

# South East Migrant Health Conference, 30<sup>th</sup> April 2019

## Report of the Conference



Final report August 2019

## Introduction and Acknowledgements

The following record of the conference is not a verbatim account of what was discussed but seeks to capture the key reflections and insights along with suggestions for the next steps. The copies of the presentations given by the speakers can be found on the South East Strategic Partnership for Migration (SESPM) Website: <http://www.secouncils.gov.uk/about-us/about-sespm/>

Useful web links to material and resources mentioned in the conference can be obtained from Terry Blair-Stevens at Public Health England South East: [terry.blair-stevens@phe.gov.uk](mailto:terry.blair-stevens@phe.gov.uk)

## Acknowledgements

The organisers would like to thank everyone who was involved with planning and running the conference, particularly those people who gave presentations. We also would like to thank the Home Office, DfID & MHCLG Resettlement Team for their support without which the conference would not have been possible. Additionally, thanks go to the participants who shared their experiences, knowledge and perspectives and whose contributions have helped us enormously in our thinking. We look forward to working with everyone to improve migrant health and well-being in the South East – the conference has been a great start.

**Public Health England, Brighton & Hove City Council and the South East Strategic Partnership for Migration.**

## Overview

This conference was organised by Public Health England, Brighton & Hove City Council and the South East Strategic Partnership for Migration. The overall aim of the conference was to raise awareness of and inspire responses to the health and well-being needs of migrants living in the South East. This included looking at the needs of those people who have come to the region on refugee resettlement schemes, such as the Vulnerable Persons Resettlement Scheme (VPRS) and the Vulnerable Children's Resettlement Scheme (VCRS) as well as migrants who have come by other routes.

The conference was seen as a starting point for a process that would continue to promote the dialogue between providers and migrants with the aim of enhancing health and well-being provision for migrants in the South East. With this aim in mind the conference sought to ensure that the participants learnt the following:

- The health and well-being needs and experiences of people who have come on the resettlement schemes and by other routes
- How these needs and experiences can be translated into coordinated action through local systems, structures and service delivery
- How to engage with migrant communities to assess their health and well-being needs
- How health and care providers and others can engage with each other to support the health and well-being needs of people from migrant communities

The conference was attended by over 80 people from a range of organisations and sectors, including local authorities, NHS commissioners, primary and secondary care service providers, migrant communities, the voluntary sector, government programme leads, policy leads and researchers.

The conference covered a wide-range of topics in relation to migrant health and well-being and was seen as the starting point for future discussions and actions in the region. There was a high level of expertise, knowledge and experience of the issues along with a commitment to working together to improve the health and well-being of migrants in the South East.

The main conclusions from the meeting were:

- The structure of the day could be a road map for continuing work around mental health and well-being of migrants. We have started to identify the problems and the needs of migrants, then looked at the assets they bring, their resilience and then solutions.
- Key is cooperation and relationships between providers, organisations and migrants themselves - working together. It is not just about services cooperating but also about working with migrants themselves.
- It is not just about health care services, for example, if we don't sort out employment then there will be an impact on mental health.
- Interpreting continues to be a key issue.

- In summary it is about bringing all these people together and working as a community to needs and assets of migrants.

### Participant evaluation and feedback

The feedback about the conference from participants included:

- 91% felt that the conference had either fully achieved the aims for the event
- 69% percent felt the topics discussed were fully relevant to their work
- 72% felt that the conference had helped in their planning for their work with migrants and health

When asked what they might do differently in their work as a result of attending the conference, responses included:

- ‘Discuss initiatives such as LINK & RETHINK with TB nurses in HIOW. Discuss opportunities for joined up care. Access toolkit about community engagement for planning future TB awareness raising events. Look into alternative interpreting services and help with compliance of TB treatments similar to SIS.’
- ‘Prepare a migrant arrival pack.’
- ‘Look at arrangements with MH providers and continuing of services for migrants Share key messages about access to primary care and A&E with the communities we work with as this essential information.’
- ‘Engage better with interpreters’
- ‘Become more involved with the networks and contacts made on the day.’
- ‘Improve our work with immunisation.’
- ‘Raise awareness of entitlement to healthcare.’

Participants identified types of additional support which could help their health and well-being work with migrants, including:

- Access to information and resources, including directories of relevant groups (local advocacy groups or charities), entitlement to healthcare, descriptions of the NHS and how it works, new research and data.
- More multi-partnership working, better networking and sharing of good practice.
- More mental health support that is culturally appropriate, particularly for young refugees.
- Language assistance – access to interpreters and translated materials.

More participant feedback is included later in this report.

#### Next steps and action points

- Clarify for advisers and migrants the mechanisms that they can use to challenge instances where migrants have been refused registration with a GP.
- Identify and share any studies about mental health and migrants.
- Share the toolkit produced for GPs by Doctors of the World - available from their website: <https://www.doctorsoftheworld.org.uk>
- Provide details of how people can contribute to the consultations on the Integrated Communities Action Plan (completed by SESPM – details were distributed and the deadline for the consultation has now closed).
- Share details of the mental health and well-being services available in Surrey and Sussex for young asylum seekers and refugees.

## The programme for the conference

|               |  |
|---------------|--|
| 09.30- 10.00  | Registration<br>Coffee & biscuits  |
| 10.00 – 10.10 | Welcome address<br>Alistair Hill, Host & Director of Public Health, Brighton & Hove City Council   |
| 10.10-10.30   | Picture of Migration & Health in the South East<br>Dr Carlos Vargas-Silva, Research Director, Centre on Migration, Policy and Society (COMPAS), University of Oxford   |
| 10.30 – 10.50 | Migrant Health Overview<br>Ines Campos Matos, Consultant Epidemiologist & Head of Travel & Migrant Health Section, Public Health England   |
| 10.50-11.00   | Maternal, Child Health & immunisation<br><b>Presentation &amp; Film “Roma women talk about breastfeeding”</b><br>Philippa Burden, Darzi Fellow<br><b>Childhood Immunisation</b><br>Rachael Hornigold, Specialist Registrar in Immunisation, Public Health England<br><b>The role of Health Visitors</b><br>Diane Jacques, Health Visitor, Kent Community Health NHS Foundation Trust |
| 11.30-11.45   | Comfort break  |
| 11.45-12.25   | Panel Discussion – Mental health<br>Ana Draper, Clinical lead and consultant systemic psychotherapist, Project Lead on Kent UASC Mental Health Action Research Project<br>Carol Gosal, Services Manager, Rethink Mental Illness<br>Anne Forbes BEM, Refugee Resettlement Co-ordinator, Ashford Borough Council   |
| 12.25 – 12.45 | Undocumented Migrants with insecure status<br><b>Safe surgeries &amp; Entitlements to Surgeries</b><br>Ella Johnson, Policy & Advocacy Officer, Doctors of the World   |
| 12.45 – 13.30 | Lunch  |
| 13.30-13.50   | Accessing interpreters – Embedding learning into local systems<br>Vikki Gimson, Arran Evans & Monica Al Housary, Sussex Interpreting Services,   |
| 13.50 – 14.50 | How to engage migrant communities effectively<br>Rachael Hornigold, Specialist Registrar in Immunisation, Public Health England  |
| 14.50- 15.35  | How to embed learning into local systems<br>Terry Blair Stevens, Public Health Principal, Public Health England  |
| 15.35 – 15.50 | Summary of key learning points<br>Ines Campos Matos, Consultant Epidemiologist & Head of Travel & Migrant Health Section, Public Health England  |
| 15.50-16.00   | Closing Comments<br>Alistair Hill, Host & Director of Public Health, Brighton & Hove City Council  |

## Points arising from the presentations

We have only included points that arose outside those that were made in the presentations, as copies of the presentations can be found on the South East Strategic Partnership for Migration (SESPM) Website: <http://www.secouncils.gov.uk/about-us/about-sespm/>

## Welcome and closing address

**Alistair Hill**, the Director of Public Health, Brighton & Hove City Council welcomed everyone to the conference and noted that the topics of health and migration are not often addressed together and as such this was an innovative event. He stressed that this conference would hopefully be the first of many and that the local authority was hosting the event as part of an ongoing commitment to improving migrant health and well-being in the city. The International Migrants Needs Assessment that the council had conducted in 2017-2018 – (copy available from the following link: <http://www.bhconnected.org.uk/content/needs-assessments> ) included aspects that related to health and migrants. Building on what was learnt in that needs assessment, he hoped that the conference would capture the lived experience of migrants trying to access health support and thereby inform participants how best to improve the systems.

Alistair also closed the conference and thanked everyone for their participation. He committed the local authority to continuing its work with promoting migrant health and well-being in the city and offered to host future meetings.

**Roy Millard**, the Partnership Manager, South East Strategic Partnership for Migration (SESPM) compered the conference and noted that in the work that SESPM does on refugee resettlement that health was a key factor. Also, it is an issue that arise in SESPM'S work on EU migrants and other categories of people from abroad who are in the South East. He noted the interest in the topics as indicated that the conference was oversubscribed. He also raised the point that the government's consultations on the Integrated Communities Action Plan from Government presents an opportunity for participants to influence the national debate.

**Dr Carlos Vargas-Silva**, Research Director from the Centre on Migration, Policy and Society (COMPAS), University of Oxford provided a picture of migrant health in the South East. He drew heavily on research and statistics that indicate trends and patterns. Points that arose included:

- There are many reasons why migrants come to the UK, including: employment, to study, for asylum, to join family or someone that they have met (a partner).
- He stressed that migrants as such are not a homogenous group. For example, generally, migrants are less likely to have a long-term health condition than someone in the general population who is UK born, although asylum seekers are 7% more likely to have poorer health outcomes.
- Certain health conditions are more or less prevalent in different categories of migrant. For example, consequently, restrictive access to mental health provision is most likely to have an impact on asylum seekers and refugees.

**Ines Campos Matos**, a Consultant Epidemiologist & Head of Travel & Migrant Health Section at Public Health England provided an overview of migrant health. Points that arose included: Approximately 14% of the UK population was born abroad.

- She also stressed that migrants are not a homogenous group with respect to health needs with some groups being more or less prone to categories of health condition. These can be related to a range of factors, including country of origin, the journey undertaken to come to the UK, Etc.
- There is no systematic association between migrants in a community and a rise in infectious diseases, although TB is something that disproportionately affects migrants.
- She stressed that all migrants, regardless of status, are entitled to free primary and emergency health care. A question was asked about how to challenge refusal of GP to register a migrant.
- Concern was raised about the sharing of information about individual migrants between health providers and the Home Office. This is an evolving issue that the Home Office and Department of Health are working on but at the moment it is not possible to guarantee that in some circumstances information will not be shared.
- There are some resources available online that practitioners might find useful and can be found on The Equality and Human Rights Commission website: <https://www.equalityhumanrights.com/en>

**Philippa Burden** who is a Darzi Fellow gave a presentation about their work with Roma women in Kent promoting better maternal and child health. Part of her presentation including showing a film that had been made with the Roma women that promoted breastfeeding in the Roma community. The work was a response to statistical information that suggests breast feeding rates are lower than the national average in parts of Kent. The film can be seen at the following link:

<https://www.youtube.com/watch?v=Edn6Dy5ZLHk>

**Rachael Hornigold**, a Specialist Registrar in Immunisation at Public Health England gave a presentation about Childhood Immunisation and was joined by **Oana Patap** a Romanian interpreter and bi-lingual advocate to also talk about how to engage migrant communities effectively. Points that arose included:

- Newly arrived migrants are less likely to be vaccinated than the general UK population.
- There have been issues of people being given what turn out to be fake vaccinations, such as in China for rabies.
- It was stressed that within the normal NHS schedule vaccinations are free for everyone, including most migrants and that access to the vaccinations is generally through a GP.
- There are various online resources about immunisation that practitioners might find helpful on the Public Health England website:  
<https://www.gov.uk/government/collections/immunisation>
- Brighton & Hove's International Migrants Needs Assessment used innovative ways of asking migrants for their perspective, training 22 community researchers to consult with members of their own communities, using simple visual techniques.
- Sometimes the engagement can be as simple as understanding the mechanics of how someone in the migrant community may access an information leaflet. Understanding this can lead to much more effective communication and in turn better access by migrants to health services.

- An analysis of the demographics of the local population is a starting point for identifying the communities who need to be engaged and whose voice should be heard.
- A useful toolkit for working with communities is available online at: [www.communityplanningtoolkit.org](http://www.communityplanningtoolkit.org)

**Diane Jacques**, a Health Visitor from Kent Community Health NHS Foundation Trust talked about the role of health visitors. Points that arose included:

- Their aim is to enhance health and reduce inequalities between groups and overcome barriers that some migrants face in accessing health provision.
- In Gravesham, as an example, over 2000 households do not have an occupant whose first language is English and it is important to find ways to communicate (interpreting, translation, demonstrating). They are aware that some migrants are open to exploitation (such as modern slavery) that has an impact on their health.
- It is important to build-up trust with migrant communities in to be able to promote health.
- They have some projects in Kent that are specifically designed to improve health amongst the migrant community. The targets include both reaching out to the migrant community to raise awareness of health provision as well as providing training for health and care staff in topics such as cultural sensitivity. Some of these projects are funded through the Controlling Migration Fund (CMF).

**Ella Johnson**, a Policy & Advocacy Officer at Doctors of the World gave a presentation about their work with in their 'Safe Surgeries' in London with undocumented migrants and people with insecure immigration status. Points that arose included:

- Of the people they helped in 2018 over 89% were not registered with a GP.
- Their Safe Surgery initiative included a resource pack for GPs that others might find useful.

- The average time that a person had been living in the UK before accessing the Doctors of the World services was six years.
- Although everyone is entitled to primary and emergency health care, they had found that the barriers to access included: a lack of knowledge, refusal of GPs to accept registration, non-acceptance by GPs of various forms of identity and a fear of being charged putting off the migrant seeking help. She noted that although central policy says that people are entitled it is often local resistance or practice that overrides the policy.
- More information about the work of Doctors of the World including their toolkit for GPs can be found on their website: <https://www.doctorsoftheworld.org.uk>

**Vikki Gimson, Arran Evans and Monica Al Housary** from Sussex Interpreting Services (SIS) gave a presentation about their work in helping people to access interpreters within a health context and embedding the practice into local health systems. Points that arose included:

- In their experience migrant communities have the same need to access health services as the general population.
- It is important to SIS that they are part of the very community that they are seeking to support.
- The SIS model of community interpreting is not just about simple translation but embraces concepts and cultural aspects in relation to the context – especially important in the health arena.
- It has been very helpful in the local context that NHS commissioners undertook joint commissioning for interpreting services, as this makes it more efficient.
- Every needs assessment regarding migrants has highlighted language barriers to accessing services.
- Using an interpreter is often a turning point in a migrants experience here as it can act as a catalyst to help end the isolation that many migrants experience.
- Their preference in the health context is for face-to-face interpreting.

- It is important to provide a continuity for individuals in interpreting if possible
- It is easy for there to be misunderstandings in the health context, for example, not misunderstanding whether a medicine has to be taken orally or applied externally.
- Monica shared her own experiences of accessing health and how she overcome the challenges, what helped and how she helps others now.
- Mental health needs and the challenges of conveying bad health news were highlighted as specific elements of interpreting that had been provided and which needed very skilled provision.
- Migrants can self-refer to SIS and access the service through the website, on the phone or at the SIS drop-in.
- Although many providers should provide access to interpreters, quite often this does not happen. In many cases it is assumed that the patient or organisation them advising them will provide an interpreter – even though most organisations are not funded to do so, and it is the responsibility of the health provider and for which they have a budget.

#### Points arising from the panel discussion on mental health

There was a panel to consider issues around mental health and migrants. The panel consisted of Ana Draper, Clinical lead and consultant systemic psychotherapist and Project Lead on the Kent UASC Mental Health Action Research Project, Carol Gosal, the Services Manager at Rethink Mental Illness and Anne Forbes BEM, the Refugee Resettlement Co-ordinator at Ashford Borough Council. Points that arose included:

- Carol talked about the specialist mental health services that they provide to BME communities in Kent. She highlighted the stigma that there is about mental health in many of those communities and the importance of making services culturally appropriate. She also noted the problem of violence against women in the migrant community and the added complications of immigration status when people are accessing mental health services.
- Ana talked about her work developing an emotional well-being framework for working with young people in Kent. Their overall aim is to support young people in the well-being and to

cope with multiple trauma. They have found it useful to think of PDST as not just one event but a series of incidents. In their work they have addressed some of the challenges the young people face, including the young person's difficulties in sleeping and nutrition problems. With young refugees they have noted the importance of early intervention.

- Anne talked about her work with resettled Syrian refugees in Ashford and noted that it was important to build upon refugees' resilience early in their time in the UK. She noted that the men who come on the scheme can often feel depressed and demoralised and suggest that one reason is the lack of employment or meaningful activities. In this respect the work they have done with Concept Training (the LIST Programme) has been very effective in improving the health and well-being of the refugees.

The following questions or points were put to the panel:

- The challenges of using interpreters in therapeutic work. There was experience of interpreters not using the correct words in such a setting and not having enough cultural awareness. There is a concern that there are not enough therapists who speak the relevant languages.
- A young asylum seeker's mental health might have an impact on their asylum claim, for example, a person who has been traumatised is often unlikely to give a coherent account of their experiences in relation to their asylum claim. It is not clear how much awareness there is of this in the Home Office or account taken of mental health issues taken within the asylum system.
- Age assessments continue to be an issue and it was noted that incorrect age assessments can have an impact on a young person's mental health and raise safeguarding concerns. It was also noted that there is no exact scientific method for assessing age.
- It is important to understand that the protocols for delivering mental health services to migrants, including young refugees, are different from other mental health services. They need to be tailored and it is very important that staff have appropriate training in this respect. An example would be that of the need for having a specialist mental health provision for young refugees.

## Other points or issues raised by participants

- Important to consult young refugees themselves about their needs.
- There is a need to develop a non-western approach to mental health provision
- Accurate information is needed for both practitioners and recipients of services.
- Having a one-stop hub for gathering expertise and information about health services for migrants would be an effective way to improve the provision and access.
- It was recognised that migrants often have complex lives and that there can be many factors impacting on their health, for example their housing or employment, therefore a coordinated response to the person's needs is likely to be more effective.
- Key is to invest in community engagement to learn what migrants need and build up a relationship with those communities.

## Next steps – what participants want or suggest we do next to take forward the issues

**Terry Blair Stevens**, the Public Health Principal at Public Health England South East talked of how best to embed learning into local systems. He invited the participants to work in groups to reflect on what they had heard in the presentations and consider what might make systems work for enhancing migrant health and well-being. Specifically, they were asked to think about the following:

- What are the key parts of the system (organisations, services, people) you need to work with to support the health of migrant communities?
- What are the gaps and what needs to be strengthened?
- Who are your actual or potential allies who can help?
- What can you do to influence key players and decision-makers?

There was a lot of consensus across the groups and the main points that arose included:

### What key parts of the system need to work?

- There was consensus that more work needed to be done with GPs as this was a key block to many migrants accessing services.
- It was felt that CCGs need also to be more involved.
- There needs to be a raising of awareness at a strategic level, get a commitment to addressing migrant health needs and embed these in the following bodies: Primary Care and Secondary Care, Housing, Employment, Education.
- Translation services.
- There is a need for better linkages and coordination across service providers to jointly:
  - identifying gaps and blocks to provision
  - jointly finance or commission work
  - Improve links between GPs, CCGs and Acute Trusts
  - Consider specific needs and provision for 16-18 year-olds.

### What are the gaps and how do we address them?

- In Primary Care we need to understand and then overcome barriers and resistance from some professionals. Some of these barriers include challenging behaviour of professionals.
- The self-esteem and confidence of migrants who need to access the health system.
- Match our knowledge of the community with the commissioners of services.
- We need to engage community champions to raise awareness of migrant health in meetings, with providers, Etc.

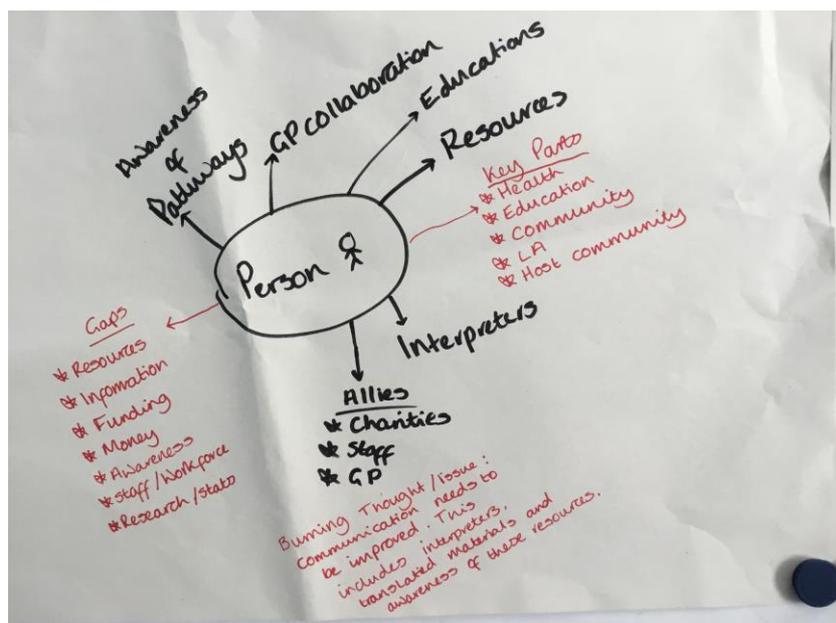
- We need to provide training to professionals to both increase their knowledge concerning migrant health issues and equip them to better provide and influence provision.
- Establish a central point of contact or hub for migrant health issues.
- Develop specialised services as sometimes mainstream services are unable to cater for migrants such as UASC
- Adopt a non-westernised model or approach to health care.
- Tackle single issues; such as: breast feeding, stop-smoking initiatives, sexual health.
- Provide translated health material, such as leaflets describing the pathways that people can use to access health services. These should be translated into key languages and made available both online and in hard copy.
- Resource a group of community researchers to identify needs in the community.
- Develop programmes that can help migrants better utilise the skills they bring, such as enabling those who are medically qualified to work in the health system.
- Need to listen to the voices of migrants themselves and involve them
- Get CCGS to release funding for specific work with this client group.
- Enhance communication between the organisations and providers. This can include further skill-sharing events and meetings at a strategic level.
- Conduct more research to gather evidence on which to base our provision. Such research should capture the lived experience of migrants.
- Undertake a mapping exercise of the different stakeholder groups that we can potentially work with – for example, the Care Leavers Teams, the Persons from Abroad Team (NRPF), providers of interpreting services such as Sussex Interpreting Service (SIS).

### Who do we need to work with (our allies) to address these gaps?

- There may be more voluntary sector organisations that the statutory providers and others can work with to enhance provision.
- Local authorities, CCGS, Etc.
- West Sussex County Council, Carers, Accommodation providers, GPs, NHS England, Asphaleia, MIND, Hummingbird Project, Nations United, Worthing Ping United.
- Primary Care and Secondary Care
- Universities
- Local councillors (politicians)
- Language schools

The pictures of the two flipcharts below provide an illustration of the elements that the groups saw as important to promoting migrant health and well-being.





### Further feedback from participants about the conference

Participants were asked to provide feedback on the conference. The following is a summary of the points that they raised in the evaluation forms that were handed-in, completed online or through verbal comments and follow-up emails.

When asked what they had found most useful about the conference, examples included:

- 'Looking at how to engage communities & the migrant population specifically. The input in using interpreters has been very useful.'
- 'I will be following up on some of the resources that have been used and promoted here today e.g. Safe Surgeries Toolkit, video for NHS entitlement, translated migrant health guide and vaccination guide, LIST approach.'

Some of the things that people said that they would like to see taken forward in relation to addressing the health and well-being of migrants were:

- 'To make more links with professionals/agencies to ensure families can access all help available.'

- ‘More information about engaging marginalised intersectional communities. More of the same - i.e. practical examples of how to increase NHS engagement, something around migrant communities hesitation to engage - why? And how to overcome this.’

Other comments on the conference included:

- ‘Really enjoyed it and learned a lot - thank you!’
- ‘Good networking. Hearing figures and research is useful. Positive view on working with migrants. Well organised. Very useful.’
- ‘It made me think about the importance of employing health and social care practitioners from different cultures and with different languages - yet often people's qualifications from their home country are not accepted - it would be useful to have a project looking at that.’
- ‘Would have been good to have more time to network/collaborate in a structured way.’
- ‘Keep to time. This agenda was way too full for the time allowed. Have a timekeeper. Very Kent heavy - surely there were other examples from the region? Nice venue - not sure about carrying food down so many stairs. Some interactive sessions would have been useful. Lot of time sitting listening. Chairs got uncomfortable after a while!! Excellent lunch.’

## Contact details

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If you would like the contact details of the presenters, please get in touch with PHE.

## Appendix - Migrant Health - useful links

Some of the following are also included in the body of the report.

**Migrant Health in the South East.** This intelligence pack aims to demonstrate the changing, and growing, profile of the South East migrant population. This will allow an informed understanding of the diverse population and associated health needs. Understanding the characteristics of migrant populations is essential for planning healthcare and public health services

<http://www.secouncils.gov.uk/wp-content/uploads/2018/08/MigrantHealthSouthEast-06.08.18.pptx>

The report, **International Migrants in Brighton & Hove**, is part of the needs assessment programme carried out in Brighton & Hove to provide an evidence base for use by service providers and anyone else who is seeking to improve the lives of different communities who live in the city. The assessment was informed by community research which aimed to hear the voice of migrant individuals and communities living in Brighton & Hove and allow them to express their needs and assets. To get to the document 'International Migrants in Brighton & Hove' go to -

<http://www.bhconnected.org.uk/content/needs-assessments> and scroll down through the 'In depth needs assessment' section.

**Migrant Health:** a tool for everyone in UK primary healthcare working to support new migrant patients, and a community to ask and respond to colleagues. [www.migrant.health](http://www.migrant.health)

**Migrant health guide.** This guide covers NHS entitlements; advice and guidance on the health needs of migrant patients for healthcare practitioners on communicable and non-communicable diseases; assessing new patients; culture, spirituality and religion; human trafficking; language interpretation and travel to visit friends and relatives. <https://www.gov.uk/topic/health-protection/migrant-health-guide>

**Routine childhood immunisation schedule** which provides information for health professionals on childhood immunisations is available at:

<https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule>

Another vaccination link that may be helpful is here:

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

The latest policy information can be found at the South East Strategic Migration Partnership (SESPM)

<http://www.secouncils.gov.uk> Key policy areas with impacts on migrant health include:

- Vulnerable Persons' Resettlement Scheme (VPRS) & resettlement post 2020
- Unaccompanied Asylum Seeking Children (UASC). For more information refer to UASC Health website - <http://www.uaschealth.org>
- With the support of SE Association of Directors of Children's Service SESPM has a successful Controlling Migration Fund bid which includes health as part of its initial assessment of Unaccompanied Children which hopes to become standard practice for the SE region. <https://www.gov.uk/government/publications/controlling-migration-fund-prospectus>
- NHS Funding Regulations.
- Asylum dispersal
- No Recourse to Public Funds (NRPF) <http://www.nrpfnetwork.org.uk/information/Pages/default.aspx>
- 'Windrush' generation & other migrants with no official documentation. <http://www.nrpfnetwork.org.uk/News/Pages/commonwealth-citizens.aspx>
- National Transfer Scheme (NTS)

#### **Helping people seeking asylum access health care**

This new work from the Equality and Human Rights explores what people seeking asylum are entitled to when they access healthcare.

<https://www.equalityhumanrights.com/en/refugees-asylum-and-immigration>

#### **Commissioning mental health services for vulnerable adult migrants. Guidance for commissioners.**

This useful resource specifically focuses on commissioning mental health services for vulnerable adults:

[https://www.mind.org.uk/media/3168649/vulnerable-migrants\\_2015\\_mindweb.pdf](https://www.mind.org.uk/media/3168649/vulnerable-migrants_2015_mindweb.pdf)

### **Delayed, deterred, and distressed: The impact of NHS overseas charging regulations on patients and the doctors who care for them**

There is now clear evidence that *The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017* are deterring vulnerable groups from accessing NHS treatment, threatening public health, and taking vital clinical time away from patient care. The report can be found at:

[https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/20190211%20overseas%20charging%20paper.pdf?utm\\_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm\\_medium=email&utm\\_campaign=10478406\\_NEWL\\_HMP%202019-04-23&dm\\_i=21A8,68L6U,FLWRBJ,OML5H,1](https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/20190211%20overseas%20charging%20paper.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=10478406_NEWL_HMP%202019-04-23&dm_i=21A8,68L6U,FLWRBJ,OML5H,1)

Future Learn is an excellent free resource with hundreds of online courses. This one is about unaccompanied and separated refugee and migrant children.

<https://www.futurelearn.com/courses/caring-for-children-moving-alone>

**Increasing uptake of breastfeeding with mothers from Roma communities in Kent.** This Darzi project aimed to promote breastfeeding alongside members of the Roma community living in Kent and to raise awareness of the benefits of breastfeeding and to support mothers in order to increase breastfeeding initiation rates, which are well below the local average.

<https://www.youtube.com/channel/UCOLrhBamXnSy4uoGKljnXbw>

### **Healthcare access for people seeking and refused asylum**

Practical materials to improve healthcare access for people seeking and refused asylum. You can find them here: <https://www.equalityhumanrights.com/en/refugees-asylum-and-immigration>

They are:

- A video that explains “what are people seeking asylum entitled to when they access health care?”
- Access to healthcare: a guide for organisations working with people seeking asylum <https://www.equalityhumanrights.com/en/publication-download/access-healthcare-guide-organisations-working-people-seeking-asylum> (you may remember this as the map of rights that you kindly provided some feedback on – please see in particular the part about a human rights based approach! Happy to talk about this further if useful!)

Case studies of healthcare and service providers facilitating access to healthcare for people seeking asylum <https://www.equalityhumanrights.com/en/publication-download/healthcare-and-service-providers-facilitating-access-healthcare-people-seeking>