

Asylum seekers health and wellbeing survey

June 2023

Background and purpose

- **Sample group – five respondents**
- **Local intelligence from community partners reported increasing concerns about the health of this group and suggested it may be an area for research.**

Aim to gather experiences on key areas:

- **Health and wellbeing**
- **Access to information**
- **Access to services**
- **Ease of access**
- **Barriers to access**
- **Eligibility of access**
- **Support.**

Findings

- **Their situation is causing stress, mental and physical health issues, low income and a sense of having little control on their lives (see Q 1, p 9-10).**
- **They use a range of resources to get information (see Q2, p. 11-12).**
- **Doctors, dentistry and pharmacy were the services most used (see Q3, 13-14).**
- **Language barriers caused the most barriers (see Q4, p.15-16).**
- **Mental health services and accessing the GP were considered difficult to access (see Q5, p. 17).**
- **Asylum seekers are not always aware of what services they are entitled to (see Q6 p.18).**
- **They need support with housing, control over own food sources so they can eat well, a job they can help themselves (See Q7 p.19).**

Recommendations

- **More insight is needed as this is a small sample.**
- **Recognition that mental and physical stress around waiting in hostels affects mental and physical health. Stop gap accommodation is extended to twice as long as the latest time. It should be 12 months but some have been there 24 months – what can be done?**
- **Access to services particularly GP and dentistry need to be more widely accessible.**
- **There needs to be better communication and information of what is available in a language that can be understood by asylum seekers.**
- **Need for wider use of interpreting services with those trained in medical and social care areas.**
- **Institutionalised, lack of freedom and choice, creating/exacerbating mental health. Proactive solutions to help asylum seekers take control over the health and wellbeing such as suitable accommodation, access to healthy food, income and work.**

Next steps?

- **Contents of this report have been shared with the Croydon Health Inclusion Steering Group.**
- **Healthwatch Croydon to continued attend health inclusion meetings.**
- **Healthwatch Croydon has recruited an Asylum seeker ambassador volunteer from the community to undertake more work with them.**
- **Challenge services to meet the recommendations shown above.**

Insight

Research participants and demographics

- **We interviewed four asylum seekers:**
 - **Two males 25–49.**
 - **Two females 25–49.**
 - **Three were members of one family and one single person.**
 - **One UK male, providing secondary data.**

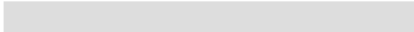


Secondary data from Croydon asylum seeker – verbatim comment

“HAVE JUST STARTED AN INFORMATION, ADVICE AND GUIDANCE PROJECT FOR ASYLUM SEEKING PARENTS IN CONJUNCTION WITH AN AFTER-SCHOOL CLUB FOR PRIMARY SCHOOL AGED CHILDREN. SUPPORT COVERS ALL AREAS INCLUDING LEGAL REFERRAL, EDUCATION SUPPORT, EMPLOYMENT ADVICE AND IMPROVED WELL-BEING THE MAJORITY OF THESE FAMILIES ARE PLACED AT BEST WESTERN, DUNHEVED ROAD WEST CROYDON, AND HAVE BEEN THERE FOR ANYTHING BETWEEN 3 TO 12 MONTHS. I CURRENTLY REPRESENT THE INTERESTS OF 33 ASYLUM SEEKERS.

ISSUES FALL UNDER 4 HEADINGS

- 1) CONDITIONS PRIOR TO ARRIVAL, REQUIRING CONFIRMATION OF DIAGNOSIS**
- 2) POOR MENTAL WELL-BEING DUE TO TRAUMA BEFORE ARRIVAL IN UK – e.g. victim of violence, kidnapping, loss of relative in transit, PTSD**
- 3) POOR MENTAL WELL-BEING DUE TO EXPERIENCE AFTER ARRIVAL IN UK – many of young children suffering confined to one room since arrival, cultural assimilation, bullying at school. cultural and financial impoverishment**
- 4) POOR PHYSICAL CONDITION SINCE ARRIVAL – 75% experiencing gastric and dietary issues, poor diet, developing long-term conditions like asthma, diabetes and obesity. As referrals are growing weekly, please contact me as matter of urgency, to improve the service of advice and guidance I offer to signpost these asylum seekers.”**

Q1. How would you rate your health and wellbeing at this time?

Positive		0.00%	0
Neutral		0.00%	0
Negative		100.00%	4

Q1: Tell us more (colours show different people's views)

"Mentally, emotionally and physically unwell."

"High cholesterol and fatty liver caused by living circumstances (confirmed by GP)."

"Insomnia from stress."

"Not healthy food, culturally not suitable."

"No access to kitchen, cannot prepare meals, very limited funds (£8pw)."

"Mental and physical health going down."

"Uncertainty getting me down."




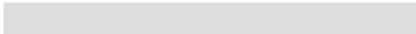


"Insomnia, tired."

"Two years on £8pw (phone top-ups and transport)."

"Mental and physical health affected. Have not been able to access GP only nurse. It gets to my mental health, people's behavior (GP surgery) I feel like I'm rubbish."

"I was referred to the wrong appointment, I was there for three hours."

Q2. How do you access information on what health services are available to you?

Word of mouth (family or friends tell me)		50.00%	2
Community organisation		25.00%	1
Leaflets / posters		75.00%	3
Healthcare professionals		0.00%	0
Internet search		25.00%	1
Other (please specify): Hide		75.00%	3













Q2: Other – Responses

“There was a list sent by home office”.

“CARAS”

“Hostel Manager”

Q3: What services have you accessed?

111		50.00%	2
GP		100.00%	4
Hospital scheduled appointment		25.00%	1
Hospital A&E (accident and emergency)		25.00%	1
Talking therapies via community organisation		0.00%	0
Talking therapies NHS		25.00%	1
Dentistry		75.00%	3
Social services		0.00%	0
Community services		50.00%	2
Pharmacy		75.00%	3
Physiotherapy		0.00%	0
Another service		0.00%	0

Q3: Tell us more

“No access to internet.”

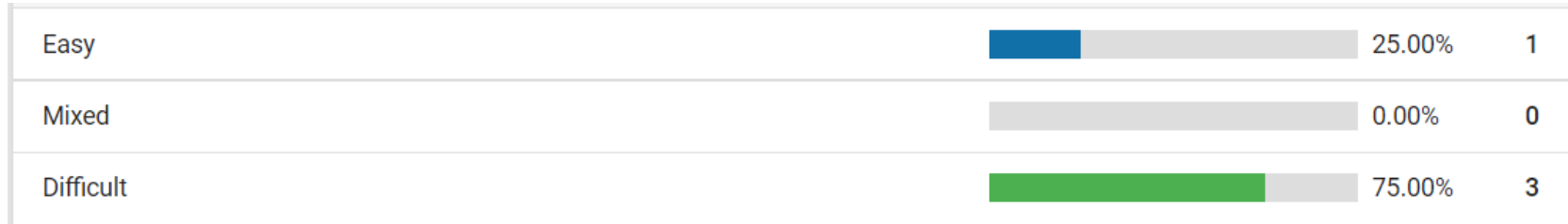
“Good food matters, refugee day centre, churches, CVA, CARAS, Care for Calais, blue touch.”

“When I go to the GP, First point of contact is already a nurse and she does not feel like it is a proper assessment, I don't feel heard by nurse , but it does go better with the doctor, however once she felt like she was not heard as she fell and was only prescribed pain killers but she felt she needed an x-ray, and it takes a long time to get answers I had a MRI scan and for the second scan it's been over three months and still have not had the result.”

“The diagnose straight away instead of doing any investigation. Too much gap between each appointment, three months for example. Then most of the time you don't get the right result in the beginning you need to keep going back.”

“I needed talking therapy, because of the impact of my housing on my MH they sent me one email “thank you so much for contacting us” then nothing else happened.”

Q4. How easy was it to access these services?



Q4: Tell us your story

“To me it is easy because I speak English. I am interpreting for family, I don't understand everything, and I am not always accurate. Transport is difficult as, well as family taking calls as they don't speak English. We get £8 a week for everything.”

“So, its easy if my husband is there, but if I have a interpreter then I feel what I am explaining is not being relayed properly.”

“The language is a barrier as I speak little English then the interpreter, they don't understand what I am trying to say. If there is no interpreter it would be difficult to book another appointment The transport sometimes, we get help but sometimes you have to wait two or three hours to get picked up.”

“I still haven't had the services I need. I have tried to navigate, and door closed. No follow up, no action. To access another service I needed GP support, they would not support me with a letter. This was two months ago. I am trying to do something and be ok by myself.”

Q5. What services do you feel you require that you have been unable to access?

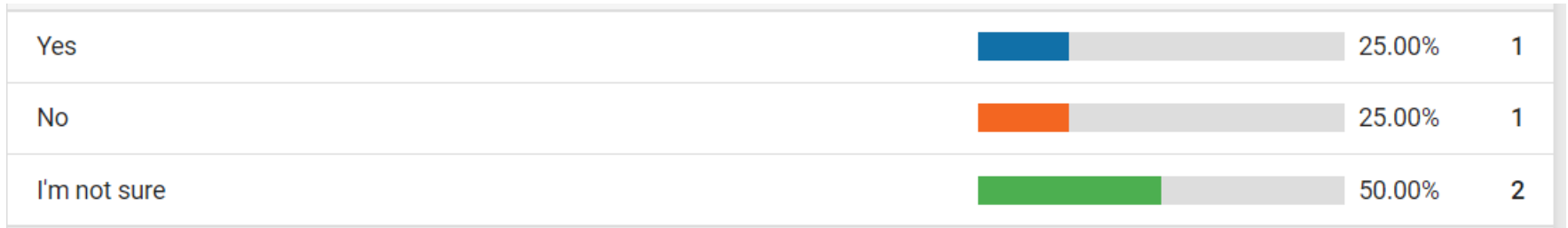
“Mental health support. I am struggling, my batteries are low. Having to keep asking for help. It is hard to trust. Adequate housing would resolve these issues. I am only allowed to do limited jobs, professional graduate jobs.”

“Access to service have become difficult at times as the GP created one NHS numbers and the hospital created another so now I have two NHS numbers, also there may be services I need post MRI results that I don't know I need.”

“Opticians. Mental health.”

“Supporting letter from GP Dermatology Talking therapy. I have liver problems. The GP did not give me back my medicine. They gave me a blood exam and said I'm fine. In my country I have a liver problem. Every six months blood exam. I have had a single blood exam and they said I have no problem, but I do. I have seen no doctor yet.”

Q6. Do you know which services you are eligible to access?



Q7. What support do you need to improve your health and wellbeing ?

“Housing. I want to be working and providing for my family. A year is OK, but after that it is affecting my mental health. Otherwise, we start to need interventions.”

“To be able to control our own food source as the hostel provides food and we have no choice also there is no fridge so we cannot save food for later.”

“Eating well, likes doing exercises but can't because we are not eating well. Housing where I can cook, something more private. As my brother-in-law in study, he must study on the bed we have to cook on the bed.”

“I have mood problems now. I never had them before. I am more worried about that than my liver. There is not any support. I recognise this now. I need a job; they say after one year you can start looking but they sent me a job card with the wrong photo. How has this happened. My solicitor sent me a copy, two more months to change. I need the card to find a job. My hope is that I can help myself because there's no help here.”