London Borough of Barnet
Migrant Health Needs Assessment
September 2022

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Acknowledgements

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It would not have been possible to produce this health needs assessment without contributions from the following:

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Stakeholder Interviews

A special thank you to all the health professionals, Voluntary and Community Sector (VCS) partners and Local Authority (LA) colleagues who contributed to the stakeholder interviews. An extra special thank you to the migrant residents themselves who gave their time and effort to this needs assessment and without whom, this would not have been possible nor meaningful to produce.

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2 Executive Summary

During the COVID-19 pandemic, between 2020-2022, Barnet saw an increasing number of asylum seekers enter the borough. Understanding the needs of this group alongside refugees and undocumented migrants became a priority for the Public Health Team in Barnet Council and this health needs assessment was commissioned. Prior to this there had not been a health needs assessment undertaken of these groups locally.

This needs assessment focused on “forced migrants” (which includes refugees and asylum seekers) and “undocumented migrants” only and defines the term “migrant” as any individual who comes to reside in another country outside of their country of birth. Key terms and definitions used can be found in the appendices.

Barnet continues to be a welcoming borough to migrants and recognises that new migrants bring a variety of skills, expertise and experience into the borough.

Migration impacts on health and this needs assessment found differences in both the wider determinants (such as housing, education and employment) and health outcomes of forced and undocumented migrants as compared to those born in the UK. Forced and undocumented migrants tend to have relatively worse health and health outcomes than the UK born population which declines over time. This decline in health is a result of a variety of interlinking issues, most notably poor work and living conditions, poverty, social isolation, poor access and knowledge of health care systems and discrimination.

Poorer health outcomes are exacerbated by barriers to accessing health care services including knowledge, service provision and workforce training and this needs assessment explores these barriers through the literature and stakeholder engagement – both with professionals and with migrants themselves.

A policy review also highlights the main immigration, housing, welfare and education policies that affect forced and undocumented migrants and shows how these policies lead to poorer health outcomes overall.

National and local data highlights demographics, patterns, and health outcomes of forced and undocumented migrants and is further expanded upon by the literature in Chapter 6.

Stakeholder interviews were held with professionals whilst surveys were conducted with asylum seekers, exploring the main health issues, barriers and outcomes they experience within the UK health care system and are summarised in Chapter 10.

Where information was readily available this needs assessment also lists local services available for forced and undocumented migrants including services for advice, signposting, health and wellbeing, social care and language classes.

The discussion at the end of this needs assessment synthesises all of the above to suggest ways to tackle the inequalities and unmet needs of these groups, including recommendations based on the issues identified throughout this document. The recommendations can be summarised as follows:

2.1 Recommendations

This health needs assessment identifies a number of recommendations to improve the knowledge and access of forced and undocumented migrants in health care services, and to improve their health and wellbeing. It is recommended that commissioners and providers of services to forced and undocumented migrants in Barnet consider the following:

2.1.1 Improving knowledge of the UK health care system

- Creating bespoke information about the health care system for forced and undocumented migrants that remains accurate and up to date and translated into commonly spoken languages in these groups
- Providing bespoke information at frequent touchpoints including entry into the borough, entry into accommodation, GP registration, A&E attendance and liaison with voluntary and community sector organisations promotion of ESOL classes and ensuring they are accessible in both time/days and location – providing creche support where possible

2.1.2 Improving access of the UK health care system

- supporting research locally into the undocumented migrant population and their needs
- creation of a migrant providers network to coordinate, support and align efforts locally
- review of the current translation services to ensure they are fit for purpose
- consider the commissioning of key specialist workers to assess, screen and manage the needs of forced and undocumented migrants
- provision of digital literacy classes and access to technology including mobile phones and SIM cards
- further support for key specialist workers based in Family Services to assess and screen forced and undocumented migrants on their clinical needs including outreach where these groups are based
- disseminate guidance to health care professionals of the needs, rights and entitlements of forced and undocumented migrants including no recourse to public funds (NRPF). This would include primary care and secondary care HCPs that migrants will come in contact with.
- consider widening provision of primary care including longer opening hours, patient advocacy and gender-concordant providers
- consider the provision of free transport to medical appointment

2.1.3 Improving the health and wellbeing of forced and undocumented migrants

- review maternity services to ensure they provide an adequate service for displaced women including the use of interpreter services, training in trauma-informed care, and a community-based peer support/befriending service

- consider commissioning a specialised mental health service for vulnerable migrants with culturally adapted care in a migrant sensitive setting alongside community-based mental health care
- increase support unaccompanied asylum-seeking children (UASC) into supportive living situations
- increase support trauma-focused interventions and cognitive behavioural therapy for UASC in particular
- Review provision of women for sexual and reproductive health including support for sexual trauma, ensuring it is appropriate
- Strengthen the education of displaced women in preventative care around sexual and reproductive health
- Tailor immunisation services and communications campaigns to the needs of forced and undocumented migrants
- Review food provision in contingency hotels to ensure it is appropriate and nutritional and at the earliest convenience, support the transition of asylum seekers into accommodation with self-catering
- Improve awareness and accessibility of dental care services for forced and undocumented migrants
- Improve the offer of activities, groups and ESOL classes to forced and undocumented migrants including sports, crafts, and learning

2.1.4 Workforce development

- Disseminate information and guidance on the rights of forced and undocumented migrants to frontline workers and ensure it remains accurate and up to date
- Consider the offer of training for GPs and healthcare frontline workers including cultural competency and trauma-informed care
- Support the provision of reflective and clinical supervision for GPs and healthcare frontline workers

3 Introduction

Barnet has a proud history of providing sanctuary to those fleeing persecution and was the first London borough to resettle Afghan refugees.

This migrant health needs assessment has been commissioned by the Barnet Public Health team and has been undertaken to support a greater understanding of the needs of migrants in Barnet; prior to this there has not been a health needs assessment undertaken of these groups locally. This needs assessment will focus on "forced migrants" (which includes refugees and asylum seekers) and "undocumented migrants" only and defines the term "migrant" as any individual who comes to reside in another country outside of their country of birth. Please see Box 1 for definitions of migrants based on immigration route.

A set of recommendations has been developed to shape both service provision for these groups and identify gaps and areas for further partnership working. The provision of health care for migrants should meet their individual health, safeguarding and wider public health needs by supporting access to both mainstream and specialised services to ensure migrants have the same rights to high quality treatment and care as those born in the UK.

This needs assessment must be considered within the recent context of the COVID-19 pandemic outbreak which changed the movement of people, the processing of applications and the widening of health inequalities on those already suffering from health inequity.

In 2021-22 there were 37,562 asylum applications (relating to 44,190 people) made in the UK of which 13,210 people (30%) were granted protection through asylum and resettlement routes (Home Office, 2021). In the last 10 years, the numbers of applications for asylum have been slowly and steadily increasing (Figure 1). When considering asylum prevalence in the UK it is important to situate within other countries in Europe; the UK currently ranks 5th for asylum applications with Germany receiving the most at 100,000 applications in 2020 (Refugee Council, 2021). Spain, France and Greece also receive a higher number of applications each year. Of the near 40,000 applications in the UK, 90% come from males, approximately 7.5% are Unaccompanied AsylumSeeking Children (UASC), and around 12.5% are children who come with an adult (Refugee Council, 2021).

Box 1: Definitions of migrant based on immigration route

1. **General Migrant**

An individual who leaves their country of origin to reside in another for the purposes of work, study or closer family ties.

2. **Forced Migrant**

An individual who has been forced to leave their country of origin due to war, conflict, persecution or natural disaster.

- **Asylum seeker**

An individual who has applied for asylum under the 1951 Refugee Convention on the Status of Refugees on the grounds of fear of persecution on account of race, religion, nationality, political belief or membership of a particular social group.

- **Refugee**

An individual upon whom the status of refugee has been conferred under the 1951 Refugee Convention on the Status of Refugees. This can be obtained either through successful application for asylum or by direct selection via the Gateway Protection Programme or Syrian Vulnerable Persons Resettlement Programme. Refugee Status currently means five years leave to remain in the UK. Refugees have the right to work and claim benefits, access to mainstream housing, and the possibility of applying for family reunion.

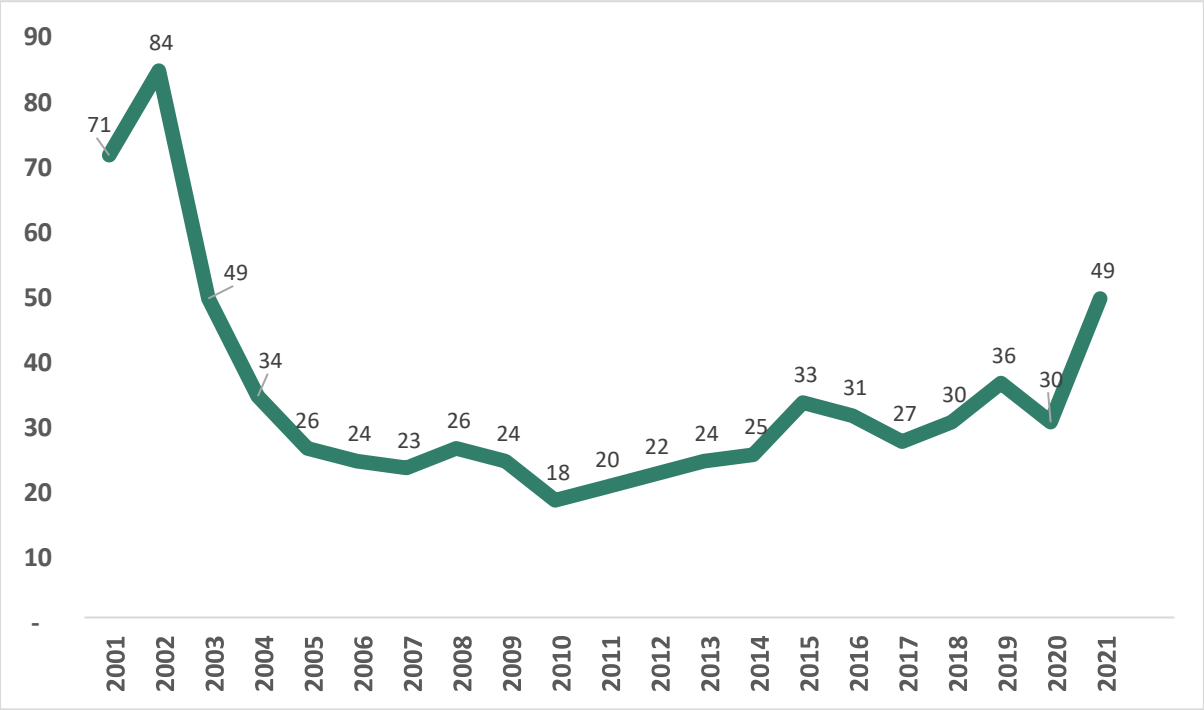
- **Unaccompanied Asylum-Seeking Children ("UASC")**

A child or young person (0-17 years old) who is seeking asylum in another country and has been separated from their parents or carers. Whilst their claim is processed, they are cared for by a local authority.

3. **Undocumented Migrant**

An individual who has entered the UK in a forced or unforced manner but has lost or never obtained a right of residence. This includes general migrants who have overstayed their visa, trafficked persons, irregular entrants, children of undocumented migrants, and refused asylum seekers who are not receiving Section 4 additional support (see Box 5 for further information on Section 4).

Figure 1: Asylum Applications in the UK, by thousands (2001-2021)



Source: Immigration Statistics, year ending March 2022 (Home Office , 2022)

As of June 2021, the Office for National Statistics (ONS) estimates there to be 9.6 million people in the UK who were born outside of the country (or 14.5% of the total population) and 6 million people with non-British nationality (Office for National Statistics, 2021). A large proportion of those born outside of the UK reside in London (35%, 3.3 million) whilst the number of UK born citizens is more evenly distributed across the country with approximately 10% living in London (Office for National Statistics, 2021).

In 2021, the Annual Population Survey (APS) estimated there to be 138,400 of a total 402,700 residents in Barnet who were non-UK born (34.4%) (Office for National Statistics, 2021).

There are currently 1,754 asylum seekers and refugees (around 0.4% of the total population) living in Barnet. These groups are comprised of 973 asylum seekers and 781 refugees (23 in dispersed accommodation, 68 in receipt of subsistence support only, and 690 recent Ukrainian arrivals). It is not known how many undocumented migrants live in Barnet and more work needs to be done to capture this group.

By gaining a better understanding of the health needs of migrant residents in Barnet, we are taking steps towards creating more equal health and wellbeing outcomes between migrants and UK born residents.

3.1 Methodology

To undertake this needs assessment, a search was conducted for existing migrant health needs assessments across the UK. Those available and published within the last 10 years were included and reviewed to create a structure for this document.

3.1.1 Literature Review

The literature search consisted of a review of systematic reviews and was carried out by performing a broad search of PUBMED. The keywords used in the search were: “migrant” AND/OR “immigrant” AND “health” AND/OR “migrant health” AND/OR “immigrant health”. Reviews on PUBMED were filtered by year (2017-2022) and those written in English and free to access were included. Following the generation of a list of 60 reviews, the abstracts of each were reviewed in turn to ascertain whether the content of the review aligned with the central focus of the needs assessment. The remaining 35 reviews are included in this needs assessment.

Findings from the literature review were collated and are presented in Chapter 6: Health Outcomes for Migrants.

3.1.2 Quantitative data

National and local data regarding the demographics in the UK, and Barnet were derived from the Census 2011, the Office for National Statistics (ONS) and the Annual Population Survey (APS). Whilst the Census 2021 has been collected, data was not available at the time of publication of this needs assessment.

Local data on presenting health needs has been collected from several sources including housing and UASC data from the London Borough of Barnet, clinical

data from NCL CCG and data on asylum seekers in contingency hotels from Ready Homes.

3.1.3 Stakeholder Engagement

Stakeholder interviews and surveys were conducted in July and August 2022. The Public Health team contacted migrants, health professionals, migrant organisations, and the community and voluntary sector for participation in interviews and surveys. Participants who worked directly with migrant populations in Barnet were purposely recruited. In total, 11 professionals were interviewed, and 50 migrants completed surveys about their health needs (45 asylum seeking adults and 5 unaccompanied asylum-seeking young people). The surveys were undertaken at two locations: one of Barnet's contingency hotels (for adults) and a supported living residence (for UASC). VCS partners and key workers were on hand to support the completion of the surveys.

The initial plan for stakeholder engagement with asylum seekers was to conduct a focus group which unfortunately proved too difficult with the variety of languages spoken by the group. A decision was made at the time to turn the focus group into a survey, which was conducted with the asylum seekers with interpreter support provided by our local VCS partner, Persian Advice Bureau, and asylum seekers themselves who were able to translate the questions for their fellow residents. Some asylum seekers also used translation applications on their phones to answer the questions.

3.2 Scope & Limitations

Whilst this report has focussed on forced and undocumented migrants only, most datasets do not capture migrant status or country of origin, and language and ethnicity are not appropriate proxies. Where necessary, those born outside the UK or those with non-British nationality have been used to estimate prevalence locally, particularly when looking at health needs. Undocumented migrants in particular are not routinely captured within local datasets, so this report will fail to capture this group locally but has used evidence and literature to fill in those gaps where it can.

There are notable gaps in data for these groups, in particular around inequalities such as disability, sexuality, socio-economic status and ethnicity (although we do have language data for some of our asylum seekers). More research is needed in these areas. Further research is also needed to understand how the health needs of migrants in Barnet compare to other areas.

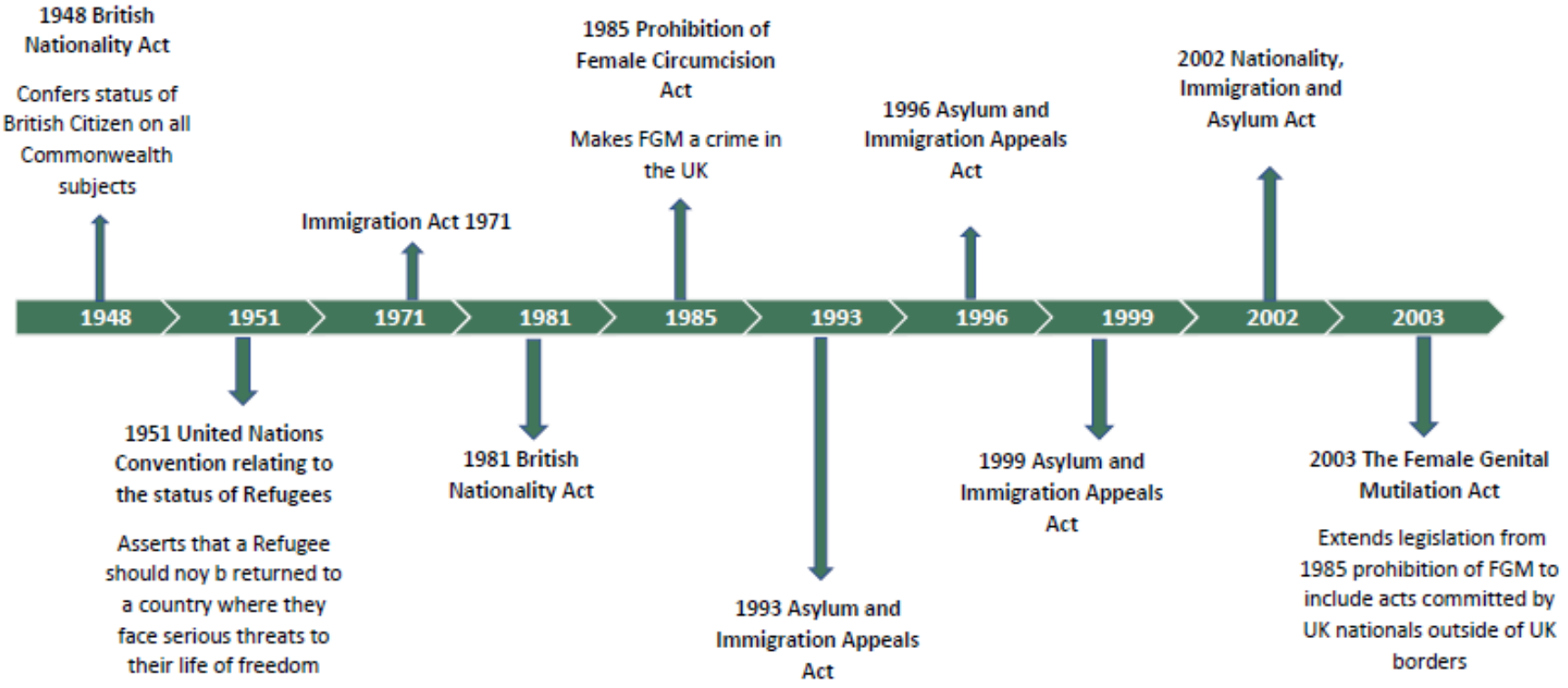
Due to the rapid and limited nature of this assessment, this document should be used as a first step to understanding these populations and the beginning of an iterative approach to meeting their needs.

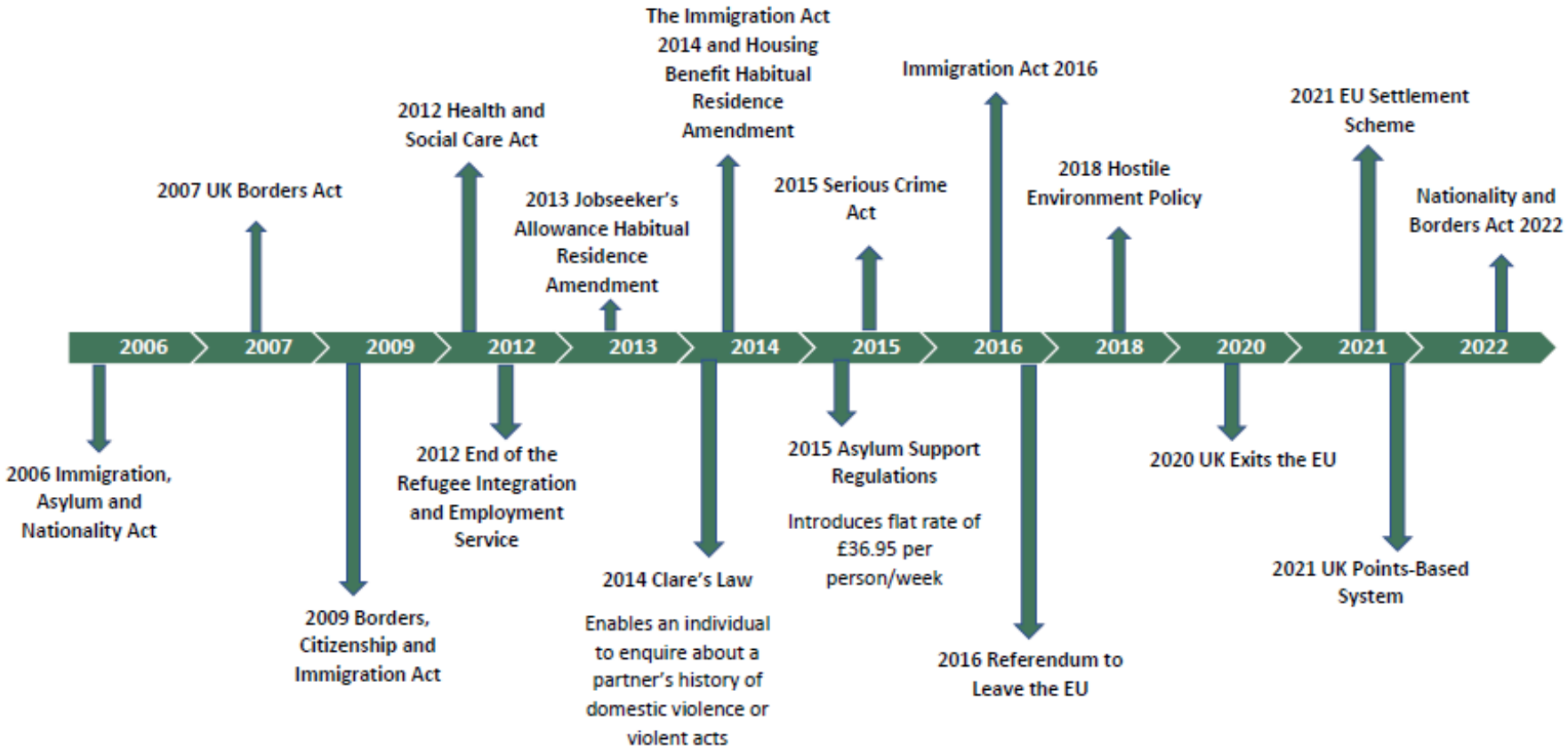
Local services are presented where information was available, but locations and contact details can change at any point. Please contact services directly for more information.

Finally, unfortunately at the time of publishing this report we were not able to access GP level data for the health needs of UK and non-UK born populations. This data would usually accompany a health needs assessment and we hope to include this data in a second version in the future. Although this local health data is missing, we have evidence of the prevalent health needs of these populations from systematic reviews and they have informed our local recommendations.

4 Policy Context

4.1 Timeline of immigration policy 1948-2022




2006
2007
2009
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2014
2015
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2018
2020
2021
2022
2006 Immigration, Asylum and Nationality Act
2007 UK Borders Act
2009 Borders, Citizenship and Immigration Act
2012 Health and Social Care Act
2012 End of the Refugee Integration and Employment Service
2013 Jobseeker's Allowance Habitual Residence Amendment
The Immigration Act 2014 and Housing Benefit Habitual Residence Amendment
2014 Clare's Law
Enables an individual to enquire about a partner's history of domestic violence or violent acts
2015 Serious Crime Act
2015 Asylum Support Regulations
Introduces flat rate of £36.95 per person/week
Immigration Act 2016
2016 Referendum to Leave the EU
2018 Hostile Environment Policy
2020 UK Exits the EU
2021 EU Settlement Scheme
2021 UK Points-Based System
Nationality and Borders Act 2022

4.2 Immigration Policy

Immigration policy in the UK is complex, vast and subject to frequent change. One of the most significant recent legislations affecting immigration law is the Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020 which abolished EU free movement at the end of the Brexit transition period (31st December 2020), making way for the UK's new points-based immigration system.

The points-based immigration system is intended to select migrants who will contribute the most to the UK's economy. By removing free movement, this new policy is both more restrictive and substantially more expensive for EU citizens (The Migration Observatory, 2021). The total cost of a typical route to settlement for a skilled work (as of May 2022) is just under £7k (excluding legal fees and priority services) (Home Office , 2021).

There are different forms of residency status in the UK, as outlined in Box 2.

Box 2: Different forms of residency status in the UK

Humanitarian Protection

Humanitarian protection is granted to a person who is deemed to have a need for protection but who does not meet the criteria for refugee status. To qualify, a person must show that there are substantial grounds for believing that if they return to their country of origin, they will face a real risk of suffering serious harm. Humanitarian Protection normally means five years leave to remain in the UK and brings almost all of the same rights as Refugee Status.

Discretionary leave

Discretionary leave is granted to a person who does not qualify for refugee status or humanitarian protection but presents other accepted reasons why they need to stay in the UK temporarily.

Indefinite leave to remain

Indefinite leave to remain (ILR) which is also called 'permanent residence' or 'settled status' gives permission to stay in the UK without any time limit. Indefinite leave can lapse if the holder has remained outside the UK for a continuous period of 2 years.

Limited leave to remain

Limited leave to remain is the permission to enter the UK for a limited period defined on many visas e.g., visitor, spousal and student visas. Individuals may apply for an extension to their permit if they wish to stay longer.

British citizenship

British citizenship can be applied for by adults who have held ILR for 12 months and who have remained in the UK for 5 years.

4.2.1 Immigration Policy for Asylum Seekers and Refugees

Asylum claims are made, usually in person at designated places. Once an asylum claim is made, the asylum seeker will attend a screening interview, a substantive asylum interview and receive a decision. There is an option to appeal the decision if refused. The UK government states that to stay in the UK as a refugee you must be unable to live safely in any part of your own country because you fear persecution there. The persecution must be because of your race, religion, nationality, political opinion or anything else that may put you at risk (i.e., gender, gender identity, sexual orientation) (Home Office, 2022).

Box 3: Legal definition of "refugee" (UNHCR, 2022)

> A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

Asylum seekers in the UK can be detained at immigration removal centres whilst awaiting a decision on their application. Applications are expected to take up to 6 months in the UK although this can take longer if the application is complicated (Home Office, 2022).

Asylum seekers will either be rejected (which they can appeal), or approved to stay under one of the following ways:

- Permission to stay as a refugee (known as ‘leave to remain’), which lasts 5 years, after which you can apply for settled status.
- Permission to stay for humanitarian reasons (known as ‘leave to enter’ or ‘leave to remain’), which lasts 5 years, after which you can apply for settled status.

- Permission to stay for other reasons (this can last for any amount of time depending on your situation).

If an asylum seekers application and appeal is subsequently rejected, they will be asked to either leave by themselves, or be removed.

Refugees are granted the status of refugee through several routes. The majority are granted through the asylum process as outlined above. In some cases, if this application is rejected, new claims can be made if circumstances change i.e., if the applicant has a child born in the UK. Some individuals are granted refugee status through resettlements schemes such as the Mandate Scheme, the UK Resettlement Scheme (UKRS) Community Sponsorship Scheme and the Afghan Citizens Resettlement Scheme (ACRS) (UNHCR, 2022). In 2021, 1,587 people were granted protection through resettlement schemes in the UK.

4.2.2 No recourse to public funds

The Immigration Act 1999 stipulated the condition of having 'no recourse to public funds' (NRPF) which set out that individuals subject to immigration control would no longer have access to most public benefits including forms of income support, housing benefit and a range of allowances and tax credits.

Those who are subject to immigration control includes:

- individuals who do not have leave to enter and/or leave the UK i.e., refused asylum seekers, those who overstay their visa and irregular entrants

- individuals from non-EEA countries whose visa is for limited leave to enter or remain in the UK i.e., work permit, students, spousal

Those people who have NRPF can be eligible for assistance from their local authority for services including education and social care but are not eligible for homelessness assistance or council housing allocation. From April 2022, all families who have NRPF who meet income thresholds are eligible for free school meals. The current income thresholds are as follows:

- £31,200 per annum for families within London with one child.

- £34,800 per annum for families within London with two or more children (UK Parliament, 2022).

As most Unaccompanied Asylum-Seeking Children (UASC) do not have recourse to public funds at 18, the local authority remains fully responsible for the cost of their subsistence and accommodation until their asylum application is finalised or until they are 25 years old.

4.2.3 Modern Slavery

Launched in 2014, the UK Government set out a cross-government approach to tackling modern slavery. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking and the scale of it in the UK is significant, with the Home Office estimating 10,000-13,000 victims of modern slavery in the UK in 2013. Trafficking in persons is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of exploitation (HM Government , 2014).

4.3 Migrant Health Policy

The Visitor and Migrant Cost Recovery Programme introduced charges to some forms of healthcare for overseas visitors. All overseas visitors are charged 150% of the cost of NHS treatment for any care they receive unless exempt. In the UK those exempt from paying for NHS healthcare include those:

- granted refugee status in the UK
- seeking asylum or temporary or humanitarian protection until their application (including appeals) is decided
- receiving support from the Home Office under section 95 of the Immigration and Asylum Act 1999

- a failed asylum seeker who receives support from the Home Office under section 4(2) of the Immigration and Asylum Act 1999 or from a local authority under section 21 of the National Assistance Act 1948 or Part 1 (care and support) of the Care Act 2014
- a child looked after by a local authority
- formally identified as, or suspected of being, a victim of modern slavery or human trafficking – this includes their spouse or civil partner and any children under 18 as long as they are lawfully present in the UK
- detained in prison or by the immigration authorities in the UK (Office for Health Improvement and Disparities, 2022).

Asylum seekers also have access to free prescriptions, free dental care, free eyesight tests and help paying for glasses. Some undocumented migrants will not fall under the above groups and could be charged for some secondary care. Services that are free at the point of access regardless of status include:

- A&E services
- Dental care in the community
- Diagnosis and treatment of sexually transmitted infections
- Diagnosis and treatment of certain infectious diseases including COVID19
- Family planning services, not including termination of pregnancy
- GP services (Office for Health Improvement and Disparities, 2022).

There is no charge for treatment for conditions (including mental ill health) caused by:

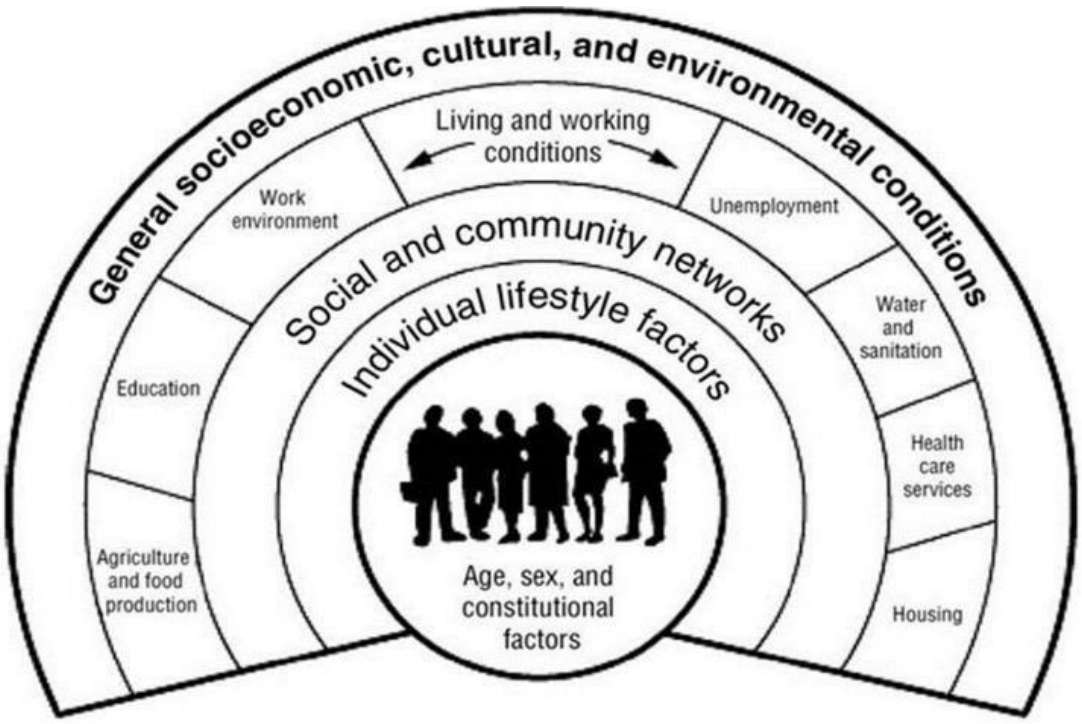
- Torture
- Female genital mutilation (FGM)
- Domestic violence
- Sexual violence (Office for Health Improvement and Disparities, 2022).

5 Wider determinants of health

Wider determinants of health, sometimes also known as social determinants, are a range of social, economic and environmental factors that impact upon people's health. These factors are influenced by local, national and international distribution of power and resources and determine the extent to which individuals have the physical, social and personal resources to meet their health needs. Key determinants include access to housing, employment and education as well as access to health care services.

Figure 2 shows the wider determinants of health model. This health needs assessment will also look at housing, employment and education and how they impact the health of forced and undocumented migrants. In Chapter 7, barriers to accessing health care services will be explored.

Figure 2: The Wider Determinants of Health [(Dahlgren & Whitehead, 1991)]



Source: Dahlgren and Whitehead (1991)

Non-communicable diseases such as cardiovascular disease, diabetes and cancer are affected by wider determinants of health such as poor housing, lack of education and lack of access to employment. Forced migrants often

experience these wider determinants as well as separation from family and friends, structural discrimination and low socio-economic status which may help explain why forced migrants appear to experience a greater burden of non-communicable disease than both other migrants and those born in the UK.

5.1 Housing

Housing is an important determinant of health. Poor housing conditions are associated with a wide range of health conditions including respiratory infections, asthma, lead poisoning, injuries, and mental health (Krieger & Higgins, 2002). The World Health Organisation (WHO) produced guidelines on housing and health where they noted the different ways that poor housing affects health including:

- structurally deficient housing can increase the risk of injury
- poor accessibility increases risks of injury, stress and isolation
- insecure housing is stressful
- housing that is difficult or expensive to heat contributes to poor respiratory and cardiovascular outcomes
- housing with high indoor temperatures can cause heat-related illnesses and increase cardiovascular mortality
- indoor air pollution is connected to a wide range of noncommunicable disease outcomes, harms respiratory and cardiovascular health, and may trigger allergic and irritant reactions, such as asthma
- crowded housing increases the risk of exposure to infectious disease
- inadequate water supply and sanitation facilities affect food safety and personal hygiene, and therefore lead to the development of communicable diseases (World Health Organisation, 2018).

People born abroad have lower home ownership rates in the UK than those born here (47% vs 70%) and are three times more likely to be in the private rental sector (PRS) (The Migration Observatory, 2022). Private rentals are associated with higher rates of substandard housing quality than both self-

owned and social housing although social housing is linked to higher rates of overcrowding (City University of London , 2013). Households where at least one of the adult members was foreign born were more likely to be in overcrowded conditions with around 11% of households with non-EU born adults were considered overcrowded, and about 9% of households comprising EU born adults. The overcrowding rate was substantially higher in London than in the rest of the UK (10% vs 2% of all households). Overcrowding was also more prevalent among households living in social housing (12%) or privately rented accommodation (9%) compared to owner-occupied housing (2%) (The Migration Observatory, 2022).

Asylum seekers are not entitled to allocation of housing from their local authority but are entitled to housing provided by the Home Office whilst their claim is being processed. This housing is provided on a 'no choice' basis. It is possible to apply directly to housing associations or private rented accommodation within the UK, however this is not allowed in England whilst immigration checks apply, although they are allowed to stay with friends or family. Both asylum seekers and refused asylum seekers can also apply for support and accommodation for partners and children (Home Office, 2021).

Due to the COVID-19 pandemic and lack of dispersed accommodation, contingency hotels have been used to house asylum seekers. There are currently four contingency hotels and 973 asylum seekers housed within these in Barnet. Local authorities support asylum seekers when they are asked to move on from Home Office provided dispersed accommodation, which they have to do within 28 days of their asylum application decision.

For those who gain refugee status, they are entitled to apply for local authority housing provision and this status is covered for partners and children where the family was established before leaving their home country. Barnet currently houses 23 refugees in either temporary accommodation or within the private rented sector. There are also 68 refugees who receive subsistence support but who have found their own accommodation.

Unaccompanied asylum-seeking children (UASC) are housed and supported by their local authority under the care of social services. Barnet currently has 120 UASC in the borough (at time of writing).

5.2 Employment and Welfare

Evidence notes that employment can have profound impacts on people's health. Precarious employment is an employment condition that negatively affects the health of workers, families, and communities (Benach, et al., 2014) whilst unemployment has a number of adverse effects on health including increased suicide, lung cancer, depression, anxiety, and higher need of healthcare services (Wilson & Walker, 1993).

Asylum seekers are not normally allowed to work whilst their asylum claim is being considered and if they are destitute or likely to become destitute, are given access to a separate welfare payment known as Section 95 support (see Box 4) under section 95 of the Immigration and Asylum Act 1999. As of June 2021, 8,375 asylum seekers in London were in receipt of section 95 support. Asylum seekers who have had their application rejected cannot access section 95 support but can instead apply for Section 4 support (see Box 5).

Box 4: Section 95 Support (NRPF Network, 2022)

Section 95 of the Immigration and Asylum Act 1999 describes that once an asylum seeker has submitted their claim for asylum, support is provided in the form of monetary support and/or accommodation. Since 2015, a flat rate is paid per person per week rather than a tiered payment related to age and dependants. Following a refused claim, asylum support under section 95 is terminated after 28 days in individuals with no dependent children. The current rate Is £40.85. However, those who are being provided with full-board hotel accommodation receive a weekly allowance of £8.24.

Box 5: Section 4 Support (NRPF Network, 2022)

Section 4 of the Immigration and Asylum Act 1999 entitles refused asylum seekers meeting one of a number of conditions (such as inability to leave the country on health grounds or no safe route of return) to receive a payment of £40.85 per person per week received on a pre-paid card which can be used to purchase food, clothing and toiletries. However, those who are being provided with full-board hotel accommodation receive a weekly allowance of £8.24.

Any asylum seekers housed in full-board accommodation receive £8.24 a week rather than £40.85. Three of the four hotels in Barnet are full-board and house roughly 50% of asylum seekers at the time this needs assessment was written.

Those asylum seekers who are allowed to work may only do so if their claim has been outstanding for more than 12 months through no fault of their own, and are restricted to jobs on the shortage occupation list published by the Home Office (Home Office, 2022). Any permission to work granted will come to an end if their claim is refused and any appeals rights are exhausted, at that point they are expected to leave the UK. Those who are granted leave have unrestricted access to the labour market.

The Home Office notes the intentions of this policy are to:

- ensure a clear distinction between economic migration and asylum that discourages those who do not need protection from claiming asylum to benefit from economic opportunities they would not otherwise be eligible for
- prevent illegal migration for economic reasons and protect the integrity of the asylum system so that we can more quickly offer protection to those who really need it
- be clear that asylum seekers can undertake volunteering as this provides a valuable contribution to the wider community and may help those who qualify for leave to remain here to integrate into society (Home Office, 2022).

The Asylum and Immigration Act 1996 made it a criminal offence to employ an individual unless they had permission to live and work in the UK (HM Government, 1996). Ten years later the Immigration, Asylum and Nationality Act 2006 brought in on-the-spot fines of £2,000 for employers found to be hiring an employee without residency status (HM Government, 2006). The Immigration Act 2016 established extensive laws on working illegally: from July 2016, individuals who knowingly or negligently employ people not permitted to work may now be incarcerated for up to five years and illegal workers for a period of 51 weeks (HM Government , 2016).

Employment outcomes for young migrants vary depending on their country of origin, gender, and age at arrival in the UK. European Economic Area (EEA)

migrants have high employment rates but are overrepresented in low-skilled work; non-EEA migrants are overrepresented in high-skilled jobs but have lower employment rates (The Migration Observatory , 2016).

5.3 Education

Education is another important wider determinant of health. Educated people are generally healthier, have fewer comorbidities and live longer than people with less education (Davies, et al., 2018). Further evidence shows that well educated people are less likely to be unemployed, have higher incomes and lower economic hardship which in turn significantly improve health. They are also less likely to smoke, more likely to exercise and more likely to get health check-ups (Ross & Wu, 1995).

In Barnet, 7% of the 973 asylum seekers currently residing are primary school aged (5-10 years old) and 6.5% are secondary school aged (11-17 years old). There are also 23 UASC in Barnet of statutory school age accessing secondary education, the majority of whom are attending Barnet schools. Migrant children have the same entitlements to education as UK born children, however, research by UNICEF found that refugee and asylum-seeking children in the UK faced long delays accessing education due to schools' fear of affected league tables. The report also found that no region in the UK had successfully met the 20-school-day target for finding places for all unaccompanied asylumseeking children (UASC) in their care (Unicef, 2018). Among young people with English as an additional language, progress in school tends to be below average in comparison to UK born children, however, it was found that this gap is largely eliminated by age 16 (The Migration Observatory , 2016).

5.4 Social Care

Social care for children and adults are important services for asylum seeking and refugee families. One systematic review looking at parent support programmes found that specific programmes for immigrant families had the potential to improve positive parental practices and families' wellbeing and that by identifying the needs of the groups with cultural tailoring led to

increase in acceptability, engagement and benefits for these groups (Hamari, et al., 2022).

Another review looking at the barriers and facilitators for refugee children disclosing their life stories found that the main barriers included feelings of mistrust and self-protection, as well as disrespect from the host community. Facilitators included positive and respectful attitudes of the interviewer, taking time to build trust, using non-verbal method, giving children agency and the use of trained interpreters. It also noted that the "lack of knowledge on how refugee children can be helped to disclose their experiences is a great concern because the decision in the migration procedure is based on the story the child is able to disclose" (van Os, et al., 2020).

6 Health Outcomes for Migrants

This chapter outlines the health outcomes for asylum seekers, refugees and undocumented migrants as evidenced in the literature review performed for this health needs assessment. Local data for health can be found in Chapter 9.

6.1 General Health

Although there is evidence that overall, migrants entering the UK may have a better baseline health level than those born in the UK (known as the 'Healthy Migrant effect'), this is not the case for forced migrants (Domnich, et al., 2012). Forced migrants often come to the UK with worse health than UK born citizens, one of the reasons for this being due to living conditions encountered prior to their arrival (Domnich, et al., 2012).

Findings from the literature review are collated and presented below.

6.1.1 Maternal Health

Perinatal and maternal health outcomes for asylum seekers, refugees and undocumented migrants are generally worse than for their counterparts in the general population. A systematic review looking at perinatal outcomes for asylum-seeking and refugee women found that outcomes were predominantly worse, particularly mental health, maternal mortality, preterm birth, and congenital anomalies, representing a double burden of inequality for these groups (Heslehurst, et al., 2018). This finding was echoed by several other systematic reviews reporting adverse outcomes for both forced migrants and undocumented migrants including higher maternal mortality and low birthweight (Gieles, et al., 2019).

A review also found that pregnant asylum seekers faced significant barriers to accessing maternity care due to practical issues related to the challenges of their status combined with a lack of knowledge of maternity services, as well as professionals' attitudes towards them and suggested that mandatory provision of interpreter services together with training for health care professionals could address urgent issues faced by this group (McKnight, et al., 2019). This was echoed by a paper which noted that migrant women need

culturally competent healthcare providers who provide equitable, high quality and trauma-informed maternity care, undergirded by interdisciplinary and cross-agency team-working and continuity of care (Fair, et al., 2020). Balaam *et al* further echoed this view showing that the interventions for perinatal support most valued by asylum seeking and refugee women were those using a community-based befriending/peer support approach (Balaam, et al., 2022).

One systematic review found that immigrant women, particularly asylum seekers, often booked antenatal care later than the recommended first 10 weeks. Reasons for this included language barriers, lack of awareness of services, lack of understanding of the purpose of antenatal appointments, immigration status and income barriers (Higginbottom, et al., 2019).

6.1.2 Mental Health

Asylum seekers and refugees have been forced to leave their homes in search of safety and are amongst the most disadvantaged groups in our society. Due to this, mental health is a key priority and area of concern for these groups. One systematic review found that depression, post-traumatic stress disorder and anxiety was higher in refugees and asylum seekers than the settled population (Close, et al., 2016). Another review found that whilst the point prevalence of psychiatric disorders and mental health problems varied among studies, the prevalence estimates nevertheless suggest that specialised mental health care services for the most vulnerable refugee and asylum-seeking populations are needed (Kien, et al., 2019). A further study noted factors that supported migrant groups to access care and improve symptoms including providing culturally adapted care in a migrant-sensitive setting, giving a role to other clinical staff (task-shifting), and intervention intensity, as well as providing primary care programs to enable community based mental health care which may reduce mental health-related stigma for refugees and other migrants (Gruner, et al., 2020).

One review that specifically looked at social-capital-based mental health interventions found that the reinforcement or creation of social capital, especially bridging and linking types, serves as a crucial resource to help refugees. Specifically, community and multilevel social capital interventions are key to curbing mental health symptoms among refugees. Further research is

needed to examine social capital interventions amongst refugees (VillalongaOlives, et al., 2022).

Immigration detention centres have consistently demonstrated severe mental health consequences on refugees and asylum seekers, as noted in Von Werthern *et al.* This review stated that anxiety, depression and PTSD were commonly reported both during and following detention, whilst higher symptom scores were found in detained compared to non-detained refugees. In addition, detention duration was positively associated with severity of mental symptoms and greater trauma exposure prior to detention was also associated with symptom severity (von Werthern, et al., 2018).

6.1.3 Violence

Many asylum seekers and refugees experience violence both prior to and during their journey to their host country. One systematic review found that prevalence of torture (which was variably defined) was above 30% across all studies, whilst torture history in clinic populations correlated with both hunger and PTSD. One study also found that previous exposure to interpersonal violence interacted with longer immigration detention periods, resulting in higher depression scores (Kalt, et al., 2013).

Another review looking specifically at sexual violence found that this was a prevalent problem affecting refugees of both sexes, of all ages, throughout the migratory journey, particularly those from Africa. Rape was the most reported form of sexual violence, with women being the main victim of this crime (89%) and was perpetrated by both intimate partners and agents of supposed protection. A few studies also noted the prevalence of sexual violence in men and children, reaching as high as 39.3% and 90.9% respectively (Araujo, et al., 2019).

6.1.4 Dental Care

Oral health is one of the most neglected aspects of refugee health and one systematic review looking at dental caries (dental decay) amongst refugees in Europe found that eight studies on oral health showed a range of 50-100%

dental caries within these groups, whilst six studies on general health showed a range of 3-65% (Sneha, et al., 2020). This compares to the England average in 2018/19 of 23.4% of 5-year-olds with dental decay (Office for Health Improvement & Disparities, 2022). We do not currently have comparable data for adults in the UK.

A second systematic review noted that asylum seekers and refugees encounter significant challenges to accessing dental care in their host countries, including affordability, language barriers including communication difficulties and insufficient interpretation, limited knowledge of the healthcare systems and healthcare rights, and negative encounters with healthcare teams. Both population and healthcare characteristics influence access to dental care and affordability, awareness and accommodation are most frequently described as barriers to dental access for this population (Paisi, et al., 2020).

6.1.5 UASC Health

One review looking at Unaccompanied refugee minors (URMs) (or known through this needs assessment as UASC), found that those living in more supportive living arrangements including foster care had lower risk of PTSD and lower depressive symptoms compared with those in semi-independent care arrangements. UASC living in reception settings that restricted freedom had more anxiety symptoms and were less likely than accompanied children to receive trauma-focused interventions, cognitive therapy, or practical assistance with basic social needs. Three studies found cognitive behavioural therapy improved PTSD symptoms and mental health outcomes. A less structured approach (mental health counselling alone) did not improve functional health outcomes for this group (Mitra & Hodes, 2019).

Another review looking at the gender differences in the mental health of UASC found that female UASC were often more affected by PTSD or depressive symptoms than their male counterparts (Mohwinkel, et al., 2018) and a further review showed that the most common mental health problems children face upon arrival in the host country are PTSD, depression and various anxiety disorders (van Os, et al., 2016).

Locally, there has been a focus on suicide prevention for UASC following the suicides of four UASC boys between 2017 and 2019 in London. The lack of

ethnicity data at death registration means no national data is available on ethnicity and suicides, and no studies have been completed in the UK to assess the risk of self-harm and suicide in UASC. However, a study in Sweden found the risk of suicide among UASC to be nine times that of the rest of the Swedish population of that age, with 100% being male and hanging being the predominant method (60%) (Mittendorfer-Rutz, et al., 2020).

6.1.6 Sexual and Reproductive Health

The number of women being displaced globally is growing and we know that asylum seeking, refugee and undocumented women have poorer health outcomes than UK born women. Women's health is affected by their country of origin including conflict, persecution, violence and natural disasters, as well as some under-resourced healthcare systems. Poor health outcomes are further exacerbated by the journey these women make. A systematic review looking at the preventative sexual and reproductive health needs of refugees and displaced women found that there were three themes (and ten subthemes) identified:

- interpersonal and patient encounter factors including:
    - knowledge
    - awareness
    - perceived need for and use of preventive SRH care
    - language and communication barriers
- health system factors including:
    - healthcare provider discrimination and lack of quality health resources
    - financial barriers and unmet need
    - healthcare provider characteristics
    - health system navigation and;

- sociocultural factors and the refugee experience including:
  - family influence
  - religious and cultural factors (Davidson, et al., 2022).

The review also included suggestions for improvement to clinical practice and policy such as giving women the option of seeing women healthcare providers, ensuring adequate time is available during consultations to listen and develop refugee and displaced women's trust and confidence, and strengthening education for refugee and displaced women unfamiliar with preventive care whilst refining healthcare providers cultural competency (along with interpreters) (Davidson, et al., 2022).

6.1.7 Vaccinations

Several studies have highlighted that migrants and refugees have lower immunisation rates compared to European-born individuals due to low vaccination coverage in countries of origin, the transient nature of migration (leading to missing multiple doses), immunisation status of migrants being unknown, lack of registration with medical authorities for fear of legal consequences and lack of coordination among public health authorities across borders of neighbouring countries (Mipatrini, et al., 2017). A systematic review of current scientific evidence on this subject suggested possible strategies to overcome these issues including tailoring immunisation services on the specific needs of target populations, developing strong communications campaigns, developing vaccine registers and promoting collaboration among public health authorities of European countries.

A separate systematic review found that targeting migrants for catch-up vaccinations was cost effective for presumptive vaccinations for diphtheria, tetanus and polio (Hui, et al., 2018).

6.1.8 Blood Donation

A systematic review paper by Klinkenberg *et al* found that Sub-Saharan African people are under-represented in the blood donor population in Western

highincome countries, which causes a lack of specific blood types for transfusions and prevention of alloimmunisation among Sub-Saharan African patients. The main recurring barriers for Sub-Saharan African people were haemoglobin deferral, fear of needles and pain, social exclusion, lack of awareness, negative attitudes and accessibility problems. However, there were also important recurring facilitators such as altruism, free health checks and specific recruitment and awareness-raising campaigns (Klinkenberg, et al., 2019).

6.1.9 Tuberculosis

A paper looking at the cost-effectiveness of screening for active Tuberculosis (TB) found that cost-effectiveness was highest amongst migrants originating from high (>120/100,000) TB incidence countries. When comparing those born outside and inside the European Union (EU) and EEA, those born outside had similar or better TB treatment outcomes and acceptance of chest radiography (CXR) screening was high (85%) amongst migrants. The paper concluded that "screening programmes for active TB are most efficient when targeting migrants from higher TB incidence countries. The limited number of studies identified, and the heterogeneous evidence highlight the need for further data to inform screening programmes for migrants in the EU/EEA" (Greenaway, et al., 2018).

7 Health Care Access for Migrants

Health care access for asylum seekers, refugees and undocumented migrants is generally considered worse than resident populations and barriers for these groups are highly prevalent. One review found that although the problems refugees and asylum seekers face in accessing health care in high-income European countries have long been documented, little has changed over time. It also found that living conditions are a key determinant for accessing health care and that not enough attention is paid to this by health professionals (Nowak, et al., 2022). Another review of twenty-five studies found that access for migrant groups was improved by use of multidisciplinary (bilingual if possible) staff, interpreters, no or low-cost services, outreach, provision of free transport, longer opening hours, patient advocacy and gender-concordant providers. It also found that case management by specialist workers improved the coordination between different health care services and cultural sensitivity training of interpreters improved quality of care (Joshi, et al., 2013).

One review identified three main topics of challenges in healthcare delivery: communication, continuity of care and confidence (the 3C model). It suggested that the 3C model gives a “simple and comprehensive, patient-centred summary of key challenges in health care delivery for refugees and migrants” and is relevant to support clinicians in their practice whilst setting priorities for migrants (Brandenberger, et al., 2019).

8 National Data

This chapter outlines national data and trends for migrants, as well as forced and undocumented migrants in the UK. For local data relevant to the London Borough of Barnet please see Chapter 9.

The population of the UK at mid-year 2020 was estimated to be 67.1 million (Office for National Statistics , 2021). The latest 2020-based National Population Projection from the ONS estimates the UK population to increase by 3.2% to 69.2 million by the year 2030 and this population growth is projected to be driven by a net 2.2 million people migrating into the country (Office for National Statistics , 2021).

In terms of migration, in the year ending June 2021, 573,000 people migrated into the UK whilst 334,000 people emigrated from it, leaving a net migration of 239,000 people. In that same year 6 million people were living in the UK who had the nationality of a different country (9% of the total population) including 3.4 million EU nationals, whilst 994,000 UK nationals were living in other EU countries (excluding Ireland) (UK Parliament, 2022).

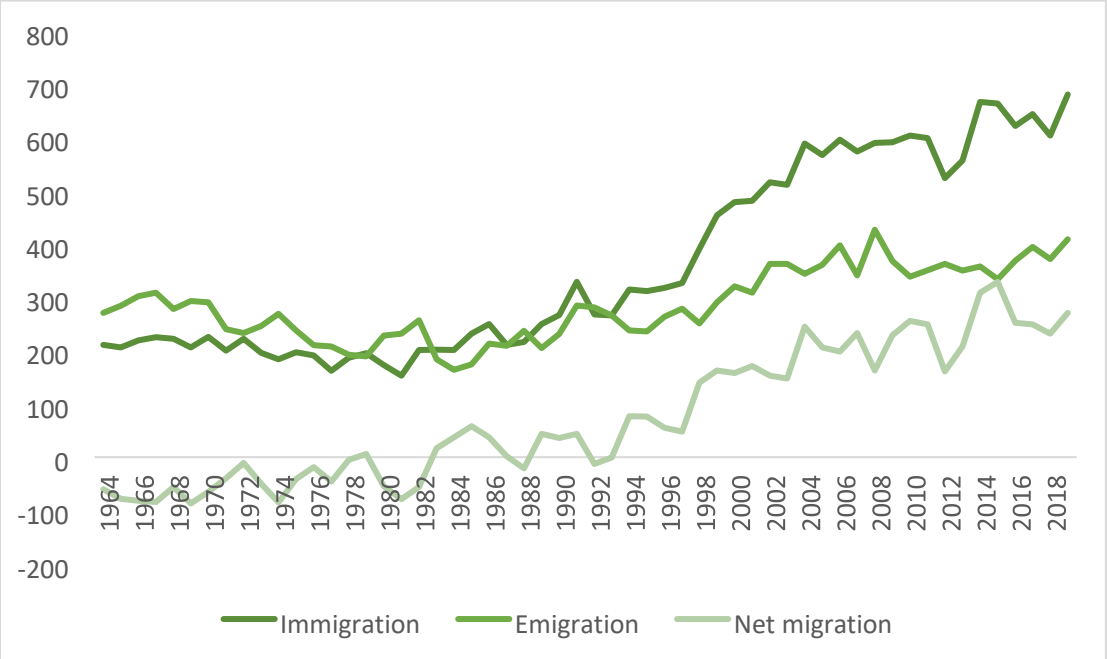
The number of people migrating to the UK has been greater than the number emigrating since 1994 and has been more than 100,000 a year since 1998 (although there was considerably less migration during the COVID-19 pandemic than in previous years).

It is estimated that as of the year ending June 2021, there are 9.6 million (14.5%) migrants in the UK (measured here as people born outside the UK) (Office for National Statistics , 2022). The UK's migrant population is concentrated in London, with around 35% of people living in the UK who were born abroad resident in the capital city. Similarly, around 37% of people living in London were born outside the UK, compared with 14% for the UK as a whole (UK Parliament, 2022).

After London, the English regions with the highest proportions of their population born abroad were the West Midlands (13.9%), the South-East (13.4%), the East of England (12.9%), and the East Midlands (12.7%). In each of these regions the proportion of people born abroad was lower than for England as a whole (15.5%), which is skewed by London. Of all the nations and regions of the UK, the North-East had the lowest proportion of its population

born abroad (5.8%), followed by Wales (6.5%), Northern Ireland (7.0%), and Scotland (9.3%) (UK Parliament, 2022).

Figure 3: Estimates of international migration in the UK 1964-2019 (in thousands)



Sources: ONS Annual Abstract of Statistics (various editions); Long-Term International Migration Estimates, 2 series (LTIM calendar year); Migration Statistics Quarterly Report, August 2020 Notes: These are the latest, revised estimates from the Long-term International Migration series and may be different to those published in previous versions. The latest year shown on the chart is 2019.

The most common nationalities in the UK in the year ending June 2021 that were non-British were: Indian (896,000), Polish (682,000), Pakistani (456,000), Republic of Ireland (412,000) and German (347,000) (Office for National Statistics, 2021).

8.1 Forced Migrants

According to UNHCR statistics, as of mid-2021 there were 135,912 refugees and 83,489 pending asylum cases in the UK (UNHCR, 2022). Of the 9.6 million

people born outside of the UK, forced migrants make up a minority (around 2%).

Whilst awaiting a decision on asylum applications, asylum seekers may be held in detention centres. In the year ending March 2022, 25,282 people entered detention centres in the UK (up from 13,044 in the previous year) including 93 children. As of March 2022, 1,140 people were currently being held in a detention centre of which 813 were seeking asylum (Home Office , 2022).

8.1.1 Asylum Seekers and Refugees

Published statistics for granting asylum or other forms of leave go back as far as 1979, so we do not know how many people the UK has granted these for before then. Most published statistics also only take into account the outcomes of initial decisions only, and do not include the outcomes of appeals (which would increase the number of people that are granted asylum-related leave). According to United Nations High Commissioner for Refugees (UNHCR) statistics, as of mid-2021 there are 135,912 refugees in the UK and 83,489 pending asylum cases (UNHCR, 2022).

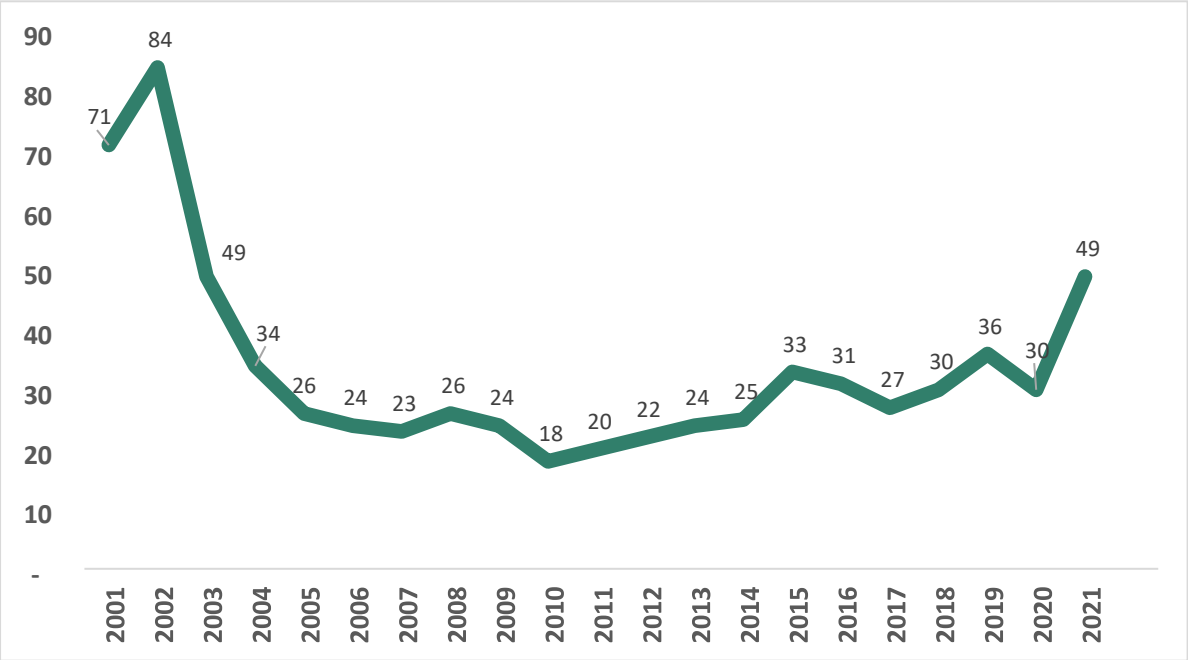
In the year ending March 2022 there were 55,146 applications (relating to 65,008 people) for asylum of which 15,451 people were granted asylum or protection (24%). The top five countries of origin of people seeking asylum during this time were Iran, Iraq, Eritrea, Albania and Syria.

This is similar to the numbers seen from 2015-2018 although was 24% lower than the year ending March 2020 (Home Office , 2022). This is largely due to the pause in resettlement processes during the pandemic. The number of applications in the year ending March 2022 is up 56% from the year ending March 2020 and is the highest number for almost two decades (although around a third of the level in the most recent peak in 2002 which was partly driven by political unrest in some countries around the world) (Home Office , 2022).

Of the 65,008 people applying for asylum in the latest year, around 20% are females and 80% males. Roughly 18% are under 18 (12% males and 6% females) (Home Office , 2022). There were 4,081 applications from unaccompanied asylum-seeking children (UASC), a 15% increase on the

number prior to the COVID-19 pandemic (3,553 in the year ending March 2020) (Home Office , 2022). Of those children whose claims were decided in the last 12 months, 85% were granted asylum.

Figure 4: Asylum applications lodged in the UK (in thousands, 2002-2022) (Home Office , 2022)



When comparing the UK to EU+ (countries in the EU, EEA and Switzerland), the UK received the 4th largest number of asylum applications in the year ending 2021 (although when measured by applications per head of population, the UK becomes the 18th largest intake) (European Commission, 2021).

Table 1: Number of asylum applications to UK and top three countries in EU+, 2021 (European Commission, 2021)

Country	**Number of Applications (2021)**
Germany	148,175
France	103,790
Spain	62,050
UK	56,495

Resettlement is the transfer of refugees from a country where they have initially sought asylum to a third state which has agreed to admit them. The UK now operates three resettlement schemes: the UK Resettlement Scheme (UKRS), Community Sponsorship Scheme, and Mandate Resettlement Scheme (Home Office, 2021).

Between 2004 and 2020, the UK helped resettle approximately 750 vulnerable refugees per year. These refugees were entered into a 12-month support programme intended to aid their integration into British society (Refugee Council , 2022).

1,587 people were granted protection through resettlement schemes in 2021. This is 93% higher than in the previous year, when resettlement paused due to the COVID-19 pandemic. 6,134 family reunion visas were also issued to partners and children of those granted asylum or humanitarian protection in the UK (UNHCR, 2022).

Of the 1,587 people granted protection through the resettlement schemes in 2021, 71% were resettled through the UK Resettlement scheme (UKRS), 20% through the Vulnerable Persons Resettlement Scheme and Vulnerable Children Resettlement Scheme (both of which closed at the end of February 2021), and the remaining 9% through the Mandate Scheme and Community Sponsorship schemes. The most common nationalities of those resettled were Syrian (76%), Iraqi (8%) and Sudanese (3%) (UNHCR, 2022).

8.1.2 Ukrainian Refugees

In February 2022 Russia invaded Ukraine and due to this, the UK has opened two visa routes for Ukrainians fleeing the conflict. By 31st March 2022, 60,482 applications have been received in the UK across the two schemes of which 27,979 have been granted. This includes the Ukraine Family Scheme, which had 29,178 applications of which 23,817 had been granted, and the Ukraine Sponsorship Scheme, which had 31,304 applications and 4,162 grants (Home Office , 2022). There are currently around 690 Ukrainian refugees living in Barnet being hosted under the ‘Homes for Ukraine’ scheme. It is not known how many more Ukrainian people are resident in Barnet outside of this scheme.

8.1.3 Hong Kong – British Nationals (Overseas) Visa

In January 2021 the Hong Kong British National (Overseas) visa route was launched by the Home Office. Those with British National (Overseas) (BN(O)) status and their eligible family members are able to come to the UK to live, study and work. As with other visas, after 5 years in the UK, they are able to apply for settlement, followed by British citizenship after a further 12 months. From 15 July 2020 to 13 January 2021, approximately 7,000 BN(O) status holders and their dependants were granted Leave Outside the Rules at the border (HM Government , 2021). Barnet is host to one of the highest numbers of BN(O)'s in London although exact numbers are currently unknown and more work can be done to review the needs of the group locally.

8.2 Undocumented Migrants

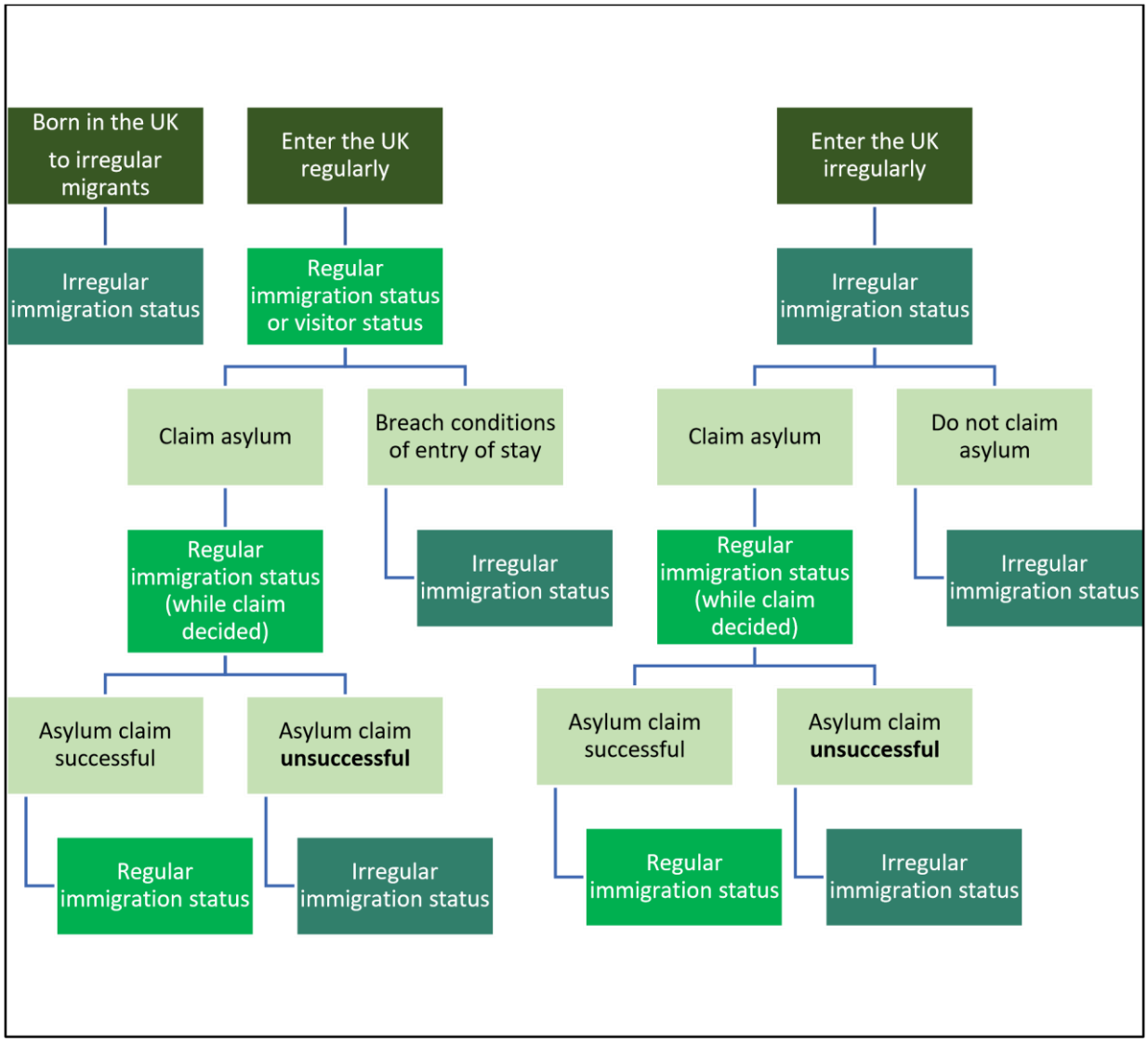
Undocumented migrants, who can otherwise be known as "illegal immigrants", or "irregular migrants" have no legal definition within UK law. However, there are four common ways a migrant can become undocumented:

1. Enter the UK regularly and breach the conditions upon which entry or stay was granted, such as by visa overstaying, doing work that is not permitted, or due to a criminal conviction.
2. Enter the UK irregularly or through deception, such as using forged documents or lying about the purpose of entry.
3. Do not leave the country after an application for asylum has been rejected and all rights of appeal exhausted.
4. Be born in the UK to parents who are irregular migrants, because the UK does not have birth right citizenship (see Figure 4) (The Migration Observatory, 2022).

It is difficult to estimate the number of undocumented migrants in the UK and no source holds an official figure. In 2005 the Home Office reported an

estimated 310,000-570,000 unauthorised migrants living in the UK (Home Office, 2005). The most recent estimates have come from the Pew Research Centre (which estimates 800,000-1,200,000 in 2017) and the Greater London Authority (which estimates 594,000-745,000 in 2017) (The Migration Observatory, 2022). These estimates should always be treated with caution.

Figure 5: Main pathways into irregular immigration status in the UK



Source: The Migration Observatory.

9 Local Data

In 2021, the Annual Population Survey (APS) estimated there to be 138,400 of a total 402,700 residents in Barnet who were non-UK born (34.4%) which is one of the highest in London alongside Brent, Newham and Ealing (Office for National Statistics, 2021). There was a growth of just over 40,000 non-UK born residents between 2001-2011 in Barnet (The Migration Observatory , 2013).

There are 973 asylum seekers and 781 refugees in Barnet (23 in dispersed accommodation, 68 in receipt of subsistence support only, and 690 recent Ukrainian arrivals). It is not known how many undocumented migrants live in Barnet and more work needs to be done to capture this group.

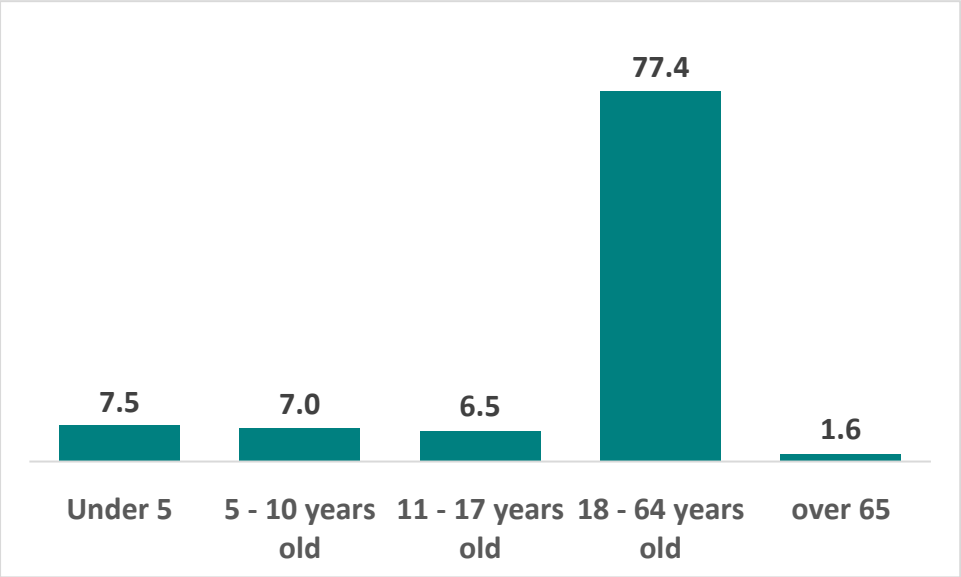
Monitoring dispersed refugees with a very recent influx under the 'Homes for Ukraine' scheme is difficult locally, therefore the following breakdown of data within 'Inequalities' section covers asylum seekers only.

9.1 Inequalities

9.1.1 Age

Of the asylum seekers currently residing in Barnet, 7.5% are under 5 years old, 7% are 5-10 years old and 6.5% are between 11-17 years old. 77.4% are of working age (18-64 years old) and just 1.6% are over 65 years.

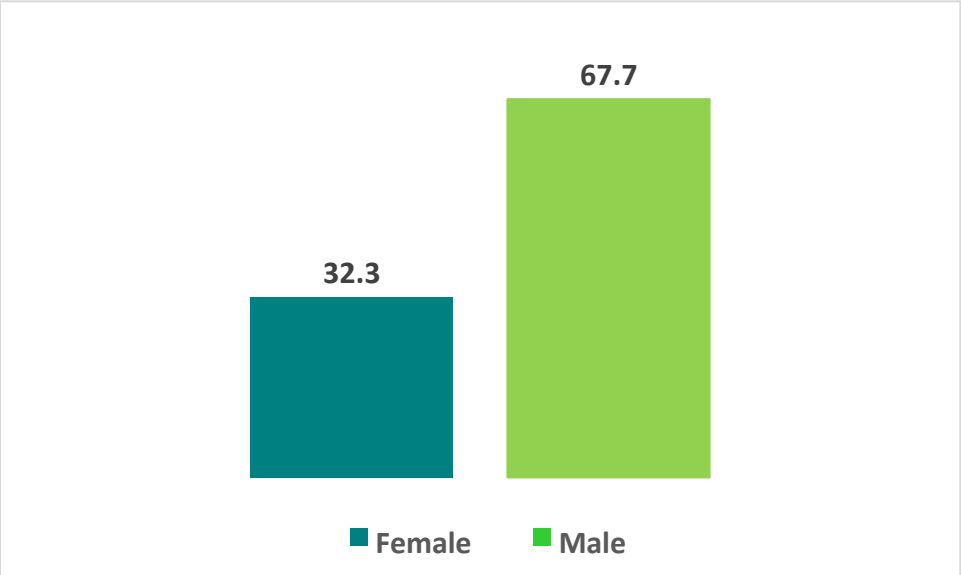
Figure 6: Percentage of Asylum Seekers, by age (2022)



9.1.2 Gender

The majority of asylum seekers in Barnet identify as male, with two-thirds (67.7%) male and one-third (32.3%) female. Other gender identities are not routinely collected in this population.

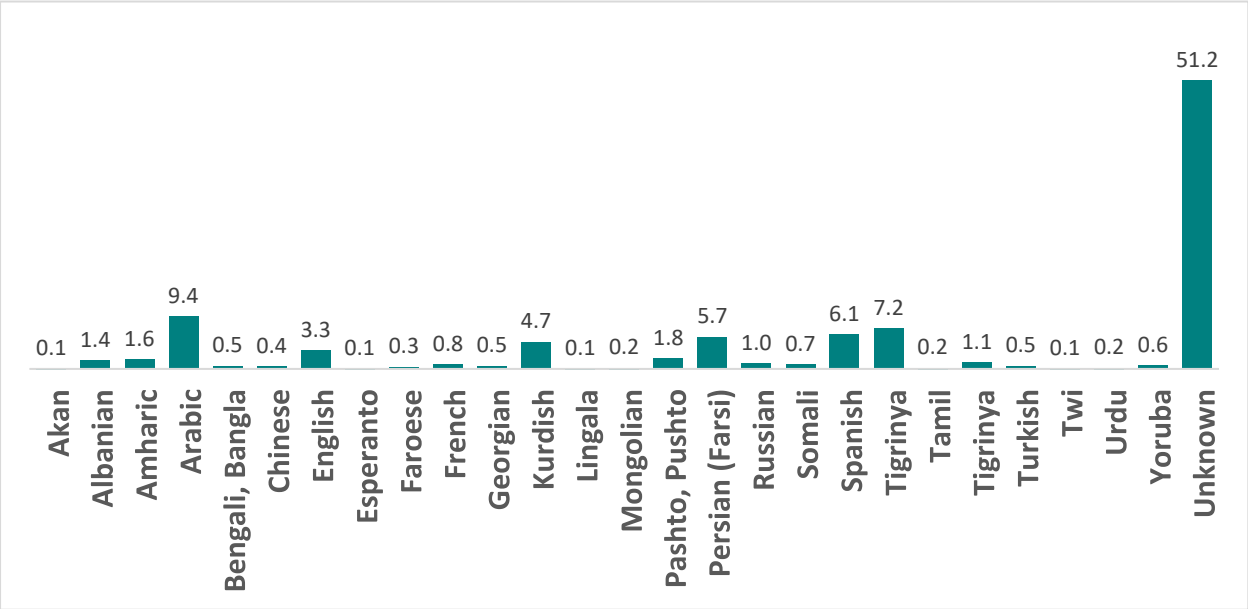
Figure 7: Gender of Asylum Seekers in Barnet, by percentage (2022)



9.1.3 Ethnicity/Language

Ethnicity data is not currently collected for asylum seekers in Barnet; however, language data is collected (to support the interpreter needs of this population). Currently, we do not know the language spoken of over half (51.2%) of our asylum seekers. Of the ones we do know, the most common languages spoken are Arabic (9.4%), Tigrinya (7.2%), Spanish (6.1%), Farsi (5.7%) and Kurdish (4.7%).

Figure 8: Languages spoken by Asylum Seekers in Barnet, by number (2022)



9.1.7 Location within Barnet

Due to asylum seekers being placed in contingency hotels, the location of our asylum seekers is confined to the south-west of the borough. Any services supporting these should be based near these locations (whilst the contingency hotels continue to be in operation).

9.2 UASC

Barnet, like many other local authorities within London, has traditionally had an increasing population of Unaccompanied Asylum-Seeking Children (UASC). In the 12 months up until March 2019 there were 82 UASC living in Barnet, whereas by March 2021 there were 120 (a 46% increase).

New UASC entering care in Barnet however has been fairly steady over the last few years.

Table 2: UASC entering care by age range in Barnet 2018-22:

Age range	2018-19	2019-20	2020-21	2021-22
11-13 years	1	2	2	2
14-15 years	4	12	8	6
16-17 years	30	28	25	38
18+	2	0	0	0
Total	**37**	**42**	**35**	**46**

Up until the age of 18, UASC are considered children in need of care and protection under Section 20 and/or Section 31 of the Children Act (1989). They remain in receipt of services as care experienced young adults until they turn 25 years old.

Barnet has also received 59 referrals in the last two years from 16-17 year old UASC who have been wrongly assessed as adults by the Home Office and require care and support as children. A large majority of the UASC accommodated in Barnet have been assessed as adults by the Home Office on arrival in the country, this judgement being disputed and challenged by the young people and their legal representatives. The age disputes increase the overall workload and impose demand for the local authority to fund independent Merton compliant age assessments as well as subsequent legal challenges and Judicial Review.

Barnet has responded to the pressure of the increase of UASC requiring care and support through the development of a specific UASC team located within the leaving care service Onwards and Upwards. This team is made up of both social workers working with children and young people under 18 requiring

statutory child in care services, and personal advisors to provide support and guidance for those over 18.

9.2.1 UASC Mental Health

In the last year, 21 referrals have been made to Barnet Integrated Clinical Service (BICS) for UASC. The age of the young people ranges from 15-17 years although the majority are 16-17 years old. This is a higher average than the mental health referrals received for children within the wider looked after children (LAC) cohort.

All young people referred hold asylum seeker status and for the majority, this remains the case throughout their interventions and at the point of case closure or transfer.

A large proportion of young people are placed within supported living accommodation (81%) with the other 19% placed in foster care. This has a direct impact on the nature of the work being offered and supported living placements benefit from the indirect, consultation approach to intervention as many of the presenting difficulties that arise impact relationships within this setting.

Whilst many of the young people referred are able to access suitable interventions before they turn 18, there is often an ongoing need for further intervention and emotional support post 18 years old.

Presenting needs include: psychological trauma (43%), depression (29%), psychosomatic complaints (19%), grief (14%), relational difficulties, psychosis, and anxiety. Some of the young people present with multiple needs across these categories. Psychological trauma is a broad term and describes the impact of a traumatic event or experience on a person's thoughts, feeling and behaviours.

UASC children receive the same support and care by the local authority as children born in the UK and who cannot remain in the care of their birth families. However, many require additional support on account of their traumatic and difficult journey to the UK. Young people have reported their journey taking anywhere between 6 weeks to 3 and 4 years, and many young

people will describe how their families pay people traffickers and smugglers thousands of pounds to assist their child with safe passage to the UK.

Although important and essential to conduct for safeguarding reasons, age assessments were repeatedly brought up by UASC as a source of stress and anxiety, leading to headaches, and a mental health professional working with UASC noted that, "…the age assessment process is often a feature of our formulations of young people's difficulties. Often process experiences, delays and uncertainty are themes that raise concern in support professionals and young people themselves".

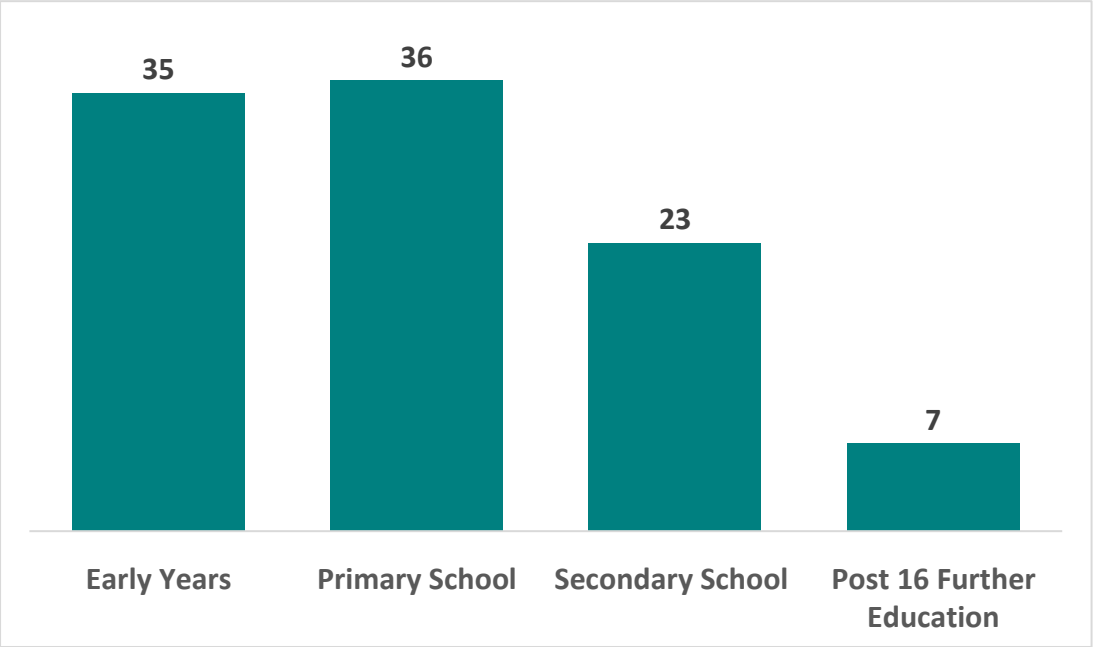
9.3 Housing

As of August 2022, Barnet houses 23 Refugees and 973 Asylum Seekers. Refugees are housed in a combination of temporary accommodation and the private rented sector, whilst all Asylum Seekers are housed in contingency hotels which were set up by the Home Office during the COVID-19 pandemic. Barnet currently has 4 contingency hotels and one of the largest numbers of asylum seekers in London.

9.4 Education

There are currently 101 young people living in contingency hotels within Barnet who require access to education. Thirty-five children under 5 years old require access to early years provision, thirty-six children are primary school aged, whilst twenty-three young people are secondary school aged. There are also seven young adults aged 17-18 who can access post-16 further education.

Figure 9: Educational needs for Asylum Seekers in Barnet, by percentage (2022)



There are 23 UASC in Barnet of statutory school age accessing secondary education, the majority of whom are attending Barnet schools. The remaining UASC young people who are not in secondary school, and over 16, are likely to be attending college and participating in an ESOL program to assist with their language skills. Barnet virtual school has partnered up with Whitefield's School to develop a specific UASC pathway into education, that also seeks to support these young people with their understanding of life in the UK and the British values.

9.5 COVID-19

In March 2020 the COVID-19 pandemic began, affecting all members across society globally. Those group who had suffered from health inequalities before the pandemic found those inequalities exacerbated by COVID-19, which included forced and undocumented migrants.

From May-June 2022, the Barnet Public Health Team commissioned Public Perspectives to undertake insight gathering into local areas and groups where COVID-19 vaccinations were lower than the borough average. One of the groups interviewed were asylum seekers. They found several beliefs and attitudes affecting the take up of vaccinations including the belief that

COVID19 was seen as less of a risk than the vaccine itself, with barriers to getting vaccinated including cultural, educational, linguistic, literacy and religious. There was also some distrust of authority due to previous life experiences. Working with community intermediaries was noted as a practical solution to some of these barriers, to build trust as well as using professional and expert sources to share information and help them understand the benefits and risks associated with the vaccine.

10 Stakeholder Engagement

Stakeholder engagement was conducted in July and August 2022 which included a mixed methods approach of interviews and surveys. The Public Health team contacted migrants, health professionals, migrant organisations, and the community and voluntary sector for participation and participants who worked directly with migrant populations in Barnet were purposely recruited. In total, ten anonymous 60-minute semi-structured interviews (Appendix 3) were conducted with eleven professionals. Interviews were recorded and transcribed, and themes analysed using a grounded theory approach. Fifty migrants also completed surveys (Appendix 4) about their health needs (fortyfive adults and five young people) and the resulting themes from both sets of groups are explored below. The 45 adult asylum seekers who completed the surveys were all completed in one of the four contingency hotels within Barnet, with support to translate the document provided from VCS partners and fellow asylum seekers. The five UASC were supported to complete their survey by their key workers. All asylum seekers were provided with online shopping vouchers for taking part. All themes drawn from both professionals and asylum seekers have been collated below under the following headings:

- Health issues
- Knowledge and access
- Barriers
- How to improve services

10.1 Health Issues

Mental health issues were by far the biggest and most frequently discussed presenting health need in asylum seekers and refugees as noted by both professionals and migrants themselves. Health professionals in particular noted that mental ill health was caused by prior trauma in the country of origin, the journey to

> "I am worried about my age assessment; it took many months. I lost my appetite. I feel anxious about it" - **Unaccompanied asylum-seeking young person**

the UK and the processes once in the UK including the immigration process and living situations. Traumatic experiences preceding arrival, and uncertainty for long periods of time whilst here exacerbated these issues. Post-traumatic Stress Disorder (PTSD) and severe mental illness including depression and anxiety were cited frequently by professionals who worked with migrants, particularly related to experiences of violence, conflict, torture and sexual assault.

Migrants themselves also noted the uncertainty and lack of control over their lives, both awaiting their asylum claim and whilst being housed in contingency hotels, which led to them feeling anxious and in a low mood. Unaccompanied asylum-seeking children in particular noted age assessments as a source of anxiety and stress in their lives and many of them noted missing their families and being concerned for their family's welfare. Almost every UASC surveyed said they experienced headaches from the stress of both age assessments and concern for their families.

Physical health issues as a result of experiences caused by war, conflict or other forms of violence were also cited frequently by health professionals and presented in many forms including chronic pain and back pain, issues with mobility, dizziness, headaches and trouble sleeping.

> "My main concern is about the welfare of my family and the length of time I have had to wait for a decision for my asylum claim. This also gives me headaches because I think about this everyday" - **Unaccompanied asylum-seeking young person**

Other issues that were raised frequently by professionals include high rates of infectious disease (health professionals noted in around 40% of asylum seekers), frequent skin diseases/infections, dental issues, Vitamin D deficiency, sexual health needs and poor nutrition due to diet and access to food.

Food was a particularly sensitive topic raised by asylum seekers. All asylum seekers in Barnet are currently housed in contingency hotels. Three of the four hotels have no access to cooking equipment and so those who live in these are provided food daily that is deemed culturally inappropriate by many and causes gastro-intestinal issues (lack of access to cooking equipment affects 499/973 asylum seekers / 51%). Many migrants themselves noted food as a cause of upset in their lives both in terms of happiness and healthiness and some stated they believed their children had become anaemic since arriving in the UK due to the food provision. This was also said to be affecting breastfeeding by some health professionals and some migrants brought up the issue of sustainability, noting that all meals provided in the hotels were received in plastic packaging.

> "I don't have money and I don't like the food here, so I just eat fruit, I don't have cooking facilities or a kitchen. My daughter avoids eating the food and is losing weight" – **Asylum seeker placed in a hotel**

10.2 Knowledge and Access

Most professionals agreed that knowledge of the healthcare system in the UK was very limited, by asylum seekers in particular, and to some extent amongst refugees. Being placed in contingency hotels where voluntary and community sector organisations were commissioned to go in and support this group helped, but it was noted as a service trying to fill a need as best it could.

Professionals also cited the complexity of the healthcare system as one reason for lack of knowledge and understanding with several professionals noting the difficulty for groups who do not speak English to distinguish between primary and secondary care.

> "Across the board [they] have a very limited understanding of our health service… I think the UK based health service [is] almost unfathomable to a lot of us that live within the UK, let alone people who are new to the country and don't have English as a first language…" – **Health Professional**

The nature of the system itself

> "If they can't speak with a GP, they will definitely call 111… or [if] they've missed a call and they have to wait for the next day, they go straight down to the A&E – **VCS Partner**

was cited as a reason for difficulty accessing, with one health professional noting that the "UK system is setup to deal with one problem at a time… not setup for complex needs" which can be off-putting for someone trying to deal with more than one issue.

Access to resources outlining the healthcare system was also noted by a few health professionals as a postcode lottery, with some areas providing excellent resources about how to navigate the system whilst others provided nothing.

The RESPOND team, an integrated refugee health service, established by University College London Hospitals (UCL) was frequently cited by other health professionals as an excellent and well-needed specialist service for asylum seekers. However, it was also noted that this service was only available in certain parts of the borough which left other asylum seekers without access, depending on where they had been placed.

When asked what these groups would do if they had difficulty accessing the health care they needed, both professionals and migrants noted they would either contact local charities, attend A&E or call 111 most frequently. Occasionally they would attend walk-in clinics, phone crisis teams or do nothing, waiting until their health needs had become acute.

10.3 Barriers

Language was unanimously cited as a barrier to knowledge, access and understanding of the UK healthcare system by all professionals and migrants. Asylum seekers, refugees and undocumented migrants are not a heterogeneous group, with languages spoken from all over the world. Whilst interpreting services are available, the quality and speed in which to access these was noted as a barrier, particularly by health professionals. The waiting time for GPs was noted as a particular issue by health professionals with 10minutes being allotted for appointments but interpreter services taking 20-

30 minutes to access. Some professionals also noted it was not always possible to get the language they needed.

> "Another barrier is mental health, it's huge… I'll make them an appointment and follow up asking 'how did it go'? and they'll say 'I just can't face it today… please rebook'" - **Health Professional**

Migrants themselves noted a few barriers with GP practices, most of them noting long waiting times to be seen and some being charged for letters that are needed for the Home Office, being quoted up to £100 per letter. There was also the issue of travel to and from appointments, with some charities providing support for bus passes or taxis but this not being universally offered.

Whilst the NHS moves towards digitising its services, some health professionals noted the negative impact this has on those who are not digitally literate, including migrants whose second language is English and who might not have access to smartphones/internet.

Other barriers noted by health professionals, VCS partners and asylum seekers in Barnet included: stigma of accessing services, particularly for mental health support; the perceived costs of healthcare; the transient nature of these groups affecting where they can access healthcare; and fear of information being shared between health professionals and the Home Office. This seemed to be a particular concern for refused asylum seekers who were scared to register with a GP for fear of being arrested or detained as a result of their data being shared with the Home Office.

> "I often hear people say, well, we were going to refer to this service, but the Home Office said they might move them next week… and I feel very strongly [to] send the referral because… they may not be moved." - **Health Professional**

10.4 How to improve services for forced and undocumented migrants

Professionals and migrants presented a number of ways to improve health services and common themes included: specialised workers for this population including key workers, peer/community support and linked case workers; bespoke and appropriate information including translation into multiple languages; outreach/pop-up clinics at the places where these groups live including in hotels; multi-agency working; and training and support for the workforce. Specific specialised support was also suggested for legal issues, mental health, sexual trauma and group activities including football, yoga and parenting classes.

10.4.1 Specialised Workers/Health Outreach

The majority of professionals spoken to said they would like to see key workers or case workers made available for forced and undocumented migrants, to do the kinds of resource intensive care that primary care was unable to deliver (i.e., longer appointments, complex health need signposting and management). It was generally agreed that primary care services were stretched and inappropriate for the complex needs of these groups and having key contacts to navigate these services and perform assessments would be both a good long-term investment and a way to break down barriers in access and knowledge of the health care system. Complementing this offer should be good access to translators to break down language barriers. Some professionals noted the UCL RESPOND service as an example of the type of service that could exist to meet the complex needs of these groups. These professionals suggested expanding the provision of this service across the whole borough to widen access.

> "there was a case where there's a disabled girl sleeping on the floor… they have one hotel room for four people and she was sleeping on the floor… it's [a] safeguarding nightmare and the council, the safeguarding teams, the Home Office [and] Ready Homes got involved… that's why I think it's important to have these [multi-agency] meetings for tricky cases" – **VCS Outreach Worker**

A number of professionals also noted the need for health care workers to go to where these groups are, completing initial assessments to support primary and secondary care with one health professional saying, "[it] would be helpful if they had a GP or a team that actually went there [contingency hotels] and did these assessments… it would provide a better service because obviously we are still trying to triage lots over the telephone". Other services that could be provided where these groups live include screening services, mental health assessments and counselling.

Some professionals spoken to also recommended the use of multi-agency partnerships, where partners could come together to discuss complex cases as a whole, acknowledging the holistic needs of migrants and working together to support them to better health.

10.4.2 Bespoke information

Bespoke information regarding the health care system was another common theme that came particularly from professionals (both in healthcare and the voluntary and community sector) for improving the knowledge and access of healthcare for forced and undocumented migrants.

One professional from the VCS Sector suggested more engaging methods of sharing information including videos played on screens in hotel lobbies, whilst others noted the need for translation of materials into the common languages spoken in Barnet, as well as the ability to send text messages and letters from GPs to patients in their own languages.

The provision of translation services itself was frequently noted as a barrier by professionals, with access often patchy and inconsistent, and some languages not being available when needed, sometimes not at all.

10.4.3 Workforce

Improvements in workforce was another common theme amongst professionals. It was generally agreed that NHS staff were not adequately trained on issues prevalent to forced and undocumented migrants including the immigration process itself and how it affects those awaiting decisions. More training is needed for professionals to support these groups effectively. "The workforce, the professionals, that work with these groups... they also need training. They also need support. They also need to be able to do some reflective practice where they get to talk about their concerns… they get tired, they deal with a lot as well and you can become really fatigued" – **VCS Outreach Worker**

Issues of vicarious trauma and burnout were worries for those working with vulnerable groups such as forced migrants, with bespoke training and clinical reflection cited as solutions by a number of the stakeholders interviewed.

> "I think not only do the people on the shop floor having direct patient contact need to receive training in trauma informed care, but actually… right the way up to the people that are commissioning services, they need to have an awareness of trauma informed practice… You can't fund the service based on a non-traumatised population, you have to fund a service based on what trauma does to presenting health needs, what trauma does to the ability for people to access healthcare and also what trauma does and vicarious trauma does to the staff providing that service" - **Health Professional**

10.4.4 Other Services

A number of professionals and asylum seekers themselves noted the lack of activities and groups that were available for forced migrants, leading to isolation and deterioration in mental health. They suggested that more classes, activities and groups be made available for asylum seekers and refugees including: ESOL classes; wellbeing workshops (such as yoga, mindfulness); sports activities such as football and cricket; group activities for children; and parenting classes. It was also noted by both professionals and asylum seekers that lots of forced migrants would struggle to attend sessions without creche provision, so this should also be considered.

> "To feel better I play more sport and go running in the park. I enjoy cricket." – **Unaccompanied Asylum-Seeking Young Person**

Specialised services were also noted as being essential for these groups by health professionals and VCS partners, where issues were most prevalent including services to support legal issues, mental health and sexual trauma. One VCS partner noted that the concept of mental health was not known to many migrants, and so psycho-social activities were a necessity to introduce them to mental health support.

11 Discussion

This health needs assessment has presented the health needs of forced and undocumented migrants living in Barnet. This has not been without its challenges, as these groups are both complex and largely missing from many datasets collected both locally and nationally. These groups of migrants are also heterogenous which makes drawing out general themes a challenge.

However, when analysing local and national data, and cross-referencing it with current literature and the views of both professional stakeholders and migrants themselves, clear themes have emerged regarding the challenges facing these groups in Barnet.

Forced and undocumented migrants tend to have relatively worse health and health outcomes than the UK born population which declines over time. This decline in health is a result of a variety of interlinking issues, most notably poor work and living conditions, poverty, social isolation, poor access and knowledge of health care and discrimination. Improvements in these areas is possible with coordination, collaboration and careful planning across multiple agencies, both at the local and national level.

Evidence shows that forced and undocumented migrants are consistently found to have worse health in the following areas:

- Maternal Health
- Mental Health
- Dental Care
- UASC Health
- Sexual and Reproductive Health
- Vaccinations
- Communicable Disease

Mental health services are a key area where stakeholders and migrants currently feel their needs are not being met. Forced migrants are known to be at greater risk of mental ill health including PTSD, depression and anxiety. Early

recognition and treatments of mental health conditions in forced migrants is vital to improve outcomes.

Due to barriers obtaining knowledge of and accessing health care, forced and undocumented migrants are more likely to use services such as A&E or call 111, whilst others choose to do nothing until health problems become acute. These barriers are further exacerbated by varying degrees of knowledge by frontline staff on the rights and entitlements of migrants, and constant changes to both immigration law and health care provision.

We should also recognise that whilst data is not collected on undocumented migrants and we currently do not know how many exist nationally or locally, from evidence we know that health outcomes for them are likely to be similar to forced migrants. We should therefore consider them when commissioning services to support forced migrants. Undocumented migrants continue to remain an invisible group locally and nationally, and this lack of knowledge on their size and needs is likely to exacerbate the inequalities they face.

Barnet continues to be a welcoming borough to migrants and this needs assessment is the first step in creating a co-ordinated approach to preserve and improve the health and wellbeing of migrant residents, particularly those who are the most vulnerable.

12 Recommendations

Forced and undocumented migrants have worse health outcomes upon arrival in the UK which worsen the longer they remain here. These groups require specialist support and treatment and alongside the below recommendations we recommend the following to underpin all work done:

- Key local stakeholders come together to address the health and wellbeing needs of forced and undocumented migrants as soon as possible – whilst this is happening in Barnet there remains scope to better align the various groups that have been convened
- Objectives for improving the health and wellbeing of forced and undocumented migrants are embedded in local and sub-regional

priorities (with the aim of reducing health inequalities between these groups and the general population)

The following are specific recommendations for improving the knowledge, access and health and wellbeing of forced and undocumented migrants in Barnet alongside improvements to workforces. Recommendations address problems and issues identified through this health needs assessment; we suggest a course of action and the responsible partner agencies below.

12.1 Recommendations for improving knowledge of the UK health care system

Problem	Recommended actions	Partners
Knowledge of the health care system in the UK is limited amongst forced migrants which leads to underusing or misusing services The UK health care system is complex which makes it more difficult to navigate for non-English speakers	• Bespoke information should be created to share with incoming asylum seekers and refugees to support navigation of health and social care locally • This information should be provided at key touchpoints including entry into accommodation, GP registration, A&E attendance, and liaison with VCS partners (amongst others)	• Voluntary and community organisations • Education services i.e., local colleges (for ESOL) • London Borough of Barnet Strategy and Communication s Team
	• Promote ESOL classes to support learning English for all asylum seekers and refugees • Ensure ESOL classes are accessible both in terms of date/time and location and ensure creche provision where possible	• NHS partners including NCL ICB

Entitlements of health services for migrants change rapidly and may continue to change	• Bespoke information created for forced migrants on the health care system needs to remain up to date and accurate, therefore ownership is needed centrally to manage this	• London Borough of Barnet Strategy and Communications Team
Information on health services in the UK is produced for the general population and in English only, leading to underuse and misinterpretation by migrant populations	• Creation of bespoke information for forced migrants should be accurately translated into the most common languages spoken by the local migrant population • Dissemination of this bespoke information at key touchpoints including at entry into the borough, at accommodation sites, at VCS partner sites and through NHS partners i.e., GPs and A&E	• London Borough of Barnet Strategy and Communications Team • Voluntary and community organisations • NHS partners including GPs and Hospitals

12.2 Recommendations for improving access of the UK health care system

Problem	Recommended actions	Partners
We are unaware of the size of the undocumented migrant population in Barnet, which precludes them from consideration when designing services for migrants	• Groups looking at the needs of asylum seekers and refugees should also consider the health and wellbeing of undocumented migrants • Work needs to be undertaken to understand the local picture and needs of undocumented migrants in the borough	• London Borough of Barnet teams including Public Health and the Strategy and Communications Team • NCL ICB • VCS Partners

There are numerous services in Barnet for adult migrants, however they seem to operate in isolation and there appears to be overlap in provision	• Consider creating and maintaining a migrant provider network – managed either by VCS partners by an external partner i.e., LBB • Creation of a governance map of current groups at LBB who support these groups	• London Borough of Barnet Strategy and Communications Team • Voluntary and community organisations including Barnet Together
Translation service provision seems to be ad-hoc in Barnet, with health professionals citing timeliness and access to certain languages as barriers	• Review the current translation service to see if it is fit for purpose in regard to the various migrant groups in the borough and their needs, including the range of languages available and accessibility of the service • Consider culturally sensitive training of interpreters	• London Borough of Barnet Strategy and Communications Team London • Borough of Barnet Corporate Services • VCS Partners
A lack of key/case workers for forced migrants leads to unequal knowledge and access to health care services for these groups locally	• Consider the commissioning of key workers for asylum seekers and refugees who can assess, screen and manage their needs as a first point of call, at the place where they live	• London Borough of Barnet Strategy and Communications Team
The move towards digital literacy in the NHS may exacerbate inequalities in vulnerable groups, particularly those who may be digitally illiterate	• Provide digital literacy classes/provision to asylum seekers and refugees in the borough • Source access to devices should as mobiles, SIM cards	• London Borough of Barnet Strategy and Communications Team • Voluntary and community organisations • NCL ICB

		• Local education providers
Health care services including primary care services are not set up for people with complex needs	• Consider the creation or expansion of bespoke health assessment and screening services (such as UCL's RESPOND service) to meet the complex needs of forced migrants • Disseminate guidance for health care professionals summarising entitlements and access for forced migrants • Consider longer opening hours, patient advocacy and gender-concordant providers Consider • case management of forced migrants by specialist workers	• NCL ICB
NHS charges for certain groups, including undocumented migrants, can lead to avoidance of accessing health care	• Create and support training for frontline workers on the rights of migrants with NRPF	• Voluntary and community organisations • LBB – either Public Health or Strategy
Current living conditions of asylum seekers make it difficult for them to access health care services	• Consider outreach by NHS partners • Support the provision of free transport to appointments	• NHS ICB • Voluntary and community organisations

12.3 Recommendations for improving the health and wellbeing of forced and undocumented migrants

Problem	Recommended actions	Partners
There is evidence that migrant women have poorer perinatal outcomes and access maternity care late	• Consider mandatory provision of interpreter services at maternity appointments • Support training of health care professionals in traumainformed care and the needs of forced migrants • Consider community-based befriending/peer support for asylum seeking and refugee women in perinatal support	• London Borough of Barnet Public Health Team
Forced migrants have poorer mental health outcomes which is exacerbated by barriers of accessing mental health support UASC mental health is affected by their living situation and whether they need to undergo age assessments	• Consider a specialised mental health service for refugee and asylum-seeking population • Any mental health provision should provide culturally adapted care in migrant sensitive settings • Consider providing primary care programmes which enable community-based mental health care • Consider the creation and reinforcement of social capital for forced migrants • Promote supported living arrangements for UASC over semi-independent care and reception settings with restricted freedoms • Support trauma-focused interventions and cognitive behavioural therapy for UASC in particular	• London Borough of Barnet – Onwards and Upwards Team and BICS Team • • NCL ICB London Borough of Barnet Public • Health Team Mental health commissioning g for adults • and health London Borough of Barnet Strategy and Communications Team

Sexual violence is prevalent in forced migrant populations but barriers to accessing services include stigma and lack of knowledge	• Provide women with the option of seeing female health care providers • Ensure adequate time is given to consultations to allow trust and confidence to build • Strengthen the education of women in preventative care around sexual and reproductive health • Support the training of providers to improve their cultural competency • Review the pathways for reporting sexual violence including historic trauma	• London Borough of Barnet Public Health Team • NHS Partners • Violence Against Women & Girls (VAWG) Partners
Vaccinations are lower in migrant groups including refugees whilst rates of infectious diseases in asylum seekers is higher than the general population	• Tailor immunisation services to the specific needs of forced migrants • Develop communication campaigns aimed at the specific needs of forced migrants (considering hesitancies and barriers) Target migrant populations for catch-up vaccinations including for diphtheria, tetanus and polio	• London Borough of Barnet Public Health Team and Communications Team NCL ICB
The majority of asylum seekers in Barnet are unable to access appropriate and familiar food, leading to poorer mental health and physical issues including weight loss, anaemia and breastfeeding issues	• Review the food provision in contingency hotels as a matter of urgency • ensure access to food is culturally appropriate i.e., in contingency hotels, food banks, at events support the transition and dispersal of asylum seekers to self-catering accommodation at the earliest opportunity	• London Borough of Barnet • Ready Homes • Voluntary and community organisations including foodbanks

Dental issues are prevalent in asylum seekers and knowledge and access to dental care is very limited	• Improve awareness of dental care services locally within the forced migrant populations • Support the provision of dental care and hygiene support at accommodation sites i.e., contingency hotels	• London Borough of Barnet Public Health Team • NCL ICB
Access to activities and groups for forced migrants such as sports, counselling, children's play groups, in the borough is limited due to the current contingency hotel situation, leading to isolation and poor mental health	• Stakeholders are encouraged to coordinate their efforts to provide activities and group sessions to forced migrants to support improvement in mental health, access to learning and tackle isolation – especially within contingency hotels where residents spend large amounts of time in their rooms	• London Borough of Barnet Strategy and Communications Team and Public Health Team • Voluntary and community organisations
Vitamin D deficiency is prevalent amongst asylum seekers locally and affects bones and the immune system.	• Consider the provision of free Vitamin D to incoming asylum seekers	• London Borough of Barnet Public Health Team • NCL ICB

12.4 Recommendations for workforce development

Problem	Recommended actions	Partners
Most health professionals lack the knowledge and understanding of prevalent issues affecting forced and undocumented migrants and so are unable to support them effectively	• Disseminate guidance and information on the rights, issues and entitlements of forced migrants to NHS partners • Consider training for health care providers in cultural competency and trauma-informed care • Public health to continue to deliver training sessions to key health professionals on the rights and needs of forced and undocumented migrants	• NCL ICB • London Borough of Barnet Strategy and Communications Team and Public Health Team • Voluntary and community organisations

There are concerns of vicarious trauma and burnout of professionals who work with forced and undocumented migrants	• Support reflective and clinical supervision for staff who work with forced migrants • Considers ways to support workloads and time pressures of frontline workers who work with forced migrants	• NCL ICB • Voluntary and community organisations

13 Future Research

Whilst this needs assessment has sought to look at the vast needs of both forced migrants and undocumented migrants, there are a number of areas that remain underdeveloped due to lack of current available information, the vast scope of the subject matter and the time constraints of this piece of work. This needs assessment should be the first step in an iterative approach to understanding these populations, and future updates should seek to cover both areas that are missing, and present more in-depth studies of those populations discussed here and more.

Access to data has been a particular challenge throughout this health needs assessment, as immigration status is not routinely collected, and nationality or place of birth are used as proxies instead. It also proved difficult to access GP level data within the timeframe of this needs assessment and a future version should look to include this. Further work is needed to review and expand the intelligence available for these groups at a local level including the inclusion of 'immigration status' during routine data capture. In particular, GP coding could be included to capture these groups.

Any future updates to this work should also ensure it contains up to date information on the ever-changing landscape of immigration laws and health policy.

Areas missing that require inclusion in future reports include:

- Disability
- Sexuality & gender identity
- Socio-economic status
- Ethnicity
- Comparisons of the Barnet population with other areas
- Suicide prevention
- GP level local health data including total numbers by UK and non-UK born populations for:
    - Homelessness

- Hypertension
- Diabetes
- Smoking
- Obesity (BMI > 37)
- NHS Health Checks
- HIV
- COVID
- Tuberculosis
- Back Pain
- Serious Mental illness

A more in-depth picture of some of the more prominent migrant groups within Barnet would also be useful, as this needs assessment has sought to look at forced and undocumented migrants as a whole.

Finally, undocumented migrants are being underserved both nationally and locally due to the very limited information held and collected on them. It is highly likely that the health and wellbeing of undocumented migrants is not being considered appropriately, and steps should be taken to rectify this.

14 References

Araujo, J. et al., 2019. Prevalence of sexual violence among refugees: a systematic review. *Rev Saude Publica,* 53(78).

Balaam, M., Kingdon, C. & Haith-Cooper, M., 2022. A Systematic Review of Perinatal Social Support Interventions for Asylum-seeking and Refugee Women Residing in Europe. *Journal of immigrant and minority health,* 24(3), pp. 741758.

Benach, J. et al., 2014. Precarious Employment: Understanding an Emerging Social Determinant of Health. *Annual Review of Public Health,* Volume 35, pp. 229-53.

Brandenberger, J. et al., 2019. A systematic literature review of reported challenges in health care delivery to migrants and refugees in high-income countries - the 3C model. *BMC Public Health,* 19(1), p. 755.

City University of London , 2013. *People living in bad housing: Numbers and health impacts ,* London: City Research Online .

Close, C. et al., 2016. The mental health and wellbeing of first generation migrants: a systematic-narrative review of reviews.. *Global Health,* 12(1), p. 47.

Dahlgren, G. & Whitehead, M., 1991. *Policies and strategies to promote social equity in health.* Stockholm: Institute for Future Studies.

Davidson, N., Hammarberg, K., Romero, L. & Fisher, J., 2022. Access to preventive sexual and reproductive health care for women from refugee-like backgrounds: a systematic review. *BMC Public Health,* 22(1), p. 403.

Davies, N. M. et al., 2018. The causal effects of education on health outcomes in the UK Biobank. *Nature Human Behaviour ,* Volume 2, pp. 117-125.

Domnich, A., Panatto, D., Gasparini, R. & Amicizia, D., 2012. The “healthy immigrant” effect: does it exist in Europe today?. *Italian Journal of Public Health ,* 9(3).

European Commission, 2021. *Eurostat Asylum Statistics.* [Online] Available at: https://ec.europa.eu/eurostat/cache/metadata/en/migr_asyapp_esms.htm

Fair, F. et al., 2020. Migrant women's experiences of pregnancy, childbirth and maternity care in European countries: A systematic review. *PLoS One,* 15(2).

Gieles, N. et al., 2019. Maternal and perinatal outcomes of asylum seekers and undocumented migrants in Europe: a systematic review. *European Journal of Public Health,* 29(4), pp. 714-723.

Greenaway, C. et al., 2018. The effectiveness and cost-effectiveness of screening for active tuberculosis among migrants in the EU/EEA: a systematic review. *European communicable disease bulletin,* 23(14).

Gruner, D. et al., 2020. Understanding Supporting and Hindering Factors in Community-Based Psychotherapy for Refugees: A Realist-Informed Systematic Review. *International journal of environmental research and public health,* 17(13), p. 4618.

Hamari, L. et al., 2022. Parent Support Programmes for Families Who are Immigrants: A Scoping Review. *Journal of immigrant and minority health,* 24(2), pp. 506-525.

Heslehurst, N. et al., 2018. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. *BMC Med,* 16(1), p. 89.

Higginbottom, G. et al., 2019. Experience of and access to maternity care in the UK by immigrant women: a narrative synthesis systematic review. *BMJ Open,* 9(12).

HM Government , 2014. *Modern Slavery Strategy.* [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf [Accessed September 2022].

HM Government , 2016. *Immigration Act 2016.* [Online] Available at: https://www.legislation.gov.uk/ukpga/2016/19/contents [Accessed August 2022].

HM Government , 2021. *Hong Kong BN(O) visa: UK government to honour historic commitment.* [Online] Available at: https://www.gov.uk/government/news/hong-kong-bno-visa-ukgovernment-to-honour-historic-commitment [Accessed September 2022].

HM Government, 1996. *Asylum and Immigration Act 1996.* [Online] Available at: https://www.legislation.gov.uk/ukpga/1996/49/contents [Accessed August 2022].

HM Government, 2006. *Immigration, Asylum and Nationality Act 2006.* [Online]
Available at: https://www.legislation.gov.uk/ukpga/2006/13/contents [Accessed August 2022].

Home Office , 2021. *Policy paper Home Office immigration and nationality fees: 6 April 2021.* [Online]
Available at: https://www.gov.uk/government/publications/visa-regulationsrevised-table/home-office-immigration-and-nationality-fees-6-april-2021#fn:2 [Accessed August 2022].

Home Office , 2022. *Immigration Statistics, year ending March 2022.* [Online]
Available at: https://www.gov.uk/government/statistics/immigrationstatistics-year-ending-march-2022

Home Office, 2005. *Sizing the unauthorised (illegal) migrant population in the United Kingdom in 2001.* [Online] Available at: https://tinyurl.com/yb8v39fr [Accessed August 2022].

Home Office, 2021. *Allocation of accommodation policy.* [Online] Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990240/allocation-of-accommodation-v6.0-gov-uk.pdf [Accessed August 2022].

Home Office, 2021. *Immigration Statistics, year ending September 2021.* [Online]
Available at: https://www.gov.uk/government/statistics/immigrationstatistics-year-ending-september-2021/how-many-people-do-we-grantasylum-or-protection-to
[Accessed August 2022].

Home Office, 2021. *UK Refugee Resettlement: Policy Guidance,* s.l.: August .

Home Office, 2022. *Claim asylum in the UK.* [Online] Available at: https://www.gov.uk/claim-asylum/eligibility [Accessed August 2022].

Home Office, 2022. *Guidance: Permission to work and volunteering for asylum seekers.* [Online]
Available at:
https://www.gov.uk/government/publications/handlingapplications-for-permission-to-take-employment-instruction/permission-towork-and-volunteering-for-asylum-seekers-accessible-version [Accessed August 2022].

Home Office, 2022. *Permission to work and volunteering for asylum seekers.* [Online]
Available at:
https://www.gov.uk/government/publications/handlingapplications-for-permission-to-take-employment-instruction/permission-towork-and-volunteering-for-asylum-seekers-accessible-version [Accessed August 2022].

Hui, C. et al., 2018. Interventions to Improve Vaccination Uptake and Cost Effectiveness of Vaccination Strategies in Newly Arrived Migrants in the EU/EEA: A Systematic Review. *International journal of environmental research and public health,* 15(10).

Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International journal for equity in health,* 12(88).

Kalt, A., Hossain, M., Kiss, L. & Zimmerman, C., 2013. Asylum seekers, violence and health: a systematic review of research in high-income host countries. *American journal of public health,* 103(3), pp. 30-42.

Kien, C. et al., 2019. Prevalence of mental disorders in young refugees and asylum seekers in European Countries: a systematic review. *European Child Adolescence Psychiatry,* 28(10), pp. 1295-1310.

Klinkenberg, E. et al., 2019. Blood donation barriers and facilitators of SubSaharan African migrants and minorities in Western high-income countries:

a systematic review of the literature. *Transfusion medicine (Oxford, England),* 29(1), pp. 28-41.

Krieger, J. & Higgins, D., 2002. Housing and Health: Time Again for Public Health Action. *American Journal of Public Health ,* Volume 92, pp. 758-768.

McKnight, P., Goodwin, L. & Kenyon, S., 2019. A systematic review of asylumseeking women's views and experiences of UK maternity care. *Midwifery,* Volume 77, pp. 16-23.

Mipatrini, D., Stefanelli, P., Severoni, S. & Rezza, G., 2017. Vaccinations in migrants and refugees: a challenge for European health systems. A systematic review of current scientific evidence. *Pathogens and global health ,* 111(2), pp. 59-68.

Mitra, R. & Hodes, M., 2019. Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. *Child Care, Health and Development,* 45(2), pp. 198215.

Mittendorfer-Rutz, E., Hagström, A. & Hollander, A., 2020. High Suicide Rates Among Unaccompanied Minors/Youth Seeking Asylum in Sweden. *Crisis,* 41(4), pp. 314-317.

Mohwinkel, L., Nowak, A., Kasper, A. & Razum, O., 2018. Gender differences in the mental health of unaccompanied refugee minors in Europe: a systematic review. *BMJ Open,* 30(8).

Nowak, A., Namer, Y. & Hornberg, C., 2022. Health Care for Refugees in Europe: A Scoping Review. *International journal of environmental research and public health,* 19(3), p. 1278.

NRPF Network, 2022. *Home Office support.* [Online]
Available at: https://www.nrpfnetwork.org.uk/information-andresources/rights-and-entitlements/support-options-for-people-withnrpf/home-office-support/section-95-asylum-support#guide-sections
[Accessed August 2022].

NRPF Network, 2022. *Home Office support.* [Online]
Available at: https://www.nrpfnetwork.org.uk/information-andresources/rights-and-entitlements/support-options-for-people-

withnrpf/home-office-support/section-4-asylum-support#guide-sections [Accessed August 2022].

Office for Health Improvement & Disparities, 2022. *Child and Maternal Health.* [Online]
Available at: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133263/pat/159/par/K02000001/ati/15/are/E92000001/iid/93563/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 [Accessed 17 August 2022].

Office for Health Improvement and Disparities, 2022. *Guidance: NHS entitlements: migrant health guide.* [Online]
Available at: https://www.gov.uk/guidance/nhs-entitlements-migrant-healthguide#:~:text=Since%2023%20October%202017%2C%20all,charges%20for%20 NHS%20hospital%20treatment. [Accessed August 2022].

Office for National Statistics , 2021. *Census 2021: Population Estimates.* [Online]
Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates#:~:text=On%20Census%20Day%2C%2021%20March,census%20in%20England%20and%20Wales. [Accessed August 2022].

Office for National Statistics , 2021. *Local area migration indicators, UK.* [Online]
Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/migrationwithintheuk/datasets/localareamigrationindicatorsunitedkingdom
[Accessed August 2022].

Office for National Statistics , 2021. *National population projections: 2020based interim.* [Online] Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim
[Accessed August 2022].

Office for National Statistics , 2022. *Migrants in the UK: An Overview.* [Online]
Available at:

https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-in-the-ukan-overview/#:~:text=As%20of%20the%20year%20ending,in%202021%20(Figure%201).
[Accessed August 2022].

Office for National Statistics, 2020. *Migration Statistics Quarterly Report.* [Online]
Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/august2020

Office for National Statistics, 2021. *NOMIS - Annual Population Survey.* [Online]
Available at:
https://www.nomisweb.co.uk/query/construct/submit.asp?menuopt=201&subcomp=
[Accessed August 2022].

Paisi, M. et al., 2020. Barriers and facilitators to dental care access among asylum seekers and refugees in highly developed countries: a systematic review. *BMC oral health,* 20(1).

Refugee Council , 2022. *Gateway Protection Programme.* [Online]
Available at: https://www.refugeecouncil.org.uk/projects/gateway-protectionprogramme/

Refugee Council, 2021. *Asylum Seekers in Europe November 2021.* [Online]
Available at: https://media.refugeecouncil.org.uk/wp-content/uploads/2021/12/24150252/Asylum-in-Europe-Nov-2021.pdf
[Accessed August 2022].

Ross, C. E. & Wu, C., 1995. The Links Between Education and Health. *The Links Between Education and Health,* 60(5), pp. 719-745.

Sneha, B. et al., 2020. Dental Caries among Refugees in Europe: A Systematic Literature Review. *International journal of environmental research and public health,* 17(24), p. 9510.

The Migration Observatory , 2013. *London Census Profile.* [Online] Available at: https://migrationobservatory.ox.ac.uk/resources/briefings/london-censusprofile/
[Accessed August 2022].

The Migration Observatory , 2016. *Young People and Migration in the UK: An Overview.* [Online]
Available at:
https://migrationobservatory.ox.ac.uk/resources/reports/youngpeople-migration-uk-overview/ [Accessed August 2022].

The Migration Observatory, 2021. *Policy Primer: The UK's 2021 points-based immigration system.* [Online]
Available at:
https://migrationobservatory.ox.ac.uk/resources/primers/policyprimer-the-uks-2021-points-based-immigration-system/ [Accessed August 2022].

The Migration Observatory, 2022. *Migrants and Housing in the UK.* [Online]
Available at:
https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-andhousing-in-the-uk/
[Accessed September 2022].

The Migration Observatory, 2022. *The Migration Obeservatory informs debates on international migration and public policy.* [Online] Available at:
https://migrationobservatory.ox.ac.uk/resources/briefings/irregularmigration-in-the-uk/

UK Parliament, 2022. *House of Commons Library: Migration Statistics.* [Online]
Available at:
https://commonslibrary.parliament.uk/researchbriefings/sn06077/
[Accessed August 2022].

UK Parliament, 2022. *Update on Children with No Recourse to Public Funds.* [Online]
Available at: https://questions-statements.parliament.uk/writtenstatements/detail/2022-03-24/hcws714 [Accessed August 2022].

UK Visas and Immigration, 2010. *Gateway Protection Programme.* [Online]

Available at:
https://www.gov.uk/government/publications/gatewayprotection-programme-information-for-organisations/gateway-protectionprogramme

UNHCR, 2022. *Asylum in the UK.* [Online]
Available at: https://www.unhcr.org/uk/asylum-in-the-uk.html

Unicef, 2018. *Education for refugee and asylum seeking children.* [Online]
Available at: https://www.unicef.org.uk/wp-content/uploads/2018/09/Accessto-Education-report-PDF.pdf [Accessed August 2022].

van Os, E. et al., 2016. Knowledge of the Unknown Child: A Systematic Review of the Elements of the Best Interests of the Child Assessment for Recently Arrived Refugee Children. *Clinical child and family psychology review,* 19(3), pp. 185-203.

van Os, E. et al., 2020. Finding Keys: A Systematic Review of Barriers and Facilitators for Refugee Children's Disclosure of Their Life Stories. *Trauma, violence & abuse,* 21(2), pp. 242-260.

Villalonga-Olives, E. et al., 2022. Social-capital-based mental health interventions for refugees: A systematic review.. *Social science & medicine,* Volume 301.

von Werthern, M. et al., 2018. The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry,* 18(1), p. 382.

Wilson, S. H. & Walker, G. M., 1993. Unemployment and health: A review. *Public Health ,* 107(3), pp. 153-162.

World Health Organisation, 2018. *WHO Housing and Health Guidelines,* Geneva: World Health Organisation.

15 Appendices

Appendix 1 Glossary of Terms

A&E	Accident and Emergency
ACRS	Afghan Citizens Resettlement Scheme
APS	Annual Population Survey
BICS	Barnet Integrated Clinical Services
BN	British National
BNO	British National Oversees
CCG	Clinical Commissioning Group (now known as IBS)
COVID-19	Coronavirus Disease 2019
CXR	Chest Radiography
EEA	European Economic Area
ESOL	English for Speakers of Other Languages
EU	European Union
FGM	Female Genital Mutilation
GP	General Practitioner
HIV	Human Immune-Deficiency Virus
ICB	Integrated Care Board
ILR	Indefinite Leave to Remain
LA	Local Authority
LAC	Looked After Children
NCG	New Citizens' Gateway
NCL	North-Central London

NHS	National Health Service
NRPF	No Recourse to Public Funds
ONS	Office of National Statistics
PAB	Persian Advice Bureau
PTSD	Post-Traumatic Stress Disorder
RIES	Refugee Integration and Employment Service
SIM	Subscriber Identity Module
SRH	Sexual and Reproductive Health
TB	Tuberculosis
UASC	Unaccompanied Asylum-Seeking Children
UCL	University College London
UK	United Kingdom
UKRS	UK Resettlement Scheme
UNHCR	United Nations High Commissioner for Refugees
URM	Unaccompanied Refugee Minors
VCS	Voluntary and Community Sector
VPRS	Vulnerable Persons Resettlement Scheme
WHO	World Health Organisation

Appendix 2 Local Services for Migrants

In 2012, the UK government ended the Refugee Integration and Employment Service (RIES), a national service that provided monetary support and training for refugees who had come through the asylum process for 12 months (UK Visas and Immigration, 2010). This service was not directly replaced; support services for refugees are now provided on a local level by voluntary organisations. However, unlike RIES, individuals are not automatically referred to local organisations by the Home Office and local services do not operate on a similar scale to the programme.

There are a number of local services for migrants that officer advice, signposting, ESOL classes, and health and social services. There are also a number of informal networks which exist outside of official structures which are not listed here.

The following outlines a selection of services that were available at the time of writing.

Advice, Signposting and ESOL

Name	Description	Contact Details
African Refugee Community	African Refugee Community (ARC) was established in 2007 and exists to provide specialised services to French speaking asylum seekers and refugees based in Barnet in particular and in London in general.	Website: http://www.africanrefugeecommunity.co.uk/
Banet Boost	An employment, benefit advice, skills and wellbeing project helping Barnet residents including digital skills https://boostbarnet.org/?page_id=292	Website: https://boostbarnet.org/

Barnet & Southgate college ESOL	Provides ESOL classes including FREE classes: https://www.barnetsouthgate.ac.uk/adult-communitycourses/community-computingand-it-courses	Website: https://www.barnetsouthgate.ac.uk/esol

Britsom	BritSom is a UK registered charity and the main organisation working with Somali and Black Minority Ethnic communities of all ages in Barnet and neighbouring boroughs.	Website: https://www.britsom.org/
Care for Someone	Care for Someone is a charity working in the UK and Zimbabwe. They have a charitable objective to ensure those that are disadvantaged have access to education & training opportunities to support them realise their full potential.	Website: http://careforsomeone.co.uk/
Center of Excellence	Center of Excellence is a nonprofit community organisation committed to building a bridge and strengthening connections between youth and parents, focusing first on the Somali community, and reaching out to others as they develop.	Website: https://www.centerofexcellence.org.uk/

Citizens Advice Barnet	Citizens Advice Barnet is an independent, local charity and a member of the Citizens Advice network. They provide free advice and support to meet the needs of the community. This includes advice on a range of problems, such as with work, debt, benefits, immigration, housing and more. They're there to help everyone who lives, works or studies in Barnet.	Telephone: 0808 250 5708 (freephone) Monday to Friday 9.30am – 4.00pm Website: https://barnetcab.org.uk/ https://barnetcab.org.uk/getadvice/email-us/
Community Focus	Community Focus Inclusive Arts is an Arts Centre for adults and children with disabilities. They run an exciting selection of creative and wellbeing courses and workshops for students with disabilities, autism and anyone who feels they may need extra support.	Website: https://www.communityfocus.co.uk/
Community Network Support	The Community Network Group (CNG) was established as a registered CIC to support Iranian	Website: https://www.facebook.com/p
	and ethnic minorities who live in Britain. The CNG has a plan to offer information and advice on immigration, welfare and housing.	g/communitynetworkgroup/about/

New Citizens' Gateway	New Citizens' Gateway (formerly known as Barnet Refugee Service) is an independent registered charity working in partnership with individuals and agencies. Through provision of their Holistic Model of Support, their main aim is to support and empower refugees and asylum seekers to rebuild their lives with services such as, Welfare advice, counselling for adults and children, volunteering, employment, mentoring, youth activities, ESOL classes, ecotherapy and psycho-social activities and more.	Telephone: 0208 905 9002 Email: info@ncgateway.org.uk Website: www.ncgateway.org.uk
Persian Advice Bureau	Persian Advice Bureau provides relief to those granted refugee status in the UK, in particular, but not exclusively to Iranians and Farsi speakers. To provide training and support services, so as to advance them in life and assist them with the adaption and integration within a new community.	Telephone: 0208 446 1716 Email: info@persianadvicebureau.co.uk Website: www.facebook.com/persianadvicebureau/
Romanian Culture and Charity Together (RCCT)	RCCT is dedicated to supporting the Romanian community and their aim is to assist, signpost and create opportunities for their community.	Website: https://rcct.uk/
The Romanian and Eastern European Hub	Their team of staff and volunteers offers free, tailored support to those needing help due to language, digital, and cultural barriers. They can help with: Interpreting, GP registration, Employment	Telephone: 02038579495 Email: contact@roeehub.org.uk

	advice, Immigration Advice referrals, Housing applications, Family support, Food Bank referrals, Welfare	
Sangam Centre	Their Advice Centre and Counselling Service provide valuable assistance to everyone who needs help and guidance in Burnt Oak.	Website: https://sangamcentre.org.uk/

Community Services and Forums

Name	Description	Contact Details
Afghan Association Paiwand	Run by and for the refugee community, Afghan Association Paiwand Ltd is a charity and community organisation in Northwest London. For the last 20 years, they have helped refugees, asylum seekers, and migrants to build a happy life in the UK	Website: https://www.paiwand.com/
Afghanistan and Central Asian Association	They work with Afghans and Central Asians living away from their homeland, providing them with support, skills and knowledge to live and prosper in the UK.	Website: https://acaa.org.uk/
African Cultural Association	They provide general advice and information in the areas of social welfare and education to people experiencing hardship in the London region.	Website: https://www.africanculturalassociation.org/

African French Speaking Organisation 'A.F.S.OR'	The African French Speaking Organisation "AFSOR" is a Black and Ethnic Minority group set up to provide disadvantaged children and families, disabled, young and elderly people with additional education, training, sports, recreation and other leisure time occupation in the interest of social welfare.	Telephone: 02038579495 / 07986630944 / 07565504269 Email: info@afsor.org.uk Website: http://www.afsor.org.uk/

Alyth Drop-in for Refugees Choir	The Refugee Drop-in was founded in March 2012 with the aim of helping refugees integrate and to be 'One community helping another'. Their clients are individuals who have been granted Leave to Remain in the UK. Alyth Synagogue, 23 Alyth Gardens, London NW11 7EN	Website: https://www.alyth.org.uk/alyth-refugee-drop-in/
Bangladesh Welfare Society of Barnet	We envision a society where Bengali heritage and culture is actively promoted and appreciated. We seek to build a Mosque in the Barnet area to act as an institution of education and integration	Website: https://www.facebook.com/pg/Bangladesh-WelfareSociety-of-Barnet-156896501017346/about/
Barnet African Caribbean Association	Barnet African Caribbean Association Ltd (BACA), a small, registered charity established in 1997 which provides welcoming day services for older adults in Barnet	Website: https://communitybarnet.org.uk/barnet-african-caribbeanassociation
Barnet Mums	A local group where mums can meet weekly for coffee and chats	Website: https://www.facebook.com/groups/248999478565567/

Burnt Oak Women's Group	Burnt Oaks Women's Groups aim is to build a more trusting and inclusive society. Bringing together women from all cultural backgrounds, from all walks of life, from religious and nonreligious backgrounds and all ages.	Website: https://www.facebook.com/groups/1516518638429555/
Finchley & Friern Barnet community (N3, N12, N11)	A group of people connected to Finchley and helping to bring the community together.	Website: https://www.facebook.com/groups/FinchleyCommunity
Hadaf Persian School	Hadaf Persian School is a wellknown supplementary school in the London Borough of Barnet located in North of London and London Borough of Westminster, based in	Website: http://www.hadafpersianschool.co.uk/
	Location 1: Woodhouse College, Woodhouse Road, Finchley, N12 9EY. Location 2: Harris Academy St Johns Wood, Marlborough Hill, London, NW8 0NL	
Iranian Community Centre	The centre aims to help Iranians or Farsi speaking clients in the process of their resettlement in this country. It provides advice on immigration, housing, health, education and business.	Telephone: 020 8446 1254
London Jewish Family Centre	They provide Family Support, Therapy, Counselling, and Advocacy for the most vulnerable families in our community.	Website: https://www.ljfc.com/
Nepalese Language & Cultural Centre	Community group to preserve Nepali language and culture	Website: https://www.facebook.com/Nepalese-Language-CulturalCentre-357941497910240/

Somali Bravanese Association in London	The SBWA is a registered charity and was set up in 1992 to support the Somali and Bravanese community, many of whom have escaped war and persecution in Somalia.	Website: https://www.sbwa.org.uk/
Young Africans OYA	The OYA approach to learning and personal development is HOLISTIC. Their activities range from formal National Curriculum lessons to vocational training, drama, dance & drumming, football, fashion and public speaking.	Website: https://www.oyaorg.uk/

Health Services

Name	Description	Contact Details
Asian Family Counselling	A registered national charity providing low-cost, confidential and culturally sensitive mental health and relationship counselling services in five languages to South Asian communities in Britain since 1983.	Website: https://asianfamilycounselling.org/
Barnet Dementia Action Alliance	Committed to supporting people with dementia to live a full and active life, enabling them to maximise their independence and wellbeing and ensuring that they and their friends and family are empowered to maintain their own health and wellbeing.	Website: https://www.dementiaaction.org.uk/local_alliances/22753_barnet_dementia_action_alliance

Barnet HealthWatch	Here to help local people get the best out of their health and social care services. Their vision is that Barnet residents can contribute to the development of quality health and social care services in Barnet.	Website: https://www.healthwatchbarnet.co.uk/
Barnet Integrated Clinical Services (BICS)	Young People's Mental Health Service supporting: • Social difficulties • Emotional difficulties • Behavioural difficulties • Mental health difficulties	Telephone: 020 8359 3130 (support line open from 9am to 5pm) Email: BICS@barnet.gov.uk Website: https://www.barnet.gov.uk/children-and-families/supportparents-and-carers/barnetintegrated-clinical-servicesbics/referrals
Barnet Mencap	Barnet Mencap offer a range of support and events for children and adults with a learning disability, autistic people and their families, who live in the London Borough of Barnet.	Website: https://www.barnetmencap.org.uk/
Barnet Wellbeing Hub	The Barnet Wellbeing Service was established as a collective process between people who use mental health services, voluntary and community sector organisations, the health service, and Barnet Council. Our aim with the Wellbeing Service is to support the transition of services and the focus of care away from what is	Website: https://www.barnetwellbeing.org.uk/
	the matter with you?' towards 'what matters to you?'	
Diabetes UK - Barnet Group	To provide help and support to people living with diabetes in the UK.	Website: https://barnet.diabetesukgroup.org/

Jami (Jewish Association for Mental health)	Guide people through the challenging journey of navigating mental health services, providing emotional support and expert advice. We provide professional, personcentred treatment and support for young people and adults with mental health needs, as well as for their families and carers.	Website: https://jamiuk.org/
Jewish Bereavement Counselling Service	Provide counsellors who understand the specific issues raised by bereavement within a Jewish context. A Jewish service can be sensitive, aware and knowledgeable about social, cultural and religious needs.	Website: https://jbcs.org.uk/
Jewish Care	JEWISH CARE is the largest health and social care organisation serving the Jewish community in London and the Southeast.	Website: https://www.jewishcare.org/
Meridian Wellbeing	FREE professional-led services, resources and support groups that will help you manage your wellbeing.	Website: https://www.meridianwellbeing.com/
Mind in Barnet	Enfield and Barnet Local Mind Associations have merged bringing together our expert teams to provide services supporting you with wellbeing, advocacy, therapy, training and advice. Our services work during the day and	Website: https://www.mindeb.org.uk/

	evening so we can be available when you need us to be!	
Muslim Youth Helpline	A faith and culturally sensitive helpline service putting young people at the frontline of service delivery.	Telephone: 0808 808 2008 Website: https://myh.org.uk/
RESPOND – Integrated Refugee Health Service	RESPOND is a new rapid access, community-based screening and care planning service for all asylum-seeker families registered with a GP in Barnet.	Website: https://www.uclh.nhs.uk/ourservices/find-service/tropicaland-infectiousdiseases/respond-integratedrefugee-health-service
Sikh Helpline	The Sikh Helpline is a free professional and confidential telephone counselling and email inquiry service, available 24 hour a day, 7 days a week.	Telephone: 0808 808 2008 / 0845 644 0704 / 07999 004 363 Website: https://www.sikhhelpline.com/
The Black, African and Asian Therapy Network	The UK's largest independent organisation to specialise in working psychologically, informed by an understanding of intersectionality, with people who identify as Black, African, South Asian and Caribbean.	Website: https://www.baatn.org.uk/
Yaran Women's Club	Mental Health Support for Farsi Speaking Women.	Website: https://www.yaranwomansclub.com/english

Domestic Violence Services

Name	Description	Contact Details
Galop National LGBT+ Domestic Abuse Helpline	The Galop helpline is for LGBT+ people who have or are experiencing domestic abuse. They are also there for people supporting a survivor of domestic abuse; friends, families and those working with a survivor.	Telephone: 0800 9995428 Email: help@galop.org.uk
Jewish Women's Aid	Provide support to Jewish women and children affected by domestic and sexual abuse, with both short-term and long-term support.	Telephone: 0808 801 0500 Website: https://www.jwa.org.uk/
Latin American Women's Aid	For practical and emotional support for Latin American and other Black and Ethnic	Telephone: 020 7275 0321. Website: www.lawadv.org.uk
	Minoritised women and children affected by Domestic Violence & Abuse Their services are free and confidential, offered in Spanish, Portuguese and English. They are open from Monday to Friday from 9:30am to 5:30pm.	
Men's Advice Line	Free and confidential advice, support & information to male victims of domestic violence.	Telephone: 0808 801 0327 Website: https://mensadviceline.org.uk/

North London Rape Crisis (Solace Women's Aid)	Provides anonymous and confidential helpline and support service via telephone and email. Art and Drama therapy for children and young people aged 4-18 years old who have been affected by sexual violence. Safe refuge and accommodation for women and children made homeless through domestic or sexual abuse. One-to-one advice and support.	Telephone: 0808 801 0305 / 0808 802 5565 Website: http://www.solacewomensaid.org
Refuge: 24-hour National Domestic Violence Freephone Helpline	24 hours a day free, in confidence helpline, 365 days a year. Online chat and British Sign Language also available. Different languages also available with female advisers. We won't judge you or tell you what to do; we are here to listen. Emergency refuge accommodation available.	Telephone: 0808 2000 247
Youth Realities	Youth Realities is a youth-led charity based in Barnet addressing teenage relationship abuse through creative education and support for young survivors.	Telephone: 020 3916 5709 Website: www.youthrealities.co.uk

Foodbanks

Name	Description	Contact Details
All Saints' Child's Hill Food Bank	Address: All Saints' Church Child's Hill Church Walk London NW2 2TJ	Telephone: 020 7435 3182 Email: childshillfoodbank@gmail.com Website: https://www.allsaintschildshill.com/childs-hill-food-bank/

Barnet Community Projects, Rainbow Centre	Address: Rainbow Centre, Dollis Valley Drive, Barnet, EN5 2UN	Telephone: 020 8441 9837 Email: steveverrall@barnetcp.org.uk Website: https://rainbowcentrebarnet.wordpress.com/
Bounds Green Foodbank	Address: St Michael's Church Hall, 37 Bounds Green Road, N22 8HE	Email: BoundsGreenmutualaid@gmail.com Website: https://www.boundsgreenfoodbank.org/
Burnt Oak Community Food Bank	Address: St. Alphage Church Hall, HA8 0DF	Email: burntoakfoodbank@gmail.com
Chipping Barnet Foodbank	Address: Mary Immaculate and St Peter, 63 Somerset Road, New Barnet, Hertfordshire, EN5 1RF	Telephone: 07716 890535 Email: info@chippingbarnet.foodbank.org.uk Website: https://chippingbarnet.foodbank.org.uk/
Christ Church EN5 Food bank	Address: St Albans Road, EN5 4LA	Telephone: 020 8449 0832 Email: office@ccbarnet.org.uk Website: https://ccbarnet.org.uk/foodbank

Colindale communities trust	Address: 3/5 The Concourse, Grahame Park, NW9 5XB	Telephone: 0208 200 3014 Email: brennan.cct@gmail.com Website: https://www.colindalecommunitiestrust.org/

Colindale Food Bank	Address: Trinity Church, Northwest Centre, Avion Crescent, Graham Park, Colindale, London, NW9 5QY	Telephone: 07415 223963 Email: info@colindale.foodbank.org.uk Website: https://colindale.foodbank.org.uk/
Finchley Food Bank	Address: St Mary's Church, 279 High Road, East Finchley, London, N2 8HG	Telephone: 07849 558307 Email: finchleyfoodbank@gmail.com Website: https://www.finchleyfoodbank.org.uk/
GIFT	Address: 379 Hendon Way, NW4 3LP	Telephone: 0208 457 4429 Email: info@jgift.org Website: http://www.jgift.org/
Hornsey Foodbank, Hornsey	Address: The Methodist Church, 2E Lightfoot Road, N8 7JN	Telephone: 07940 030353 Email: wearehornsey@gmail.com Website: https://hornseyfoodbank.com/
Kingsbury Foodbank, Brent	Address: Lindsay Park Baptist Church, The Mall, Kenton, HA3 9TG	Telephone: 020 3745 5972 Email: info@brent.foodbank.org.uk Website: http://brent.foodbank.org.uk/

Living Way Ministries - Barnet Food Share	Address: 7 The Concourse, Grahame Park, Colindale, London, NW9 5XB	Telephone: 0208 200 9130 Email: livingway@email.com Website: https://livingwayministries.net/
Muswell Hill Food Bank	Address: Pembroke Road church, 68 Pembroke Road, N10 2HT	Telephone: 0208 883 0434 Email: info@muswellhill.foodbank.org.uk Website: https://muswellhill.foodbank.org.uk/
North Enfield Foodbank (Trussell Trust)	Address: Unit 2, Lumina way, Enfield, EN1 1FS	Telephone: 07826 542119 Email: info@northenfield.foodbank.org.uk Website: http://www.northenfield.foodbank.org.uk/
NW7 Hub Foodbank	Address: Mill Hill Library, Hartley Ave, NW7 2HX	Telephone: 020 8906 3125 Website: https://www.nw7hub.org.uk/covid-19-support/
RCCT- Romanian Charity	Address: Musical centre, Methuen Road, HA8 6EZ	Telephone: 07311 488110 Email: office@rcct.uk Website: https://rcct.uk/

St Barnabas Food Bank	Address: St Barnabas Church, 913 High Road, North Finchley, London, N12 8QJ	Telephone: 07872 697 623 Email: foodbank@stbarnabas.co.uk Website: https://www.stbarnabas.co.uk/Groups/341978/St_Barnabas_Church/Whats_on/Foodbank/Foodbank.aspx

St Monica's food parcels, Palmers Green	Address: St Monica's Church, 521 Green Lanes, Palmers Green, N13 4DH	Email: palmersgreen@rcdow.org.uk Website: https://stmonica.co.uk/
The Hive Foodbank, Archway	Address: St Mary's Church, Ashley Road, Hornsey Rise, N19 3AD	Email: hivefoodbank@gmail.com Website: https://thehivefoodbank.com/
Unitas Youth Zone Food Bank	Address: 76 Montrose Ave, HA8 0DT	Telephone: 020 8075 5888 Email: enquiries@unitasyouthzone.org Website: https://www.unitasyouthzone.org/
Wilds Cafe	Address: St James Church, 73 East Barnet Road, EN4 8RN	Email: freemeals.barnet@gmail.com

Appendix 3 Stakeholder Interview Questions (professionals)

Interview questionnaire

Semi-Structure Interview Questionnaire:

VCS Partners, Council Partners & Health Professionals

Introduction

1. Can you describe your role and organisation
2. Which of the following groups do you work with? (refugees/asylum seekers/undocumented migrants – some/all?)
3. How long have you worked with these groups?

Knowledge

4. Describe the level of knowledge that these groups have about the health care system in the UK?

Access

5. How do these groups currently access information about the health care system in the UK?
6. Do these groups face barriers accessing health care? If so, what kind of barriers?
7. What happens when the groups you work with have difficulties accessing health care? Where do they go?
8. Are there any reasons why these groups might avoid accessing health care?

Presenting Issues

9. What types of health issues or problems do you see/occur most frequently within the groups you work with?

Self-Management

10. Do the groups you work with treat or manage their own health conditions?
11. Do these groups access medicine/treatment/remedies outside of the health care system?
12. What are your experiences of the outcomes of these groups when treating or managing their own conditions?

Future Needs

13. What needs to be changed to facilitate better access to health care for the groups you work with?

Conclusion

14. Is there anything you haven't had a chance to talk about today that you would like to mention?

Appendix 4 Survey Questions (migrants)

Questions

1. If you have any issues/problems with your health, where would you go for help?

2. Are there any barriers or challenges that make it difficult for you to access healthcare?

3. Are there any reasons why you would avoid accessing healthcare?

4. Is there anything good about the healthcare system in the UK that you like?

5. Thinking about all the priorities you have in life, is health one of them?

6. What are your main health priorities or concerns?

7. Do you ever try to deal with health issues by yourself? If so, why?

8. Do you have access to food that you like? If not, what stops you from accessing the food you like?

9. Is there anything else you want to talk about in regard to health?

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