

The Health & Wellbeing of Asylum Seekers and Refugees in Southwark

Southwark's Joint Strategic Needs Assessment

St. George's – University of London
Southwark Council & South East London ICB

June 2023

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GATEWAY INFORMATION

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ST GEORGE'S – UNIVERSITY OF LONDON

The Migrant Health Research Group at St George's University of London is a multi-disciplinary team of academics and clinicians with a specific expertise in infection, vaccination, and health inequalities in migrant populations globally.

- Funded by the NIHR and the MRC, they have expertise in designing, delivering, and evaluating complex interventions in healthcare. They work closely with the World Health Organization and the European Centre for Disease Prevention and Control on developing guidelines and research on the health and social needs of migrants and work with *Lancet* Migration to support global and regional dialogue around the promotion of Universal Health Coverage.
- They are specifically interested in delivering robust research to explore the experiences and unmet health needs of recently arrived migrants to the UK and Europe, and have recently published a guide for GPs on delivering initial health assessments to arriving Afghans and Ukrainians.
- They work closely with local migrant VCS groups supporting the delivery of research and mapping health needs, and are experts in participatory research and co-production. At the current time they are involved in several co-design studies in London aiming to strengthen vaccine uptake for both COVID-19 and routine vaccination in arriving migrants.

St George's were commissioned to develop this health needs assessment by Southwark Council and South East London NHS Integrated Care Board.

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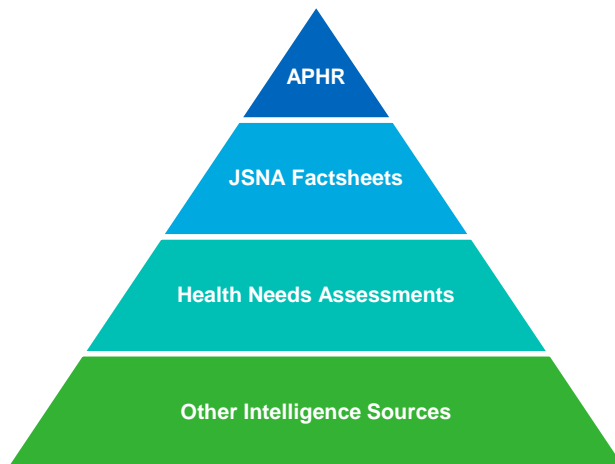
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: [JSNA webpages](#)

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GLOSSARY

- **Initial accommodation centre (IAC):** short-term housing, usually in a hostel-type environment, that can be full-board, half-board or self-catering, for asylum seekers who need accommodation urgently.
- **Contingency IAC:** initial accommodation opened since 2019 under the new Asylum Accommodation and Support Services Contracts (AASC), usually in re-purposed hotels, barracks or hostels.
- **Bridging accommodation:** includes all accommodation procured by the Home Office for the purpose of providing temporary accommodation for those brought over to the UK as a result of events in Afghanistan following the fall of Kabul in August 2021.
- **UASC:** unaccompanied asylum-seeking children are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.
- **Dispersal accommodation:** Primarily self-catering accommodation, provided under Section 95 of the 1999 Immigration Act, designed for long-term stays until a decision is made on an asylum case.
- **Family Early help (FEH):** A Southwark Council department responsible for supporting families and young people with needs beyond the level that universal services can address.
- **Health Inclusion Team (HIT):** A medical team under the Guy's and St Thomas NHS Foundation Trust focused on inclusion health.
- **No Recourse to Public Funds (NRPF):** The state of being unable to claim benefits that are classed as 'public funds' in the UK due to immigration status (usually applies to most visas that do not grant indefinite leave to remain).
- **Section 95:** financial and/or accommodation support for asylum seekers who appear to be destitute while they wait for a decision on their asylum claim.
- **Section 98:** Provision of emergency accommodation for those who have put in a claim for asylum and section 95 support, and appear to be destitute.
- **Section 4:** Support provided to a small number of asylum seekers who exhaust their right to appeal, but are destitute and unable to leave the country despite taking all reasonable steps to do so.

Chapter 1: Introduction

- Headlines
- Aims and objectives
- Southwark context
- Definitions
- Previous research in Southwark
- Data collection gaps
- Stakeholders
- Data sources
- Focus groups and community interviews

Asylum seekers and refugees in Southwark have multiple, overlapping health and wellbeing needs

HEADLINES

During the COVID-19 pandemic, between 2020-2022, an increasing number of asylum seekers were placed in Southwark, mostly in new initial accommodation centres (IACs), while hundreds of refugees arrived in the borough from Afghanistan and Ukraine.

- The asylum seeking population in Southwark has risen from about 100 to almost 2000 since 2019.
- This has implications for policy, service provision and the health and wellbeing of those placed there.

Asylum seekers, refugees and those with irregular immigration status in Southwark have multiple, over-lapping health and wellbeing needs.

- For asylum seekers, long stays in IACs, with poor quality food and facilities, and the lack of control they have over their lives, mean that the health and wellbeing issues experienced by refugees and other irregular migrants, such as trauma-related mental health issues and challenges with social integration, are exacerbated.
- Asylum seekers, refugees and irregular migrants are at higher risk of certain health conditions, including some infectious diseases
- Access to services was a major issue for all these populations, as a result of language barriers, difficulty navigating the health, welfare and education systems and fear of immigration enforcement by statutory services.

Further work needs to be done in Southwark to meet the needs of asylum seekers and refugees, building on existing strengths, such as the trusted role of the voluntary and community sector in asylum seeker, refugee and migrant communities.

- This report outlines 39 recommendations across five themes for how Southwark Council, SEL ICB and local partners can work together to better meet the needs of these populations locally.

This JSNA aims to provide an overview of the health and wellbeing needs of ASR populations in Southwark

AIMS & OBJECTIVES

Aim

- The aim of this JSNA is to provide an overview of the health and wellbeing needs of migrant, asylum seeking and refugee (ASR) groups in Southwark, and of current service provision for this population.

Objectives

- Identify the different migrant, asylum seeking and refugee populations living in Southwark.
- Explore the key health and wellbeing issues that these groups may be at increased risk of.
- Understand the diversity of these populations and the services available to them.
- Identify gaps in data collection on these populations.

Scope	Includes
Populations	<ul style="list-style-type: none">▪ Asylum seekers living in initial accommodation centres▪ Unaccompanied asylum seeking children▪ Refugees living in the community▪ Those with no recourse to public funds (NRPF) receiving statutory support▪ Migrants with irregular immigration status living in the community
Age group	<ul style="list-style-type: none">▪ All ages
Settings	<ul style="list-style-type: none">▪ Initial accommodation centres, dispersal accommodation, communities.

Strengthening support for asylum seekers, refugees and migrants is a local priority in Southwark

SOUTHWARK CONTEXT

Borough of Sanctuary

- Formed in November 2018, mainly by local VCS groups, the **Southwark Borough of Sanctuary** group began working towards ensuring the borough proudly welcomes refugees, asylum seekers and migrants.
- In 2020, the Southwark Council Assembly met to discuss the bid to make Southwark a Borough of Sanctuary, recognising the enormous contributions that refugees and migrants have made, and continue to make to Southwark. The Assembly resolved:
 - To call on cabinet to declare Southwark a “Borough of Sanctuary”
 - To work with community groups and organisations who support refugee, migrant and asylum seekers in Southwark
 - To challenge anti-refugee and anti-migrant attitudes wherever they are found
- Findings from this needs assessment will support wider local efforts to achieve Borough of Sanctuary status.

Core20PLUS5

- Core20PLUS5 is the national NHS approach to ending healthcare inequalities.
- In addition to targeting the 20% most deprived areas, local NHS bodies identify PLUS populations who experience health inequalities locally that require interventions to improve.
- In Southwark, asylum seekers and refugees have been identified as one of the PLUS populations.

References

1. Southwark Borough of Sanctuary. [City of Sanctuary Website](#)
2. Southwark Council. Meeting of Ordinary Meeting, Council Assembly, Tuesday 28 January 2020 7.00 pm (Item 5.2). [Borough of Sanctuary Council Decision](#)
3. <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

The lack of universally accepted definitions of terms has implications for data comparison and public health policy

DEFINITIONS

The definition of terms relating to immigration status often vary due to the lack of formally agreed legal definitions. Variation in definitions can have consequences for access and delivery of services¹.

Migrant is a term generally used to refer to a person who is moving, or has moved, across an international border to reside in a new country of residence.² It is a broad term, encompassing any legal status, reason for movement and length of stay.³

Forced Migrants are individuals who migrate due to an influencing external factor such as natural disasters, conflict or persecution. Forced migrants include:

- **Asylum Seekers:** An individual who has applied for asylum under the 1951 Convention Relating to the Status of Refugees (fear of being persecuted for reasons of race, religion, nationality, social group or political opinion). This group receive some financial support.
- **Refugees:** An individual who has had their claim for asylum accepted (eg by the UK government). Refugees have access to public funds.

Migrants with irregular status are individuals residing in the UK who do not have the right to residence (this includes trafficked individuals, those who have overstayed their visa, those who were not adequately supported to complete the EU settlement scheme application and refused asylum seekers).

Those with **No Recourse to Public Funds (NRPF)** are migrants whose visa or immigration situation does not grant them the right to access public funds in the UK, this includes all with irregular status.

References

1. Hannigan A, O'Donnell P, O'Keeffe M, MacFarlane A. How Do Variations In Definitions Of "Migrant" And Their Application Influence The Access Of Migrants To Health Care Services? Copenhagen: WHO Regional Office for Europe; 2016.
2. Definitions. United Nations Refugees and Migrants. <https://refugeesmigrants.un.org/definitions>. Published 2019. Accessed June 26, 2019.
3. International Organization for Migration. Glossary On Migration. Geneva: International Organization for Migration; 2004.

Previous research in Southwark identified gaps in services and data relating to health and wellbeing needs

PREVIOUS RESEARCH IN SOUTHWARK

- A comprehensive report by Southwark Refugee Communities Forum in 2006¹ found:
 - Rising numbers of residents with no statutory support and increased difficulty accessing legal advice (a 2021 report suggests this issue has since worsened²).
- A report by ESRO, an independent research agency, in 2013⁴ suggested that there are significant 'hidden' migrant populations in Southwark who do not respond to census or other data collections.
- Interviews and focus groups by Citizens Advice Southwark in 2015⁵ found:
 - Lack of interpreters and understanding staff in statutory services reduces access.
 - Increased English for Speakers of Other Languages (ESOL) provision, volunteering/work experience opportunities and 'life in the UK' courses would improve access to employment and social integration.
- Southwark Council's JSNA on Migrant Health in 2019⁶ highlighted a lack of local data on migrant health needs but suggested that ASR groups are likely to have significant health challenges.

References

1. Southwark Refugee Communities Forum. Changing Up Together? The infrastructure support needs of refugee communities organisations in Southwark. London, 2006
2. Justice Together. A Huge Gulf: Demand and Supply for Immigration Legal Advice in London. London, 2021
3. Forum for Equality and Human Rights in Southwark. Southwark Refugee and Asylum Seeker Action Plan. London, 2012
4. ESRO. Families in Hardship in new and established communities in Southwark. London, 2013
5. Citizens Advice Southwark. Am I Welcome? An exploration of refugees and recently arrived migrants' experiences of accessing statutory services. 2015
6. Southwark Council. Migrant Health JSNA. London, 2019

This report includes unpublished local data, but significant gaps in data on these populations remain

DATA SOURCES & CONFIDENTIALITY

Stakeholders provided quantitative data, including unpublished datasets. Despite this, major gaps remain in the data available on these populations, including:

- Local and national data on prevalence of health conditions (particularly mental health and non-communicable diseases) disaggregated by migrant status or location
- Any demographic data or information on key needs of asylum seekers and refugees outside of initial accommodation centres.
- Local data on numbers of undocumented migrants or those with NRPF who are not supported by the council, as well as the needs of these groups.

Keeping asylum seekers, refugees and irregular migrants safe during this project

Refugees, asylum seekers and irregular migrants are vulnerable populations who are at risk of being victims of discrimination or, in rare cases, violence. Steps were taken to protect the safety and privacy of asylum seekers, refugees and irregular migrants involved in this project:

- This report does not identify asylum seeker accommodation in Southwark.
- All numbers less than 5 are suppressed to avoid any individuals being deductively identified.
- All engagement with refugees, asylum seekers and irregular migrants took place in a safe environment, with advocates from the voluntary sector present.
- All qualitative data collected has been anonymised and the council does not hold personal data on any of the participants.

A wide range of stakeholders contributed to this report from across the NHS, local authority and voluntary sector

STAKEHOLDERS

The project was overseen by a steering group including representatives from:

- Public Health, Southwark Council
- No Recourse to Public Funds team, Southwark Council
- South East London ICB Asylum Seeker and Refugee Programme Board
- GP representatives

63 stakeholders from a range of organisations were interviewed for the project. This included local authority teams, SEL ICB, healthcare providers and a range of voluntary sector organisations.

Voices from the voluntary sector, as well as those of asylum seekers, refugees and irregular migrants themselves are featured throughout.

Focus groups, round table discussions and in-depth interviews were run to get insight from ASR themselves

FOCUS GROUPS AND COMMUNITY INTERVIEWS

We held a total of two focus groups, three round table discussions and two community-based interviews between September and December 2022:



Round table discussions (3)

- In collaboration with United St Saviour's Charitable Trust, a round table discussion was held with eight local VCS organisations, with an additional follow-up discussion held two months later*
- A round table was held with Southwark Family Early Help and education practitioners



Community Focus Groups (2) and interviews (2)

- In collaboration with Southwark Refugee Communities Forum (SRCF) and Indoamerican Refugee & Migrant Organisation (iRMO), two community focus groups were held:
 1. With local communities, including Eritrean, Latin American, Iranian and women's groups
 2. With Southwark IAC residents
- Two 1-on-1 interviews were conducted:
 1. A Homes for Ukraine guest
 2. An undocumented individual

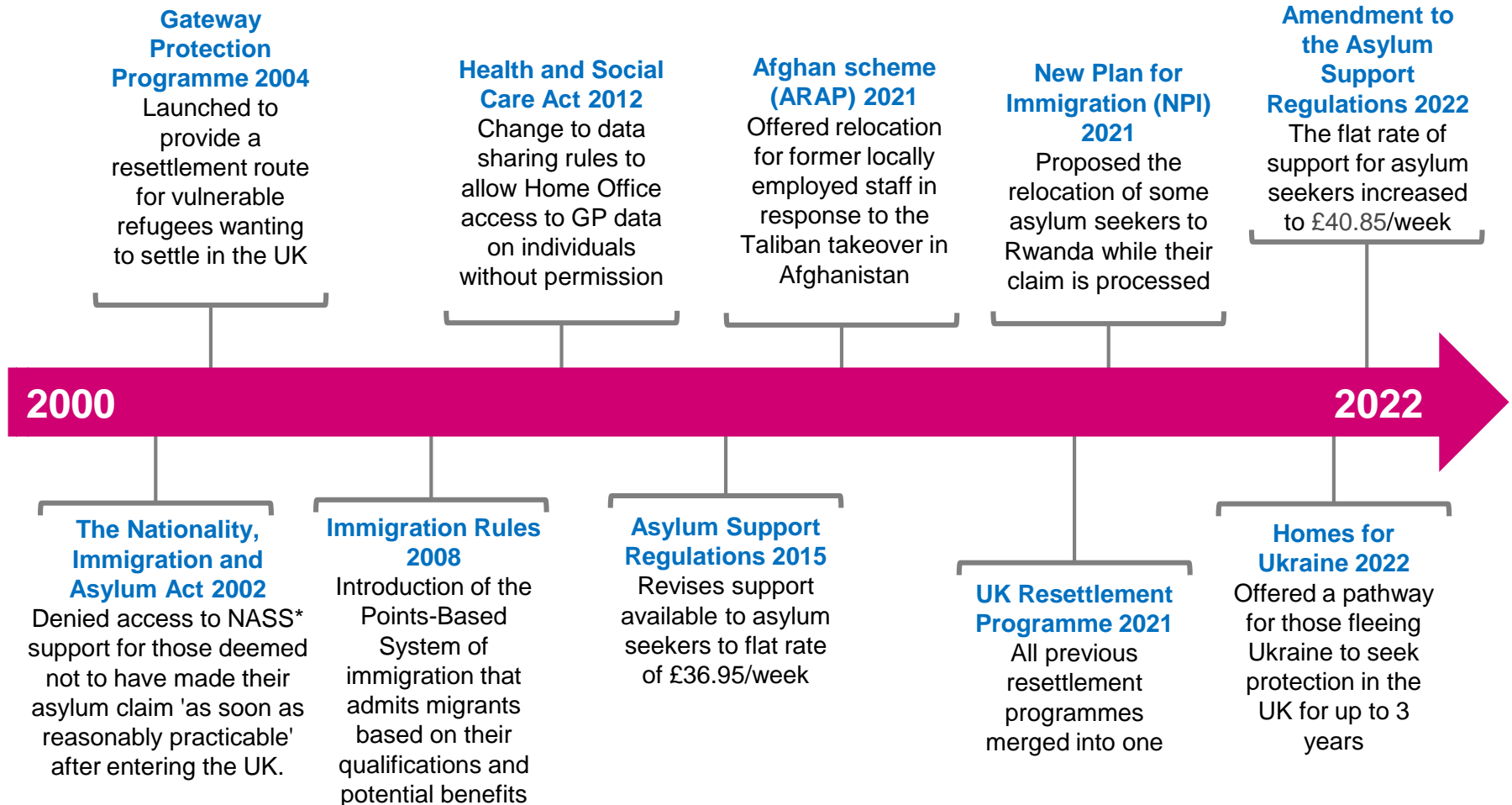
*Organisations attending: Southwark Day Care Centre, SRCF, iRMO, the Bike Project, Southwark Law Centre, Panjshir Aid, Ahwazi Community Group, Eritrean Community Group

Chapter 2: Policy context

- Timeline of national policy
- UK immigration and settlement routes
- Sections 98 & 95 support
- National migration statistics
- Asylum in Southwark
- Access to healthcare

The landscape of UK immigration and asylum policy has changed over the last two decades

TIMELINE OF NATIONAL POLICY



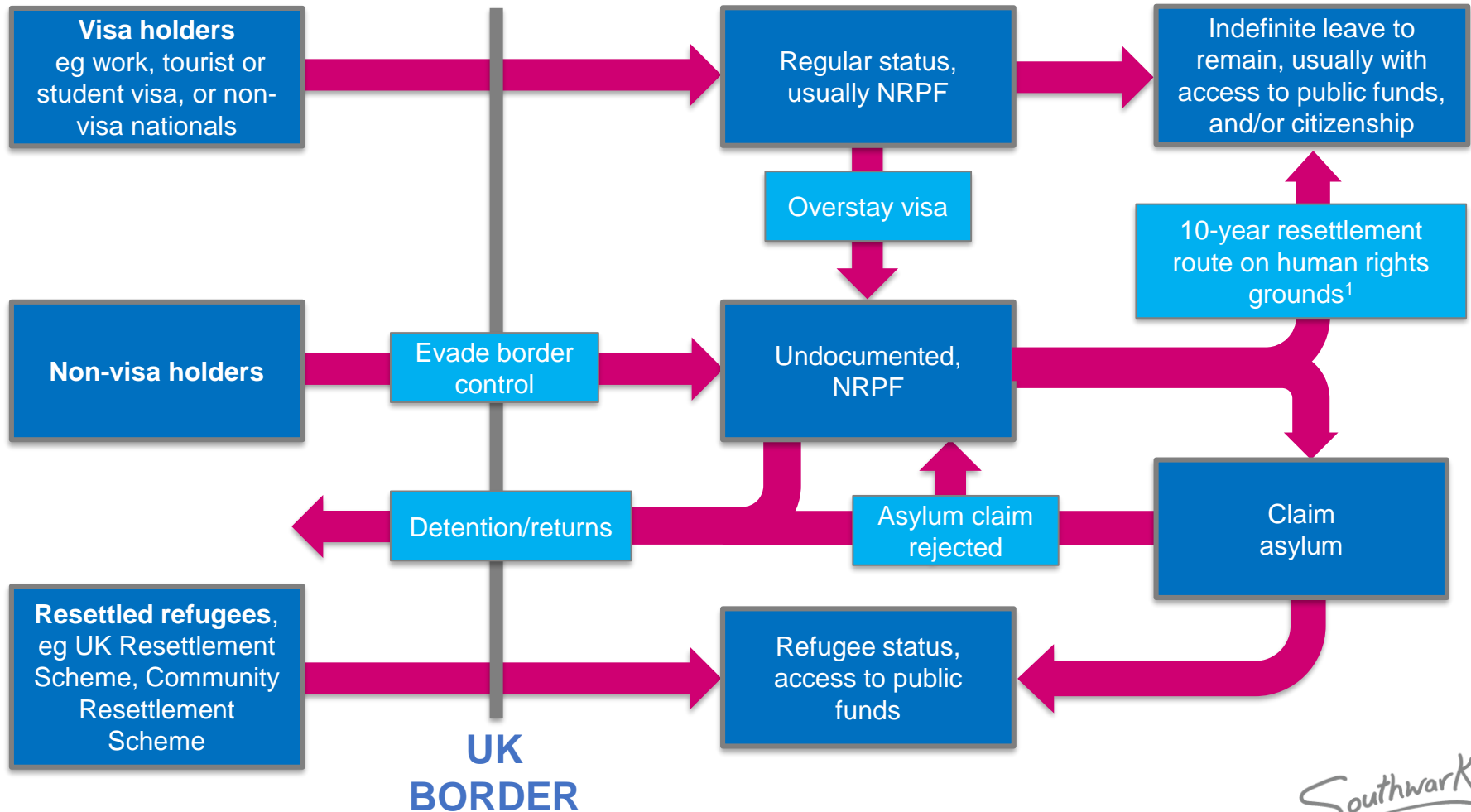
*NASS: National Asylum Support Service

Figure 1: A timeline of key immigration policy in the UK

Immigration status is often complex: individuals may move frequently between regular and irregular status

UK IMMIGRATION SETTLEMENT ROUTES

Figure 2: UK immigration and settlement routes



References

1. Migration Observatory at Oxford University

Asylum seekers receive financial support under sections 98 and 95 of the Immigration and Asylum Act

SECTIONS 98 & 95 SUPPORT

The Home Office has a duty to ensure that asylum seekers are not left destitute and to provide appropriate support under Section 98 and Section 95 of the Immigration and Asylum Act 1999¹, further described in the table. Failed asylum seekers can receive support in some circumstances under Section 4 of the Act (slide 65).

Eligibility for and support provided under Section 95 and Section 98 support based on ¹ and ²

	Section 98 Support	Section 95 Support
Eligibility	Appear to be destitute or likely to become destitute and applying for asylum	Have an asylum claim in process and appear to be destitute or likely to become destitute
Timeline	Emergency support while the Home Office decides eligibility for section 95 support	Until either 1) leave to remain granted or 2) claim rejected with appeal rights exhausted
Type of support	Initial accommodation provided, no financial support	Can apply to receive both accommodation & subsistence (financial support), or accommodation/ subsistence only

Those supported under Section 95 with subsistence receive a specific weekly allowance on an ASPEN card (a debit-style card that can be monitored by the Home Office³) depending on their circumstances

- A person who is being provided with full-board hotel accommodation (IACs) in 2023 will receive a weekly allowance of £9.10⁴.
- Those in self-catered dispersed accommodation receive £45/week to cover food and other basics.
- Additional amounts are available for those with young children (£5/week for those aged under one and £3/week for those aged one-three)⁴
- Asylum seekers cannot officially work while in the asylum system.

References

1. [NRPF Network. NRPF Network Information on Section 95 Support](#)
2. ASAP. Factsheet 17: Section 98 support. 2017
3. Privacy international. What is an Aspen Card and why does it need reform? 2021
4. Home Office. Asylum Support: What you'll get?. London, 2022 [Home Office Asylum Support Entitlement](#)

The UK asylum system has high levels of backlog and claim numbers are still on the rise

NATIONAL MIGRATION STATISTICS

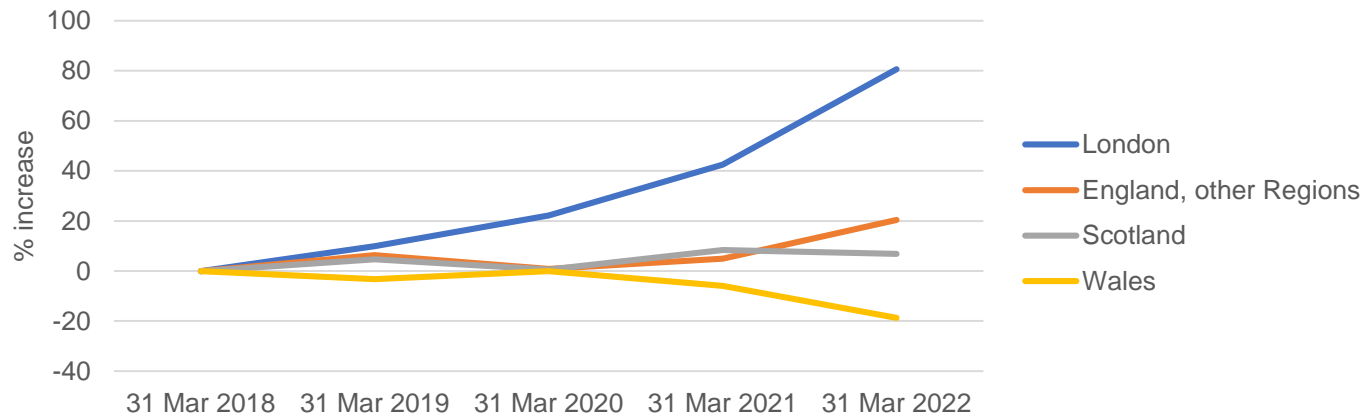
There is currently a significant backlog in the UK asylum system.

- 63,089 asylum applications were made in the UK in the year ending June 2022, 77% more than in 2019.
- However, in the same year, only 14,706 initial decisions were made on asylum applications, 29% below numbers in 2019¹.
- For asylum applications lodged in 2019 and 2020, the estimated rate of refugee status granted currently stands at 61% and 60%, respectively².

In the last four years, there has been a move towards hosting asylum seekers in contingency hotels in London, rather than 'traditional' destinations such as Northern England and Scotland.

- The number hosted in London almost doubled from 5,610 in 2018 to 10,129 in 2022³.

Figure 3: percentage increase in asylum seekers (under sector 95 support) being hosted across Great Britain, 2018-2022



References

1. Home Office. National Statistics: How many people do we grant asylum or protection to? London, 2022
2. Home Office. Asylum and Resettlement - Outcome analysis of asylum applications. London, 2022
3. Home Office. Immigration Statistics years ending March 2022. London, 2022

Although data is lacking, the UK likely hosts a significant population of migrants with irregular status

NATIONAL MIGRATION STATISTICS

Migrants with irregular status are particularly difficult to quantify, as they usually do not appear in censuses and attempt to avoid detection.

- A recent report from the Greater London Authority estimated that 1% of the UK population are irregular migrants¹.
- The GLA estimate 397,000 adults and children with irregular immigration status live in London.

Recent media coverage has focused on the increase in ‘irregular’ small boat arrivals, with numbers reaching 38,000 between January and October 2022².

- However, data from Jan 2018-June 2022 shows that 95% of those crossing on small boats subsequently applied for asylum³.

Those with irregular immigration status have no recourse to public funds (NRPF) meaning they are not eligible for most public services and benefits.

- The government does not publish statistics on the number of individuals in the UK who have NRPF. However, the Migration Observatory estimated the figure in 2020 to be around 1.4million², not including undocumented migrants.
- If the concentration of NRPF individuals is assumed to be homogenous across the UK, this would result in Southwark hosting just under 7,000 individuals with NRPF (likely to be an under-estimate, as Southwark holds a considerably higher proportion of migrants compared to the UK average³).

References

1. Greater London Authority. London's children and young people who are not British citizens: A profile. 2020
2. Home Office. Factsheet: Small boat crossings since July 2022. London, 2022
3. Home Office. Irregular migration to the UK, year ending June 2022. London, 2022

The asylum-seeking population in Southwark has risen dramatically in the last five years, and is the highest in London

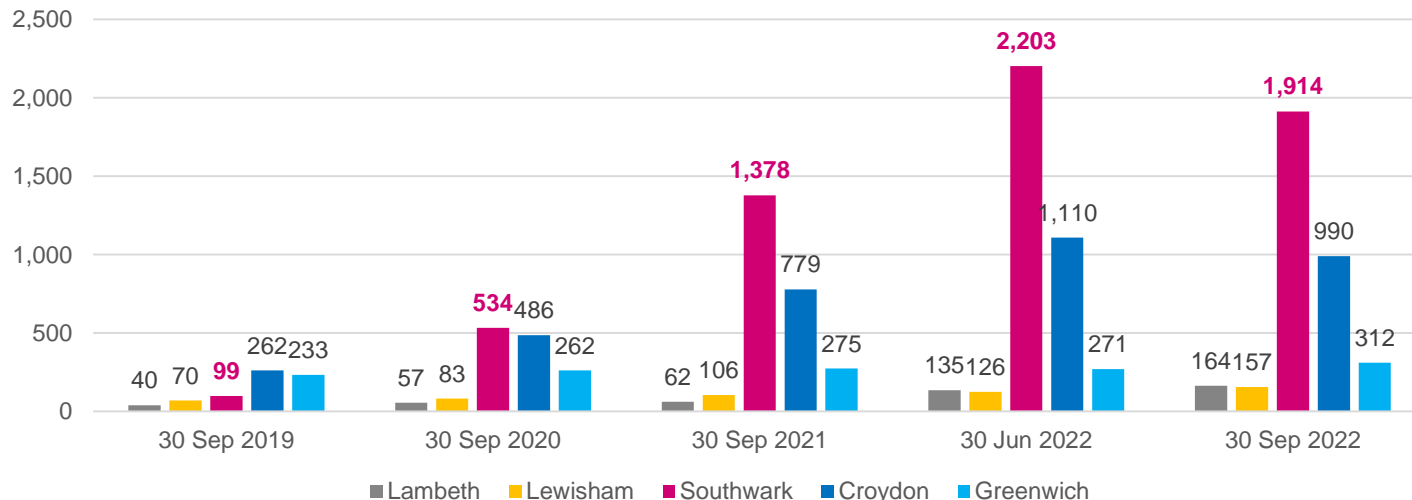
ASYLUM IN SOUTHWARK

In September 2022 the number of asylum seekers resident in Southwark (receiving support under section 95 or section 4) reached 1,914, compared with just 99 in September 2019¹.

- Southwark hosts nearly double the number of asylum seekers as the next highest borough in London, Croydon, and hosts the second most of any local authority in England, after Birmingham.
- 1 in 180 people living in Southwark in 2022 are asylum seekers

Compared to surrounding boroughs and the whole of London, Southwark has seen a dramatic increase in the number of asylum seekers hosted in the last 5 years¹.

Figure 4. Count of asylum seekers (under section 95 or section 4) hosted in four South-East London boroughs + Croydon. Data from ¹ (March data shown for each year)



References

1. Home Office. Asylum and Protection - Asylum seekers in receipt of support by Local Authority. London 2022

Healthcare services for asylum seekers, refugees and irregular migrants in Southwark

ACCESS TO HEALTHCARE

Everyone in theory has access to free primary care regardless of immigration status, but most secondary care is only free for those “living in the UK on a lawful and properly settled basis”¹.

- Those who have paid the immigration healthcare surcharge and hold a visa for more than six months are entitled to free secondary care¹. Those without indefinite leave to remain are required to pay.
- Primary care is available free to everyone, as well as A&E services, dental care, sexual health services (not including termination of pregnancy).
- Asylum seekers should not be charged for any healthcare, and have access to free prescriptions, dental care and eye tests.

Outside of mainstream primary and secondary care, Guy’s and St Thomas’ Health Inclusion Team (HIT) is a provider of health services for asylum seeking, refugee and NRPF migrants.

- The HIT has had an on-site presence at one IAC for many years and now have a rotating team around the contingency IACs.
- They also have staff based in Brixton and Dulwich, who offer appointments and health assessments for homeless, NRPF, undocumented and ASR groups.
- The HIT also have outreach clinics in some Southwark-based VCS groups, such as a one-day-a-week clinic at Southwark Day Centre for Asylum Seekers.

IAC residents are registered with a GP practice linked to the IAC they are staying in.

- The HIT provide primary care in one IAC; in other IACs they provide additional support to GPs.
- GPs and the HIT share responsibility for conducting initial health assessments of new arrivals.

References

1. NHS. How to access NHS services in England if you are visiting from abroad. 2021

Chapter 3: Asylum Seekers in Initial Accommodation Centres

- Overview of the IACs in Southwark
- Demographics in IACs
- Length of stay in IACs
- Health & wellbeing needs
- Local services
- Community & stakeholder views

The Home Office commission five initial accommodation centres for asylum seekers in Southwark

OVERVIEW OF IACs IN SOUTHWARK

The Home Office commission Clearsprings Ready Homes (CRH) to provide asylum seeker accommodation in London and the South of England.

- Local authorities have no influence on placement of asylum seeker accommodation in their boroughs.
- Historically, Southwark had one initial accommodation centre (IAC), that housed asylum seekers with complex needs. However, due to the rapid growth in the asylum seeker application backlog since 2020, four further contingency IACs in Southwark were commissioned by the Home Office.
- The five IACs in Southwark hold a total of 984 residents (Sept 2022 data).
- Until December 2022 there were also two bridging hotels hosting Afghan refugees resettled to the UK following the 2021 takeover by the Taliban.

Accommodation centres vary by type of building and facilities provided, as well as the demographics and needs of those staying there.

- One IAC is single sex and one houses asylum seekers with particularly complex needs. Some hold more families while others hold more single people.
- Three of the IACs are in repurposed hotels; one is in a former care home and one is in a former homeless hostel with mostly dormitory style rooms.
- All IACs have accommodation staff and security staff on site and require residents to register each time they leave the accommodation.
- Residents, voluntary sector groups and other stakeholders have raised concerns about lack of communal space in the IACs, as well as the quality of food provision.

No end date has been given for the closure of the contingency IACs, however it is an aspiration of central government to reduce reliance on hotel accommodation being used to house asylum seekers.

The most common nationalities across all five IACs in Southwark are Iranian, Eritrean and Iraqi

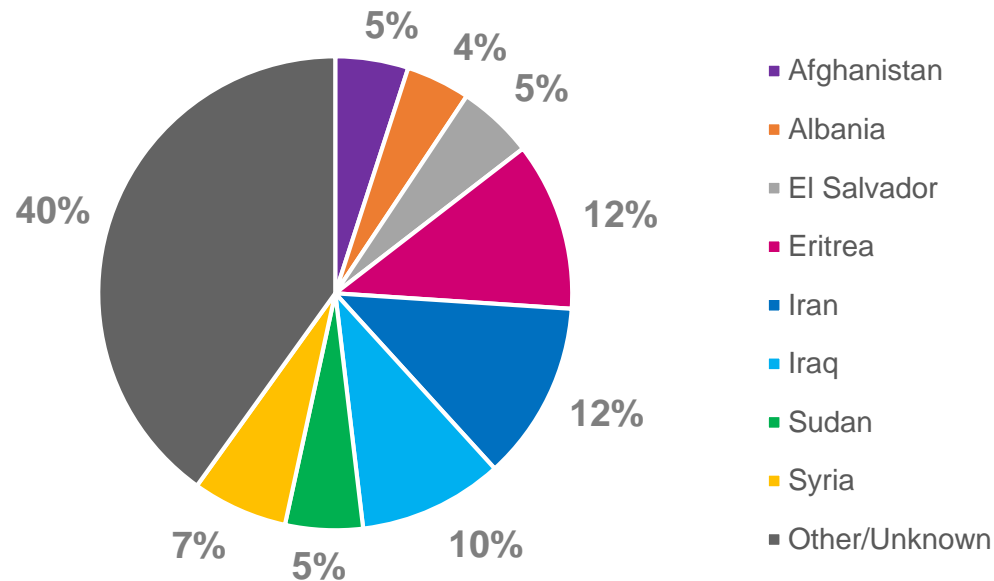
DEMOGRAPHICS IN IACS: NATIONALITY

The proportion of different nationalities of residents varies across the five IACS. The most common nationalities across all five IACs are:

- Iran (n=120)
- Eritrea (n=113)
- Iraq (n=97)

There is a high proportion where nationality is not recorded by the IACs.

Figure 5. Top nationalities of residents in the five Southwark-based IACs, data from September 2022



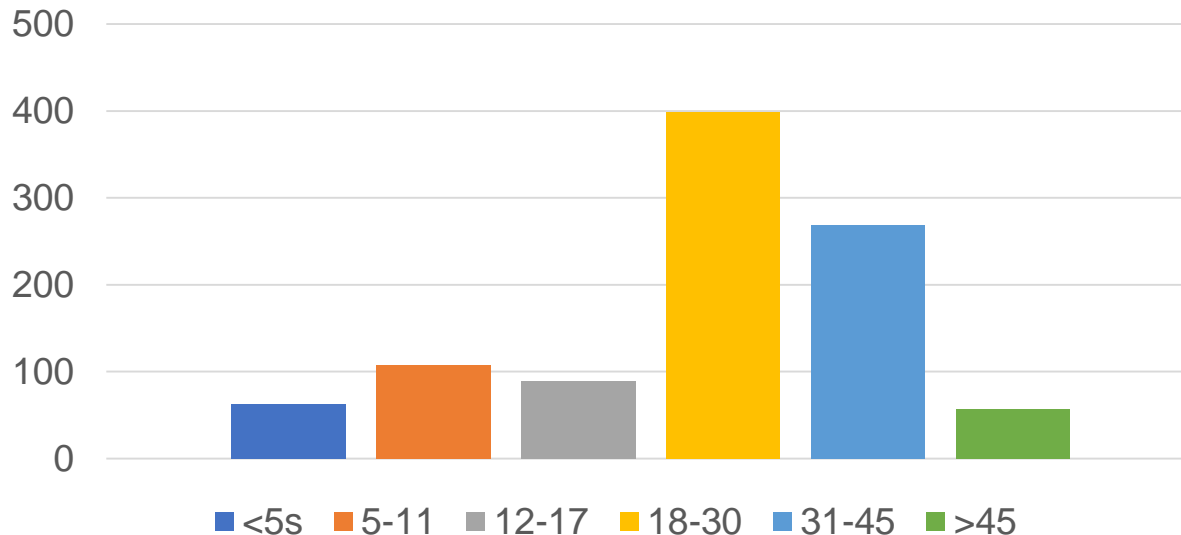
Demographics of residents varies by IAC but many host a significant number of children and families

DEMOGRAPHICS IN IACS: AGE & GENDER

One IAC hosts male adults only, whereas the remaining hotels are mixed and host both single residents and families.

- Overall, the most represented age group across the IACs is 18-30 years old, representing 39% of the population.
- Only 6% of the overall IAC population are over 45 years old.
- 73% of the population across all five IACs is male, or 62% excluding the all male IAC.
- There are 259 children across all our IACs (as of September 2022).

Figure 6. Population by age group in Southwark IACs



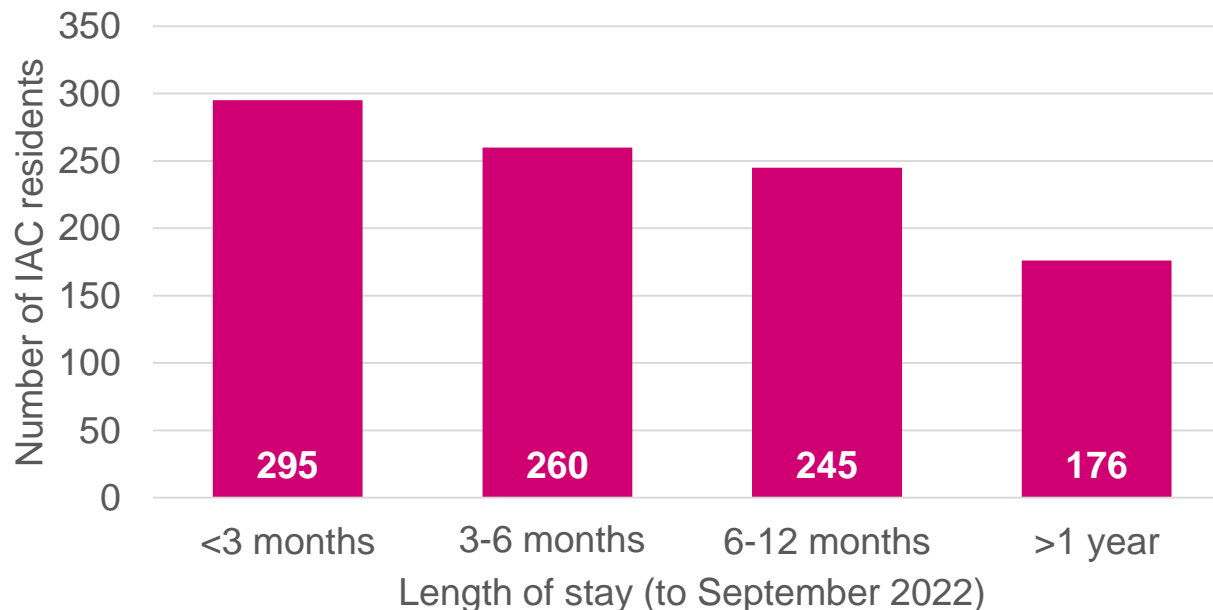
Length of stay in Southwark's five initial accommodation centres has increased since the pandemic

LENGTH OF STAY IN IACS

As of September 2022, 18% of current residents in the five Southwark IACs had been there over a year, with an average (ongoing) stay of 154 days (>5 months).

- This is particularly pronounced at one IAC, where 39% of residents have been there over a year.
- Increasing length of stay in IACs has a profound effect on health, mental health and overall wellbeing of residents.

Figure 7. Length of stay of current IAC residents in Southwark



"We don't know what will happen in the future... at the moment we have no information about what will happen. It's very stressful, we don't know, will they move us to another hotel? Will it be worse?"

Contingency IAC resident,
Southwark

Latent TB screening in IACs has shown high prevalence among asylum seekers in Southwark

HEALTH & WELLBEING NEEDS IN IACS: INFECTIOUS DISEASES

Asylum seekers have often travelled from or through countries where TB has higher prevalence than in the UK.

- Latent TB is asymptomatic tuberculosis, which can develop into symptomatic TB if not treated.

Nationally, NICE guidance and the OHID/NHS England collaborative TB strategy for England (2015 to 2020 recommend latent TB (LTB) screening for all new entrants from high incidence areas for TB¹

- In addition, an NHS-funded programme is currently being implemented to systematically offer LTB testing and treatment in England to new entrants (aged 16-35, who have arrived in England in the last 5 years and who were born or lived >6 months in countries with a TB incidence >150/100,000)¹.

In IACs in Southwark, LTB tests are carried out on all new arrivals as part of the initial health assessment, and relatively high prevalence has been reported.

- 17% of residents tested positive for latent TB infection across the five Southwark IACs and two IACs in Lambeth*.
- This is high compared with TB prevalence in the general England population which was less than 1% in 2020.

**Data for Southwark IACs cannot be disaggregated from Lambeth IACs in this dataset.*

The LTB screening protocol offered in initial health assessments is similar to that offered by the RESPOND team for residents of IACs in Camden, Islington and Barnet.

- However, anecdotal evidence suggests this screening may not be offered in all IACs across London.

References

1. OHID. Tuberculosis (TB): migrant health guide. 2021
2. UCLH. Respond Refugee and Asylum-Seeker Health Service
3. UK Health Security Agency. Tuberculosis in England: 2021 report. 2021

Initial health screening has identified new cases of various infectious diseases including hepatitis B

HEALTH & WELLBEING NEEDS IN IACS: INFECTIOUS DISEASES

Local data on infectious disease prevalence among IAC residents is available from screening done during post-arrival health assessments run by either a GP (in two Southwark IACs) or the Health Inclusion Team (in five IACs across Southwark & Lambeth).

Screening data in Southwark & Lambeth* found that among IAC residents.

- 1% tested positive for hepatitis B
- 1% tested positive for hepatitis C
- 11% tested positive for schistosomiasis, a parasitic infection that can cause organ damage
- 3% tested positive for strongyloidiasis, which can be fatal in immunosuppressed people

**Data cannot be disaggregated for the Southwark IACs in this dataset as the Health Inclusion Team system covers 3 Southwark IACs + 2 Lambeth IACs.*

While screening data is not available on any further diseases locally, UKHSA have highlighted diphtheria (73 cases reported in asylum seekers in the UK Jan-Dec 2022) and other infections associated with skin lesions such as scabies, group A streptococcus (GAS) and MRSA as key communicable diseases to monitor in IACs¹.

References

1. UKHSA. Infectious diseases in asylum seekers: actions for health professionals. Dec 2022

Many IAC residents originate from countries with low immunisation coverage for vaccine-preventable diseases

HEALTH & WELLBEING NEEDS IN IACS: IMMUNISATIONS

The WHO has estimated low immunisation coverages of key vaccines in the below countries¹, which are common countries of origin in Southwark IACs.

Figure 8: Low immunisation coverages in key countries of origin in Southwark IACs, 2021 data from ¹

Country of Origin	% of Southwark IAC population by country of origin	WHO estimated country coverage 2 nd dose Measles	WHO estimated country coverage 3 rd dose Polio	WHO estimated country coverage 3 rd dose DTP
Afghanistan	5%	44%	71%	66%
El Salvador	5%	71%	79%	79%
Iraq	10%	84%	78%	78%
Sudan	5%	63%	85%	84%
Syria	7%	53%	52%	48%

Vaccine hesitancy, often linked to lack of trust in government or health systems, social exclusion, and ongoing perception of discrimination, may be prevalent in some migrant groups.²

- A UK qualitative study among migrants, including 19 asylum seekers (some of whom were in initial accommodation) found that while some COVID-19 vaccine hesitancy did exist in these groups, it could be easily addressed with clear, accessible, and tailored information campaigns³

References

1. WHO. Global Health Observatory data repository: Immunization. 2021
2. A Tankwanchi et al. Vaccine hesitancy in migrant communities: a rapid review of latest evidence. Current Opinion in Immunology. 2021
3. A Deal et al. 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.

Catch-up vaccination is offered to residents during initial health assessments but data on uptake is limited

HEALTH & WELLBEING NEEDS IN IACS: IMMUNISATION CAMPAIGNS

Catch-up vaccination is offered during initial health assessments as part of the Health Core Offer, based on individual vaccination history: UKHSA guidance for 'individuals with uncertain/incomplete vaccination status' followed¹.

- The UKHSA guidance states that individuals with uncertain/incomplete vaccination status should be offered vaccinations to align them to the UK schedule, starting from scratch if necessary.
- At one IAC in Southwark, the following routine vaccinations have been administered among the residents who have lived in the IAC to-date:
 - DTP: 24% of total registered
 - MMR: 23% of total registered
 - Men ACWY: 15% of total registered.

COVID-19 vaccinations are provided across the four Southwark contingency IACs by Find and Treat, the Health Inclusion Team, and by primary care.

- 390 first doses were administered, 180 second doses and 31 third doses.
- While the denominator varies significantly over time, this equates to approximate coverage of 40% of the IAC population aged 5 and over with at least one dose of COVID-19 vaccine.
- Anecdotal evidence suggests refusal for first COVID-19 vaccine doses was low, with uptake aided by translators and cultural mediators used by Find and Treat.

There are a range of barriers to compiling informative vaccination data for those in IACs.

- Currently during immunisation campaigns, data is either not collected at all, or data is collected only on numbers receiving vaccination.
- The lack of denominator (i.e. number of people offered vaccination) due to the high level of mobility in this population makes uptake impossible to calculate.

References

1. UKHSA. Vaccination of individuals with uncertain or incomplete immunisation status. 2022

Screening for cardiovascular and respiratory disease in IACs shows relatively low prevalence

HEALTH & WELLBEING NEEDS IN IACS: NON-COMMUNICABLE DISEASES

Some IAC residents have disabilities, multiple health conditions or complex health needs.

- The British Medical Association have suggested that hypertension, diabetes, epilepsy, badly healed injuries including torture injuries, and malnutrition may be common non-communicable health concerns among refugees and asylum seekers¹
- However, it is important to note that no published data is currently available on the prevalence of non-communicable diseases (NCDs) among those in initial asylum accommodation in the UK

Some data is available from Southwark-based IACs on specific NCDs.

- NCD data is available from two IACs in Southwark, however prevalence is very low and therefore the numbers have been suppressed (due to being less than 5) for most conditions.
 - 14 residents at one IAC (3.2%) have been diagnosed with pre-diabetes
 - 6 residents at one IAC (1%) have been diagnosed with asthma.
 - 5 residents across two IACs (1%) have been diagnosed with type 2 diabetes.
 - 12 residents across two IACs (3%) have been diagnosed with hypertension.

NCD prevalence among asylum seekers may be low in part because of the young demographic of asylum seekers in Southwark IACs.

- Only 6% of Southwark asylum seekers are aged over 45.

References

1. The British Medical Association. BMA refugee and asylum seeker health resource. 2019

Many asylum seekers have pre-existing mental health issues, which conditions in IACs can exacerbate

HEALTH & WELLBEING NEEDS IN IACS: MENTAL HEALTH

A Doctors of the World study from 2022 on 380 individual cases from contingency and barrack-based asylum accommodation across the UK found a high level of mental health needs².

- Over 71% of people with diagnoses were regarding mental health conditions, including anxiety, PTSD, depression and sleep disruption
- Six service users reported feeling suicidal with some having attempted suicide while in current barrack based or contingency accommodation

NHSE reported collected data in 2014 that showed a high prevalence of mental health problems among residents in a Southwark IAC serving people with complex needs³.

- 84% of the population were recorded as suffering from mental health issues
- 27% of this population were noted to have been victims of torture and 14% victims of rape
- Only 14% of residents were referred to Community Mental Health Team (CMHT)
- Those with moderate depression and PTSD were not usually referred to CMHT and did not have access to any specialist mental health support, aside from that provided by GPs

Data collected by the Family Early Help team of Southwark Council shows that a significant proportion of referrals they receive from families in IACs relate to mental health.

- 9.4% of 107 recorded primary contact issues was parental mental health
- 6.5% of referrals related to behavioural difficulties in children, which are often considered a symptom of some mental health conditions in young people
- The primary contact issue for eight (7.5%) families referred was social isolation

References

1. J O'Leary & S Edwards. The Documented Impact on the Health and Welfare of Asylum Seekers Housed in Refugee Camps and Institutions.2021
2. DOTW, "They just left me": Asylum seekers, health, and access to healthcare in initial and contingency accommodation. April 2022
3. Health Needs Assessment; 'Initial Accommodation', Health in the Justice System Team Report, NHS England 2014

Some IAC residents may have been victims of gender-based violence before, during or post-migration

HEALTH & WELLBEING NEEDS IN IACS: GENDER & SEXUALITY

Many people living in initial accommodation have suffered gender-based violence, sexual abuse and trafficking either prior to arrival in the UK, or while in the asylum system.

- Whilst men can be affected, women represent the large majority of gender-based violence victims.¹
- Gender-based violence and sexual abuse has been raised anecdotally by stakeholders as a key safeguarding concern in IACs in Southwark, particularly in mixed-sex accommodation.
- A small number of sexual abuse and domestic violence cases from Southwark IACs have been reported to the family early help team.
- A 2018 report¹ highlighted that significant rates of domestic or gender-based violence are reported from asylum accommodation nationally, including IACs, with perpetrators ranging from partners, family members, members of staff, other residents or unknown individuals.

Many LGBTQ+ asylum seekers have fled situations of homophobia, transphobia or other forms of sexual orientation and gender identity-based persecution in their countries of origin².

- A report by UCL² has shown that LGBTQ+ asylum claimants frequently report incidences of verbal and physical harassment and violence.
- Stakeholder interviews during this JSNA have confirmed this has been an issue in some Southwark-based IACs.
- Many attend LGBTQ+ specific VCS groups (such as Rainbow Migration or the LGBTQ+ centre) to minimise time spent in the accommodation. However, this comes with transport costs and risks of sexuality being discovered.

It is important to note that asylum seekers who leave dangerous situations in the IACs have section 95 support withdrawn if they are absent for more than 14 days.

References

1. H. Baillot & E. Connelly. Women seeking asylum: Safe from violence in the UK? 2018
2. UK Collaborative Centre for housing Evidence. Nothing to be proud of: UK's approach to LGBTQ+ asylum accommodation. London,

A significant number of women of childbearing age are resident in Southwark IACs and have specific needs

HEALTH & WELLBEING NEEDS IN IACS: REPRODUCTIVE HEALTH

According to September 2022 data, there were a total of 162 women of childbearing age hosted in IACs in Southwark (16% of the total IAC population).

- Eight of the cohort of Southwark IAC residents in September 2022 had been born in the IACs, or had moved there within a month of their birth.
- There is no data on how many pregnant women are currently resident in the IACs, however, anecdotal evidence suggests that pregnant women are often placed in the core IAC.
- Almost 14% of women of childbearing age resident in Southwark IACs come from countries where rates of FGM are above 70% and almost a quarter come from countries with rates above 10%.¹

Successive Confidential Enquiries into maternal deaths in the UK by MBRRACE have found migrant and asylum-seeking women to be at higher risk of maternal deaths²

A report by Maternity Action in 2022 has suggested that pregnant women living in initial accommodation nationally face a range of specific challenges³ including:

- Poor nutrition, in terms of it affecting the growth of unborn babies and then ability to breastfeed.
- Increased risk of mental health conditions.
- Poor housing conditions and chronic stress.
- Being moved between different IACs during pregnancy, often resulting in having to change maternity services and midwives.

References

1. UNICEF. Female genital mutilation/cutting: A global concern. 2016
2. MBRRACE. Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. 2021
3. Maternity Action. Maternal Health: exploring the lived experiences of pregnant women seeking asylum. 2022

Sexual & reproductive health can be of particular importance among forced migrants

HEALTH & WELLBEING NEEDS IN IACS: SEXUAL HEALTH

Asylum seekers may have specific needs in terms of reproductive and sexual health and may not have had access to contraception or STI screening prior to their arrival in the UK¹.

- Those (women in particular) who have experienced forced migration are at increased risk of sexual and gender-based violence, even after migration to the host country.
- Consequences of sexual and gender-based violence can include sexually transmitted infections, including HIV.

Sexual health screening as part of initial health assessments in Southwark has found low prevalence of sexually transmitted infections in newly arrived asylum seekers.

- 6% of adult arrivals screened across the 5 Southwark IACs tested positive for Chlamydia.
- Local data is also available for HIV and gonorrhoea, but data has been suppressed in this report due to the very low number of cases, to avoid any individuals being potentially identifiable.
- National prevalence studies suggest prevalence of HIV of around 0.4% among UK-bound refugees.
- No data is available locally on other STI prevalence among asylum seekers. However, among UK-bound resettled refugees, a syphilis prevalence of 0.24% was found¹.

Local data is not available on how asylum seekers access sexual health services, or prevalence of STIs in the IAC population subsequent to initial health assessment.

- Asylum seekers have access to mainstream sexual health services via GP and HIT referral, but no tailored offer exists, and data is not available on the rate at which they access sexual health services.

References

1. J Hunt. Understanding the medical needs of migrants, refugees and asylum seekers. Brit J Hosp Med. 2022
2. A Crawshaw et al. Infectious disease testing of UK-bound refugees: a population-based, cross-sectional study. BMC Med. (2018)

There are high levels of nutrient deficiency in initial accommodation centres

HEALTH & WELLBEING NEEDS IN IACS: FOOD & NUTRITION

Health assessments carried out as part of the Health Core Offer show that nutrient deficiency among residents in Southwark IACs is high, including iron, folate and B12 deficiency.

Figure 10. Prevalence of nutrient deficiencies from initial health assessments in Southwark IACs

Condition	2 Southwark IACs		1 Southwark IAC	
	Number of cases as a proportion of number tested	Prevalence	Number of cases as a proportion of number tested	Prevalence
Iron deficiency	26 / 378	6.8%	18 / 143	12.6%
B12 deficiency	12 / 372	3.2%	15 / 143	10.5%
Folate deficiency	104 / 372	28%	18 / 143	10.5%

**Note: In some IACs, health assessments are done within 48 hours of arrival in the IACs, whereas in others health assessments are generally done within 1-2 months of arrival, depending on vulnerability*

This local data is in-line with an independent inspection of contingency accommodation in 2022¹, which reported health conditions among residents that could be directly attributed to poor nutrition, such as:

- Iron deficiency anaemia,
- B12 and Folate deficiencies
- Vitamin D deficiencies
- Weight loss in babies and young children

References

1. D Neil. An inspection of contingency asylum accommodation. Independent Chief Inspector of Borders and Immigration. 2022

Food and nutrition is consistently raised as a major concern in initial accommodation centres

HEALTH & WELLBEING NEEDS IN IACS: FOOD & NUTRITION

Recent national and local research has highlighted poor food provision in contingency IACs.

- A national Medact report¹ on contingency IACs highlighted ‘insufficient food to meet basic dietary requirements’.
- A 2022 report into food provision in Southwark IACs reported complaints from residents including stale and culturally inappropriate food resulting in some declining to eat².
- During this needs assessment, similar concerns around out-of-date and unacceptable food in Southwark-based contingency IACs were frequently raised.

Poor food provision in IACs could have dangerous medical consequences considering that many residents are already suffering from nutrient deficiency on arrival.

- An independent national inspection of contingency accommodation in 2022 heard evidence around new health conditions developing among residents that could be directly attributed to poor nutrition, such as new presentations of type 2 diabetes/pre-diabetes³.
- Doctors of the World have reported some of their London IAC-based service users experiencing weight loss, stomach pain or rectal bleeding which they attributed to the food⁴.
- Southwark IAC residents and healthcare-based stakeholders reported conditions such as stomach pain, weight loss and gastroenteritis, which they linked to food provision.

“The food has been bad since the beginning. I have been to the doctor twice with gastroenteritis and my niece has anaemia”

Adult resident of contingency IAC, Southwark

A significant number of children and young families are hosted in Southwark's IACs

HEALTH & WELLBEING NEEDS IN IACS: CHILDREN AND YOUNG PEOPLE

As of September 2022, 26% of the IAC population in Southwark were aged under 18 (256 individuals)

- 59 were aged under 5 (6% of the total IAC population).

Southwark Council's Family Early Help team provided a variety of support to 126 children living in the IACs during calendar year 2022 (while the population is not static, this represents 49% of the under 18 population (as of September 2022) and 46 families.

- Referrals to Family Early Help were through a variety of sources, including social workers, HIT nurses and occupational therapists, midwives and safeguarding officers.
- For 107 referrals, the primary contact issue was recorded, giving an insight into the needs of families, children and young people in IACs:

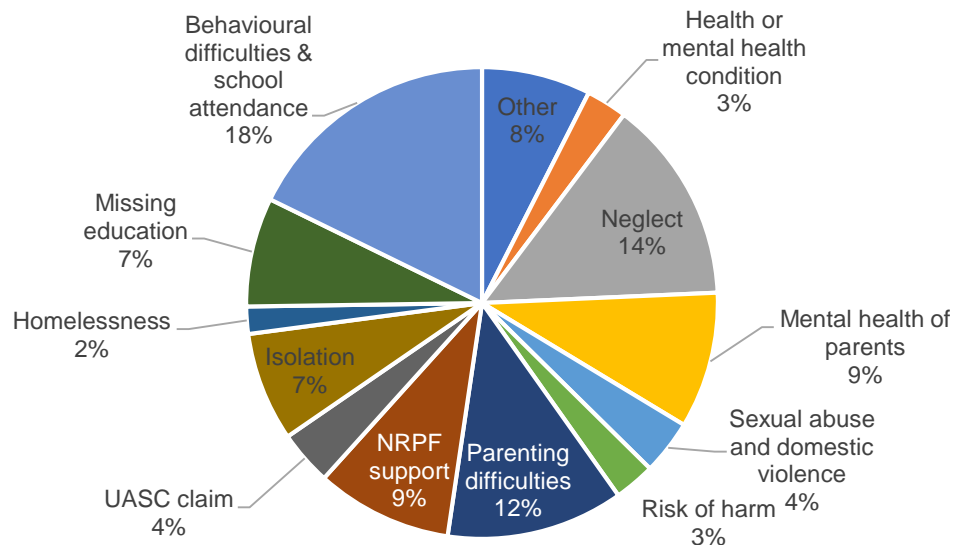


Figure 11. Primary contact issue for families in IACs being referred to Family Early Help

Drug, alcohol and tobacco use are issues for some AS&R, but data on the issue is very limited

HEALTH & WELLBEING NEEDS IN IACS: SMOKING & SUBSTANCE MISUSE

Initial health assessments of asylum seekers in IACs do ask questions around, tobacco, drug and alcohol use. However, data in Southwark IACs or among asylum seekers, refugees and irregular migrants in the community was not well coded enough to generate an accurate picture of the problem locally.

- Anecdotally, there is evidence of some asylum seekers in Southwark suffering from substance misuse disorders, but for the purposes of this study we have not been able to extract any data, and stakeholders did not raise this as a key issue locally.
- The exception is for unaccompanied asylum seeking children, where an audit of UASC health needs from 2019-2020 explicitly identified cannabis use as an issue for those aged 16-17.

Many IAC residents originate from countries with male smoking rates higher than in the UK (where it is 15.1%), and therefore may be more likely than those born in the UK to smoke.

Country of Origin	% of Southwark IAC population by country of origin	Estimated adult male smoking rate in country
Iran	12%	24%
Afghanistan	5%	39%
Iraq	10%	35%
Syria	7%	35%
Ukraine	N/A (no Ukrainians live in IACs, but over 400 refugees in Southwark)	40%

References

1. Office for National Statistics. Adult smoking habits in the UK: 2021.
2. World Bank. Prevalence of tobacco use, males. 2020

IAC residents receive an initial health assessment, but continue to face barriers to accessing healthcare

LOCAL SERVICES IN IACS: ACCESS TO HEALTHCARE

All Southwark IAC residents are registered with a GP and undergo an initial health assessment after arrival, in line with national guidance.

- A local Health Core Offer was developed by the SEL Asylum Seeker and Refugee Programme Board that provides a comprehensive health assessment, going beyond national guidance, and is currently being rolled out in Southwark.
- This includes checks for communicable and non-communicable diseases or conditions and immunisation history as well as safeguarding and social support checks.
- Residents of two contingency IACs currently undergo these assessments at a GP surgery on arrival (usually within 48 hours), whereas those in the core IAC and two remaining contingency IACs have their assessments done by the Health Inclusion Team (HIT), with the most vulnerable assessed first.

Outside of the initial health assessment, access to healthcare varies by IAC.

- In one IAC, the HIT is on site 5 days a week. Nurses and health visitors from the HIT visit the contingency IACs 2-3 times a week and can assist with GP appointments or sign-posting.
- Beyond this, residents are either expected to request assistance from hotel staff or to call the GP themselves.
- Stakeholders say that there is considerable confusion among residents around how to book or attend appointments, or around the NHS system generally.

Continuity of care for IAC residents was raised as an issue by stakeholders.

- IAC residents are often moved on with no warning, and ensuring medical records and prescriptions are sent onwards often relies on the proactivity of IAC staff members (there is no systemic approach to continuity of care).

"The person in the [hotel] reception judges me for wanting to go to the GP, he looks at me like 'you need to go again?'. I don't have the confidence now to go to the reception to ask for an appointment. Only the nurse [HIT] helped me"

Contingency IAC resident, Southwark

Mental Health services in IACs are provided by the Refugee council and SLaM in collaboration with primary care

LOCAL SERVICES IN IACS: ACCESS TO MENTAL HEALTH SERVICES

A collaboration between Refugee Council/SLaM/Primary Care/HIT has existed to provide mental health care and counselling/wellbeing services in the core IAC since 2015.

From June 2022, SEL ICB funded a one year pilot project delivered by the Refugee Council, to provide 12 counselling sessions to those in contingency IACs when referred by GPs/HIT.

- Sessions aim to deal with first stages of trauma and stabilisation, rather than unpacking major trauma while individuals are still in shared, temporary accommodations.
- Seek to understand different interpretations of mental health, build trust and provide holistic care, including signposting to education, social event.
- Interpreters are available, through refugee council for more common languages, or externally for less common languages and counselling sessions are mostly based at Princess Street practice.

South London and Maudsley (SLaM) is an NHS mental health service that serves Lambeth, Southwark, Lewisham and Croydon, and provides mental health services to Southwark IACs.

- Since October 2022, SLaM have funding to provide an advanced practitioner for one year focused on providing mental health services for those in contingency IACs, who will work in collaboration with the Refugee Council counsellor.

Multiple stakeholders have a role in safeguarding in IACs, but this work sometimes happens in silos

LOCAL SERVICES IN IACS: SAFEGUARDING

Asylum accommodation providers have a contractual duty to safeguard children and vulnerable adults, including through proactively sharing information with local authority and other safeguarding teams.

- An article in the BMJ highlighted that agencies working in silos, lack of data sharing and education provision failures are leading to heightened safeguarding concerns for children in contingency accommodation³
- Doctors of the World have recently produced guidelines on safeguarding, healthcare and education provision for children in contingency accommodation²
 - A key recommendation from this report was that agencies with safeguarding responsibilities should ensure effective arrangements are in place for information sharing, in particular with the Home Office and accommodation providers.

The SEL ICS established the Asylum Seekers and Refugees Programme Board in December 2021, that includes a safeguarding task and finish group.

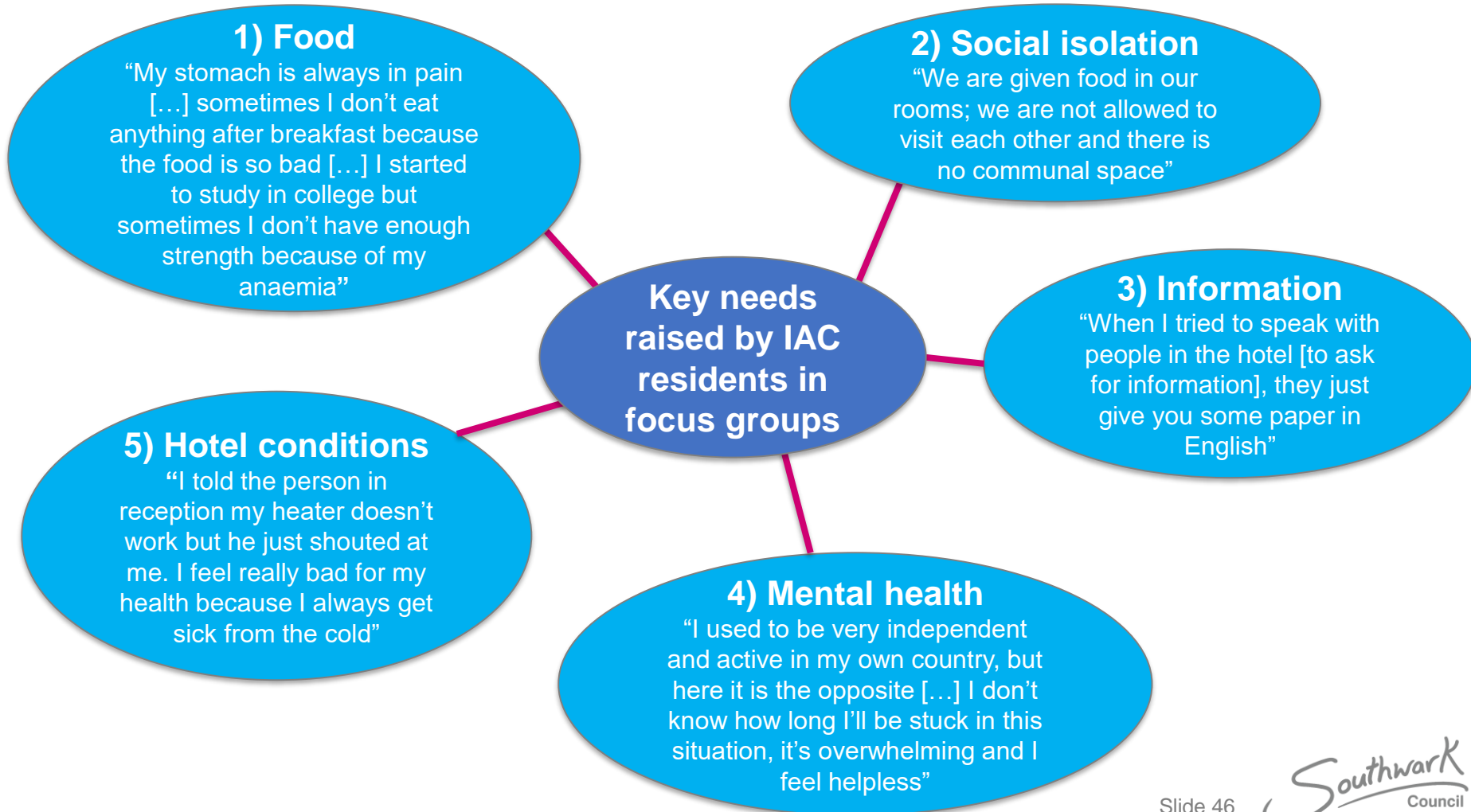
- The main safeguarding issues reported to the SEL ICS as having been raised include mental health, domestic abuse, general violence and inappropriate sexual advances (staff and residents).
- Interviews with SEL ICS safeguarding team suggest they receive fewer safeguarding reports than expected from IACs, perhaps because accommodation providers refer to their in-house safeguarding teams in the first instance
- Some safeguarding concerns may be missed due to language barriers, or some may be over-diagnosed; for example, if a parent is capable of looking after their children but can't communicate this in English.
- VCS groups don't always have capacity to deal with the volume of issues presented to them.
- There is no private space in some IACs for consultations eg social services sometimes have to speak with families in the hotel reception, which constitutes a safeguarding issue in itself.

References

1. HM Government. Working Together to Safeguard Children. 2018
2. Doctors of the World. Asylum seeking children housed in initial accommodation centres (IACs) and contingency accommodation across England: A briefing on safeguarding, healthcare and education provision. 2022
3. Stevens, Amy. The UK asylum accommodation system—a child safeguarding crisis and human rights failure. *BMJ*. 2022

The key needs raised by residents in initial accommodation included food, mental health and social isolation

COMMUNITY & STAKEHOLDER VIEWS: IAC RESIDENTS



Access to healthcare for asylum seekers is complex, confusing and exacerbated by language barriers

COMMUNITY & STAKEHOLDER VIEWS: IAC RESIDENTS

Evidence from stakeholder interviews and focus groups with IAC residents suggests that beyond initial health assessments, there may be some confusion around how to use the NHS system.

- Outside of initial health assessments some struggle to get routine or emergency health appointments with a GP or dentist due to language barriers and confusion around the system.
- Healthcare stakeholders have reported that IAC residents occasionally miss appointments as they did not understand the appointment time given to them, were unable to find childcare or could not travel to the surgery.
- Language barriers during GP appointments may be key to outcomes, IAC residents have reported positive outcomes from situations where they were able to communicate well with a GP.
- This has implications for the ability of residents to interact with healthcare services, both during their stay in IACs, but even more so when they are moved on to less-supported dispersed accommodation.

"It wasn't until they [hotel staff] saw that my gums were really swollen that they helped me go to the doctor"

Contingency IAC resident,
Southwark

"The person in the [hotel] reception judges me for wanting to go to the GP, he looks at me like 'you need to go again?'. I don't have the confidence now to go to the reception to ask for an appointment. Only the nurse [HIT] helped me"

Contingency IAC resident, Southwark

"The doctor is very good for me, he tries to tell me everything and he speaks Spanish, so it is very good for us"

Contingency IAC resident,
Southwark

Chapter 4: Unaccompanied asylum-seeking children

- Overview of UASC in Southwark
- UASC placements
- Health & wellbeing needs of UASC
- Mental health needs of UASC
- Local services for UASC

The quota for Unaccompanied Asylum Seeking Children supported by Southwark has increased to 65 in 2022

UNACCOMPANIED ASYLUM-SEEKING CHILDREN OVERVIEW

Unaccompanied asylum-seeking children (UASC) are those who seek asylum in the UK when aged under 18 and have been separated from their parents or carers¹

- The National Transfer Scheme quota for UASC (created to ensure equitable distribution of UASC across local authorities²) in Southwark was increased in August 2022 from 0.07% to 0.1% of the overall child population of the borough, which currently represents 65 individuals.
- As of September 2022, 48 UASC were looked after by Southwark.
- Many are first placed in adult IACs: between April 2021 and March 2022, 44 people placed in Southwark IACs were later identified as potential UASC².
- The majority (88%) of UASCs supported by Southwark are 16-17 years old and the top country of origins are Iran (n=17), Afghanistan (n=13) and Eritrea (n=8).

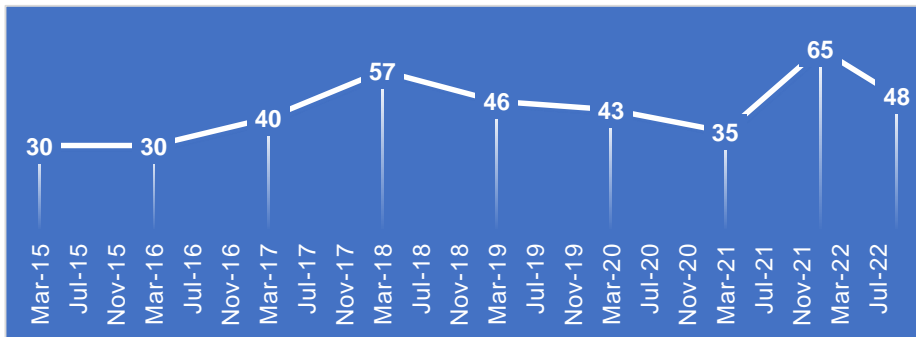


Figure 12. Count of UASC looked after by Southwark, 2015 – 2022.

Age	UASC
Under 16	6
16	19
17	23

Figure 13. Ages of UASC looked after by Southwark

References

1. [London Councils Information on UASC](#)
2. A Fowler. Unaccompanied Asylum-seeking Children and Former Unaccompanied Asylum Seeking Children. 2022

UASC supported by Southwark will either be placed with foster carers or semi-independent housing

UASC PLACEMENTS

Those under 16 are always placed with foster carers (usually chosen based on cultural competency of foster carers and language).

- However, there is currently a lack of foster carers in Southwark, so some may get placed in other local authority areas.
- The council usually tries to place children within a 20 mile radius of Southwark.

Semi-independent housing is available based on need for over 16s (who don't have to be put into the foster care system), which usually accommodate 4-6 individuals.

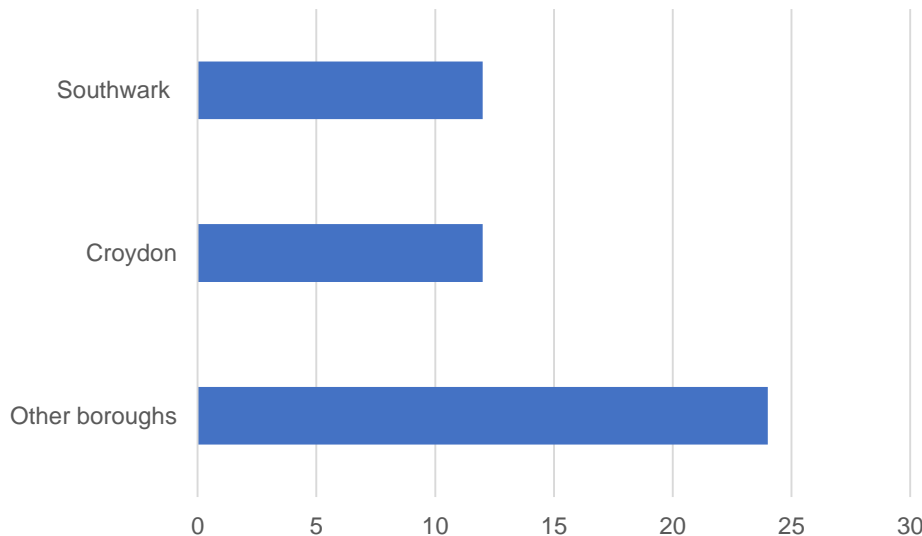


Figure 14. Location of placement of Southwark-supported UASCs

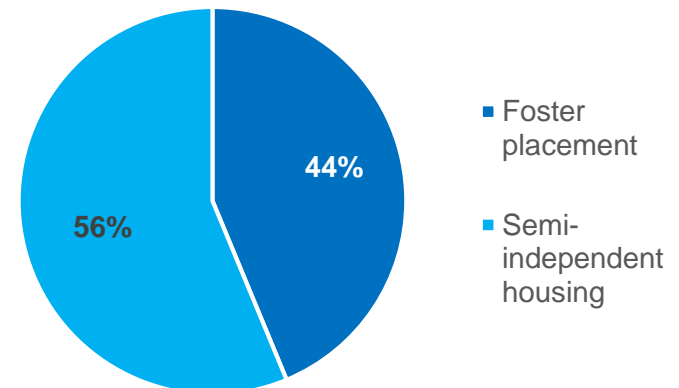


Figure 15. Proportion of Southwark-supported UASCs in foster care

An audit by CAMHS uncovered significant health and mental health needs among UASC in Southwark

HEALTH & WELLBEING NEEDS OF UASC

UASC are likely to have specific health needs, often related to their experience in their home country or a difficult migration journey.

- A needs assessment for UASC conducted in Kent found that major health needs included dental abnormalities (46%), dermatology (17%, including scars from beatings/torture), anaemia (12%) and musculoskeletal issues (12%, including back/limb pain)¹
- The same assessment found that 100% of 96 UASC reporting to a specific Kent reception centre were assessed as having an incomplete immunisation record, in part due to not having access to medical records or remembering which vaccines they received as a child
- Data from initial health assessments of UASC arriving in the UK in 2016 identified key communicable disease concerns, including a 23% prevalence of latent tuberculosis (and some cases of active TB), a 16.6% prevalence of schistosomiasis, an 8% prevalence of hepatitis B²

An audit of 17 individuals (16-17 years OLD, UASC (n=10) as well as other LAC (n=7)) for the Southwark 2020 Health of Looked After Children (LAC) report¹ investigated health and mental health needs of UASC.

- The report highlighted mental health, dental health and immunisations as key areas of need for UASC.

References

1. Kent Public Health Observatory. Health Needs Assessment – Unaccompanied children seeking asylum. 2016
2. B Williams et al. Infection screening in unaccompanied asylum-seeking children. Int Child Health Group. 2016
3. Southwark Corporate Parenting Committee. Health of Looked After Children. London, 2020

Studies suggest that on average UASC have higher levels of mental health needs than other AS&R groups

HEALTH & WELLBEING NEEDS OF UASC: MENTAL HEALTH

UASC nationally have been reported as having a higher prevalence of mental health problems than in any other refugee group, including trauma, PTSD and depression¹

- Local attention was particularly drawn to the mental health needs of UASC following the suicides of four UASC boys between 2017 and 2019 in London. While no studies have been completed in the UK on suicide among UASC, a study in Sweden found that the suicide rate among UASC was 9 times higher than that of the general Swedish population of that age¹
- A needs assessment for UASC conducted in Kent found a 42% history of trauma, a 16% prevalence of PTSD and a 9% prevalence of anxiety and or/depression among UASC²
- It also found that those living in supportive living arrangements including foster care had lower risk of PTSD and lower depressive symptoms compared with those in semi-independent housing

In Southwark, an audit of 10 UASC found that 70% had emotional and/or mental health needs, including substance misuse (cannabis).

- Stakeholder interviews during this JSNA suggested that some gangs in the local area may specifically aim to exploit young asylum seekers, who aren't necessarily aware of contextual gang culture

Age disputes with the Home Office are a major challenge for UASC and can exacerbate mental health issues.

- Primary age assessment often done at Dover by border force, based on looks/story and UASC end up incorrectly placed into adult IACs
- Age disputes can be a long, challenging process, alongside the standard asylum seeking process

References

1. Barnet Council. Migrant Health Needs Assessment. 2022
2. Kent Public Health Observatory. Health Needs Assessment – Unaccompanied children seeking asylum. 2016
3. Southwark Corporate Parenting Committee. Health of Looked After Children. London, 2020

UASC have specific needs and challenges, and can fall through the gaps in terms of access to services

LOCAL SERVICES FOR UASC

UASC are supported by the Looked After Children (LAC) team in Southwark under section 20 of the Children Act 1989 and are designated an individual social worker.

- Each unaccompanied asylum seeking child's education needs are assessed and addressed through a Personal Education Plan.
- Social workers must ensure that all unaccompanied children have access to specialist asylum and/or immigration legal advice and representation in their assessment¹.
- UASC with mental health concerns will be referred to local child and adolescent mental health services (CAMHS).

UASC often sit between the borders of many areas of service provision, and the child-adult transition can raise many challenges.

- While the generic LAC service will follow UASC post-18 to provide support, they may still be at risk of falling through the gaps in some areas.
- There are different mental health/SLaM teams for over 18s, so UASC often get discharged from CAMHS services early/before end of treatment when they turn 18 and sent to adult services.
- Access to education may change post-18 as well.
- This can be very disruptive to care and adult services may not always be appropriate for people who are still young/adolescent.

References

1. Southwark Council. Unaccompanied Migrant Children and Child Victims of Trafficking and Modern Slavery. 2020

Chapter 5: Refugees, asylum seekers and other migrants living in the community

- Overview of migrant groups living in the community
- Homes for Ukraine scheme
- Asylum seekers in dispersal accommodation
- Resettled refugees
- Refugees granted status
- NRPF and those with irregular status
- Local services in the community

There are diverse groups of asylum seekers, refugees and those with irregular status living locally

OVERVIEW OF MIGRANT GROUPS LIVING IN THE COMMUNITY

Those recently arrived through Ukraine schemes

- As of 4th October 2022, there were 403 individuals (from 233 households) hosted in Southwark under the 'Homes for Ukraine' scheme.

Resettled refugees

- Since 2018, 48 refugees have been resettled to Southwark under community sponsorship and vulnerable person resettlement schemes, mainly aimed at Syrians.

Asylum seekers in dispersal accommodation in Southwark

- In September 2022, 1,804 Southwark asylum seekers were recorded by the Home Office as receiving Section 95 support.
- Many of these are still based in IACs, however, based on data covering those on Section 95 support and numbers resident in IACs, we estimate around 800 asylum seekers locally are in dispersal accommodation.

Refugees granted status

- No local data was found on the demographics of refugees granted status following an asylum claim.
- 11,934 asylum seekers were granted refugee status in 2021 across the UK.

Migrants with irregular status

- The Greater London Authority estimate 397,000 people with irregular immigration status live in London.
- Within this group, there are 99 failed asylum seekers receiving support from the Home Office under Section 4 of the immigration who live in Southwark. Section 4 provides support to those who have had their asylum claim rejected but are destitute and making every effort to leave, but are unable to do so.

References

1. Southwark Council. NRPf team data. 2022.
2. Home Office. Asylum seekers in receipt of support by local authority . London, 2022
3. Home Office. Outcome analysis of asylum applications, 2004 to 2021. London, 2022.
4. Home Office. Resettlement by local authority. London, 2022
5. Greater London Authority. 2020

The Homes for Ukraine scheme opened in 2022 and over 400 Ukrainians are being hosted in Southwark

HOMES FOR UKRAINE SCHEME

Overview of the Homes for Ukraine Scheme¹

- Opened in March 2022 for individuals or households fleeing from Ukraine who have hosts in the UK willing to sponsor them.
- Administered and overseen by the Home Office, with councils responsible for carrying out housing and safeguarding checks to ensure accommodation is of suitable standard and guests are safe, as well as arranging payments to local hosts.
- Unaccompanied children under 18 can apply for the scheme subject to parental approval and safeguarding checks on hosts.
- Hosts, who were usually strangers offering accommodation, were asked to commit to 6 months providing accommodation and can receive £350/month support towards living costs, rising to £500 per month in the second year of hosting.
- Homes for Ukraine visas will allow a stay of up to 3 years, with **full access to public funds**.
- As of March 2023, 221,200 visas have been issued under the Homes for Ukraine scheme.

In Southwark (as of October 2022) there are currently 403 individuals (from 233 households) registered under the 'Homes for Ukraine (H4U)' scheme.

- The average age of those in Southwark under Homes for Ukraine is 32.5 years old.
- The average household size was 1.6 Ukrainian guests per host family.
- 70% of Ukrainian guests in Southwark are female.

A small number of people from Ukraine have also arrived through family reunion visas or tourist visas (followed by an extension).

- They do not qualify for 'Homes for Ukraine' benefits, so their situation tends to be more complex.

Local data about the health needs of those under the Homes for Ukraine scheme is limited

HOMES FOR UKRAINE SCHEME

Guidelines produced by the Office for Health Improvement and Disparities describe a number of potential health needs for healthcare staff to be aware of, when seeing patients recently arrived from Ukraine¹, including:

- The incidence of TB in Ukraine is high at approximately 73 per 100,000 population.
- The prevalence of hepatitis C is considerably higher than the UK.
- A high risk of vitamin A deficiency and a moderate risk of anaemia.

A 2022 study on the effects of the 2014 Russian invasion of Eastern Ukraine found that adolescents in the war-torn Donetsk region had significantly increased risks for PTSD, severe anxiety and severe depression².

- The risks of these mental health conditions is likely to be even higher as a result of the recent escalation of the situation in Ukraine.

Before the war, vaccination rates in Ukraine were among the lowest in Europe¹.

- In 2016, vaccination rates for measles (2 doses) among children dropped as low as 31% and polio coverage (3 doses) to 56%².

All Homes for Ukraine recipients in Southwark were quickly registered with a GP, mainly by the five resettlement workers in Southwark responsible for those under Homes for Ukraine.

- Their role includes carrying out welfare and safeguarding checks, helping signing up for ESOL classes, benefits and education services, and registering with a GP.

References

1. Office for Improvement and Disparities. Advice and guidance on the health needs of migrant patients from Ukraine for healthcare practitioners. 2014
2. O Osokina et al. Impact of the Russian Invasion on Mental Health of Adolescents in Ukraine. J Am Acad Child Adolescent Psych. 2022
3. M Hill et al. Addressing vaccine inequities among Ukrainian refugees. Lancet Public Health. 2022
4. WHO. Global Health Observatory data repository: Immunization. 2021

The major issue reported for children under the Homes for Ukraine scheme was isolation

HOMES FOR UKRAINE SCHEME

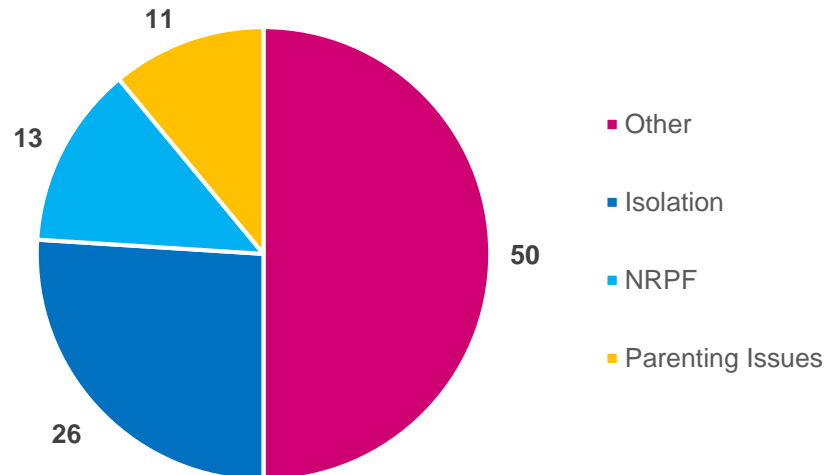
97 children are listed in Southwark (Oct 2022 data) as living in the borough under H4U, including:

- 25 children aged under 5.
- 42 primary school age children aged 5 to 11 years old.
- 30 children aged 12-17 years old.

Just over 40 children or families under the arriving from Ukraine have had contact with Southwark Council's Family Early Help (FEH) team.

- Major needs/issues brought up include isolation (26%), requiring support accessing public funds (marked as NRPF - 13%) and parenting issues (11%).
- A small number of referrals were for issues such as a child missing education (CME), health conditions, and behavioural difficulties among children.

Figure 16. Primary contact issue for Ukrainian families being referred to Family Early Help (numbers <5 suppressed)



Some host families and arrivals under the Homes for Ukraine schemes report feeling under-prepared

HOMES FOR UKRAINE SCHEME

While those arriving under the Homes for Ukraine scheme have full access to public funds, the application process for these is complex and in English.

- Interviews with stakeholders suggest that for some households, hosts would help with documentation on their own initiative.
- For those with little host support and/or limited English or digital skills, the application process may be challenging.

Anecdotal evidence suggests that some hosts were not well-prepared for the needs of their guests.

- Some hosts are now withdrawing from the scheme¹, and reports suggest that some Ukrainians have been forced to move from unsafe accommodation provided by hosts², making housing a major issue.

Anecdotal evidence suggests that some guests have struggled to find employment after arriving in Southwark, impacting on their financial situation and ability to find private housing.

- This is likely to particularly be an issue for those with limited English skills.
- In a survey³ from November 2022, 65% of employed adults under the Homes for Ukraine scheme nationally indicated not working in the same sector as they had worked in Ukraine, with reasons including:
 - Insufficient language skills requirements (39%).
 - Their qualifications not being recognised (17%).

"I would say I'm a fairly technologically advanced person, but the form for the Universal Credit was super difficult"

Homes for Ukraine recipient, Southwark

"The mental preparation of the host side to host people in their home was not there [...] there should have been a list of things to consider first on the H4U website. People sometimes didn't realise how huge the responsibility is"

Homes for Ukraine recipient, Southwark

References

1. The Guardian. Ukraine refugees homeless in UK after falling out with hosts, say community groups. 2022
2. The Guardian. Hundreds of Ukrainian refugees removed from UK's 'unsuitable' housing sponsors. 2022
3. OECD. What we know about the skills and early labour market outcomes of refugees from Ukraine. 2023

Dispersal accommodation is provided under Section 95 of the 1999 Immigration Act

ASYLUM SEEKERS IN DISPERSAL ACCOMMODATION

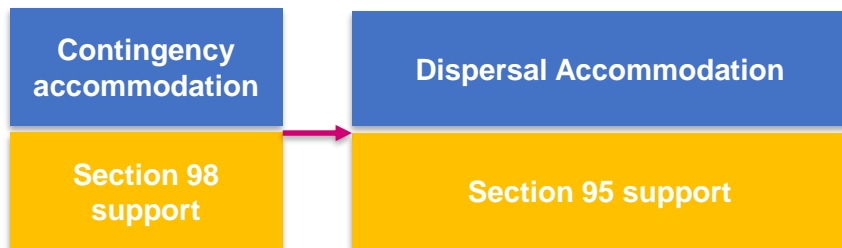
“Dispersal Accommodation” is primarily self-catering accommodation, provided under Section 95 of the 1999 Immigration Act¹

- It includes a mix of bed-sits, self-contained accommodation, and maisonettes and rooms in Houses of Multiple Occupation (HMOs).
- It is provided on a ‘no choice’ basis, so asylum seekers may have to move to a new area during dispersal.

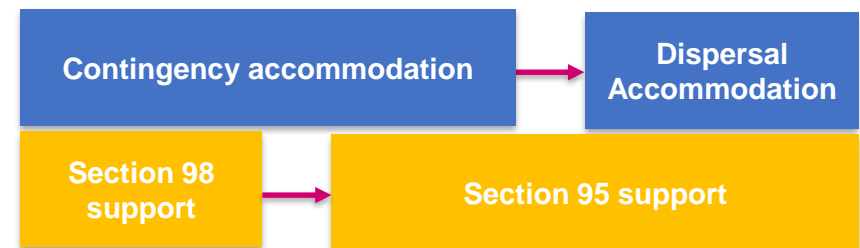
The “Asylum Dispersal” policy suggests that if an application for Section 95 support is successful, after a stay in contingency accommodation under Section 98 support (emergency support while the Home Office decides eligibility for Section 95 support), an asylum seeker should be promptly moved to dispersal accommodation under Section 95¹

- However, in practice most now move onto Section 95 support while still in contingency IACs, due to the backlog in processing applications and increased length of stay in IACs.

DISPERSAL IN THEORY



DISPERSAL IN PRACTICE



References

1. Home Office. Funding instruction for local authorities: Asylum Dispersal Grant 2022-2023 (accessible version). 2022

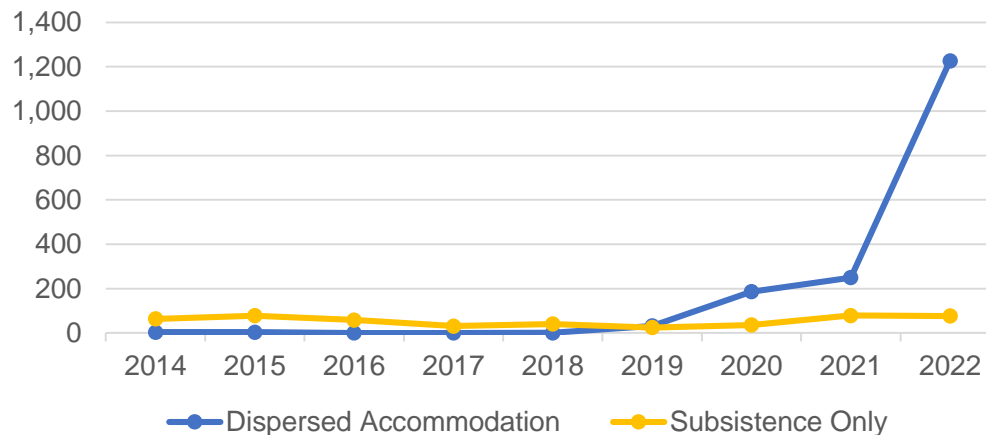
There is limited local data on asylum seekers in dispersal accommodation

ASYLUM SEEKERS IN DISPERSAL ACCOMMODATION

The number of asylum seekers on Section 95 support (which previously represented those in dispersal accommodation) in Southwark has dramatically increased in the last 5 years.

- In Sept 2022, 1,802 were receiving Section 95 support in Southwark compared with just 99 in Sept 2019²

Figure 17. Count of asylum seekers recorded by the Home Office as receiving Section 95 support in Southwark, March data 2014 – 2022.



However, as many are now moving on to Section 95 support while still in contingency accommodation, dispersed asylum seeker numbers are becoming more difficult to define.

- Numbers of those in dispersed accommodation are probably best represented by removing the number of IAC residents (984) from total number receiving Section 95 support (1,802).
- This would suggest around 800 individuals are living in dispersed accommodation in Southwark.

References

1. Home Office. Asylum seekers in receipt of support by local authority . London, 2022

Health and wellbeing needs are likely to be brought forward from a stay in contingency IACs

ASYLUM SEEKERS IN DISPERSAL ACCOMMODATION

While there is very little evidence on asylum seekers residing in dispersal accommodation, many of their health and wellbeing needs are likely to be brought forward from, and in some cases exacerbated by, the period of stay in temporary IACs.

- A study by the Refugee Council in 2016 found a decrease in mental wellbeing in most study participants due to the stressors associated directly with the 28-day 'move on' period after gaining status¹, and some may even fall into destitution.
- Continuing uncertainty around immigration status is also likely to affect mental health and wellbeing.
- Many have been moved to a completely new area from their IAC stay, meaning new connections (eg GP registration, school registration process) need to be made.
- Low understanding of how UK healthcare, social support, education systems work and less support than when in initial accommodation.

A Home Office report from 2003 on asylum seekers in dispersed accommodation highlighted several health needs and challenges for healthcare providers³, which may still be relevant.

- Health problems associated with travelling long distances during dispersal, particularly for certain groups of asylum seekers, such as the elderly and pregnant women.
- Healthcare providers having to treat asylum seekers before their medical notes arrived, due to dispersal at short notice.
- There was a lack of specialist healthcare services for asylum seekers in some regions of dispersal, including HIV services and counselling support for victims of torture.

References

1. Basedow J, Doyle L. England's forgotten refugees: Out of the fire and into the frying pan. Refugee Council. 2016
2. Home Office. Asylum seekers in dispersal - healthcare issues. 2003

Southwark is host to a small community of resettled refugees, including through community sponsorship

RESETTLED REFUGEES

Home Office data suggests that in 2018-2019, 32 individuals were resettled to Southwark through the vulnerable persons resettlement scheme (mainly Syrians) and in 2021-2022, at least nine have been resettled through the Community Sponsorship scheme¹.

- There are several active community refugee resettlement groups around Southwark, such as Peckham Sponsors Refugees and Herne Hill Welcomes Refugees.
- The “Sponsor Refugees” project under Citizens UK supports community groups and individuals in setting up local community sponsorship networks.

Resettled refugees undergo comprehensive health screening and receive catch-up immunisations prior to arrival in the UK^{2,3}

- Hepatitis B prevalence was found to be 2% among resettled refugees arriving in the UK between 2013 and 2017²
- Refugees are often resettled due to extreme vulnerability, which can include disability or complex health needs resulting from conflict, torture, or sexual violence.
- A 2021 analysis of IOM data showed showed that more than 10% of resettled refugees arrive in the UK with no recorded polio-containing vaccine and almost 20% with no recorded measles-containing vaccine³

References

1. Home Office. Resettlement by local authority. London, 2022
2. Crawshaw et al. Infectious disease testing of UK-bound refugees: a population-based, cross-sectional study. BMC Medicine, 2018
3. Deal et al. Immunisation status of UK-bound refugees between January, 2018, and October, 2019: a retrospective, population-based cross-sectional study. The Lancet Public Health, 2022

There is limited data on the number of asylum seekers who gain status locally, or their lives after gaining status

REFUGEES GAINED STATUS

Very little data exists at a local level on how many asylum seekers gain refugee status, how many remain in the borough after gaining status or how many with refugee status live in the borough in general.

- UK-wide data suggests that the number of asylum seekers gaining refugee status is on the rise.
 - In 2021, the estimated final grant rate was at 77%, compared to 53% in 2017 and 42% in 2010¹.
 - 13,622 individuals were granted refugee status following an asylum application in the UK in 2019 and 7,054 were granted status in 2020¹.

Between 2008-2011, the Government funded a programme to help refugees gaining status to navigate the move-on period, offering 12 months of support to access housing, education, social security and the job market, similar to the support offered to resettled refugees²

- Since 2011, there has been no Government provided support service for refugees who have been through the asylum system.
- A study by the Refugee Council in 2016 found a decrease in mental wellbeing in most study participants due to the stressors associated directly with the 28-day 'move on' period after gaining status³, and some may even fall into destitution.
- As with asylum seekers living in dispersal accommodation, health needs (especially chronic diseases and injuries) are likely to be brought forward from time in the asylum system.

References

1. Home Office. Outcome analysis of asylum applications, 2004 to 2021. London, 2022
2. All Party Parliamentary Group on Refugees. Refugees Welcome? The Experience of New Refugees in the UK. 2017
3. Basedow J, Doyle L. England's forgotten refugees: Out of the fire and into the frying pan. Refugee Council. 2016.

This report also considers the needs of those with NRPF receiving statutory support, and irregular migrants

THOSE WITH NRPF AND MIGRANTS WITH IRREGULAR STATUS

Most migrants to the UK have no recourse to public funds (NRPF), regardless of their immigration status (some, such as those with refugee status do). The NRPF population is therefore large and amorphous. This report will focus on the small proportion of NRPF in Southwark who receive statutory support.

- The government does not publish statistics on the number of individuals in the UK who have NRPF. However, the Migration Observatory estimated the figure in 2020 to be around 1.4million², not including undocumented migrants.
- If the concentration of NRPF individuals is assumed to be homogenous across the UK, this would result in Southwark hosting just under 7,000 individuals with NRPF (likely to be an under-estimate, as Southwark holds a considerably higher proportion of migrants compared to the UK average³).

Migrants with irregular status are migrants residing in the UK who do not have the right to residence (this includes trafficked individuals, those who have overstayed their visa and refused asylum seekers).

- Undocumented migrants also have no access to public funds.
- An estimated 397,000 (4.4% London population) of all the UK's irregular migrant adults and children live in London¹.
- If Southwark follows this London estimated average, the undocumented population of Southwark would be around 14,000 individuals.

References

1. [NRPF Network. NRPF network information on benefits](#)
2. The Migration Observatory. Between a rock and a hard place: the COVID-19 crisis and migrants with No Recourse to Public Funds (NRPF). 2020
3. ONS. Population of the UK by country of birth and nationality: year ending June 2021
4. Greater London Authority. 2020

Southwark currently supports a particularly vulnerable subset of those with NRPF under specific policies

THOSE WITH NRPF IN RECEIPT OF SUPPORT

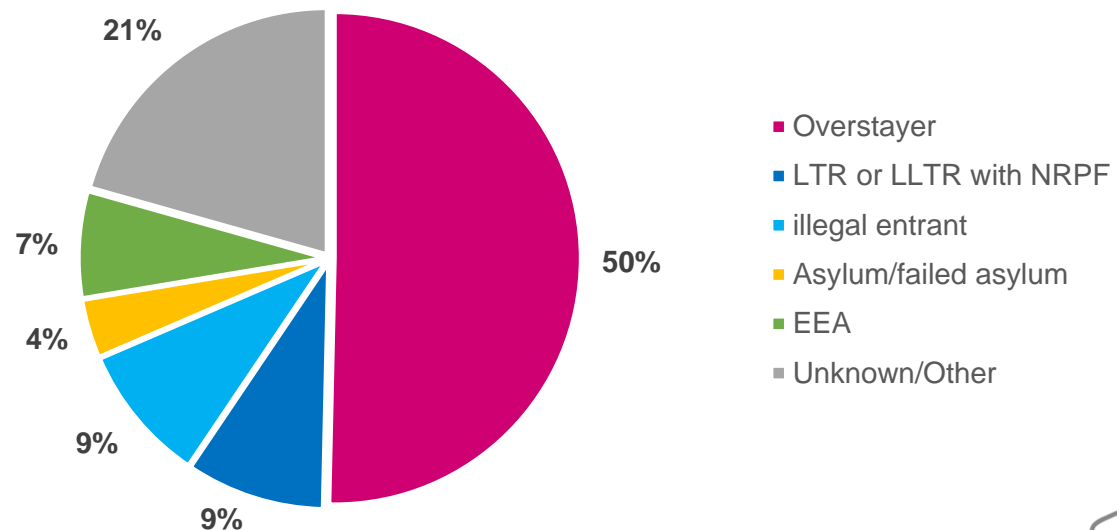
Local authorities have legal duties under specific policies to safeguard the welfare of children, young people leaving care and vulnerable adults¹

- This includes providing accommodation and financial support when a person has no recourse to public funds (NRPF)¹

There are currently 286 NRPF households supported by Southwark: 157 individuals and 129 families (including 179 children) currently receive NRPF support.

- These households receive support under either the Mental Health Act 1983 (n=30), the Care Act 2014 (n=128) or the Children Act 1989 (n=124).
- The majority of those actively receiving NRPF support in 2022 were visa overstayers, see Figure 20.

Figure 18. Immigration status of those currently receiving NRPF support in Southwark (active cases)



References

1. NRPF Network. Local authority support for people with no recourse to public funds (NRPF) – policy recommendations. 2019

The largest population group receiving NRPF support in Southwark are Nigerians

THOSE WITH NRPF IN RECEIPT OF SUPPORT

604 NRPF support cases in Southwark were resolved between Jan 2019-Oct 2022.

- Closed cases were open for an average of 1 year, 9 months.
- The most common reason (75%) for NRPF support being ended was the individual or family being granted leave to remain with recourse to public funds.

The top nationality of those receiving NRPF support from Southwark Council (both active and closed cases) is Nigerian.

- It is unknown how well this data reflects the overall demographics of undocumented and NRPF migrants in the borough.
- 70% (n=199) of NRPF cases supported by Southwark Council originate from countries with English as an official language, raising questions around language barriers to accessing this support.

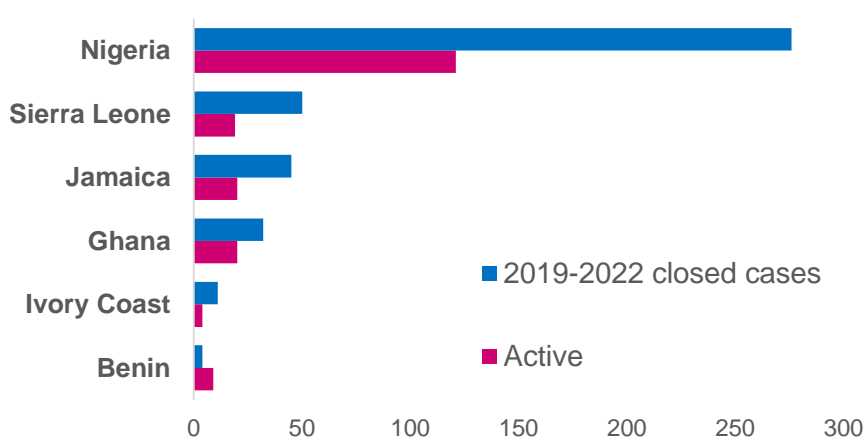


Figure 19. Top nationalities of those receiving NRPF support from Southwark Council

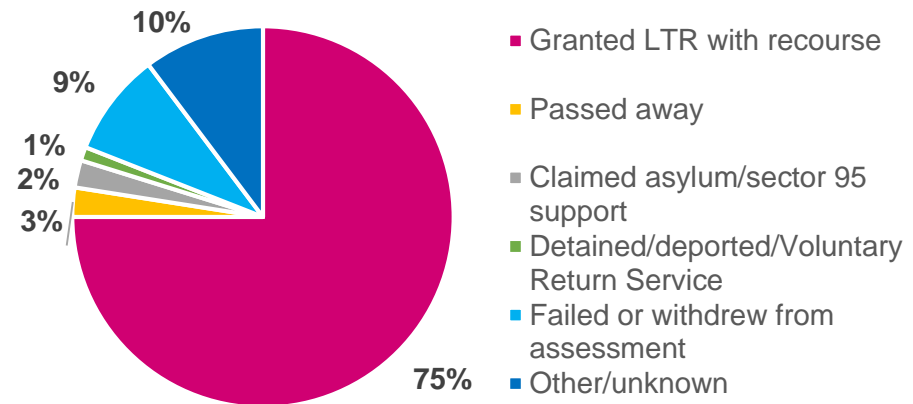


Figure 20. Reasons for closure of NRPF support case, 2019-2022

Rejected asylum seekers have no access to public funds and often fall into destitution without support

THOSE WITH IRREGULAR IMMIGRATION STATUS

Asylum seekers who use all their appeal attempts have no recourse to public funds or legal right to stay in the country.

Failed asylum seekers have access to Section 4 support (usually housing and a weekly stipend on an ASPEN card) if they can prove they are destitute, taking all reasonable steps to leave the UK and are currently unable to¹

- The numbers of people receiving Section 4 support is recorded by the Home Office by local area. In March 2022, the number of people receiving Section 4 support in Southwark stood at 99.
- Some failed asylum seekers are also eligible for NRPF support from the council, particularly if they do not meet Section 4 requirements.

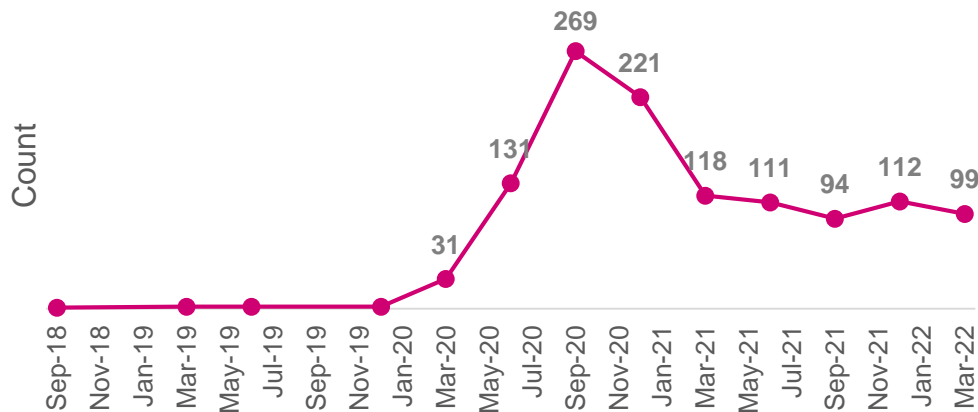


Figure 21. Count of asylum seekers recorded by the Home Office as receiving Section 4 support in Southwark, 2018 – 2022. Data from²

References

1. [NRPF Network. Home Office Support. Section 4 Asylum Support Information](#)
2. Home Office. Asylum seekers in receipt of support by local authority . London, 2022

Barriers to healthcare in practice mean that untreated chronic conditions are prevalent in irregular migrants

THOSE WITH IRREGULAR IMMIGRATION STATUS

Stakeholder interviews suggest that there are high levels of untreated/poorly treated chronic conditions, such as diabetes, hypertension and HIV among irregular migrants.

- Many health conditions may also go un-diagnosed due to fear of interacting with healthcare services.
- Rather than risk using the NHS, many rely on family connections to get medication where they can or 'black market' pharmacies, or go untreated.

During the COVID-19 pandemic, it was widely reported that those with irregular immigration status may be more hesitant to accept a COVID-19 vaccine²

- This may have implications for uptake of other immunisation programmes in this group.

Many migrants with irregular status have difficulty understanding the NHS and what they are eligible for in terms of health and mental health care.

- Many are not aware they can register with a GP, or that healthcare is free.
- There is wide-spread fear of data sharing with the Home Office leading to deportation or charging if they use services.

References

1. A Deal et al. 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 Migration Health. 2021

Irregular immigration status has been shown to be linked with adverse mental health outcomes

THOSE WITH IRREGULAR IMMIGRATION STATUS

Irregular immigration status, such as that experienced by undocumented individuals has been repeatedly shown to have a negative impact on mental health¹

Stakeholder interviews suggest that there are high levels of untreated mental health conditions such as depression in the undocumented population.

- There is very little data locally, nationally or even regionally about the prevalence of specific mental health conditions in irregular migrant groups, due to difficulties in collecting data on these groups.
- A systematic review looking at mental health conditions among undocumented migrants in the US found that psychological distress, substance use/abuse, depression, anxiety and PTSD were common in this group²
- However, the difficulty of establishing prevalence of specific conditions was heavily emphasised, with (a) the use of single-item or generalised questions to assess mental health outcomes and (b) lack of disaggregation by migrant status as major causes of gaps in the evidence base²
- It is also important to consider that many cultures also have different viewpoints, expectations or norms around mental health and mental health care, and significant stigma exists in some communities, presenting a barrier to seeking mental health care.

References

1. R Siemons et al. Coming of Age on the Margins: Mental Health and Wellbeing Among Latino Immigrant Young Adults Eligible for Deferred Action for Childhood Arrivals (DACA). J Immigrant Minority Health. 2016
2. L Garcini et al. Mental Health of Undocumented Immigrant Adults in the United States: A Systematic Review of Methodology and Findings. J Immigrant & Refugee Studies. 2016

Latin American groups in Southwark have been impacted by Brexit and many now have irregular status

THOSE WITH IRREGULAR IMMIGRATION STATUS

Although the exact number is not known, and many may not appear in official statistics, it is well documented that there is a large community of Latin American migrants in Southwark¹.

Many of these groups hold EU (eg Spanish or Italian) citizenship and originally came to the UK without the need for a visa pre-Brexit.

- Evidence from stakeholder interviews suggests that Brexit has had a direct impact on Latin Americans living in Southwark, with some moving into irregular immigration status.
- Many do not speak English and may not have understood the implications of Brexit or the need to fill in a EU Settlement Scheme (EUSS) application by the deadline²
- The EUSS application was extremely complex and many struggled to fill this in.
- Many Latin American migrants work in zero-hours, precarious jobs, and became unemployed during the pandemic and were unable to access public funds support, leading many into destitution.
- Those who have fallen into irregular status post-Brexit may have concerns about sending their children to school or attending healthcare for fear of immigration authorities.

Several VCS groups, including the Indoamerican Refugee Migrant Organisation (iRMO) and the Latin American Women's Rights Service (LAWRS) provide specific support and advice for Latin Americans on EUSS applications and their legal rights post-Brexit²

- iRMO has supported over 2,000 applications so far.
- However, the demand for advice and support in this area is currently much higher than the resources available to meet it.

References

1. A Krausova. Latin Americans in Southwark: a quantitative (census) look. 2012.
2. SW Londoner. Latino EU citizens in Lambeth may lose immigration status as settlement scheme deadline looms. 2021

Latin American groups in Southwark have been impacted by Brexit and many now have irregular status

THOSE WITH IRREGULAR IMMIGRATION STATUS

Latin American groups may have particular health needs and several Latin American-focused VCS groups are active in providing infectious disease screening to their communities.

- Aymara (a Southwark-based VCS group) performed 250 HIV tests among the Latin American community during summer 2022 and found a prevalence of 2%.¹

Chagas disease is a neglected tropical disease, endemic in Latin America, and associated with cardiac and gastrointestinal issues.

- Chagas is increasingly recognised as a public health problem among migrants in Europe and the US.
- A recent pilot study of community screening by the UK Chagas Hub in Lambeth and Southwark screened 258 Latin American migrants at community events in 2021/22. The overall seroprevalence was 23% and this short pilot study doubled the number of patients with Chagas disease linked into care nationally².
- It is estimated that 97% of people with the disease in the UK remain undiagnosed³.
- The UK Migrant Health guide recommends screening migrants from endemic areas, in particular pregnant women and other women of reproductive age⁴. However, there is currently no formal migrant or antenatal screening programme resulting in minimal screening of the at-risk population.

References

1. [Aymara. A model for health](#) and wellbeing improvement: Community organisations as enablers to achieve success in care systems. 2022
2. Requena-Méndez A et al. Addressing the neglect: Chagas disease in London, UK. *Lancet Glob Health*. 2016 Apr;4(4):e231-3. doi: 10.1016/S2214-109X(16)00047
3. UK Government. Chagas disease: Migrant Health Guide. Available from: [Chagas Disease in Migrant Health Guide](#)
4. Elkheir N et al. One in five positive: community screening for Chagas disease in London, UK. ASTMH Annual Meeting 2022.

Many migrant groups avoid healthcare services due to fears around data sharing and charging for services

LOCAL SERVICES IN THE COMMUNITY: ACCESS TO HEALTHCARE

Barriers to accessing healthcare provision for ASR and those with irregular immigration status include:

- Limited understanding of how the UK health system works.
- Language barriers.
- Avoiding registering for a GP or accessing secondary care because of fears around being charged for services or data being shared with immigration authorities.

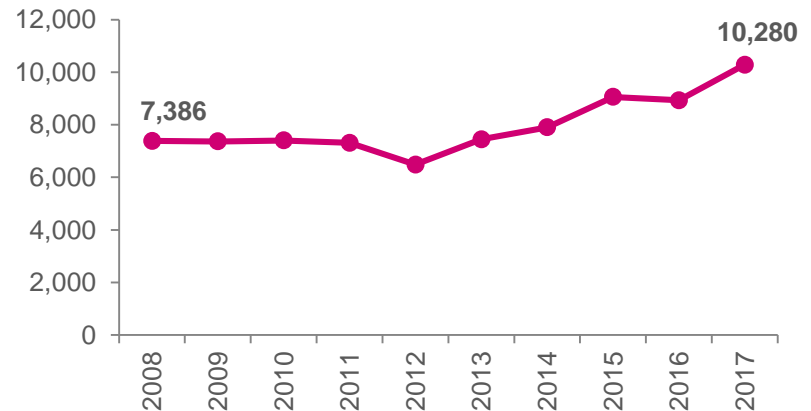
Doctors of the World (DOTW) created an initiative, Safe Surgeries, which aims to ensure that lack of ID or proof of address, immigration status or language are not barriers to patient registration²

- Through this initiative, GP practices that sign up are provided with toolkits, resources and training for staff.

A significant number of GP surgeries in Southwark are now signed up to DOTW's Safe Surgeries initiative (88% as of September 2022).

- This may have contributed to increases in new migrant GP registrations in the borough in the last 10 years.
- However, there is no monitoring in place in Southwark to ensure practices implement the 'Safe Surgery' commitments they sign up for.

Figure 22. New migrant GP registrations in Southwark¹



References

1. [New migrants are defined](#) as those who registered with a GP in the UK for the first time, or gave a previous address abroad and indicated they had lived there for at least 3 months. Office for National Statistics, 2007-2017 Non-UK born estimates dataset and New Migrant GP Registrations Dataset.
2. Doctors of the World. [Safe Surgeries Scheme Information](#)

Outside of mainstream mental health services many VCS groups provide counselling services

LOCAL SERVICES IN THE COMMUNITY: MENTAL HEALTH SERVICES

Due to long waiting lists for mainstream services many migrants, including asylum seekers and refugees may seek or be signposted on to wellbeing support from local VCS groups.

KCL have produced a detailed **Mental Health and Psychosocial Support (MHPSS) Directory for Refugees and Migrants in London¹**, however not all are accessible for those in Southwark.

- Whilst some general VCS groups offer free counselling regardless of immigration status, there are sometimes cultural, trust or language barriers for ASR groups in accessing these.
- A number of local migrant-led or migrant-focused groups have therefore also started providing mental health services, often with a focus on providing mother-tongue counselling.

Figure 23. VCS-led mental health services in and around Southwark

General population	Migrant specific	Women only / domestic violence counselling
<ul style="list-style-type: none"> ▪ Lambeth and Southwark Mind ▪ South London Counselling & Support Services ▪ Waterloo Community Counselling (free mother-tongue counselling) ▪ The Nest/Groundwork (counselling for young people) 	<ul style="list-style-type: none"> ▪ Vietnamese Mental Health Services (Vietnamese clients only) ▪ Refugee Council ▪ Freedom from Torture ▪ South London Refugee Association ▪ Eastern European Resource centre (counselling in Polish, Romanian, English) ▪ Somali integration & development association (Somali only) 	<ul style="list-style-type: none"> ▪ Lewisham Refugee and Migrant Network (Counselling for female survivors of gender-based abuse) ▪ LAWRS (women only, in Spanish or Portuguese) ▪ Solace Women's Aid (Female survivors of domestic violence)

References

1. Kings College London. Mental Health and Psychosocial Support (MHPSS) Directory for Refugees and Migrants in London. 2022. [Directory](#)

Chapter 6: Wider determinants of health

- Access to statutory services
- Education
- Food security
- Employment & financial stability
- Housing
- Legal & immigration advice
- Social connectedness

Many migrants with irregular immigration status avoid using mainstream services for fear of detection

WIDER HEALTH DETERMINANTS: TRUST IN STATUTORY SERVICES

Anecdotal evidence from stakeholder interviews suggests that many migrants with irregular immigration status may be concerned about putting children into schools, as they are seen as another authority who could report to immigration.

- Stakeholder interviews suggest that some schools still reject applications based on immigration status.
- However, in general status doesn't tend to be checked until there is a reason to, for example before a school trip. Immigration status may subsequently be followed up on.
- Sometimes children are kept out of school to look after younger children.
- There are administrative hurdles in enrolling children to school outside of standard school terms.

There is often a high level of destitution in this group and many do not seek support for a range of different needs until the situation has escalated due to a lack of trust in the authorities.

- This lack of trust was reported during stakeholder interviews around interactions with social services, education, legal providers and healthcare/mental health care providers (primary and secondary care), housing teams and accessing NRPF support.

Due to a lack of trust that statutory services won't share their information with the Home Office, many rely on VCS groups, food banks and social connections for support, resources and sign-posting.

Children living in IACs have specific educational needs, although these do overlap with those of other migrants

WIDER HEALTH DETERMINANTS: EDUCATION IN THE IACS

Due to the high numbers of children and young people residing in IACs in Southwark, access to education is a key need, particularly considering increasing length of stay.

- Example of good practice: In Afghan bridging hotels in Southwark, all children of school age were registered in schools, assisted by the VCS sector, eg Panshjr Aid.

In Southwark IACs, evidence from stakeholders suggests that some children and families may struggle to access education.

- Of 107 families who had contact with the Family Early Help department in 2022 and had the primary contact issue recorded, eight (7.5%) were referred due to not being registered in school.

Once registered in school, barriers to receiving an adequate education are likely still high for children in IACs.

- Many children (and parents) in IACs do not speak English and may struggle to communicate their needs or understand classes due to language constraints.
- Family Early Help recorded several primary contact issues of children referred to them that may affect school performance, including behavioural difficulties (6.5%) and attendance or punctuality issues (11.2%).
- IACs are often not flexible in meal timings and many children miss the IAC breakfast time as it is after when they leave for school, putting schools under pressure to provide this meal.

Access to education for those in IACs can be challenging and no consistent process exists for this

WIDER HEALTH DETERMINANTS: EDUCATION IN THE IACS

There is no consistent strategy for ensuring children in IACs are registered in school or clear guidance on who is responsible for this.

- On arrival, hotel staff have a contractual responsibility for assisting families with the registration process, however, this may not always happen in practice.
- A lack of school registration may be picked up in initial health assessments (GP/HIT), by the VCS sector or after a referral to social services / Family Early Help (FEH) for other reasons.
- When a lack of school registration is picked up by GPs, HIT or the VCS sector, this will usually be signposted to FEH, who will assist with registration.
- However, FEH do not have access to data on how many children are in IACs, therefore their assistance with the registration process is opportunistic rather than systemic.

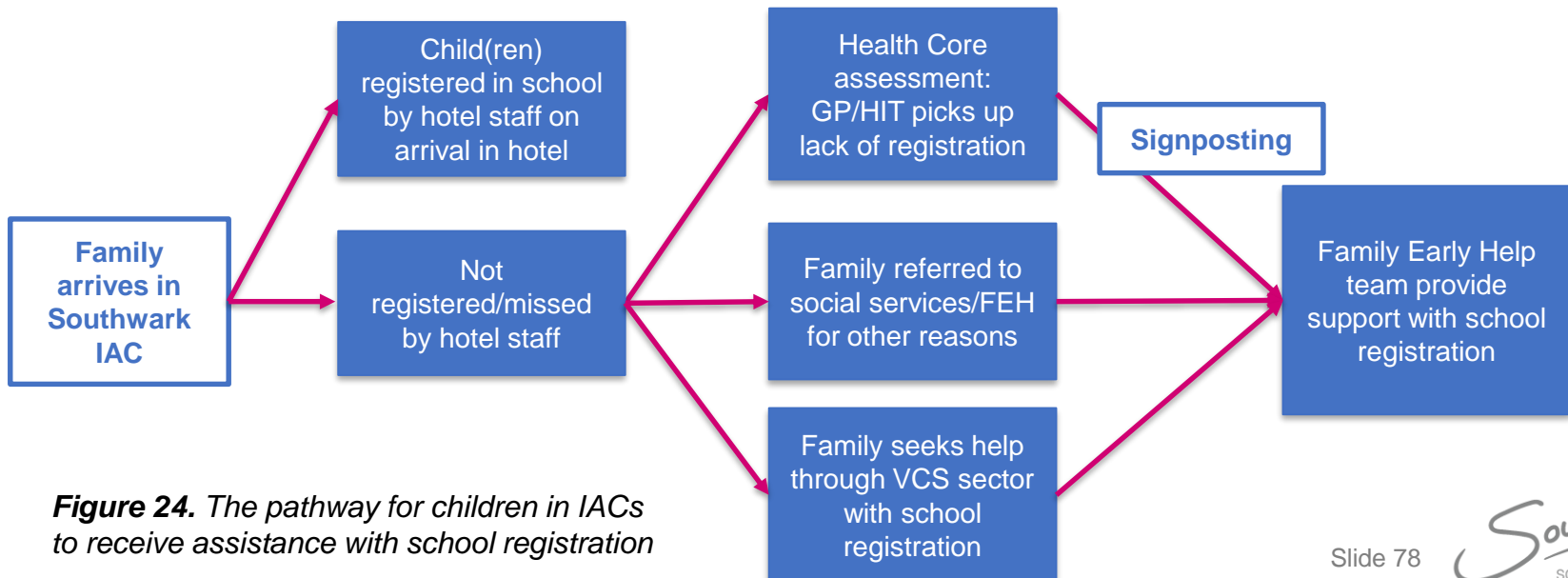


Figure 24. The pathway for children in IACs to receive assistance with school registration

There are many barriers to childhood education services for AS&R and those with irregular immigration status

WIDER HEALTH DETERMINANTS: EDUCATION

Schools face significant challenges to providing education to refugee, asylum seeking children and children of irregular migrants.

LANGUAGE	RESOURCES	SAFEGUARDING
<p>Most migrant, refugee and asylum speaking children have English as a second language and may not speak it at all when starting school in Southwark, affecting their ability to learn.</p> <p>In Southwark, 22% of primary and secondary school children had English as a second language in 2021¹</p> <p>Schools often struggle to get funding to provide language support</p>	<p>Those in the asylum system only receive either £9.10/week (catered) or £45/week (non-catered) therefore cannot usually afford essentials such as school uniforms and textbooks</p> <p>Schools do not usually receive funding to provide free school uniforms or other resources, but some do this from their own pockets</p> <p>Some VCS sector groups also provide assistance with resources</p>	<p>Schools in the local area have raised concerns around safeguarding for asylum seeking and refugee children, particularly regarding how to deal with accidental disclosure of trauma at school</p> <p>Schools do not have contacts of IAC staff, or feel that they have assurance that children in IACs are living in a safe and suitable environment while they are not in school</p>

References

1. ONS. Schools, pupils and their characteristics. London, 2022

For children with special educational needs, language and cultural barriers can prevent accurate assessment

WIDER HEALTH DETERMINANTS: SEND EDUCATION

Barriers for children with special educational needs (SEND) from ASR families and those with irregular immigration status accessing the care and education they need were consistently raised during focus groups and round table discussions.

- Cultural barriers and differing understandings of special educational needs exist in some communities.
 - Parents don't always know what autism, attention deficit disorder or other specific conditions are.
 - Children therefore may not get assessed, and behaviour is just put down as 'bad behaviour'.
- There is currently a policy that it has to be shown that a mainstream school does not meet the child's needs in order for them to be referred for a SEND assessment.
 - This means assessments may be delayed.
 - It is often more difficult for schools to understand the educational needs of a child when there are language barriers, either with the child or the parents.
 - A child's seeming behind or 'slow' to learn may just be put down to English language difficulties.
- Having a conversation around SEND with parents when there may be language and/or cultural barriers present can be challenging.
 - Diagnosis of SEND with a language barrier present can also be more challenging.

There are many direct and indirect barriers to adult education resulting from immigration status

WIDER HEALTH DETERMINANTS: ADULT EDUCATION

Adults with irregular immigration status often miss out on education either as a direct or indirect result of their status.

- Many colleges are strict on documentation, particularly for adult education.
- Anecdotal evidence from stakeholder interviews suggests that people get removed from adult education courses at college when their immigration status changes, for example if their asylum claim is rejected.
- Therefore, they lose out on education opportunities which may impact their entire life-course and future employment prospects.

Precarity as an indirect result of immigration status, such as working long hours or night shifts, have a negative impact on ability to study.

“When you arrive you enter an environment where it is very difficult to study. Because you need money, you need to work, you are tired, you have irregular hours”

Precarious worker in London, quote from 2015 report¹

“I started to study in college but sometimes I don’t have enough strength because of my anaemia”

IAC resident in Southwark, 2022

UK Education is almost exclusively in English, so English language skills are also often a barrier to access.

References

1. A Baum. Migrant precarity in London: The case of Latin Americans with Spanish passports. KCL, 2015

Food banks are an important resource for migrants, particularly for those who struggle with housing

WIDER HEALTH DETERMINANTS: FOOD SECURITY

There is evidence that food provision in IACs is problematic, however, stakeholder interviews suggest that many outside of IACs also struggle to afford accessible food, particularly those with irregular immigration status or who work in precarious jobs.

- Many of these groups rely on food banks, providers of free meals or food ‘pantries’ in Southwark, however evidence from stakeholder interviews suggests awareness of available options may be lower among asylum seekers, refugees and irregular migrants in Southwark than in other boroughs.
- Food banks reported significantly increased need during and after the COVID-19 pandemic when many lost their jobs.

“If you are not from Lambeth and you found a fantastic [food bank] in Lambeth, they will not deliver you the food to Southwark. Now, the majority of South East London food support organisations is in Lambeth or Hackney. But they don’t support Southwark [...] there is a very, very strong feeling of being left behind”

Undocumented individual living in Southwark

References

1. Free, low-cost meals in Lewisham. <https://lewishamdonationhub.org/wp-content/uploads/2022/10/October-2022-Free-Food-In-Lewisham-Information-Leaflet.pdf>

Economic stability and employment are key to wellbeing but are often precarious in ASR groups

WIDER HEALTH DETERMINANTS: EMPLOYMENT AND FINANCIAL STABILITY

Alongside housing, a steady income is essential for independence and avoiding destitution or homelessness, as well as having a strong effect on mental wellbeing.

- Those in the asylum system cannot legally work and receive a weekly allowance (£9.10/week in IACs and £45/week in dispersed accommodation¹).
- This means that those who gain status have a significant gap in their work experience history and may struggle to find employment after gaining refugee status: the employment rate among asylum migrants is 51%, compared with 73% for UK-born²

Many migrants with irregular status work in cash-in-hand, precarious jobs with little protection against exploitation by the employer.

- A 2013 report by ESRO confirmed that this is a particular issue in Southwark³
- Multiple people may work under the same NI number, creating a complex commissioning system and leaving people more vulnerable to exploitation³
- Foreign-born workers are more likely to work night shifts (associated with particular poor health outcomes) and in non-permanent jobs (which create precarity) than UK born workers⁴

Many groups in the VCS sector are now moving towards a more integrated model of providing volunteering or job opportunities to their clients.

- Many VCS groups (including migrant-led and general groups) provide employment support/advice, back-to-work support, CV writing and digital literacy classes or work/volunteering experience to ASR groups.

References

1. Home Office. Report on review of weekly allowances paid to asylum seekers and failed asylum seekers: 2021. London, 2022
2. Z Kone. Refugees and the UK Labour Market. [Report](#)
3. ESRO. Families and Hardship in New and Established Communities in Southwark. London, 2013
4. The Migration Observatory. Migrants in the UK Labour Market: An Overview. London, 2022

The need for immigration and legal advice in Southwark far outweighs capacity to provide it

WIDER HEALTH DETERMINANTS: IMMIGRATION/LEGAL ADVICE

In June 2021, an extensive report commissioned by Justice Together and Paul Hamlyn Foundation found that demand for immigration legal advice in London far outstripped the capacity to supply it¹

- On a local level, Citizens Advice Southwark (CAS) has also noted a significant increase in the number of people approaching them who require immigration advice, see the table below.
- For clients who presented to CAS with immigration related problems over the past 2 years, CAS identified an increase in benefit problems, including a 40% increase in housing benefit problems, a 38% increase in debt problems, and a 23% increase in housing problems.
- There are a number of specialist legal advice providers in Southwark, some of whom can also take on asylum related case work, although the demand far outweighs the supply:
 - The Southwark Legal Advice Network oversees all the different advice-related networks and forums in the borough, and regularly reviews advice need in the borough and develops services to respond.
 - Many holistic, migrant-focused VCS groups have responded to the increasing need for legal and immigration advice and can provide legal advice, either through outreach or trained staff.

	2020/21	2021/22	Percentage increase
Citizens Advice Southwark clients with immigration problems	1,117	1,398	25%
Number of immigration issues reported (clients may have multiple issues)	1,837	2,546	39%

References

1. J Wilding, M Mguni & T van Isacker. A Huge Gulf: Demand and Supply for Immigration Legal Advice in London. GLA, 2021

Many migrants approach VCS groups for immigration and legal advice

WIDER HEALTH DETERMINANTS: IMMIGRATION/LEGAL ADVICE

Southwark Day Centre for Asylum Seekers (SDCAS) has also reported a significant increase in the numbers of people who approach them requiring specialist level immigration help and require referral to a third party.

Category of work	Numbers of cases Oct-Dec 2021	Numbers of cases Jan-Mar 2022
Clients wanting legal representation for their asylum claim	19	35
Clients wanting Family Reunion	0	9
Clients wanting support with leave to remain renewals	< 5	6
Clients wanting support with 20 year route applications	< 5	5
Clients needing immigration advice on immigration options/how to regularise status/miscellaneous queries	23	21
Total enquiries	49	80

Stable and good quality housing is a key determinant of overall health and wellbeing

WIDER HEALTH DETERMINANTS: HOUSING

Housing is a key social determinant of health and wellbeing; stable and good quality housing provides a base from which families and individuals can access healthcare, employment, education and other services and is essential for both mental and physical well-being¹

- Poor heating and ventilation can exacerbate respiratory and cardiovascular disease.
- There is recent evidence that those who live in worse housing conditions have higher levels of inflammatory markers, which can contribute to multiple health problems².

Eligibility for housing and support to obtain housing is often closely tied to an individual's immigration status.

- Housing is limited in London and many struggle when they leave bridging hotels or other asylum accommodations, or if they have NRPF.
- In this context, rough sleeping in London has been on the increase since 2010 with a notable rise among those from Central and Eastern Europe, who do not have recourse to public funds if they did not complete their settled status application following Brexit³.

For those who are not eligible for housing as part of the asylum or NRPF council support system (includes refugees who have gained status), there are limited options of groups that offer housing.

- A range of VCS and other groups offer advice or support in applying for mainstream housing
- Commonweal have a project providing housing to women fleeing domestic abuse, which includes asylum seekers and refugees.
- Thames Reach provide hostel accommodation for homeless individuals.

References

1. Medact Migrant Solidarity Group. The Medical Consequences of "Contingency Accommodation" for People Seeking Asylum. London, 2022
2. Clair A, Hughes A, 2019, "Housing and health: new evidence using biomarker data", JEpidemiol Community Health, BMA, 2019;73:256-262
3. Trust for London, Rough sleepers in London. <https://www.trustforlondon.org.uk/data/rough-sleepers-london/>. Accessed June 28, 2019

The Health Inclusion Team and the voluntary sector help IAC residents connect with local communities and support

WIDER HEALTH DETERMINANTS: SOCIAL CONNECTEDNESS

The Health Inclusion Team provide occupational therapists to the core Southwark IAC, alongside health navigators who support the residents of the contingency IACs.

- The Occupational Therapy (OT) team, social prescribers and health navigators can link residents to gyms, sports teams, ESOL classes and other activities, as well as to voluntary sector groups. In contingency IACs, GPs/HIT may suggest relevant groups during initial health Assessments.

The VCS sector is the key provider of holistic community-based integration ‘services’ and are often considered as more approachable and trusted by ASR communities compared to mainstream services.

- Anecdotal evidence suggests that linking IAC residents to local community groups and social activities can have a strongly positive effect on mental wellbeing and integration, with positive outcomes seen regarding ability to find employment or gaining status, with knock-on effects on housing and other key needs.
- IAC residents and stakeholders emphasised the importance of the voluntary sector in promoting residents’ health and wellbeing, although IAC staff suggested they are not aware of relevant VCS groups or activities to signpost to.

Community groups often serve as ‘sign-posters’ to mainstream services such as healthcare, mental health support, legal and housing advice services for those who would otherwise not engage at all.

- Day care centres and community groups are key to integration and wellbeing
- These are often focused on one community group, either by nationality or language, but could also have a wider scope (eg focus on asylum seekers or women and children).
- Many with irregular immigration status only feel comfortable presenting to community or other VCS groups, meaning they are essential for many communities.

“Finding iRMO [VCS group] was like a light in the darkness; I made friends who could speak my language and learnt English as well. Most importantly it has improved my confidence”

Contingency IAC resident,
Southwark

References

1. [Southwark Council. Children and Family Centres. Children & Family Centres website](#)

Case studies from bridging hotels show local community groups can provide invaluable support to new arrivals

WIDER HEALTH DETERMINANTS: SOCIAL CONNECTEDNESS

With the rapid opening of the two Southwark-based bridging hotels in August 2021 and the arrival of around 250 individuals, Southwark Council commissioned local VCS groups to assist with interpretation, sign-posting and integration support.

Members of Panjshir Aid, mostly volunteers (around 10 Afghan volunteers at peak), were present on-site across the two hotels and provided native language, 1-on-1 support with:

- GP registration and accessing the available health check.
- Liaising with local schools/colleges to improve access to education (100% of children were successfully registered in a school).
- Information about the local area, signing up for oyster cards, using transport etc.
- Facilitated meetings with Home Office.
- Guidance on changing COVID-19 regulations and worked with HIT team/local GPs to organise PCR tests when needed and ensure self-isolation was possible.
- Ran CV and interview workshops and facilitated links with the Job Centre and local businesses to help residents find jobs.
- A WhatsApp group containing Panjshir Aid staff and bridging hotel residents allowed for rapid sharing of key information in native language.
- Without the assistance of Panjshir Aid and other VCS groups, support would have been less tailored and more reliant on external interpreters.

Case studies: Integrated, community-based approaches among VCS groups in Southwark

WIDER HEALTH DETERMINANTS: SOCIAL CONNECTEDNESS

Despite facing significant resource constraints, local VCS groups offer an important, holistic service to their communities: cultural familiarity, trust and association as well as practical advice and support across a range of social determinants of health and wellbeing.

Southwark Day Care Centre for Asylum Seekers

Southwark Day Care Centre is a long-standing VCS group in the borough, created to reduce destitution. They run day care centres twice a week, which provide a space for people, including those in IACs to meet, as well as:

- Health check-ups (HIT nurse on-site)
- Free lunches
- Legal advice (in collaboration with CAS)
- Gardening groups
- Creche
- ESOL classes

Indo-American Refugee and Migrant Organisation (iRMO)

iRMO is a well-established VCS group based on the Lambeth-Southwark border, which supports over 4,000 people¹ every year. It is focused on providing holistic services to the large Latin American communities across the two boroughs.

Their main support focuses around:

- Advice and Casework
- Education, Training and Employment
- Children and Young People
- Advocacy, Research, Policy mapping and Campaigning

Aymara Social Enterprise

Aymara is a new social enterprise project founded in 2020 and focused on inequality reduction. It provides an integrated approach to the health and wellbeing of migrants, refugees and asylum seekers, with a main focus on HIV diagnosis and treatment in Latin American communities.

- Focus on retention through the community
- Promote an integrated care system that can link health and wellbeing services to vulnerable individuals, so they are more likely to follow treatment

References

1. [iRMO. IRMO Website](#). London, 2022

Chapter 7: Recommendations

- A. Health & wellbeing and access to services
- B. Wider determinants
- C. Children & young people
- D. Partnership working
- E. Data

Recommendations: Health & Wellbeing & Access to Services (1 of 3)

Problem	Recommendations	Partners
IAC residents experience higher than average prevalence of infectious disease , and often come from countries with lower vaccination coverage compared to the UK	<ol style="list-style-type: none"> Local early implementation of the health core offer has shown high levels of latent TB, parasite infections, other infectious diseases and patients in need of catch-up immunisations, including DTP and MMR. The SEL Health Core Offer including infectious disease screening and vaccination components should be fully implemented across Southwark IACs. Considering reported outbreaks of diphtheria in contingency accommodation settings across the UK and low levels of DTP and MMR coverage in key countries of origin, a systematic approach to immunisation data collection and catch-up should be developed in the IACs. 	SEL ICB; Public Health
IAC residents have significant mental health needs , but struggle to access mainstream services	<ol style="list-style-type: none"> Building on the Refugee Council pilot in the IACs (collaborative model) and the provision of MHFA training to VCS staff working with AS&R, a sustainable model for early mental health intervention services in IACs should be developed, and the piloting of a similar model for other asylum seekers and refugees living in the community. 	SEL ICB; Public Health
Asylum seekers, refugees and irregular migrants struggle to access dental care	<ol style="list-style-type: none"> Work with dental health colleagues in South London and the Health Inclusion Team to devise an action plan for improving access to dental care for these populations, including in-reach for IACs and outreach for those living in the community where possible. 	SEL ICB; Public Health
High levels of folate deficiency recorded in some IACs	<ol style="list-style-type: none"> Improve access to folic acid, vitamin D and other over the counter supplements and medicines for those living in IACs who may otherwise struggle to afford them, building on pre-existing proposals around vitamin D provision. 	SEL ICB; Public Health

Recommendations: Health & Wellbeing & Access to Services (2 of 3)

Problem	Recommendations	Partners
<p>Asylum seekers, refugees and those with irregular status face barriers to accessing primary care due to concern about data sharing with home office</p>	<ol style="list-style-type: none"> 7. Evaluate the Safe Surgeries initiative (and similar initiatives such as Pride in Practice) to ensure all participating Southwark GP and dental practices are following best practice and offer further training to all staff working in GP and dental practices. 8. Explore and further support alternative models of primary care provision, eg drop-in clinics, similar to those offered to the homeless population, in co-production with VCS partners. 	<p>SEL ICB, Public Health, VCS</p>
<p>Many asylum seekers, refugees and migrants with irregular status are presenting at VCS groups with health and wellbeing issues, unaware of the support available from the NHS and other services</p>	<ol style="list-style-type: none"> 9. Provide Making Every Contact Count training to VCS groups working with these populations, including Homes for Ukraine hosts and local refugee sponsorship groups. 10. Develop translated local signposting resources of statutory and VCS services available, in collaboration with the VCS. Make these widely available, including during initial health assessments at IACs and to Homes for Ukraine hosts, and local GPs. 11. Make the case for further funding for health navigators to support asylum seekers and refugees to access health and wellbeing services both inside and outside IACs. 12. Provide tailored, translated information during initial health assessments to IAC residents about sexual health services and how to access them. 	<p>Public Health SEL ICB; VCS</p>

Recommendations: Health & Wellbeing & Access to Services (3 of 3)

Problem	Recommendations	Partners
<p>Meals in the IACs may not always be nutritionally complete or culturally appropriate contributing to nutritional deficiencies and poor mental health</p>	<ol style="list-style-type: none"> 13. Influence stakeholders to improve food provision in local IACs both nationally by working with the Home Office, and through local conversations with IAC managers, at a minimum ensuring food is edible and nutritious. 14. Provide support to VCS groups who are seeking spaces for IAC residents to cook their own food. 	<p>Public Health</p>

Recommendations: Wider Determinants of Health

Problem	Recommendation	Partners
<p>Social isolation and boredom are common challenges for asylum seekers, refugees and those with irregular status, especially those who face barriers to work and education</p>	<ol style="list-style-type: none"> 1. Develop a programme of community events for both regular social activities and larger events such as Community Feasts to improve social connectedness, showcase services, and help asylum seekers and others unable to work to develop new skills. 2. Influence the Home Office using regional forums, political routes and other avenues to highlight the length of stay in inadequate conditions in IACs, which is a key determinant of social isolation and other wellbeing issues for ASR. 	<p>Public Health, Communities Division; SEL ICB; Council Public Affairs team</p>
<p>Demand for immigration advice in Southwark significantly exceeds demand</p>	<ol style="list-style-type: none"> 3. Improve the provision of legal and immigration advice, this could be both through mainstream legal organisations offering free services to those with irregular or immigration status and through VCS groups. 	<p>Communities Division; VCS</p>
<p>Many in these populations struggle to access services due to language barriers</p>	<ol style="list-style-type: none"> 4. Work with partners in education and the VCS to increase the local provision of English for speakers of other languages (ESOL) courses. 5. Increase use of interpreters across health services in Southwark, including providing additional training to GP practice staff and dental staff encouraging them to use the SEL interpreting service. 6. Influence the Home Office to ensure that accommodation providers and services using the IACs have access to interpreters at all times, and do not rely on unofficial interpreters. 	<p>Communities Division, Education Division, SEL ICB, Public Health</p>

Note:

Suggested lead partner for each recommendation shown in bold.

Recommendations: Children & Young People (1 of 2)

Problem	Recommendation	Partners
<p>Children of asylum seekers and refugees have specific and significant mental health needs</p>	<ol style="list-style-type: none"> 1. Ensure existing CYP mental health services, especially preventative services are accessible to asylum seeker and refugee children, including those living in the IACs, and that service providers offer translated resources and trauma-informed care to these patients as standard. 2. Explore involving the Tier 4 Trauma Anxiety and Depression Clinic at the Maudsley in projects to support unaccompanied asylum seeking children, given their national expertise in working with those with war trauma. 	<p>SEL ICB; Public Health</p>
<p>Asylum seeker and irregular migrant children, including some living in IACs, are not always being promptly registered in schools, in part due to fears around their immigration status</p>	<ol style="list-style-type: none"> 3. Work with accommodation providers and the Home Office to ensure they have robust measures in place to ensure all children in IACs are registered in school, share data with the council about any children not in school as a priority, and ensure that Family Early Help gain access to Clearsprings resident lists in the IACs to help identify children in need of support. 4. Support local schools in the borough to sign-up to the Schools of Sanctuary Scheme, to give them more tools to create a welcoming, safe environment for sanctuary seekers. 	<p>Children & Families Division; Education Division; Health providers</p>

Recommendations: Children & Young People (2 of 2)

Problem	Recommendation	Partners
<p>Many of the IACs lack common and green spaces for children to play, while children in dispersal accommodation may face similar challenges</p>	<p>5. Build on the success of the Holiday Food and Fun programme in attracting participation in IACs by increasing promotion of it to other AS&R groups, and working with VCS organizations to identify and where needed support after school, weekend and half term clubs accessible to asylum seekers free of charge.</p>	<p>Public Health; Children & Families Division</p>
<p>Lack of awareness of the support available for children of irregular migrants are often eligible for support under the Children's Act</p>	<p>6. Work with supplementary schools for speakers of languages other than English, and other VCS organisations, to make clear to parents that their children are entitled to a range of support regardless of their immigration status.</p>	<p>Communities Division; Public Health;</p>

Note:

Suggested lead partner for each recommendation shown in bold.

Recommendations: Partnership Working

Problem	Recommendation	Partners
<p>Agencies and organisations providing care and support to ASR groups sometimes work in silos, reducing effectiveness of service provision, and raising safeguarding concerns</p>	<ol style="list-style-type: none"> 1. A working group should be established, building on the success of the SEL AS&R Programme Board, to discuss current and changing needs of ASR groups in Southwark around health and wellbeing. This group should include wider council teams (for example, FEH and the Housing Team), and include in its governance a regular touchpoint with VCS partners. 2. Closer cooperation between accommodation providers' safeguarding teams, the council, SEL ICB, schools, NHS providers and the voluntary sector around safeguarding should be a key priority of this new working group. 	<p>SEL ICB, Public Health,</p>
<p>Voluntary sector groups are a valuable community asset for ASR and those with irregular status and would like to collaborate more with statutory services to support this population. However, they have limited resources, particularly with affordable space and funding</p>	<ol style="list-style-type: none"> 3. A single point of contact be set up in the council, specific to asylum seekers and refugees but non-specific across sectors, for external service providers and collaborators to liaise with. 4. VCS groups working with this population should receive support to access sustainable funding, and training on relevant issues such as safeguarding. This would enable them to collaborate more closely with statutory services to support this population. 5. Explore options to optimize the use of local publicly-owned buildings by voluntary and community sector groups working with asylum seekers and refugees, often priced out of other spaces particularly in the North of the borough, in line with work elsewhere e.g. Lambeth's VCS asset strategy. 	<p>Communities Division, SEL ICB</p>

Note:

Suggested lead partner for each recommendation shown in bold.

Recommendations: Data (1 of 2)

Problem	Recommendation	Partners
<p>Many statutory agencies do not have access to up to date personal data on residents of IACs to support with serious issues such as safeguarding and school registration.</p>	<ol style="list-style-type: none"> 1. Work with Clearsprings on data sharing agreements with all relevant stakeholders in the council and NHS, including family early help. 	<p>SEL ICB; Children & Families Division;</p>
<p>Primary care data is not available on asylum seekers and refugees, due to issues with coding and identifiability, with the gap particularly significant for certain health conditions/services, with implications for commissioners</p>	<ol style="list-style-type: none"> 2. General Practice and community providers to record and report on identified SNOMED codes as per SEL health core offer. 3. SEL ICB to use SNOMED code data to pull together dashboard or reporting on asylum seeker and refugee health, to capture further data around mental health, vaccinations and non-communicable diseases. 	<p>SEL ICB</p>
<p>Data sharing between health providers is challenging due to incompatible EMIS systems, and the regular movement of those in the asylum system, which often leads to poor continuity of care</p>	<ol style="list-style-type: none"> 4. Support local health providers to share data around this population by investing in improved EMIS systems. 5. Work with regional partners to develop an effective process for the rapid sharing of patient health records with new GP practices when asylum seekers are dispersed. 	<p>SEL ICB</p>

Recommendations: Data (2 of 2)

Problem	Recommendation	Partners
<p>Data on those in dispersal accommodation is limited, eg number, location and health needs</p>	<p>6. Work with partners and Home Office to identify those in dispersal accommodation, analyse their needs and develop tailored support if required.</p>	<p>Communities Division SEL ICB; Public Health</p>
<p>Ukrainian refugee health data is limited on those rehoused in Southwark under the Homes for Ukraine scheme.</p>	<p>7. Ukrainian guests should be offered an initial comprehensive health assessment as per SEL health core offer and the health provider will record and report on identified SNOMED codes as per SEL health core offer.</p>	<p>Communities Division, SEL ICB, Public Health</p>
<p>Limited data on the health needs or demographics of irregular migrants in Southwark or London</p>	<p>8. Further research should be supported locally to understand the irregular migrant population in Southwark, and its health needs.</p>	<p>SEL ICB, Communities Division; Public Health</p>
<p>Available data on tobacco, alcohol and drug misuse among AS&R and irregular migrants is very limited</p>	<p>9. Work with the Health Inclusion team, Nexus and other partners, including drug and alcohol services, to improve identification of asylum seekers/refugees with tobacco related or substance misuse needs in records, and acquire more accurate data to support commissioners of tobacco, alcohol and drug misuse services to meet the needs of these populations.</p>	<p>Public Health, SEL ICB</p>

Note:

Suggested lead partner for each recommendation shown in bold.

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