The health and healthcare of vulnerable migrant children

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

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

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

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

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

Providing services to meet the health and emotional wellbeing needs of unaccompanied asylum-seeking children and other separated migrant children may be especially under-developed. The vast majority in this emotionally vulnerable group arrive alone and may experience post-traumatic stress disorder, low level and severe depression, anxiety, sleep disorders, self-harming behaviour, and loneliness. Some may be living semi-independently or in bed and breakfast accommodation, rather than in foster placements. They have a need for both social worker support and specialist mental health services. However, the latter (particularly CAMHS) may be stretched and overwhelmed, and services for trauma or post-traumatic stress disorder are rare. Other barriers include language, reluctance of some services to use interpreters, lack of social worker or key worker support to negotiate service access, lack of cul-
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One recent report that featured 141 cases involving children detained between 2004 and April 2010 documents the scale of the damage children experience. Seventy-four children were psychologically harmed; 48 were reported to have witnessed violence (and 13 were physically harmed as a result of violence) in detention; and 92 children had physical health problems which were exacerbated or caused by immigration, 50 of whom were reported to have received inadequate healthcare in detention. There were concerns in 50 cases that children may not have been given appropriate protection from infectious diseases. Seventy-three adults were reported to have been suffering to such an extent that it was affecting their ability to care for their children. And 38 children were separated from their families.

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

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

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