

## The health and healthcare of vulnerable migrant children

**M**any different groups of migrant children may be at particular risk of poor health and limited access to healthcare. These include unaccompanied asylum-seeking children (who have applied for asylum in their own right) and children who are dependants of asylum-seeking adults, for some of whom disadvantage may persist after they or their families have been granted refugee status or leave to remain. Other children who are subject to immigration control (some of whom may be illegal entrants) may have been trafficked into the UK for the purposes of sexual exploitation or for labour; arrived with their families or been brought into the UK for adoption and been abandoned; been taken into care because of child protection concerns; or may be being looked after in private fostering arrangements without local authority involvement. We know little about the size of these different groups other than unaccompanied asylum-seeking children, the numbers of whom have been rising. In 2009, 3,175 unaccompanied children arrived in the UK and claimed asylum.<sup>1</sup> By March 2010, local authority data indicated there were around 3,400 unaccompanied asylum-seeker children supported by local authorities.<sup>2</sup>

The disadvantages asylum seekers and their children experience in accessing primary and secondary healthcare are well documented. They include difficulty in registering with a GP, lack of knowledge of existing services, a shortfall in the availability of interpreting services, and the difficulties for young refugees when care is contracted out.<sup>3</sup> This may result in increased reliance on accident and emergency services. Uncertainty and lack of clarity among service providers about asylum seekers' eligibility for secondary healthcare services has resulted in concerns about their health, particularly for women during pregnancy. In 2009, the Court of Appeal overturned a 2008 High Court ruling that failed asylum seekers could be considered 'ordinarily resident' in the UK and thereby entitled to free NHS hospital treatment, the updated guidance only indicating that immediately necessary treatment (including all maternity treatment) must never be withheld for any reason.

There are specific concerns about the provision of, and access to, healthcare services for asy-

lum-seeking and refugee women and their children. Research studies indicate that such women may have a low uptake of family planning services, experience barriers to accessing maternity services, and receive poorer antenatal care. Reports by the Maternity Alliance portray a devastating picture of the lives of asylum seekers who are pregnant or who have had a baby in England.

Female genital mutilation affects some young asylum seekers and may be performed across all ages (including newborns, infants, young children and teenagers) in countries of origin. Over 20,000 girls under the age of 15 have been estimated to be at high risk in England and Wales. The prevalence of domestic violence and its consequences in asylum-seeker and refugee families remains poorly documented.

Mental health (anxiety, depression, phobias and post-traumatic stress disorder) is one of the most frequently reported health problems among asylum seekers and refugees. Information on the prevalence in the UK of post-traumatic stress disorder among refugee and asylum-seeker children from war zones and areas of ethnic conflict is, however, limited. Evidence from other countries shows that the prevalence of post-traumatic stress disorder is considerably higher than that reported for the population as a whole, with rates of recovery depending on experience of earlier war trauma, resettlement stress, gender, psychological resilience and treatment options available. With only a limited number of specialist services, the provision of mental health services for survivors of torture and organised violence is widely regarded as inadequate.

Provision of services to meet the health and emotional wellbeing needs of unaccompanied asylum-seeking children and other separated migrant children may be especially under-developed. The vast majority in this emotionally vulnerable group arrive alone and may experience post-traumatic stress disorder, low level and severe depression, anxiety, sleep disorders, self-harming behaviour, and loneliness.<sup>4</sup> Some may be living semi-independently or in bed and breakfast accommodation, rather than in foster placements. They have a need for both social worker support and specialist mental health services. However, the latter (particularly CAMHS) may be stretched and overwhelmed, and services for trauma or post-traumatic stress disorder are rare. Other barriers include language, reluctance of some services to use interpreters, lack of social worker or key worker support to negotiate service access, lack of cul-



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turally appropriate services, and the unhelpful attitudes of some service providers and GPs to this vulnerable group. A network of local and culturally appropriate services is needed to meet the particular needs of these children, especially those who have experienced mental trauma, or who have mental or emotional needs.

A wide range of communicable diseases has been found among refugees and asylum seekers of all ages, including malaria, tuberculosis, and chronic hepatitis B. There is growing concern about the increase in incidence of TB, especially the spread of multi-resistant TB, among those recently arrived in the UK, and practice with respect to TB screening is reported to be variable. Low rates of vaccination for children and poor provision are reported in a number of studies in dispersal areas. In a survey of the health of asylum seekers in the Northern and Yorkshire region, of the seven health authority respondents, only one had made special provision for the immunisation of asylum-seeker children.

The health and healthcare needs of asylum seekers in detention has been a longstanding issue. Evidence to parliamentary committees indicates an institutional failure to address concerns, including a resistance to accept evidence of torture and abuse. Others have complained about a lack of knowledge or monitoring of detainees' health, in particular children's health, or of child protection issues. The UK Border Agency's *Enforcement Instructions and Guidance* states that people under the age of 18 and pregnant women (among others) should not normally be considered suitable for detention, yet the evidence indicates that up to 2,000 children have been detained for administrative purposes each year. This practice, too, has been condemned by refugee organisations, the Children's Commissioner, and children's charities. At least 1,315 children were detained in the Tinsley House, Dungavel, and Yarl's Wood removal centres during 2008 and 2009. A 2009 report on Tinsley House immigration removal centre found '... arrangements for children and single women now wholly unacceptable'. Among the failings, the health needs of children were not being met because health visitors were not contracted to the centre.<sup>5</sup>

One recent report that featured 141 cases involving children detained between 2004 and April 2010 documents the scale of the damage children experience.<sup>6</sup> Seventy-four children were psychologically harmed; 48 were reported to have witnessed violence (and 13 were physically harmed as a result of violence) in deten-

tion; and 92 children had physical health problems which were exacerbated or caused by immigration, 50 of whom were reported to have received inadequate healthcare in detention. There were concerns in 50 cases that children may not have been given appropriate protection from infectious diseases. Seventy-three adults were reported to have been suffering to such an extent that it was affecting their ability to care for their children. And 38 children were separated from their families.

The government is committed to ending the detention of children and while this practice has not ended entirely, numbers have decreased substantially.

This short article has only been able to touch on a sample of issues affecting the health and healthcare of vulnerable migrant children. In addition to these, the health of asylum seeker and refugee children (whether in families or separated) is likely to be adversely affected by the full range of determinants of health. Some recent 'destitution tallies' undertaken by asylum support agencies have revealed that around 13 per cent of those visiting the agencies are people with dependent children. The vast majority of asylum seekers do not have permission to work and low levels of labour market participation among refugees, as well as poor terms and conditions of work, make them and their families vulnerable to poverty. Processes that disperse asylum seekers around the country may increase feelings of isolation, vulnerability, and social exclusion and disrupt continuity of health and social care. The quality of housing, too, remains of concern and, in some instances, appears to conflict with the respect for family and home required by the European Convention on Human Rights. It remains to be seen how policies towards asylum-seeking and other vulnerable migrant children will change, following recent additional measures to safeguard children's welfare and a promised end to their detention. ■

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- 1 Home Office Control of Immigration Statistics 2009, 2010
- 2 Department for Education, *Children Looked After by Local Authorities – Year Ending 31 March 2010*, 2010
- 3 P Aspinall and C Watters, *Refugees and Asylum Seekers: a review from an equality and human rights perspective*, Equality and Human Rights Commission Research Report 52, 2010
- 4 L Brownlees and N Finch, *Levelling the Playing Field: a UNICEF UK report into provision of services to unaccompanied or separated migrant children in three local authorities in England*, UNICEF UK, 2010
- 5 M McCartney, 'Out of Sight?', *British Medical Journal* 341, 2010, pp 326-27
- 6 J Burnett, J Carter, J Evershed, MB Kohli, C Powell and G de Wilde, *State Sponsored Cruelty: children in immigration detention*, Medical Justice, 2010

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