



Office for Health
Improvement
& Disparities

Health Needs Assessment Refugees from Ukraine

Steve Morton

Health Improvement Programme Manager

Healthy Places, Wider Determinants, Levelling-Up & Health Inequalities Lead



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HNA Suite of materials

1. **Full Technical Report**
2. **Summary Report**
3. **Summary of Recommendations**
4. **PowerPoint Presentation**



Contents

- **Remit**
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Remit

- **Assess and describe the health needs of people arriving from the Ukraine,**
- **Especially those who have been here several months with initial sponsorship in northwest England**
- **Review data on underlying morbidity issues, health status, health needs, cultural preferences, and measurable wider determinants, then analysing and interpreting this to advise policy.**
- **Aims its recommendations at the Northwest England regional, system and local level forums in local government and health.**
- **The content of the recommendations considers the differing needs, demands, financial and political climates**
- **Support decision makers, policy leaders and system leaders to inform prioritisation, resource allocation and rationing decisions in health and other service delivery by taking a pragmatic and politically astute approach at regional, system and local level.**
- **Determine priorities for future development and research areas, including identifying potential funding sources for research.**
- **The target audiences are Local Authorities (Public health, housing, education, members), NHS (NHS E, ICBs, PCNs),OHID, UKHSA, Strategic Migration Partnership.**



Background

- **Russian invasion of Ukraine 24 Feb 2022**
- **Over 10 million refugees and 8 million internally displaced (UNHCR)**
- **UK government predicted approx. 200k refugees arriving in UK**
- **Two main schemes established for Refugees entering the UK**
- **No HNA has been carried out in England**
- **Numbers entering via Homes for Ukraine are published by LTLA**
- **Previous migrants have experienced cultural and access to healthcare issues**



Methodology

- **Web and grey literature**
- **Stakeholder engagement**
- **Literature Review**
- **Survey**
- **Analysis**
- **Recommendations**
- **Publication & Dissemination**

- **All data up to Feb 2023**
- **Survey Jan-Feb 2023**

Key Consultees

- Association of Ukrainians in Great Britain
- Cumbria Supports Ukraine
- DHSC Ukraine Team
- Homes for Ukraine Lancashire
- Kalyna Ukrainian Community
- Lancashire Refugee Integration Team
- Liverpool PCN
- Liverpool City Council Public Health, Emer Coffey
- Morecambe Bay Teaching Hospitals NHS Trust, MORRA Project
- North West Strategic Migration Partnership
- Dr Aaron Poppleton
- Rooms for Ukrainians NW
- Sponsor, Accommodation & Jobs for Ukrainians Group
- UKHSA, Tanith Palmer
- Ukrainians of Manchester



Literature Search

1. 2014 to December 2022 (to represent and align with the timing of the annexation of Crimea by Russia) = 35,867 document results

"Ukraine" OR "Ukrainian" OR "refugee" OR "migrant" AND

"health need" OR "health" OR "medicine" OR "medical"

OR

"mental health" OR "stress" OR "depression" OR "post traumatic stress" OR "PTSD" OR "anxiety" OR "isolation"

OR

"physical health" OR "communicable disease" OR "infection*" OR "chronic disease"

OR

"social" OR "access" OR "integration" OR "culture" OR "housing*" OR "education*" OR "care"

2. Only UK and English language articles = 4718 document results

3. Other languages = Excluded

4. Restrict to social sciences, medicine, nursing, immunology, health professions, multidisciplinary, and dentistry = 4136 document results

5. Restrict to articles, book chapters, government guidance and conference notes = 3406 document results

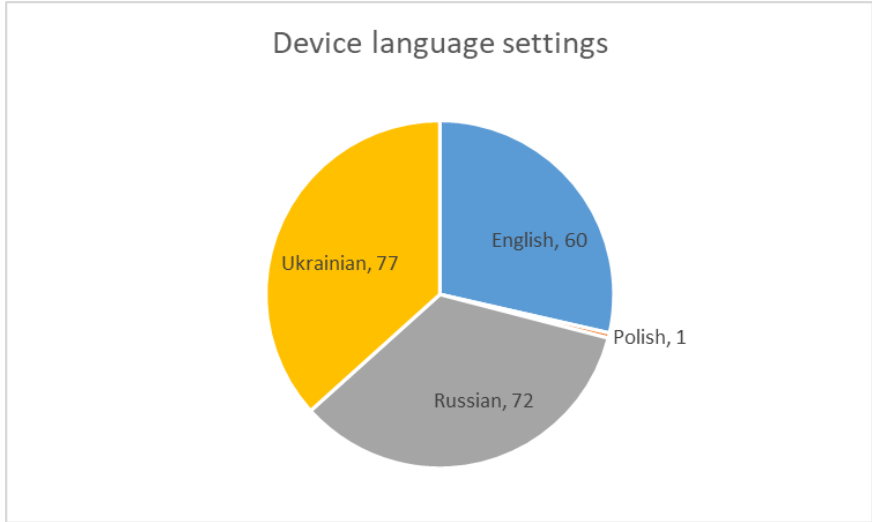
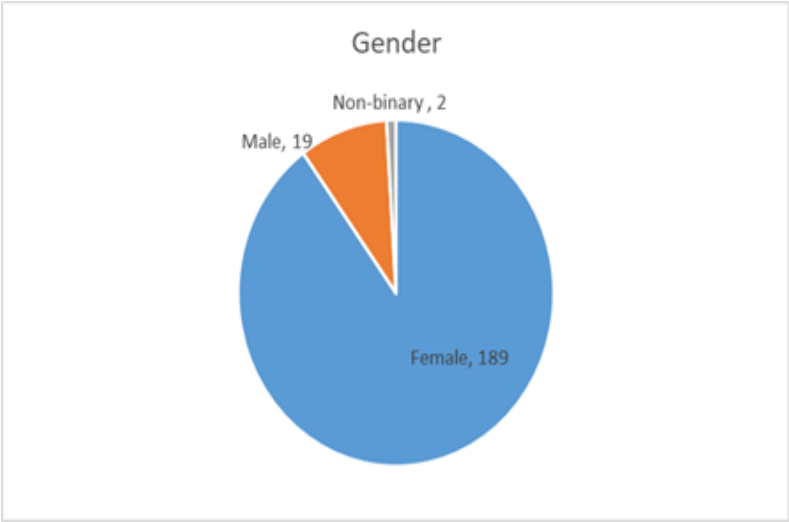
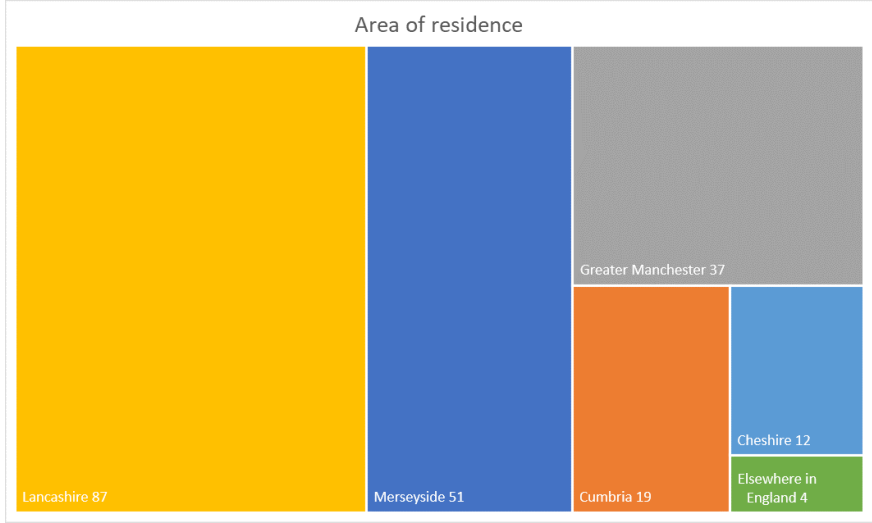
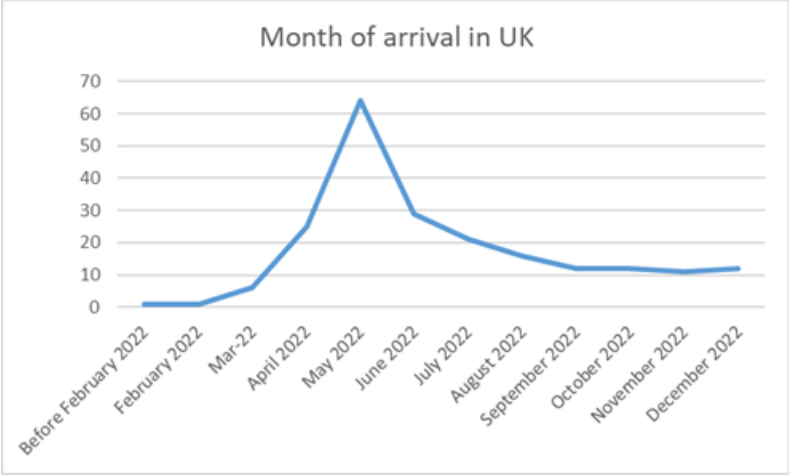
6. Limit to 2022 (Russian invasion of Ukraine) = 2555 document results

7. Sort on relevance. Review abstract and title of top 250 results = 115 results

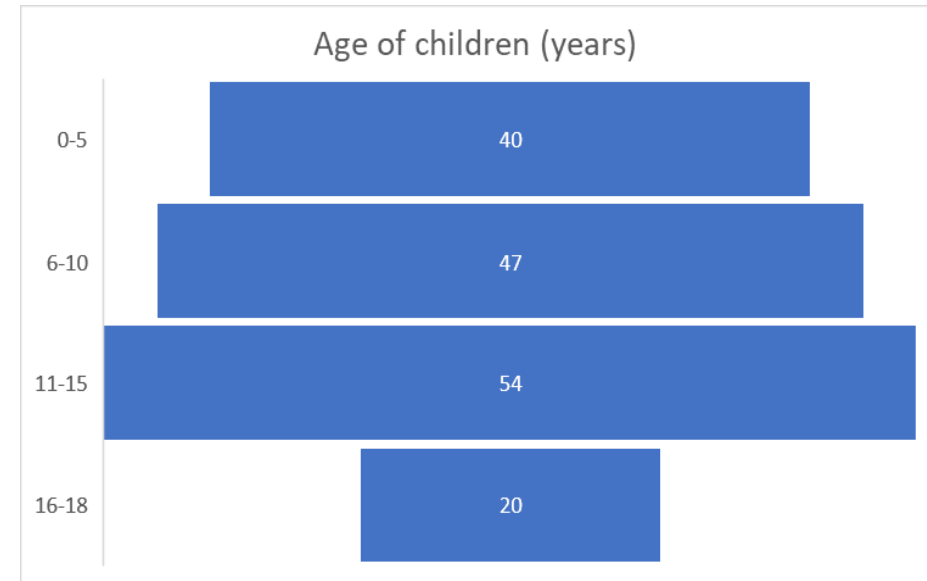
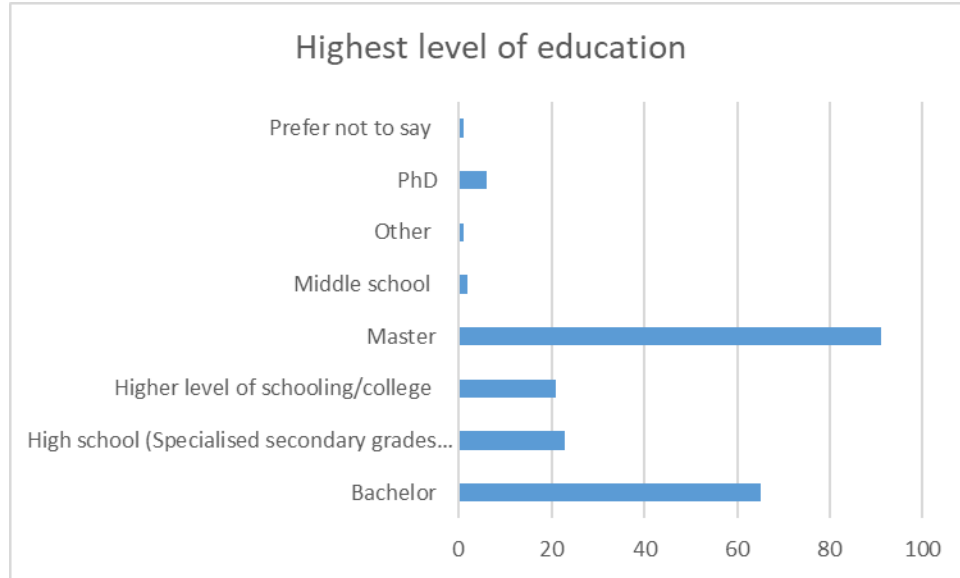
8. Review of full text of documents = 85 results



Survey participant data



Demographics Key Findings



Average age = 35 years 1 month

General Health Findings

Refugees report a decline in their personal health standards since arriving in the UK.

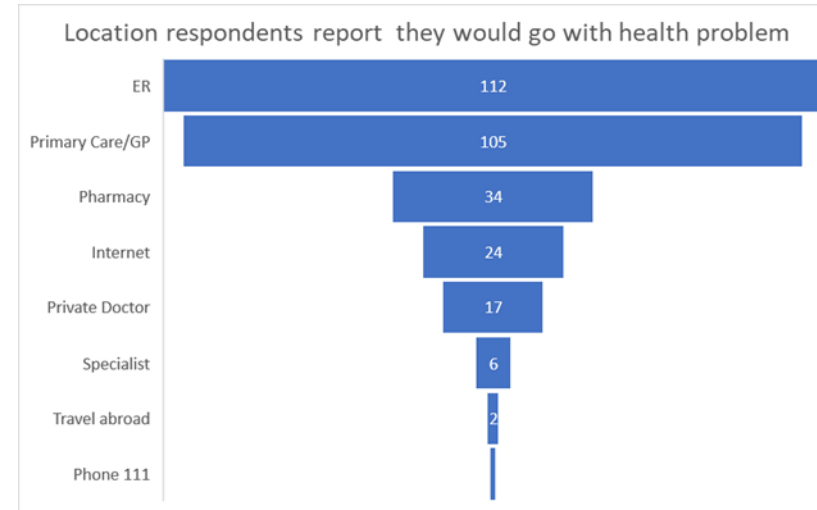
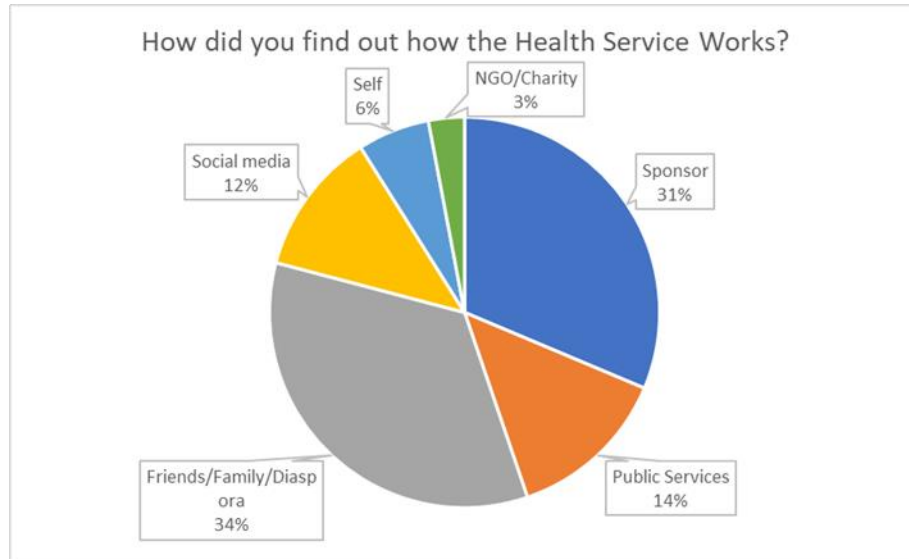
The focus group established that although their health had declined, they felt that it would have been a lot worse had they remained in Ukraine.

Key reasons for the decline in health were;

- Concern for those back at home
- A fear of the unknown
- Being disorientated in a new country
- Language difficulties
- PTSD and other mental health issues as a result of the time they left Ukraine
- Concerned about their child's education and development
- Difficulties in navigating the health system in the UK
- Loneliness (missing loved ones)
- Changes in diet
- Changes in water and air quality
- Digestive issues
- Skin complaints thought to be due to changes on types of employment (factory work and food prep)
- Muscular and Skeletal disorders brought about by carrying out manual labour rather than usually doing deskwork.



Access Findings



Vast majority have registered with a GP. However, anecdotal evidence suggests that recent influxes of asylum seekers do not re-register when they move/are moved, will refugees act similarly?

Discussions at both the focus group and MORRA workshop indicated that migrants are experiencing similar difficulties in accessing primary care as many native population report. However, migrants feel that they are being excluded, being made to wait longer for an appointment and misunderstood.

Access Findings

Refugees had experienced considerable procedural, cultural and language difficulties in accessing NHS services, especially General Practice.

Only mid-level trust in health professionals in England (63.7%).

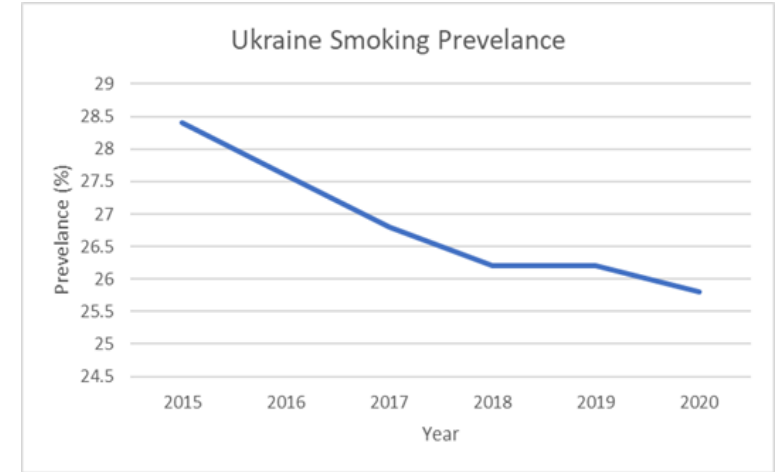
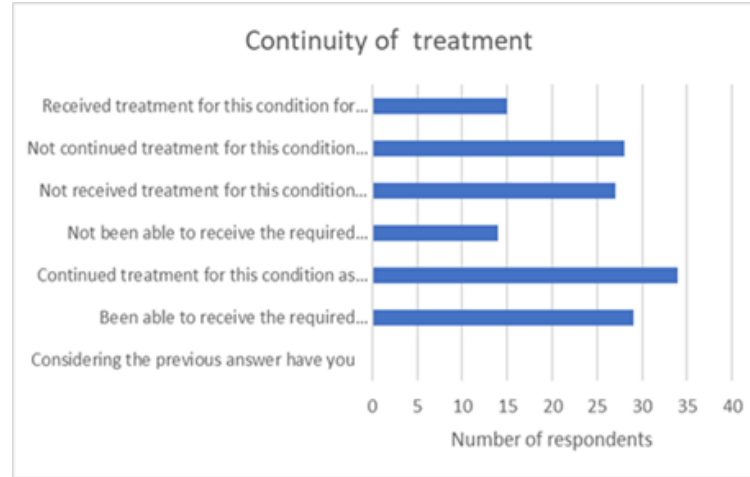
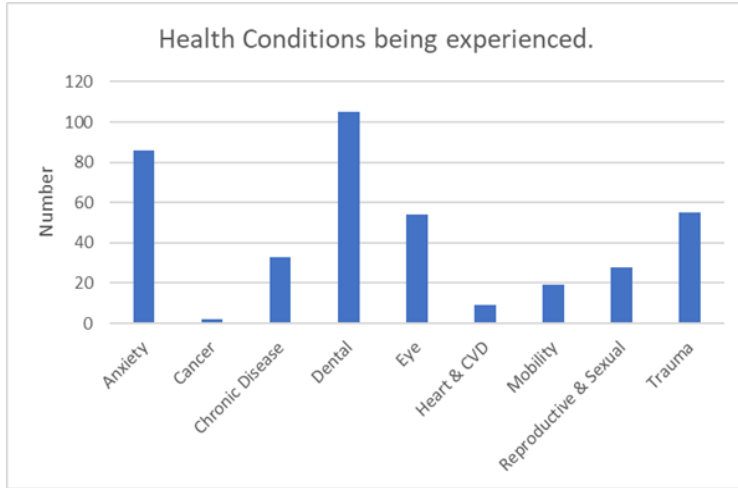
Cultural dismissal of the UK 'gatekeeper' GP role.

- It is likely that this perception is a consequence of the high level of education and home income of those who have travelled to the UK.

Concern was greatest in relation to paediatric health care. Belief that children should be prioritised and see paediatricians.



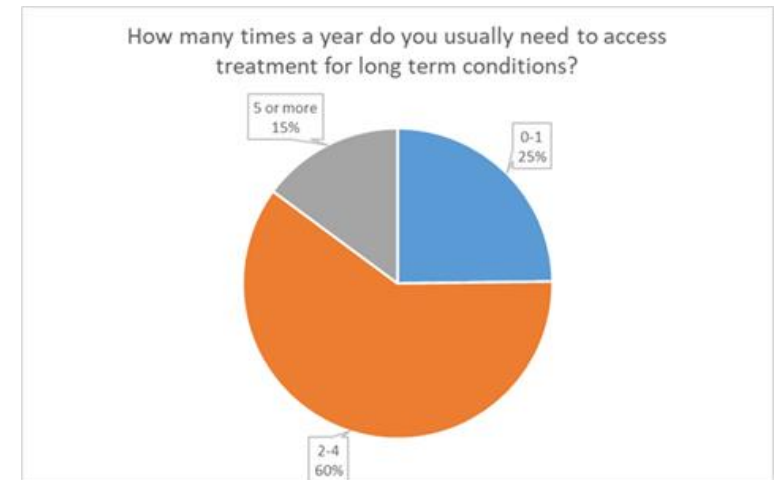
Existing Conditions Findings



Drug addiction in Ukraine has its peculiarities, it has a group character in Ukraine.

Opium poppy straw extract continues to be the main drug of choice.

Marijuana is growing in popularity among young people and use of synthetic drugs is appearing with increasing frequency.



Infectious Diseases Findings

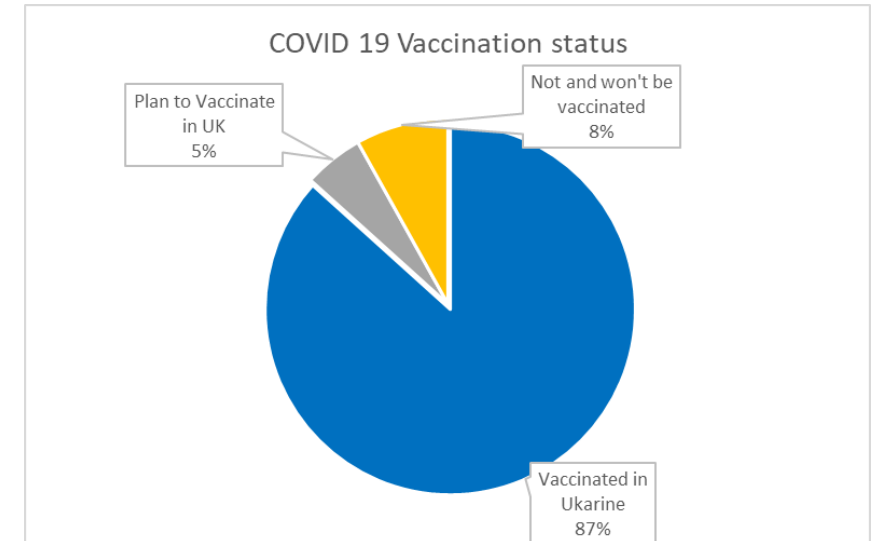
Low rates of vaccination

- Diphtheria-Tetanus-Pertussis
- Polio
- Flu (Influenza)
- Measles-Mumps-Rubella (MMR)
- COVID-19
- Hepatitis B
- BCG (for those under 16)

Ukraine has one of the highest rates of Multi Drug Resistant Tuberculosis the world (27%). The 4th highest globally. It also has the 2nd highest total TB incidence rate.

AMR rates are much higher than in the UK. This includes MRSA (18-38%)

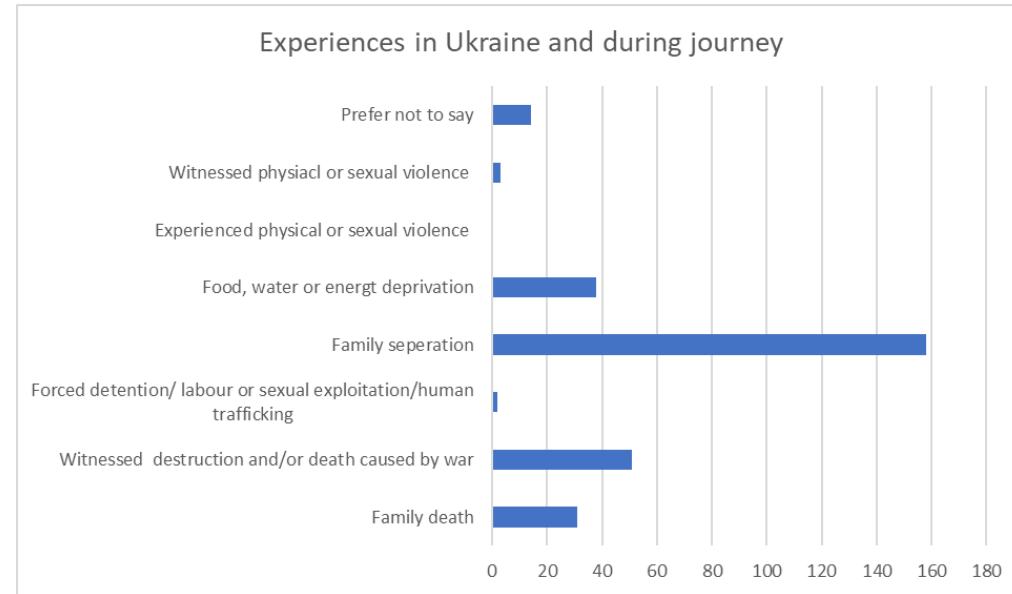
High rates of STIs including HIV



Trauma Findings

Health professionals and UNFPA have recorded more premature births, hypertension problems during pregnancy or non-pregnancy-related conditions such as uterine prolapse amongst women refugees leaving Ukraine

Three of the 210 participants reported witnessing physical or sexual violence, two reported experiencing forced detention/ labour or sexual exploitation/human trafficking. This indicates that refugees arriving in north west England from Ukraine may require support relating to such experiences.



Mental Health	Score /3	Generalised Anxiety Disorder Questionnaire (GAD-2)
How would you rate your mental health now? (0-3)	1.87	
Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?	1.53	Several days - More than half the days
Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?	1.24	Several days - More than half the days

Oral Health Findings

Considering the relatively low levels of Oral health in Ukraine pre-war, we can assume a need for dental health services on arrival in the UK.

To determine possible needs for dental services whilst in the UK, survey participants were asked when they last saw a dentist.

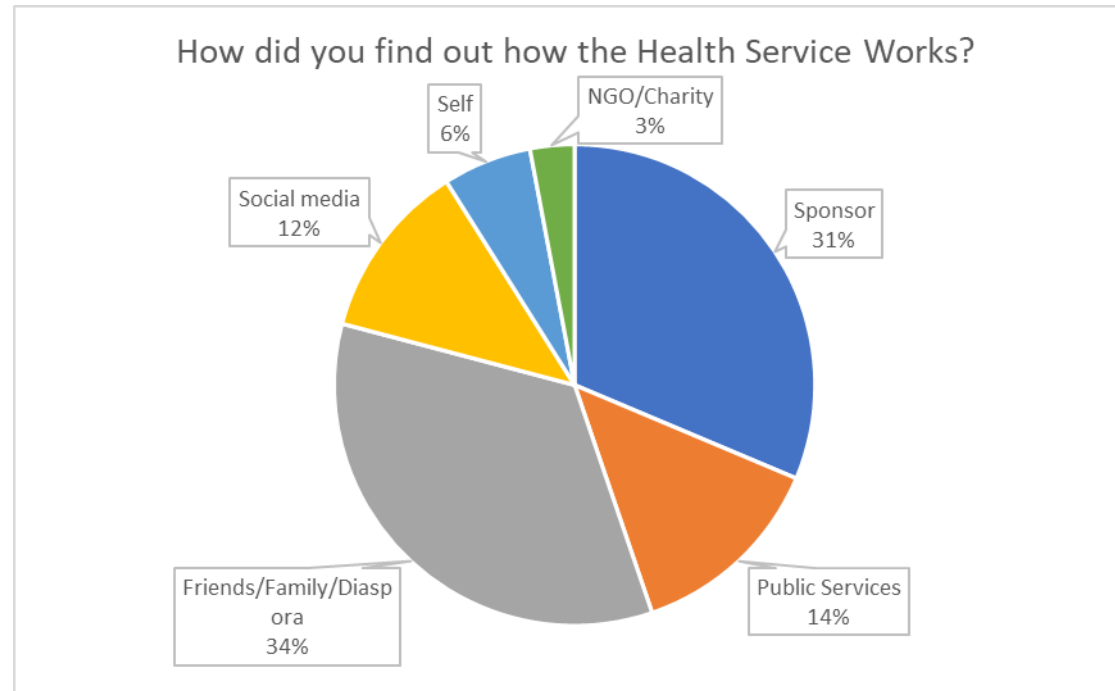
- 70% had seen a dentist within the preceding 24 months in Ukraine,
- 5% had received dental treatment within five years in Ukraine
- A further 44 refugees from Ukraine had already visited a dentist in the UK.

This would indicate that those refugees who had come to north west England had better access to dental care in Ukraine than the average population and consequently, should have better oral health.

9% were experiencing oral pains that kept them awake, indicating potential serious conditions including abscess, infection and oral cancer.



Experience Findings



Experience Comments

"I do not receive the treatment that I received in Ukraine."

"I feel better in the UK, because I don't hear explosions. Sometimes I'm scared of fireworks."

"I feel excluded from the NHS care in the UK. In Ukraine I used to have high standard of medical care and support by the free government medical service. "

"GP found good medication for my blood pressure level"

"I had perfect health before arriving in the UK. After 2 months being in the UK I started to have severe migraines and asked for the MRI diagnostics in June 2022, Now January 2023 and I still have no appointment given by NHS, my needs Ignored."

"I prefer to treat my teeth in Ukraine. It is cheaper and more quality."

"I think mentally it is still very difficult to go through what I am going through even though I've been in the country for almost a year now..."

"I think that medical system of England is like in Africa. Especially dentists. Education and their abilities is very bad."

"Sexual health care is much better here. Dental care is very bad and impossible to get. It is very accessible and high quality in Ukraine."



Wider Determinants Findings

Initial housing agreement is for 6 months only

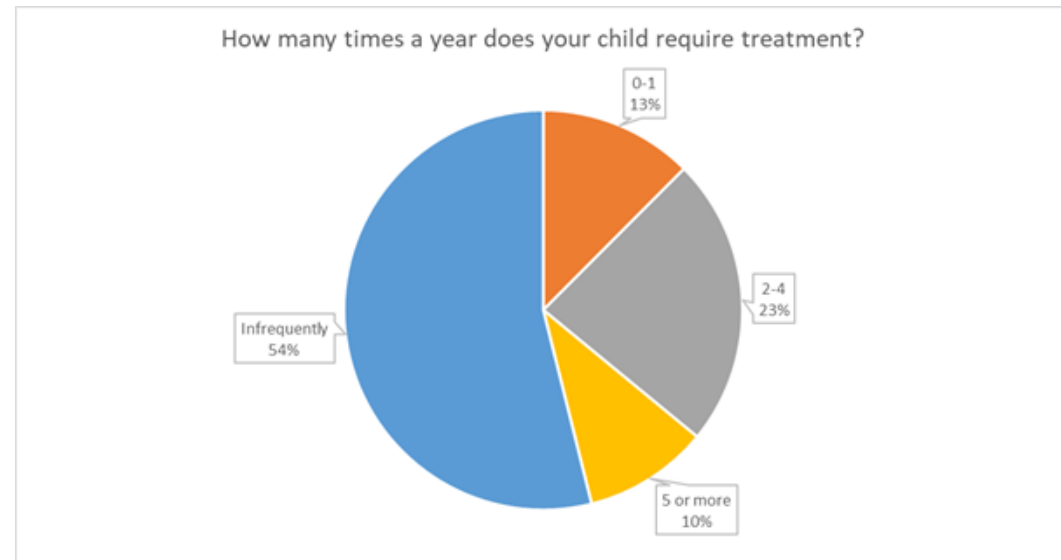
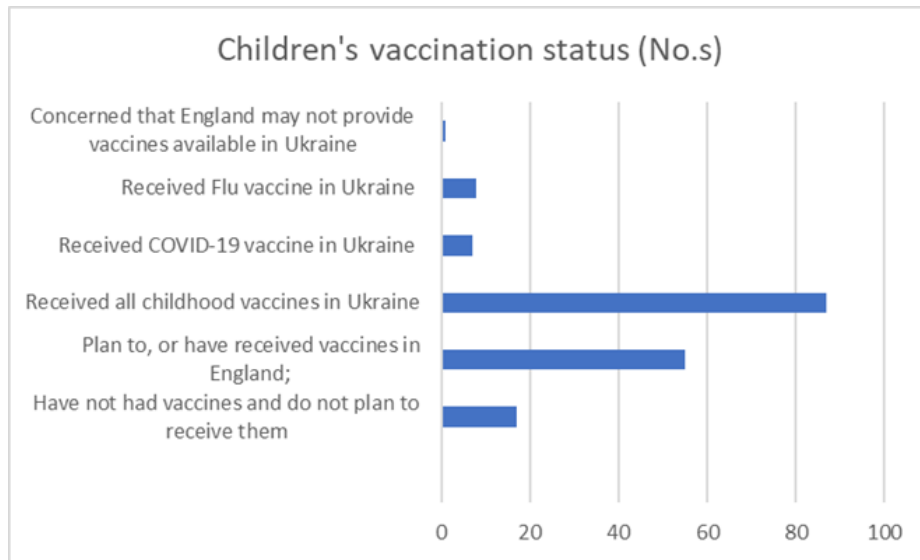
- Some have been extended
- Some have been relocated
- Some have been placed in hotels etc
- There is a risk of homelessness

Many Ukrainian Community Support Hubs to support new residents upon arrival to the local community.

- The hubs are often a central place to come to get items refugees may need when they arrive (clothes etc), and to get the information and support to help them to settle in the UK.
- They provide a safe space to integrate with other Ukrainian families who were fleeing their homes during Russia's invasion of their home country.



Children's Health Findings



Of the 210 who responded to the survey, 35 reported that they brought children with long term conditions with them to the UK. Nine stated that they had children with disabilities.

Overall, the children who have arrived are reported to be in generally good health. When asked how often their children needed treatment only 59 said they received medical treatment in any one year

Differences & Commonality with other refugee populations

Language

Culture

Access

Disorientation

Need for guidelines

Education

Affluence

Position in society

Predominantly female

More children

GP Gatekeeping



Recommendations

This report includes several the recommendations to the health care system, local authorities, government departments, voluntary sector, and universities. Ukrainian refugees consulted recommended that there should be;

- **Support for community liaison/champion/navigator type roles**
- **Better explanation of how the health system works at an early stage prior to and immediately on arrival**
- **Quicker and easier access to translators/mediators**
- **Improved cultural competence amongst clinical staff including the social and cultural aspects of refugees**



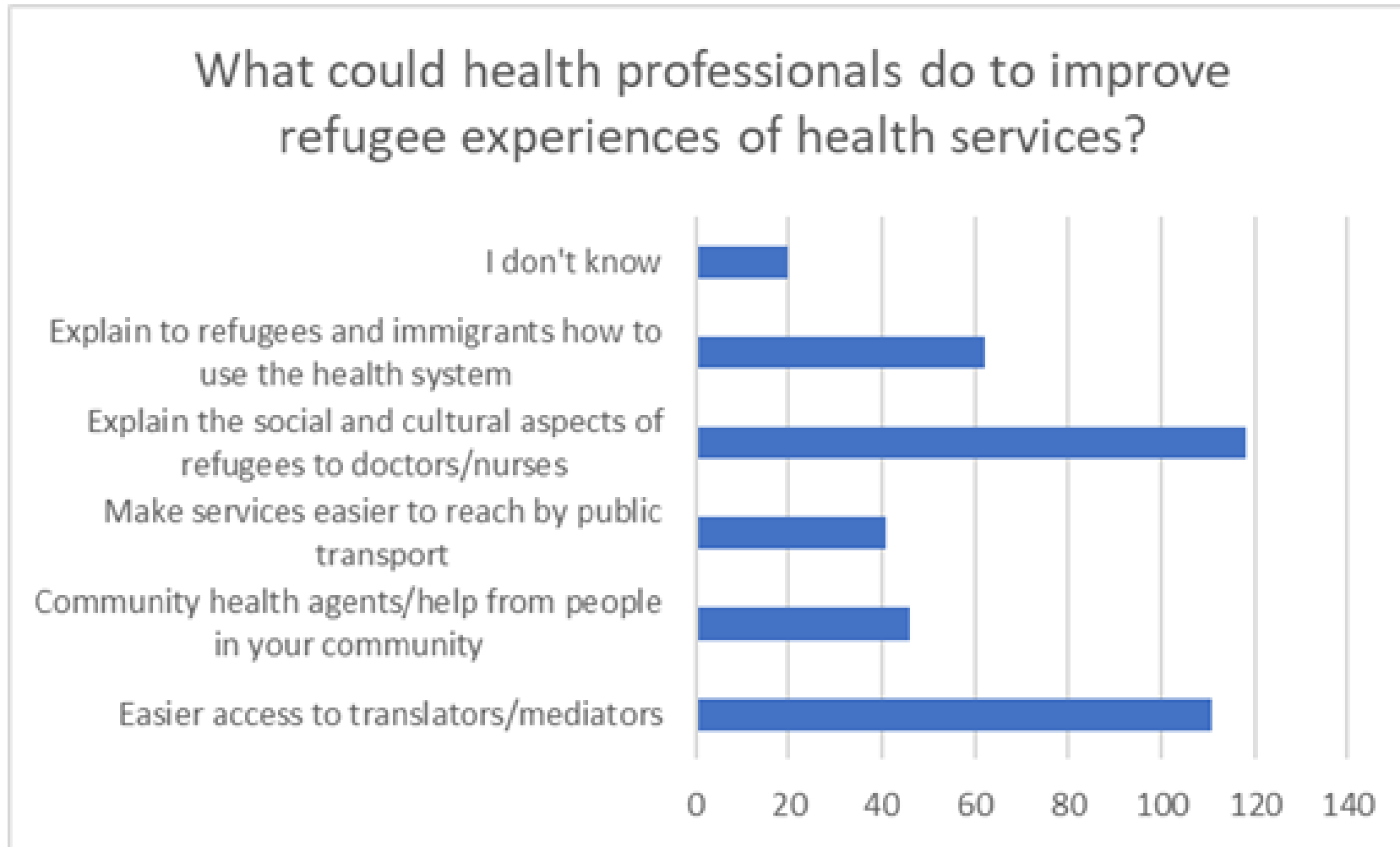
Recommendations

Additionally, the report identifies further recommendations to address;












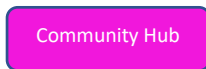







- Improved screening
- Regular refresher training for staff
- Housing insecurity
- Societal education
- Improved welcome packs
- English Language lessons
- Sexual Health screening
- Improved targeted psychological support
- Adopting a Trauma Informed Approach
- Commission and carry out further research in relation to
 - Cultural Competency Training
 - Benefits of hosting refugees
 - Effectiveness of Community Champions



Stakeholder recommendations



Access to Health Care

Recommendation	Responsible organisation
Refresh NHS frontline staff understanding of OHID's migrant health Guide which provides practical advice for healthcare workers including specific guidance on the health needs of migrants from Ukraine, how the NHS works and their entitlements to healthcare, how to comprehensively assess new migrant patients and ensure continuity and alignment with the UK immunisation schedule for routine and COVID-19 immunisations.	  
Fill knowledge gaps by easing access to linguistically and culturally translated NHS guidance, including via community social media such as Telegram and Viber chats.	 
Identify and train community 'champions' to support Ukrainians' engagement with health, social, and educational services.	  
Increase use of medical translation services and introduce Ukrainian Care buddies to accompany refugees to appointments	 
Ensure free ESOL and other English language courses are available to refugees. Additional ESOL funding is available, and all Ukraine refugees are entitled to use this provision immediately.	 
Support in registering with and requesting interpreter services for NHS Talking Therapies/social prescribing.	
Online mental health options, such as private video consultations with Ukrainian- and Russian-speaking professionals, Ukrainian self-directed counselling via chatbot, and social media support groups	
Research benefits, methodology and impact of digital solutions for treatment of refugees. Funding may be available from the NIHR Digital health inclusion and inequalities.	 
Signposting to local cultural, community, and church groups for practical and wellbeing support. These groups are often accepted, empowering, and manage subthreshold mental health symptoms.	  



Health Care 1

<u>Recommendation</u>	<u>Responsible organisation</u>
Encourage and protect time to complete existing Cultural Competency Training available on e-Learning for Health. Supported by production of specific cultural information flashcards regarding Ukrainians.	<div data-bbox="1849 258 2079 329">OHID</div> <div data-bbox="2099 258 2328 329">Prev HEE</div>
Research effective methods of cultural competency training in a clinical setting. A strong candidate for a funding source for this work would be the NIHR to address the research question: “What interventions are effective in increasing the health and wellbeing of asylum seekers and refugees in the UK?”	<div data-bbox="1849 379 2079 451">OHID</div> <div data-bbox="2099 379 2328 451">Universities</div>
Commission and use health Information Systems which record the refugee status of patients	<div data-bbox="1849 546 2079 618">NHS England</div> <div data-bbox="2099 546 2328 618">NHS Trust</div> <div data-bbox="1849 632 2079 704">PCN</div>
Through clinical supervision opportunities ensure that Clinicians understand they should not perceive differences as criticism or confrontation, but as an opportunity to pragmatically discuss UK health system norms and find a mutually agreeable management strategy. Flexibility or possibly even reimagination of the consultation may be required to build this trustful and open dialogue.	<div data-bbox="1849 748 2079 819">PCN</div>
COVID vaccination needs to be offered to all with a strong communications package.	<div data-bbox="1849 958 2079 1029">ICB</div> <div data-bbox="2099 958 2328 1029">UKHSA</div>








Health Care 2

<p>All refugees arriving in the UK should be screened for TB (given the high prevalence of latent TB and MDR-TB). This will ensure early treatment. Current airport screening is probably not sufficient to achieve this.</p>	<p>UKHSA Port Health</p>
<p>GPs should offer HIV testing and consider Hepatitis C screening in high-risk groups to ensure early treatment.</p>	<p>UKHSA PCN</p>
<p>Sexual Health screening at initial GP appointment</p>	<p>PCN</p>
<p>Offer breast cancer screening to women on registration at GP</p>	<p>PCN NHS England ICB</p>
<p>Rapid referral to NHS maternity services</p>	<p>PCN</p>
<p>Adopt a trauma-informed care approach. GP practices can provide a safe environment for disclosure, as well as compassionate guidance on support and treatment options.</p>	<p>PCN Prev HEE</p>
<p>Trauma-informed care should also consider the clinician's own needs and how they can be met to ensure ongoing emotional capacity. Resources, including the CALMER Framework, have been developed to support integration of 'trauma-informed practice'.</p>	<p>PCN</p>












Child Health

<u>Recommendation</u>	<u>Responsible organisation</u>
Screen for and offer protection against polio, diphtheria (DPT ideally) and measles and should be prioritised since they are easily transmitted and associated with serious outcomes. Rotavirus vaccination of children and tetanus and COVID vaccination for pregnant women are important.	 
COVID and flu vaccination needs to be offered to all with a strong communications package.	 
Primary Care practitioners to complete The Royal College of Paediatrics & Child Health training course on How to Manage Refugee Child Health. This course covers the clinical risk assessment and multidisciplinary approach to the holistic management of accompanied and unaccompanied refugee and asylum-seeking children.	



Wider Determinants

<u>Recommendation</u>	<u>Responsible organisation</u>
Compile and share a database of vacancies and employers recruiting potentially short-term staff for highly educated staff with moderate levels of English.	
Develop and promote local positive Host recruitment campaigns	 
Research the benefits gained by hosts of refugees. These can be used to promote hosting opportunities to others. A strong candidate for a funding source for this work would be the NIHR to address the research question: “What interventions are effective in increasing the health and wellbeing of asylum seekers and refugees in the UK?”	  
Develop and promote schemes to support refugees to find affordable housing.	 
Work with private landlords to identify appropriate accommodation close to employers, especially in more affluent areas. Longer term, access and utilise Housing and Homelessness funding available from DLUHC (this includes a total fund of £500 million for English councils to buy 4,000 homes plus £150 million to assist LAs prevent homelessness)	



Wider Determinants 1

<u>Recommendation</u>	<u>Responsible organisation</u>
<p>Widen distribution of the 'Hello (Privit)' book published by the Sanctuary Foundation</p> <p>Raise awareness of the Save the Children 4-minute film about child refugees. Amongst teachers and youth workers.</p> <p>Fully utilise HF-U educational funding for school age children (Early Years £3,000, Primary £6,580, Secondary £8,755)</p>	<p>VCSE</p> <p>School</p> <p>Youth Groups</p>
<p>Provide information in an easy-to-read form when visa is issued and again on arrival, both in English and Ukrainian.</p>	<p>Home Office</p> <p>Local Authority</p> <p>DLUHC</p>
<p>Identify and train community 'champions' to support Ukrainians' engagement with health, social, and educational services.</p>	<p>Local Authority</p> <p>PCN</p> <p>ICB</p>
<p>Replicate 'Hello' book for adults</p>	<p>RSMP</p> <p>DLUHC</p> <p>VCSE</p>



Wider Determinants 2

<p>Research effectiveness of community champions. A strong candidate for a funding source for this work would be the NIHR to address the research question: “What interventions are effective in increasing the health and wellbeing of asylum seekers and refugees in the UK?”</p>	<p>OHID Universities</p>
<p>Develop Community Support groups and provide meeting places such as libraries and church halls.</p>	<p>Local Authority VCSE</p>
<p>Provide pre-application support and as much information as possible to hosts/families. The lessons learned and non-emergency nature enables this to be more achievable after a year of the scheme</p>	<p>Local Authority Community Hub</p>
<p>Ensure early identification of issues and better joined up work with UKVI on arrival dates;</p>	<p>RSMP</p>
<p>Assess the full report and establish if there is a need to review any elements as a consequence of recent changes. Considering the relatively low numbers, it is unlikely it will be meaningful to carry out any analysis at a smaller geographic area.</p>	<p>Cumberland Council Westmorland & Furness Council OHID</p>

Limitations

There are a number of limitations that need to be taken into consideration in reviewing this HNA.

1. Data on refugees arriving via any means other than the Homes for Ukraine Scheme is not available at Local Authority level. Therefore, the local picture of refugees is not as detailed as it could be, missing some individuals from the total population figures.
2. Data on asylum seekers at upper or lower tier local authority level is not publicly available to protect their confidentiality, and therefore was not used in this report. Therefore, the local picture of asylum seekers is not as detailed as it could be.
3. GP data could not be interrogated as the current systems do not record whether a person is a refugee.
4. Although 210 is a good number of respondents and is a substantial cohort of the total number of Ukrainians arriving in the North West, the total number of respondents is relatively low. This may limit the validity of the data received.
5. The respondents to the survey would by the very nature of having taken part be engaged in local developing communities or be IT savvy. This may not be entirely representative of those who have arrived in the UK and may introduce an element of selection bias in favour of better educated individuals. This was in part mitigated by holding a focus group and carrying out interviews with agencies working with refugees.



Questions



List of Abbreviations and Acronyms

Abbreviation/Acronym	Full text		
AS	Asylum Seeker	AMR	Anti-Microbial Resistance
DBS	Disclosure & Barring Service	CMO	Chief Medical Officer
DLUHC	Department for Levelling Up, Housing and Communities	DHSC	Department of Health and Social Care
DWP	Department of Work & Pensions	HNA	Health Needs Assessment
ICS/P/	Integrated Care System/Partnership	GP	General Practitioner
LGA	Local Government Association	HEE	Health Education England
NCDs	Non-Communicable Diseases	NIHR	National Institute of Health Research
NGO	Non-government organisation	MSF	Medecins Sans Frontieres (Doctors Without Borders)
ONS	Office of National Statistics	OHID	Office for Health Improvement and Disparities



List of Abbreviations and Acronyms Continued

Abbreviation/Acronym	Full text	Abbreviation/Acronym	Full text
NW RSMP	North West Regional Strategic Migration Partnership	RCPCH	Royal College of Paediatrics and Child Health
PCN	Primary Care Network	PTSD	Post-Traumatic Stress Disorder
Section 95	Housing and financial support to a person who has claimed asylum	SCOPUS	Elsevier's abstract and citation database
UKHSA	UK Health Security Agency	TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund	VCSE	Voluntary, Community and Social Enterprise
WHO	World Health Organisation	UNHCR	United Nations High Commissioner for Refugees

