People Seeking Asylum, Refugees and People Refused Asylum

JSNA Profile

May 2024



Nottingham City Council – Produced 31/05/2024.
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Stakeholder Views

Key Nottingham Stakeholders were interviewed throughout 2023 the findings were confirmed at a stakeholder event in June 2023. Further stakeholders were identified from this event and additional interviews took place in September 2023 and February 2024.

Organisations consulted:

Organisation/ Department	
Nottingham/ Nottinghamshire Refugee Forum – Into the Mainstream Service	NHS England
Nottingham Arimathea Trust	Every Turn - Talking Therapies
Nottingham City Council – Communities	Communities, Environment and Resident Services
Primary Care Services	Nottingham City Leaving Care Services
British Red Cross	
SERCO	
Vanclaron	
Transient Families Health Visitor Team	
East Midlands Strategic Migration Partnership	
Nottinghamshire Police	
Nottingham City Council – Slavery and Exploitation Team	
Nottingham City Children's Social Care	

Strengths

Stakeholders noted that Nottingham had a range of additional specialist health services that provide support to an often hard to reach population.

It was also agreed that Nottingham has an active, experienced and knowledgeable voluntary and community sector which provides advice and support to many of Nottingham's residents as well as the population from the wider area.

Some joint working arrangements were also praised in particular relating to work on refugee resettlement schemes in the city.

Challenges

Stakeholders identified several key local challenges relating to: Language, mental health and mental wellbeing, service user knowledge of eligibility and services, healthcare staff knowledge of eligibility, cultural competency, communication and information sharing, oral health, housing, safeguarding and exploitation and child health and wellbeing.

Challenges

Language

Language emerged as a consistent theme with stakeholders. Language was given as a major barrier to this population being able to understand health information, access services, explain symptoms and to feel heard, respected and understood.

Healthcare professionals listed the availability of interpreters as a challenge. People seeking asylum in Nottingham speak an extremely diverse range of languages and finding the specificity in interpreter needed to communicate in person with someone in their dialect of a language can be challenging and lead to scheduling issues with appointments. This is compounded by certain situations where it is necessary to have an interpreter of a particular sex present to discuss a sensitive subject.

Healthcare professionals explained that where interpreters were used, regular time usually allocated for appointments was not sufficient, with consultation often needing double the time in order to fully acquire and understand information from a patient.

Language was seen as a barrier in accommodation services, where SERCO generally only provide interpreter support on an individual basis via phone or via letters. This can make understanding complex concepts around health and housing eligibility difficult to understand.

Child Health and Education

Concerns relating to child health and education were reported by several stakeholders. The living arrangements of families with young children were highlighted, in particular amongst people in contingency hotel provision and those who were accessing homelessness provision following a positive decision on their asylum application. There were concerns about the mental wellbeing of children who have already been exposed to adverse childhood events, being forced to remain in temporary accommodation for long periods. The practical arrangements for these children placed in hotels was also a key concern as the access to adequate nutrition and regular school attendance were thought to be impacted by regularly having to move between hotels, while awaiting longer term housing.

For Unaccompanied Asylum-Seeking Children (UASC) in local authority care it was expressed that it can be challenging in arranging the follow up actions that arise following the Initial Health Assessment (IHA). Often there can many complex factors identified through assessment. Arranging the necessary follow up can often involve complex and time-consuming work with multiple providers, this can be compounded as some UASC in the care of Nottingham City Council are placed out of area and some children in the care of other Local Authorities can be placed in Nottingham. Access to mental health services was also mentioned as a concern, it is felt more young people should be accessing mental health support.

For former UASC between 18-25 who have become Care Leavers it was noted that there is no current set pathway or accommodation service available for this cohort in the period following their 18th birthday. It was reported that it can be challenging and costly to provide accommodation placements for these young adults in this period. It is known that this can be a challenge for many children leaving care, but it was reported to be particularly relevant for this cohort who will be unable to work and will be dependent on the Local Authority for housing support until they have received a decision on their asylum application. Funding is provided by the government to Local Authorities to support this population when they leave care, however, it is a reduction to the funding that is received when the young person is in care.

Mental health and mental wellbeing

Mental Health and mental wellbeing were frequently mentioned by stakeholders, stakeholders generally expressed that they were aware of the past traumatic experiences of many people seeking asylum, refugees and people refused asylum. The feedback focused on 3 aspects:

- Mental health treatment and support - Pathways for people experiencing mental health needs were questioned, it was reported that due to waiting times and referral processes this population often felt they did not receive treatment quickly enough. It was felt by professionals that few individuals receive mental health support compared to the perceived level of need in the population. It was noted that while talking therapy services are commissioned and are available in Nottinghamshire including support around PTSD, in practice the level of trauma experienced by many people from this population would be at the end range of what could be approached over a relatively short-term treatment plan. In general, it was felt that due to uncertainty of accommodation and support arrangements for many in this population, where having to move at relatively short notice can be common, makes navigating waiting periods for mental health support and receiving structured support challenging. Stakeholders also felt that mental health support for young people was a particular challenge, currently children access the generic pathway for mental health support. This was questioned due to the additional barriers around language and increased prevalence of trauma that children from tis population have experienced.

- Cultural perceptions of mental health – Voluntary sector services highlighted that often this population have very different perceptions around the concept of mental health and that 'mental illness' can be a heavily stigmatised concept in certain communities. The understanding of what mental health treatment might entail is low and can be a deterrent to asking for support. It was also highlighted that people of different backgrounds display symptoms of mental health issues in different forms and that the ways in which people would want to receive support may also be different, it was questioned whether healthcare staff in Nottingham showed awareness of this.

- Isolation, stress, and mental wellbeing – All stakeholders felt that a major element of need experienced by this population in Nottingham related to isolation, stress, lack of integration into society and lack of meaningful activity. It was acknowledged that there were high levels of mental distress amongst people seeking asylum closely linked to stress and uncertainty relating to the asylum application process. It is felt that this is often exacerbated by the lack of opportunities and isolation that can be experienced through the process. Stakeholders acknowledged that while some organisations carry out some excellent, meaningful activities in these settings, then generally there are limited options and the lack of a set offer of activities available to people in both dispersed and contingency accommodation. It was noted that generally a more detailed support schedule has been maintained for some of the specialised resettlement schemes, which has been found to be beneficial.

Service User Knowledge

Stakeholders highlighted that a consistent barrier to effective healthcare support for this population was the level of knowledge around eligibility and access. VCS partner and healthcare professionals both stated that in Nottingham, people seeking asylum in particular have a very limited knowledge of what free services they are entitled to and that concerns around charging and eligibility can be a deterrent from accessing healthcare and medication.

While people seeking asylum should receive proof of their status, are eligible for a HC2 exemption certificate and in many cases should receive limited financial assistance through an ASPEN card, there can often significantly delays with each of these. Navigation of the processes to address these issues is complex and reliant on a certain level of knowledge of UK systems. Migrant Help are commissioned by the Home Office to provide support in these areas to people seeking asylum, but local stakeholders report there are often significant delays to getting this support and many people feel unable to complain or highlight issues.

Partners in the police and in the slavery and exploitation team also expressed concerns that while incidents relating to this population have been relatively low in Nottingham, there could be a lack of knowledge about what constitutes a crime and a potential reluctance to report crimes when they have been a victim.

Healthcare staff knowledge

The knowledge of healthcare staff, specifically around eligibility, status and culture was raised as a challenge to accessing support this population. It was acknowledged that eligibility for people seeking asylum and people refused asylum could be complex and that there are regularly issues with people having the correct documentation. However, it is felt that healthcare professionals and administrative staff's knowledge of entitlements for services was mixed, and this could often result in delays or incorrect charges being issued or even treatment being refused incorrectly. Having an unpaid NHS charge can have a serious implication for a person seeking asylum and past experiences of receiving incorrect charges was highlighted as a deterrent for accessing future treatment.

The knowledge of healthcare staff relating to cultural norms of this population was also perceived to be inconsistent and that this could impact on willingness to attend healthcare settings and the treatment provided, in particular regarding mental health.

Safeguarding and exploitation

Stakeholders expressed concerns that this population faces high levels of risk of exploitation and increased prevalence of safeguarding issues. People seeking asylum and people refused asylum are unable to legally work and are often dependent on very small financial aid or none at all. Stakeholders expressed concern that this would lead people into entering insecure working arrangements that could constitute modern day slavery.

Housing

Stakeholders identified that housing is a key pressure point impacting on this population. When a positive decision is given on an application for asylum, the person or family was generally given 28 days to access welfare support and find alternative accommodation, this was reduced significantly for many through the Streamlined Asylum Processing that came into effect in 2023. Stakeholders expressed that finding accommodation even in the 28-day notice period was often seen as unattainable for many who may have no other support structures or financial resources. Health and local authority professionals reported that due to this process, some families on receiving a positive asylum decision are required to enter into further temporary accommodation settings, which can lead to regularly moving between accommodation placements until a longer-term offer can be identified. This can lead to further disruptions to planning that can be made around health and education.

VCS partners identified that for others who receive a positive asylum decision, but do not meet the threshold for temporary accommodation, there is a chance that they will face sofa surfing or rough sleeping. Where people are refused asylum and are not able to put in an application for S.4 support, they are not eligible for any Local Authority housing support and will be reliant on finding support with housing from other sources. While there are a small number of accommodation settings in Nottingham that work to provide accommodation to this group, these places are in huge demand and receive low levels of funding. Generally, this group were felt to be at a high risk of homelessness and destitution in Nottingham.

Oral Health

Access to oral health treatment was identified regularly by both stakeholders a challenge. Stakeholders noted that many individuals from this populations come from countries where oral health treatment is generally only accessed when pain occurs rather than a routine process. However, it was also noted by several agencies that this population find it very challenging to register with a dentist. Several stakeholders reported needing to support people to call 111 to access emergency provision. Often the dental practices recommended to individuals were not taking patients. Here was awareness that finding a dental practice taking on NHS patients can be challenging nationally; however, it is felt that it is disproportionately more challenging for this population when other barriers are considered.

Communication and Information Sharing

Information sharing has been highlighted as an area of risk, in particular in relation to joint working with the Home Office provider of dispersed and contingency accommodation settings in Nottingham, SERCO. Health and Local Authority teams report having difficulties in knowing when new families have arrived at accommodation provision and when they have left accommodation for other areas. This is of particular concern where families with children come into the area as it can lead to delays in education or access to health visitor services. Delays in reporting of families leaving the area can lead to issues around continuity of care and with schools keeping school places open.

The reported reason for information sharing issues is compliance with GDPR regulations, however, there does appear to be contractual obligations for SERCO to share relevant information relating to these points.