

# People Seeking Asylum in Essex

Health needs assessment

# Acknowledgements

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**Sponsor:**

Public Health Consultant

**Author:**

Senior Wellbeing and Public Health Officer  
Specialty Registrar in Public Health

Thank you to the Programme Manager for Overseas Arrivals for input and support on this project.

Contact us:

[overseasarrivals@essex.gov.uk](mailto:overseasarrivals@essex.gov.uk)

## List of abbreviations

ACL- Adult Community Learning

CRH - Clearsprings Ready Homes

EAL - English as an additional language

ECC - Essex County Council

EPUT - Essex Partnership University NHS Foundation Trust

ESHS - Essex Sexual Health Service

ESOL - English for Speakers of Other Languages

FGM - Female genital mutilation

GP - General Practitioner

HBV - Hepatitis B

HCV - Hepatitis C

HNA – Health Needs Assessment

HPFT - Hertfordshire Partnership NHS Trust

ICB - Integrated Care Board

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

NHSE - NHS England

OHID - Office for Health Improvement and Disparities

PTSD – Post Traumatic Stress Disorder

STI - Sexually Transmitted Infection

TB – Tuberculosis

UK- United Kingdom

UNHCR - United Nations High Commissioner for Refugees

VCSE - Voluntary, Community Sector and social Enterprises

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## Executive summary

Since people seeking asylum have been accommodated in Essex by the Home Office there has been no health needs assessment (HNA) undertaken. The aim of the report is to provide information to the relevant stakeholders around the met and unmet health needs of people seeking asylum living in Essex and to suggest a set of recommendations that can improve their health and wellbeing.

Certain issues, such as safeguarding and mental ill health, are present across all types of asylum accommodation: large scale, contingency, and dispersal. A need for suitably qualified welfare staff and security is therefore necessary across the board.

This report includes recommendations involving the health care system, local authorities, government departments, and voluntary sector. These include:

- staff supporting people seeking asylum in Home Office procured facilities to understand where, when, and how they can access health care, including sexual health and mental health services
- commissioners of primary healthcare services to ensure that providers are aware of the entitlement of people seeking asylum to full and free access to their services, and to arrange high quality translation services, following the advice of NHS England and the General Medical Council
- improved awareness of the prominent levels of mental health issues facing people seeking asylum for commissioners and providers, including appropriate emergency mental health services which are accessible, and provision for trauma-informed services
- offering consistent English for speakers of other languages (ESOL) classes to meet the needs of people seeking asylum, to be explored through the collaboration of district authorities, the county council, and third sector organisations
- exploration of affordable and accessible public transport for people seeking asylum whilst their claim is being processed, to facilitate community integration and reduce social isolation
- interventions aimed at asylum populations which are sensitive to the contextual barriers that might inhibit physical activity behaviours during leisure time
- effective strategies to treat substance use disorders which require practical solutions to identified barriers, including legal consequences and linguistic challenges
- ensuring lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) asylum applicants are offered access to a range of bespoke health and wellbeing services
- access to a shared set of metrics which would allow more robust partnership working for those involved in the care and safeguarding of people seeking asylum

# 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. <sup>1</sup> In the United Kingdom (UK), the number of people seeking refugee status has increased significantly over the last few years. <sup>2</sup>

People seeking asylum and 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 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 people seeking asylum in accommodation in Essex, nor for other overseas arrivals. Therefore, the aim of the report is to identify the specific needs of 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 people seeking asylum in Essex.

## The global picture

At October-2023, the total number of people worldwide who were seeking asylum was 6.1 million<sup>3</sup>. The number of people seeking asylum has increased rapidly from 940,000 in 2012 to 6.1 million in 2023.<sup>4</sup>

### Figure 1: Number of people seeking asylum worldwide, 2000 to 2023

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<sup>1</sup> [https://www.unhcr.org/global-trends#\\_ga=2.165952958.1637686540.1681889279-1323441393.1681889279](https://www.unhcr.org/global-trends#_ga=2.165952958.1637686540.1681889279-1323441393.1681889279)

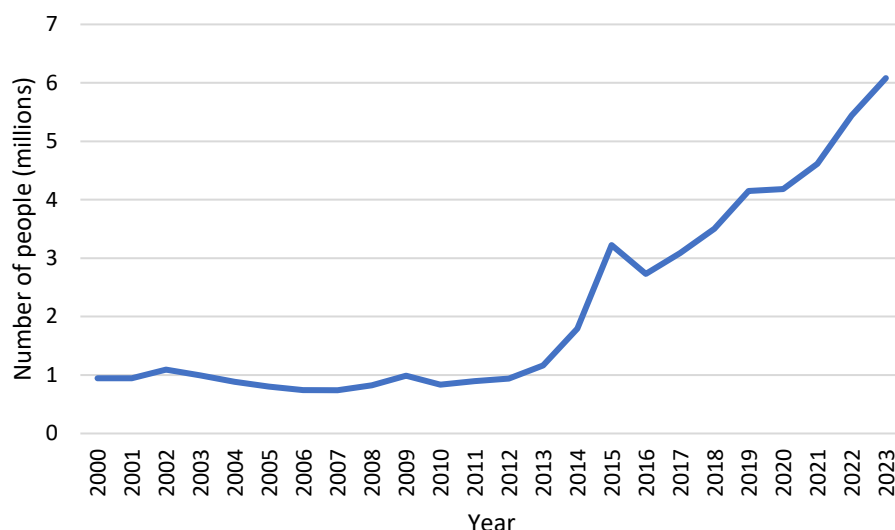
Accessed 6 April 2023

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1136451/section-95-support-local-authority-datasets-dec-2022.xlsx](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

<sup>3</sup> The remaining 5.3 million are other people in need of international protection.

<sup>4</sup> [UNHCR - Refugee Statistics](#) Accessed 20 March 2024



Source: UNHCR – Refugee Statistics <sup>5</sup>

In the year ending September 2023, compared with other European countries, the UK received the 5<sup>th</sup> largest number of people seeking asylum (93,296), which equates to 8% of the total asylum applicants across the EU+<sup>6</sup> and UK combined over that period, but the 20<sup>th</sup> largest intake per capita.<sup>7</sup> Germany received the highest number of applicants (341,300), followed by France (167,230) and Spain (156,180).

## The national picture

### Background

The annual number of asylum applications to the UK peaked in 2002 at 84,132. After that, the number fell sharply to reach a twenty-year low point of 17,916 in 2010. It rose steadily throughout the 2010s, then rapidly from 2021 onwards to reach 81,130 applications in 2022, the highest annual number since 2002.<sup>8</sup>

In 2023, refugees and people seeking asylum made up approximately 16% of immigrants to the UK. There were 67,331 asylum applications in the UK, relating to 84,425 people, which is a 17%

<sup>5</sup> [UNHCR - Refugee Statistics](#) Accessed 20 March 2024

Figure 1 shows a line graph of the number of people (in millions) over the years from 2000 to 2023. The x-axis represents the years, ranging from 2000 to 2023, and the y-axis represents the number of people in millions, ranging from 1 million to 7 million. The data points on the graph indicate a relatively stable population from 2000 to around 2012, followed by a significant increase starting in approximately 2013. The trend continues upward with some fluctuations until it reaches its peak at around 6 million people in 2023.

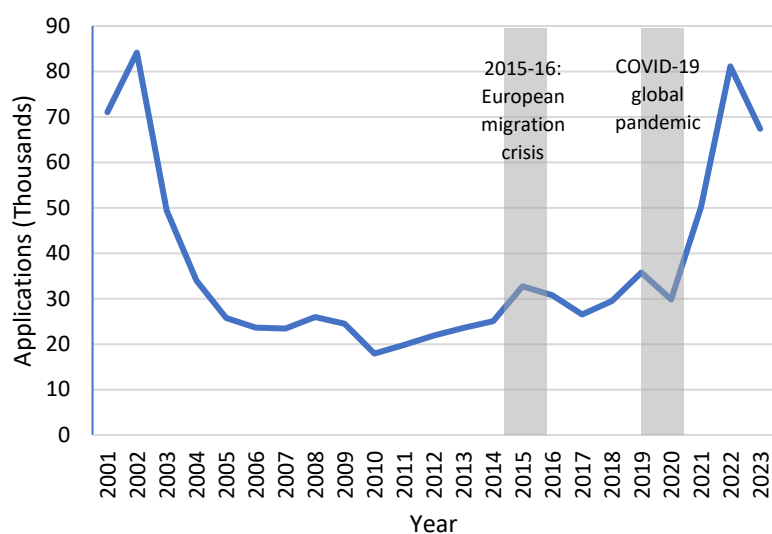
<sup>6</sup> EU+ refers to the 27 countries in the EU, 3 additional countries who are members of the European Economic Area, Switzerland, and Montenegro.

<sup>7</sup> [How many people do we grant protection to? - GOV.UK \(www.gov.uk\)](#) Accessed 22 March 2024

<sup>8</sup> <https://commonslibrary.parliament.uk/research-briefings/sn01403/#:~:text=In%202023%2C%20asylum%20seekers%20and,would%20fall%20into%20that%20category.> Accessed 16 July 2024

decrease compared to 2022 and a reversal of the increasing trend observed since 2021<sup>9</sup>. Particularly large increases in the number of asylum applications were seen between 2020 when there were 29,815 applications, 2021 when there were 50,042 applications (an increase of 68% compared to 2020), and 81,130 applications in 2022 (an increase of 172% compared to 2020). The Home Office state that the increase in applications seen in recent years has been due to the increase in small boat arrivals to the UK. For the period July 2022 to May 2023, small boat arrivals accounted for over one-third (37%) of the total number of people claiming asylum in the UK.

**Figure 2: Asylum applications in the UK 2001 to 2023<sup>10</sup>**



Of the 84,425 people applying for asylum, 57% were males aged 18 to 49 and 19% were children aged 17 and under. There were 3,412 applications from unaccompanied asylum-seeking children (UASC), a 41% decrease on the high of 5,917 reported in 2022. However, UASC applications made up a small proportion of total applications (5% in 2023 compared with 11% in 2019).<sup>11</sup>

<sup>9</sup> [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 21 March 2024

<sup>10</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/immigration-system-statistics-data-tables) Accessed 21 March 2024

Figure 2 shows a line graph of the number of asylum applications (in thousands) over the years from 2001 to 2023. The x-axis represents the years, ranging from 2001 to 2023, and the y-axis represents the number of applications in thousands, ranging from 0 to 90. In 2001 there were approximately 80 thousand applications. From 2002 to 2014 there is a general decline in applications, reaching a nadir of about 30 thousand around 2014. From 2015 onwards there was an upward trend with some fluctuations.

<sup>11</sup> [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 21 March 2024

**Table 1: Individuals applying for asylum in the UK, number, and proportion of the total, by age and sex in the year ending December 2023**

Age	Male		Female	
	Number	Proportion	Number	Proportion
<b>Under 18</b>	10,498	12%	5,917	7%
<b>18-29</b>	30,689	36%	7,770	9%
<b>30-49</b>	17,766	21%	8,075	10%
<b>50-69</b>	1,666	2%	1,439	2%
<b>70+</b>	181	<1%	255	<1%
<b>Total<sup>12</sup></b>	<b>60,800</b>	<b>72%</b>	<b>23,457</b>	<b>28%</b>

In 2023, the top 10 nationalities claiming asylum in the UK were Afghanistan (7,512 applications), Iran, India, Pakistan, Türkiye, Eritrea, Bangladesh, Albania, Syria, and Sudan (3,014 applications).<sup>13</sup> Many of these nationalities have seen a decrease in applications compared to 2022, most notably applications from Albanians which decreased from 15,070, when there was a substantial increase in the number of Albanians arriving by small boat, to 3,230 in 2023.

**Figure 3: Top 10 nationalities claiming asylum in the UK, year ending December 2023 compared with 2021 and 2022, and grant rate at initial decision<sup>14</sup>**

<sup>12</sup> Numbers will not sum to the total due to some unknown information

<sup>13</sup> <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-september-2022/list-of-tables#asylum-and-resettlement> Asy\_01c. Accessed 6 April 2023

<sup>14</sup> [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 21 March 2024

Figure 3 shows the top 10 nationalities claiming asylum in the UK for the years ending December 2021, 2022, and 2023. The graph includes a bar chart representing the number of applications (in thousands) for each nationality across these three years. Additionally, it displays the grant rate at initial decision (as a percentage) for each nationality in December 2023. The x-axis lists the nationalities: Afghanistan, Iran, India, Pakistan, Turkey, Eritrea, Bangladesh, Albania, Syria, and Sudan. The y-axis on the left represents applications in thousands (ranging from 0 to 12), while the y-axis on the right represents grant rates as percentages (ranging from 0% to 100%).

Key observations:

**Afghanistan:** Around 8 thousand applications in both 2021 and slightly more in subsequent years, with a grant rate of approximately 99%.

**Iran:** Increase from about 4 thousand applications in previous years to around double that amount by December 2023, with an approximate grant rate of around 85%.

**India:** Fewer than one thousand applications across all three years, with a very low grant rate.

**Pakistan:** Application numbers similar to India's but slightly higher.

**Turkey:** Application numbers increased over time, reaching close to four thousand by December 2023.

**Eritrea:** Consistent application numbers just below two thousand, with a high grant rate of about 99%.

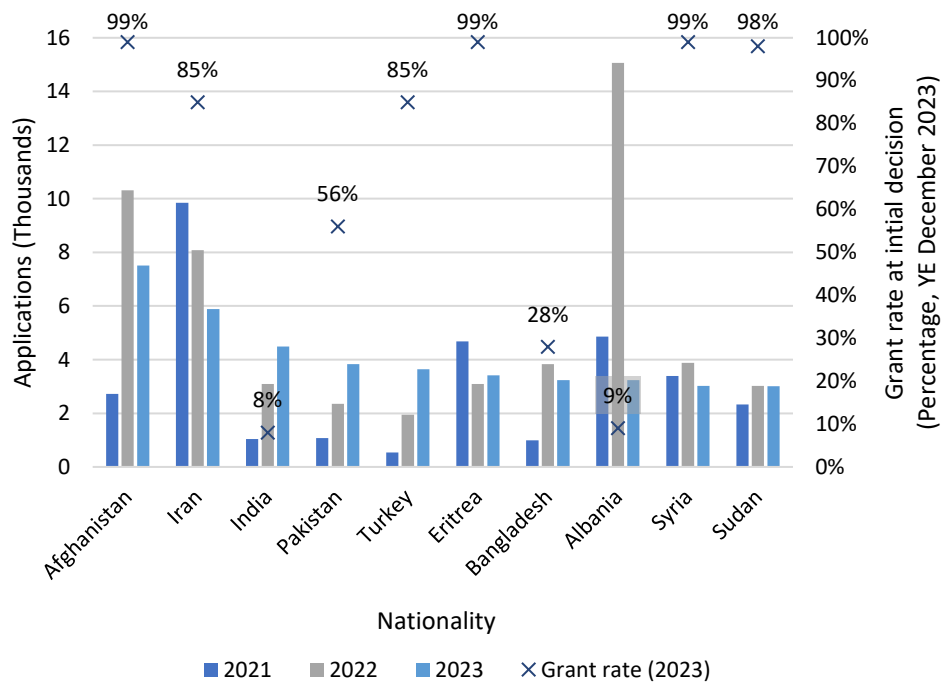
**Bangladesh:** Minimal changes over time, with low application numbers and low grant rates.

**Albania:** Significant growth, reaching nearly twelve thousand applications by December 2023, but with a very low grant rate of about 28%.

**Syria:** Consistently high application numbers above six thousand across all three years, with an approximate 99% grant rate.

**Sudan:** Consistent application numbers just below two thousand, with high approval rates.

The graph uses different colours for each year: blue for 2021, grey for 2022, and light blue for 2023. Grant rates are marked using 'X' symbols.



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 applicants from Iran and Turkey.<sup>15</sup> Indian 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.

### Current UK asylum process

Anyone at risk of being persecuted in their own country has the right to claim asylum in another country, as it is recognised by the Article 14 of the Universal Declaration of Human Rights.<sup>16</sup> To be eligible to seek asylum in the UK, the individual must have left their country and be unable to return due to fear of persecution.<sup>17</sup> People seeking asylum use a variety of routes to travel to the UK. Some will arrive via irregular routes, such as small boats; others will travel to the UK on a visa before claiming asylum. Some people seeking asylum claim asylum immediately upon arrival to the UK; others may have been present in the UK some time prior to making an asylum claim.<sup>18</sup>

The Home Office processes all asylum claims.<sup>19</sup> Upon application, the person seeking asylum is screened by an immigration officer, after which the Home Office decides whether the claim can be considered in the UK. If it can, an asylum interview will take place with a Home Office caseworker. The person seeking asylum will then need to wait until they receive a decision on their application.

<sup>15</sup> [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 22 March 2024

<sup>16</sup> [https://www.un.org/en/udhrbook/pdf/udhr\\_booklet\\_en\\_web.pdf](https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf) Accessed 28 April 2023

<sup>17</sup> [Claim asylum in the UK: Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/claim-asylum-in-the-uk-overview) Accessed 20 March 2024

<sup>18</sup> [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 21 March 2024

<sup>19</sup> [Immigration and Asylum Act 1999 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1999/33) Accessed 02 September 2024

The Home Office aims to complete the process within six months. However, the process is frequently longer. At the end of December 2023, 65% of people seeking asylum had been waiting for more than six months for their decision.<sup>20</sup>

Whilst awaiting a decision, people seeking asylum in the UK cannot claim benefits and are usually not allowed to work unless they have a work permit.<sup>21</sup> Most are reliant on basic welfare provision.<sup>22</sup> People seeking asylum have access to education, basic health care and can volunteer in the local community.

If someone receives a positive decision and is recognised by the UK Government as a refugee, they have 28 days to organise their onward arrangements from the Home Office provided accommodation, after which their support ceases.<sup>23</sup> Those who receive a negative decision are required to leave the UK and are usually expected to leave within 21 days.

**Figure 4: UK Asylum process<sup>24</sup>**

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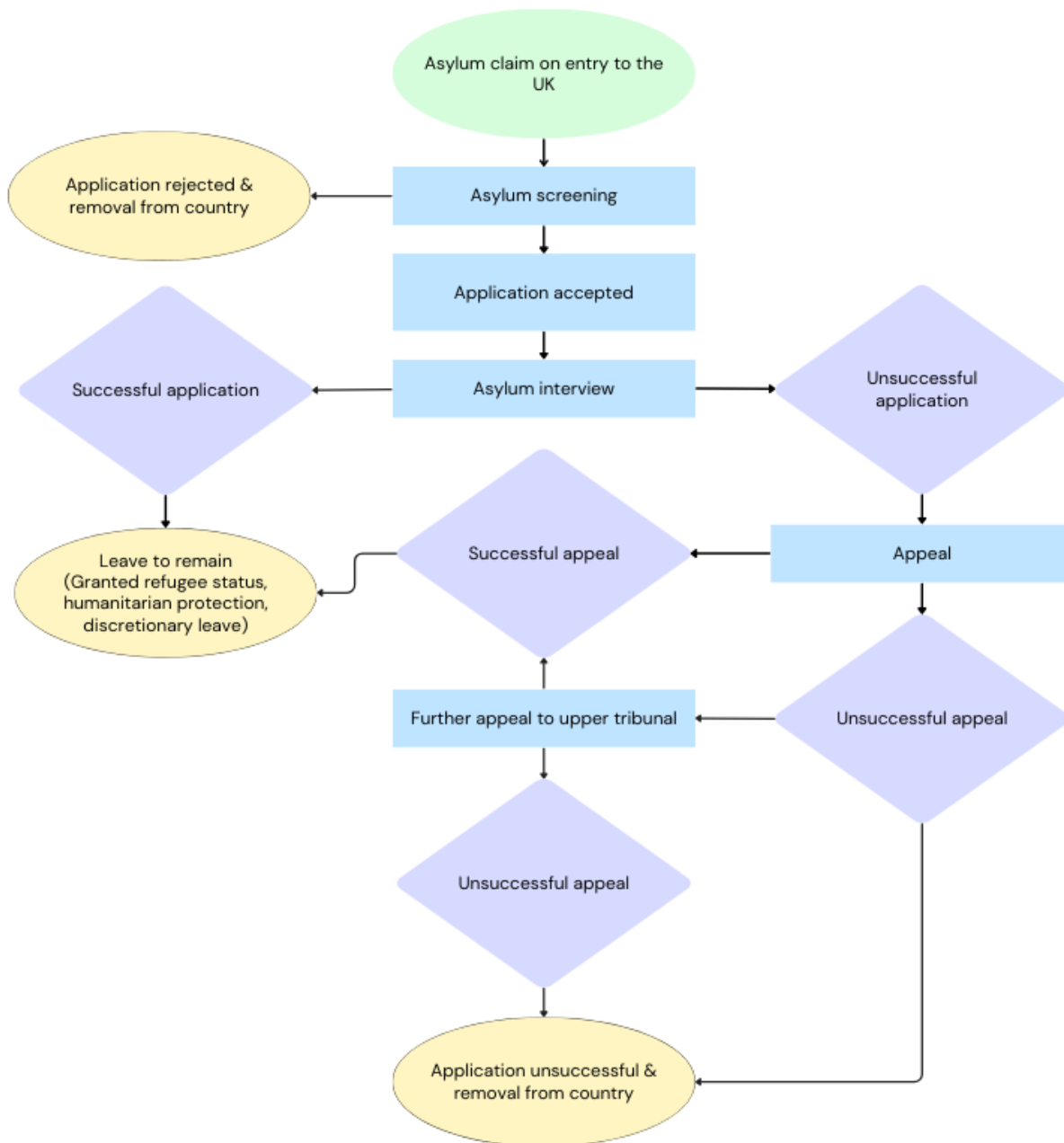
<sup>20</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](#) Accessed 20 March 2024

<sup>21</sup> [Working in the UK while an asylum case is considered - GOV.UK \(www.gov.uk\)](#) Accessed 20 March 2024

<sup>22</sup> [Asylum support: What you'll get - GOV.UK \(www.gov.uk\)](#) Accessed 20 March 2024

<sup>23</sup> [Information booklet about your asylum application - GOV.UK \(www.gov.uk\)](#) Accessed 20 March 2024

<sup>24</sup> Figure 4 is a flowchart depicting the UK asylum process. It starts with an Asylum claim on entry to the UK in a green oval. From there, it branches into two paths: Application rejected & removal from country (yellow oval) if the application is unsuccessful. Asylum screening (blue rectangle) leads to application accepted (blue rectangle), followed by: Asylum interview (blue rectangle), which can result in one of two outcomes. Firstly, an unsuccessful application (purple diamond), leading to an Appeal (purple diamond). If the appeal is successful, it leads to a successful appeal (yellow hexagon), and if unsuccessful, it leads to another branch for further appeals. Further appeal options include further appeal to an upper tribunal (blue rectangle). If this results in an unsuccessful appeal, it leads back to another branch for further appeals. Ultimately ending at application unsuccessful & removal from country if all appeals fail. Secondly, if the initial asylum interview results in a successful application, it leads directly to leave to remain with granted statuses like refugee status, humanitarian protection, or discretionary leave.



## Entitlements of people seeking asylum

A person seeking asylum will have no recourse to public funds when they are subject to immigration control. A person who is subject to immigration control cannot claim benefits and housing assistance unless an exception applies.<sup>25</sup>

People seeking asylum in dispersal accommodation or residing with friends of family receive £49.18 each week for food, toiletries, clothes, and travel. In these circumstances extra payments will be made for pregnant people and young children. They will not have to pay rent or other bills whilst living in asylum accommodation. People seeking asylum will not receive financial support if food is provided in initial accommodation when they first apply for asylum support. If they qualify for full

<sup>25</sup> [Public funds \(accessible\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk) Accessed 3 June 2024

asylum support but are still living in a catered hotel whilst waiting to move somewhere more suitable, they will receive a weekly cash allowance of £8.86 for travel and clothes. Asylum support rates are often changed by the Home Office.<sup>26</sup>

Some people seeking asylum incorrectly believe they are not entitled to free healthcare. Some practices may similarly believe individuals are ineligible for free NHS services. Guidance on implementing the overseas visitor charging regulations (Department of Health and Social Care)<sup>27</sup> 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 free of charge for everyone.<sup>28</sup> 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 can register people seeking asylum as a temporary patient for up to three months<sup>29</sup> After this time the patient would need to fully register with the practice. People seeking asylum should not have any problems registering with a practice on the proviso they 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 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 diseases<sup>30</sup>
- 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

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<sup>26</sup> [Asylum support: What you'll get - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/asylum-support-what-youll-get) Accessed 30 May 2024

<sup>27</sup> <https://www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations> Accessed 24 April 2023

<sup>28</sup> <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration>. Accessed 17 May 2023

<sup>29</sup> <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other> Accessed 6 April 2023

<sup>30</sup> <https://www.legislation.gov.uk/ukxi/2015/238/schedule/1> Accessed 6 April 2023

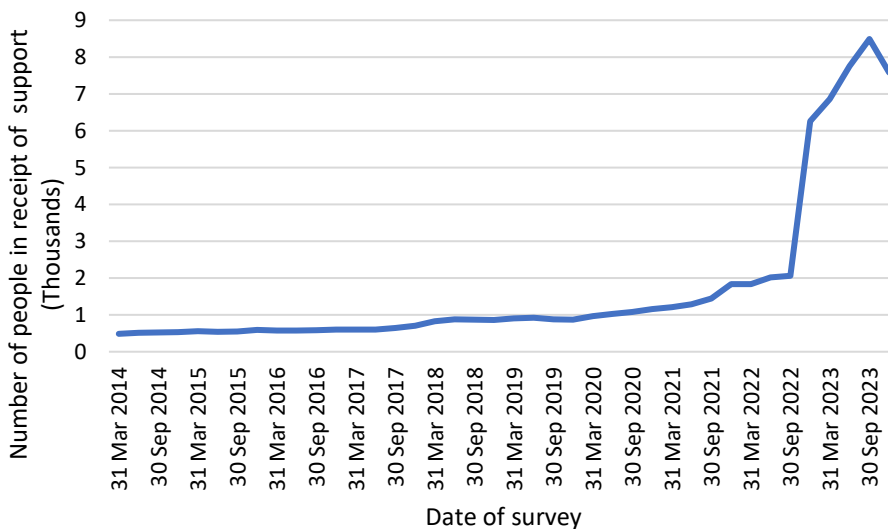
- NHS 111 telephone advice line treatment for a physical or mental condition caused by torture, female genital mutilation (FGM), domestic violence, or sexual violence

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 regional picture

As of 31<sup>st</sup> December 2023, there were 7,583 people seeking asylum and in receipt of Home Office support in the East of England<sup>31</sup>, which is a decrease in comparison to September 2023 when there were 8,490 people in receipt of support.<sup>32</sup> These figures capture people seeking asylum who are being supported by the state under the Immigration and Asylum Act 1999 (Sections 4, 95, and 98).<sup>33</sup> There has been an increasing trend in this figure since December 2019, with a particularly large increase of 204% observed between September and December 2022, which is a slightly delayed reflection of the trend seen nationally.

**Figure 5: Number of people in receipt of asylum support in the East of England, as at the end of the period dated<sup>34</sup>**



<sup>31</sup> [Home - EELGA SMP](#) Accessed 02 September 2024

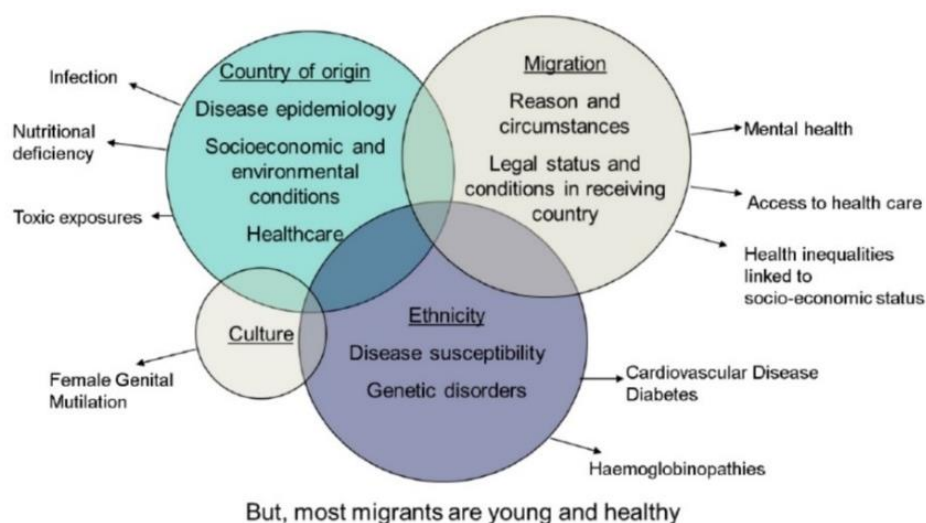
<sup>32</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](#) Accessed 22 March 2024

<sup>33</sup> [Immigration and Asylum Act 1999](#) Accessed 22 March 2024

<sup>34</sup> Figure 5 shows the number of people in receipt of asylum support in the East of England, as at the end of each period dated. The x-axis represents the date of survey, ranging from 31 March 2014 to 30 September 2023. The y-axis represents the number of people in receipt of support, measured in thousands. The graph indicates a relatively stable trend from March 2014 to September 2021, with numbers fluctuating slightly between two and three thousand. From September 2021 onwards, there is a noticeable increase in the number of people receiving asylum support. This upward trend becomes more pronounced after March 2022, peaking September 2023 with approximately eight thousand people receiving support. Data excludes unaccompanied asylum seeking children.

As of the end of December 2023, the top five nationalities seeking asylum in the East of England who were in receipt of section 95 support were Iran, Afghanistan, Iraq, Eritrea and Syria, most of which are among the top ten nationalities seen nationally, and have high proportions of grants of refugee status, humanitarian protection or alternative forms of leave to remain in the UK.<sup>35</sup> Understanding their health needs, health care provision and long-term health risks from their country of origin can help to inform local care provision. There are country-specific risks of infectious diseases and other possible health issues affecting people seeking asylum.<sup>36</sup>

**Figure 6: Factors affecting the health of people seeking asylum<sup>37</sup>**



Source: The Travel and Migrant Health Section, Office for Health Improvement and Disparities (OHID)

<sup>35</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z) Asy\_07e. Accessed 22 March 2024

<sup>36</sup> <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> Accessed 6 April 2023

<sup>37</sup> Figure 6 shows factors affecting the health of people seeking asylum as a Venn diagram. The diagram consists of four main circles, each representing different categories:

Country of origin made up of disease epidemiology, socioeconomic and environmental conditions and healthcare

Migration made up of reason and circumstances, legal status and conditions in receiving country

Culture which encompasses FGM

Ethnicity, which is made up of disease susceptibility, and genetic disorders

The intersections between these circles highlight combined factors affecting health. Between country of origin and migration is infection, nutritional deficiency, and toxic exposures. Between migration and ethnicity is mental health, and access to health care services. And between culture and ethnicity are health inequalities linked to socio-economic status. At the intersection of all four categories sit cardiovascular disease, diabetes, haemoglobinopathies.

At the bottom of the diagram there is a note stating 'But, most migrants are young and healthy'.

## The local picture

The area administered by Essex County Council (ECC) includes 12 second tier councils (Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forrest, Harlow, Maldon, Rochford, Tendring, and Uttlesford) and has a population of approximately 1.5 million, according to the 2021 Census.<sup>38</sup> This excludes the two unitary authorities of Thurrock and Southend-on-Sea which, when combined with the county council, make up Greater Essex.

The county council provides and commissions universal and specialist services for the residents of Essex which includes those people in the UK asylum system whilst they are living in the county. This includes social care, public health commissioned services, involvement from Highways and the transport teams, and input from library services, education, and adult learning. Those arriving from overseas often lack proof of age and are entitled to a statutory age assessment which could involve Children's Services.

Mobilisation groups have been established, supported by the Home Office, to coordinate the Essex response. This also includes Wethersfield, the former Ministry of Defence site in the Braintree district, which is the largest-accommodation site to house single males seeking asylum.

Third sector organisations in district authorities provide diverse services for people seeking asylum. These include weekly drop-in services, food banks, leisure activities, access to interpreters, counselling, and clothing banks. The range of services provided is not consistent across all areas.

In total, 1,112 people seeking asylum were accommodated in Essex (as of 31<sup>st</sup> March 2023), the majority of whom are single males.<sup>39</sup> However, as of July 2024, six of the seven contingency hotels house families. As such, there is a significant percentage of families whose health and social care needs may differ.

A literature review highlighted five key areas of health need for people seeking asylum: wider determinants of health (including lifestyle-related behaviours), mental ill health, communicable diseases, women's health, and non-communicable diseases.

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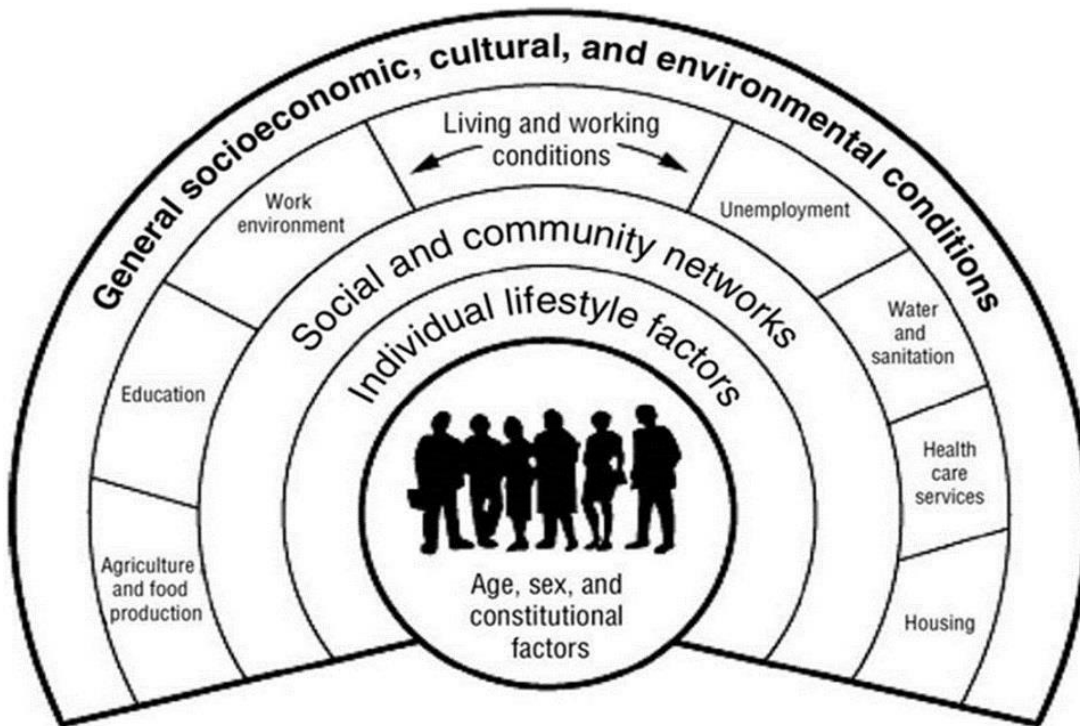
<sup>38</sup> [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk) Accessed 3 May 2023

<sup>39</sup> <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets>  
Accessed 1 June 2023

## 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.<sup>40</sup>

Figure 7: The Dahlgren and Whitehead model of the determinants of health



Source: Gov.uk Chapter 6: Social determinants of health.<sup>41</sup>

These determinants can affect people seeking asylum in a different way than the hosting population, reflecting their complex situation.<sup>42</sup>

<sup>40</sup> [www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health](http://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health) Accessed 17 May 2023

<sup>41</sup> [Chapter 6: social determinants of health - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health) Accessed 3 June 2024

Figure 7 is an illustration of The Dahlgren and Whitehead model of the determinants of health which is depicted as a series of concentric layers, each representing different factors that influence health. At the core are age, sex, and constitutional factors, which are inherent to individuals. Surrounding this core is a layer labelled 'Individual lifestyle factors', indicating behaviours and choices that affect health. The next layer is social and community networks, highlighting the importance of social relationships and support systems. Beyond this, there is a broader layer titled 'Living and working conditions', which encompasses various elements such as work environment, education, agriculture and food production, unemployment, water and sanitation, health care services, and housing. The outermost layer represents general socioeconomic, cultural, and environmental conditions, illustrating how these overarching factors shape the other determinants within the model.

<sup>42</sup> [Common mental health problems in immigrants and refugees: general approach in primary care | CMAJ](http://www.cma.org.uk/publications/common-mental-health-problems-in-immigrants-and-refugees-general-approach-in-primary-care) Accessed 4 May 2023

## Individual lifestyle factors

People seeking asylum 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<sup>43</sup> and activity levels.<sup>44</sup> This can result in higher levels of smoking,<sup>45</sup> lower levels of breast feeding,<sup>46</sup> and diets with a higher fat content.<sup>47</sup> These can contribute to acute and chronic diseases such as diabetes and heart disease.

Current smoking patterns might be influenced by the perceived social acceptance of smoking in the country of origin as well as the adaptation towards the smoking patterns in the host country with increasing duration of stay.<sup>48</sup>

Physical activity during leisure time increased with greater acculturation, however, this relationship was found only among participants without children, living in a desirable neighbourhood, and having no occupational activity.<sup>49</sup> As such, interventions aimed at asylum populations should remain sensitive to the contextual barriers that might inhibit physical activity behaviours during leisure time.

A systematic review of qualitative research into substance use among people seeking asylum and refugees found a high susceptibility to misuse.<sup>50</sup> The type and extent of substance use disorder varies according to their country of origin, gender, age, and sometimes culture.<sup>51</sup> Substance use legislation can also vary between countries and misconceptions may prevail, with postmigration changes in substance use behaviour. For example, people from Iraq and other Middle Eastern countries can self-prescribe and overuse pain medication, including opioids, without prescription.<sup>52</sup> Alcohol is the most widespread substance of use among refugees who migrated to communities where alcohol is legal, available, and affordable.<sup>53</sup>

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<sup>43</sup> [Acculturation and obesity among migrant populations in high income countries – a systematic review | BMC Public Health | Full Text \(biomedcentral.com\)](#) Accessed 1 October 2024

<sup>44</sup> [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 \(biomedcentral.com\)](#) Accessed 1 October 2024

<sup>45</sup> [How immigrants adapt their smoking behaviour: comparative analysis among Turkish immigrants in Germany and the Netherlands - PMC \(nih.gov\)](#) Accessed 1 October 2024

<sup>46</sup> [A systematic review of migrant women's experiences of successful exclusive breastfeeding in high-income countries - PMC \(nih.gov\)](#) Accessed 1 October 2024

<sup>47</sup> [Acculturation and obesity among migrant populations in high income countries – a systematic review - PMC \(nih.gov\)](#) Accessed 1 October 2024

<sup>48</sup> [How immigrants adapt their smoking behaviour: comparative analysis among Turkish immigrants in Germany and the Netherlands | BMC Public Health | Full Text \(biomedcentral.com\)](#) Accessed 4 May 2023

<sup>49</sup> [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 \(biomedcentral.com\)](#) Accessed 4 May 2023

<sup>50</sup> <https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/add.16021> Accessed 24 May 2023

<sup>51</sup> <https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/add.16021> Accessed 24 May 2023

<sup>52</sup> <https://www.semanticscholar.org/paper/Community-perspectives-on-substance-use-among-and-Mirza-Harrison/98b0f4480d63fd383440da8bf55e4c0ed143472a> Accessed 24 May 2023

<sup>53</sup> <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-5-1> Accessed 24 May 2023



and exacerbated community tensions.<sup>60</sup> Highly concentrated mono-religious and/or mono-ethnic communities were reported to be increasingly separated from the existing or wider community. To accelerate community integration, the Casey Review reinforced the compelling case for introducing English for Speakers of Other Languages (ESOL) and support for economic inclusion.<sup>61</sup>

Many people seeking asylum lacked good English communication skills. ESOL courses only become available to them 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 organisations organise weekly ESOL sessions which rely on volunteers, which raises concerns around sustainability.

All local authorities receive funding for English as an additional language (EAL) through the Ethnic Minority Achievement grant.<sup>62</sup> The local authority team may support children from families seeking asylum. Part of this offer could include ready access to books, with consideration given to suitable language and accessibility. The majority of people seeking asylum in Essex are adults not children and so the content and level of difficulty of any books needs to reflect this. Based on national asylum data, and what is known about languages spoken at the large-scale asylum facilities in Essex, common languages included Albanian, Kurdish and Farsi in the facilities which accommodate children. Yet many sites have over half of residents with language classified as ‘not known.’ Further consideration needs to be given to digital accessibility on site for people to use, whilst not forgetting those in dispersed accommodation. In these cases, residents could be directed towards libraries where internet access is freely available. Consideration also needs to be given to the recipients’ religion; books will need to be checked to ensure they are appropriate for the religion of the family in receipt of them.

## **Living and working conditions**

### **Education**

Children and young people seeking asylum aged 5-18 have the same entitlement to full-time education or training as other pupils in England and economic migrants. This rule applies equally across local authority schools, academies, and free schools.<sup>63</sup> Post-16, rules around eligibility and fee remission for people seeking asylum are complex and subject to frequent change.

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<sup>60</sup> [The Casey Review Report.pdf \(publishing.service.gov.uk\)](#) Accessed 22 May 2023

<sup>61</sup> [The Casey Review Report.pdf \(publishing.service.gov.uk\)](#) Accessed 22 May 2023

<sup>62</sup> <https://www.booktrust.org.uk/what-we-do/programmes-and-campaigns/bookstart/practitioners/delivering-bookstart/bs-pr-working-with-every-family/working-with-refugees-and-asylum-seekers/> Accessed 19 May 2023

<sup>63</sup> [Refugees and Asylum Seekers - The Bell Foundation \(bell-foundation.org.uk\)](#) Accessed 3 June 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.<sup>64, 65</sup> Asylum Support need to be informed so they can assess any income against support provision.

## Access to healthcare services

People seeking asylum are less likely to access healthcare services compared with the general population. Culture and language are considered the biggest barriers for access to care, but mistrust and lack of knowledge about the role of primary and secondary care services have been also found to have an effect.<sup>66</sup>

Stakeholders described how some primary and secondary care service providers were unaware of the entitlements for people seeking asylum, resulting in poor access for some to health care. It was also felt there is a lack of knowledge around who has responsibility over ensuring that people seeking asylum are registered with a GP practice.<sup>67</sup> Under the Clearsprings Ready Homes (CRH) contract, the company does not have responsibility over registering people seeking asylum in the GP practice or ensuring they attend any other community service, but signposting would be expected.

Transport was cited as a barrier to accessing medical appointments. There is a distinction here between dispersed accommodation and contingency accommodation; transport for the latter should be provided as part of the service from CRH.

Those seeking asylum are given a HC2 form during the initial screening process at Manston which entitles them to free NHS prescriptions.<sup>68</sup> Issues can arise regarding these forms and in some cases, have expired, with a lack of knowledge of how to renew them.

The British Medical Association has produced a toolkit for medical practitioners to help them understand the health needs of people seeking asylum and how to overcome common barriers to healthcare.<sup>69</sup>

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<sup>64</sup> <https://www.gov.uk/government/publications/skilled-worker-visa-shortage-occupations/skilled-worker-visa-shortage-occupations> Accessed 18 April 2023

<sup>65</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1114501/Permission\\_to\\_work\\_and\\_volunteer.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1114501/Permission_to_work_and_volunteer.pdf) Accessed 5 May 2023

<sup>66</sup> [Asylum seekers' expectations of and trust in general practice: a qualitative study - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/36811111/) Accessed 5 May 2023

<sup>67</sup> [Overcoming barriers to refugees and asylum seekers accessing care - Refugee and asylum seeker patient health toolkit - BMA](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

<sup>68</sup> [NHS entitlements: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1114501/Permission_to_work_and_volunteer.pdf) Accessed 2 June 2023

<sup>69</sup> <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

## 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 people seeking asylum and is associated with a diverse range of negative health outcomes.<sup>70</sup>

When a person seeking asylum is granted refugee status, those who are receiving accommodation and subsistence payments from the Home Office are informed that it will terminate in 28 days as per central government policy. It is expected that the newly recognised refugee will be able to secure housing and income in this period, which is often unrealistic and causes additional stress, impacting mental wellbeing. This can be a time of significant anxiety and often leads to homelessness, impacting local housing and social care services. Following a negative decision outcome, households without children lose support and are evicted after 21 days, and those people who do not feel able to return to their country of origin are at risk of destitution and homelessness.

There are different types of accommodation available for those seeking asylum. Contingency facilities are medium term accommodation, usually contracted for a minimum of three months and exclusively used to house people in the asylum system who have gone through the initial intake process, but who have not yet found longer term temporary accommodation. Dispersal accommodation is longer term temporary accommodation managed by accommodation providers (CRH in Essex) on behalf of the Home Office. Usually these are individual properties in the private rented sector and scattered across the district / borough/ city council areas. People seeking asylum will normally be able to stay in dispersal accommodation until their asylum claim has been fully determined, although not necessarily remain in the same premises throughout. Associated issues can include dietary requirements not being met, depending on the accommodation-type.

## Mental health

People seeking asylum have often suffered traumatic experiences that can adversely impact their mental health and wellbeing.

CRH, who provide accommodation in large scale and contingency sites, have access to safeguarding figures for all their residents. These numbers may contradict those held by the county council, as the statutory organisation for safeguarding in Essex. Access to a shared set of metrics would allow more robust partnership working for those involved in the care and safeguarding of people seeking asylum.

### Depression and anxiety

There are contradictory findings in the literature regarding prevalence of depression and anxiety in people seeking asylum. Several qualitative and quantitative articles found an increased prevalence

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<sup>70</sup> [Understanding Integration: A Conceptual Framework | Journal of Refugee Studies | Oxford Academic \(oup.com\)](#)  
Accessed 5 May 2023

of these conditions when compared with the general population.<sup>71</sup> Prevalence of depression and anxiety are also higher in people seeking asylum that are waiting for their asylum claim to be completed compared with successful claimants that are granted refugee status.<sup>72</sup> However, a systematic review found that prevalence of anxiety and depression may be similar to the general population.<sup>73</sup>

Mental health needs for LGBTQ+ asylum applicants can be particularly acute and often the result of traumatic experiences in their home countries; separation from family and culture, internalised homophobia, anxieties associated with the asylum process, and not knowing whether they will be returned to the country from which they had fled can all be contributory factors.<sup>74</sup>

## Post-traumatic stress disorder (PTSD)

PTSD is one of the main mental health conditions affecting people seeking asylum. Systematic reviews suggest they are between ten and twenty times more likely to suffer PTSD compared with the general population.<sup>75</sup> This 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.<sup>76</sup>

Stakeholders expressed concerns that provision for trauma-informed services within the NHS were limited, and often inaccessible to people seeking asylum. Funding for a small network of wellbeing therapists who operate in North and Mid Essex allows sessions only for those with refugee status, as well as UASC. External providers and third sector organisations offer counselling for people seeking asylum, but this is not widespread across all the districts in Essex.

## Suicide

Studies have found increased rates of suicide amongst people seeking asylum compared with the local population.<sup>77</sup>

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<sup>71</sup> [Meeting the mental health needs of refugees and asylum seekers | The British Journal of Psychiatry | Cambridge Core](#) Accessed 5 May 2023

<sup>72</sup> [Asylum Seekers, Violence and Health: A Systematic Review of Research in High-Income Host Countries - PMC \(nih.gov\)](#) Accessed 5 May 2023

<sup>73</sup> [Redirecting \(elsevier.com\)](#) Accessed 5 May 2023

<sup>74</sup> [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](#) Accessed 4 May 2023

<sup>75</sup> [Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review - The Lancet](#) Accessed 5 May 2023

<sup>76</sup> [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

<sup>77</sup> [Safe in our hands?: A study of suicide and self-harm in asylum seekers - ScienceDirect](#) Accessed 5 May 2023

People seeking asylum who identify as LGBTQ+ appear to be at higher risk of suicide. It is therefore crucial that appropriate emergency mental health services are available and accessible.<sup>78</sup>

## Communicable disease

Many people seeking asylum arrive in the UK from countries with a high burden of infectious diseases.<sup>79</sup> They may be economically disadvantaged, live in over-crowded 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.

Arrivals to the UK may present with a communicable disease. This is distinct from the spreading of an infectious disease person to person *after* arrival. Understanding how, when, and why infection occurred is important in coordinating an appropriate response. For example, in the case of scabies, this could be due to non-compliance, or a lack of understanding of how to treat the outbreak due to English not being a first language. This applies regardless of whether it is a large-scale site like Wethersfield, or contingency hotel accommodation. It is less likely to be dispersed accommodation due to it largely being made up of family units, unless the infectious disease was contracted enroute.

In the sections below, emphasis will be given to the five countries with the highest number of arrivals in the East of England.

### Vaccination

Many countries have different vaccination schedules which do not comply 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 people seeking asylum.<sup>80</sup>

Essex Partnership University NHS Foundation Trust have an outreach and wellbeing service that provide support with healthcare assessments, including vaccinations. This specialist team has worked with people seeking asylum that have been moved to hotels within Essex and Suffolk.

### Hepatitis

People seeking asylum are especially susceptible to Hepatitis B (HBV) and C (HCV). Nigeria has a high prevalence of hepatitis B whilst Albania, and Eritrea have an intermediate prevalence. As such, screening should be considered among those who have recently arrived in the UK. Although Iran and Iraq have a low prevalence, any risk factors for hepatitis B infection that may indicate the need

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<sup>78</sup> [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](https://www.scot.nhs.uk/health-needs-assessment-of-lesbian-gay-bisexual-transgender-and-non-binary-people/) Accessed 4 May 2023

<sup>79</sup> [Migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/migrant-health-guide) Accessed 1 June 2023

<sup>80</sup> <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> Accessed 6 April 2023

for screening should be ascertained. Screening should also be considered for HCV for arrivals from Albania, Eritrea, and Nigeria because of a higher prevalence than the UK. <sup>81</sup>

## Tuberculosis (TB)

Literature suggests that people seeking asylum are more likely to have been exposed to TB in their country of origin than the host country, given they typically come from countries with high rates of the disease. <sup>82</sup> Screening for TB is already offered in the UK to those coming from countries where the prevalence is >40 cases per 100,000 people. All new entrants should be screened (including children) from Iraq, Eritrea, and Nigeria. Low rates of GP registration and issues with dispersal and continuity of care could affect follow up and compromise treatment.

## HIV/AIDS and STIs

Amongst people seeking asylum, research has found increased rates of HIV/AIDS compared with host populations. <sup>83, 84</sup> However, there is no evidence that asylum seekers pose a threat to the spread of HIV in host countries. <sup>85, 86</sup>

Nigeria has a high rate of HIV (>1%), so testing all adults and children who have recently arrived from this country is recommended. Countries with high HIV rates tend to have higher rates of other STIs, and the range of STIs encountered may vary from those in the UK. As such, sexually active individuals should be offered a full sexual health screen and safer sex health promotion advice, via referral to local sexual health services. <sup>87</sup>

For other countries who have a low rate of HIV ( $\leq 1\%$ ), a sexual history should be taken, as well as a screen for STIs and HIV according to risk, as specified in the UK national standards and guidelines. All sexually active patients under the age of 25 should be tested for chlamydia and offered and recommended a HIV test if the patient falls into a high-risk group. <sup>88</sup>

There is often stigma and discrimination attached to a diagnosis of HIV, which may affect an individual's ability to seek support and services. Providing people seeking asylum with information about testing, HIV and STI treatment could improve testing and acceptance of care. <sup>89</sup>

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<sup>81</sup> [Illness perceptions and explanatory models of viral hepatitis B & C among immigrants and refugees: a narrative systematic review - PMC \(nih.gov\)](#) Accessed 5 May 2023

<sup>82</sup> [The Immigration and Asylum \(Provision of Accommodation to Failed Asylum-Seekers\) Regulations 2005 \(legislation.gov.uk\)](#) Accessed 5 May 2023

<sup>83</sup> [Prevalence of selected preventable and treatable diseases among government-assisted refugees - PMC \(nih.gov\)](#) Accessed 5 May 2023

<sup>84</sup> [Screening of international immigrants, refugees, and adoptees - ScienceDirect](#) Accessed 5 May 2023

<sup>85</sup> [HIV/AIDS among Conflict-Affected and Displaced Populations: Dispelling the Myth and Taking Action - World | ReliefWeb](#) Accessed 5 May 2023

<sup>86</sup> [Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: A systematic review The Lancet, vol. 369 | UNHCR](#) Accessed 5 May 2023

<sup>87</sup> [HIV: migrant health guide - GOV.UK \(www.gov.uk\)](#) Accessed 1 June 2023

<sup>88</sup> <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> Accessed 6 April 2023

<sup>89</sup> [Evidence-based clinical guidelines for immigrants and refugees - PMC \(nih.gov\)](#) Accessed 5 May 2023

Essex Sexual Health Service (ESHS) are currently supporting people seeking asylum at various Essex locations, including Wethersfield. This includes online testing provision and treatment.

## Polio

Polio (wild polio or cVDPV) has been reported in the past in Nigeria. As such, it remains vulnerable to reinfection so there is a need to be alert for signs and symptoms of the disease and ensuring vaccination as required.

## Malaria

Although parts of the world, including Eritrea and Nigeria, have a high prevalence of malaria, and there is a risk of the disease in some areas of Iran, literature advises against routine screening of the disease.<sup>90</sup> Local healthcare providers need to be aware of this information for differential diagnoses.

## Women's health

Pregnancy is often the first significant contact females seeking asylum have with the UK healthcare system. This is a key opportunity to engage women on a broad range of issues. It provides an opportunity to find out about the condition of the patient's housing and other social determinants of health, especially before discharge following a birth. For example, malnutrition may be a concern due to competing demands for limited funds. Where health or social welfare concerns are identified, onward referral to an appropriate support service can be considered. Difficulties accessing antenatal services, such as language or cultural barriers may also prevail. It has been documented that females seeking asylum often suffer worse pregnancy outcomes than the general population as a result.<sup>91</sup>

A study found higher rates of induced abortion in people seeking asylum compared with the general population.<sup>92</sup> The same study also found language barriers prevented contraceptive advice being sought.

Additional support may be needed for women who have experienced FGM, and their female children if they are considered to be at risk of FGM.<sup>93</sup> FGM is estimated to affect more than 80% of women and girls in Eritrea and has also regularly been documented in Iraq and Nigeria. FGM can cause ongoing physical and mental health issues, including complications during pregnancy and childbirth. FGM may also deter women from being screened for cervical cancer.<sup>94</sup>

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<sup>90</sup> [Evidence-based clinical guidelines for immigrants and refugees - PMC \(nih.gov\)](#) Accessed 5 May 2023

<sup>91</sup> [Immigrants from conflict-zone countries: an observational comparison study of obstetric outcomes in a low-risk maternity ward in Norway - PMC \(nih.gov\)](#) Accessed 5 May 2023

<sup>92</sup> [Reproductive health care for asylum-seeking women - a challenge for health professionals | BMC Public Health | Full Text \(biomedcentral.com\)](#) Accessed 5 May 2023

<sup>93</sup> [Reproductive health care for asylum-seeking women - a challenge for health professionals | BMC Public Health | Full Text \(biomedcentral.com\)](#) Accessed 5 May 2023

<sup>94</sup> <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> Accessed 6 April 2023

Females seeking asylum are likely to come from countries where routine cervical screening is not offered.

Females seeking asylum and their children are also susceptible to iron deficiency.<sup>95</sup>

## Non-communicable disease

There is an increased risk of chronic diseases in certain ethnic groups. Arrivals from Africa and South Asia have higher prevalence of type two diabetes compared with the general population.<sup>96</sup>

People seeking asylum may arrive in the UK with 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. 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.<sup>97</sup>

## 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.<sup>98</sup> 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.<sup>99</sup> 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

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<sup>95</sup> <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/274D7E912E18D695BF8282B2E7D5B055/S0029665102000745a.pdf/meeting-the-challenges-of-micronutrient-deficiencies-in-emergency-affected-populations.pdf> Accessed 5 May 2023

<sup>96</sup> [Evidence-based clinical guidelines for immigrants and refugees | CMAJ](#) Accessed 5 May 2023

<sup>97</sup> [Evidence-based clinical guidelines for immigrants and refugees | CMAJ](#) Accessed 5 May 2023

<sup>98</sup> [Countries that criminalize homosexuality 2022 | Statista](#) Accessed 4 May 2023

<sup>99</sup> [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](#) Accessed 4 May 2023

sensitivities and needs of those who are both seeking asylum and LGBTQ+. This could include 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.<sup>100</sup>

## Discussion

This report has synthesised the health needs of people seeking asylum living in Essex. However, gaining a meaningful understanding of the health and wellbeing needs of such a large and varied group is complex. People seeking asylum arriving to the UK have had a vastly different array of personal experiences and social backgrounds which makes drawing out general themes a challenge. That said, drawing together findings from current literature, national policy, and national and local data, clear themes emerge around the challenges that people seeking asylum living in Essex currently face.

The poor health outcomes of people seeking asylum is a result of a variety of interlinking hardships: poverty, social isolation, inadequate access to health services, discrimination, acquired unhealthy lifestyles and poorer work and living conditions. Improvements in all of these areas are possible but will involve coordination and planning over a wide number of areas to create significant and lasting change.

While this report has sought to take as comprehensive an approach to the health of people seeking asylum as possible, several areas remain underdeveloped due to the vast scope of the subject matter and time constraints of this project. Future iterations should seek to present a more in-depth view of the health and wellbeing of those at the edges of the age spectrum. Childhood illness, geriatric and palliative care are central to asylum seekers' health but very little is recorded about this in established literature.

## Limitations

The county council covers a large area and there are several organisations working with people seeking asylum. Some districts have contributed more to this HNA than others. However, the recommendations are likely to be generalisable to all of them. Data on 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 of people seeking asylum is not as detailed as it could be.

People seeking asylum 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.

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<sup>100</sup> [Home - Rainbow Migration](#) Accessed 5 May 2023

Much of the literature available, and cited in this HNA, does not exclusively focus on people seeking asylum. The search strategy for the literature review included the term ‘asylum seeker’ within the search parameters, but incorporated distinct groups of migrants, including refugees, for whom different circumstances prevail. The host countries were not limited to the UK, and again, this may result in different presentations.

## Recommendations

**Table 2: Recommendations to improve access to healthcare**

Issue	Recommendation	Responsible organisation
Access to Primary Care services	<p>Steps are taken to ensure that people seeking asylum understand how and when to access primary care services after arrival in Essex.</p> <p>Ensure that GP surgeries, dental practices and pharmacies are aware of people seeking asylum's entitlement to full free access.</p>	<p>CRH 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 people seeking asylum.</p> <p>Review mental health care pathways for people seeking asylum, with specific focus on trauma services.</p> <p>Access to a shared set of metrics for those involved in the care and safeguarding of people seeking asylum.</p>	<p>Integrated Care Board (ICB) CRH Hertfordshire Partnership NHS Trust (HPFT) EPUT (Essex Partnership University Trust)</p> <p>CRH ECC</p>
Access to secondary care services	<p>Ensure secondary care providers are aware of the entitlement for people seeking asylum to full and free access to services</p>	<p>ICB</p>

**Table 3: Recommendations to improve provision of healthcare services**

Issue	Recommendation	Responsible organisation
Interpretation and translation services	Ensure that primary care services arrange appropriate high quality translation services as per NHS England (NHSE) and GMC advice. This should be business as usual	NHSE
Communicable diseases	Use OHID's 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 4: Recommendations to improve wellbeing**

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

# Appendices

## Appendix 1: Literature review search strategy and other methodological details

The search was conducted via the electronic database CINAHL, using the key term "asylum seeker\*" 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".

Some research articles on the reference list of papers listed for review were also included. 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: WHO (World Health Organization), Home Office, Department of Health, OHID, United Nations High Commissioner for Refugees (UNHCR), and Refugee Action.

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

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<sup>101</sup> [UNHCR - Refugee Statistics](#) Accessed 20 March 2024

<sup>102</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](#) Accessed 21 March 2024

<sup>103</sup> [How many people do we grant protection to? - GOV.UK \(www.gov.uk\)](#) Accessed 21 March 2024

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This information is issued by:  
Essex County Council

Contact us:

[overseasarrivals@essex.gov.uk](mailto:overseasarrivals@essex.gov.uk)

Essex County Council  
County Hall, Chelmsford  
Essex, CM1 1QH



[Essex\\_CC](#)



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