



## APPG ON REFUGEES INQUIRY: "REFUGEES WELCOME?" DOCTORS OF THE WORLD UK RESPONSE

### 1. Introduction

#### About DOTW

1.1 Doctors of the World UK (DOTW) is part of the Médecins du Monde network, an international humanitarian organisation providing medical care to vulnerable populations. In the UK, we run a volunteer-led clinic and advocacy programme with GPs and nurses that helps the most vulnerable members of the community to get the healthcare they need. We work primarily with migrants, asylum seekers, refugees, homeless people and sex workers. In 2015 we saw 1,601 people who were unable to access healthcare.

#### Health, access to healthcare and integration

1.2 Health and social integration are connected; poor health is both a cause and consequence of social exclusion<sup>i</sup>. Those who suffer poor health are less able to engage in activities that foster integration: to work, to study, to volunteer, to socialise, to attend community and religious groups, to play sport and to participate in social activities<sup>ii</sup>.

1.3 A Home Office Survey of New Refugees (2010) found that 'refugees who described themselves as being in good general health were more likely than others to be employed... Poor health also reduced the likelihood of refugees with low English language skills improving these skills... This suggests that poor health may inhibit language learning.' It concluded that 'the healthcare needs of some refugees may need to be addressed before other integration objectives, such as language learning and entry into employment, can be achieved.'<sup>iii</sup>

1.4 An effective strategy to integrate refugees into British society would put good access to healthcare at its heart so that refugees' health needs can be met, enabling them to go on and participate equally in the benefits of society.

1.5 Good access to healthcare for refugees is important for integration because it makes individuals feel part of a society that values and cares about their wellbeing. Being denied healthcare is rejecting and isolating. A DOTW service user explains how she (and her mother) felt after they were turned away from three GP practices: *'Then I basically gave up hope. I thought that is it. My mum is going to [go] blind, something is going to happen... I could even cry now...I don't want my mum to feel bad. She must be feeling like nothing.'*

1.6 In contrast Jackson, a refugee from Uganda, describes the positive impact that accessing a welcoming healthcare provider had on him: *'It was so welcoming... It was so amazing. The smallest thing but yes someone smiling at you can make such a difference... Since the environment- it was so welcoming, the treatment and also going to the GP. It was so amazing the way it worked for me. They gave me tablets. I just felt free, so it was a great experience I think.'*

## Mental health and integration

- 1.7 The link between poor access to healthcare and isolation is particularly significant in the context of mental health<sup>iv</sup>. People with mental health problems are among the most excluded people in Britain.<sup>v</sup> Poor mental health has a significant impact on an individual's key ways of integrating, such as accessing employment<sup>vi</sup>, education, volunteering and engaging with social networks. Increased prevalence of low self-esteem, relationship breakdown and the stigma experienced by many of those affected by mental illness are further barriers to integration.
- 1.8 Refugees have an increased susceptibility to mental health problems. 25% of people who came to DOTW's clinics reported their psychological health as bad or very bad<sup>vii</sup>. Poor mental health can be a consequence of forced migration but can also be caused by socio-political conditions faced in the UK<sup>viii</sup>.
- 1.9 The granting of refugee status can also be a trigger for mental health problems; it is often the point at which refugees reflect on all that they have lost. As highlighted in the Refugee Council report *England's Forgotten Refugees: Out of the Fire and into the Frying Pan*, the 'move on period' can be detrimental to mental health. It found that 'most participants... reported a serious decrease in their mental and physical health directly attributed to the stress associated with the move on period'.<sup>ix</sup>
2. *How far does current UK policy and legislation allow newly resettled and newly recognised refugees to integrate and rebuild their lives here?*

### UK legislation

- 2.1 UK legislation entitles refugees to free access to all NHS services. This is good for integration. It enables refugees to access healthcare, address their health needs and go on to rebuild their lives and integrate.

### UK Government policy

- 2.2 In 2014 the Government announced a policy to increase identification and charging of those who are not 'ordinarily resident' in the UK. Although refugees are exempt from these charges, this policy has had a negative impact on their access to healthcare. As hospitals increasingly check the immigration status of patients who do not appear to be British, refugees face administrative hurdles before accessing treatment. DOTW has seen refugees issued with bills and denied treatment because hospitals have wrongly identified them as undocumented migrants.

*In 2015 DOTW saw a 54-year-old man from Uganda who had been in the UK for 23 years, and had been granted indefinite leave to remain 13 years ago. He was refused palliative care for oesophageal cancer by an NHS trust as they wrongly classified him as being chargeable for NHS care. We referred the case to a lawyer who took action and he was eventually provided with the care after a delay.*

- 2.3 In 2015 the Government launched a consultation on extending healthcare charges into primary care, A&E, ambulance services and air ambulance. Findings of the consultation have not been published, but the 2016 Queen's Speech suggested that charges will be extended to some of these services: 'legislation will be introduced to ensure that overseas visitors pay for the healthcare they receive at public expense'. This is likely to further impact healthcare for refugees. As seen in secondary care, refugees will experience delays when accessing emergency services and GP practices whilst they prove their immigration status.

### 3. *What barriers, if any, there are to refugees integrating in the UK?*

3.1 Even though refugees are entitled to free NHS care, many face barriers when accessing the NHS. The main barriers faced by DOTW's service users are:

3.2 Confusion about healthcare entitlement: 51% of DOTW's patients had not accessed NHS services because they had presumed they were not entitled to do so. A further 17% did not know how to access the NHS<sup>x</sup>. DOTW research has also shown that GP reception staff often have a poor understanding of healthcare entitlement and misinform patients: 2 in 5 of DOTW's services users have been wrongly refused GP registration.<sup>xi</sup>

3.3 Lack of paperwork to prove address and/or identity. Research by DOTW shows that inability to provide proof of identity or proof of address are the two biggest barriers to GP registration (39% and 36% respectively)<sup>xii</sup>. GP practices can be very prescriptive about the type of paperwork they will accept and incorrectly insist on seeing a passport and a tenancy agreement or utility bill. There are many reasons why a new refugee may not have these documents, especially if they are living in unstable accommodation or are homeless.

3.4 Language. 14% of patients attending DOTW's drop in clinics did not access a GP because of language problems. DOTW often hear complaints from both patients and healthcare professionals that they are not able to access translation services.

#### **Barriers for refugees accessing mental health services**

3.5 The most significant barrier to accessing mental health services is the lack of services available. Although this is a barrier that effects everyone in the UK, the mental health services that are available are often inaccessible and not appropriate for refugees because:

- accessing mental health services require a referral from a GP, and refugees have poor access to GPs ( see 3.2 – 3.4),
- the majority of mental health services are only able to offer services in English,
- the cost of travelling to appointments can make them inaccessible to those on a low income,
- most NHS mental health services are not able to offer services that are culturally specific or tailored to meet the needs of specific types of trauma, such as torture or trafficking,
- limited services that do exist (see 7.2) have restricted capacity and long waiting lists, and are usually provided by the voluntary sector,
- healthcare professionals often report to DOTW that they are not aware of the specialist services available.

### 4. *The support available to refugees to help them gain access to the job market and other services*

4.1 The support available to help refugees access healthcare is varied.

4.2 Refugees who arrive through Gateway or the Syrian resettlement programme are supported to address these barriers by:

- conducting initial healthcare assessments in the country of origin/transition to identify health and social care needs;
- housing refugees with Local Authorities that are able to meet their health and social needs and are prepared for their arrival; and

- allocating refugees with a caseworker for 12 months who assists them to register with healthcare providers.

This additional support is crucial as these refugees will generally be more vulnerable than those who make their own way to the UK and will require a higher level of support.

4.3 This support appears to have mixed success. An evaluation of the Gateway programme in 2011 found that whilst 89% of new refugees were registered with a GP within 12 months, only 48% had managed to register with a dentist and 40% reported continuing barriers to healthcare despite valid GP registration<sup>xiii</sup>.

## 5. *What differences there are in the support available to refugees who have arrived in the UK after being resettled compared to those who have gone through the UK asylum system*

5.1 There are differences in the level of support available for resettled refugees compared to those who have gone through the UK asylum system.

5.2 Support available for refugees who have been resettled is outlined in section 4.2. Contrastingly, the guidance and support available for refugees who have been through the UK asylum system is limited and inconsistent.

5.3 Home Office providers of temporary accommodation for asylum seekers are required to “assist dispersed supported persons to register with a local GP and a dentist through the provision of oral and written instructions..[and] by providing them, where necessary, with information on how to make contact with, and the appointment systems associated with, the local National Health Service.”<sup>xiv</sup> They are required to take pregnant women, children under nine months those with long term conditions that need regular medication and those in need of an urgent GP appointment to a GP within 5 working days of arrival at the dispersal address.<sup>xv</sup>

5.4 From DOTW’s experience this guidance and support is often either not forthcoming or is ineffective. We often see asylum seekers who do not know their entitlement to healthcare services, or are refused GP registration and offered no further support by accommodation providers. Asylum seekers who are not accommodated by the Home Office do not receive any guidance or support.

5.5 A refugee from Syria who went through the UK asylum system describes the lack of support he received whilst he was an asylum seeker: *‘I wasn’t given any information from the Home Office or anyone about accessing a doctor or anything.’*

5.6 DOTW see pregnant women and people with complex health conditions who do not receive sufficient support from their accommodation provider to access services and were not taken to a GP within 5 days.

*A 23 year old asylum seeker from Afghanistan became separated from her husband on her way to the UK. She was 4 months pregnant and had not seen a doctor. She was put in temporary accommodation in Birmingham. The accommodation provider did not assist her to register with a GP or access antenatal care. DOTW learnt about her case through a volunteer working in Calais who met her husband. When DOTW found a GP that would register her, the accommodation provider failed to make transport arrangements for her to get to the GP practice. She was then moved to different temporary accommodation where all the local practices refused to register her. It took six weeks before she was registered with a GP and had access to antenatal care.*

*A 47 year old asylum seeker with severe depression was moved three times by the Home Office in the space of four months. Each time she tried to register with a new GP but was refused. She went for periods of time without medication. Eventually she contacted DOTW feeling suicidal. DOTW arranged an appointment with a local GP for the following day. The accommodation provider failed to make transport arrangements so the appointment was missed. She was then admitted to hospital.*

5.7 The absence of support to help refugees who have been through the asylum system to access healthcare restricts their ability to address their healthcare needs. This in turn impacts on their ability to integrate into society once they are granted refugee status because their health is worse and they require treatment for longer.

5.8 A second difference between the experiences of those who go through the asylum process which impacts on their health, and in turn their ability to integrate, is the experience of going through the asylum system itself. The negative impact of the asylum system on mental health - and physical health as a consequence - is well documented<sup>xvi</sup>. Put simply, the asylum process increases the healthcare needs of asylum seekers, and poor access to services means that these needs will take longer to treat. This is bad for integration as these people will be less able to move on and rebuild their lives once they gain refugee status.

6. *Are there any areas of good practice where refugees are being supported successfully? Are there any differences in support in the different regions of the UK?*

6.1 DOTW run GP registration advocacy clinics in London and Brighton. In 2015 we saw 1,601 people. We are successful in getting 88% of service users registered with a local GP. Because of the geographical location of DOTW's clinics, this service is only available to people who live in/close to London or Brighton. DOTW also run a nationwide advice line to provide advice and carry out limited GP registration advocacy.

6.2 DOTW are aware that community support groups and voluntary sector organisations sometimes provide advice on GP registration.

7. *Is support provided to vulnerable refugees, including those who are disabled or who have been victims of torture, adequate?*

7.1 Vulnerable refugees who are resettled in the UK receive government support to access healthcare. Vulnerable refugees who go through the UK asylum process do not routinely receive support. DOTW often see refugee victims of torture struggling to access healthcare services who are not receiving any additional support to do so.

*A 27 year old man from Sri Lanka who had been tortured was granted refugee status in 2016. When he first arrived in the UK and claimed asylum he tried to access healthcare services: 'I had a lot of pain on the body and was not sleeping well, I have really bad dreams... I think a lot, reliving things'. He was living with his brother but their local GP refused to register him. He then came to DOTW where we were able to get him registered with a GP. He is now having counselling with Freedom from Torture.*

7.2 There are some specialist services for vulnerable refugees, most of which are provided by the voluntary sector<sup>xvii</sup>. From DOTW experience there are not enough services that offer specialist support to meet the need of vulnerable refugees, and those services that do exist are

oversubscribed and have long waiting times. These services also tend to be based in London so are not accessible to those living outside of London.

## *8. Do particular groups of new refugees, such as LGBTI refugees or refugee women, face any specific barriers to experiencing a welcome in Britain?*

8.1 From DOTW's experience, LGBTI refugees sometime face extreme social isolation in the UK. Many of the LGBTI refugees seen at the clinics have faced discrimination in their home country and are wary of connecting with diaspora communities in the UK. There is also a strong fear of being disbelieved and being returned by the Home Office causing people to isolate themselves more.

## *9. What impact, if any, the type of immigration leave granted to refugees in the UK has on their integration?*

9.1 Unaccompanied minors are usually granted limited leave to remain. This type of leave can impact on their mental health and ability to integrate. Dr Gillian Hughes, a clinical psychologist at the Tavistock and Portman NHS Child and Family Refugee service, explains this:

9.2 "With the right mental health intervention, [unaccompanied minors] are able to come to terms with the multiple losses and trauma they have experienced, and usually demonstrate the most extraordinary resilience. They rebuild "families" within their networks of support and develop dreams for their future, which motivate them to work hard in school. I have become increasingly troubled by what happens as they approach 18 – the age at which they must reapply for asylum. Their temporary leave to remain expires at this age, and they must return to court to argue their case again. This process can have a devastating impact on their mental health. All the good work done since their arrival in the UK to heal trauma and help them to settle rapidly unravels."<sup>xviii</sup>

## *10. What support is available to local communities who are accommodating refugees? What more could be done to support local communities who may be impacted by refugees?*

10.1 Local communities could be better supported by increasing resources to existing services. DOTW believe a key element of integration is making core services accessible to refugees, only setting up additional services where there is a very specific need to be met. However this will only be successful in fostering integration if local communities are able to access the services themselves and do not perceive refugees as a threat to their own access to services.

10.2 Local communities can also be supported if healthcare providers encourage refugees to register with a GP and access services. DOTW has worked with City and Hackney CCG, GP Confederation and Local Authority Public Health to improve access to healthcare within the borough by providing training to GP receptionists and producing resources on GP registration policy. This (free) service is available for all London boroughs.

## *11. Other issues DOTW would like to raise*

11.1 Within the context of integration there is one additional issue DOTW would like to raise because of the detrimental impact it has on refugees' ability to integrate: the negative discourse and tone used by the Government (and some sections of the media) when talking about refugees. This has a direct impact on their mental wellbeing. Phil Murwill, Coordinator of DOTW's clinic, describes how "I've had many conversations with service users with poor mental health

where they have expressed an exacerbated feeling of fear and persecution due to what is said by politicians.”

11.2 This negative discourse often leaves refugees feeling excluded, isolated and very unwelcome in the UK and undermines social integration work. Any strategy to promote integration would need to address this issue.

## 10 Recommendations

- All refugees, regardless of the way in which they entered the UK, should receive support to access NHS services.
- The APPG on Refugees writes to all Clinical Commissioning Groups in the UK 1) asking them to write to all their GP practices reminding them of entitlement healthcare for refugees and asylum seekers, 2) asking them to review the availability of mental health services for refugees within their area and 3) encouraging them to work with DOTW to carry out an assessment of the health needs of asylum seekers and refugees in their area.
- The Home Office writes to all accommodation providers reminding them of their obligations to signpost all asylum seekers to healthcare services and their enhanced responsibilities to vulnerable asylum seekers, pregnant women and those with ongoing healthcare needs.
- If an asylum seeker is identified as a vulnerable person (victim of torture, trafficking, disability) either in a healthcare assessment or through their asylum claim, they receive an enhanced level of support to register with a GP and access NHS services.
- All asylum seeking children under the age of 18 are added to the list of vulnerable asylum seekers to receive the enhanced level of support to access healthcare including registration with a GP in five working days.
- Home Office to work with DOTW to produce a resource (in multiple languages) on entitlement and access to healthcare services that is issued to asylum seekers during their (initial interview).

<sup>i</sup> ‘Fair Society, Health Lives (Marmot Review) 2010 available at <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>ii</sup> Home Office documents on refugee integration identify employment and involvement in voluntary work as key indicators of integration: *Integration Matters: A National Strategy for Refugee Integration*, March 2005; UKBA, *Moving on Together: Government’s recommitment to supporting refugees*, March 2009; Home Office, *The Gateway Protection Programme: an evaluation*, Research Report 12, February 2009; and Home Office, *Spotlight on refugee integration: findings from the Survey on New Refugees in the UK*, Research Report 37, July 2010.

<sup>iii</sup> Home Office, *Spotlight on refugee integration: findings from the Survey on New Refugees in the UK*, Research Report 37, July 2010, page 2  
<sup>iv</sup> <http://www.rcpsych.ac.uk/pdf/social%20inclusion%20position%20statement09.pdf>; <http://www.esrc.ac.uk/files/news-events-and-publications/evidence-briefings/mental-health-and-social-relationships/>

<sup>v</sup> Footnote 243, referenced in: ODPM (2004) *The drivers of social exclusion: A review of the literature for the Social Exclusion Unit*. London: ODPM ODPM (2005) *Excluded Older People: Social Exclusion Unit Interim Report*. London: ODPM/Social Exclusion Unit

<sup>vi</sup> The most recent Labour Force Survey shows that only 21% of adults with mental health problems are employed.

<sup>vii</sup> [https://www.doctorsoftheworld.org.uk/files/UK\\_report\\_final\\_2015.pdf](https://www.doctorsoftheworld.org.uk/files/UK_report_final_2015.pdf)

<sup>viii</sup> Burnett A and Fassil Y (2009) Meeting the Health Needs of Refugees and Asylum Seekers. Available at [migranthealthse.co.uk](http://migranthealthse.co.uk); Porter M and Haslam N (2005) Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *JAMA*. 2005 Aug 3;294(5):602-12. Available at [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

<sup>ix</sup> *England’s Forgotten Refugees: Out of the Fire and into the Frying Pan* available at [http://www.refugeecouncil.org.uk/latest/news/4634\\_forgotten\\_refugees\\_in\\_england\\_face\\_hunger\\_and\\_homelessness](http://www.refugeecouncil.org.uk/latest/news/4634_forgotten_refugees_in_england_face_hunger_and_homelessness)

<sup>x</sup> [https://www.doctorsoftheworld.org.uk/files/UK\\_report\\_final\\_2015.pdf](https://www.doctorsoftheworld.org.uk/files/UK_report_final_2015.pdf)

<sup>xi</sup> [https://www.doctorsoftheworld.org.uk/files/UK\\_report\\_final\\_2015.pdf](https://www.doctorsoftheworld.org.uk/files/UK_report_final_2015.pdf)

<sup>xii</sup> Registration Refused: Access to GP Registration in England, [https://www.doctorsoftheworld.org.uk/files/RegistrationRefusedReport\\_Mar-Oct2015.pdf](https://www.doctorsoftheworld.org.uk/files/RegistrationRefusedReport_Mar-Oct2015.pdf)

<sup>xiii</sup> <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-gateway-protection-programme.pdf>

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/496911/new\\_Healthcare\\_Needs\\_and\\_Pregnancy\\_Dispersal\\_Policy\\_EXTERNAL\\_v3\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496911/new_Healthcare_Needs_and_Pregnancy_Dispersal_Policy_EXTERNAL_v3_0.pdf), page 28

<sup>xvi</sup> British Red Cross, Poor health, no wealth, no home: a case study of destitution, available at <http://www.redcross.org.uk/About-us/Advocacy/Refugees/Ending-destitution/Poor-health-no-wealth-no-home>

<sup>xvii</sup> The services include [Freedom from Torture](#) (torture), [Helen Bamber Foundation](#) (trafficking and human rights violations), [Baobab Centre for Young Survivors in Exile](#) (child and young survivors of torture and political violence), [Refugee Therapy Centre](#) (children, young people and their families), [Room to Heal](#) (survived torture and other forms of organised violence), [The Tavistock and Portman NHS Child and Family Refugee service](#) (children, young people and families), [Women and Girls Network](#) (women and girls affected by all forms of gendered violence) and [Forced Migration Trauma Service](#) (refugees, asylum seekers and forced migrants suffering from Post Traumatic Stress Disorder).

<sup>xviii</sup> <https://www.theguardian.com/commentisfree/2015/nov/11/asylum-teenagers-refugees-mental-health>