

Meeting the Requirements of Equality Legislation

# A Fairer NHS Greater Glasgow & Clyde 2013 – 2016

Briefing Paper:  
Asylum Seekers and Refugees

June 2013

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## Demographics / Health needs

### Who are asylum seekers and refugees?

An asylum seeker is a person who has submitted an application for protection under the Geneva Convention and is waiting for the claim to be decided by the Home Office.

#### A refugee is defined as:

“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 or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”<sup>1</sup>

A **refused asylum seeker** is a person whose asylum application has been unsuccessful and who has no other claim for protection awaiting a decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical for them to return until conditions in their country change.

An **‘illegal’ immigrant** is someone whose entry into or presence in a country contravenes immigration laws.

An **economic migrant** is someone who has moved to another country to work. Refugees are not economic migrants.

In 2007/10, the COSLA Strategic Migration Partnership identified 5,663 asylum seekers in Glasgow. While it is relatively easy to account for the number of people seeking asylum living in Glasgow, it is more challenging to establish the number of refugees. There are no reliable figures available on the number of refugees in the UK, Scotland or Glasgow.

## Health Needs

Whilst many asylum seekers do arrive in the UK in relatively good physical health, health problems can rapidly develop whilst they are in the UK. Reasons for this include:

- difficulty in accessing healthcare services
- lack of awareness of entitlement
- problems in registering and accessing primary and community healthcare services, particularly if their claim has been refused
- language barriers

However, some asylum seekers can have increased health needs relative to other migrants. There are a number of reasons for this:

- a number have faced imprisonment, torture or rape prior to migration, and will bear the physical and psychological consequences of this
- many may have come from areas where healthcare provision is already poor or has collapsed
- some may have come from refugee camps where nutrition and sanitation has been poor so placing them at risk of malnourishment and communicable diseases
- the journey to the UK can have effects on individuals through the extremes of temperatures, length of the journey, overcrowded transport and stress of leaving their country of origin
- health needs of asylum seekers can be significantly worsened (and even start to develop in the UK) because of the loss of family and friends' support, social isolation,
- loss of status, culture shock, uncertainty, racism, hostility (e.g. from the local population), housing difficulties, poverty and loss of choice and control.

Some of the health experiences of asylum seekers may overlap with other disadvantaged and vulnerable groups in the UK. However, there are physical and mental health issues specific to asylum seekers which, coupled with the impact of going through the asylum process, places them at risk of destitution and inequalities.

## Physical health

**The most common physical health problems affecting asylum seekers include:**

- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seekers
- Consequences of injury and torture
- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking
- Sexual health – monitoring of sexually transmitted diseases (except HIV) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women.

## Women's health

Studies have shown poor antenatal care and pregnancy outcomes amongst refugees and asylum seekers. Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population. Uptake rates for cervical and breast cancer screening are typically very poor. Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data.

## Disability

Limited evidence exists on the prevalence of disability amongst refugees and asylum seekers, with estimates varying from 3–10%, and there is little or no commissioning of services for asylum seekers with disabilities (eg. landmine injuries).<sup>2</sup>

## Mental Health

The mental health problems facing asylum seekers and refugees may be divided into 4 overlapping groups:

### Problems arising from displacement

- Cultural Bereavement
- Isolation
- Boredom
- Unmet expectations about life in the UK
- Changing roles in the family / clash of values
- Racism in their new neighbourhood

### Major Mental Health Problems or Developmental Problems

- May have existed prior to their move to U.K or precipitated by the move
- Schizophrenia
- Depressive illness 35-42%
- Developmental disorders e.g. autism

### Mental Health Problems Stemming from Trauma

- Witnessing and / or being the victim of torture, rape or other serious atrocities in their home country
- Post-traumatic Stress Disorder (PTSD)
- Depression following traumatic bereavements

### Mental Health Problems arising from Asylum Process

- Range of mental health issues arising from the asylum-seeking process / destitution / early morning removals / forced removal and detention.

## Patient experience

An event focussing on the health needs of asylum seekers and refugees has resulted in feedback around the positive experience many have of using NHSGGC services, particularly COMPASS and the need for volunteering opportunities in the NHS for asylum seekers.

Members of the Corporate Inequalities Team Health Reference Group are asylum seekers / refugees.

## Experience of discrimination

Asylum seekers and refugees face a range of issues that impact on their health such as racism and discrimination. Media coverage of asylum seekers and refugees compounds this. Some asylum seekers and refugees face destitution as a consequence of social policy.

## Resources to help

A wide range of resources are available on the Equalities in Health website \_

[http://www.equalitiesinhealth.org/public\\_html/asylumseekers.html](http://www.equalitiesinhealth.org/public_html/asylumseekers.html)

## Training available in-house

NHS staff can access an E-learning module on refugees and asylum seekers on StaffNet – <http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/E-Learning%20Homepage.aspx>

## Involvement

Key organisations include the Scottish Refugee Council, Integration Networks and Compass Team for engagement and involvement work.

The Corporate Inequalities Team will organise an engagement session with asylum seekers / refugees annually between 2013 and 2015 so that NHSGGC service providers can find out how they can improve their services. Individual services can also do their own engagement activity where appropriate e.g. to find out how specific issues in their services could be addressed.

## Activity to address discrimination

Asylum Seekers and Refugees are part of the marginalised groups that are covered by the Tackling Inequalities Policy.

### Activity to address discrimination could include:

- Increase knowledge / understanding / training amongst frontline staff and managers.
- Use of interpreting services for appointments, including telephone interpreting in A&E and provision of accessible information.
- Involvement of refugees in voluntary work within the NHS (people who have refugee status or who have exceptional leave to remain, and their family members, are allowed to volunteer. Asylum seekers are allowed to volunteer with registered charities; voluntary organisations; and bodies that raise funds for either).
- Address negative perceptions of asylum seekers in the media and local population.

## References

1. The 1951 United Nations Convention Relating to the Status of Refugees.
2. Haroon, S. (2008) The Health Needs of Asylum Seekers, London, Faculty of Public Health.

## Briefing Papers – A Fairer NHS Greater Glasgow and Clyde

1. Age
2. Asylum Seekers and Refugees
3. Bowel Screening
4. Gender Reassignment and Transgender
5. Homelessness
6. Inequalities Sensitive Practice
7. Learning Disability
8. Prisoners
9. Roma and Gypsy Travellers
10. Sensory Impairment
11. Sexual Orientation

