental health and healthcare (primary care), which can escalate into the steering group. The steering group reports to the South East Vulnerable Migrants sub-group, who can escalate nationally as needed.

Wider stakeholder meetings including the Sussex and Surrey Emergency hotel group take place which are fed into the oversight group and escalation occurs to the regional oversight group.



Accommodation

- The home office commissions housing services providers in East Sussex to provide and run asylum seeker accommodation, both in hotels and dispersal accommodation.
- The housing service provider maintains intelligence on who and where these asylum seekers are based at a County Council and District and Borough level, although do not have permission from the home office to share dispersal data or identifiable data.

Literature review

Evidence shows that refugees and asylum seekers are fleeing from war, persecution, violence and from countries who healthcare systems may already be collapsing. Some have journeyed with a lack of access to healthcare, potentially lending to poor chronic health management or new diseases due to injuries, poor hygiene and living conditions enroute. [24]

Asylum seekers and refugee's risk of communicable diseases can be higher due to their potential lack of vaccinations, prevalence of communicable disease in their country of origin and the conditions they find themselves in. [24]

It has been shown to be important to have a medical assessment when reaching the U.K. to understand the health needs of a refugee or asylum seeker.[25] The U.K. migrant health guidance has been created by UKHSA which is directive for refugees and asylum seekers specific to each country they come from. The literature review will look at some of the specific needs have been highlighted for this population.

Mental health

For Refugee and Asylum seeker populations mental health is an ongoing concern, previous literature reviews show varying prevalence of mental illness in refugees, however a recent meta-analysis has shown higher rates, than the general population, with over 30% of the population having post-traumatic stress disorder and depression, which can last for many years.[26] Anxiety was also shown to be greater in asylum seekers and refugees than the general population, however this has been shown to reduce to the base level after four years.

The mental health foundation stated those seeking asylum in the U.K. are at a greater risk of mental health conditions with 61% having a mental health disorder and being five times as likely to need support than the local population. [27]

Suicide

Even more concerning is the evidence that of those known to secondary care services who committed suicide between 2011 and 2019, the suicide rate of asylum seekers was double the general population rate.[28] The comparison showed a striking difference of those seeking asylum having more adverse life events, being younger and having more current socioeconomic adversity in the form of housing, financial difficulties and concerns around employment. [28]

What can affect mental health?

Two areas of focus are considered to contribute towards mental health conditions in the refugee and asylum-seeking population:

1.Traumatic events and Experiences prior to arriving in the U.K.- including war, exposure to violence including sexual (especially for women), torture, being a victim of trafficking by gangs[29] and the difficult journey to the U.K. Depression has been shown to be a direct result of past trauma exposure.[30]

2. Post-migration environment or "acculturation[26]"- this can be attributed to difficulties in adjusting to living in a different country, limited opportunities to work, social isolation, change in the family structure[26]. In some studies, if people received post-migration stress exposure [31] there was a link with developing PTSD.

The acculturation contribution to mental health highlights the need to provide effective support, opportunities and social integration.

Who is Affected?

Any asylum seeker or refugee at any age or gender or from any country can have a mental health condition, however women who have experienced gender-based violence are especially vulnerable to poor mental health[32].

Barriers to Accessing Support

Research shows barriers to seeking mental health support include cultural stigma, lack of healthcare system knowledge, language barrier, lack of trust in authority and concerns about immigration status and visa security.[33]

Specific barriers found for women have been shown to include lack of culturally appropriate services[33] and for men higher PTSD severity was associated with lower help-seeking intentions (self-stigma for seeking help).[34]

Interventions

Some researchers feel there is a paucity of research on how to utilise and change current mental health interventions to enable more favourable outcomes for refugees and asylum seekers[35]

Community based work

Strength based approaches are recommended to improve resilience, including empowering people focus on their ability to solve problems, strengthening community support and engagement within local support services (VCS) [36], educating and raising mental health awareness[36], partnering up to learn from refugees, cultural awareness [37] ,exercise, and mental health services with support groups. [36]

Community activities have been shown to improve depression and PTSD symptoms in asylum seekers and refugees, these can include dance therapy [38], art, music, and drama[39] with dance and drama having more positive effects and the reason thought to be the incorporation of mind and body in the activity.

Healthcare mental health support

Early screening and focus on mental health for asylum seekers and refugees is advocated in research and on initial health screening guidance. [25]

Trauma informed care[40] is recommended to enable healthcare practitioners focus on providing a physical and emotionally safe environment for patients. These practitioners will ensure that communication is open and respectful and, where possible, gives choice and control to patients through a collaborative approach to healthcare that supports the patient's goals.

NICE guidance recommends the use of trauma-focused psychological interventions, such as trauma-focused cognitive behavioural therapy (CBT) for depression and eye movement desensitisation and reprocessing (EMDR) for PTSD.[41,42] Specific evidence for treatment of PTSD in asylum seekers or refugees has included positive responses to narrative exposure therapy[43] , culturally adapted CBT [44]and also Imagery rescripting (ImRs)[45] which is a technique aimed at reducing unwanted intrusions through modifying the meaning and emotions attached to a distressing memory by firstly vividly imagining the start of the

traumatic memory and then to incorporate a new, rewritten, safer ending with the aid of the therapist.

Women health

Women's health needs can vary in nature and include sexual, reproductive health and maternity services. There can be a higher rate of sexual abuse, gynaecological injuries and female genital mutilation dependent on countries, conflicts and individual situations.[46]

Maternity

Literature has shown worse outcomes for women and their babies[47] if they are from refugee or asylum-seeking backgrounds living in high income host countries, this includes worsening peri-natal mental health, more maternal deaths, more medical interventions and poorer outcomes for the baby, including death and low birth weights. [47]

Experiences of maternity services have been shown to be mixed for migrant populations, the barriers to consider from the women themselves include; lack of language support, cultural insensitivity, discrimination and poor relationships between the pregnant women and healthcare professionals. Furthermore, a lack of knowledge of legal entitlements and guidelines on the provision of welfare support and maternity care to this population can compound this.[48]

This evidence stresses the importance for healthcare professionals to use appropriate interpreter services, have cultural awareness and sensitivity to this populations' needs to enable a positive experience and outcome for women and babies. For example, screening for peri natal mental health with interpreters in a culturally appropriate way has been deemed acceptable[49]

Community-based doula programmes can provide culturally responsive care to migrant and refugee women.[50] Community-based doulas share the same cultural, linguistic, ethnic backgrounds or social experiences as the women they support. When knowledgeable, trained and experienced in providing support in labour, birth doulas can advocate for the women, advance social interconnectedness for the lady and increase maternity services capacity. [50]

Cancer Screening

Breast cancer screening[51] and cervical screening uptake[52] is lower in people from ethnic minority backgrounds.

Women from different cultural backgrounds have been shown to have multiple and complex reasons for having a reduced uptake of cancer breast screening services. These include understanding of the screening process, understanding of breast cancer, English language ability, perceived support and guidance from healthcare workers, and cultural

concerns of breast examinations (embarrassment), and perception of health being "fated" rather than changeable and treatable.[53] [54] A study in women from Afghanistan showed very low breast cancer awareness, with 82% of women not under-taking breast self- exam. [55]

Breast screening uptake has been shown to increase through culturally appropriate education via peers, health care professionals and religious community leaders. Other areas shown to improve uptake include cultural and faith-based interventions that addressed religious barriers such as modesty and predestination and reframed them into preventive actions. [56] Outreach efforts, appointment reminders, and personal contact from health providers[57] have also shown to increase screening uptake.

Cervical screening barriers to uptake have shown to include similar barriers[52] including lack of information, lack of female healthcare providers, English language ability, and emotional responses to the test (especially fear, embarrassment and discomfort) were the most reported barriers to cervical cancer screening.

Potential interventions include healthcare services strengthening resources to meet migrants' needs, including having culturally sensitive information translated and culturally adapted, as well as healthcare providers with skills to deal with cultural background [52].

Culturally sensitive education sessions have been shown to increase both cervical and breast screening appointment uptake. [58]

Communicable diseases

Communicable diseases are those that are transmittable "from one person, or animal, to another, which can cause ill health" [59]. This review will discuss immunisations to prevent many communicable diseases, the main communicable diseases seen in refugees and asylum seekers and the screening that should be offered.

Immunisation

There is an increased prevalence of some infectious diseases depending on the country of origin of Asylum Seekers or Refugees. Vaccination regimes and their uptake will differ from the country a refugee or asylum seeker lived as a child or young adult as will the healthcare provisions at time of leaving the country.

Lack of vaccinations can put individuals at higher risk of infectious diseases. All initial health care assessments should include updating vaccinations to the current U.K. regime.[60]

However, studies have shown a lack of training, knowledge in primary care of the need for updating the whole vaccination schedule[61] They also have cited lack of time and financial incentive to update asylum seekers and refugees' vaccination status. [61]

Barriers to Vaccinations

Studies have shown that people from ethnic minority backgrounds are less likely to have vaccinations. This was borne out through covid 19.[62]

Specific barriers to a refugee or asylum seeker receiving or agreeing to have a vaccination have included[63];

- Language-Lack of accessible information in an appropriate language [62] and interpreters [64]
- Lack of trust in the health system [62]
- Concerns over vaccine side effects [62]
- Lack of understanding about the need for, or their entitlement to vaccines, and potential stigma [64]
- health professionals' lack of knowledge of vaccination guidelines for migrants [64]
- Practical access difficulties; people who moved frequently or had no fixed address could struggle to register for health services, travel to vaccination centres could be costly. [64]

Interventions to Increase Uptake

Research with asylum seekers and refugees has suggested uptake would increase with improved access to accessible information and access to physical buildings for vaccinations including trusted places such as community centres and charities. [62] Also increased training in primary care on the need to uptake fully to the U.K. vaccination schedule and potentially having a financial incentive via the quality outcomes framework have been suggested. [61]

Specific interventions that have evidence of increasing vaccination uptake include;

- Outreach programs, planned vaccinations and educational campaigns (shown to be cost-effective)[65]
- Tailored communication about vaccinations, including face-to-face conversations, information about the benefits of vaccination, personalised reminders (nudge behaviours); [64]
- Clear and sensitive policies, such as screening for vaccination on arrival [64]
- Community-based interventions, in which community members act as vaccine advocates in collaboration with services. [64]
- Vaccination offered in convenient and familiar local settings; increasing the number of walk-in clinics. [64]

Specific Communicable Diseases

Diphtheria

Diphtheria is vaccine preventable bacterial infection that has can have both skin and respiratory presentations and is rarely seen in the U.K. [66] Cases of presentation have been documented in asylum seekers and can spread and have severe consequences for those affected especially in those with poor immune systems. Awareness, timely treatment of cases and contact tracing and vaccinations are essential to management.[67] Due to the presentation of cutaneous diphtheria all skin lesions in asylum seekers are to be swabbed to understand if they are infected or are another bacterial infection.[67]

Tuberculosis (TB)

Tuberculosis (TB) is a bacterial infection which is spread by droplets usually through coughing and sneezing. There are two different forms of TB.

- **Active** TB is both infectious to others and affects the person with symptoms and potential severe complications.
- **Latent** or dormant TB has neither the ability to infect others or physical consequences for the person with latent TB. Certain conditions including diabetes, HIV[68] and malnutrition can make TB more likely to become active. [68] The asylum journey itself has also shown to be a stressor in this transformation to active disease[69].

The U.K. has a low prevalence of TB with 7 cases per 100,000 population. Evidence shows a high prevalence of latent TB and active TB in the asylum seeker and refugee population, with no or limited evidence of spread to host populations[70]. The importance of screening and treatment is highlighted and imperative.

Current UK guidance stipulates that any country with a prevalence of over forty per 100,000 cases of TB in their population should have screening prior to arrival in the UK[71]. Afghanistan, Ukraine, Nigeria, Sudan and Iraq are examples of such countries [68] and due to the speed of some evacuations from countries this may not have been possible. There have been some systems for screening set up in the UK for both adults and children.

Active TB screening [68] involves a symptomatic screen and chest x-ray (for those 11 years old and over) for those from high-risk countries and a skin prick test (Mantoux) or blood test (IGRA) for latent TB.

Current active TB screening opportunities and services include:

- An LCS in primary care for refugees from Ukraine for active screening
- Resettlement scheme refugees receive health screening at bridging hotels.
- Asylum seekers in initial/contingency hotels- The ICB commissioning local GP practises to provide initial health screenings.
- Dispersal accommodation asylum seekers have unclear status on screening as they should have been offered screening at initial accommodation in another area, this is dependent on taking up the offer and provision in another area.

Latent TB screening has been shown to be cost-effective[72]. In East Sussex a blood test called a T spot is currently available for GP practises to utilise, however this was not part of the initial national guidance for the refugees from Ukraine.

BCG vaccination should be offered after Mantoux testing (skin prick testing) to all people from high-risk countries from the age of 0-16 years old[73].

Hepatitis B and C

Hepatitis B and C are viral infectious diseases that can affect the liver and have differing transmission routes. Their prevalence varies among countries, many countries including Syria, Afghanistan and Ukraine have high prevalence levels of hepatitis C and Afghanistan and Syria having a high level of hepatitis B too. Ensuring screening is offered and treatment where necessary is essential for reducing transmission and to prevent morbidity and mortality including from cancer.[74]

Sexual health

Sexual health is important for both men and women and for the refugee and asylum-seeking population there can be many barriers to gaining good sexual health.

At initial health screenings if an asylum seekers or refugee comes from a country with a higher prevalence of Human Immunodeficiency Virus (HIV) they should be offered a sexual health screen, including HIV testing, syphilis, gonorrhoea, chlamydia regardless of whether they have symptoms or not and on top of the hepatitis screening offer.[75]

HIV

HIV in asylum seekers and refugees will vary dependent on the country they have originated from, the area they are moving to and their own risk factors. HIV testing should be offered appropriately as should sexual health screening.[76] (Please see the table 5 below for further information.

Barriers to care are the same as young people in the general population and include fear of stigma[77], lack of adolescent services, shame of sexual activity and concerns over confidentiality. Lack of knowledge and information[77], Gender Based Violence, sociocultural norms, stigma and shame, lack of social support, and lack of infrastructure, security[78] and language. [78]

Issues specific to the asylum seeking or refugee population are lack of knowledge about sexual health, language and communication barriers [77] and a lack of structure needed to build dependable services that go beyond one-time interventions. [79]

Outreach Interventions should focus on language-adapted information about available screening services and where to go for advice on sexual wellbeing and sexual rights. These activities should promote prevention, address activities that increase STI/HIV risk exposure and specifically targeting vulnerable subgroups of migrants.[80]

Table 5. Communicable disease screening guidance by country (taken from migrant health guidance)[25]

Infectious disease	Afghanistan	Iran	Iraq	Syria	Sudan	Ukraine
Tuberculosis	High incidence - screen	Low risk	High risk- screening needed	Low risk	High risk- screen	High risk for screening
Sexually Transmitted infections and HIV	Low risk HIV- *offer as per UK guidance if risk factors	Low risk*	Low risk*	Low risk*	High risk HIV- screen for HIV and all other STI	Low risk- as per UK guidance
Hepatitis B	Intermediate risk- consider screening	Low risk- screen as per guidance	Low risk- screen as per guidance	Intermediate-? screen	High risk- screen	Low risk as per guidance
Hepatitis C	Higher risk than UK- consider screening as per guidance	—	-	-	High risk- screen	High risk - offer screening
Polio	Endemic	-	—	Present in country	-	-
Malaria	Risk in some areas	Some risk	Risk present	Low risk	High risk	No risk
Typhoid	High risk	Some risk	Risk present	Risk present	High risk	Risk present

Other conditions for health professionals to consider include (dependent on their country of origin);

- malaria, polio, diphtheria, helminth infections, enteric fever and chagas.[81]

Non- communicable diseases

Poorly controlled chronic diseases in asylum seekers or refugees are a well-known consequence from poor health care infrastructure due to the breakdown of a health care system and provisions due to war/conflict. Chronic diseases which are poorly controlled

and treated can include but are not exclusive to, cancer, heart disease, liver, kidney disease, HIV treatment, diabetes, hypertension and epilepsy[82].

At Initial health screening appointments health care professionals are asked to elicit any chronic conditions that needs management, any nutritional deficiencies which are more common in this population including vitamin A, D and anaemia and enquire about lifestyle factors which may lead to chronic disease such as smoking.[83]

Dental

The level of need has been shown to be high in the asylum seeker population with one study in Plymouth showing 40% of asylum seekers needing dental treatment when they arrived, with dentistry being the second largest unmet need in this study for the asylum seeker population.[84] A study in Wales showed dental issues amongst asylum seekers was the biggest unmet need (61% needed dental attention)[85]. One study from Australia showed that asylum seeker and refugee oral need was higher than their least privileged populations[86]. Other papers show a higher rate of dental caries and poorer periodontal condition than non-migrant populations.[87]

Literature reviews have shown that access to oral health care is a major determinant of oral health[88]. Within the asylum seeker and refugee populations barriers to access have been shown to include language[89], not understanding how the dentistry healthcare system operates[84], lack of interpreter services[84] and challenges in accessing emergency dental appointment[84]. Difficulty in "punitive", "not flexible" booking systems have been shown to exacerbate access issues with having to phone the next day or being signposted elsewhere adding barriers to access and increasing difficulty when English is not a first language.

Oral health promotion has been shown to be successful in refugee and asylum-seeking populations[84] included dual-language leaflets (covering oral home care, smoking, diet and access to services to increase, dental brushing and sugar reduction.[90]

Dental Accessibility is essential in this population with education on the system and translators to be used for both literature and in person consultations.

Country Profiles for the Burden of Disease

Countries across the world have differing causes of mortality and disease, dependent on their healthcare system, climate and disease prevalence. The 'our world in data[91]' presents the data on different countries to show some of the differences in disease prevalence, this allows us focus on conditions that are more likely to affect people from different countries.

"The sum of mortality and morbidity is referred to as the 'burden of disease' and can be measured by a metric called 'Disability Adjusted Life Years' (DALYs). DALYs are measuring lost health and are a standardized metric that allow for direct comparisons of

disease burdens of different diseases across countries, between different populations, and over time."

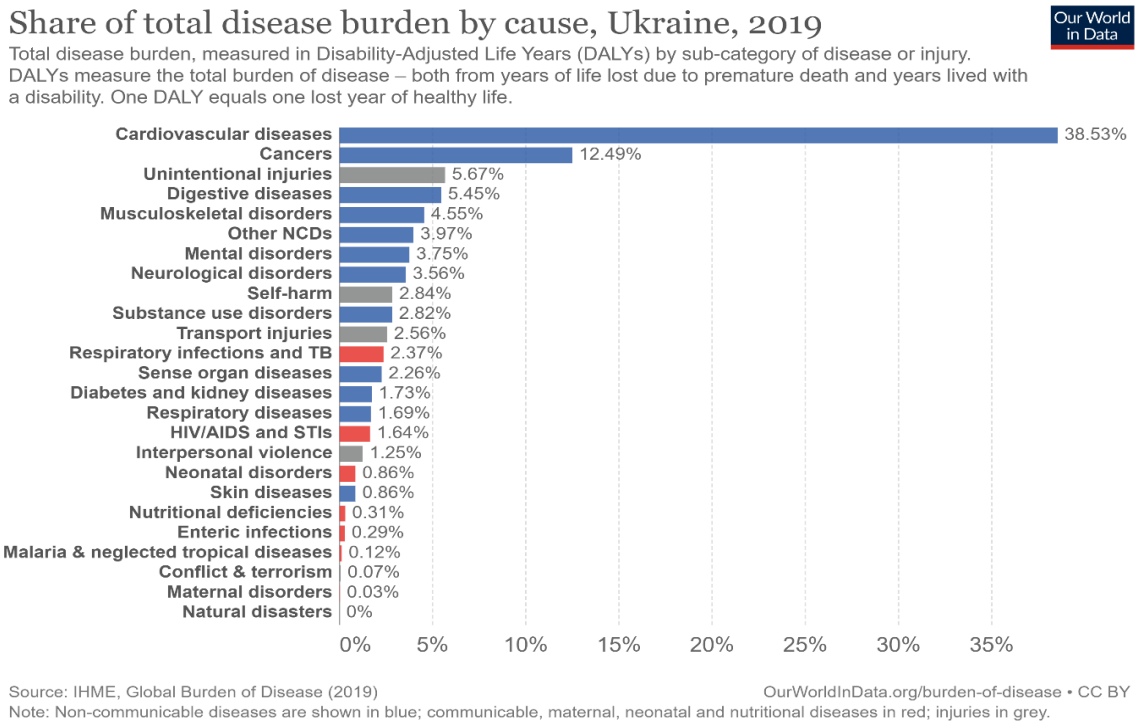
The top four countries that asylum seekers and refugees answering our survey originated from are briefly described in the following section

Ukraine

Many refugees have entered the U.K. since the war started and there are notable differences in health of the Ukrainian population. Whilst importance should be stressed on mental health given the stressors of war involved, prior to war there were specific health concerns within the Ukrainian population that need noting. 68% of the mortality in 2018 was from a cardiovascular origin, [92].

The WHO STEPS survey[93] in Ukraine showed a third of people smoke, half the population have too much salt, two thirds do not eat enough fruit and vegetables, three fifths of the population are overweight and one third have high blood pressure. A combination of risk factors will increase cardiovascular risk for the population and should put focus on reducing the risk through preventative measures available to the general population in East Sussex. Of note only half of the women surveyed had undergone cervical screening in their lifetime too[93].

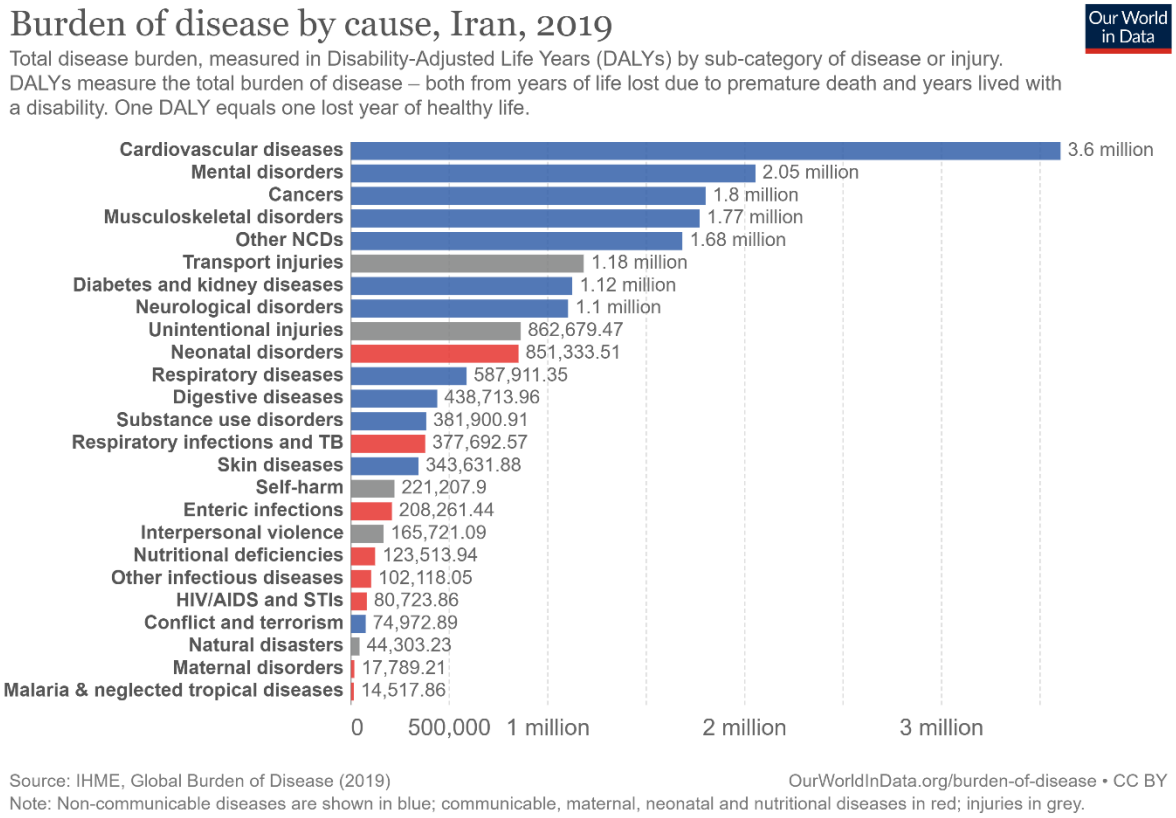
Tuberculosis and hepatitis have been covered previously but both have a higher prevalence in the Ukraine and their vaccination coverage is lower than U.K., with one study showing only 50% of children having MMR.[94]



Iran

The Iranian population has a high burden of cardiovascular disease, with mental health and other non-communicable diseases causing a high burden of disease. Infectious diseases including TB have a lower prevalence in Iran.

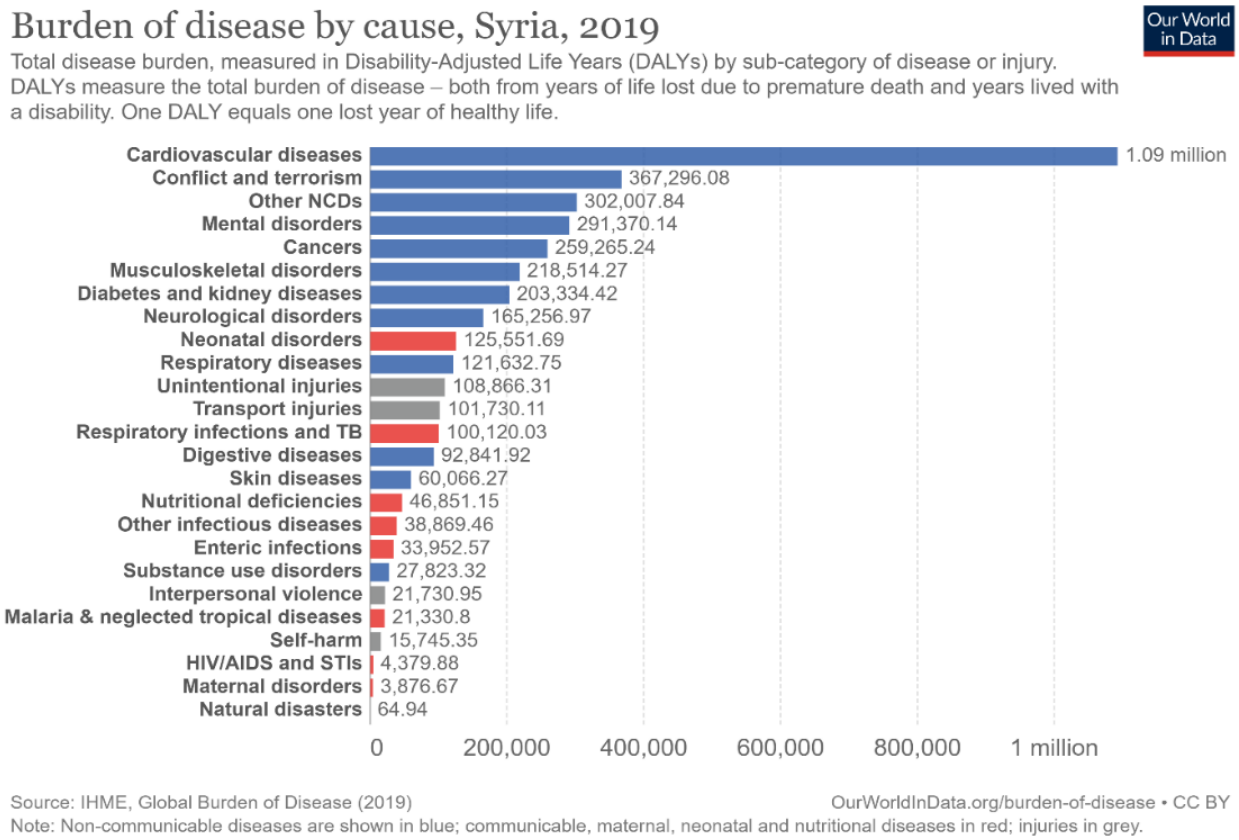
Lifestyle factors[95] contributing to cardiovascular disease are blood pressure, high BMI, high fasting glucose, smoking, poor diet and high cholesterol in this population in this order of impact. Smoking prevalence in Iranian men is higher than women and higher than the smoking prevalence in the U.K.



Syria

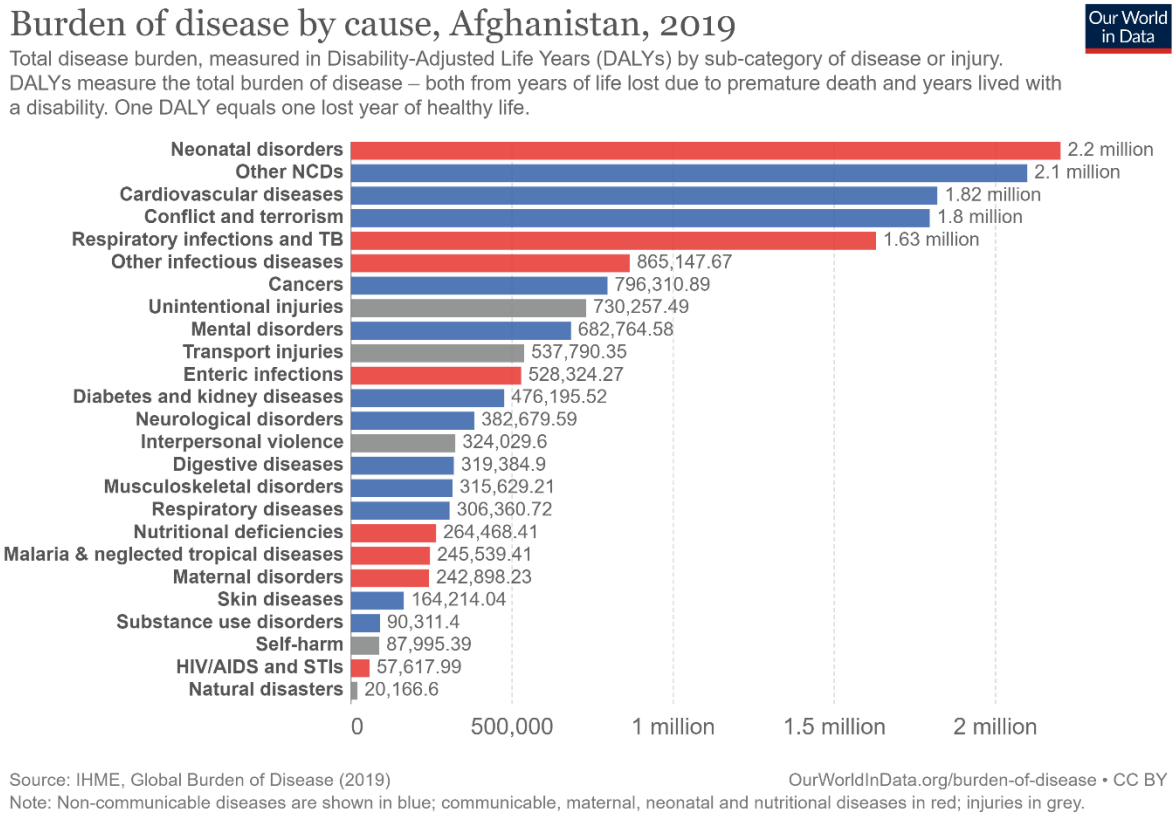
The leading cause of disease and death in Syria is cardiovascular disease, with the top six lifestyle factors including high blood pressure, smoking, high BMI, high fasting glucose, high cholesterol and poor diet contributing to the highest mortality.[96] Other non-communicable diseases including cancer, diabetes, musculoskeletal issues, respiratory diseases and kidney disease also have a high burden of disease. The prevalence of infectious diseases in Syria are relatively low in comparison to other countries.

Conflict and terrorism is documented is causing a very high burden of disease as is mental health, which may be linked.



Afghanistan

The picture of health in Afghanistan and the population shows a high burden of disease from neonatal disorders and non- communicable disease including cardiovascular, respiratory, cancers and diabetes. Conflict and terrorism and infectious diseases including TB also in the Afghan population contribute largely to disease. It is estimated 2.5% of the population have Beta thalassemia. [97]



Wider Determinants of health

Housing

Increasing use of hotels for initial accommodation is occurring due to a lack of housing stock, concerns have been raised on the extended time asylum seekers are in hotels and the lack practical support given to asylum seekers including transport for medical appointments, clothing washing facilities, food content, legal support, safety from the far right and financial.[98]

With the new announcement that asylum seekers from countries with a high positive decision rates including Afghanistan having their asylum claims sped up[99], their departure from hotels will necessitate further support from local councils or voluntary sector organisation with regards to housing.

The increased need for accommodation is coinciding with the continued increase in the number of people living in temporary accommodation across housing services. The capacity challenge for housing increases the risk of rough sleeping if there is a negative decision to an asylum application.

Access to healthcare services

Evidence has shown access to primary care can be a challenge for refugees and asylum seekers with understanding system and language barrier cited as two of the most common reasons.[100]

One study described three different areas that affect the ability for an asylum seekers or refugee to access to primary care;[101]

1. The Healthcare encounter (trusting relationship, communication, cultural understanding, health and social conditions, time),
2. The Healthcare system (training and guidance, professional support, connecting with other services, organisation, resourcing and capacity)
3. The national and local Asylum and resettlement Policy

Barriers which have been discussed previously are also relevant to accessing primary care [102] including; language difficulties, health literacy (knowledge), and the cost of travel to appointments.

Lack knowledge on right to access healthcare was also highlighted with language barrier and lack of interpreter services shown to affect asylum seekers understanding of how the system works and the ability to register and access appointments. [103]

Interesting new barriers included;

- Disappointment at the mental health support provided in the U.K. [102]
- GP surgeries still asking for documentation from asylum seekers before registration can take place.[103]

- Charging from overseas teams from hospitals resulting in not accessing healthcare when it is needed and fear of payment charges. [103]

Research recommendations to improve the experience of refugees and asylum seekers in healthcare include;

- Policy Healthcare policy makers and commissioners should recognise the complex needs of refugees and asylum seekers and ensure healthcare is sufficiently resourced and had adequate time for appointments. [101]
- Upskill health professionals in cultural competency and specific asylum seeker and refugee health needs. [100]
- Utilising Trained interpreters.
- [104] Creating a culturally safe environment by GPs, in addition to applying the principles of trauma-informed care (TIC) to appropriately listen and respond to their patients' needs and individual social circumstances.
- GPs using their role to advocate on behalf of their patient and played a key role in helping build their patients' health systems literacy. [104]

Community and social networks

Peer support and mentoring programs which are co-designed with community-based service providers, using participatory approaches to ensure cultural acceptability have been evaluated. The training and support of mentors was critical.

Enhanced social support, greater empowerment and confidence for the women was found and there was improved access to the social determinants of health such as education, but limited success in obtaining employment. Mentoring programs can enhance refugee and migrant women's wellbeing and social connectedness in resettlement contexts. [105]

Education

English language provision and its delivery is an important factor in reducing social isolation and long-term dependency.[106] However recent research shows that ESOL lessons capacity have been reducing with refugees feeling they are not effective enough or regular enough to improve their English to a level they can have job opportunities.[107]

Employment

Refugees on the resettlement schemes or refugees from Ukraine have the right to work when they are granted refugee status. However there have been barriers to enabling them entering the work force including language, cultural differences and qualifications not being recognised.[108]

Asylum seekers are unable to work until they have their application accepted unless they have been waiting for 12 months, fit certain criteria and are given special permission by the home office.

Lifestyle Prevention

Few asylum seekers in a study were aware of health prevention services. Even when they knew about services, such as smoking cessation, these services' difficulty in accommodating Asylum Seekers and Refugees language needs acted as a barrier. [102]

Equality and Discrimination

The 2012 Levenson enquiry documented certain sections of the press to be “prejudiced” and to have an “unbalanced” and “sensationalised” depiction of immigrants[109]. Previous concerns have been raised on how the depiction of immigrants as “spoiling the health system and dangerous” can cause stigma in the U.K[109].In 2018, although 72% of migrants found the U.K. to be welcoming, non-EU born migrants were twice as likely describe themselves as belonging to a group that faces discrimination than EU born migrants.[110] People from ethnic minority backgrounds have been shown to be discriminated against in the job hiring decisions irrespective of the country they migrated from.[110]

U.K. aid funding for asylum seekers and refugees from the government has been assessed by The Independent Commission for Aid Impact in 2023.[111] They have concluded “There is a hierarchy among the UK’s many schemes and approaches to different groups of refugees and asylum seekers. The level of support received by refugees and asylum seekers depends on the schemes they fall under, not their needs, creating inequity in the provision of support, with no clear humanitarian rationale”.

Key findings from Frontline Professionals and Asylum seeker/Refugee surveys

This section describes the results of the asylum seeker and refugee survey and their demographics followed by a discussion of the frontline workers’ survey. The findings are then combined and discussed by topic due to the commonality of themes.

Asylum seeker and Refugee Survey

A survey was created from initial discussions of the needs of asylum seekers from a wide range of stakeholders. The questions asked can be found in Appendix A.

The surveys were distributed to refugees and asylum seekers, via their support workers, hotels, newsletters, voluntary sector colleagues and face to face distribution.

122 people responded to the survey.

The data will only be discussed on questions where 8 or more people gave the same answer to protect anonymity. This means there are topics that cannot be described or discussed, this unfortunately includes women’s health where we did not have enough

women answer the survey to use the data appropriately. However, there is some valuable data that will be discussed.

Demographics

The demographics of those asylum seekers and refugees answering the survey will be described.

Age

Age group	Count
16-18	*
19-25	30
26-35	39
36-45	28
46-55	10
56-65	*
65+	*
Grand Total	**122**

The asylum seekers and refugees answering the survey were young with over 50% between 19 and 35 years old and 80% between the ages of 19 and 45 years old.

Sex

34% of respondents were female, the majority of whom are from Ukraine.

79 men responded, the majority of whom are either asylum seekers or from resettlement schemes.

This does reflect the difference in sex between those in the homes for Ukraine schemes and those from asylum seeking populations nationally.

Country of birth

The majority of people answering the survey came from four countries Ukraine, Afghanistan, Iran and Syria.

Country Born In	Count

Ukraine	43
Afghanistan	36
Iran	12
Syria	8
Other	23
Grand Total	122

Primary language

The languages that asylum seekers and refugees speak reflects the countries they are originating from, including Ukrainian, Pashto, Arabic, Dari and Farsi.

Primary language	Count
Ukrainian	38
Pashto	19
Arabic	17
Dari	13
Farsi	8
Other	27
Grand Total	122

Occupation

There were multiple industries people in the refugee population and asylum seekers had backgrounds in working. Many of the industries had too small numbers for us to discuss. However, 16% people had a background in education, 8% construction, 7% in finance and insurance and 7% in accommodation and food services.

Children

84% of refugees from Ukraine had children living with them in East Sussex, conversely very small numbers from other countries, including asylum seekers and resettled schemes had children living with them.

Frontline Workers Survey

Frontline workers supporting asylum seekers or refugees were asked to fill in an online survey (Survey questions can be found in Appendix B). The recipients worked in primary care in the NHS, in local authorities, housing or the voluntary care sector.

The survey received 18 responses with many of the responses from primary care in the NHS, the voluntary care sector and local authorities.

Option	Percent
NHS primary care	38.89%
NHS secondary care	*
Voluntary care sector	22.22%
Private sector	*
Local authority	22.22%
Other (please explain below)	*
Not Answered	*

78% of the respondents support asylum seekers with many supporting both refugees and asylum seekers as well. 50% responded they support resettled refugees and 39% supporting homes for Ukraine.

There were six further open questions designed to elicit the needs of the asylum seeker and refugee population and these were thematically analysed.

The analysis of the frontline worker survey combined with the asylum seeker and refugee survey elicited specific areas of need and topics to discuss. These will be discussed now.

What is working well?

The frontline workers were asked what was working well with regards to supporting asylum seekers and refugees.

Co-ordination and partnership working

One of the positive themes expressed was partnership working across silos, whether that was across East Sussex with multiple stakeholder involvement, on a specific program such as homes for Ukraine or across primary and secondary care.

Co-ordination was described within partnership working as important, but also the use of a co-ordinator specifically for asylum seekers by one primary care organisation was described as working well to support asylum seekers.

Primary care

General practices (GP) were discussed many times, including the work to undertake initial health checks with translation and interpreter services provided going very well. A GP practice assigned per hotel to enable good communication between the practice and the hotel was also described as a good program.

Voluntary sector support and Resettlement support

The support the voluntary sector give to asylum seekers and refugees was discussed multiple times, including the specific hubs in East Sussex providing excellent support.

The specific support given to refugees under the resettlement scheme by the District and Boroughs was described as “very good”.

The importance of standing up primary care quickly to support hotels and the support from the voluntary sector and resettlement support schemes were described as essential. Working across silos, in partnership and in co-ordination was also described as enhancing the provision of care.

Key Topics

Dental Services

Dental service access was deemed the biggest unmet need by frontline workers for asylum seekers and refugees, with those expressing the need for increased service provision both routine and emergency dental care.

One frontline worker stated, *“many people are presenting with rotten teeth or dental pain and there is nothing I can do to help”* in reference to emergency dental access.

Dental access has also been highlighted by the refugee and asylum-seeking population themselves through their survey. Over 60% of people have needed to see a dentist for a dental problem and have had problems seeing a dentist. A range of reasons answered including 39% being unable to get an emergency appointment.

Comments included:

“There are simply no dentists who accept NHS patients anywhere. I also can't find a dentist for my children and I don't even know where to contact if there is an urgent need” and *“private ones are too expensive”*.

Dental questions / answers	Homes for Ukraine	Other

If you have any dental issues for which you have needed to see a dentist, did you have any problems seeing the dentist?	Number	%	Number	%
Yes, I had problems	27	63%	45	60%
What the problem was (could tick all that applied)				
I was unable to get an emergency appointment with any dentist	17	40%	29	39%
I was unable to register with a dentist	14	33%	11	15%
I needed a translator and no one was provided	*	*	*	*
I needed help to register and there was no one to help me	*	*	*	*

Recommendation

1.The Sussex Integrated Care Board needs to commission dental services that are appropriate and accessible for the asylum seeker and refugee group, especially for emergency dentistry needs and communicate access availability.

2. The Local Public Health team should provide oral health promotion appropriately for asylum seekers and refugees.

Healthcare

Understanding how the NHS works and Entitlements.

This theme came out of the frontline workers survey and explained that refugees who had come from differing health systems did not necessarily understand how the NHS worked and their entitlements. The frontline workers themselves felt there was a lack of knowledge within healthcare of the entitlements to the NHS and also registration rights for asylum seekers.

One frontline worker stated, *"understanding the cultural differences, people in the Ukraine are used to walking into a hospital with an appointment and seeing a specialist there and then."*

Recommendation

3.The Sussex Integrated Care Board to provide training for healthcare professionals on the entitlements for asylum seekers and refugees to healthcare.

4. Clear communication needs to be provided via the Voluntary Care Sector, accommodation providers and GP surgeries on how the NHS works to refugees and asylum

seekers. Doctors of the World provide information for patients in many languages in their Safe Surgeries training.

General Practice

Registration

The asylum seeker and refugee survey had questions focused on whether a refugee or asylum seeker was registered with a GP and who had supported them to do so.

100% of Ukrainians are registered with a GP with 87% registered with a GP who are asylum seekers or from resettlement schemes, with some comments including “I do not know what a GP is”.

When people had support to register with a GP, they were more likely to have had help from a housing officer or staff at the accommodation they lived. We do not have enough data for homes for Ukraine refugees to understand who helped them register with GP.

Although small numbers of respondents who were not registered with a GP most indicated they would register if they had help from someone.

Frontline workers also highlighted specifically confusion in asylum seekers when they are registered by a hotel with a GP practice stating that a hotel should communicate who individuals are registered with, how to access the service and how the NHS works.

Recommendation

5. Supporting agencies need to ensure that asylum seekers and resettlement scheme refugees are aware of the GP they are assigned to and support to register is provided if needed.

Language and Interpreter services

Around two thirds of the asylum seekers and refugees responding in the survey who have needed to make an appointment at their GP surgery, felt they needed an interpreter and one was not provided.

There is a gap between the perceived need in primary care for an interpreter by the asylum seeker or refugee and the provision of one.

Language and lack of use of interpreter services were deemed to be the biggest barriers to access for support by frontline workers. This included when trying to book appointments at a GP surgery (reception not having interpreter provision), the lack of use of a translator in a consultation and sometimes the interpreter services themselves not being available and delaying an appointment.

One frontline worker stated, *"The majority of people we support were unaware they were entitled to an interpreter. They have not been offered interpreters and when requested are often not provided. This has made it difficult to explain their health needs or understand what the medical professionals are telling them. As a result, they often do not seek medical care."*

Recommendation

6.Primary care to ensure that at the initial health check the need for interpreter and language is documented on patients notes.

7. Primary care reception staff need to be trained to book an interpreter or use language line when a primary care appointment is necessary.

8.Sussex Integrated Care Board to communicate the current interpreting service provision for primary care and training offered to practices who need it.

Access to primary care

Language barriers have already been described, however the complicated booking system and waiting on a phone for a long time were also deemed to be barriers for asylum seekers and refugees. People had also been turned away from registering due to not having I.D. and asylum seekers in hotels were described as not always knowing which GP surgery they were registered with.

Recommendation

9. Safe Surgery training should be organised for receptionists registering asylum seekers and refugees to ensure universal access to primary care (documents not needed)

Transport to healthcare appointments

When appointments had been arranged transport to the appointment was discussed as an issue from hotels in and this may be linked to the lack of attendance for health checks that were mentioned at a GP surgery.

Recommendation

10. There needs to be clarification on the contract for hotels on the provision of transport for urgent appointment attendance to NHS services and escalation of any gaps via the steering group.

HC2 certificates

HC2 certificates provide free prescriptions, dental and opticians appointments but access to them was described as poor and who should be supporting their filling in, whether this is the VCS, primary care or the housing officers.

Recommendation

11. There needs to be stakeholder discussion on support for HC2 applications for asylum seekers and refugees and agreement on whether responsibility should be Voluntary Community Sector, housing/ host responsibility or co-ordinator role within primary care.

Suggestions from stakeholder to improve healthcare for asylum seekers and refugees include considering link workers for accessing prescriptions and co-ordinating services, asylum seeker medical clinics, increasing NHS support capacity.

Asylum Seekers Health Needs

Health checks

Initial health checks are commissioned to be undertaken in primary care. They were discussed by frontline workers who concerned they were not always happening. Also, if initial health checks were booked frontline worker commented patients were not turning up.

Recommendation

12.Sussex Integrated Care Board to provide clear specification for initial health checks, with training provided in areas such as TB and vaccination catch up programs which are not routinely undertaken and seen in primary care.

13.Stakeholders to undertake work to establish why patients were not turning up for appointments in primary care, whether this is a communication, transport issue or another barrier.

Chronic health conditions

36% people answering the asylum seeker and refugee survey reported they had a chronic condition that they need support or to see a health professional for. Of all respondents a third of people stated they had a mental health condition and 7% had high blood pressure. Other conditions cannot be discussed due to small numbers.

Recommendation

14. Public Health to ensure integration of lifestyle services in the refugee and asylum seeker community and treatment of hypertension in primary care for this population.

Mental health

Mental health is a health area the asylum seeker and refugee population and frontline worker both highlighted. 33% of the refugee and asylum seeker population stated they had a mental health issue, with 18% stating they had anxiety, 22% depression and 6% having PTSD. The prevalence does not follow literature where a higher proportion of asylum seekers and refugees suffer from PTSD. However, a third of people having a mental health issue does confer with current health research in this population showing the importance of this area of health and the necessary input and provision important.

49% of people who disclosed having a mental health condition have received support in East Sussex and of those 84% of people received this support via their GP.

Mental health services and specifically accessing them was discussed several times by frontline workers and the need for access for asylum seekers and refugees. One frontline worker even expressed police call outs had been linked to reports of confusion, anxiety and traumatised asylum seekers.

Despite the mental health task and finish group working on improving access through the local health in mind service via enhanced communications and using interpreters to support asylum seekers and refugees via their referral phone line, an unmet need remains and the service was informally poorly utilised.

Mental health is a large area of need and seemingly a large amount of support is occurring in primary care and by the voluntary sector. The need for social support and preventing isolation was discussed, which as a protective factor for mental health and the suggestion of link workers and social prescribing offer enhancement.

Recommendation

15. Stakeholders including mental health task group to discuss how to improve community mental health support for example via social prescribing or increased support and outreach via health in mind.

16. Mental health service providers to discuss access and how mental health support can be more accessible to those that that need it, including addressing language barriers, ensuring cultural appropriateness and using trauma informed care.

Communicable Diseases

Communicable diseases are part of the initial health check to offer both vaccinations to protect and communicable disease screening (where applicable) for TB, hepatitis B and C, sexual health and HIV following the country specific UKHSA migrant health guides.

Vaccinations

Questions were asked whether further vaccinations had been offered since refugees and asylum seekers had arrived in East Sussex and would the person accept the vaccinations.

Of the people asked, "Have you been offered more vaccinations, including COVID-19, and also other vaccinations people in the UK are offered?"

- 55% had been offered some extra vaccinations.
- 25% had been offered all the U.K. vaccination schedule updated.
- 18% had not been offered any vaccinations.

The question "Are you planning on having the vaccinations you have been offered?"

Of those offered vaccinations

- 39% of people stated they were not planning on having any vaccinations.
- 26% stated they would have some of the vaccinations offered.
- 16% stated they would have all the vaccinations offered.
- 19% left this question blank.

These two questions show a gap in offering/discussing vaccinations with the asylum seeking and refugee population. Frontline workers also highlighted that vaccinations were not necessarily offered. Interestingly if they are offered vaccinations a high number of this vulnerable group (39%) were not planning on having any of the vaccinations and therefore potentially leaving themselves more vulnerable to infectious diseases.

Recommendation

17. Local Public Health team to ensure targeted vaccination outreach with culturally sensitive, language appropriate educational approach. Community leaders engaged to support and increase vaccination uptake.

18. Sussex Integrated Care Board to provide education of primary care on vaccination catch up guidance and support for capacity if necessary.

Tuberculosis

Asylum seekers and refugees were asked whether they had received Tuberculosis screening.

We identified the people from the countries with a prevalence of Tuberculosis triggering the need for TB screening answering this survey to understand if they were receiving the offer.

High risk countries included Ukraine, Afghanistan and others where the prevalence is above 40 cases per 100,000. Of the refugees and asylum seekers from these countries 68% had not been offered a chest x-ray. 68% eligible for latent TB screening had not been offered a Mantoux or IGRA blood test.

Frontline workers commented that TB screening may not have been undertaken or there should be a specific service due to capacity.

Recommendation

19. The Sussex Integrated Care Board to provide effective communication to primary care on the guidance for TB screening, availability of testing and support for capacity when necessary.

HIV, Hepatitis B and C

Asylum seekers and refugees were also asked if they had been offered sexual health screening in the form of blood tests.

79% of asylum seekers and refugees who were from countries who had high rates of either HIV, Hepatitis B or C have not to date received any screening.

Sexual health questions on screening for chlamydia and gonorrhoea were not asked, given there is an outreach sexual health service it would be sensible to incorporate the asylum seeker and refugee population into the service.

Recommendation

20. The Sussex Integrated Care Board to provide effective communication to primary care on the guidance for HIV, Hepatitis B and C screening for asylum seekers and support for capacity when necessary.

21. The Public Health outreach sexual health service to include asylum seeker and refugee populations.

Training Needs

Training needs was an area that frontline workers raised several times and needs to be addressed.

Lack of consistency over raising safeguarding concerns

Most of the safeguarding referrals were described as raised by the police or East Sussex ambulance service with little understanding or raising of concerns to the local authority from hotels asylum seekers live in.

Recommendation

22. Safeguarding training and pathways for those supporting asylum seekers in hotels should be provided by Adult Social Care.

Training Needs

Training was a theme across both primary care and the VCS with needs including specific topics on safe surgeries, specific conditions/needs of asylum seekers and refugees, NHS entitlements, the asylum system itself for primary care. For the VCS training on housing benefits, housing rights, mental health first aid, suicide prevention, trauma informed care and the asylum process were also raised.

Recommendation

23. Stakeholder to discuss and meet the training needs for the Voluntary Community Sector and primary care including;

Safe surgeries, specific conditions/needs of asylum seekers and refugees, NHS entitlements, the asylum system itself for primary care.

Housing benefits, housing rights, mental health first aid, suicide prevention, trauma informed care and the asylum process.

Other topics for consideration

Inequality

The theme that shone through in the frontline work survey was inequality between refugees under resettled or homes for Ukraine schemes and asylum seekers, with differing levels of support both practically and financially. With asylum seekers having “very little” and there being differs levels of “help” making “fairness and equality difficult to achieve”.

Recommendation

24. Stakeholders (including the new county council migrant support team) should meet to address the inequality in support across the county.

Immigration Advice and Support

Although there is a commissioned service for advice and support frontline workers still felt this was limited.

Recommendation

25. Consideration should be given to extending the current immigration advice and support offer for those claiming asylum across the county.

Specific support for Refugees and Asylum seekers

Integration

Frontline workers voiced the need for those who gain or have the right to remain to have planning for their housing needs and employment support needs, with more high-level person specific support.

Employment support needs included *"hand holding tailored support service…. Signposting does not work. Career planning and support"* too.

Cohesion and integration were also voiced to prevent tension in the local environment.

Recommendation

26. Stakeholders to ensure they are linked into ongoing Local Authority and District and Borough work on housing and employability to address asylum seeker and refugees needs.

27. Stakeholders to work together to support community integration especially via Voluntary Community Sector.

Limitations

There have been limitations to the rapid needs assessment including data and the scope. One of the biggest gaps is that Secondary care and maternity services were not included in the review and therefore further work in the maternity task and finish group and at a secondary care level should be considered.

There are limitations to the data that East Sussex public health have access to from the home office. This includes no access to dispersal data at all, limited anonymous data for hotels only including gender and data for resettlement schemes only available to District and Borough colleagues.

Recommendation

28. The lack of anonymised data preventing further support service provision, especially for asylum seekers in dispersal accommodation, needs to be escalated to the Home office by Public health.

At a county council level there was a lack of support for surveys not in English which led to Ukrainian survey having less questions answered due to poor software

Recommendation

29. County Council to ensure survey capability for different languages is provided in East Sussex.

Discussion and recommendations

There is a vast amount of work being undertaken in East Sussex supporting refugees and asylum seekers currently. As the landscape changes with more refugees and asylum seekers coming into the area and District and Boroughs supporting asylum seekers in dispersal accommodation when previously they did not there is a need to work on certain areas to enhance and unify the support people receive. The most pressing is improving the language barrier and using of interpreters to do this with focus on dental access being the second highest priority.

The recommendations are summarised below:

1.The Sussex Integrated Care Board needs to address the dental health needs of asylum seekers and refugees. This would include providing dental services that are appropriate and accessible for the asylum seeker and refugee group.

2. The Local Public Health team should provide oral health promotion appropriately for asylum seekers and refugees.

3.The Sussex Integrated Care Board to provide training for healthcare professionals on the entitlements for asylum seekers and refugees to healthcare.

4. Clear communication needs to be provided via the Voluntary Care Sector, accommodation providers and GP surgeries on how the NHS works to refugees and asylum seekers. Doctors of the World provide information for patients in many languages in their Safe Surgeries training.

5. Supporting agencies need to ensure that asylum seekers and resettlement scheme refugees are aware of the GP they are assigned to and support to register is provided if needed.

6.Primary care to ensure that at the initial health check the need for interpreter and language is documented on patients notes.

7. Primary care reception staff need to be trained to book an interpreter or use language line when a primary care appointment is necessary.

8.Sussex Integrated Care Board to communicate the current interpreting service provision for primary care and training offered to practices who need it.

9. Safe Surgery training should be organised for receptionists registering asylum seekers and refugees to ensure universal access to primary care (documents not needed)

10. There needs to be clarification on the contract for hotels on the provision of transport for urgent appointment attendance to NHS services and escalation of any gaps via the steering group.

11. There needs to be stakeholder discussion on support for HC2 applications for asylum seekers and refugees and agreement on whether responsibility should be Voluntary Community Sector, housing/ host responsibility or co-ordinator role within primary care.

12.Sussex Integrated Care Board to provide clear specification for initial health checks, with training provided in areas such as TB and vaccination catch up programs which are not routinely undertaken and seen in primary care.

13.Stakeholders to undertake work to establish why patients were not turning up for appointments in primary care, whether this is a communication, transport issue or another barrier.

14. Public Health to ensure integration of lifestyle services in the refugee and asylum seeker community and treatment of hypertension in primary care for this population.

15. Stakeholders including mental health task group to discuss how to improve community mental health support for example via social prescribing or increased support and outreach via health in mind.

16. Mental health service providers to discuss access and how mental health support can be more accessible to those that that need it, including addressing language barriers, ensuring cultural appropriateness and using trauma informed care.

17. Local Public Health team to ensure targeted vaccination outreach with culturally sensitive, language appropriate educational approach. Community leaders engaged to support and increase vaccination uptake.

18. Sussex Integrated Care Board to provide education of primary care on vaccination catch up guidance.

19. The Sussex Integrated Care Board to provide effective communication to primary care on the guidance for TB screening, availability of testing and support for capacity when necessary.

20. The Sussex Integrated Care Board to provide effective communication to primary care on the guidance for HIV, Hepatitis B and C screening for asylum seekers and support for capacity when necessary.

21. The Public Health outreach sexual health service to include asylum seeker and refugee populations.

22. Safeguarding training and pathways for those supporting asylum seekers in hotels should be provided by Adult Social Care.

23. Stakeholder to discuss and meet the training needs for the Voluntary Community Sector and primary care including;

Safe surgeries, specific conditions/needs of asylum seekers and refugees, NHS entitlements, the asylum system itself for primary care.

Housing benefits, housing rights, mental health first aid, suicide prevention, trauma informed care and the asylum process.

24. Stakeholders (including the new county council migrant support team) should meet to address the inequality in support provision across the county.

25. Consideration should be given to extending the current immigration advice and support offer for those claiming asylum across the county.

26. Stakeholders to ensure they are linked into ongoing Local Authority and District and Borough work on housing and employability to address asylum seeker and refugees needs.

27. Stakeholders to work together to support community integration especially via Voluntary Community Sector.

28. The lack of anonymised data preventing further support service provision, especially for asylum seekers in dispersal accommodation, needs to be escalated to the Home office by Public health.

29. County Council to ensure survey capability for different languages is provided in East Sussex.

Appendix A Survey questions for Asylum seekers and refugees

1.What age group are you in?

Please select only one item

- 16-18
- 19-25
- 26-35
- 36-45
- 46-55
- 56-65
- 65+
- Prefer not to say.

2.Are you:

Please select only one item

- Female
- Male
- Prefer not to say.

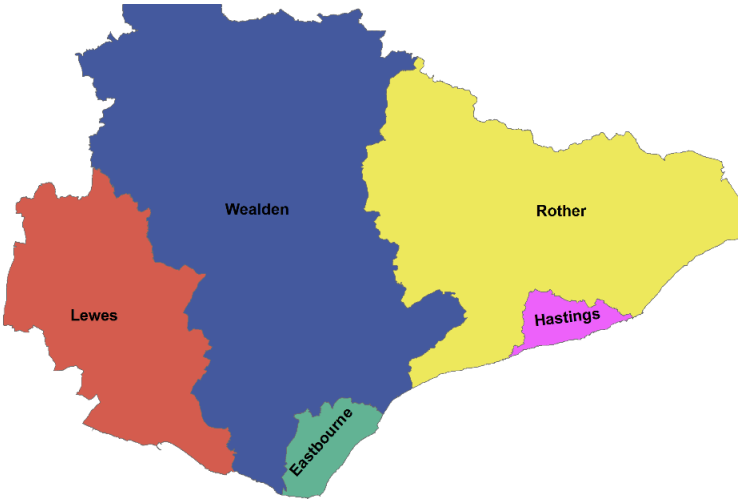
3.Which district in East Sussex are you living in?

Please select only one item

- Eastbourne
- Hastings

- Lewes
- Rother
- Wealden

See a map of the five districts and boroughs in East Sussex



4.Which country were you born in?

Please select only one item

- Afghanistan
- Albania
- Democratic Republic of Congo
- El Salvador
- Equatorial Guinea
- Eritrea
- Ethiopia
- French Guinea
- Guinea-Bissau
- Hong Kong
- India
- Iran
- Iraq
- Nigeria
- Pakistan
- Somalia
- Sudan
- Syria
- Ukraine
- Vietnam

- Other (please add in box below)

5.Which is your primary language?

Please select only one item

- Amharic
- Arabic
- Bengali
- Chinese
- Conaike
- Congolese
- Dari
- English
- Farsi
- French
- Gheg
- Hindi
- Igbo
- Kurdish
- Lingala
- Pasto
- Russian
- Sorani
- Spanish
- Sudanese
- Tigrinya
- Tosk
- Ukrainian
- Urdu
- Other (please add in box below)

Other language, if not in list above

6.Before moving to the United Kingdom what industry did you work in?

Please select only one item

- Accommodation and food services
- Administrative and support services
- Agriculture forestry and fishing
- Arts entertainment and recreation
- Construction

- Education
- Electricity gas steam and air conditioning
- Financial and insurance
- Human health and social work
- Information and communication
- Manufacturing
- Mining and quarrying
- Professional scientific and technical
- Public administration and defence
- Real estate
- Transportation and storage
- Water supply sewage and waste
- Wholesale and retail trade motor repair
- Other (please add in box below)

Other industry, if not in list above

7.Do you have children living with you in East Sussex?

Please select only one item

- Yes
- No

8.If you do have children living with you in East Sussex, please write how old they are in the box below.

Women's health

1.Have you needed help with the following:

Please tick all that apply.

- Sexual health
- Contraception
- Antenatal care
- During my pregnancy
- Post natal care.
- Gynaecological injuries

2.How would you rate your experience of the care you had?

Please select only one item

- Very satisfied
- Satisfied

- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you said you were dissatisfied or very dissatisfied, why is this?

3.Are you currently pregnant?

Please select only one item

- Yes
- No

If you are not currently pregnant, please go to the next section of the survey by clicking on the blue Continue button below.

4.If you are currently pregnant, have you been referred to our maternity services?

Please select only one item

- Yes
- No

How would you rate your experience of maternity services?

Please select only one item

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- N/A - too soon to say.

5.If you have not been referred to our maternity services, why is this?

Please tick all that apply.

Please select all that apply.

- I was not aware I needed to
- I have found it difficult to access the service because I do not know how to get a referral.
- I have found it difficult to access the service because I need help with English.
- I have not accessed maternity services because I am unsure if I have to pay for the service.

- Other (please add in the box below)

Other reason for not being referred to our maternity services.

Whether you are registered with a GP Surgery

1.Are you registered with a GP surgery?

(Required)

Please select only one item

- Yes
- No

GP stands for general practitioner. In a GP Surgery doctors offer medical advice, provide diagnoses and prescribe medicines. You can read more about how the NHS works here.

Registered with a GP Surgery

1.Did anyone in the list below help you to register with a GP Surgery?

Please tick all that apply.

Please select all that apply.

- Housing officer
- Accommodation staff where I live.
- Support worker
- Friend
- Host family
- Charity worker
- Other (please add in the box below)

Other help with doctor:

2.Have you needed to make an appointment with a doctor or other medical professional at the GP Surgery?

Please select only one item

- Yes
- No

3.Was an interpreter provided when you spoke to the doctor or other medical professional?

Please select only one item

- Yes
- No

If no interpreter was provided, do you feel you needed one?

Please select only one item

- Yes
- No

Not registered with a GP Surgery

1.Why aren't you registered with a GP Surgery?

Please tick all that apply.

Please select all that apply.

- Haven't got round to it.
- Language barrier
- I did not know this was an option.
- I do not know what a doctor/General practitioner surgery is.
- I don’t want to
- Other reason (please add in the box below)

Other reason for not being registered.

2.Would you register if you had help from someone?

Please select only one item

- Yes
- No
- Don't know.

If you have any other comments about registering with a doctor, please write them in the box below.

Vaccinations and screenings

1.Has anyone discussed the vaccinations you have had before coming to the UK with you?

This includes vaccinations you may have had in childhood, and not just ones for COVID-19

Please select only one item

- Yes
- No

2.Have you been offered more vaccinations, including COVID-19, and also other vaccinations people in the UK are offered?

Please select only one item

- Yes, all offered.
- Yes, some offered.
- No, none offered.

You can read more about NHS vaccinations and when to have them.

Are you planning on have the vaccinations you have been offered?

Please select only one item

- Yes, all of them.
- Yes, some of them.
- No, none of them.

3Have you been offered screening for Tuberculosis (a bacterial infection that usually affects the lungs) as: Tuberculosis (TB) - Diagnosis - NHS (www.nhs.uk)

A chest x-ray-

Please select only one item

- Yes, I had this before arriving in England.
- Yes, I had this on arrival in England.
- Yes, I had this in East Sussex
- No, I have never been offered this.

A Mantoux test/skin prick test or blood test

Please select only one item

- Yes, I had this before arriving in England.
- Yes, I had this on arrival in England.
- Yes, I had this in East Sussex
- No, I have never been offered this.

4.Have you been offered a blood test for other infectious diseases, such as HIV, Hepatitis B or Hepatitis C?

Please select only one item

- Yes, I had this before arriving in England.
- Yes, I had this on arrival in England.
- Yes, I had this in East Sussex
- No, I have never been offered this.

Chronic conditions and mental health

1.Do you have a chronic condition that you need to see a doctor or nurse for in the UK?

Please select only one item

- Yes
- No

If you said yes, please tell us which condition or conditions you have. You can tick all that apply in the list below.

Please select all that apply.

- Cancer
- Diabetes
- Epilepsy
- Heart condition
- High blood pressure
- Liver condition
- Lung condition
- Mental health
- Rheumatological condition
- Treatment from injuries
- Other (please add in the box below)

Other chronic condition not in the list above

2.Do you have a mental health condition for which you need support?

Please select only one item

- Yes
- No

If you said yes, please tell us which mental health condition or conditions you have. You can tick all that apply in the list below.

Please select all that apply.

- Anxiety
- Depression
- Post traumatic stress.
- Other (please add in the box below)

Other mental health condition not listed above.

Support with mental health conditions

If you have any concerns about your own mental health, or that of someone you know, please contact the mental health support line.

1Do you have a mental health condition for which you have received support in the United Kingdom?

Please select only one item

- Yes
- No

2.If you have received support in East Sussex for a mental health condition, who supported you?

Please tick all that apply.

Please select all that apply.

- Doctor/GP
- Counselling
- Specialist medical health services
- Other (please add in the box below)

Other support types not in the list above

3.If you have not received support in East Sussex for your mental health condition, do you feel you need support?

Please select only one item

- Yes
- No

If you answered 'yes', what barriers have you faced in getting support for your mental health condition?

Dental care

1.If you have any dental issues for which you have needed to see a dentist, did you have any problems seeing the dentist?

Please select only one item

- Yes, I had problems.
- No, I had no problems.
- Not applicable - I have not needed to see a dentist.

2.If you said you did have problems seeing the dentist, please tell us what these were. You may tick all that apply.

Please select all that apply.

- I was unable to register with a dentist.
- I was unable to get an emergency appointment with any dentist.
- I needed help to register and there was no one to help me.
- I needed a translator and no one was provided.
- Other (please add in box below)

Other

Appendix B. Survey questions for frontline workers

Question 1. Thinking about service provision and support, what (if anything), is working well to meet the needs of asylum seekers and refugees, in terms of support services in East Sussex?

Question 2. Based on your professional experience, what are the main barriers (if any), that asylum seekers and refugees have experienced in accessing support over the last 6 months?

Question 3. In your professional opinion, are there any particular needs that are not currently being met by local provision, for asylum seekers and refugees?

Question 4. What, in your professional opinion, are the most important priorities for commissioners to address in future plans?

Question 5. Do you feel frontline workers would benefit from additional information, knowledge or training, to support them working with asylum seekers and refugees?

Question 6. Are there any other comments or suggestions you would like to share about provision for asylum seekers and refugees in East Sussex?

References

[1] The truth about asylum (2023) Refugee Council. Available at: (https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/the-truth-about-asylum/ (Accessed: March 6, 2023).

[2] UNHCR master glossary (2021) UNHCR. Available at: https://www.unhcr.org/glossary/#r (Accessed: March 6, 2023).

[3] Service, G.D. (2014) Claim asylum in the UK, GOV.UK. GOV.UK. Available at: https://www.gov.uk/claim-asylum/decision#:~:text=If%20you%27re%20a%20Group,to%20settle%20in%20the%20UK. (Accessed: March 6, 2023).

[4] United Nations High Commissioner for Refugees (1951) Convention and Protocol Relating to the status of refugees, UNHCR. UNHCR, The UN Refugee Agency. Available at: https://www.unhcr.org/uk/3b66c2aa10 (Accessed: March 6, 2023).

[5] The truth about asylum (2023) Refugee Council. Available at: https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/the-truth-about-asylum/ (Accessed: March 6, 2023).

[6] Who are the UK's undocumented population? (no date) Joint Council for the Welfare of Immigrants. Available at: https://www.jcwi.org.uk/who-are-the-uks-undocumented-population (Accessed: 26 September 2023).

[7] Who are the UK's undocumented population? (no date) Joint Council for the Welfare of Immigrants. Available at: https://www.jcwi.org.uk/who-are-the-uks-undocumented-population (Accessed: 26 September 2023).

[8] Refugees and asylum-seekers: UK policy - House of Lords Library (2022) House of Lords Library. Available at: https://lordslibrary.parliament.uk/refugees-and-asylum-seekers-uk-policy/ (Accessed: March 6, 2023).

[9] Service, G.D. (2014) Claim asylum in the UK, GOV.UK. GOV.UK. Available at: https://www.gov.uk/claim-asylum/screening (Accessed: March 7, 2023).

[10] HOME OFFICE. CONSULTATION TO IMPROVE ARRANGEMENTS FOR ASYLUM ACCOMMODATION DISPERSAL [Internet]. 2022. Available from: https://www.whitehorsedc.gov.uk/wp-content/uploads/sites/3/2022/04/Minister-Announcement-letter-to-Local-Authorities.pdf

[11] Service, G.D. (2014) Claim asylum in the UK, GOV.UK. GOV.UK. Available at: https://www.gov.uk/claim-asylum/after-your-screening (Accessed: March 7, 2023).

[12] The refugee journey – resettled refugees and asylum seekers (2019) BMA. Available at: https://www.bma.org.uk/media/1835/bma-the-refugee-and-asylum-seeker-journey-june-19.pdf (Accessed: April 3, 2023).

[13] Immigration, U.K.V.and (2022) Afghan Citizens Resettlement Scheme, GOV.UK. GOV.UK. Available at: https://www.gov.uk/guidance/afghan-citizens-resettlement-scheme (Accessed: March 14, 2023).

[14] Syrian vulnerable persons resettlement scheme (VPRS) - gov.uk (2017) gov.uk. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/631369/170711_Syrian_Resettlement_Updated_Fact_Sheet_final.pdf (Accessed: March 13, 2023).

[15] Syran refugee resettlement a guide for local authorities (2016) local government authority. Available at: https://www.local.gov.uk/sites/default/files/documents/Syran%20refugee%20resettlement%20a%20guide%20for%20local%20authorities_0.pdf (Accessed: March 13, 2023).

[16] NHS entitlements: Migrant Health Guide (2021) GOV.UK. Available at: https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide (Accessed: April 3, 2023).

[17] United Nations High Commissioner for Refugees (2022) Figures at a glance, UNHCR. UNHCR, The UN Refugee Agency. Available at: https://www.unhcr.org/uk/figures-at-a-glance.html (Accessed: March 13, 2023).

[18] United Nations High Commissioner for Refugees (2022) Asylum in the UK, UNHCR. UNHCR, The UN Refugee Agency. Available at: https://www.unhcr.org/uk/asylum-in-the-uk.html (Accessed: March 9, 2023).

[19] Summary of latest statistics (2022) GOV.UK. Available at: https://www.gov.uk/government/statistics/immigration-statistics-year-ending-september-2022/summary-of-latest-statistics (Accessed: March 9, 2023).

[20] Asylum and resettlement datasets (2023) GOV.UK. Available at: https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#asylum-applications-decisions-and-resettlement (Accessed: March 13, 2023).

[21] Asylum and refugee resettlement in the UK (2022) Migration Observatory. Available at: https://migrationobservatory.ox.ac.uk/resources/briefings/migration-to-the-uk-asylum/ (Accessed: April 3, 2023).

[22] HOME OFFICE. CONSULTATION TO IMPROVE ARRANGEMENTS FOR ASYLUM ACCOMMODATION DISPERSAL [Internet]. 2022. Available from: https://www.whitehorsedc.gov.uk/wp-content/uploads/sites/3/2022/04/Minister-Announcement-letter-to-Local-Authorities.pdf

[23] HOME OFFICE. CONSULTATION TO IMPROVE ARRANGEMENTS FOR ASYLUM ACCOMMODATION DISPERSAL [Internet]. 2022. Available from: https://www.whitehorsedc.gov.uk/wp-content/uploads/sites/3/2022/04/Minister-Announcement-letter-to-Local-Authorities.pdf

[24] Pavli, A. and Maltezou, H., 2017. Health problems of newly arrived migrants and refugees in Europe. Journal of travel medicine, 24(4).

[25] Migrant health guide [Internet]. GOV.UK. 2022 [cited 10 October 2022]. Available from: https://www.gov.uk/government/collections/migrant-health-guide

[26] Blackmore, R., Boyle, J.A., Fazel, M., Ranasinha, S., Gray, K.M., Fitzgerald, G., Misso, M. and Gibson-Helm, M., 2020. The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. PLoS medicine, 17(9), p.e1003337.

[27] Refugees and asylum seekers: statistics [Internet]. Mental Health Foundation. 2022 [cited 10 October 2022]. Available from: https://www.mentalhealth.org.uk/explore-mental-health/statistics/refugees-asylum-seekers-statistics#:~:text=Research%20suggests%20that%20asylum%20seekers,will%20experience%20serious%20mental%20distress.&text=However%2C%20data%20shows%20that%20they,support%20than%20the%20general%20population.

[28] Tham, S.G., Hunt, I.M., Turnbull, P., Appleby, L., Kapur, N. and Knipe, D., 2023. Suicide among psychiatric patients who migrated to the UK: a national clinical survey. EClinicalMedicine, 57.

[29] Jowett, S., Argyriou, A., Scherrer, O., Karatzias, T. and Katona, C., 2021. Complex post-traumatic stress disorder in asylum seekers and victims of trafficking: treatment considerations. BJPsych open, 7(6), p.e181.

[30] Hosseini Z, Bakdash T, Ahmad S, Awaad R. Predictors of depression among Syrian refugee women: A socio-culturally relevant analysis. Int J Soc Psychiatry. 2023 Feb 24:207640231155810. doi: 10.1177/00207640231155810. Epub ahead of print. PMID: 36825623.

[31] Ipekci B. Predicting PTSD and Complex PTSD among Iraqi and Syrian Refugees. Community Ment Health J. 2022 Dec 14. doi: 10.1007/s10597-022-01066-x. Epub ahead of print. PMID: 36517701.

[32] DeSa, S. et al. (2022) Barriers and facilitators to access mental health services among refugee women in high-income countries: A systematic review, Systematic reviews. U.S. National Library of Medicine. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8985267/ (Accessed: March 11, 2023).

[33] Byrow Y, Pajak R, Specker P, Nickerson A. Perceptions of mental health and perceived barriers to mental health help-seeking amongst refugees: A systematic review. Clin Psychol Rev. 2020 Feb;75:101812. doi: 10.1016/j.cpr.2019.101812. Epub 2019 Dec 24. PMID: 31901882.

[34] Byrow Y, Pajak R, McMahon T, Rajouria A, Nickerson A. Barriers to Mental Health Help-Seeking Amongst Refugee Men. Int J Environ Res Public Health. 2019 Jul 24;16(15):2634. doi: 10.3390/ijerph16152634. PMID: 31344781; PMCID: PMC6696447.

[35] Uphoff E, Robertson L, Cabieses B, Villalón FJ, Purgato M, Churchill R, Barbui C. An overview of systematic reviews on mental health promotion, prevention, and treatment of common mental disorders for refugees, asylum seekers, and internally displaced persons. Cochrane Database Syst Rev. 2020 Sep 4;9(9):CD013458. doi: 10.1002/14651858.CD013458.pub2. PMID: 32885850; PMCID: PMC8572368.

[36] Siddiq H, Elhaija A, Wells K. An Integrative Review of Community-Based Mental Health Interventions Among Resettled Refugees from Muslim-Majority Countries. Community Ment Health J. 2023 Jan;59(1):160-174. doi: 10.1007/s10597-022-00994-y. Epub 2022 Jun 25. PMID: 35751790; PMCID: PMC9244342.

[37] Anjum, G., Aziz, M. and Hamid, H.K. (2023) Life and mental health in limbo of the Ukraine War: How can helpers assist civilians, asylum seekers and refugees affected by the war?, Frontiers in psychology. U.S. National Library of Medicine. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9983366/ (Accessed: March 11, 2023).

[38] Ahmad J, Okwuowulu C, Sanusi B, Bello SA, Talabi FO, Udengwu N, Gever VC. Impact of social media-based dance therapy in treating depression symptoms among victims of Russia-Ukraine war. Health Promot Int. 2022 Dec 1;37(6):daac172. doi: 10.1093/heapro/daac172. PMID: 36508393.

[39] Gever VC, Iyendo TO, Obiugo-Muoh UO, Okunade JK, Agujiobi-Odoh N, Udengwu N, Talabi FO, Nwokolo PN. Comparing the effect of social media-based drama, music and art therapies on reduction in post-traumatic symptoms among Nigerian refugees of Russia's invasion of Ukraine. J Pediatr Nurs. 2023 Jan-Feb;68:e96-e102. doi: 10.1016/j.pedn.2022.11.018. Epub 2022 Dec 2. PMID: 36470757.

[40] Kelton S, Marcus K, Liston G, Masoe A, Sohn W. Refugee and Asylum Seeker Trauma Informed Care Training for Oral Healthcare Professionals in NSW, Australia. Front Oral Health. 2022 May 31;3:907758. doi: 10.3389/froh.2022.907758. PMID: 35711623; PMCID: PMC9194469

[41] Wippich A, Howatson G, Allen-Baker G, Farrell D, Kiernan M, Scott-Bell A. Eye movement desensitization reprocessing as a treatment for PTSD in conflict-affected areas. Psychol Trauma. 2023 Jan 19. doi: 10.1037/tra0001430. Epub ahead of print. PMID: 36656741.

[42] Recommendations: Post-traumatic stress disorder: Guidance (2018) NICE. Available at: https://www.nice.org.uk/guidance/ng116/chapter/Recommendations (Accessed: March 9, 2023).

[43] Raghuraman, S., Stuttard, N., & Hunt, N. (2021). Evaluating narrative exposure therapy for post-traumatic stress disorder and depression symptoms: a meta-analysis of the evidence base. Clinical Psychology and Psychotherapy, 28, 1–23. doi: 10.1002/cpp.2486 CrossRefGoogle ScholarPubMed

[44] Eskici HS, Hinton DE, Jalal B, Yurtbakan T, Acarturk C. Culturally adapted cognitive behavioral therapy for Syrian refugee women in Turkey: A randomized controlled trial. Psychol Trauma. 2023 Feb;15(2):189-198. doi: 10.1037/tra0001138. Epub 2021 Oct 7. PMID: 34618479.

[45] Steel, C., Young, K., Akbar, S., Chessell, Z., Stevens, A., Vann, M. and Arntz, A., 2023. The treatment of PTSD in refugees and asylum seekers using imagery rescripting within an NHS setting. *Behavioural and Cognitive Psychotherapy*, *51*(2), pp.119-132.

[46] Women's health: migrant health guide [Internet]. GOV.UK. 2022 [cited 10 October 2022]. Available from: https://www.gov.uk/guidance/womens-health-migrant-health-guide

[47] Heslehurst N, Brown H, Pemu A, Coleman H, Rankin J. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. BMC Med. 2018 Jun 12;16(1):89. doi: 10.1186/s12916-018-1064-0. PMID: 29890984; PMCID: PMC5996508

[48] Higginbottom GMA, Evans C, Morgan M, et al. Access to and interventions to improve maternity care services for immigrant women: a narrative synthesis systematic review. Southampton (UK): NIHR Journals Library; 2020 Mar. (Health Services and Delivery Research, No. 8.14.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK555156/ doi: 10.3310/hsdr08140

[49] Willey, S.M., Blackmore, R.P., Gibson-Helm, M.E., Ali, R., Boyd, L.M., McBride, J. and Boyle, J.A., 2020. "If you don't ask… you don't tell": Refugee women's perspectives on perinatal mental health screening. Women and Birth, 33(5), pp.e429-e437

[50] Khaw SM, Zahroh RI, O'Rourke K, et al

Community-based doulas for migrant and refugee women: a mixed-method systematic review and narrative synthesis

BMJ Global Health 2022;7:e009098.

[51] Jack RH, Møller H, Robson T, et al Breast cancer screening uptake among women from different ethnic groups in London: a population-based cohort study. BMJ Open 2014;4:e005586. doi: 10.1136/bmjopen-2014-005586

[52] Marques P, Nunes M, Antunes MDL, Heleno B, Dias S. Factors associated with cervical cancer screening participation among migrant women in Europe: a scoping review. Int J Equity Health. 2020 Sep 11;19(1):160. doi: 10.1186/s12939-020-01275-4. PMID: 32917224; PMCID: PMC7488650.

[53] Moey SF, Sowtali SN, Mohamad Ismail MF, Hashi AA, Mohd Azharuddin NS, Che Mohamed N. Cultural, Religious and Socio-Ethical Misconceptions among Muslim Women towards Breast Cancer Screening: A Systematic Review. Asian Pac J Cancer Prev. 2022 Dec 1;23(12):3971-3982. doi: 10.31557/APJCP.2022.23.12.3971. PMID: 36579977; PMCID: PMC9971473.

[54] Racine L, Isik Andsoy I. Barriers and Facilitators Influencing Arab Muslim Immigrant and Refugee Women's Breast Cancer Screening: A Narrative Review. J Transcult Nurs. 2022 Jul;33(4):542-549. doi: 10.1177/10436596221085301. Epub 2022 Apr 26. PMID: 35473467; PMCID: PMC9240380.

[55] Kizilkaya MC, Kilic SS, Bozkurt MA, Sibic O, Ohri N, Faggen M, Warren L, Wong J, Punglia R, Bellon J, Haffty B, Sayan M. Breast cancer awareness among Afghan refugee women in Turkey. EClinicalMedicine. 2022 Jun 3;49:101459. doi: 10.1016/j.eclinm.2022.101459. PMID: 35747185; PMCID: PMC9168491.

[56] Racine L, D'Souza MS, Tinampay C. Effectiveness of breast cancer screening interventions in improving screening rates and preventive activities in Muslim refugee and immigrant women: A systematic review and meta-analysis. J Nurs Scholarsh. 2023 Jan;55(1):329-344. doi: 10.1111/jnu.12818. Epub 2022 Oct 5. PMID: 36199240.

[57] Saadi A, Bond BE, Percac-Lima S. Bosnian, Iraqi, and Somali Refugee Women Speak: A Comparative Qualitative Study of Refugee Health Beliefs on Preventive Health and Breast Cancer Screening. Womens Health Issues. 2015 Sep-Oct;25(5):501-8. doi: 10.1016/j.whi.2015.06.005. Epub 2015 Jul 26. PMID: 26219676.

[58] Dunn SF, Lofters AK, Ginsburg OM, Meaney CA, Ahmad F, Moravac MC, Nguyen CTJ, Arisz AM. Cervical and Breast Cancer Screening After CARES: A Community Program for Immigrant and Marginalized Women. Am J Prev Med. 2017 May;52(5):589-597. doi: 10.1016/j.amepre.2016.11.023. Epub 2017 Jan 13. PMID: 28094134.

[59] Communicable (infectious) diseases (2020) The University of Edinburgh. Available at: https://www.ed.ac.uk/health-safety/guidance/communicable-infectious-diseases (Accessed: April 3, 2023).

[60] NHS choices. NHS; [cited 2022Oct21]. Available from: https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/

[61] Carter J, Mehrotra A, Knights F, Deal A, Crawshaw AF, Farah Y, Goldsmith LP, Wurie F, Ciftci Y, Majeed A, Hargreaves S. "We don't routinely check vaccination background in adults": a national qualitative study of barriers and facilitators to vaccine delivery and uptake in adult migrants through UK primary care. BMJ Open. 2022 Oct 10;12(10):e062894. doi: 10.1136/bmjopen-2022-062894. PMID: 36216433; PMCID: PMC9557795.

[62] Deal A, Hayward SE, Huda M, Knights F, Crawshaw AF, Carter J, Hassan OB, Farah Y, Ciftci Y, Rowland-Pomp M, Rustage K, Goldsmith L, Hartmann M, Mounier-Jack S, Burns R, Miller A, Wurie F, Campos-Matos I, Majeed A, Hargreaves S; ESCMID Study Group for Infections in Travellers and Migrants (ESGITM). Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers, and refugees. J Migr Health. 2021;4:100050. doi: 10.1016/j.jmh.2021.100050. Epub 2021 May 27. PMID: 34075367; PMCID: PMC8154190

[63] Deal A, Hayward SE, Huda M, Knights F, Crawshaw AF, Carter J, Hassan OB, Farah Y, Ciftci Y, Rowland-Pomp M, Rustage K, Goldsmith L, Hartmann M, Mounier-Jack S, Burns R, Miller A, Wurie F, Campos-Matos I, Majeed A, Hargreaves S; ESCMID Study Group for Infections in Travellers and Migrants (ESGITM). Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers, and refugees. J Migr Health. 2021;4:100050. doi: 10.1016/j.jmh.2021.100050. Epub 2021 May 27. PMID: 34075367; PMCID: PMC8154190.

[64] Beeston, A. (2023) How to increase vaccination uptake among migrant communities, NIHR Evidence. Available at: https://evidence.nihr.ac.uk/alert/how-to-increase-vaccination-uptake-migrant-communities/ (Accessed: March 9, 2023).

[65] Hui C, Dunn J, Morton R, Staub LP, Tran A, Hargreaves S, Greenaway C, Biggs BA, Christensen R, Pottie K. Interventions to Improve Vaccination Uptake and Cost Effectiveness of Vaccination Strategies in Newly Arrived Migrants in the EU/EEA: A Systematic Review. Int J Environ Res Public Health. 2018 Sep 20;15(10):2065. doi: 10.3390/ijerph15102065. PMID: 30241320; PMCID: PMC6210200.

[66] Heymann, D.L. (2015) Control of Communicable Diseases manual: An Official Report of the American Public Health Association. Washington, DC: APHA Press.

[67] Agency, U.K.H.S. (2023) Diphtheria: Public health control and management in England, GOV.UK. GOV.UK. Available at: https://www.gov.uk/government/publications/diphtheria-public-health-control-and-management-in-england-and-wales (Accessed: March 9, 2023).

[68] Tuberculosis (TB): Diagnosis, screening, management and data [Internet]. GOV.UK. [cited 2022Oct21]. Available from: https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data

[69] Proença, R., Mattos Souza, F., Lisboa Bastos, M., Caetano, R., Braga, J.U., Faerstein, E. and Trajman, A., 2020. Active and latent tuberculosis in refugees and asylum seekers: a systematic review and meta-analysis. BMC Public Health, 20(1), pp.1-17.

[70] Proença, R., Mattos Souza, F., Lisboa Bastos, M., Caetano, R., Braga, J.U., Faerstein, E. and Trajman, A., 2020. Active and latent tuberculosis in refugees and asylum seekers: a systematic review and meta-analysis. BMC Public Health, 20(1), pp.1-17.

[71] Tuberculosis (TB): Migrant health guide (2021) GOV.UK. Available at: https://www.gov.uk/guidance/tuberculosis-tb-migrant-health-guide (Accessed: April 4, 2023).

[72] Spruijt, I., Haile, D.T., Suurmond, J., van den Hof, S., Koenders, M., Kouw, P., van Noort, N., Toumanian, S., Cobelens, F., Goosen, S. and Erkens, C., 2019. Latent tuberculosis screening and treatment among asylum seekers: a mixed-methods study. European Respiratory Journal, 54(5)

[73] 2013. Immunisation against infectious disease -The Green Book. [ebook] London: PHE, pp.Chapter 21 Measles, 23 Mumps, 28 Rubella. Available at: <http://media.dh.gov.uk/network/211/files/2012/09/Green-Book-updated-140313.pdf> [Accessed 5 March 2018].

[74] Hepatitis C: Migrant health guide [Internet]. GOV.UK. [cited 2022Oct21]. Available from: https://www.gov.uk/guidance/hepatitis-c-migrant-health-guide

[75] Sexually transmitted infections (stis): Migrant health guide (2021) GOV.UK. Available at: https://www.gov.uk/guidance/sexually-transmitted-infections-stis-migrant-health-guide (Accessed: April 3, 2023).

[76] Office for Health Improvement and Disparities. Migrant health guide [Internet]. GOV.UK. GOV.UK; 2022 [cited 2022Oct25]. Available from: https://www.gov.uk/government/collections/migrant-health-guide#communicable-diseases

[77] Mengesha Z, Hawkey AJ, Baroudi M, Ussher JM, Perz J. Men of refugee and migrant backgrounds in Australia: a scoping review of sexual and reproductive health research. Sex Health. 2023 Feb;20(1):20-34. doi: 10.1071/SH22073. PMID: 36261118.

[78] Tirado V, Chu J, Hanson C, Ekström AM, Kågesten A. Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review. PLoS One. 2020 Jul 20;15(7):e0236316. doi: 10.1371/journal.pone.0236316. PMID: 32687519; PMCID: PMC7371179.

[79] Tirado V, Engberg S, Holmblad IS, Strömdahl S, Ekström AM, Hurtig AK. "One-time interventions, it doesn't lead to much" - healthcare provider views to improving sexual and reproductive health services for young migrants in Sweden. BMC Health Serv Res. 2022 May 18;22(1):668. doi: 10.1186/s12913-022-07945-z. PMID: 35585585; PMCID: PMC9115984.

[80] Svensson P, Agardh A, Zdravkovic S, Asamoah BO. Investigating pathways for predisposing, enabling and need factors in predicting the use of STI/HIV-testing services among Syrian and Iraqi migrants in Scania, Sweden - a cross-sectional study with directed acyclic graphs for modelling pathways to testing. BMC Public Health. 2022 Nov 25;22(1):2177. doi: 10.1186/s12889-022-14615-6. PMID: 36434617; PMCID: PMC9700979.

[81] Office for Health Improvement and Disparities. Migrant health guide [Internet]. GOV.UK. [cited 2022Oct21]. Available from: https://www.gov.uk/government/collections/migrant-health-guide

[82] Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA [Internet]. The British Medical Association is the trade union and professional body for doctors in the UK. 2022 [cited 10 October 2022]. Available from: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers

[83] Assessing new patients from overseas: Migrant Health Guide (2021) GOV.UK. Available at: https://www.gov.uk/guidance/assessing-new-patients-from-overseas-migrant-health-guide (Accessed: April 4, 2023).

[84] Paisi M, Baines R, Wheat H, Doughty J, Kaddour S, Radford PJ, Stylianou E, Shawe J, Witton R. Factors affecting oral health care for asylum seekers and refugees in England: a qualitative study of key stakeholders' perspectives and experiences. Br Dent J. 2022 Jun 8:1–7. doi: 10.1038/s41415-022-4340-5. Epub ahead of print. PMID: 35676462; PMCID: PMC9176155.

[85] Collins C, Pericin I, Larkin J, Kiely B, Diaz E. Health status of Syrian refugees in Ireland – research and routine data informing service provision. Rural and Remote Health 2023; 23: 8119. https://doi.org/10.22605/RRH8119

[86] Davidson, N., Skull, S., Calache, H., Murray, S. and Chalmers, J., 2006. Holes a plenty: oral health status a major issue for newly arrived refugees in Australia. Australian dental journal, 51(4), pp.306-311.

[87] Lauritano D, Moreo G, Carinci F, Campanella V, Della Vella F, Petruzzi M. Oral Health Status among Migrants from Middle- and Low-Income Countries to Europe: A Systematic Review. International Journal of Environmental Research and Public Health. 2021; 18(22):12203. https://doi.org/10.3390/ijerph182212203

[88] Keboa, M.T., Hiles, N. and Macdonald, M.E., 2016. The oral health of refugees and asylum seekers: a scoping review. Globalization and Health, 12, pp.1-11.

[89] Paisi, M., Baines, R., Wheat, H., Doughty, J., Kaddour, S., Radford, P.J., Stylianou, E., Shawe, J. and Witton, R., 2022. Factors affecting oral health care for asylum seekers and refugees in England: a qualitative study of key stakeholders' perspectives and experiences. British Dental Journal, pp.1-7.

[90] Al Naasan Z, Broadbent J, Smith M, Duncan W. Evaluation of a tailored oral health promotion intervention for Syrian former refugees in New Zealand. Health Promot Int. 2022 Aug 1;37(4):daac132. doi: 10.1093/heapro/daac132. PMID: 36102477.

[91] Roser, M., Ritchie, H. and Spooner, F. (2021) Burden of disease, Our World in Data. Available at: https://ourworldindata.org/burden-of-disease (Accessed: March 13, 2023).

[92] Guzik, B., Bernacik, A., Pulka, A., Kaczmarska, A., Guzik, T.J. and Grodzicki, T., 2022. The backstage of the Russian–Ukrainian war: refugees in urgent need of cardiovascular management. Cardiovascular Research, 118(12), pp.e85-e88

[93] World Health Organization, 2020. STEPS prevalence of noncommunicable disease risk factors in Ukraine 2019 (No. WHO/EURO: 2020-1468-41218-56060). World Health Organization. Regional Office for Europe.

[94] Smiianov VA, Zaitseva HS, Kurganskaya VA, Dyachenko AG, Zbarazhskyi VP, Smiianov YV, Pilipec OA. Vaccination coverage rates and the incidence of vaccine preventable diseases among children in sumy region of Ukraine. Wiad Lek. 2019;72(2):255-260. PMID: 30903783.

[95] Iran (2019) Institute for Health Metrics and Evaluation. Available at: https://www.healthdata.org/iran (Accessed: April 4, 2023).

[96] Syria (2019) Institute for Health Metrics and Evaluation. Available at: https://www.healthdata.org/syria (Accessed: April 4, 2023).

[97] Haematology, T.L., 2022. Meeting the health needs of people from Afghanistan. The Lancet. Haematology, 9(3), p.e167.

[98] Lives on Hold: The Experiences of People in Hotel Asylum Accommodation (2022) Refugee council UK. Available at: https://www.refugeecouncil.org.uk/wp-content/uploads/2022/07/Lives-on-hold-research-report.-July-2022.pdf (Accessed: March 11, 2023).

[99] Thousands of asylum cases to be fast-tracked as home office struggles with backlog (2023) The Independent. Independent Digital News and Media. Available at: https://www.independent.co.uk/news/uk/home-news/asylum-seekers-questionnaires-sunak-backlog-b2287597.html (Accessed: April 4, 2023).

[100] P Iqbal M, Walpola R, Harris-Roxas B, Li J, Mears S, Hall J, Harrison R. Improving primary health care quality for refugees and asylum seekers: A systematic review of interventional approaches. Health Expect. 2022 Oct;25(5):2065-2094. doi: 10.1111/hex.13365. Epub 2021 Oct 15. PMID: 34651378; PMCID: PMC9615090.

[101] Robertshaw L, Dhesi S, Jones LL;Challenges and facilitators for health professionals providing primary healthcare for refugees and asylum seekers in high-income countries: a systematic review and thematic synthesis of qualitative research BMJ Open 2017;7:e015981. doi: 10.1136/bmjopen-2017-015981

[102] Khanom A, Alanazy W, Couzens L, Evans BA, Fagan L, Fogarty R, John A, Khan T, Kingston MR, Moyo S, Porter A, Rhydderch M, Richardson G, Rungua G, Russell I, Snooks H. Asylum seekers' and refugees' experiences of accessing health care: a qualitative study. BJGP Open. 2021 Dec 14;5(6):BJGPO.2021.0059. doi: 10.3399/BJGPO.2021.0059. PMID: 34376383; PMCID: PMC9447303

[103] Asif, Z. and Kienzler, H., 2022. Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access. Perceptions of Doctors of the World caseworkers in the UK. SSM-Mental Health, 2, p.100088.

[104] Patel P, Muscat DM, Bernays S, Zachariah D, Trevena EL. Approaches to delivering appropriate care to engage and meet the complex needs of refugee and asylum seekers in Australian primary healthcare: A qualitative study. Health Soc Care Community. 2022 Nov;30(6):e6276-e6285. doi: 10.1111/hsc.14065. Epub 2022 Oct 13. PMID: 36237169.

[105] Gower S, Jeemi Z, Forbes D, Kebble P, Dantas JAR. Peer Mentoring Programs for Culturally and Linguistically Diverse Refugee and Migrant Women: An Integrative Review. Int J Environ Res Public Health. 2022 Oct 7;19(19):12845. doi: 10.3390/ijerph191912845. PMID: 36232145; PMCID: PMC9564646.

[106] Linda Morrice, Linda K. Tip, Michael Collyer, Rupert Brown, 'You can't have a good integration when you don't have a good communication': English-language Learning Among Resettled Refugees in England, Journal of Refugee Studies, Volume 34, Issue 1, March 2021, Pages 681–699, https://doi.org/10.1093/jrs/fez023

[107] Turning words into action - refugee action (2019) Refugee Action. Available at: https://www.refugee-action.org.uk/wp-content/uploads/2019/06/Turning-Words-into-Action.pdf (Accessed: March 11, 2023).

[108] Facts about refugees in the UK (2022) Breaking Barriers. Available at: https://breaking-barriers.co.uk/our-impact/refugee-asylum-facts/ (Accessed: April 4, 2023).

[109] England's most disadvantaged groups: Migrants, refugees and asylum seekers (2016) Equality and Human Right commission. Available at: https://www.equalityhumanrights.com/sites/default/files/is-england-fairer-2016-most-disadvantaged-groups-migrants-refugees-asylum-seekers.pdf (Accessed: 26 September 2023).

[110] Migrants and discrimination in the UK (2020) Migration Observatory. Available at: https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-and-discrimination-in-the-uk/ (Accessed: 26 September 2023).

[111] UK aid funding for refugees in the UK (2023) ICAI. Available at: https://icai.independent.gov.uk/review/uk-aid-funding-for-refugees-in-the-uk/review/#:~:text=There%20is%20a%20hierarchy%20among,with%20no%20clear%20humanitarian%20rationale. (Accessed: 26 September 2023).