

Overseas arrivals Asylum seekers and refugees

Health needs assessment

April 2025

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Executive summary

Armed conflict and the deterioration of humanitarian conditions have resulted in a sharp increase in the number of people fleeing their home countries in recent years.¹ The Russian invasion of Ukraine in 2022 caused Europe's largest refugee crisis since World War II and the fourth largest refugee crisis in history; more than 8.2 million Afghans have been displaced globally due to conflict, poverty and natural disasters; and there are many more emergency situations globally.

As a result, over the last few years, the number of people who are refugees or seeking refugee status in the United Kingdom (UK) has increased significantly, with the scale and pace of arrivals presenting a particular challenge for local services.² For example, Operation Pitting, the UK military evacuation of Afghans in August 2021, brought around 15,000 people to the UK in just 2 weeks. Whilst those arriving in the UK under Ukrainian resettlement schemes took place over a longer period, processes to manage the organisation of these schemes had to be stood up at short notice and dealt with an unprecedented volume of applicants. For example, at Q2, 2022 alone there were 80,500 arrivals under Ukrainian resettlement schemes and 110,306 total applications for Visas from Ukraine.³

At 31 March 2024, there were 5,788 individuals across three immigration pathways residing in Greater Essex, which is equivalent to less than 0.5% of the local resident population. More than half of these people were resettled under the Homes for Ukraine scheme (3,030), 369 were from Afghan Resettlement Programmes, and 2,389 were people seeking asylum.

However, these figures just provide a snapshot of the local situation, and do not show the variation in numbers over time. For example, across the East of England region, there was a particularly large increase in the number of people in receipt of asylum support observed between September and December 2022, from 2,058 to 6,259 which is a 204% increase.

The top 5 nationalities in receipt of asylum seeker support in East of England were people from Iran, Afghanistan, Iraq, Eritrea, and Syria, all of which have high proportions of grants of refugee status, humanitarian protection, or alternative forms of leave to remain in the UK. However, delays to the processing of asylum seeker outcomes has resulted in many of these individuals experiencing the interlinking hardships of poverty, social isolation, discrimination, acquired unhealthy lifestyles and poorer living conditions due to reliance on basic welfare provision and restrictions preventing them from working while they await a decision. Afghan arrivals had similar experiences due to local services experiencing difficulties in sourcing suitable permanent accommodation, and large numbers remaining in hotel accommodation for prolonged periods.

¹ <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data>
Accessed 17 July 2024

² [Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA](#)
Accessed 18 July 2024

³ <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#ukraine-visa-schemes> Accessed 17 September 2024

People who are refugees or seeking asylum and living in Essex have often witnessed or suffered violence, live in an unknown foreign country, and are frequently separated from friends and family. These adversities impact their wellbeing, making them a particularly vulnerable group. This vulnerability, alongside the fact that they are socially, culturally, and demographically different from the local population, result in a set of unique health and social needs, which are often unfamiliar to the stakeholders involved in the services supporting them.

Common health and wellbeing needs have been identified across overseas arrivals groups, such as mental health needs, untreated communicable disease or partial vaccination, support with long term conditions and oral health, and maternal and child health needs. Tangible and intangible barriers to accessing care include being unaware of available services, language and cultural differences and accessibility issues.

Inequalities were identified between immigrants and UK nationals but also between migrant groups depending on the scheme they have arrived on. Arrivals to the UK under the Homes for Ukraine Scheme, Afghan resettlement schemes and the programme for Syrian refugees have provided more support, including additional funding for local services, and relatively easier processes compared to those applying through the asylum system. These inequalities are systemic, unfair, and most importantly, avoidable.

There are areas where the system works well to support the local migrant population. For example, Essex Integration provided essential resettlement and integration support services to Afghan families resettling in Essex, such as support with registering for schools and a local GP, assistance with access to employment and support with finding and getting settled into private accommodation. Community 360 have worked closely with Colchester City Council to organise sports and recreational activities such as football and yoga to empower refugees and improve their overall health, which has led to social integration and friendships among refugees.

However, there remain areas where further improvement and partnership working is required, such as improved timeliness of communications, clarity, and transparency to enable local services to deploy holistic support. The findings from this health needs assessment have informed recommendations for system leaders, health service, local authorities, government departments and the voluntary sector:

- **Improve governance processes.** Clear governance and accountability processes need to be in place to ensure that local, regional, and national partners are clear on roles and responsibilities. This will facilitate a robust and coordinated response to any future overseas arrivals, from the initial reactive response through to recovery and business as usual
- **Improve partnership working and communication.** Partnership working and timely communication requires strengthening to enable local partners to plan for and stand up the appropriate response and deploy holistic support effectively to this vulnerable population as they are being resettled. This relates to communication throughout the health and care system, from national to local and between local partners to ensure that partners are aware

of the specific entitlements of overseas arrivals and are able to deliver culturally appropriate services.

- **Improve access to healthcare for overseas arrivals.** Local services need to be trained and resourced appropriately to manage the intensity of demand associated with supporting large numbers of resettled persons, many of whom may have complex needs, both during the initial reactive response and over the longer-term to safeguard their health and wellbeing. This includes the incorporation of patient voice into this process.

If implemented, these recommendations could lead to timely access to appropriate services, increased cultural inclusivity and understanding of clinical needs, resulting in improved physical and mental health and greater wellbeing for migrant groups.

Introduction

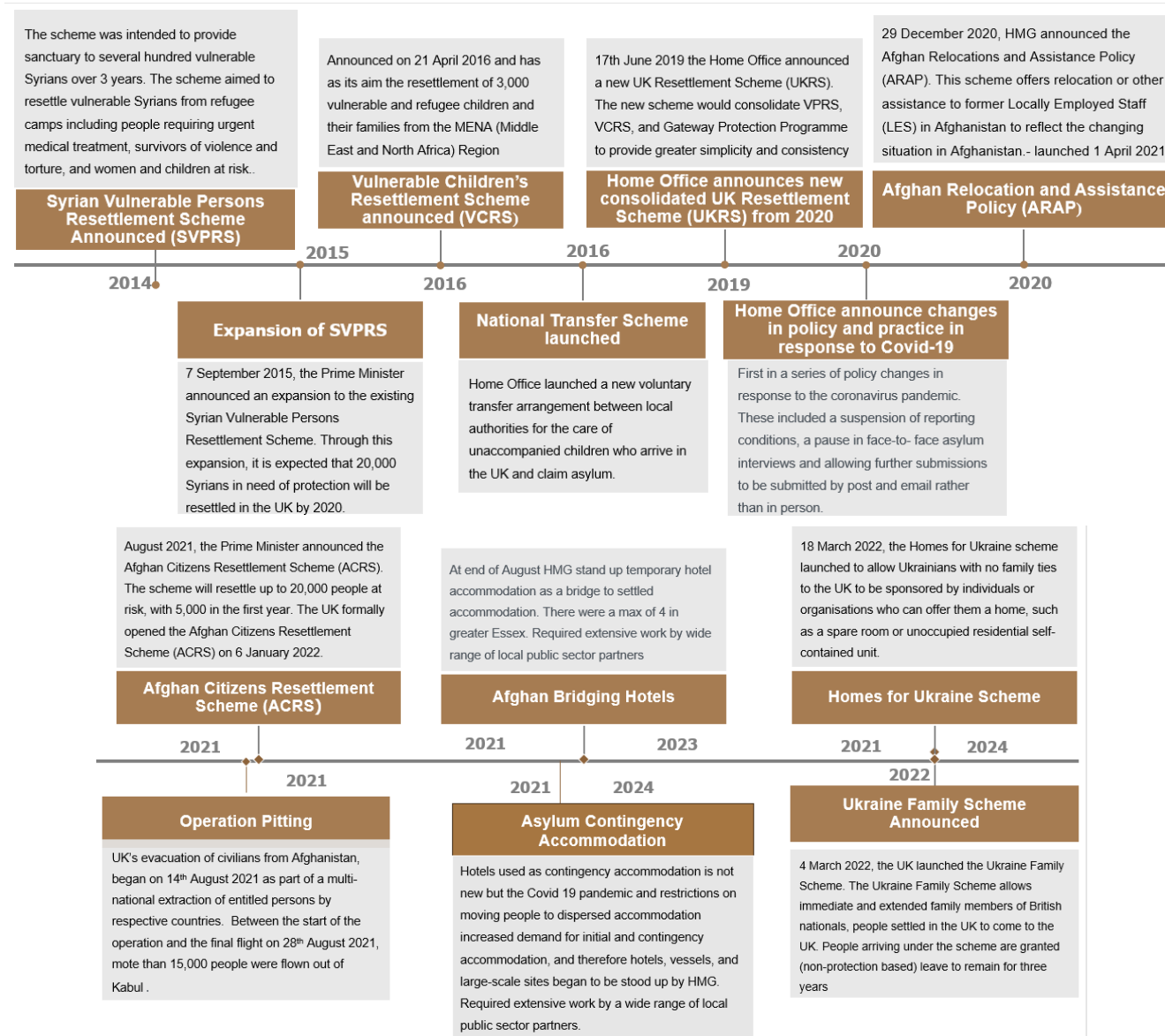
Recent armed conflicts and the deterioration of humanitarian conditions have resulted in a sharp increase in the number of people fleeing their home countries.⁴ In the UK, the number of people seeking refugee status has increased significantly over the last few years.⁵

Figure 1 below illustrates a timeline of UK policy & nationality specific schemes that the county council and partners proactively collaborated & responded to which resulted in overseas arrivals coming to Essex.

⁴ https://www.unhcr.org/global-trends#_ga=2.165952958.1637686540.1681889279-1323441393.1681889279
Accessed 6 April 2023

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1136451/section-95-support-local-authority-datasets-dec-2022.xlsx Accessed 1 June 2023

Figure 1: Timeline of UK policy & nationality specific schemes for overseas arrivals to Essex



Refugees and people seeking asylum who are living in Essex have often witnessed or suffered violence, torture, and war; they live in an unknown foreign country, and they are frequently separated from friends and family. These adversities have an impact on their wellbeing, making them a particularly vulnerable group. This vulnerability, alongside the fact that refugees and people seeking asylum are socially, culturally, and demographically different from the local population, result in a set of unique health and social needs, which are often unfamiliar to the stakeholders involved in the provision of care.

There has been no HNA conducted since the UK Home Office started placing refugees and people seeking asylum in accommodation in Essex. Therefore, the aim of the report is to identify the specific needs of refugees and people seeking asylum in Essex, how these needs are currently being met, and where improvements can be made. This information will support local stakeholders to be better informed and prepared to address the health and wellbeing needs of refugees and people seeking asylum in Essex.

Key terms

The terms refugee, asylum seeker, and migrant are used to describe people who have left their country of residence and have crossed borders. These terms are often used interchangeably but it is important to distinguish between them as there is a legal difference.⁶

There is no internationally accepted legal definition of a migrant. For the purposes of this health needs assessment (HNA), the following definitions will be used.

- **General/ unforced migrant:** An individual who has left their country of residence to move to another country for the purposes of work, study, or to join family. This group of migrants is outside of the scope for this HNA
- **Forcibly displaced migrant:** An individual who has felt forced to leave their country of origin because of poverty, political unrest, conflict, natural disasters, or other serious circumstances that exist there.
 - An **asylum seeker** (or person seeking asylum) is a person who has left their country and is seeking international protection from persecution and serious human rights violations in another country, but who has not yet been legally recognised as a refugee and is waiting to receive a decision on their asylum claim.
 - A **refugee** is defined, by the 1951 United Nations Convention relating to the Status of Refugees, as a person who is unable or unwilling to return to their country of origin because of “a well-founded fear of being persecuted for reasons of race, religion,

⁶ [Refugees, Asylum Seekers, and Migrants - Amnesty International](#) Accessed 27 April 2023.

nationality, membership of a particular social group, or political opinion”⁷. A refugee is someone whose application for asylum has been successful.

- **Undocumented migrant:** Sometimes described as ‘irregular 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 governmental support.

List of abbreviations

ACL- Adult Community Learning

CRH - Clearsprings Ready Homes

ECC - Essex County Council

EPUT - Essex Partnership University NHS Foundation Trust

ESOL - English for speakers of other languages

EUSS- European Union Settlement Scheme

GP - General Practitioner

HNA – Health Needs Assessment

ICB - Integrated Care Board

LAHF - Local Housing Authority Funds

LGBTQ+ - Lesbian, gay, bisexual, transgender, and questioning

MHCLG - Ministry of Housing Communities and Local Government

NHSE - NHS England

OHID - Office for Health Improvement and Disparities

ONS - Office for National Statistics

PTSD – Post Traumatic Stress Disorder

STI - Sexually Transmitted Infection

UKHSA - UK Health Security Agency

UNHCR - United Nations High Commissioner for Refugees

UNRWA - United Nations Relief and Works Agency

VAWG - Violence against women and girls

VCSE - Voluntary, Community Sector and social Enterprises

⁷ [Resettlement \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) Accessed 14 March 2024

Aim and objectives

Aim

The aim of the Overseas Arrivals HNA is to improve the understanding of the health and wellbeing needs of refugees and people seeking asylum in Essex to support improved outcomes.

Objectives

- To use available data, evidence from published literature, and insight from refugees and people seeking asylum and key stakeholders to understand the health and wellbeing needs of refugees and people seeking asylum and to determine whether these needs are being met
- To review the current support provided to refugees and people seeking asylum and identify any gaps in provision
- To make evidence-based recommendations aimed at improving the health and wellbeing of refugees and people seeking asylum in Essex

Methods

A literature review on the health and wellbeing needs of refugees and people seeking asylum was conducted. The search strategy and methodological details can be found in Appendix 1.

Data to describe the international picture of refugees and people seeking asylum was collated from the United Nations High Commissioner for Refugees (UNHCR). National and local data was obtained through the Office for National Statistics (ONS). The East of England Regional Strategic Migration Partnership hold data on refugees and people seeking asylum at local authority and ward levels, including demographic characteristics and geospatial data. However, publication of detailed data at small geographic areas could compromise confidentiality and as such the Home Office considers that such data should not be made publicly available. Therefore, it has not been possible to include this data in this report.

Demographics

The global picture

At December 2023, the total number of people worldwide who were forced to flee their homes due to conflict, violence, fear of persecution and human rights violations was 117.3 million.⁸ Of these, 68.3 million were internally displaced people, 37.6 million were refugees, and 6.9 million were

⁸ [UNHCR - Refugee Statistics](#) Accessed 16 July 2024

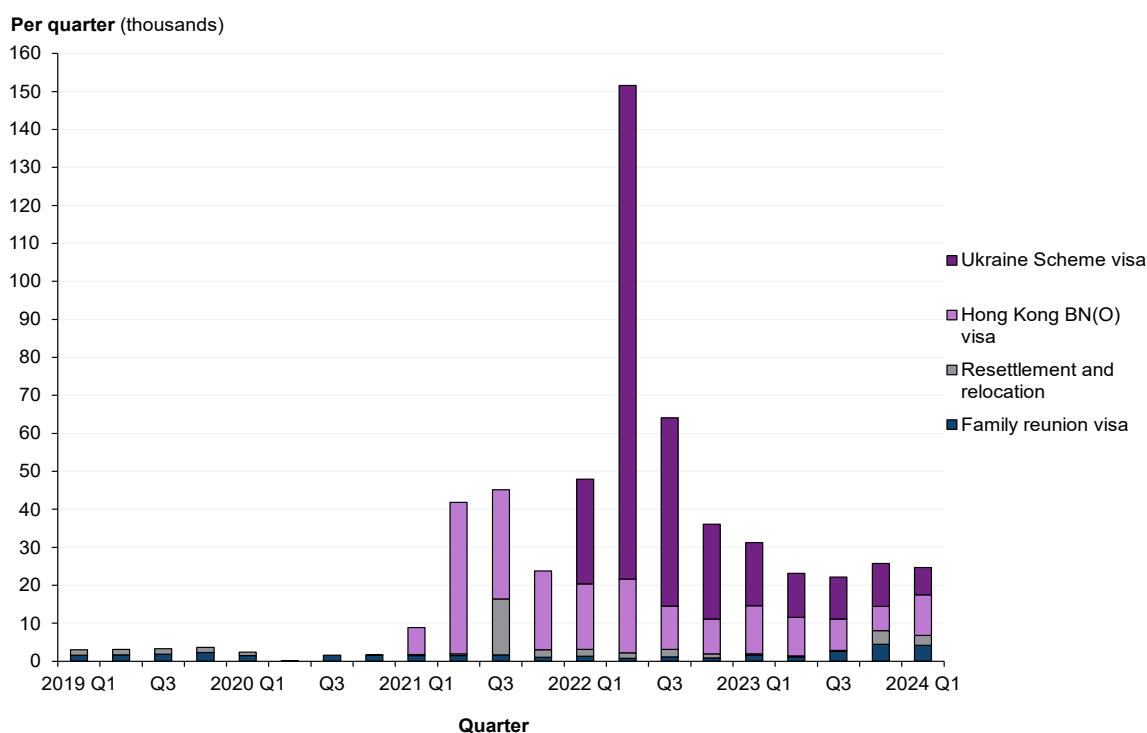
people seeking asylum⁹. Children aged under 18 years made up 40% of forcibly displaced people, however account for only 30% of the world’s population.¹⁰

Over half of all refugees under UNHCR’s mandate and other people in need of international protection come from just 3 countries: Syria (6.5 million), Afghanistan (5.7 million) and Ukraine (5.7 million).¹¹ The countries with the largest populations of refugees are Türkiye (3.6 million), Iran (3.4 million) and Colombia (2.5 million). Whilst refugees and other people in need of international protection are mostly hosted in low- and middle-income countries (76%), most asylum applications are filed in North America and Europe.¹² There is variation in laws and regulations related to overseas arrivals, which differ from country to country.

The national picture

In the year ending March 2024, 95,685 people were offered a safe and legal (humanitarian) route to come to, or remain in, the UK.

Figure 2: People offered safe and legal (humanitarian) routes to the UK, by route, 2019 to March 2024



Source: Gov.uk Immigration system statistics¹³

⁹ The remaining 5.3 million are other people in need of international protection.

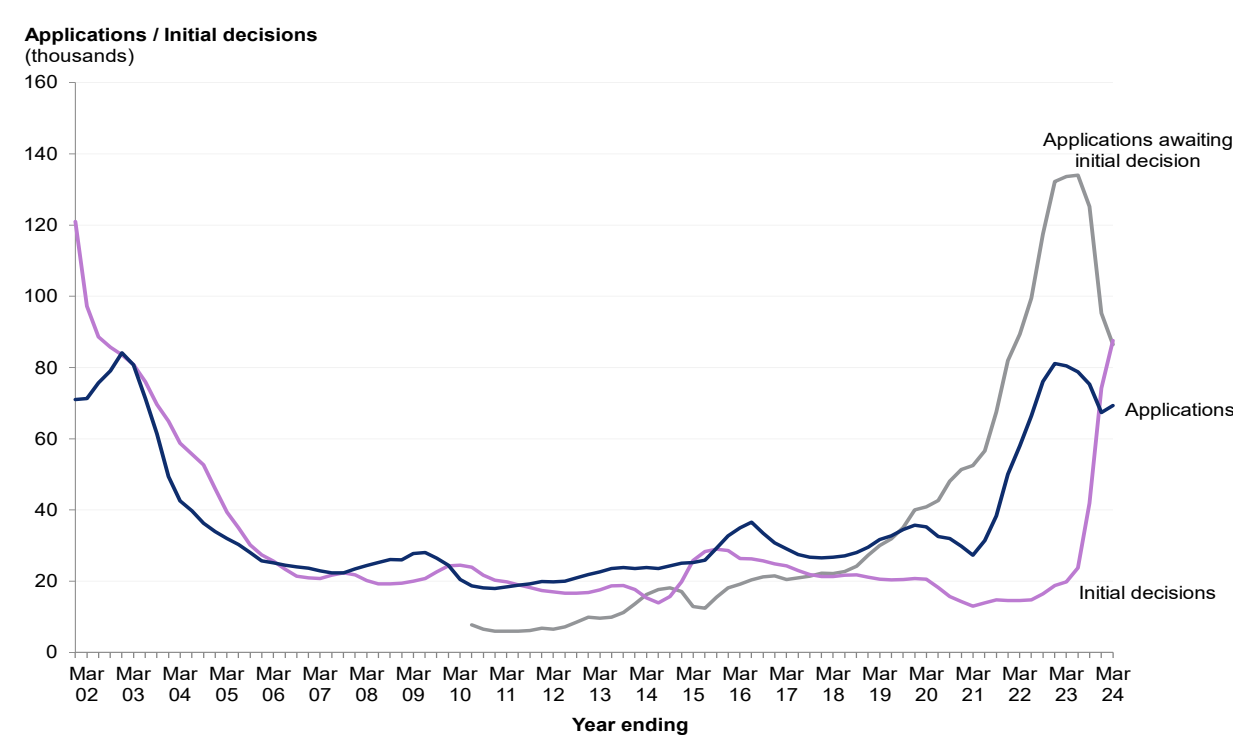
¹⁰ [Global Trends Report 2022 | UNHCR](#) Accessed 16 July 2024

¹¹ [UNHCR - Refugee Statistics](#) Accessed 16 July 2024

¹² [Global Trends Report 2022 | UNHCR](#) Accessed 16 July 2024

¹³ [Asylum and resettlement summary tables - Asy 11](#) Accessed 14 August 2024

Figure 3: Asylum applications and initial decisions to the UK, year ending March 2002 to year ending March 2024



Source: Gov.UK Immigration system statistics ¹⁴

There were 14% fewer Asylum applications in the year ending March 2024 (69,298 applications, relating to 86,719 people), in part due to the decrease in claims from Albanian small boat arrivals. While reports of people attempting to enter the UK by crossing the Channel in small boats go back over fifty years, significant numbers did not begin to be detected until 2018. According to the Home Office, 29,437 people reached the UK in 2023 after crossing the English channel in small boats. This

Figure 2 is a bar chart showing the number of visas issued per quarter (in thousands) from Q1 2019 to Q1 2024. The visas are categorised into four types: Ukraine scheme visa, Hong Kong BN(O) visa, resettlement and relocation, and Family reunion visa. The y-axis represents the number of visas issued per quarter in thousands, while the x-axis represents the quarters from Q1 2019 to Q1 2024.

Key observations:

- There was a significant spike in Ukraine Scheme visas in Q2 2022.
- Hong Kong BN(O) visas saw an increase starting from Q1 2021.
- Resettlement and relocation visas have relatively low numbers throughout the period.
- Family reunion visas remain consistently low throughout the period

¹⁴ [Asylum applications, initial decisions and resettlement – Asy_D01 and Asy_D02](#) Accessed 14 August 2024

Figure 3 is a line graph showing the number of applications, initial decisions, and applications awaiting initial decision over time from March 2003 to March 2024. The x-axis represents the year ending in March for each year from 2003 to 2024. The y-axis represents the number of applications/initial decisions in thousands, ranging from 0 to 160. There are three lines on the graph:

Key points:

- Applications (blue line) show a peak around March 2022 and then decline slightly by March 2024.
- Initial decisions (purple line) follow a similar trend but at lower values compared to applications.
- Applications awaiting initial decision (grey line) increase significantly around March 2022 and remain high through March 2024.

compares with 45,774 in 2022. In the first half of 2024, 12,646 small boat arrivals were detected, up 16% on the first half of 2023.¹⁵ There were 129,029 grants of settlement for all arrivals in the UK in year ending March 2024, similar to the year ending March 2023. There were 215,706 grants of British citizenship in year ending March 2024, 19% more than the year ending March 2023. 16,031 people entered immigration detention in the year ending March 2024, 23% fewer than the previous year, continuing the downward trend since 2015, and partly because small boat arrivals are now processed at Manston where their identity is confirmed and asylum claim is registered, rather than in the detention estate.

There were 38,546 irregular arrivals detected in year ending March 2024, down 28% from the previous year.

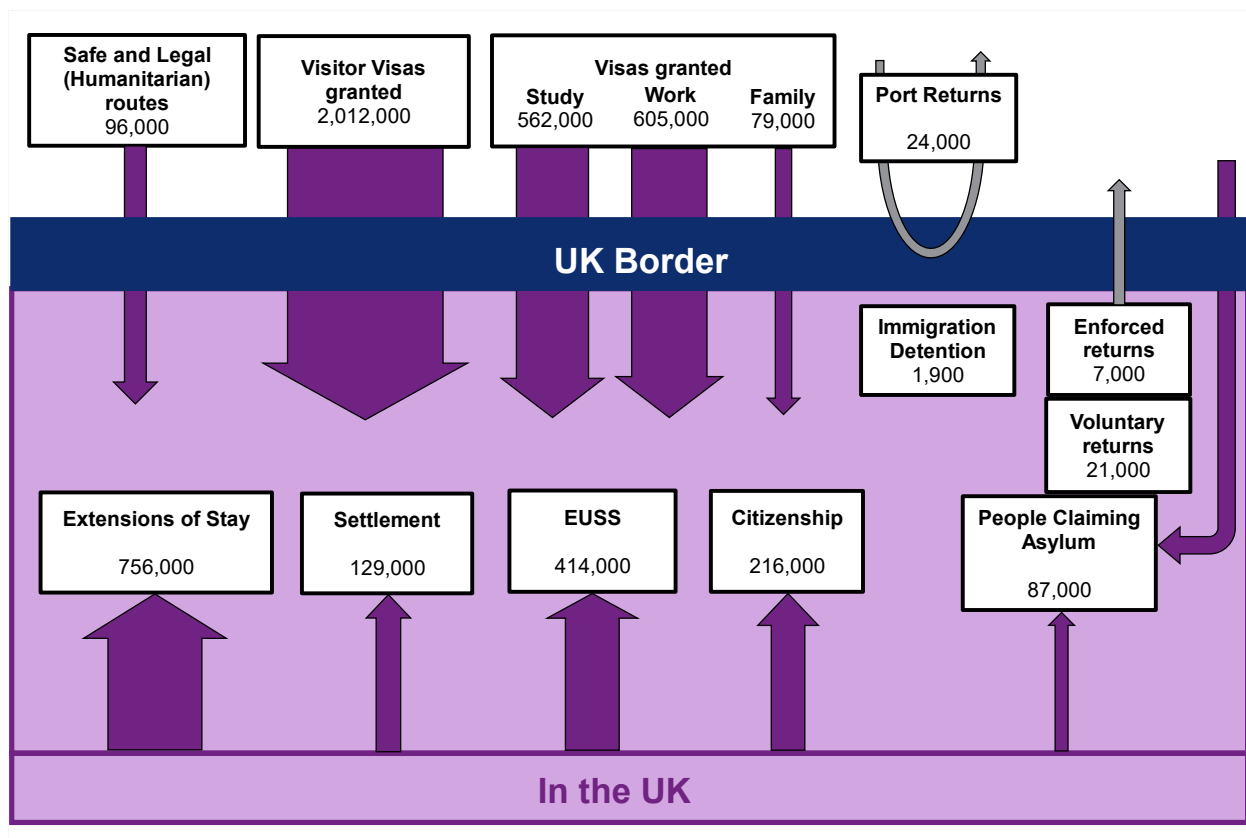
There were 31,079 small boat arrivals in year ending March 2024 (81% of total irregular arrivals), down 31% on the previous year. Afghans were the top small boat arrival nationality, accounting for 19% of small boat arrivals in year ending March 2024. There were 2,178 returns in the year ending March 2024 of people who had previously arrived in the UK on a small boat, more than 3 times higher than the previous year (643).

In the year ending March 2024, 95,685 people were offered a safe and legal (humanitarian) route to come to, or remain in, the UK. There were 66% fewer visas granted on a safe and legal (humanitarian) route in the year ending March 2024 when compared to the previous year, largely due to the reduction in the numbers on the Ukraine Visa and Extension Schemes.

Figure 4 is a simplification of the immigration system for illustrative purposes only. It does not include some parts of the immigration system such as people crossing the border who do not require a visa, or irregular arrivals. Data across the immigration system in this diagram is not always directly comparable and is rounded to the nearest thousand, or the nearest hundred if less than 10,000.

¹⁵ <https://migrationobservatory.ox.ac.uk/resources/briefings/people-crossing-the-english-channel-in-small-boats/>
Accessed 27 August 2024

Figure 4: Summary of the UK immigration system, year ending March 2024^{16 17 18 19}



Source: Gov.UK Immigration system statistics for all arrivals²⁰

Overall, just over two-thirds (67%) of the initial decisions made in 2023 were grants of refugee status, humanitarian protection, or alternative forms of leave. The initial grant rate was 99% for applicants from Afghanistan, Eritrea, and Syria, 98% for applicants from Sudan, and 85% for

¹⁶ Safe and legal (humanitarian) routes include visas granted on the Ukraine, Hong Kong BN(O) and family reunion routes, as well as refugee resettlement and relocation in the UK.

¹⁷ The EU settlement scheme (EUSS) figure relates to grants of settled status or pre-settled status, in the year ending March 2024

¹⁸ Immigration detention relates to the number of people in detention on 31 March 2024

¹⁹ In the year ending March 2024, just over a third of the total number of people claiming asylum were small boat arrivals

²⁰ <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-march-2024/summary-of-latest-statistics> Accessed 16 July 2024

Figure 4 is a flowchart illustrating the movement of people through the UK border and within the UK. The chart is divided into two main sections: 'UK Border' and 'In the UK'. At the top, above the 'UK Border' there are several categories with numbers indicating how many people were granted entry or returned: safe and legal (humanitarian) routes 96,000; visitor visas granted 2,012,000; study 562,000; visas granted for work 504,000; family 79,000; and port returns 24,000. Below these categories is a blue bar labelled 'UK Border'. Underneath this bar is another section labelled 'In the UK' which includes various categories with corresponding numbers: extensions of stay 756,000; settlement 129,000; EUSS (EU Settlement Scheme) 414,000; citizenship 216,000. To the right side of this section are additional categories related to returns: immigration detention 1,900; enforced returns from detention centre to outside UK border 21,000; voluntary returns from detention centre to outside UK border 12,000. On the far right side of this section is a category labelled 'People Claiming Asylum' 87,000.

applicants from Iran and Türkiye.²¹ India and Albania have much lower grant rates of 8% and 9%, respectively. The grant rate can change depending on socio-political issues in the country of origin.

The regional picture

Table 1 displays East of England regional data for individuals on the Homes for Ukraine scheme, those under the Afghan Resettlement Programme, and asylum seekers receiving support. Data are a measure of stock population - that is, the number of people who were in the location at the time the data was extracted (last day of the quarter).

Table 1: Immigration groups, East of England as at 31 March 2024

Scheme	Figures
Homes for Ukraine (arrivals)	12,692
Supported Asylum (population)	6,711
of which - Initial Accommodation	14
of which - Dispersed Accommodation	2,304
of which - Contingency Accommodation	3,813
of which - Other Accommodation	580
of which - Subsistence only	0
Afghan Resettlement Programme (population)	1,736
of which - interim accommodation	7
of which - transitional accommodation	0
of which - settled in LA housing	1,369
of which - settled in PRS housing	360
All 3 pathways (total)	21,139
Population	6,398,497
Percentage of population (%)	0.33%

Source: Gov.UK Regional and local authority data on immigration groups²²

The local picture

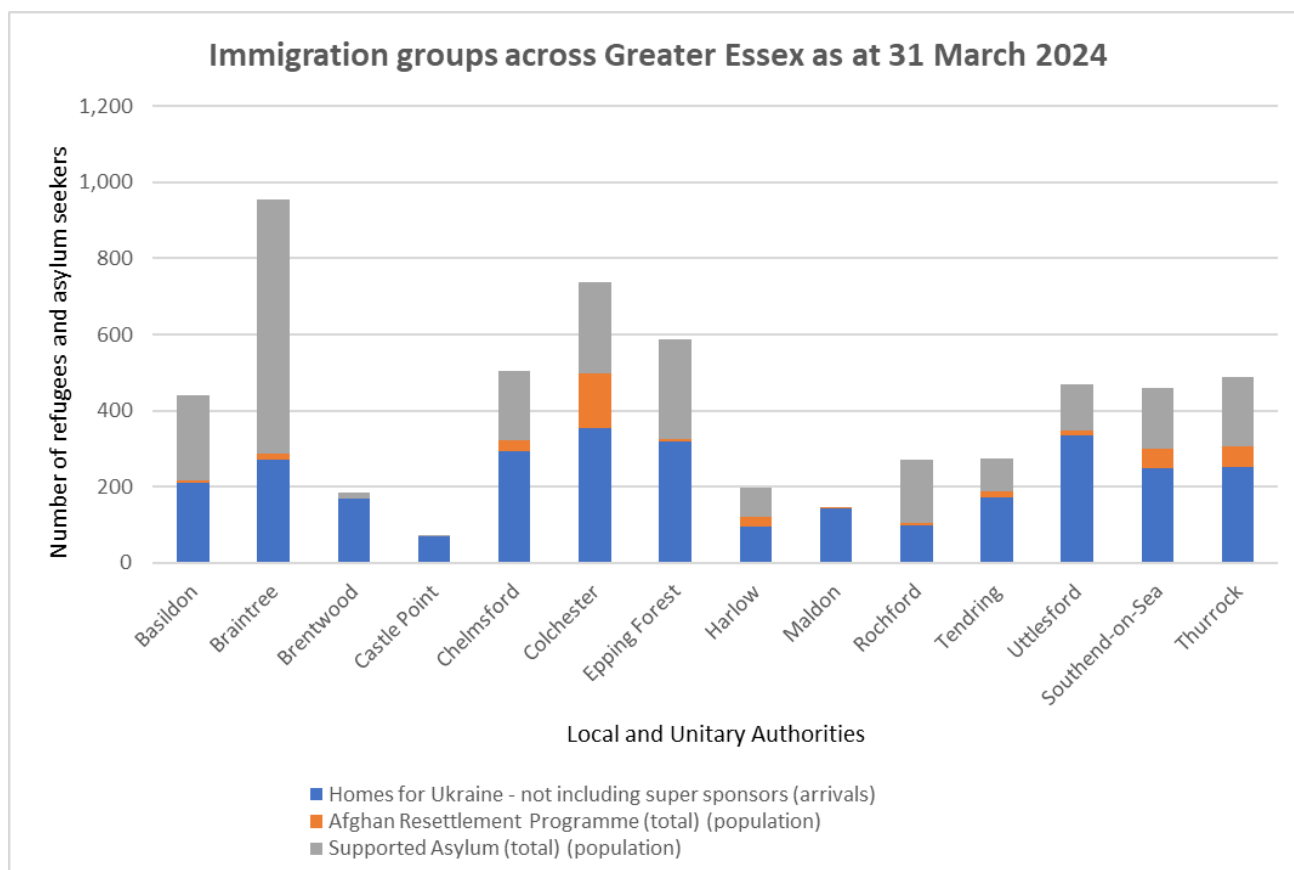
Figure 5 displays Greater Essex data for individuals on the Homes for Ukraine scheme, those under the Afghan Resettlement Programme, and asylum seekers receiving support.

The total for Greater Essex for all three pathways is 5,788 (Homes for Ukraine: 3030; Asylum: 2389; Afghan Resettlement: 369).

²¹ [How many people do we grant protection to? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data) Accessed 22 March 2024

²² <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data> Accessed 17 July 2024

Figure 5: Immigration groups across Greater Essex as at 31 March 2024



Source: Adapted from Gov.UK Regional and local authority data on immigration groups ²³

²³ <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data> Accessed 17 July 2024

Figure 5 is a bar chart titled 'Immigration groups across Greater Essex as at 31 March 2024.' The x-axis represents different local and unitary authorities within Greater Essex, including Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Harlow, Maldon, Rochford, Tendring, Uttlesford, Southend-on-Sea, and Thurrock. The y-axis represents the number of refugees and asylum seekers in each local authority.

The chart uses three different colours to represent three categories:

- **Blue:** Homes for Ukraine (not including super sponsors - arrivals)
- **Orange:** Afghan Resettlement Programme (total) (population)
- **Grey:** Supported Asylum (total) (population)

Each local authority has three corresponding bars indicating the number of refugees or asylum seekers in each category. The chart provides a visual comparison of the distribution of these immigration groups across various regions within Greater Essex.

Table 2: Immigration groups, Greater Essex, as percentage of population, at 31 March 2024

Local Authority	All 3 pathways (total)	Population	Percentage of population (%)
Basildon	440	188,848	0.23%
Braintree	954	157,681	0.61%
Brentwood	185	77,332	0.24%
Castle Point	71	89,731	0.08%
Chelmsford	504	183,326	0.27%
Colchester	737	194,394	0.38%
Epping Forest	589	134,989	0.44%
Harlow	198	94,409	0.21%
Maldon	148	67,554	0.22%
Rochford	270	87,216	0.31%
Tendring	275	151,451	0.18%
Uttlesford	468	92,578	0.51%
Southend-on-Sea	461	180,915	0.25%
Thurrock	488	176,877	0.28%

Source: Adapted from Gov.UK Regional and local authority data on immigration groups ²⁴

Key health needs identified from literature review

Understanding the health needs, health care provision and long-term health risks from the arrivals' country of origin can help to inform local care provision. There are country-specific risks of infectious diseases and other possible health issues affecting refugees and people seeking asylum, as well as risks dependant on the arrival pathway.²⁵

Wider determinants of health

Wider determinants of health are a diverse range of social, economic, and environmental factors which influence people's mental and physical health.²⁶ These determinants can affect refugees and asylum seekers in a different way than the hosting population, reflecting their complex situation.²⁷

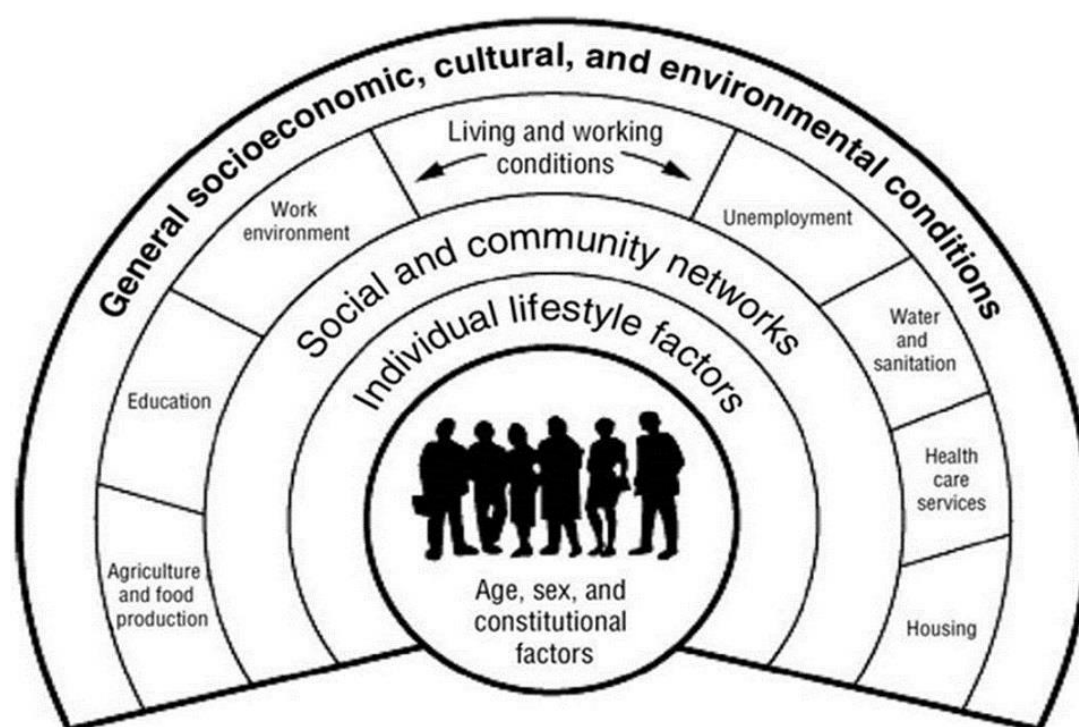
²⁴ <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data> Accessed 14 August 2024

²⁵ <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> Accessed 6 April 2023

²⁶ www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health Accessed 17 May 2023

²⁷ [Common mental health problems in immigrants and refugees: general approach in primary care | CMAJ](https://www.cmaj.ca/immigrants-refugees-general-approach-primary-care) Accessed 4 May 2023

Figure 6: The Dahlgren and Whitehead model of health determinants



Source: Gov.uk Social Determinants of Health ²⁸

In the refugee and asylum agenda there is the Indicators of Integration framework which is structured around 14 key domains that evidence suggests are of central importance to integration.²⁹ Indicators of Integration measure how well different groups within a society are integrated. These can include:

- **social cohesion** - the strength of relationships and the sense of community
- **economic participation** - employment rates and economic contributions of different groups
- **access to services** - availability and accessibility of health, education, and social services for all groups
- **cultural inclusion** - acceptance and celebration of cultural diversity within the community³⁰

²⁸ <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health> Accessed 16 August 2024

Figure 6 shows The Dahlgren and Whitehead model of health determinants, which is depicted as a multi-layered diagram with concentric arcs surrounding a central core. At the core is age, sex, and constitutional factors. Surrounding the core is the first layer labelled individual lifestyle factors. The second layer is social and community networks. The third layer is living and working conditions and includes several segments including: work environment, education, agriculture and food production, unemployment, water and sanitation, health care services, and housing. The outermost layer is general socioeconomic, cultural, and environmental conditions which encompasses all other layers. The model illustrates how various determinants at different levels influence health outcomes, from individual characteristics to broader societal factors.

²⁹ [Home Office Indicators of Integration framework 2019 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811119/home-office-indicators-of-integration-framework-2019.pdf) Accessed 09 September 2024

³⁰ [Chapter 6: wider determinants of health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/wider-determinants-of-health) Accessed 9 September 2024

The wider determinants of health and indicators of integration are closely linked as they both focus on the various factors that influence overall health and wellbeing within a community. These include:

- **social and economic stability** - both concepts emphasize the importance of stable income, employment, and housing. Economic participation and stability are crucial for both health and integration
- **access to services** - ensuring that all groups have equal access to health, education, and social services is vital for both improving health outcomes and fostering integration
- **community and social networks** - strong social networks and community support are essential for mental health and well-being, and they also promote social cohesion and integration
- **environmental factors** - quality of the built and natural environment affects health directly and influences how well different groups can integrate and participate in community life³¹

By addressing the wider determinants of health, we can create conditions that support better health outcomes and foster greater social integration, leading to a more cohesive and healthy society.

Individual lifestyle factors

Of all applications for asylum to the UK in the year ending March 2023, two-thirds (62%) were males aged 18 to 49. Children (aged 17 and under) accounted for almost a fifth (18%) of people applying for asylum.

Table 3: Individuals applying for asylum in the UK as a proportion of the total, by age and sex in the year ending March 2023

Age	Male	Female
17 and Under	12%	6%
18 to 29	40%	8%
30 to 49	22%	9%
50 to 69	2%	1%
70 and above	<1%	<1%
Total	76%	24%

³¹ [Chapter 6: wider determinants of health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/wider-determinants-of-health) Accessed 9 September 2024

Source: Immigration System Statistics ³²

In contrast, at 31 March 2024, there had been a total of 27,182 Afghans resettled in the UK, and approximately 50% were aged under 18 years.³³

As of 31 March 2024, 70% of Ukrainian adults who arrived under the Sponsorship and Family Schemes were women. Ukrainian men aged 18 to 60 are not allowed to leave Ukraine. Of all arrivals under these schemes, 27% were under the age of 18.³⁴

Refugees and asylum seekers often experience acculturation, which refers to the process of learning and adopting behaviours commonly observed in the new country in which they are residing. This includes behaviours that affect health such as dietary habits and activity levels.^{35,36} This can result in higher levels of smoking,³⁷ lower levels of breast feeding,³⁸ and diets with a higher fat content.³⁹ These can contribute to acute and chronic diseases such as diabetes and heart disease.

Social and community networks

A key issue facing many overseas arrivals is a lack of integration into the host society, where they can meet new people and learn how to access support services. There are various barriers to integration that have been identified in the literature.^{40, 41} These include a lack of language skills, a lack of knowledge of the system, services unable to meet people's needs, hostile public attitudes, and legal barriers to integration.

Many overseas arrivals lack good English communication skills which can impact their ability to integrate with the local community. English for speakers of other languages (ESOL) courses only become available to people seeking asylum six months after being resident in the UK, and attendees are required to fund a percentage of the course themselves. In some areas, third sector

³² [How many people do we grant protection to? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/how-many-people-do-we-grant-protection-to) Accessed 16 October 2024

³³ [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/immigration-system-statistics-data-tables) – Asylum and resettlement summary tables, year ending March 2024 [Accessed 28 June 24]

³⁴ [Ukrainian migration to the UK - Migration Observatory - The Migration Observatory \(ox.ac.uk\)](https://www.migrationobservatory.ox.ac.uk/news/ukrainian-migration-to-the-uk) Accessed 2 September 2024

³⁵ [Acculturation and obesity among migrant populations in high income countries – a systematic review | BMC Public Health | Full Text \(biomedcentral.com\)](https://pubmed.ncbi.nlm.nih.gov/36888888/) Accessed 1 October 2024

³⁶ [Acculturation does not necessarily lead to increased physical activity during leisure time: a cross-sectional study among Turkish young people in the Netherlands | BMC Public Health | Full Text \(biomedcentral.com\)](https://pubmed.ncbi.nlm.nih.gov/36888888/) Accessed 1 October 2024

³⁷ [How immigrants adapt their smoking behaviour: comparative analysis among Turkish immigrants in Germany and the Netherlands - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/36888888/) Accessed 1 October 2024

³⁸ [A systematic review of migrant women's experiences of successful exclusive breastfeeding in high-income countries - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/36888888/) Accessed 1 October 2024

³⁹ [Acculturation and obesity among migrant populations in high income countries – a systematic review - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/36888888/) Accessed 1 October 2024

⁴⁰ [Creating the conditions for integration \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/creating-the-conditions-for-integration) Accessed 5 May 2023

⁴¹ [Understanding Integration: A Conceptual Framework | Journal of Refugee Studies | Oxford Academic \(oup.com\)](https://www.oup.com/academic/article/doi/10.1093/acprof:oso/9780198750000.003.0001) Accessed 5 May 2023

organisations organise weekly ESOL sessions which rely on volunteers, which raises concerns around sustainability.

In addition to ESOL funding and capacity issues, there were further challenges with uptake of ESOL courses for Afghan's resettling in Essex. Barriers to attendance included transport availability and costs, and childcare issues, despite funding being made available by the UK Government to support with these issues. Other barriers included motivation to continue attending the course, during a period of major change in their lives, and cultural differences impacting the attendance of women. This could pose an issue as women in the Afghan community are at risk of being left vulnerable and reliant on others when it comes to language and communication.

Living and working conditions

Education

All overseas arrivals aged 5-18 years have the same entitlement to full-time education or training as other pupils in England. This rule applies equally across local authority schools, academies, and free schools.⁵² Post-16 years, rules around eligibility and fee remission are complex and subject to frequent change. However, refugee children often face long delays in accessing a school place, with the worst delays being at secondary and further education levels nationally, where in 2018 up to a quarter of children waited for three months and some up to a year.⁴² While a general lack of school places does play into this wait time, there is often a reluctance on the part of schools to admit refugee and migrant children, particularly at later stages. This could be due to concerns around the impact on exam results and school performance, even though schools do not have to publish results for children who have been in the country for less than two years.⁴³

Pre-migration factors such as previous educational attainment and cultural expectation can come into play for both females and males.⁴⁴ Some refugees and asylum seekers have come from contexts where gender inequality is high and women's employment rates are low.⁴⁵ In some countries of origin, schooling commences at a later age and does not last so long; this may be due to attitudes around schooling females or the expectation for older males to work.

⁴² [Access-to-Education-report-PDF.pdf \(unicef.org.uk\)](#) Accessed 27 August 2024

⁴³ [EPI_PHF_Impact-of-the-NABA_summarypaper_Apr23_-1.pdf](#) Accessed 27 August 2024

⁴⁴ [Refugees' gendered experiences of education in Europe since 2015: A scoping review - Hunt - 2023 - Review of Education - Wiley Online Library](#) Accessed 27 August 2024

⁴⁵ [3f3a9612-en.pdf \(oecd-ilibrary.org\)](#) Accessed 27 August 2024

Work environment

People seeking asylum are not automatically entitled to work. They must seek permission to work for jobs listed on the Shortage Occupations list and then apply for a role.^{46, 47} Asylum Support need to be informed so they can assess any income against support provision.

Once those arriving from Ukraine receive a National Insurance number, they will be eligible to work in the UK and pay taxes.⁴⁸

Arrivals from Afghanistan will have previously held a variety of different roles. However, on moving to the UK many have faced difficulties in continuing those careers.^{56 57} For example, due to difficulties with evidencing English language skills or with having qualifications obtained abroad recognised in the UK. This has resulted in many people having to learn English language skills, sit exams to convert their qualification, retrain, accept jobs with lower status than their previous jobs or remain unemployed, which will no doubt impact their sense of purpose, self-esteem, and mental wellbeing. Further work is needed to support individuals trained abroad to best make use of their knowledge and skills, whether this be through support to gain employment, access training or volunteering opportunities in the community. This would be particularly beneficial for women who may have experienced socio-political barriers to education, training, or employment.

Access to healthcare services

Guidance on implementing the overseas visitor charging regulations (Department of Health and Social Care) 29 outlines the NHS services that are currently free of charge irrespective of an overseas visitor's country of normal residence (as long as they have not travelled to the UK for the purpose of seeking that treatment). These services include:

- GP (General Practitioner) services. Practices have a contractual duty to provide emergency and immediately necessary treatment.³⁰ This is free of charge for everyone. Refugees and people seeking asylum do not need to provide proof of identity or immigration status although they may have an application registration card (ARC) from Immigration Services. GPs (General Practitioner) can register people seeking asylum as a temporary patient for up to three months³¹ After this time the patient would need to fully register with the practice. Temporary registration only lasts between 24 hours and three months, regardless of asylum seeker or refugee status. There should not be any problems registering with a practice on the proviso refugees and asylum seekers are residing within the practice boundary.
- primary dental and ophthalmic treatment
- accident and emergency services, such as those provided at an A&E department, walk-in centre, minor injuries unit or urgent care centre (not including emergency services provided

⁴⁶ <https://www.gov.uk/government/publications/skilled-worker-visa-shortage-occupations/skilled-worker-visa-shortage-occupations> Accessed 18 April 2023

⁴⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1114501/Permission_to_work_and_volunteer.pdf Accessed 5 May 2023

⁴⁸ <https://www.gov.uk/offer-work-ukraine> Accessed 29 May 2024

after being admitted as an inpatient, or at a follow-up outpatient appointment, for which charges must be levied unless the overseas visitor is exempt)

- family planning services (not including termination of pregnancy or fertility treatment)
- services provided for the diagnosis and treatment of specified communicable diseases³²
- NHS services provided for COVID-19 investigation, diagnosis, and treatment
- diagnosis and treatment of sexually transmitted infections (STIs)
- palliative care from a registered palliative care charity or a community interest company
- NHS 111 telephone advice line treatment for a physical or mental condition caused by torture, female genital mutilation, domestic violence, or sexual violence

In addition to the services above, groups that are exempt from all overseas visitor charges include people applying for asylum, humanitarian protection, or temporary protection whose claims (including appeals) have not yet been determined, and their dependants.

The British Medical Association has produced a toolkit for medical practitioners to help them understand the health needs of overseas arrivals and how to overcome common barriers to healthcare.⁴⁹ The NHS have produced a migrant health guide for migrant patients which includes actions such as explaining how the NHS works and their entitlements to healthcare, and have also produced guidance on cultural, spiritual, and religious sensitivity in the delivery of health care, with the use of interpreters and or intercultural mediators to support effective cross-cultural communication between healthcare professionals and patients.⁸³

Employees who register patients should be made aware of the difficulties refugees and people seeking asylum may have in producing identity documents. They will need to be flexible about the documents they accept and include biometric residence permits or application registration cards from the Home Office. If a patient is not able to provide identity documents, it is not reasonable grounds to refuse to register them.

Housing

Accommodation instability, poor housing conditions, overcrowding, lack of affordability and transport/ proximity to local services can all have a negative effect on health and wellbeing for refugees and people seeking asylum and is associated with a diverse range of negative health outcomes.⁵⁰ Conditions such as dampness, cold, mould, and noise are strongly linked to health issues. The longer someone is exposed to these conditions, the more severe the impact on their health. Physical health problems can include respiratory and cardiovascular diseases, increased risk of infections, and higher mortality rates. Mentally, living in inadequate, cold, overcrowded, or unaffordable housing can lead to increased stress, a sense of powerlessness, depression, and anxiety. Children in overcrowded homes are more likely to experience stress, anxiety, depression,

⁴⁹ <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit> Accessed 1 June 2023

⁵⁰ [Understanding Integration: A Conceptual Framework | Journal of Refugee Studies | Oxford Academic \(oup.com\)](#) Accessed 5 May 2023

poorer physical health, lower academic achievement, and behavioural issues compared to those in less crowded homes.⁵¹ This can apply to people seeking asylum and living in either large scale, contingency, or dispersal accommodation.

The remote locations of some temporary accommodation, affordability, and lack of transport links is a challenge. This is having a significant impact on service users being able to access local amenities, including community integration and, for refugees, this can extend to volunteering and employment opportunities.

For arrivals seeking asylum, travel for health appointments should be provided by Clearsprings Ready Homes (CRH).

The county council are required to transport school aged children to their place of education. However, this has financial implications on the school transport bill, especially if children are placed out of area when there are insufficient school places nearby.

Bridging hotels were commissioned directly by the Home Office. The statement of requirements for asylum accommodation are the standards of housing that the Home Office expects their providers to meet. When the contingency accommodation (hotels or other short term let accommodation for people seeking asylum) was stood up, a briefing pack for stakeholders was shared which stated the asylum accommodation service providers would identify suitable hotels and ensure that they conformed to the accommodation standards and provision set out in Schedule 2 of the Asylum Accommodation and Support.⁵² As such, the same standards of accommodation apply to contingency as for dispersed accommodation, with the key difference arising from whether the accommodation is self-catering or full board.

Under the Homes for Ukraine scheme, accommodation is provided for six months or more in the UK, in someone's home or in a property they own.⁵³ If both parties are happy to extend the sponsorship beyond six months, Ministry of Housing Communities and Local Government (MHCLG) guidance encourages guests to remain. When a sponsorship arrangement has broken down or is not being continued after the initial six month arrangement, and Ukrainian guests are unable to secure other alternative suitable accommodation, the family can approach a council for help under homelessness legislation. Funding through the Homes for Ukraine scheme has meant a considerable number have been helped to find private rent, often in areas more affordable. These families do not have the same attachment to where they have been for the last year or so as others who may have work, family, or school commitments.

Under the Afghan resettlement schemes individuals and families experienced multiple accommodation moves before becoming settled in longer term accommodation. This led to

⁵¹ https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on?gclid=Cj0KCQiA_c-OBhDFARIsAIFg3ezLkuf8jh_H84t5ardOLQHzfiiRJsolGNxM7eKyZ08Nw2JTcJFVXQkaAn87EALw_wcB Accessed 9 September 2024

⁵² [AASC - Schedule 2 - Statement of Requirements.pdf \(parliament.uk\)](#) Accessed 28 August 2024

⁵³ [Ukraine Family Scheme, Ukraine Sponsorship Scheme \(Homes for Ukraine\) and Ukraine Extension Scheme visa data - GOV.UK \(www.gov.uk\)](#) Accessed 28 May 2024

individuals experiencing delays in registering for and accessing services. Furthermore, not being able to fulfil basic needs such as securing a home for such a prolonged period undoubtedly undermined their ability to settle into life in Essex. Local Housing Authority Funds (LAHF) for families from Afghanistan has helped councils work with partners to purchase homes to provide settled and more affordable homes for many.

District councils are receiving revenue funding to help with the impact on local services from growing numbers of families claiming asylum. This is not as generous as LAHF or Homes for Ukraine despite the number being potentially greater. As some will also be single people or couples without children it is likely that a significant proportion will only be entitled to guidance and advice rather than accommodation once granted leave to remain.

Mental health

Depression and anxiety

Whilst mental ill health tends to be higher in all overseas arrivals, prevalence of depression and anxiety are higher in people seeking asylum that are waiting for their asylum claim to be completed compared with successful claimants that are granted refugee status.⁵⁴ This could be attributed to the uncertainty surrounding their stay in the UK. Mental ill health is sometimes not declared upon arrival, possibly due to fear of ramifications of such a disclosure.

Post-traumatic stress disorder (PTSD)

PTSD could be attributed to pre-migration experiences such as war, violence, and persecution. It is a long-term problem that affects not only recently arrived people seeking asylum, but also settled refugees, and can take a while to manifest.⁵⁵

Communicable disease

Many people arriving in the UK come from countries with a high burden of infectious diseases.⁵⁶ They may have travelled in difficult circumstances, be economically disadvantaged, live in overcrowded conditions, and live and meet socially with other at-risk groups which may put them at increased risk of infectious diseases whilst living in the UK. Some diseases may not present clinically for a long time after arrival in the UK.

⁵⁴ [Asylum Seekers, Violence and Health: A Systematic Review of Research in High-Income Host Countries - PMC \(nih.gov\)](#) Accessed 5 May 2023

⁵⁵ [Factors associated with mental disorders in long-settled war refugees: refugees from the former Yugoslavia in Germany, Italy, and the UK | The British Journal of Psychiatry | Cambridge Core](#) Accessed 5 May 2023

⁵⁶ [Migrant health guide - GOV.UK \(www.gov.uk\)](#) Accessed 1 June 2023

Vaccination

Many countries have different vaccination schedules which do not align with UK requirements. Moreover, countries in conflict normally see a drop in vaccination rates. Diseases that are rare in UK adults due to high vaccination rates may be more prevalent in refugees and people seeking asylum.⁵⁷ For example, polio remains endemic in Afghanistan, which presents an infection risk for those moving to Essex where immunisation uptake rates have been declining.

UKHSA has developed a practical one-page summary on the best approach to catch-up patients with uncertain or incomplete vaccinations.⁵⁸

If concerns are raised that there is a risk to the general population, reminding local residents that the general population are mostly vaccine protected, and where to access vaccinations if they are not, will be helpful.

Women's health

Women arriving in the UK should be encouraged to access sexual health services and maternity care, and to understand their entitlements to care.⁵⁹

Religious and cultural sensitivities should be considered when discussing sexual and reproductive matters. Migrant women may feel uncomfortable discussing family planning needs as this can be a sensitive topic in some cultures.

Where language is a barrier in discussing sexual or reproductive matters, a female interpreter should be offered. It is inappropriate to use children as interpreters for adults, particularly when discussing intimate concerns.⁶⁰

Females who have experienced forced migration are at increased risk of violence against women and girls (VAWG). There is evidence of high levels of VAWG prior to, during, and following forced migration journeys.⁶¹ Trauma-informed approaches to service provision should be considered, with appropriate referrals made to address the physical and mental health needs of those who have experienced sexual and gender-based violence.⁶²

While charges may apply for some migrants, maternity care should always be provided and should not be denied or delayed on the basis of immigration status or ability to pay. This includes

⁵⁷ <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> Accessed 6 April 2023

⁵⁸ <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status> Accessed 18 July 2024

⁵⁹ [Women's health: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/women-s-health-migrant-health-guide) Accessed 18 July 2024

⁶⁰ [Women's health: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/women-s-health-migrant-health-guide) Accessed 18 July 2024

⁶¹ [Sexual and gender based violence in the refugee crisis: from displacement to arrival \(SEREDA\) - University of Birmingham](https://www.birmingham.ac.uk/research/sereda) Accessed 18 July 2024

⁶² [Women's health: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/women-s-health-migrant-health-guide) Accessed 18 July 2024

antenatal care, care in childbirth, postnatal care for the mother and baby. Maternity Action provides guidance on when charges apply for maternity care.⁶³

Non-communicable disease

There is an increased risk of chronic diseases in certain ethnic groups. For example, arrivals from Africa and South Asia have higher prevalence of type two diabetes compared with the general population.⁶⁴

Arrivals may experience poorly controlled chronic conditions. This is usually the result of extended periods without access to regular care, either in their home countries or during their journey to the UK. Some patients may have injuries that have not healed properly which cause pain or disability, again this may be due to their mode of arrival in the UK or lack of care in their home country. Untreated dental and eye issues may also cause discomfort or impairment. NHS dental charges apply to all NHS patients, unless the patient meets standard eligibility criteria.⁶⁵

LGBTQ+ issues

Some people seeking asylum will have left their own country due to persecution over their sexual orientation. There are 68 countries in the world where same sex relationships are illegal, and 11 countries where being gay or bisexual is punishable by death.⁶⁶ Although LGBTQ+ is considered a protected status through British law, many continue to feel isolated and judged.

Asylum applicants should have an opportunity, through sensitive enquiry by the Home Office, to disclose their LGBTQ+ identities. Support by link workers aligned to the asylum application process, and within named accommodation centres, would facilitate engagement with local support structures.

Cultural barriers and limited language skills can be an obstacle to participation in mainstream LGBTQ+ groups.⁶⁷ Community groups and faith groups for people seeking asylum can be places where they do not feel safe to be open about their sexual orientation.

Research suggests LGBTQ+ asylum applicants should be offered supported access to a range of bespoke health and wellbeing services. Organisations providing support need to recognise the sensitivities and needs of those who are both seeking asylum and LGBTQ+. This could include

⁶³ [Women from abroad, financial support and housing - Maternity Action](#) Accessed 18 July 2024

⁶⁴ [Evidence-based clinical guidelines for immigrants and refugees | CMAJ](#) Accessed 5 May 2023

⁶⁵ [Evidence-based clinical guidelines for immigrants and refugees | CMAJ](#) Accessed 5 May 2023

⁶⁶ [Countries that criminalize homosexuality 2022 | Statista](#) Accessed 4 May 2023

⁶⁷ [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](#) Accessed 4 May 2023

counselling and mental health services delivered in partnership between trusted third sector organisations with supported referral to NHS services where required.

People seeking asylum need to be made aware of relevant existing services for the LGBTQ+ community, such as Rainbow Migration.⁶⁸

Recommendations

Table 4: Overall recommendations to improve access to healthcare for overseas arrivals

Issue	Recommendation	Responsible organisation
Access to Primary Care services	<p>Steps are taken to ensure that refugees and people seeking asylum understand how and when to access primary care services after arrival in Essex. Also, how, and when this is the most appropriate route in to access hospital treatment (not via Accident and Emergency).</p> <p>Ensure that GP surgeries, dental practices and pharmacies are aware of people seeking asylum's entitlement to full free access</p>	<p>Clearsprings Ready Homes (CRH)</p> <p>NHS England (NHSE)</p>
Access and referrals to Mental Health services	<p>Improve awareness of the presentation of mental health issues that are common in refugees and people seeking asylum</p> <p>Review mental health care pathways for refugees and people seeking asylum, with a specific focus on trauma informed services</p>	<p>ICB (Integrated Care Board)</p> <p>CRH</p> <p>Hertfordshire Partnership NHS Trust</p> <p>EPUT (Essex Partnership University Trust)</p>
Access to secondary care services	<p>Ensure secondary care providers are aware of refugees and asylum seekers' entitlement to full and free access to services</p>	<p>ICB</p>

⁶⁸ [Home - Rainbow Migration](#) Accessed 5 May 2023

Table 5: Overall recommendations to improve provision of healthcare services for overseas arrivals

Issue	Recommendation	Responsible organisation
Interpretation and translation services	Ensure that primary care services arrange appropriate, high quality translation services as per NHS England and GMC advice. This should be business as usual	NHSE
Communicable diseases	Use Office for Health Improvement and Disparities (OHID) Migrant health checklist as a guide for the first appointment in GP practices	NHSE ICB
Family planning and sexual health clinics	Ensure that information around how and when to access these services is available during induction and at the drop-in sessions	ECC CRH

Table 6: Overall recommendations to improve wellbeing for overseas arrivals

Issue	Recommendation	Responsible organisation
Physical activity	Sustain regular physical activities to improve physical and mental wellbeing	Third sector organisations Active Essex
Adult Learning	Explore the provision of Adult learning services, including ESOL, to refugees and people seeking asylum	Third sector provision ACL (Adult Community Learning) at ECC Other further education institutions
Transport	Explore practical solutions to facilitate accessibility of services (community/social) to refugees and people seeking asylum	ECC VCSE (Voluntary, Community Sector and social Enterprises)

Discussion

This report has not just identified inequalities between migrants and UK nationals but also between migrant groups depending on the scheme on which they have arrived. These inequalities are systemic, unfair, and most importantly, avoidable. There are pockets of excellence where the system works well to support the local migrant population. The next step is to embed this work across the whole of Essex by working together so this becomes the norm.

The findings from this HNA have identified that the challenges and gaps that the local system faces are not specific to Essex, and moreover, some are not within the gift of the local system to resolve, especially due to financial and resource constraints. Therefore, there is an urgent need to strengthen national leadership pathways where local systems can escalate immigration, funding, housing, data, and communication challenges and have leadership groups that review and address these challenges that can support local system partners to address the needs of this vulnerable population group in an equitable and agile manner.

Many of the challenges identified in this report are driven by a lack of finances. In the absence of increased funds, consideration is needed around how best to make use of the resource that is available to the system.

Limitations

Data on refugees and people seeking asylum at a district level is not publicly available, to protect their confidentiality and therefore was not used in this report. As such, the local picture is not as detailed as it could be.

Overseas arrivals are often treated as a universal group, yet there is diversity regarding their living environments in Essex, barriers, and personal backgrounds. These factors are all crucial to enable providers of services to best support them.

Appendices

Appendix 1: Literature review search strategy and other methodological details

The search was conducted via the electronic database CINAHL, using the key terms "asylum seeker*" and "refugee*" in combination with the following key terms, using Boolean operators and wildcard characters: "health need*", "mental health", "communicable disease*", "depression", "PTSD OR post-traumatic stress disorder*", "vaccin*", "maternal health", "sexual health", "chronic disease*", "communicable disease*", "hous*", "isolat*", "integrat*", "*culture*", "pregnan*", "education*", "employ*", "social*", "access*", "tobacco", "substance misuse", "drug misuse", "alcohol", "physical activ*", "wellbeing".

The focus was on qualitative and quantitative studies in the last 15 years, with a focus on UK papers. However, older articles were also included if they were considered relevant.

Along with the e-journal search, grey literature reports and papers were also searched via websites of relevant organisations such as: World Health Organization, Home Office, Department of Health, OHID, UNHCR, and Refugee Action.

Previous HNAs conducted in Lancashire, Bristol, Nottingham, Tameside, and Bolton were also used in the review.

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