

Is England meeting the
physical and mental health
needs of child refugees,
asylum seekers and
undocumented migrants?

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Definitions

Asylum seeker

- *Person who has departed their country of origin and officially applied for asylum in another country but is awaiting a decision on their request for refugee status*

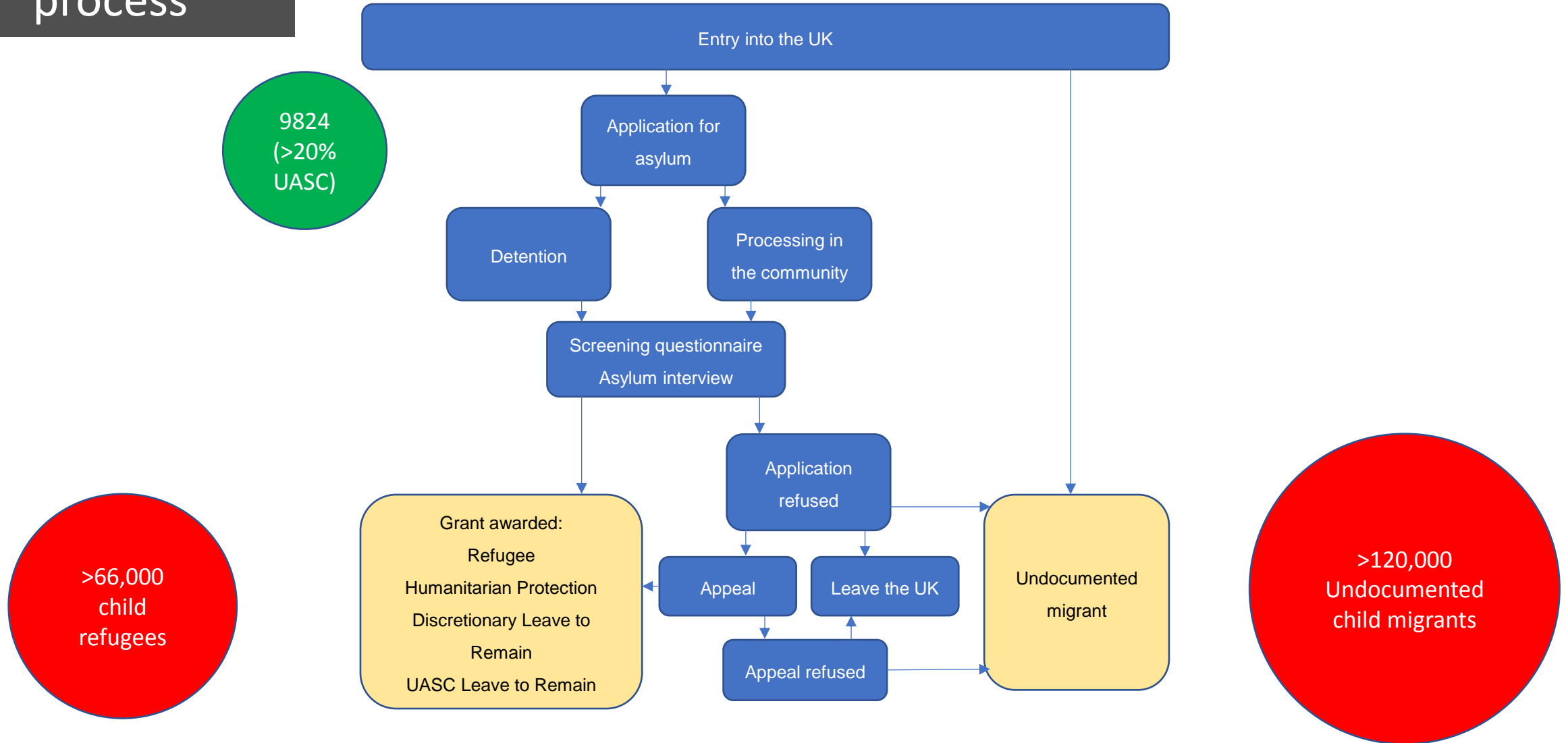
Refugee

- *a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country*

Undocumented migrant

- *Foreign born nationals who do not have the right to remain in the UK*

The asylum-process



Pre-migration context



Source: Nudelman&Tasch. Business Insider UK. 2015. Available from: <http://uk.businessinsider.com/map-of-europe-refugee-crisis-2015-9>





Post-migration context

- Long and complex legal immigration process
- Detention
- New culture and language
- Delayed access to education
- Loss of identity and status
- Lack of family and community support
- Integration challenges
- Poverty and poor housing
- Racism and discrimination

Stranded at the crossroads of differing policy agendas

Treaties ratified by the UK

- The Refugee Convention
- The 1989 Convention on the Rights of the Child
- The European Convention on Human Rights and Human Rights Act 1998
- The International Covenant on Economic, Social and Cultural Rights

National legislation and policy

- The Children Act (1989)
- The Children Act (2004)
- **The government's 'hostile environment' policies**

Examples of 'hostile environment' policies in England



ID checks and upfront charging of undocumented migrants for hospital treatment and NHS-funded community health services



No recourse to public funds for asylum seekers and undocumented migrants



Banks and building societies prohibited from opening accounts for undocumented migrants



Criminalisation of letting to undocumented migrants and asylum-seekers awaiting a decision on their case as they are disqualified from renting



Criminalisation of employing undocumented migrants for whom it is illegal to work



Data sharing for immigration enforcement purposes between the Home Office and public services



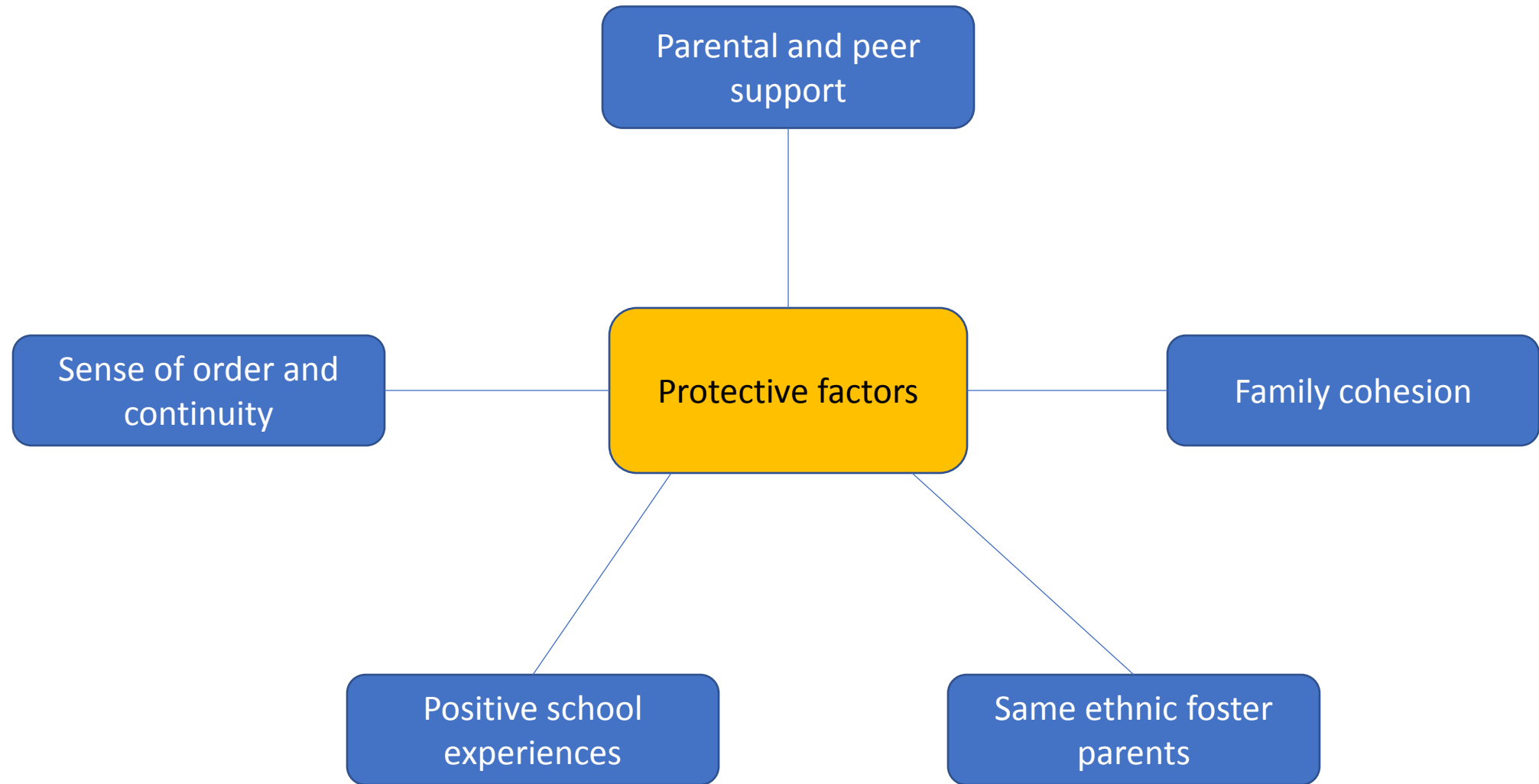
Political and economic landscape

- Rise in the populist radical right
- Negative media portrayal
- Austerity and deficit reduction policy




Health Needs

- Communicable diseases
- Incomplete immunisation history
- Non-communicable diseases
- Malnutrition and micronutrient deficiencies
- Obesity
- Anaemia
- Musculoskeletal complaints
- Oral disease
- Sexually transmitted infections
- Adolescent pregnancy
- Female genital mutilation
- **Psychological disturbance**



Many asylum seekers arrive in the UK in relatively good physical health but health problems may quickly develop due to side-effects of immigration policy, barriers in health access and unawareness of entitlement.



Immigration policies and
the wider determinants
of health

Policies precipitating poverty

Asylum seekers and undocumented migrants

- No recourse to public funds
- Not allowed to work
- Housing and £37.75 pp/pw

Refugees

- Asylum support axed after 28 days
- Need NI number to claim welfare benefits – can take 28 weeks!
- Home Office delay in issuing identity documents
- Employers, banks etc not recognising Biometric Residence Permits as form of ID



Poverty and health

- Physical problems
- Psychological problems
- Behavioral changes

Housing policies

Asylum seekers

- Dispersal policy
- “substandard, poorly maintained and, at times, unsafe”

Unaccompanied asylum-seeking children

- National Transfer Scheme
- Foster families, semi-independent living

Refugees

- 28 days to move out of state provided housing
- Unable to pay rent deposits – homelessness and destitution
- Emergency accommodation unsuitable and unsafe

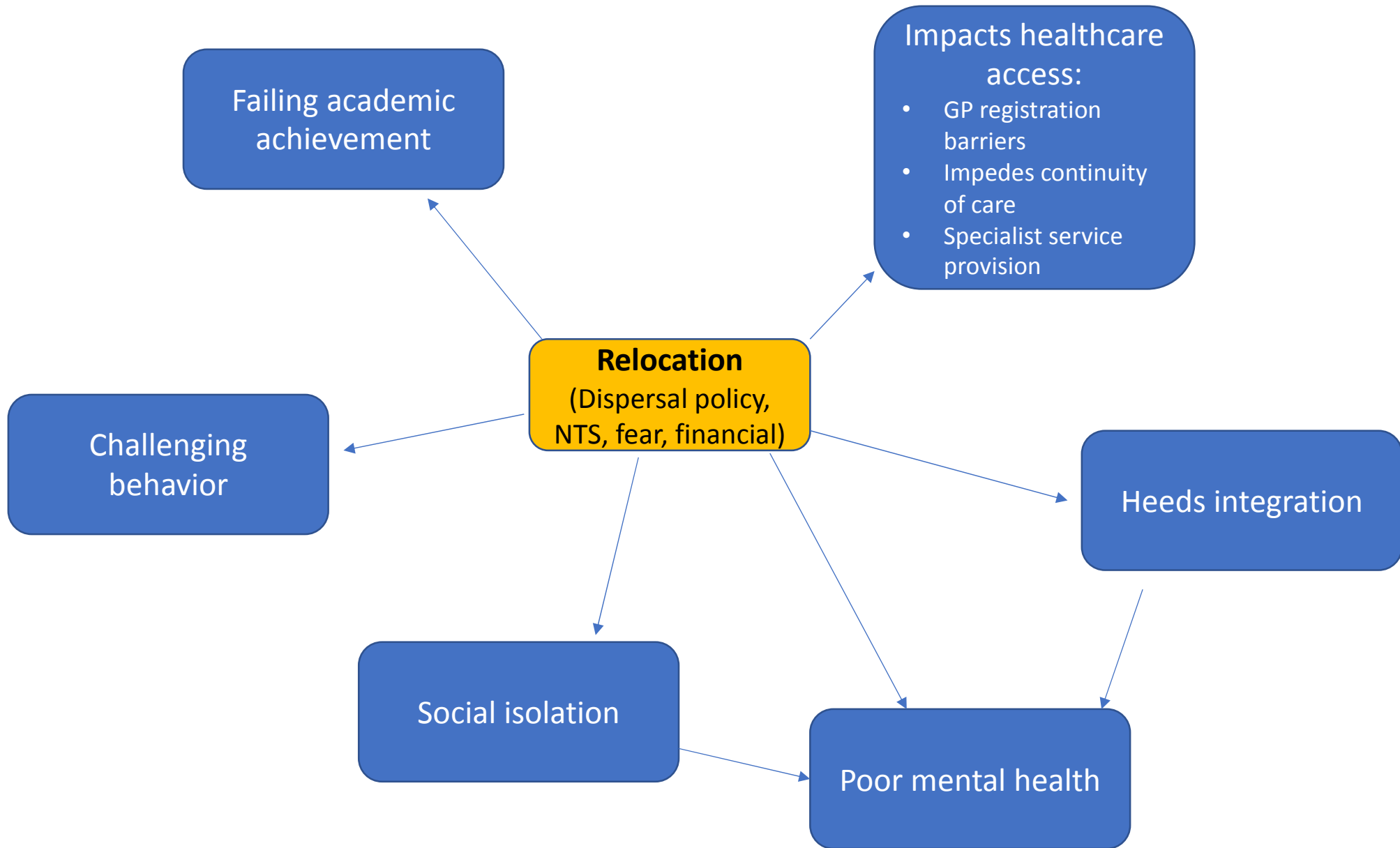
Undocumented migrants

- Not automatically entitled to support
- Crime for landlords to knowingly let a property to disqualified persons
- Over crowding, frequent moves



- Respiratory illness
- Accidental injury
- Poor mental health
- Vulnerable household relationships
- Poor early childhood development

Housing and health



Policies and Education


- Implicit legal entitlement
- Access barriers
- Delayed and inadequate provision
- Deterrence due to information sharing for immigration purposes





Education and health

- Stable social support
- Encourage resilience
- Develop personal capabilities and self belief
- Facilitate integration
- Empower to communicate in English
- Recognise children-in-need
- Access to school nursing service
- Provision of skills and qualifications for future employability and financial security
- Lack of access: deterioration in mental health



Health policy and practice

Health policy and practice

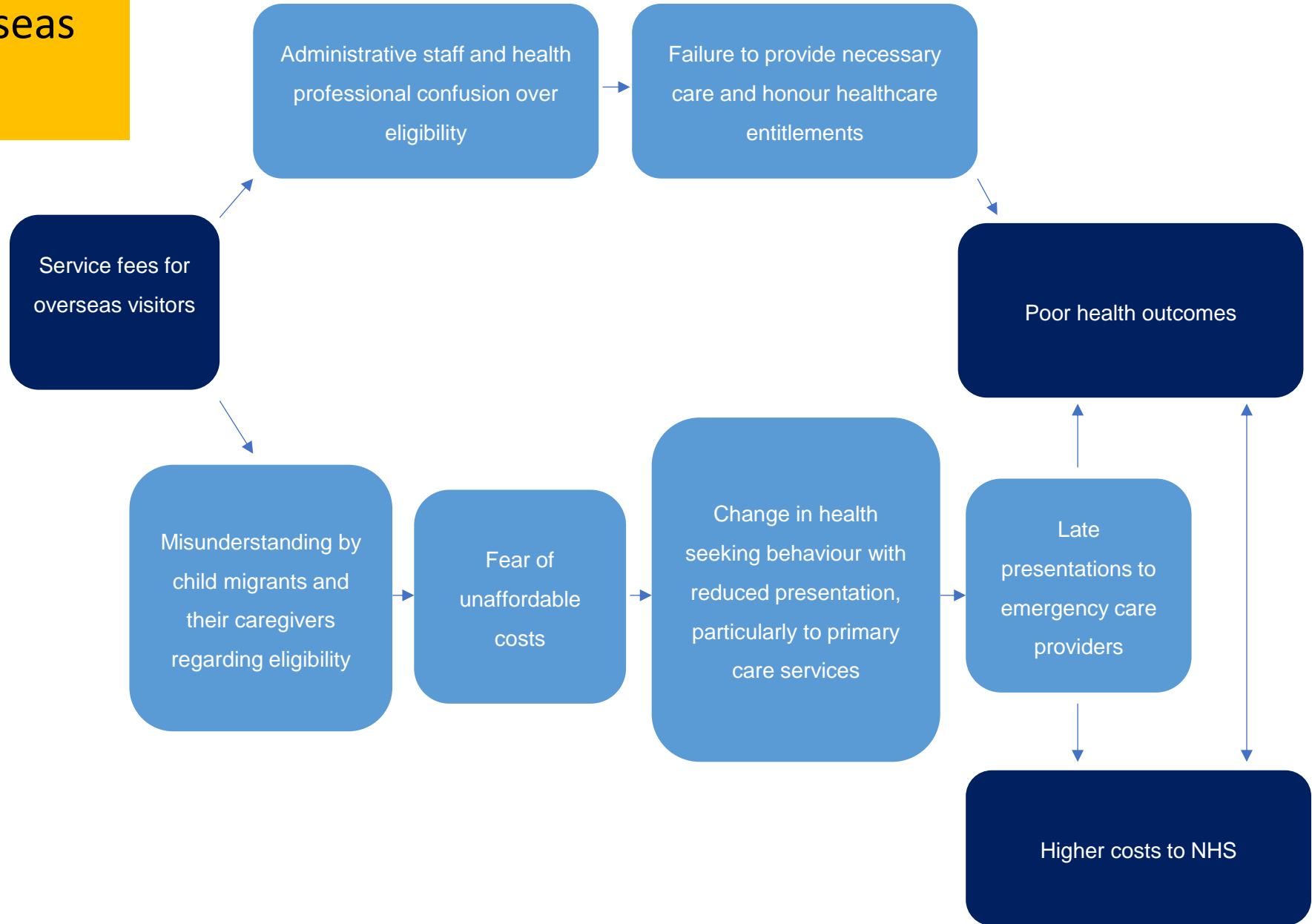
Universal child entitlement

- Primary care
- Accident and emergency (A&E) services
- Diagnostic and treatment services for some communicable diseases (e.g. HIV, TB) and sexually transmitted infections
- Family planning services (not termination)
- Treatment of a physical or mental condition caused by torture, female genital mutilation, domestic or sexual violence
- Palliative care

Charged for NHS services

- Charged for hospital treatment at 150% NHS tariff
 - Dependants of refused asylum seekers not entitled to s95 or s4 support
 - Undocumented child migrants

Impact of NHS overseas visitor charges





Resources and capacity

- Financial constraints
- Staff shortages
- Language barriers and complex health needs : GP practice unwillingness to register
- Health professionals clinically and emotionally unprepared
- Over-stretched services
- Lack of specialist services
- Referral challenges

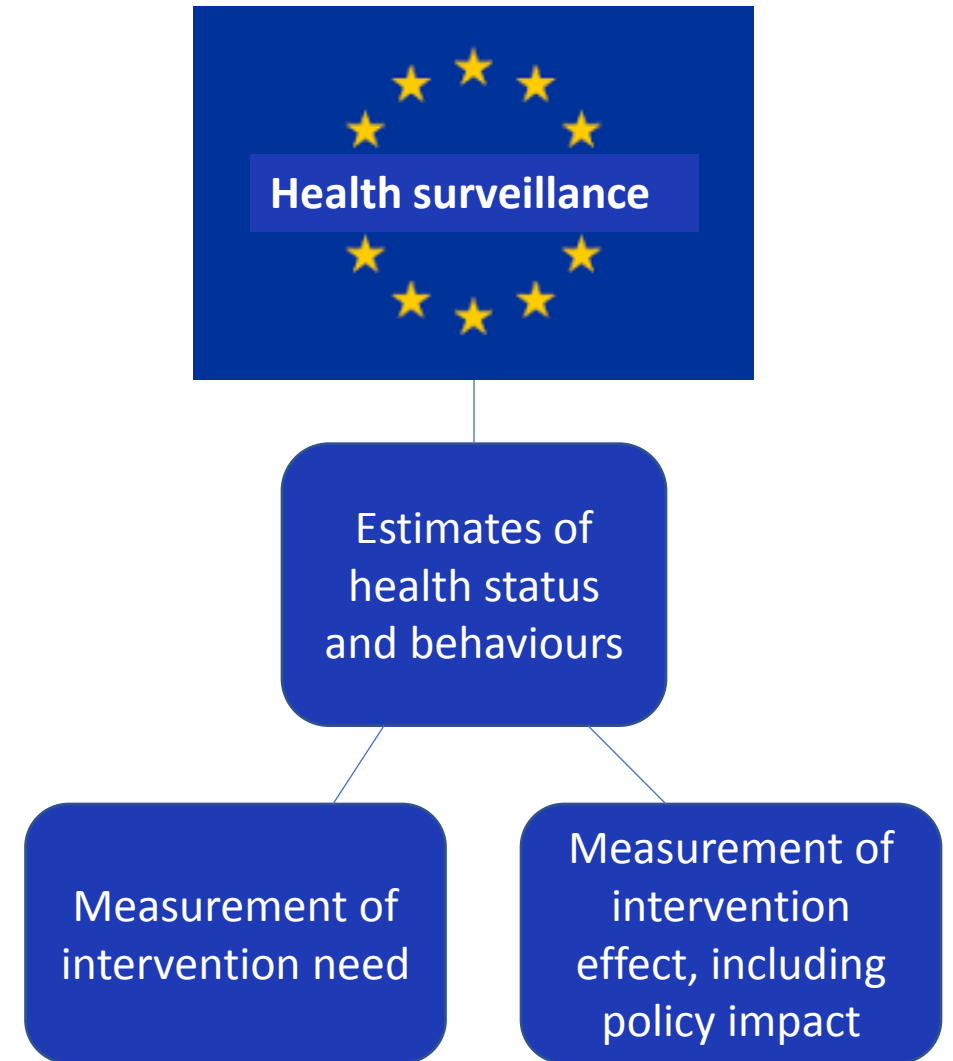
What needs to change?

1. Assume a rights-based approach to child migrants.
2. Review all immigration policy that contributes to the health needs of child migrants and widens the inequalities they experience.



3. Strengthen health information by investing in development of child migrant health surveillance systems.

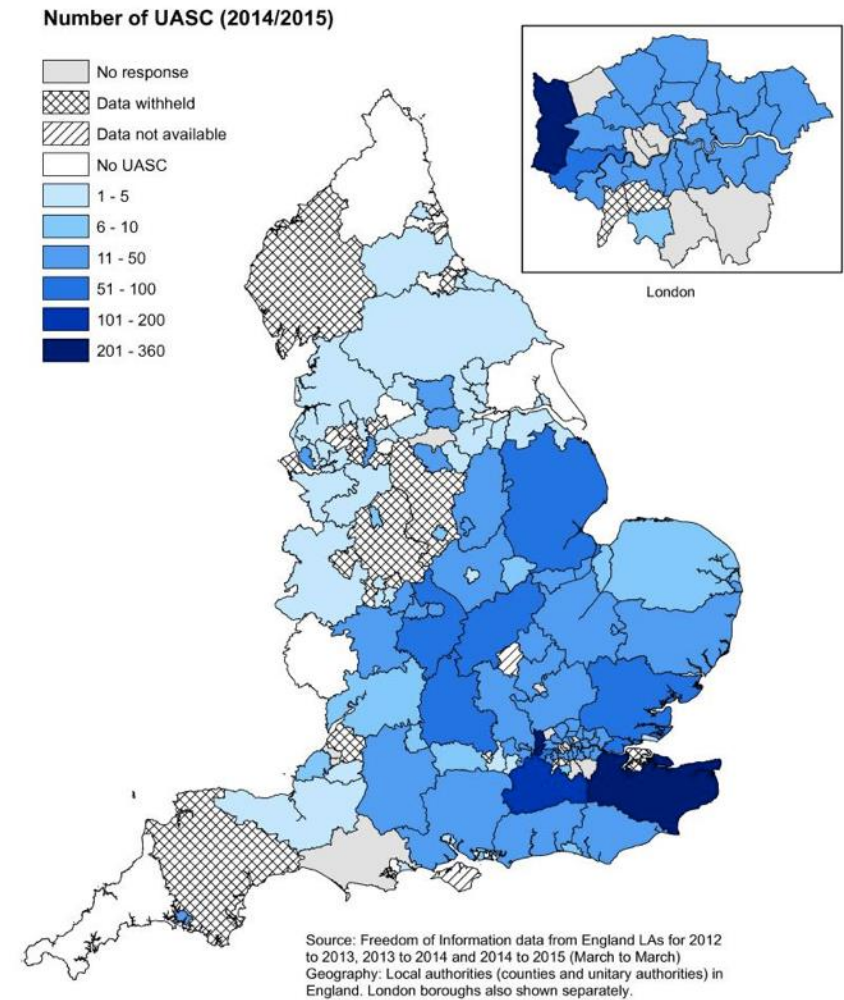
- collaboration with the European Centre for Disease Prevention and Control



4. Introduce a system ensuring all newly arrived child refugees and asylum seekers receive an initial health assessment to identify and manage their individual needs.

5. Provide training and support for front-line providers working with child migrants to enable optimal evidence-based service delivery.

**M.1: Unaccompanied Asylum Seeking Children (UASC)
Number of UASC by Local Authority: England 2015**



6. Facilitate formation of local networks between primary and secondary NHS providers and third sector services working with child migrants.
7. Award extra funding to GPs with asylum seekers, refugees and undocumented migrants on their patient list.



8. Establish policy surveillance to investigate the impact immigration policy has on child migrant health and facilitate evidence-based policy review.
9. Engage with the media to redress the devalued public image of refugees, asylum seekers and undocumented migrants.



“The test of the morality of a society is what it does for its children”

German theologian Dietrich Bonhoeffer (1906-1945)