
# **Lost in the system:** *The voices of refugees and asylum seekers on health and healthcare*

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healthwatch Hertfordshire

# Contents

# Summary

This research is the first locally to amplify the voices and experiences of refugees and asylum seekers with regard to their health and access to healthcare. The report highlights the experiences and needs of 32 Hertfordshire residents with asylum seeker or refugee status, and provides corresponding recommendations to local providers aimed at improving the experience and wellbeing of this cohort.

**Refugees and asylum seekers had very poor emotional wellbeing and struggled to access the right support.** Accommodation providers should work more closely with the voluntary sector to provide wellbeing activities and resources for their residents, and healthcare professionals should have training on the issues refugees and asylum seekers face.

**Residents in contingency accommodation were not getting nutritionally sufficient food.** They are struggling to live a healthy lifestyle and should be supported with this as they have very limited resources to do so independently. The food needs to provide a balanced diet and accommodation providers should be flexible about different medical and cultural needs.

**Parents were worried about their children's health and development.** They often did not know where to go for help with their children's health needs. They received very good support from health visitors and provisions should be put in place to enable health visitors to visit each hotel regularly to support the children and families living there.

**Refugees and asylum seekers had very poor physical health and struggled to navigate the NHS system.** They tended to have positive experiences when they attended GP services, but would benefit from being offered an initial health and wellbeing check upon registration with the GP surgery, and be supported to understand the healthcare system.

**Many refugees and asylum seekers struggled with communication and accessing care.** Most relied on informal means for interpretation which poses unnecessary risks and is not equitable. Everybody who needs them should have professional translation and interpretation services available to them at every stage of their interaction with the healthcare system.

**Refugees and asylum seekers generally had positive experiences of urgent and emergency care but needed support in navigating the system.** The referral system was unfamiliar and some respondents faced unexpected differences to what they were used to outside of the UK.

**Accessing dental care was difficult for some refugees and asylum seekers.** More emphasis needs to be put on supporting this cohort with finding a dentist and booking a check-up.

# 1. Recommendations

Health and social care services in Hertfordshire have a duty to provide an equitable and adequate level of care to everyone in their area, including refugees and people seeking asylum. In light of the findings of this report, we recommend the following be considered for implementation:

**Recommendations for local health and care services and partners:**

*Recommendations specifically relating to refugees and asylum seekers:*

1. As per national guidance recommendations, offer an initial standard **health and wellbeing check** to asylum seekers upon their registration with a GP surgery – see this toolkit from Doctors of the World for reference. This opportunity for healthcare providers to do an extensive check of an arriving individual's health and wellbeing needs should be explicitly and properly funded to ensure its occurrence despite pressures on resources.
2. Prioritise the provision of **mental health and wellbeing support** for all residents of hotels. This could include partnering with Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to provide wellbeing support, social and physical activities.
3. Ensure that mental health services have a close, collaborative and established relationship with colleagues at Herts Mind Network and ensure that **the most vulnerable asylum seekers and refugees** have access to the right support.
4. Provide **training and education** for healthcare professionals (clinical and non-clinical) and support staff on the issues refugees and asylum seekers face, including training on providing trauma-informed care.
5. Ensure key information about **how the healthcare system operates** is explained to newcomers by healthcare professionals, such as what their role is, what a referral to secondary care means, and how to collect their prescription.
6. Use **social prescribers and link workers** to help refugees and asylum seekers to navigate the system and connect them with local VCFSEs, activities and education or specific activities.
7. Ensure **consistency and equity** in the support provided by healthcare professionals across hotels in Hertfordshire. This includes access to GP practice staff, dentists, health visitors, and other key staff.
8. Ensure that providers fulfil their responsibility to **work with local NHS services** so residents can access appropriate healthcare. This includes supporting with GP registration, finding a dental practice, and local pharmacies. They should also encourage and support new arrivals to request a general health and wellbeing check (see recommendation 1).

*Recommendations to address health inequalities across the county that will improve services for a wide range of people:*

9. Mental health providers to **improve access** to their services, with a particular focus on increasing availability and capacity for those most vulnerable, and with complex needs.
10. Provide consistent and reliable use of **interpretation and translation services** throughout the patient pathway from first contact, as required by the NHS England Accessible Information Standard[1] and Reasonable Adjustments under the Equality Act 2010[2]
11. Ensure **data recorded on patients** includes interpretation needs and languages spoken, existing healthcare conditions and prescriptions required, and disabilities or digital barriers that may affect access.

[1] NHS England Report Template 1 - long length title

[2] NHS England » Reasonable adjustments

**Recommendations for Hertfordshire County Council:**

12. Create and share **information resources** for refugees and asylum seekers on how to navigate the health and care system and how it works – including their rights, where to go for different needs, and the role of different services. The resources should be printable, and provided in a range of languages.
13. Ensure the findings of this report **inform future strategic and developmental work** for this population, including the Needs Assessment currently being undertaken.

*Hertfordshire County Council to influence and work with contingency accommodation to:*

14. **Partner with VCFSE organisations** to provide support and signpost residents to wellbeing support, local groups, clubs and activities, community transport schemes, volunteering and employment opportunities, and places of worship to enable better integration and connections.
15. **Signpost residents to local family centres** and provide contact details for health visitors.
16. Consider **improving the food** provided in hotels, ensuring that it is **sufficiently nutritious** and meets a minimum standard of quality. It should be expected that residents are able to eat a healthy balanced diet that is within their religious or cultural requirements, without having to supplement it themselves.
17. Consider whether **more flexibility can be afforded to the evidence required for specialist food needs**, rather than only accepting GP letters which can be difficult and costly to obtain. This could include accepting evidence from VCFSE support staff or alternative clinical professionals (such as health visitors) who have contact with the individual or family.

*"It's been a real pleasure working in partnership with Healthwatch Hertfordshire over the past year. They've joined us at every drop-in session, listening directly to refugees and asylum seekers about their experiences accessing health and social care. Together, we've uncovered a number of unmet needs that other services were not aware of. Their compassion and commitment to amplifying our clients' voices has been invaluable, and I'm very grateful to have them alongside us in this work."*

**Karolina Siklodi, *Flourish Group Facilitator, Herts Mind Network***

*"In recent years, the wider partnership in Hertfordshire has worked effectively and collaboratively at speed to respond to increasing numbers of refugees and asylum seekers coming into county. However, there is more work to be done, and it is important that this work is shaped by the people most affected and with the most relevant experience. That is why this Healthwatch project is an important step forward in our local discussion. The research, report and recommendations will be invaluable in helping to steer the next steps for Hertfordshire County Council and our many partners in Districts and Boroughs, health services, and voluntary, community, faith and social enterprise organisations."*

**Sarah Perman, *Director of Public Health, Hertfordshire County Council***

# 2. About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

# 3. Background

## 3.1. National picture

In 2023 there were 448,600 refugees in the UK and 111,800 pending asylum applications.[3] This vulnerable community face unique challenges in their health and wellbeing and are likely to experience barriers in accessing the health and social care support they need.[4]

Someone claiming asylum in the UK will be housed if necessary and given a cash allowance. They do not have a choice over their accommodation type or location. The cash allowance is £49.18 per person in each household, per week, which reduces to £8.86 if the accommodation type provides meals to residents. There are additional allowances for pregnant women and those with young children.[5] Refugees and asylum seekers in England are all entitled to register with a GP practice and receive primary and secondary care free of charge. However, there are some limitations on free secondary care for asylum seekers whose applications have been refused.[6] Usually, asylum seekers are not permitted to work in the UK whilst their claim is being processed (at least for the first 12 months), although they are encouraged to volunteer.[7] When a person's asylum claim is accepted, they have full access to the labour market. Refugees who have come to the UK on specific visas do not need to claim asylum – they have leave to remain and therefore have the right to work in the UK immediately.[8]

In terms of healthcare, refugees and asylum seekers often have limited awareness and understanding of the NHS system, what they are eligible for, and how to access support.[9] This is exacerbated by language difficulties, social isolation, frequent dispersal and accommodation moves, and poverty.[10] The Refugee Council have found that the greatest barrier to access and having a positive experience of healthcare is communication, often having to use unreliable translation tools, relatives and friends, or even having difficulties when an interpreter was present to support.[11]

Misconceptions and misunderstanding about the UK health system can also lead to dissatisfaction and mismanagement of conditions or poorer experiences of care.[12] Other barriers that have been reported

[3] Refugee and Asylum Seeker Facts : Breaking Barriers
[4] Refugee Council
[5] Gov.uk/asylum-support/what-youll-get
[6] BMA - refugees-and-asylum-seekers-entitlement-to-nhs-care
[7] Gov.uk: permission-to-work-and-volunteering-for-asylum-seekers
[8] Gov.uk: permission-to-work-and-volunteering-for-asylum-seekers
[9] Tomkow et al. 2020
[10] Tomkow et al. 2020
[11] Asylum seekers' and refugees' experiences of accessing health care: a qualitative study | BJGP Open
[12] BJP 2020

include being wrongly refused access to primary and/or secondary care, and experiencing prejudice or a lack of empathy.[13] Refugees and asylum seekers have also been found to be at a greater than average risk of developing mental health problems and experiencing psychological distress, due to both pre and post migration experiences, such as war trauma, separation from family, difficulties with asylum procedures and poor housing.[14]

## 3.2. Local picture

Whilst Hertfordshire does not have a long history of supporting refugees and asylum seekers, numbers are increasing and local government and non-government organisations are working hard to support this vulnerable population. It is estimated that there are around 10,000 people in Hertfordshire who fit into the broad category of refugees and asylum seekers – this includes those waiting for a decision, on specialist visa schemes such as from Ukraine or Afghanistan, those without documents who have had their application refused, and others. Some estimations by Hertfordshire County Council (HCC) on numbers of each sub-cohort in Hertfordshire include: 1,850 asylum seekers, 1,500 Ukrainian refugees, 500 separated migrant children and 4,000 Hong Kong British Nationals Overseas visa holders.

HCC coordinates partnership working across Hertfordshire, liaises with central government departments, and funds Voluntary, Community, Faith, and Social Enterprise sector (VCSFE) partners to support refugees and asylum seekers. They are currently developing Hertfordshire's first Refugee and Asylum Seeker strategy which will be instrumental in improving the lives of this growing community across the county.

HCC have developed an Information and Referrals booklet (now online) which is designed to help professionals and volunteers who are supporting refugees and asylum seekers. They hold regular conferences for people working with this community to share insights, connect and promote useful ways of working.

The key ways in which HCC funds support to this community include commissioning:

- Flourish (Herts Mind Network) service to support with mental health needs
- Hospital & Community Navigation Service to provide holistic support to Ukrainians
- Money Advice Unit to support with benefits and money advice
- Citizens Advice Stevenage for immigration advice
- Citizens Advice Dacorum for housing advice
- VCFSE organisations to support refugees and asylum seekers with English language classes, immigration advice, housing advice and community groups/support

In Hertfordshire, there is little research or intelligence available about refugees and asylum seekers healthcare needs and experiences outside of anecdotal evidence. Although insights from professionals are a valuable starting point, it is important that the voices of this community themselves are heard and listened to. This report seeks to raise the voices of this vulnerable and underserved community, and

[13] Refugee Council
[14] Refugees and asylum seekers: statistics | Mental Health Foundation

highlight the ways in which the local health and social care system can better serve their needs with more accessible and appropriate care.

# 4. Aims and methodology

## 4.1. Aims

It is important to note that Healthwatch Hertfordshire is a politically neutral organisation and our role is to champion the experiences of health and social care of all communities in Hertfordshire in order to make positive change. We have a particular focus on those who face the most severe health inequalities as they are most often unable to champion themselves.

The aims of this research were to:

- Listen to and amplify the voices of refugees and asylum seekers in Hertfordshire
- Understand the barriers that refugees and asylum seekers face in relation accessing health and social care, and how they navigate the healthcare system
- Highlight the unique impact and physical and mental wellbeing needs that arise from being a refugee or asylum seeker
- Explore the ways in which refugees and asylum seekers have successfully been supported by health and social care, and what services are needed by this community
- Share best practice and opportunities for improvement with key stakeholders, and make recommendations to health and care services for how they can improve the care refugees and asylum seekers receive

## 4.2. Methodology

Our engagement was undertaken between December 2024 and March 2025 during which we heard from **32** refugees and asylum seekers across Hertfordshire through one-to-one interviews and focus groups. We visited asylum hotels across Hertfordshire and worked closely with professionals and volunteers working to support this cohort. Where possible and appropriate, we provided signposting and information to the people we spoke to. Safeguarding concerns were also raised to the relevant organisation where necessary.

Ahead of our engagement, from May to November 2024, we also spoke to **15** stakeholders working with refugees and asylum seekers (including professionals and volunteers) to gain insights into the challenges and issues refugees and asylum seekers face, and how best to engage with this community. The project scope was also informed by the Hertfordshire County Council Refugees and Asylum Seeker Conference in June 2024 where a room of experts shared their perspectives of health and social care challenges for the cohorts that they work with. We also worked with a range of stakeholders to help shape and inform our methodology and topic guide questions, and they provided techniques on how to effectively engage with the community.

### 4.3. Limitations

This research is some of the very first that aims to highlight and amplify the voices of refugees and asylum seekers locally.

Case studies, whilst very valuable, represent only the experiences of those who were able and willing to share their stories. The experiences of this large cohort are vast and varied, and we recognise that this research does not fully capture and reflect all the unique identities and sub-groups that exist. There are many who were not able or did not want to share, others who are displaced and not reachable via asylum seeker hotels, and many others who we did not have the opportunity to engage with. This research serves as a starting point to more extensive engagement that needs to be undertaken to ensure the breadth of refugee and asylum seeker experience can be understood.

## 5. Acknowledgements

We are very grateful to the dedicated organisations who were able to support us with this work, facilitate relationships within the community, and share their valuable expertise throughout the project. Above all, we are grateful to all the respondents themselves who shared their stories to improve the experiences of others.

Many thanks to the following organisations for facilitating the engagement for this project:

- South Hill Centre
- Flourish (Herts Mind Network)
- Public Health Nursing (Hertfordshire Community NHS Trust)
- Communities 1st
- Hospital & Community Navigation Service (Herts Help)

Further thanks to the following organisations for also offering their insight and expertise:

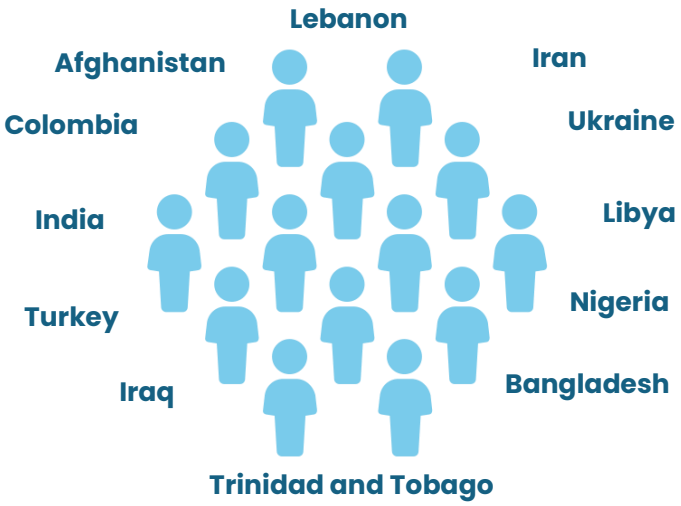
- Citizens Advice Stevenage
- Citizens Advice Dacorum
- Hertfordshire County Council (Money Advice Unit)
- Herts Welcomes Refugees
- Care4Calais
- Community Action Dacorum
- St Albans Community Pantry

# 6. Demographics

We heard from **32** refugees and asylum seekers in five asylum hotels, one community support space, and one online focus group.

Participants came from at least **13** different countries. Their reasons for living in the UK were not always made clear, but the most common reason given was to escape war or conflict in their country of origin (**14**). Several were escaping domestic violence (**4**) or family conflict (**3**), and one family was fleeing religious persecution.

Among respondents, we heard from **20** women and **12** men, many of whom also had children.




*A diagram showing some of the respondents' countries of origin.*


*A map of Hertfordshire showing the locations where the in-person engagement took place.*

# 7. Key Findings

## 7.1. Emotional wellbeing

**Mental health support for the general population is in high demand across the county, with long waiting lists and resources overstretched. Many of the respondents we spoke experienced significant challenges with their mental and emotional wellbeing, and accessing support for this was often difficult. Refugees and asylum seekers have experienced trauma and are particularly vulnerable to mental health difficulties. Isolation, instability and poor living conditions due to the contingency set-up were also often contributing factors to their deteriorating wellbeing.**

Poor mental health was the most common issue described by respondents, with the majority stating that they feel sad, anxious, lonely and stressed. Some shared they are experiencing severe symptoms, including suicidal thoughts and panic attacks. Many respondents were also not getting the support they need, despite voluntary sector organisations going above and beyond to do what they can to help.

HertsHelp and Herts Mind Network told us that mental health is the main problem experienced by refugees and asylum seekers. The majority have poor mental health and trauma and struggle to access the care they need.

***"I'm at breaking point but trying to keep going for my kids. As bad as the situation is, it's still better than where we came from. Nobody is abusing us."***

***"When everyone is asleep, I cry. Everything just comes over you."***

***"I started seeing things that weren't there in my room. I have a lot of stress so I feel like I am alone."***

Herts Mind Network, through their Flourish service, support many hotel residents with their mental health and wellbeing, providing a service that is in high demand. They offer one-one-one support for ten sessions and have found this to be successful. Service users can be re-referred after six months. Their staff shared key insights and reflections with us about the work they do and the people they support. Flourish see many refugees and asylum seekers with severe mental health problems and although they do not offer clinical support, this is often the only mental health support the community is able to access.

As with the general population, a large proportion of refugees and asylum seekers have waited, or are currently waiting, several months to access support from the local mental health trust. Flourish has a long waiting list and have occasionally had to pause accepting referrals due to increasing demand. They will often refer their clients to the local mental health trust in more severe or higher-need cases, but these have at times been refused, despite safeguarding concerns from Flourish workers. Flourish workers have also experienced bounce-backs from mental health services due to their referral criteria not being met.

Some respondents said they were receiving support from Flourish and/or had experienced long waiting lists to access mental health services. However, one man shared they have been supported by Flourish for a while and although Flourish made a referral to the local mental health service due to the severity of his mental ill health, this was denied. He told us he was feeling very low and has returned to Flourish to ask for help with the referral.

**Daniel*'s story:** Daniel is a client under Herts Mind Network. He is struggling with his mental health and has not been able to access support from the NHS.

*"I had to leave because of conflict in my home country. I feel very depressed. I have some trauma from what I have seen. I was told I would be waiting a very long time for help. I am lucky to be supported by [Flourish worker]."*

A few respondents suggested that the NHS needs to have a better understanding of refugees and asylum seekers, particularly in regards to the trauma they may have experienced and how this has a significant impact on their mental and physical health.

**Sofia*'s story:** Sofia voiced how refugees and asylum seekers need to be treated with greater understanding because of the unique and profound trauma they will have experienced.

*"The GP compares together with the same health problems of those from here…our back home experience is not the same as the British who grew up in this environment; we are – most of us – in Chernobyl and consequences of Chernobyl as well. We have pollution as well which is more awful than here and our health – even me at 40 – is like an 80 year old person here. But they're trying to treat me as a British person of the same age which is absolutely not relevant at all. The pressure where we've been, the trauma – in general I would say the experience to be in the war and have lost everything one day – this is something unique that not everyone experiences every day. And the traumatic psychological impact that has on an individual – it's until the end of your life. You'll never forget bombing and everything and unfortunately people here are indifferent to this, especially the professionals."*

One professional shared that despite informing healthcare professionals that their client is a survivor of domestic abuse and sexual assault, they still only sent men to speak to their client, despite this being inappropriate due to the nature of their trauma.

***"In each case I informed them that she is a victim of domestic violence and domestic abuse since childhood and sexual assault. And the problem was they sent two men to speak to her which I had warned that she can't speak to men at all – she's frightened to sit in the same room, but they send only men for her."***

In addition, many female respondents arrived in the UK alone due to conflict and/or escaping domestic violence. They said they are finding it difficult to care for their children by themselves and emphasised the negative impact this is having on their mental health. Some were also missing their partners, family, friends and networks back home.

***"It's all too much load on me and the kids miss their dad. It's so hard to do it all by myself."***

The hotel environment also often had a negative impact on mental health. Some respondents shared that they find it difficult living in the hotel, commenting that there is no privacy and the spaces are small and noisy.

***"It is very difficult living here and stuck in one room and nothing else to do."***

Families in particular said they feel isolated and that there are no facilities or activities in the hotel and/or in the local area. Some hotels are shared by families with single males, which a few respondents felt was inappropriate for their child. Support letters from GPs are required for residents to be given a single room. Without a supporting letter, residents must share a room with others.

***"I've had enough, I feel suicidal and cannot take much more."***

Care 4 Calais volunteers were concerned about the level of isolation at the hotel they support. They shared that a lot residents have symptoms of poor mental health including depression, anxiety and self-harm. The hotel is in a remote area, with no community activities or facilities, with the exception of two village shops which are expensive.

The volunteers felt this contributes significantly to their poor mental health and feelings of isolation.

Herts Mind Network shared that many residents living in one of the Stevenage hotels have poor wellbeing. The hotel lacks facilities and access to the town centre is challenging, meaning there is little for them to do. The allowance they receive [£8 per week] limits what activities they can get involved with and they are not able to have paid work to supplement it.

The particular hotel facilities are important, and they are not all the same. Volunteers and professionals have suggested that providing a gym space or equipment could help with their physical and mental health, especially where hotels are more isolated. Many residents have problems sleeping because they have not moved, exercised or been outside.

Some respondents had visited their GP for help with their mental health, while others had not accessed any support and/or did not know how they could receive this care. One woman said she has postnatal depression since having her baby and is struggling but did not know how to get the help she needed. Another woman shared she was struggling to get the

***"I have postnatal depression after having him. I think I need medicine to help me. I've been told to see a psychologist but I don't know how to see one."***

correct referral to receive specialist mental health support and was told her case was not serious enough to be a priority.

> ***"I wasn't even offered to see a psychiatrist – I wasn't even put on any kind of waiting list, I wasn't even told it was possible for me to see a psychiatrist. I was told my issues are not serious enough. They told me if I don't abuse drugs or I don't harm other people or I don't actively try to kill myself I'm basically fine."***

Living in uncertainty and instability (often as a result of living in temporary accommodation) was another significant factor contributing to poor mental health. Not only did this have an impact on their overall wellbeing, it also meant their healthcare was affected. Respondents were often relying on healthcare professionals to write letters, fill out documents and/or support applications for them, of which respondents had varying experiences.

Citizens Advice, Money Advice Unit and Herts Welcomes Refugees told us that this instability and dispersal can cause significant issues in accessing healthcare and negatively affects mental health. They described a "cliff edge of support" after leaving asylum hotels. Many are not aware of the helplines they can call for support.

One person shared that they are feeling uncertain and unstable as the Home Office had already given them a negative response to their situation, which they are now trying to appeal. They are worried about what this means for their family.

> ***"I have been here for two years and four months. We were one of the first to arrive at the hotel. I have a son and a daughter. We fled because of conflict in the family. My application has been rejected so we are still here. I will be so much happier once I am out of there. You are stuck in the hotel, stuck in your room, it makes you unhappy."***

**Charlotte*'s story:** Charlotte is escaping war and has been living in the hotel for five months. She is experiencing difficulties with her and her family's accommodation:

*"We came at the end of October. We escaped the war and fled and stayed with my brother for a couple of weeks and then applied for asylum."*

*"My daughter is living with my brother, she is in secondary school and doing her GCSEs and they are really important so we didn't want to move her. I try see her when we can, she really misses us, I really miss her. The secondary school wrote a letter to support our application and that we need to be near my daughter, my psychologist also wrote a letter about our mental health. But the process has been really stressful. We have only been offered to be housed in Wales and this has happened twice. We can't be that far away, I can't be that far from my daughter, it's not fair on her and we wouldn't be able to travel."*

Care 4 Calais volunteers shared that people are moved from one accommodation to another, and there is no option to limit this , even when health and care reasons are cited. Residents are moved between areas during their treatment and have to start again, or the treatment is delayed.

They also noted that social and community support was sometimes dependent on religious affiliations. They shared how at the hotel they support, the Christian asylum seekers were able to get wellbeing support from the local church community, however the closest Mosque was in the next town and therefore difficult for the Muslim residents to travel to.

Positively, some respondents said they had managed to make new friends and networks in the community, Church was often cited as a place in which they made connections. Other respondents had found volunteering opportunities in their local area which also helped to improve their emotional wellbeing.

***"I go to church and I've made some friends and they're very nice."***

**Mariam*'s story:** Mariam struggled with her mental health when she first arrived in the UK: *"I was depressed, I didn't leave my room. I am alone without any friends or family."*

Positively, Mariam now feels far more settled. She volunteers at a local food bank once a week, has made friends, is part of the church community and has plenty to do in her local area. She is grateful to have a room and access to food, but recognised it is still very hard.

Mariam has experienced problems with her mental health since being a teenager. She had a counsellor back in Iran which she found very helpful. She has ADHD and has also experienced depression and anxiety. She did request mental health support upon arriving, but the waiting list was too long and the mental health services felt she would need a translator. Fortunately Mariam has shared that she gets a lot of emotional support from the friends she has made.

## 7.2. Food and nutrition

**The food provided at the hotels we visited was frequently described as poor, unhealthy and nutritionally limited. Families with children and pregnant women were particularly worried about their health as a result, and some residents said they had lost weight since arriving. People with specific dietary requirements needed to provide supporting evidence for this from a GP, which is difficult to obtain, and their needs were rarely accommodated. As outlined in government guidelines, asylum seekers usually receive £49.18 per week for each person in their household, but where their accommodation provides meals, this reduces to £8.86 per person, so residents have very limited autonomy over what they can eat.[15]**

Respondents shared that the food provided in the hotels was unhealthy, heavily processed and carbohydrate-based with few vegetables or fruits. It is rare that there are any facilities for residents to cook their own meals, which means they often have very poor diets or will skip eating. In fact, many residents said this had caused digestive issues.

Care 4 Calais volunteers noted that many residents try to "supplement" the hotel food with cheap and unhealthy foods:

***"Although most of the refugees and asylum seekers do not have any physical health issues, a lot of them have poor diets – eating foods high in fat, salt and sugar. They do not have any cooking facilities and often the food they are given from the hotel they do not like, and there is no variety. This has given some of the refugees and asylum seekers digestive issues."***

***"Residents need a special letter from the doctor to give to the hotel about their dietary needs to get any support with it – all the hotel food is the same for everyone and residents have reported digestive problems due to unfamiliar diets. There are no facilities for residents to cook for themselves and no recognition of the huge variety in diets within the many different cultures of asylum seekers."***

Many residents also had significant reasons for requiring different food, for specific diets, religious/cultural requirements, particular medical conditions and in cases of malnutrition. In order to get food for specific diets, residents must provide a "support letter" which must be from a GP. However in some hotels it is very difficult to get a GP appointment and the cost of purchasing these letters is approximately £30, maybe more in some cases.

Hotels generally seemed unable to respond to these needs. One man shared that his partner was pregnant and despite her suffering from severe nausea and requesting different food, this was not possible to obtain. Another family had a child who had their teeth removed and needed a liquid diet but this was once again not accommodated for by the hotel. One woman was

***"[My pregnant wife] was very, very sick and the doctor said she needs to eat things she can eat but the managers would not give us anything."***

[15] Gov.uk/asylum-support/what-youll-get

supported in a request to use the hotel kitchen by Migrant Help so her child, who was refusing the food provided, could be encouraged to eat – again this request was not supported.

Likewise, for some respondents, their culture and/or religion means they were unable to eat the food available. Three respondents who are Sikh shared that they cannot eat the majority of the food provided. Some had asked to be allowed to use the hotel kitchen, however this was also often denied and limited to specific needs, if at all. Most requests made by respondents have been denied and/or they have been asked to provide a supporting letter from their GP.

All respondents said they would prefer to be able to cook for themselves and many pride themselves on cooking healthy meals and using fresh ingredients. However, asylum seekers are not given a choice in the type of accommodation they are granted[16] – those who are housed in flats or houses are more likely to have their own cooking facilities than those in hotels, hostels or bed and breakfasts.

**Aadi and Jas'* story:** [*as told by an interpreter*] Aadi and Jas have lived in the hotel for 17 months with their teenage daughters, escaping war in their home country.

Food is one of the most significant problems they face. They said their daughter has low B12 and other deficiencies and is becoming increasingly unwell due to not eating nutritious food. The food provided is very heavy in carbohydrates such as potatoes, pasta and rice, with very limited fruits and vegetables. Their daughter has to take supplements, but they said this does not replace the need for more nutritious, healthier food.

Aadi himself has diabetes and shared how the carbohydrate-based meals can make it difficult to control his blood sugars. Much of the food provided is also not in line with their religious and cultural needs. They said they would like to be able to cook their own foods so they can eat healthier, less processed foods.

### 7.2.1. Feeding children

The food provided within the hotels was a key concern for respondents with children. Some shared that the poor quality food had caused digestive issues for their children, and many children are refusing to eat the food, causing malnutrition and nutritional deficiencies for some. One mother said her children will barely eat anything and instead she tries to get snacks for her children to keep them fed, particularly her toddler.

***"The food is really bad. My children won't eat it. Even the child meals they won't eat. I try and buy food for them so they are eating. They are used to Mediterranean foods, not all the potatoes, rice and chips you get."***

***"The food is horrible. The children will not eat it. It is all potatoes, rice, it is not healthy. There is no healthy food. I will spend my money to go get food and milk for my children."***

[16] Gov.uk/asylum-support/what-youll-get

Single mothers and families will use their very limited money to purchase food, vitamins, supplements and milk for their children. Many parents are concerned about the physical health of their children, with the majority sharing that their children will often be unwell, with many believing this due to lack of nutrition.

***"The food is very bad. It is not healthy. I buy vitamins for the grandchildren. We've been told they can't change the menu. It is very bad."***

***"She won't eat anything, she doesn't like the food and they won't provide anything else. We can't cook, there is only a microwave and I don't have any money to go and buy food...we need to move from the hotel because she is not happy. She is saying she is hungry and won't eat the food here."***

**Maya's* story:** Maya arrived in the UK two months ago and has a 19-month old child who has not been eating properly since living in the hotel. His weight loss had been noted by a health visitor.

Maya explained that the food in the hotel is not what her child is used to, so her child is now only taking milk. Maya asked if she could be moved somewhere that is self-catered so she can cook for her child, but was told she needs medical evidence. She is currently waiting for a letter from the GP.

## 7.3. Children's health and maternity care

**Many families that we spoke to were especially worried about the overall health of their children since living in hotel accommodation. Sometimes this was in relation to the food provided (as explained above) but other concerns included their children's development, the negative impact of living in the hotel, often being unwell, and not being able to access the right care for them. For those who were, or had recently been pregnant, antenatal care appeared to vary significantly.**

Families and single parents shared the difficulties they have faced accessing the necessary support and healthcare for their child(ren), and were often very worried about their overall health. Parents were worried about malnutrition and the physical health of their children, commenting that their child(ren) will often be sick and unwell.

> ***"My children are always sick. They are always unwell. They are so unhealthy. They have had so many antibiotics. My son is always taking antibiotics. Not long ago my children all got scabies."***

Three families had young children whose speech development is later than expected. These families felt unsupported and are worried about their child's development and how to get help for their child's speech, with many uncertain how they can access support.

> ***"He doesn't say things like bubba, mama. I am worried about him."***

**Simone's* story:** Simone arrived in the UK seven months ago to escape domestic violence. She has three children and her two-year old suffers from asthma. Simone said one night her son was wheezing and struggling to breathe, however her concerns were dismissed by the hospital: *"My son was making terrible sounds, his chest going up and down like this, I took him to the hospital and they said he's just snoring. I said that's not a snoring child. He has asthma, he's not breathing properly. They said he is snoring."*

Simone then took her son to the GP who was supportive: *"We have seen the GP at the hotel and the GP has said he has asthma and knows this. The doctor gave him a stronger inhaler after I showed him wheezing. We see the doctor here but have been to the GP practice as well. They are good and we don't have to wait very long for help."*

Simone thinks the cleanliness of the hotel is negatively affecting her son's asthma and the health of her other children too: *"The cleaners do a good job but it is very, very dusty. Our room has carpet full of dust. They cleaned our curtains because they were dusty. I don't think this helps him. We need wooden floor to keep the dust away. My children are always sick."*

Simone is struggling with her mental health, particularly as she is worried about the health of her children: *"I'm at breaking point but trying to keep going for my kids."*

However, where health visitors were available, respondents told us they received very good support. Health visitors were supportive in helping residents get the care they and/or their child(ren) needs. One woman shared that her child is not eating and losing weight. The health visitor helped her to talk to the hotel staff and worked with her to obtain medical evidence to enable her to cook for her child within the hotel. For another respondent, the health visitor weighed her baby and checked his height and gave her a phone number so she could get in contact directly if she needed help.

***"My children get sick. I am worried about them. I worry that they are not healthy."***

A health visitor shared some of their insights and concerns about the children in hotels. Often children arrive with no vaccinations, are malnourished and sometimes also have chronic conditions and/or special needs. They are also often traumatized – more recently children are arriving from war zones and have often been displaced multiple times. The children are scared of noises after experiencing explosions. Finding support for trauma is very difficult. The health visitor shared that one child stopped speaking due to trauma and another would continuously rock out of fear.

Health visitors try to at least get the height and weight of children so there is something to monitor and track, and they now use a red health book for under five year-olds rather than just under two-year olds. They felt it would be beneficial if family centres were funded to come into the hotels.

The health visitor also felt there needs to be a specialist team to come into the hotels and provide continuity of care, especially when there is distrust in services.

**Naomi's* story:** Naomi fled her country to escape domestic violence. She has a young daughter who is struggling with adjusting to the environment. Her daughter is likely to have additional needs and is refusing to go to school. She is also refusing to eat: *"She won't go to school, I try and she won't go. There is nothing here, it is not suitable for a child. The hotel is not cooking good food and it is not good for her, that's why she won't eat. There are too many men in the hotel, not good for children, and it is affecting her."*

Naomi took her daughter to the GP and they were not supportive: *"I took her to the GP and said she's not eating and she won't go to school and they said it's not their job to help. They didn't give me any support."*

### 7.3.1. Maternity care

A small number of respondents were pregnant or had recently had a baby, and it was clear that the level of antenatal care they received varied significantly. Pregnant mothers are eligible to receive an additional £5.25 per week, those with a baby under one years old an extra £9.50 per week, and with a

child aged one to three years old, an extra £5.25 per week. Asylum seekers can also apply for a one-off maternity payment[17].

A health visitor told us that many people arrive who are pregnant or have very recently had a baby. Many of the pregnancies are a result of sexual abuse and these women are experiencing a significant level of trauma.

Most did not or have not received any antenatal care. Pregnant women are sent to various hospitals in the area for their antenatal care and the quality of communication and joint system working between different healthcare services often appears to be lacking.

**Jamila's* story:** Jamila has only been living in a hotel for 20 days. She is seven months pregnant and fled her home country due to conflict. Her husband is still in their home country. *"I've only been here for 20 days. I had to leave because of conflict. It's just me at the moment, I don't know where my husband is, I've told the Home Office he is missing and they said they would look."*

*"It's hard because the food we cannot eat. It's not halal and very heavy in carbohydrates. It makes you constipated. I'm worried about my baby and how healthy it is when I'm not eating much. I want to be able to cook for myself so I can eat what I want."*

Jamila has not yet received any antenatal care. Fortunately a health visitor is now in the process of getting her registered to ensure she is cared for, for the rest of her pregnancy.

[17] Gov.uk/asylum-support/what-youll-get

## 7.4. Communication and accessing care

**Communicating with healthcare professionals and support staff was a key barrier that many respondents faced, and often impacted their access to and experience of healthcare. It affects all aspects of healthcare including administrative tasks, booking appointments, completing documents and communicating within the appointments themselves. It was quite common for people to rely on informal translators or interpreters, which can lead to misunderstandings, a lack of privacy, and does not ensure equal access. It is the responsibility of the healthcare provider to provide professional interpreting services where needed. Other barriers to access were difficulties travelling to appointments and arranging childcare. Respondents also had significant issues understanding and navigating the UK healthcare system.**

HertsHelp shared the importance of healthcare providers providing interpreters. They said that refugees and asylum seekers will be signposted to courses to learn how to speak English, but they are very short and focused on passing exams. Often there is a lack of interpreters and translators within the healthcare system.

### 7.4.1. Communication

Failure to provide reasonable adjustments[18] and adhere to the Accessible Information Standards[19] is a common issue experienced by many communities in Hertfordshire, and particularly those who are more likely to face health inequalities.

Many of the refugees and asylum seekers we engaged with shared that communication in English is a key barrier to accessing healthcare, with many having to rely on friends and/or family to translate for them so they can get the care they need.

Although interpreters are required to be provided to non-English speakers, this is not always the case, and even so, that does not cover communication outside of appointments. Some respondents had been advised to bring their own translator.

***"They have told me to bring a translator to my appointment."***

***"I found it easy but I know people who don't speak much English and that was much more difficult for them."***

After not being provided with the interpreter service that they require, many respondents felt they had to find their own means to address these communication challenges. However, this often meant relying on informal interpreting by family, friends or volunteers, giving up their privacy and confidentiality to rely on others for support.

Some refugees and asylum seekers will be in a position where they do not have anyone to ask to help translate. Informal translation can also pose risks of miscommunication about medical issues and put undue pressure on those supporting them. These informal or by-chance methods cannot be

[18] NHS England » Reasonable adjustments
[19] NHS England » Accessible Information Standard

consistently relied upon. One family shared that they are fortunate that they can bring their teenage daughters to appointments to help them translate. Another father did not speak English and said he is not able to communicate over the telephone with their GP practice in order to receive a prescription for his daughter's thyroid medication.

**Adan's* story:** [*as told by an interpreter supporting the focus group*] *"He doesn't speak English and for him it's extremely overwhelming and he doesn't understand how things work and where to go – or letters actually, I'm the one – he sends them to me via messages and I translate for him all the letters from his GP. He said I'm the only one who supports him right now with all these questions, because even to go to the appointment – despite multiple times me mentioning that he doesn't speak English, or he needs an interpreter- he's never had an appointment with an interpreter."*

*"Doctors avoid or reject or for some reason they do not provide a translator, and I have to go and translate or over the phone translate what he's describing. And again, I'm not a certified translator and I shouldn't do that but just because I know there is no one who will pick up the phone and do that, so I do it. Sometimes for me, I struggle with medical diagnosis and everything to translate."*

### 7.4.2. Examples of good practice

However, some respondents had a positive experience, sharing that their GP practice is proactive in providing a translator if it is required. One respondent who is registered with a GP practice in St. Albans said the practice has an effective telephone translation service, although provision of this appears to be inconsistent between different GP practices.

***"She can speak to her in her language…she was extremely helpful every time with appointments."***

***"They are good. They send me reminders about my appointments by text or emails."***

**Emilia's* story:** Emilia arrived with her family to the UK due to conflict in their home country. She has been living in the UK for six months and her and her family do not speak English. Due to this language barrier, she and her family find it very challenging to communicate with their GP practice, as there is no translation support available. She said her and her family find it difficult to book appointments as they cannot understand what the receptionist is saying to them. She said she would prefer to communicate with the GP practice via text message or email so she could more easily translate the information using digital tools.

Likewise, Emilia said the GP practice will often call her and she is not able to understand what they are saying. Fortunately, she is usually able to get a translator when she is able to book an appointment, but the initial communication remains challenging to navigate.

Another respondent who arrived nine months ago has had a number of instances of contacting their GP practice for support and her experiences of communicating had generally been very positive. The GP practice will send her email and text message reminders of appointments, and she uses the NHS app to order her repeat prescriptions. One refugee from Ukraine said she has a Russian-speaking GP and this is hugely beneficial to her.

### 7.4.3. Access: Navigating the UK healthcare system

Navigating the UK healthcare system was challenging for some respondents, particularly in terms of accessing primary care, including a few respondents who queried with us what they can and cannot go to their GP practice for. Many felt the healthcare system in the UK was very different to their home country. Often it was the case that although the quality of care provided in the UK was better overall, they were used to receiving healthcare much more quickly and with fewer bureaucratic barriers.

Herts Mind Network told us that at one hotel, a pharmacist or a health and wellbeing coach would visit, but not a GP. Furthermore, residents have to inform the hotel staff the reasons for needing an appointment. This can be a barrier as some residents will feel uncomfortable disclosing this information.

They also noticed that in one hotel, where residents are advised to register with the GP practice independently, registering is a problem as GP surgeries are often oversubscribed and will not take on new patients. GP practices often kept patients on their books who have since moved out of the hotel and/or area, meaning their patient lists can be outdated and thereby limit capacity for new residents. Residents in this hotel were often not registered with a local GP practice as a result.

Asylum seekers in the hotels were typically supported to access a GP either because healthcare professionals (often GPs, nurses or pharmacists) regularly visited the hotel or they were encouraged to register with the nearest local GP practice. However, at some of the hotels, there were insufficient systems in place to ensure everybody had access to a GP practice or visits from healthcare professionals. One woman had recently moved from London to St. Albans and shared the difficulties she faced in registering with a GP practice in this area in comparison.

HertsHelp told us about the varied levels of support in accessing healthcare that Ukrainian refugees receive, as it often depends on the capacities and capabilities of their Homes for Ukraine host/s:

***"Many Ukrainians still are not registered with the NHS or with GPs. For example, not every host would like to support them with this, especially if you have very elderly people who doesn't know how the [online] system works in general or doesn't need to use any computers, laptops or whatever."***

They also shared that Ukrainians will often travel back for medication, prescriptions and surgeries as they struggle to get support from the NHS. Access to specialist care is also far easier in Ukraine compared to in the UK.

For the refugees that we spoke to, they often had support from their host or sponsor to register with the local GP practice and to learn how the healthcare system works. However, there are still refugees and asylum seekers who are not registered and do not know how to do so.

### 7.4.4. Access: Travelling for care

Ukrainian refugees we spoke to said they felt they had no choice but to risk travelling to Ukraine to receive the healthcare they needed, as they had such difficulty trying to access care in the UK. In addition to the risks of being in Ukraine, leaving the UK could also impact their ability to extend their visa. Some had arranged telephone consultations with their doctors back in Ukraine because they could receive care faster. This is indicative of just how many barriers there can be in navigating access to and receiving healthcare in the UK.

***"I didn't travel to Ukraine not even once since the beginning of the war, but I could receive a telephone consultation from my doctor in [name of town] that is just on the frontline where bombs, drones and shelling is taking place every day. But nevertheless, I could get a very quick consultation from my doctor."***

***"The host family helped to find the nearest GP, how to fill in the forms and figure out issues to get a quicker registration and also some small issues to get an appointment."***

***"When you're going back home and this poor doctor is working during the night in a bomb shelter – they are ready to pick up the phone, support us, give us advice, help with medication, but nobody here who is actually in a safe place with a normal salary – trust me – doesn't even want to do anything."***

It also demonstrates the need for better understanding of how the healthcare system works in the UK so expectations are managed and people can make more informed and empowered decisions about their own healthcare.

As experienced by the general population, some asylum seekers we spoke to also considered travelling elsewhere for their care. One woman we spoke to still travels back to London to receive therapy after trying to take her own life and being in a critical condition as she finds it easier than trying to access support in Hertfordshire.

**Nina's* story:** [*as told by an interpreter*]

*"The problem is she went to Ears, Nose and Throat [ENT] twice, there has been no plan for how they will treat her – they can't diagnose her; for two years they couldn't diagnose her, but actually she had already received it back in Ukraine. It got to a point where she had a crisis and she couldn't walk, she couldn't shower or whatever, and of course she took her belongings and went back to Ukraine – she couldn't wait."*

*"So she has to travel back to Ukraine every time, sitting in a bomb shelter with an IV drip and try to receive help from there. It's not something that she wants to do – to go back to Ukraine – it's something that she has to do. And there are actually two choices: die here or die in Ukraine under bombing."*

**Ivan's* story:** Ivan is a Ukrainian refugee and has not been receiving support for his mental health condition. He has planned to return to Ukraine despite the risks, because he feels he could get the help he needs there:

*"I suffer from depression and Post-Traumatic Stress Disorder [PTSD] for several years already – since my teen years. In Ukraine I was actually receiving great help, I could visit psychiatrists as often as I needed and I could get an appointment very quickly. The waiting times were very short – maybe a couple of days – but here, even in times of big mental health crises due to adverse effects of newly prescribed medication, I couldn't get an appointment with a psychiatrist. I had this crisis almost a year ago. I was experiencing delusions, hallucinations, paranoia and [support worker] went with me to the hospital twice to A&E and both times I was there several hours. One time it was around four hours, the second time was around six hours and it brought me no results whatsoever, I couldn't see a psychiatrist, it was only a community nurse."*

*"I am going to Ukraine soon just to visit the psychiatrist because here I cannot see a psychiatrist even though I tried really hard. All I got was some therapy group sessions and I believe in my case it's not enough. I don't even take any medications at the moment for my conditions just because I cannot visit a doctor who would be able to correctly dose the medications or switch me to the correct ones. Yeah, so basically that's my issue – I'm going to Ukraine now and I understand all the risks, shortages of electricity, there is bomb shelling, but it's either this or suicide so…"*

### 7.4.5. Access: Unrecognised diagnoses

Several respondents had experienced delays to their treatment because existing diagnoses were not recognised. For those people who had existing diagnoses from their country of origin or had returned back there for diagnoses and treatment, this did not make things easier for them in the UK.

***"I haven't received any prescriptions even though I know my diagnosis is confirmed and I need to get the medication…it took me one year and six months to find a proper doctor who could help me and prescribe the life-needed medicine."***

It was generally the case that healthcare professionals in the UK did not accept or engage with diagnoses or medical notes from abroad, and respondents were waiting a very long time for a diagnosis and/or treatment of conditions which they had already been diagnosed with elsewhere, which they found incredibly frustrating.

***"I had to go abroad and I got my diagnosis and I got the first aid treatment. Then I came back – I tried to book an appointment with the GP – I showed my medical history, I showed the results of the MRI but nobody was interested in it and they told me that I'm still on the waiting list to wait for half a year and if in half a year it won't get better, then probably they will refer me to a specialist."***

In addition, one respondent did not understand how medical information was shared in the UK as the system was very different to that in Ukraine.

***"The problem afterwards when you're attending any MRI or visit the doctors, you never get back documents. We compare, of course, with Ukraine because we have this experience. In Ukraine you have – even after MRI – such a full examination that you can see everything step by step, all details. Here, unfortunately, obtaining that information is extremely hard and you need to go to multiple procedures and wait for the GP."***

**Michael's* story:** Michael is a Ukrainian refugee and is struggling to get healthcare professionals to recognise his medical records and notes from Ukraine: "*The problem is that even when we bring back medical reports of the investigation, the doctors, GP, don't want to look at them and don't want to refer to specialists. And they can prescribe medication only after a specialist investigation and to get a specialist is often impossible. You don't know what to do…that's why we have to go abroad for investigation.*"

*"But at the same time when we bring back these investigations – and I have photos of all my investigations – nobody wanted to look at them and give me the right treatment. Even if we translate everything, and there are pictures, nobody wants to see them. I have very serious gastroenterological problems and I showed all the results of my investigations – nobody wanted to see them. I waited for two hours for the similar investigation here in the UK; they did an MRI and I didn't get the full history, only the report in my NHS account that I had no problems."*

### 7.4.6. Access: Practical barriers - Transport

Travel and transport were common barriers to accessing healthcare. For asylum seekers, hotels had limited capacity to provide transport. Respondents shared that they either had to arrange transport several hours in advance, which was not practical in an emergency or for an on-the-day appointment, and/or could only use a paid-for taxi if the distance is more than a specific number of miles.

The transport support was not consistent between or even within hotels, as there were some respondents that did not have any issues accessing support.

*[As reported by an interpreter in a focus group]*: ***"Because the ambulance never comes, she has to travel to Hatfield or Luton which is absolutely far away from her home and the only person who can do this, especially during the night, is her son. He's a young boy and he can't build his life because he actually has to stay close to his mother, he can't travel to work or have his own life, and he's so stressed when he drives her and especially when she falls and has lost consciousness. He is nervous and driving in this state is dangerous for both of them."***

One respondent has a 19-month old child and said she finds it difficult to travel to appointments – at her hotel, she is required to arrange the taxi eight hours in advance. These challenges often prevent her from attending appointments and activities in the community.

HertsHelp raised concerns about transport: ***"It is costly to travel, you have to travel [to the hospital] and it costs you money. I have to go, I have to sit in my car and travel with them. What I'm worried about is when [the project] will be closed, who will do that?"***

***"I had to walk to the hospital [for an X-Ray] with my granddaughter as we couldn't get a taxi as it was less than three miles away."***

***"Everywhere is too far to walk with the baby and the pram."***

### 7.4.7. Access: Practical barriers - Childcare

A few families shared how finding someone to take care of their child is a barrier to accessing care and treatment.

**Salma's* story:** Salma arrived in the UK in November after escaping domestic violence and has a three month old baby. Salma was originally housed in London, however since moving to Hertfordshire, she has used secondary care services on various occasions. This includes accessing Watford General Hospital and Spire Harpenden Hospital. She is in urgent need of an operation as she is experiencing severe constipation, pain and bleeding: *"I have been seen by Watford General Hospital and I need an operation … But I can't have the operation because no one can look after my baby. There is no childcare."*

Salma has not yet sought support for her mental health but is distressed: *"I am very depressed and I'm very lonely…in the past I have tried to commit suicide, it all got too much."*

### 7.4.8. Access: Practical barriers – Continuity of care

Similarly to the general population, continuity of care was also very important to refugees and asylum seekers. They shared that they will often see various doctors and nurses and would prefer to see the same medical professionals so as to avoid repeatedly having to share their traumatic experiences.

National data has recognised lack of trust in healthcare professionals as a potential barrier to healthcare for this cohort, however not many respondents that we spoke to discussed their level of trust in healthcare professionals. Most refugees and asylum seekers were complimentary of healthcare professionals and praised their attitudes and the care and support they received. Although some were worried about the outcome of their applications for asylum, they did not express concern that accessing healthcare would impact this or make them vulnerable. However, we recognise that the people we engaged with were self-selecting and we can assume that people in this community that do find it difficult to trust professionals may not have spoken to us.

*"I had a very frustrating experience whilst here because I had many initial assessments but none of them led to some action that would actually help me. So my trauma just kept resurfacing because I really tried to explain why I'm in the situation I was in – because actually I had a very traumatising childhood and abuse and it just wasn't enough. So yeah, it was very frustrating because with each new assessment I felt like a joke, because I was told that unless I have a substance abuse, thoughts of harming others or killing myself, I'm fine. That was a very humiliating experience."*

## 7.5. Experiences of GP services

**GP Services are an essential element of our healthcare system, often being the first point of contact for any healthcare need. In the UK, everybody has the right to register with a GP and access free primary care.[20] The refugees and asylum seekers we spoke to had mixed experiences of accessing GP services and arrangements for this varied between hotels – some had healthcare staff visiting, where others were encouraged to register with local practices themselves. Whilst they experienced some similar access difficulties to the general population, they also had difficulties understanding the system, communication barriers, transport issues and poor general health.**

Many respondents arrived in the UK with physical health issues and their overall health was often very poor. One man said he and his family had "lost many kilos" and do not feel as healthy since arriving.

Registering with a GP practice varied across respondents. Some were able to register with ease and with the support of their accommodation, however in other areas, residents were less likely to be registered with a GP practice and/or did not know how to do this.

*"If you are not well, you can tell the hotel managers and they will get an appointment for you. A GP comes to the hotel to see us. Or if not we go to the GP practice."*

As with the general population, accessing appointments also varied significantly across districts and boroughs. Some respondents could get an appointment relatively quickly with their GP practice while for others, the waiting time for appointments is far greater.

*"I've seen a GP that comes into the hotel, they come twice a week which is a privilege."*

*"We see the doctor [in the hotel] but have been to the GP practice as well. They are good and we don't have to wait very long for help."*

Some asylum hotels have healthcare professionals visit on a regular basis, providing care, support and appointments, while others do not have any healthcare professionals attend. For instance, residents in one hotel have GPs attend on a weekly basis, and are able to get appointments at the local GP practices within a timely manner.

[20] BMA: Refugees' and asylum seekers' entitlement to NHS care.

Despite these differences, the majority of respondents were very positive about the care they received from their GP practice, with some describing GP practice staff as "wonderful" and "very good". They also commented on the prompt care and treatment they have received, as well as the good communication.

**Fatima's* story:** Fatima arrived in the UK with her four grandchildren after escaping their home country due to safety concerns and family conflict. She shared her experience of visiting the GP practice with her grandchildren, and the positive care she has received: *"I came two years ago, I first was in a hotel in Croydon and then got moved here and have been there for nine months. We left because it was no longer safe for us."*

*"My grandchild has been unwell and she has been to the GP. They told us she has fatty liver and problems with her hormones. She is very hairy all over so tests were done and we are waiting to know what medication she needs. It is ok to get an appointment, it is within a week. Or a GP will come to the hotel."*

**Gabrielle's* story:** Gabrielle has been living in an asylum hotel in Hertfordshire for around a year. She described her experience with her GP practice extremely positively as "wonderful", "beautiful" and that she "loves them". She has felt very cared for by the GP practice and has found it easy to get appointments when she needs them.

Gabrielle said the GP practice will call her and check in and will always offer her an appointment, even for minor concerns. Gabrielle has had no bad experiences, although she recognized that this is not the case for everyone.

Although people who were staying in asylum seeker accommodation had support and information from hotel managers on registering with the GP, and some help with travel, they still faced difficulties getting the care they need. Some also had very poor experiences of visiting the GP involving lack of communication, long waiting times and not seeing the appropriate healthcare professionals.

One woman felt their GP practice was difficult to contact, and said she was not making progress in getting the care she needs.

***"The problem in general is that you can never get access to the doctors, you can only see a nurse or some practitioner or someone who is just trying to study…it's a problem to get a general diagnosis."***

***"I was in a lot of pain and I feel like I am now very fat so they sent me for blood tests and they called but I missed the call and I never heard back."***

***"I asked for an appointment about my son and they said I'd get a text but I haven't."***

***"Nobody even answers your call, they simply send you messages, 'unfortunately the surgery is closed. You may get in touch at 8:00, message us, or message the GP' and I couldn't get in touch with my GP – all the time different people called me back and I repeated again and again my story and the only treatment was painkillers which didn't help."***

One woman had contacted her GP practice about her son's speech as he is not yet talking. The GP practice said an appointment has been made, but she has not received any messages about this. She was also unclear on what support and services her GP practice can offer and asked us if she would be able to receive help from the GP for her eczema.

In addition, although most respondents said the healthcare professionals who look after them are kind and friendly, due to their frustrations with other aspects of the healthcare system, a few respondents suggested that a "friendly face" is of limited use when they are not receiving the care they need.

***"I understand that their service is in a difficult situation and faces different challenges now but at the same time, if you can't get any help, you want to get not only a friendly face, but also some kind of help."***

It was also common for refugees and asylum seekers that we spoke to to need records or documentation from their GP practice for various medical or accommodation reasons. Often these were difficult to receive, and sometimes inaccurate. One refugee was struggling to apply for Personal Independence Payment (PIP[21]) and felt that her GP was not representing her case accurately.

***"My doctor is always smiling and friendly and happy to see you, but never supports you or helps you. When I was having breast pain he said 'it's definitely not cancer' and I said 'but I've never had a mammogram, I need to do that.' He said 'no, I don't see the reason why you should have it.'"***

***"You will have afterwards an appointment with someone like a GP who is assessing the application – this is extremely rude because the whole conversation is built around how not to pay you. And at the end when you look at the letter when you receive the decision letter, actually nothing that we've talked about is in the letter. You've spent hours on the phone, hours filling in this form, and at the end this is not even close to what you were saying. And now we need hours to spend appealing and sending it back. And again, you have to pay to send this letter and this is really hard for us, especially for those who arrived disabled."***

Many of these difficulties are similar to those which much of the general population have experienced when accessing primary care services. Sometimes, the healthcare system here functions quite

[21] Personal Independence Payment (PIP): What PIP is for - GOV.UK

differently to many people's country of origin, but even so, the health needs of refugee and asylum seekers are significantly worse than the general population and they are living in unstable conditions. These difficulties therefore have an especially negative impact on people who are already struggling in so many areas.

**Omar's* story:** Omar is experiencing significant back pain which is affecting his sleep and mental health. He has visited his GP practice but felt unsupported: *"I can't sleep, I can't sit for a long time, all I can think about is the pain I'm in. I went to the GP but they didn't help… GP said they would call me back and didn't. I have learnt that the GP is not worth it."*

Although Omar is proficient in English, he finds the language and terminology used by the GP practice too complex and was not able to receive a translator: *"I can speak English but not for the GP as it is too complex. I said I needed a translator and I was sent to emergency but they then sent me away again. I am waiting to see a doctor again about the pain in my back."*

*"I started seeing things that weren't there in my room. I have a lot of stress so I feel like I am alone. The pain is making my mental health worse. I have dreams, I want to go to school, I want to work. I am speaking to Herts Welcomes Refugees about school."*

### 7.5.1. Prescriptions

Receiving prescriptions was a common issue for respondents, with many providing examples of their GP practice refusing to prescribe medication, particularly for existing conditions.

One woman had recently moved to an asylum hotel in Hertfordshire and shared that her new GP practice will not prescribe her medication, despite it being on her medical records. Similarly, another respondent requested medication she had been prescribed when living in Iran, however the GP practice still refused to prescribe this. The respondent had to ask her family to get a copy of her prescription from her doctor in Iran in order to get the prescription she needed.

***"My family back in Iran managed to find my doctor and ask him to send a copy of the prescription to me. It was not until then that the doctor prescribed me the medication again."***

A few respondents said they were denied medication. One woman was experiencing significant pain in her joints, insomnia and mental ill health due to the situation she is in. She went to the GP practice about her pain and mental health and asked for medication to help her sleep, however the GP refused to prescribe this.

***"They won't prescribe me the medication and I still haven't got it and I feel exhausted and stressed with all I've been through."***

Another respondent said their relative had an appointment with the GP practice to request medication but they would not prescribe it. Positively, one refugee shared that once she managed to get medication prescribed, although difficult, it is now very simple to re-request.

***"On the positive side, if you could prove to your GP that you have a chronic disease, you are prescribed medication. Then you can get it on a constant basis so you can get a repeat prescription and that is in the nearest pharmacy, so you don't even need to visit your GP, it's very convenient."***

## 7.6. Secondary care

**Accessing secondary hospital or urgent and emergency care was a less common experience for the people we heard from, but of those who had, most reported positive experiences of the staff members and overall care. However, the referral system was unfamiliar and some respondents faced unexpected differences to what they were used to outside of the UK.**

Some respondents had experienced hospital services to receive care for themselves and/or their child(ren) and they generally had very positive experiences.

***"My son needed an X-Ray and we went to Cheshunt and he was seen to and got good care."***

***"They were very nice, very respectful. They took me to the hospital to be scanned."***

Several participants had accessed urgent and emergency care since living in the UK and had varied experiences, however the majority were complimentary of the healthcare professionals and ambulance staff in particular.

As experienced by the general population, a few respondents experienced long waits for an ambulance and/or in A&E, which were unexpected. One respondent described a time in which she was in A&E whilst pregnant and was very unwell. She waited five hours until she received support, and was given paracetamol in the meantime.

Another respondent was unwell and called an ambulance and was told that the wait would be eight hours and to call back if her condition deteriorated. When this happened, she called again and had to wait another eight hours for help to arrive. These experiences are familiar to much of the population and are frustrating and difficult to navigate. From the perspective of this cohort, they have a more limited understanding of how the UK healthcare system works, are likely to experience language barriers during the process, and are already in a vulnerable position, all of which are likely to heighten the distress and frustration they experience as a result.

Referrals to secondary care was also an unfamiliar feature of the UK healthcare system for some respondents, and a few felt neglected by their GP, had trouble being referred, or did not understand how the primary to secondary care system here works.

One Ukrainian refugee with mental health difficulties was facing repeated barriers to accessing the secondary mental health care she needed, and her GP did not appear to know how to help.

***"Her GP – the letter from him was just so devastating that she just – all responsibility was written off. He said 'if anything happens to you, go to A&E because I don't know what to do with you'. And maybe it's fair enough because GPs are not psychiatrists but the psychiatrist doesn't want to see her."***

In addition, one respondent said they were turned away by A&E despite experiencing severe back pain, while another respondent visited an Urgent Care Centre for a broken bone and was not effectively communicated with.

**Tobias'* story:** Tobias fled their home country after being imprisoned and tortured. Whilst imprisoned, his hand was broken. When he arrived in the UK, he needed urgent treatment for his broken hand. Tobias went to the Urgent Care Centre at the New QEII Hospital and received a cast for the break.

However, he said that medical professionals did not speak to him and simply treated his hand: *"I'm not very well, swelling on hand and in pain. It was broken in Libya when I was imprisoned…doctors didn't talk to me, he just looked at my hand."*

At the hospital there was no translation service, meaning Tobias had to rely on friends to help them translate an communicate with healthcare professionals. When the cast was taken off, he did not receive any follow-up care but was told he needs surgery. Tobias is not registered with a GP practice and does not know what care he should be receiving.

## 7.7. Dental care

**Difficulties accessing dental care is a common issue across the UK, and refugees and asylum seekers are facing many of the same difficulties as much of the population. Dental health was often not a priority for respondents, unless they had a particular issue. It was more common for people with children to have taken them to the dentist for a check-up. For adults, some of the required treatments were not available on the NHS, or the dental charges were prohibitive for them.**

Dentists and dental nurses very rarely visit the hotels. Whilst this is not an expectation or requirement, it means that travel is much more likely to be a barrier, and there appears to be less emphasis on accessing dental care than GP care.

Herts Mind Network reported that waiting lists for NHS dental care across the general population of Hertfordshire are long at approximately five or six months minimum.

Many refugees and asylum seekers do not know how to sign up with an NHS dentist, the care they need is too costly under NHS fees, or the distance to travel to an NHS dental practice is too far. For some, understandably, dental care was not their immediate priority if they did not have any pain.

Health visitors told us that dental issues are common, particularly amongst children. Children will arrive with poor oral health and/or tooth decay.

Some respondents had managed to get themselves and/or their children signed up with an NHS dentist. Although some respondents were registered, the majority had not yet seen a dentist.

***"My children are with a dentist but we have not been yet."***

One respondent has a baby and was told by a health visitor that her baby needs to go to the dentist because he is on powdered milk. However the respondent did not know how to find a dentist and has only been advised to contact NHS 111.

***"[The health visitor] said I need to take him to a dentist but I don't know how to find one."***

**Yasmin's* story:** Yasmin fled her country to escape the war and is living in the UK with her four children. Her husband is still in her home country. Although Yasmin has received good care from their GP practice and secondary care services, she is finding it challenging to get dental care for her children:

*"I've tried to register my children but we have been told there is a year-long waiting list. My two year old has two sets of teeth where his milk teeth haven't come out yet. One was loose so that fell out but the other one is still there. I called 111 and told them about it and said he's not comfortable, they said it's not an emergency and to leave it."*

Another respondent shared that their friend was experiencing severe tooth pain and called NHS 111 and was sent to a dental practice. They had to get a taxi to the dental practice as it was in another town. They gave his friend medication but he is now having to wait weeks for another appointment. His medication has now run out and his pain has returned.

Positively, one respondent said they experienced pain in their jaw and skull and was referred by the hospital to an emergency dentist who provided her with treatment. She praised the care she received.

Care for Calais volunteers told us that dental care is a huge issue at the hotel they support. There is only one dentist seven miles away and it takes at least two buses to get there. They also said that much of the care refugees and asylum seekers need is not covered by the NHS.

***"My friend was in a lot of pain and called 111 and we had to get a taxi to the dentist. They gave him medicine but it's now run out so he's in a lot of pain and has been waiting awhile for another appointment."***

***"It was hurting and didn't feel right so the hospital referred me to the dentist."***

# 8. Conclusion

This report has highlighted the health, wellbeing, and healthcare experiences of a small group of refugees and asylum seekers living across Hertfordshire. It shines a light on some of the challenges they face in accessing the right healthcare, and their experiences of doing so.

Of the people we heard from, it is clear that the emotional and mental wellbeing of this community is very vulnerable, and often very poor. Whilst this was often a result of external or historical factors such as trauma, instability or isolation, it is also the case that their current circumstances are contributing to this poor mental wellbeing. The right support for this was difficult to access, and not always sufficient or appropriate. Opportunity for quality of life in the hotels varied considerably between sites – some were very isolated with minimal recreational activities and opportunities to connect with any community, others were more well connected and supported, which made a positive difference to people's overall sense of wellbeing.

Secondly, the food provided at contingency accommodation was a significant issue for many respondents. It was commonly reported to be unhealthy and unsuitable in several ways, and there was little to no flexibility in accommodating particular needs due to medical or religious/cultural reasons. This was a particular concern for families with children, some of whom were refusing to or unable to eat the food provided contributing to nutritional deficiencies. Children's health was altogether a concern for many parents, with several stating that the hotels are a poor environment for them, and noticing concerning delays or changes in their behaviour and abilities.

Access to primary care was also a common issue – some hotels had healthcare professionals visiting, however access to them was sometimes restricted and sparsely shared between many residents. Other hotels encouraged all residents to register with a GP but there was a lack of information about what they can help with, or how to get specialist/secondary care. There were also differing ideas of how the system works and what they should expect. This cohort's needs are likely to be complex and unique to their circumstance, and there is currently little room for this within the healthcare system, which is particularly detrimental to an already vulnerable community.

Lastly, communication barriers were a significant issue for almost everybody. Even those who spoke better English felt out of their depth navigating the system and understanding medical or institutional language. Provision of interpreters was sporadic and many respondents felt like they were left to their own devices and relied upon informal translation means, leaving them vulnerable to misunderstandings, lack of privacy and a lack of confidence in navigating their care

Whilst there are many organisations and individuals working extremely hard to support this community, their health, wellbeing and experience of being cared for in this county could and should be significantly improved. We hope the recommendations provided in this report are a starting point to this, and helpfully inform future strategic and developmental work happening across Hertfordshire.