People Seeking Asylum, Refugees and People Refused Asylum

JSNA Profile

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Policy guidance and evidence of what works

Summary

There are numerous sources of guidance regarding how to provide healthcare to this population. However, overall, there are few examples where a single approach is used nationally to provide healthcare or support to people seeking asylum, refugees and people refused asylum. Even where there is clear guidance about steps that should be taken, for example for Initial Health Assessments for Unaccompanied Asylum Seeking Children or screening for infectious diseases, evidence suggests there is significant variation with how these steps are taken at a local level.

Due to the variety of approaches taken to provide healthcare and support nationally there is limited evidence of best practice. However, there are case study examples of approaches used in different areas and emerging research about key factors to consider in Public Health interventions aimed at this population.

Clinical Guidelines

The Office for Health Improvement and Disparities (OHID) has a Migrant Health guide which provides guidance on access to healthcare, assessing and treating patients, vulnerable migrant groups, communicable diseases, outbreak management, non-communicable diseases, and nutrition.

The British Medical Association provides a toolkit with information on: The experiences of refugees and people seeking asylum who come to the UK and how this impacts their health needs. Entitlement to NHS care and the unique health challenges faced by people seeking asylum and refugees and ways to overcome the barriers they face when attempting to access care.

OHID also produces a “model of oral healthcare for asylum seekers and refugees” which outlines how to support access to NHS dentists.

The Royal College of Paediatrics and Child Health (RCPCH) produces - guidance for paediatricians on how to support children seeking asylum and young people.

For guidance on providing maternity services to people seeking asylum and refugees the National Institute for Health and Care Excellence. Issued clinical guidelines in 2010 - Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors Clinical guideline [CG110]. The Refugee Council also produced a 2021 guide explaining women’s rights throughout pregnancy and early motherhood while they are in receipt of asylum support. “Asylum Support: policy and practice in relation to pregnant women and new mothers”.

Guidance on providing language interpreting and translation services is included in the OHID Migrant Health Guide, which covers the key principles that must be followed when providing interpreting services. There is also NHS England guidance developed in 2018, relating to the commissioning of interpreting and translation services in primary care settings.

Unaccompanied Asylum Seeking Children

NICE guideline NG205 provides guidance around support for Looked-after children and young people. The guidance generally covers information important to UASC, but also includes some guidance specific to UASC. Specific guidance given around UASC in Local Authority Care relates to:

- Providing tailored support around issues specific to UASC
- Ensuring practitioners and carers working with unaccompanied asylum-seeking children are aware of the issues that affect this group, including health needs, safeguarding issues, language and culturally sensitive care needs, and the danger of going missing.
- Guidance around providing Initial Health Assessments
- Provide specialist, trauma-informed mental health and emotional wellbeing support for unaccompanied asylum-seeking children
- Assessing the language and communication needs of unaccompanied asylum-seeking children.

What good looks like for Unaccompanied Asylum-Seeking Children: A best practice paper on health and safeguarding for Unaccompanied Asylum-Seeking Children, was produced in 2022 and outlines some of the best practice arrangements that have been put in place nationally regarding support for UASC children who are looked after and those leaving care.

Key considerations highlighted are:

- Specially designed accommodation pathways for LAC UASC and for Care Leavers, guaranteeing availability of quality properties with adequate levels of support.
- Specialist training for LA staff regarding age assessments for UASC.
- Specialist education provision to be available for UASC LAC and Care Leavers.
- Use of specialised tools and trained practitioners to ensure key health needs of UASC are considered during health assessments and reviews.
- Use of face to face interpreters and training for staff on working with interpreters during health assessments and reviews
- Specialised Mental Health provision for UASC, including provision of training for voluntary organisations interested in providing buddying and mentorship services and the commissioning of bespoke emotional wellbeing service. Cultural competence of all Mental health provision for this population should be considered.
- Locally developed multi agency training developed for health and social care professionals regarding health needs, safeguarding concerns, cultural factors
- Specialised pathway planning for UASC Leaving Care
- Develop local mechanisms to improve data collection, needs assessment and planning. One method used was to review a sample of IHA's undertaken in Kent, to understand key health needs in 2016, this was formulated to support a JSNA regarding UASC.

Evidence of What Works

There is limited quality evidence of the most effective methods for supporting people seeking asylum, refugees and people refused asylum. However, evidence has been synthesised that describes the main forms of interventions that have been utilised to support primary care access. Research has also looked to analyse key elements of effective public health interventions that address barriers to health services for refugees.

Types of Intervention

Through a systematic review of 55 studies looking at interventions aimed at improving primary care access and health for refugees or people seeking asylum. Iqbal E al (2021) identified that interventions in this area generally focused on 4 broad themes.

1. Promoting the knowledge and skills of individual refugees/people seeking asylum and their families - Interventions in this area have shown to improve quality of care outcomes. Educational toolkits with pictures, stories, video recordings and/or reading and web-based resources have been used in several interventions. Small-group, face-to-face sessions with interpreter support have generally been identified as preferable as this promotes active engagement with participants, however many interventions utilised combined approaches

2. Promoting the skills and knowledge of primary health care workers - There is evidence that approaches to increasing knowledge around eligibility and cultural awareness of the needs of this population can increase practitioner confidence and improve the care received by people accessing healthcare. There are a variety of methods that have been used to approach this, ranging from the development of online training resources to the recruitment of specialist a specialist refugee health fellow to provide support, guidance, and training to primary care services.



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Types of Intervention continued

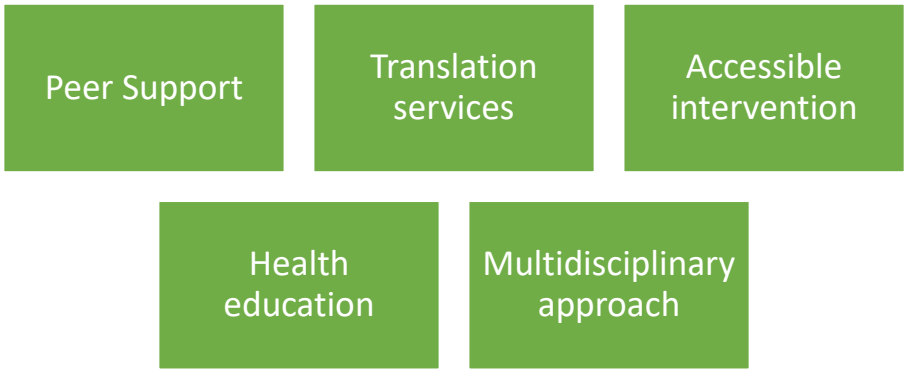
3. System and/or service integration models and structures – These approaches cover a broad range of interventions aimed at redesigning service delivery and design to meet the needs of people seeking asylum and refugees. Measures have included the development of outreach services or centres making healthcare access more accessible and running targeted interventions around mental health or trauma informed care.

4. Interventions enhancing communication systems - Interventions in this area have ranged from promoting communication between patients and the health care providers by utilising using online, multimodal, and multilingual tools that capture patient history and mental health screening. Other measures have included patient held documents that can improve communication between different sectors of health care delivery in the host country. There is limited evidence of the effectiveness of these measures due to the small number of studies, however initial evidence shows these can be effective measures in particular when used in combination with other types of intervention.

Elements of effective public health interventions that address barriers to health services for refugees

A 2022 Systematic review explored key elements that contributed to effective public health interventions addressing barriers for refugees. The number of studies that met the inclusion criteria was small (6) and the studies came from around the world with differing policy and healthcare systems. However, the study provided the basis for basic elements that should be considered as a part of any public health intervention aimed at supporting this population.

5 themes were identified: peer support, translation services, accessible intervention, health education and a multidisciplinary approach.



(Jallow, Haith-Cooper, Hargan, & Balaam, 2022)

Models of Support

Specialist GP practices -Some local areas with high proportions of people seeking asylum and refugees have developed specialised GP practices to support this population. This is currently done in the Midlands in Leicester and Coventry. Other areas have adapted specialist practices to support inclusion health groups more generally, which includes people seeking asylum, specialist practices currently operate in Bradford and Leeds and run GP services in combination with some mobile clinics. There are benefits to this approach, such as a concentration of knowledge and translator resources at a single point, as well as increased quality of data production relating to the needs of the local population. These services are considered optimal; however, they also have limitations. The practices incur significantly higher costs and the placement of a practice can be a significant issue where an area's population of people seeking asylum is dispersed as it will require people to travel rather than access a more local service. It is also possible that knowledge around the support for this group remains contained within the single practice, with limited wider awareness and experience being developed across the system.

Specialist clinical outreach services – Some local areas have developed specialist clinician led outreach teams that conduct health assessment and care planning with people seeking asylum. An example of this model is the RESPOND service hosted by University College London Hospitals NHS Foundation Trust. This service conducts health assessments at accommodation sites and hosts community-based clinics. There is also a specialist MDT which provides ongoing coordination for people with the most complex needs. Evaluation has shown this service to be very effective at seeing large numbers of patients, detecting infections and has been well received by local stakeholders. Another clinical outreach model was utilised in Hounslow, which was linked to a decline in A and E attendances from residents of contingency accommodation. These models have shown to be effective, but it should be noted that this model has been used to support large numbers of people in hotel provisions in London, rather than large amounts of people in more dispersed accommodation settings.

Community based projects supporting healthcare access and addressing barriers - Other approaches have included the commissioning of community services to engage with People Seeking Asylum and Refugees to overcome barriers to accessing health services. The HARP (Health for Asylum Seekers and Refugees) services developed in Yorkshire used peer mentoring and volunteering programmes to appoint befrienders and advocates to support people seeking asylum to register with GP and access other healthcare services. Another aspect of the approach taken by HARP was to develop training for local professionals to raise awareness of key issues locally. In Bradford Bevan assist the delivery of Smart Health Inclusion Peer Advocates (SHIPs) peer support service to enable socially excluded groups to overcome digital barriers to accessing health and wellbeing services, work was undertaken to support people seeking asylum to improve digital literacy and promote digital access to healthcare.

Mental Health Provision – Specialist mental health services have been developed and delivered to this population. Specific services have been developed for adult people seeking asylum, women refugees and UASC. The Refugee Council has led mental health services for this population in the South East of England and London, Barnardo's runs a national 'Asylum Seeker Mental Health and Wellbeing Project' which offers phoneline support and therapy sessions. Where specialised services have operated, they have generally had very high levels of demand, with both Barnardo's and Refugee Council regularly having to close referrals to their services. Patients have reported improvements around mental health and wellbeing. Refugee Council's service for UASC -My View, provides mental health services for unaccompanied children through specialist one-to-one or group therapeutic support, based on art, dance, drama, music, play and talking therapy approaches. Young people are helped towards managing symptoms such as nightmares, intrusive thoughts and anxiety. This service has been cited as a best practice model for UASC mental wellbeing support.