

This rapid read is to support health care workers and partners who may be in contact with refugees and people seeking asylum living in the UK. As with any safeguarding concern, usual referral processes in your area apply and do not differ for any non-citizen of the UK. There are also local processes for unaccompanied minors and children travelling with kinship carers and trusted adults, which must be followed.

PRE MIGRATION CONTEXT

Many people have experienced significant trauma, loss, abuse, and neglect both prior to and during their journey to the UK particularly those coming from conflict zones or countries intolerant to their characteristics. Experiences of rape and/or torture, slavery, trafficking, FGM, domestic violence and forced marriage can also be common.

People may also suffer from a broad range of untreated physical and mental health conditions related to ill treatment, socio-economic and environmental factors.

POST MIGRATION CONTEXT

It is in this destination stage of the forced migration process that often the cumulative effects of trauma can surface.

Potential issues for people include:

- Loss of identity and status
- Fear for family and friends left behind
- Vulnerability to exploitation and risk
- New culture, language, and integration
- Uncertainty for the future/ deportation
- Fear of breach in confidentiality and lack of trust in authorities including the NHS
- Unmet health needs
- Unnecessarily repeating 'traumatic experiences'
- Racism, discrimination, and negative rhetoric
- Poor housing and dispersal and re-dispersal away from support networks
- Poverty and destitution

SUSCEPTABILITY TO COMPLEX HEALTH NEEDS

Refugees and people seeking asylum can have complex health needs. These may be the result of traumatic or adverse experiences prior to leaving their home country, during transit or after arrival in the UK. Trauma-informed and person-centred care is therefore essential to support people during this process.

Common health challenges can include:

- Mental health including sleep disorders, loneliness, intense anxiety, depression, flashbacks, post-traumatic stress, and suicidal ideation
- Dehydration and malnourishment
- Untreated injuries, communicable diseases, such as TB and HIV and parasitic infections
- Sexual transmitted infections
- Poor Maternal health, lack of continuity of care and pregnancy as result of rape
- Increased risks to child health and development
- Undiagnosed or lack of access to treatment for chronic health conditions, dental care and disabilities
- Limited access to vaccination programmes including child health and Covid-19
- Increased susceptibility to infectious diseases including Covid-19
- People with chronic health conditions and disabilities

FREE ACCESS TO PRIMARY CARE

Refugees and people seeking asylum are entitled to **all** healthcare provided by the NHS.

Everyone, regardless of immigration status including those with no recourse to public funds, have the right to access free primary care, including a GP, urgent care centres, and walk-in centres. NHS 111 is also free to all. People do not have to provide proof of ID or address to register with a GP, and families registering with GPs do not have to state their immigration status. NHS guidance on registration can be found [here](#).

[This useful toolkit](#) by **Doctors of the World** supports GP surgeries to ensure everyone in their community can access healthcare they're entitled to.

SAFEGUARDING:

Safeguarding issues can be complex and are often inextricably linked to health needs. People, including children, may have experienced significant trauma and be at high-risk of abuse, neglect, exploitation, trafficking and modern slavery pre and post migration.

Ensure you have contact details for your local Safeguarding Professionals who are vital source of advice and support for any concerns. Safeguarding referrals for adults and/or children must follow your usual local processes irrespective of immigration status.

NHS England have produced a range of safeguarding resources via the **NHS Safeguarding App**:



TRAUMA INFORMED & CULTURAL COMPETENCE

Many people will have experienced the physical and psychological trauma of conflict, deprivation of liberty, torture and the disappearance or killing of loved ones.

A 'cultural bereavement of exile', the experience of loss of social structures, cultural values, community rituals, relationships, and material features can be common for people.

Trauma is also associated with the development of severe mental health disorders, chronic illness and poor physical and mental health outcomes.

HELPFUL LINKS

- <https://www.gov.uk/government/collections/migrant-health-guide>
- Vulnerability and Trauma Informed All Our Health chapter: <https://www.e-fh.org.uk/programmes/all-our-health/>
- [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Care of unaccompanied migrant children and child victims of modern slavery - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Young Refugees & Migrants | The Children's Society \(childrenssociety.org.uk\)](https://www.childrensociety.org.uk)
- [Refugee Council information, facts and guides Refugee Council: https://refugeecouncil.org.uk/](https://refugeecouncil.org.uk)
- [Doctors of the World](#) resources including toolkits and translated resources. [Doctors of the World - Doctors of the World](#)
- [bma-refugee-and-asylum-seeker-health-resource-june-19.pdf](#)
- [Sexual and gender based violence in the refugee crisis: from displacement to arrival \(SEREDA\) - University of Birmingham](#)
- [Maternal Health: exploring the lived experiences of pregnant women seeking asylum - Maternity Action](#)
- **Modern Slavery Helpline (24 hr, 365 days) on 08000 121 700.** Trained Advisors can help support with all types of exploitation linked to modern slavery including domestic servitude.
- [National Referral Mechanism | ECPAT UK](#)
- **National Crime Agency (NCA)** mission: leading the UK's fight to cut serious and organised crime. www.nationalcrimeagency.gov.uk



@NHSsafeguarding
#NHSsafeguarding

Produced by NHS
Safeguarding, March 2022.