

THE NORTH WEST ARRIVALS FROM UKRAINE (12 MONTHS AFTER ARRIVAL) HEALTH NEEDS ASSESSMENT



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FULL TECHNICAL REPORT

Completed by Office of Health Improvement & Disparities (North West)

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HEALTH NEEDS ASSESMENT

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Summary Report

Introduction

On 24 February 2022, Russia invaded and occupied parts of Ukraine in a major escalation of the Russo-Ukrainian War, which began in 2014. The invasion has resulted in tens of thousands of deaths on both sides and instigated Europe's largest refugee crisis since World War II.

The UK government created three visa schemes for people fleeing the war in Ukraine: the Ukraine Extension Scheme, the Ukraine Family Scheme, and the Ukraine Sponsorship Scheme, also known as Homes for Ukraine. The UK government were expecting approximately 200,000 refugees from Ukraine, this is approximately equal to the number of arrivals by the end of 2022. Arrivals from Ukraine have been located across the United Kingdom.

This Health Needs Assessment was completed during January to March 2023. This was specifically to align with the first anniversary of the onset of the war and to be published approximately one year after the majority of arrivals in the UK. This is the point at which many would be seeking alternative housing as the extension to their sponsorship agreement neared its end.

Aim

There has been no Health Needs Assessments carried out on the need of arrivals from Ukraine in The North West at regional or local level. The health needs of a population from a different culture who have been forcibly uprooted from their homes and experienced a range of traumas will bring with them a broad and complex range of different health needs.

The aim of the HNA is to provide information to the relevant stakeholders around the met, and unmet, health needs of Ukrainians living in northwest England and to make evidence-based recommendations that can improve their health and wellbeing of those arriving from Ukraine. To achieve this the HNA measures, analyses, and interprets the health status of refugees from Ukraine, from a range of sources.

The intended audience for this report is Directors of Public Health (and their teams), NHS senior management, Directors of Adult & Children's Services, Directors of Housing, Elected Members to councils, and those engaging and supporting refugees.

Methods

This Health Needs Assessment used a range of different methods:

1. Data was used from various sources to draw an international, national and local picture of the Ukrainian refugee situation, specifically specifying health needs in terms of access, dental, maternity, mental health, vaccine uptake etc and wider determinants. A particular focus has been given to arrivals from Ukraine between March 2022 and November 2022;
2. A detailed literature search of the evidence was carried out to review the existing knowledge around the needs of refugees as well as evidence-based interventions designed to meet such needs. This work was carried out during January 2023 using published material between 2014 and December 2022;

3. In order to gain insights around the current provision of service, the experiences and the challenges faced by Ukrainian Refugees in northwest England, an online survey was established. The survey was publicised using Ukrainian communities/refugees' social media and by local groups identified by the Association of Ukrainians in Great Britain and completed between January and February 2023.

4. Interviews were carried out with the Regional Strategic Partnership for Migrants and the Association of Ukrainians in Great Britain to increase understanding of the survey results.

5. Focus groups were held during February 2023 to explore the reasons for some of the survey responses and to identify possible recommendations for changes which are culturally appropriate.

6. Insights gained from ethnography and author observations during the production of this document have also been included where appropriate.

Migrant situation in the North West

This needs assessment covers the whole of the North West of England. Although data is provided at local authority level, and there are refugees in every local authority in the North West, the numbers in each authority are relatively low. The report demonstrates there are more refugees in Cheshire East, Cheshire West and Chester, Cumbria, Lancashire and Manchester with higher densities in Blackpool and Trafford, the numbers remain too low to provide statistically significant data and risks disclosing identity of respondents. The majority of Ukrainian refugees in the North West during January-February 2023 arrived during May 2022. These refugees are in addition to existing pressures on local services from existing populations.

There is no data source or indicator which marks refugees specifically. It is therefore necessary to group all foreign-born populations together and focus on any specific supported schemes data available, for example the Homes for Ukraine Scheme. The density of existing migrant populations varies across the North West.

- The greatest density of foreign-born populations is in Manchester (24.6%) and Blackburn with Darwin (16.6%)
- Much lower shares of foreign-born populations in other areas such as Cumbria (3.7%) and Wigan (4.3%).
- In December 2022 there were a total of 11,030 Asylum Seekers supported in the North West.
- In December 2022, the North West of England had a rate of 15 asylum seekers per 10,000 people in the region.
- In addition to asylum seekers the North West of England hosts refugees on the Afghan, Syrian and Hong Kong Resettlement Schemes as well as from Ukraine.

Findings

The findings of this Health Needs Assessment are drawn from the literature search, key data sources, and the insights of a sample of key informants and refugees as listed in the methods section. The information for the assessment was completed between January and March 2023.

The North West has a long history of hosting asylum seekers and refugees from diverse parts of the world. Local Authorities and the NHS have become accustomed to delivering services to support these new arrivals. In many cases, the findings of this needs assessment highlights concerns which have already been identified for other migrant groups, which have not yet been fully resolved.

However, the findings of this needs assessment highlight that compared to previous migrant groups, Ukrainian arrivals to the UK hold higher levels of education, have previously held better jobs, have high levels of personal agency and higher expectations. Due to the nature of the cause of migration (war), the arrivals are disproportionately female and children, we are accustomed to accommodating mainly young men.

Survey respondents reported a decline in their personal health standards since arriving in the UK. Respondents reported an average score of 7.63/10 (1 is poor, 10 is good) pre-war, 7.1 on arrival in the UK and 6.71 now. This is an average decline in health of 12% since the war started despite being in the safety of the UK. However, the focus group clarified 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
- Skin complaints thought to be due to changes on types of employment
- Muscular and Skeletal disorders brought about by carrying out manual labour
- Loneliness (missing loved ones)
- Difficulties in navigating the health system in the UK
- Changes in diet
- Changes in water and air quality
- Digestive issues

The change in the type of work carried out by refugees on arrival in the UK has likely contributed to higher levels of musculoskeletal, skin and respiratory complaints than presented by previous migrant groups. Additionally, a growing cultural change to mental health in Ukraine has contributed to a greater awareness of raising mental health concerns than in many other migrant groups.

Just six of the survey participants state that they considered themselves to be disabled (by Ukrainian or UK definition which was provided). Thirteen stated that they did not know, which indicated that they have some form of physical or mental condition which prevented them from feeling they were in good health and able to freely participate in activity

In order to determine potential health service demand, participants in the survey were asked how many times a year they usually need to access treatment for long term condition. 99 stated that they did not access treatment for any long-term conditions, and 30 sought treatment once a year or less. However, 73 routinely sought treatment two to four times a year and 18 sought treatment five times a year or more. This would indicate over 300 additional hospital appointments a year from the survey cohort. Multiplying this to be representative of the total Ukrainian refugee arrivals in the

North West, we could expect demand for an additional 5,800 hospital appointment per year across the North West

Refugees have experienced substantial trauma since February 2022, directly and indirectly caused by the war. They seek psychological and societal support to treat and manage this but feel that there is insufficient specialist war trauma psychologist services available, especially immediately on arrival from Ukraine. Utilising a Trauma Informed Approach for all refugees arriving at services will help identify those requiring further support and ensure suitable treatment is made available as soon as possible. The trauma is also having an impact on maternal health and resulting in early births and poor maternal outcomes. An early referral to NHS maternity services is important for pregnant refugees.

The Chief Medical Officer for England's advice is that people arriving from Ukraine require screening for immunisation status for common childhood vaccines in the UK in order to reduce the risk of common avoidable infectious diseases. The higher level of education amongst those refugees arriving in the UK appears to have resulted in higher levels of immunisation, however, new refugees should still be screened.

Although TB rates are relatively high in Ukraine and vaccination rates are low, this was not the case amongst those who have migrated to the North West and taken part in the survey. Survey respondents reported that very few had received any TB screening on arrival. Rates of sexually transmitted diseases are high in Ukraine. Refugees who have used sexual health service support in this country have reported that it is considerably better than at home, it is important therefore to ensure sexual health is included in the initial GP assessment and screening appointment.

Dental health has been recognised as an area of concern with limited access to a dentist and large numbers reporting experiencing dental pain. However, it is difficult to gauge the severity of the situation until refugees are seen by a dentist.

Refugees have reported experiencing language and cultural difficulties in accessing and receiving treatment and have found the health care system difficult to navigate. Ukrainians are not accustomed to the gatekeeper type role of the GP and are culturally perplexed as to how this may provide adequate support for all their needs, particularly in relation to children. As refugees from Ukraine who have arrived here are substantially better educated and likely more affluent than the average Ukrainian and as such are accustomed to accessing immediate and private health care in their home country.

There is extensive family separation, increasing the risks of isolation, but good community networks are being developed. The survey results suggest that, overall, the experiences of refugees from Ukraine living in the North West have been mixed but mostly satisfactory, and they feel safe. The refugees consulted enjoyed living in the area and were grateful with the positive response of the community. However, as the war continues, refugees state that fear of finding and affording a longer-term home of their own is beginning to cause anxiety. At a time of growing pressure on existing housing stock, this has the potential to become a considerable challenge for refugees and local authorities.

Although there has been a Ukrainian presence in the North West for over a hundred years, few people have until now knowingly met Ukrainians in the UK. This provides us with an opportunity to increase cultural understanding to benefit both new arrivals, existing populations and any future challenges. It is proposed that this can be achieved by increasing societal (especially children and

young people) understanding of the Ukrainians plight and improving cultural competency amongst clinical staff via a range of training methods.

Recommendations

There is recognition that a lot of excellent work already taking place at local level to support existing and new migrants, including the Ukrainian refugees. This HNA takes a regional approach and therefore some recommendations may already be taking place in some areas but not others. This HNA 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
- Immunisation screening
- Quicker and easier access to translators/mediators
- Improved cultural competence amongst clinical staff including the social and cultural aspects of refugees

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
- Rapid referral to maternity services
- 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

Overall, the outcome of these recommendations should lead to quicker and more appropriate access to services, increased cultural engagement and understanding of clinical needs, resulting in improved physical and mental health.

These findings are in line with previous recommendations for other migrant groups in recent years, however, they are still being highlighted, A significant difference compared to previous migrant groups is that the Ukrainian refugees arriving in the UK have a higher level of education and previous employment, resulting in higher expectations and greater personal agency.

Government data demonstrates that there are Ukrainian Refugees in every Lower Tier and Unitary Authority in the North West. Therefore, it is likely that the recommendations are appropriate and relevant in most areas and footprints across the North West.

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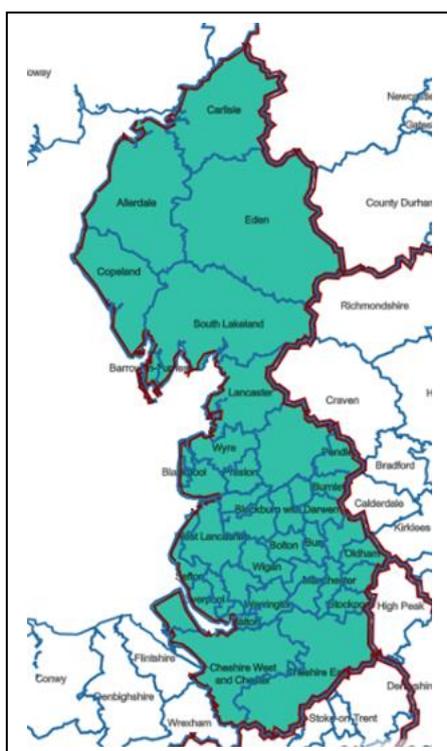
Abbreviation/Acronym	Full text		
AS	Asylum Seeker	AMR	Anti-Microbial Resistance
DBS	Disclosure & Barring Service	CMO	Chief Medical Officer
DLUHC	Department for Levelling Up, Housing and Communities	DHSC	Department of Health and Social Care
DWP	Department of Work & Pensions	HNA	Health Needs Assessment
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	Médecins Sans Frontières (Doctors Without Borders)
ONS	Office of National Statistics	OHID	Office for Health Improvement and Disparities
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

Introduction

Ukraine is a lower middle-income country in Eastern Europe. It is predominantly Slavic in culture (Ukrainian/Russian-speaking) with a few ethnic minority groups. Culturally, a comparatively high proportion of Ukrainians identify with a religion, particularly Christianity.

On 24 February 2022, Russia invaded and occupied parts of Ukraine in a major escalation of the Russo-Ukrainian War, which began in 2014. The invasion has resulted in tens of thousands of deaths on both sides and instigated Europe's largest refugee crisis since World War II. About 8 million Ukrainians were displaced within their country by June, and more than 8.1 million had fled the country by March 2023

Most refugees have been women, children, the elderly, or people with disabilities. Most male Ukrainian nationals aged 18 to 60 were denied exit from Ukraine as part of mandatory conscription, unless they were responsible for the financial support of three or more children, single fathers, or were the parent/guardian of children with disabilities. Many Ukrainian men, including teenagers, opted to remain in Ukraine voluntarily in order to join the resistance.



The UK government created three visa schemes for people fleeing the war in Ukraine: the Ukraine Extension Scheme, the Ukraine Family Scheme, and the Ukraine Sponsorship Scheme, also known as Homes for Ukraine. There is no cap on the number of people who can come under the Ukraine schemes, and the total number of people eligible for the schemes is not known.

There have been no Health Needs Assessments carried out on the need of arrivals from Ukraine in northwest England at regional or local level. The health needs of a population from a different culture who have been forcibly uprooted from their homes and experienced a range of traumas will bring with them a broad and complex range of different health needs. To best accommodate these needs, it is important to establish what the needs are and how our health and public sector services may need to adapt to achieve this. For the purposes of this assessment, the North West is defined by the Department of Health & Social Care North West Region as shown here.

Aims & Objectives

Aims

The aim of the HNA is to provide information to the relevant stakeholders around the met, and unmet, health needs of Ukrainians living in northwest England and to make evidence-based recommendations that can improve their health and wellbeing of those arriving from Ukraine. To achieve this the HNA measures, analyses, and interprets the health status of refugees from Ukraine, from a range of sources.

There has been no Health Needs Assessments carried out on the need of arrivals from Ukraine in northwest England at regional or local level. The health needs of a population from a different culture who have been forcibly uprooted from their homes and experienced a range of traumas will bring with them a broad and complex range of different health needs.

The intended audience for this report is Directors of Public Health (and their teams), NHS senior management, Directors of Adult & Children's Services, Directors of Housing, Elected Members to councils, and those engaging and supporting refugees.

Objectives

This report assesses and describes the health needs of people arriving from the Ukraine, especially those who have been here for almost a year with initial sponsorship in northwest England (as defined by DHSC regional boundaries). This was achieved by collecting underlying morbidity issues, health status, health needs, cultural preferences, and measurable wider determinants, then analysing and interpreting this to advise policy.

The report recommendations are intended to support the North West's regional, subregional and local systems in local government and health

The content of the recommendations considers the differing needs, demands, financial and political climates in which the wide range of stakeholder operate in, to ensure it's relevant to their prioritisation and research.

The report supports 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.

The report also determines priorities for future development and research areas, including identifying potential funding sources for research.

Background Information

The onset of war and migration of Ukrainians to the UK risks bringing new challenges to our health, social and community services. As outlined in Appendix 2, Ukrainian population health is amongst the worst in Europe², migrants often gain additional health needs prior to departing their home country, on the journey or on arrival. However, survey responses later in this report indicate that the refugees arriving in the UK are of generally better health than those remaining in Ukraine. This is likely due to their higher educational levels and consequent better employment and improved access to private healthcare.

Recent refugee and asylum seeker arrivals mean that the potential health challenges are well known as these will be the same as previous recent cohorts of refugees welcomed to the region. A workshop held by the MORRA project in Lancaster during 2022⁴ identified key concerns of refugees and asylum seekers to include;

- Signposting and service accessibility
- Accessing General Practice
- Maternity services & Health Visitors
- Accessing Dental services
- Trauma & psychological support
- Nutritional needs
- Access to sanitary products
- Housing, education etc (Wider Determinants of Health)

Additionally, there is a pre-existing diaspora in the North West which could attract additional numbers, but equally has provided a protective factor and assisted in welcoming new arrivals.

Current arrangements for Ukrainians to settle in the UK

Since March 2022 the UK government has run a number of schemes to facilitate the provision of a home for Ukrainian refugees who have left home as a result of the war. These details have been taken from the Supporting Ukraine pages of Gov.UK

For those with family already in the UK.	<p>The Ukraine Family Scheme enables you to come to the UK or to stay longer if you're a family member of:</p> <ul style="list-style-type: none">• a British citizen• someone with permission to settle in the UK, for example they have indefinite leave to remain, or EU settled or pre-settled status• someone with refugee status or humanitarian protection in the UK <p>It is free to apply, and successful applicants are able to live, work, study and claim benefits in the UK.</p>
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<p>For those who do not have family in the UK</p>	<p>Ukrainians who have found or have been matched to a sponsor can:</p> <ul style="list-style-type: none"> • come to the UK for up to 3 years • work in the UK • access public services and claim benefits
<p>For Ukrainians already in the UK</p>	<p>Those Ukrainians already in the UK are able to stay longer by applying for</p> <ul style="list-style-type: none"> • the Ukraine Extension Scheme • an extension to their current visa • a different visa
<p>Ukraine Extension Scheme</p>	<p>People can apply to the Ukraine Extension Scheme if they're Ukrainian or have a Ukrainian family member. They can apply for this scheme if one of the following is true:</p> <ul style="list-style-type: none"> • they held permission to be in the UK on or between 18 March 2022 and 16 May 2023 – the permission does not need to cover the whole period • they previously held permission to be in the UK and that permission expired on or after 1 January 2022
<p>Extend their visa or switch to a different visa</p>	<p>If they're Ukrainian, they can also stay in the UK by extending their current visa or switching to another one if they meet the eligibility requirements. They can extend or switch even if their current visa does not usually let them do this. If they have a Ukrainian family member, they can apply to extend their current visa or switch to another one if your visa allows that.</p>
<p>Other alternative visa routes</p>	<p>Ukrainians can make an application to visit, work, study or join family in the UK. Information on all these visas is available here. Applicants need to complete an online application form and book an appointment at a visa application centre. Visa application centres in Ukraine are currently closed therefore Ukrainians can apply at a visa application centre in any country if they are able to travel safely.</p>

Key definitions

The words "asylum seeker", "refugee" and "migrant" are sometimes used interchangeably by the press, the public and some organisations. However, they have different meanings, therefore the importance of explaining and defining the concepts that this health needs assessment is going to cover, in order to share a common language that avoids confusion.

Asylum seeker: According to the United Nations (UN) an asylum seeker is a person who enters a country in order to claim asylum and who has the claim assessed through an asylum process⁵.

In the UK, according to the Nationality, Immigration and Asylum Act 2002, a person should meet the following criteria to be classified as asylum seeker:

- The person should be over 18 years old
- The person should be in the United Kingdom
- The person should have made an asylum claim at a place designated by the Secretary of State
- The secretary of state should have recorded the claim
- The claim should not have been determined
 - **Failed asylum seeker:** This is an informal term that refers to those asylum seekers whose claims and appeals have been rejected; they are sometimes referred to as 'refused asylum seekers'. ***This HNA does not include these people.***
 - **Refugee:** The United Nations High Commissioner for Refugees (UNHCR) defines a refugee as someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...".

In the UK, an asylum seeker is granted "refugee status" (also known as "leave to remain") if their asylum claim is successful or if they are granted the status for humanitarian reasons. The refugee status gives the individual the same rights of a UK citizen, being allowed to live and work in the country for a period of five years, after which the refugee would have to apply for indefinite leave to remain.

- **Resettled refugees:** Refugees that have been resettled in the UK under one of the various resettlement programmes. It is under this scheme that the majority of Ukrainians will arrive in the UK. Therefore, it is this group which this HNA mainly covers, however for the purposes of brevity and simplification this HNA will refer to them simply as 'refugees.'
- **Migrant:** Someone that lives in a country where was not born and that creates social ties with such country.
- **Economic Migrant:** Also known as migrant workers, are defined by the UN as individuals who "are to be engaged, are engaged or have been engaged in a remunerated activity in a State of which he or she is not a national".

It is possible that Ukrainians may have arrived in the UK via the Resettles Refugees, Refugees or Asylum Seekers (a very small number). Those arriving as Asylum Seekers are likely to have arrived before the sponsorship schemes were established or by Ukrainians needing to flee immediately and did not have time to register for sponsors.

Migrant population in the North West context

The arrival of new migrants to the North West may increase pressures on existing resources. It is therefore worth considering the existing scale of migration to determine the potential impact of further migration and any pressure this may apply to the system.

Due to increasing numbers of asylum seekers, refugee schemes from Afghanistan, Syria, Hong Kong and Ukraine, the North West has seen a marked increase in immigration in recent years. This has contributed to political and social tensions, amplified by the cost-of-living crisis triggered by the Russian invasion of Ukraine. In December 2022 there were a total of 11,030 Asylum Seekers supported on Section 95 in the North West. The figures reflect the number of people in receipt of support as at the end of the period, rather than the total supported throughout the period. (Data provided by NW RSMP from routine reports provided by the Home Office). The North West share of the overall UK Asylum population in December 2022 was 21%, similar to December 2021 figure. In December 2022, the North West had a rate of 15 asylum seekers per 10,000 people in the region (based on 2021 Census Population)

The density of migrant populations varies across the North West. The greatest density of foreign-born populations are in Manchester (24.6%) and Blackburn with Darwen (16.6%), with much lower shares in other areas such as Cumbria (3.7%) and Wigan (4.3%).

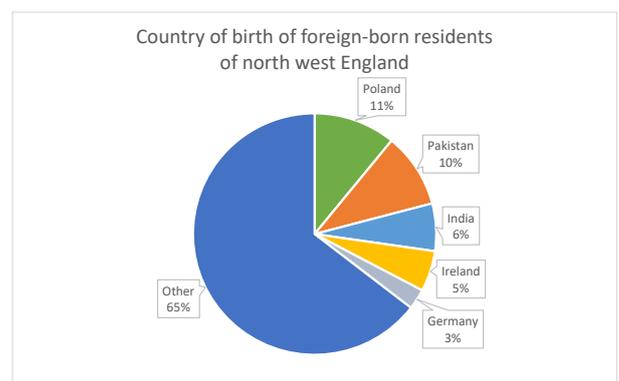
Most migrants in the North West are from non-EU countries: 59% in 2017, which is similar to the UK average of 61%. In 2017 there were¹²

- 276,000 EU-born residents (4% of the population of the North West; 41% of the region's foreign-born residents)
- 401,000 non-EU born residents (6% of the population of the North West, 59% of the region's foreign-born residents)
- 6,456,000 UK-born residents (90% of the region's population)

Figure 1: Countries of birth of foreign-born residents by percentage

The most common countries of birth of foreign-born residents in the North West in 2017 were (Figure 1):

- Poland: 83,000 or 12%
- Pakistan: 77,000 or 11%
- India: 50,000 or 7%
- Ireland: 41,000 or 6%
- Germany: 22,000 or 3%



All these countries are also among the top countries of origin for the UK as a whole, hence the North West is reflective of the UK as a whole. This indicates that the North West is well positioned to be flexible in accommodating refugees from Ukraine as it has extensive experience in welcoming refugees and asylum seekers from a wide range of countries of origin. The total numbers of Ukrainians expected to arrive are also relatively small, compared to the numbers arriving each year.

Methodology

To ensure as much relevant information was captured as possible, this Health Needs Assessment used a range of different methods:

1. Data was used from various sources to draw an international, national and local picture of the Ukrainian refugee situation, specifically specifying health needs in terms of access, dental, maternity, mental health, vaccine uptake etc and wider determinants. A particular focus has been given to arrivals from Ukraine between March 2022 and November 2022;
2. A detailed literature search of the evidence was carried out to review the existing knowledge around the needs of refugees as well as evidence-based interventions designed to meet such needs;
3. In order to gain insights around the current provision of service, the experiences and the challenges faced by Ukrainian Refugees in northwest England, an online survey was established. The survey was publicised using Ukrainian communities/refugees' social media and by local groups identified by the Association of Ukrainians in Great Britain.
4. Interviews were carried out with the Regional Strategic Partnership for Migrants and the Association of Ukrainians in Great Britain to increase understanding of the survey results.
5. Focus groups were held to explore the reasons for some of the survey responses and to identify possible recommendations for changes which are culturally appropriate.
6. Insights gained from ethnography and author observations during the production of this document have also been included where appropriate.

All data was gathered between December 2022 and February 2023.

Literature Search

A literature review was undertaken using SCOPUS to support the development of this HNA. SCOPUS was selected to reflect that health needs of Automated Storage and Retrieval Systems ASRs are broader than the focus of more clinically orientated databases such as MEDLINE. The search criteria are detailed below:

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

The survey was built on the CPC Ukrainian Refugee survey developed by Southampton University. This survey was used as a foundation as it had been previously tested and repeated for a broad range of immigration groups.

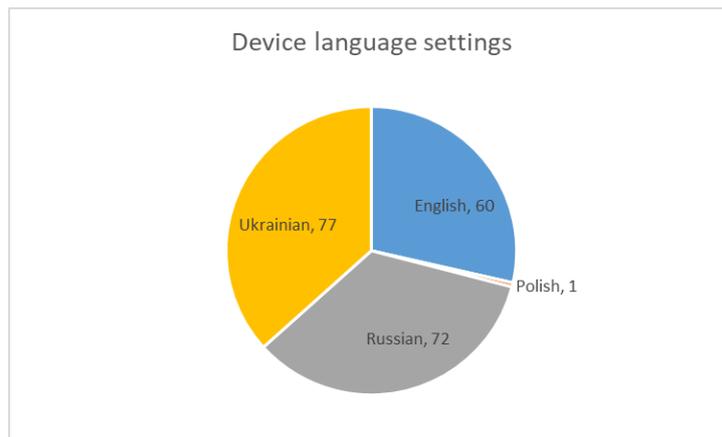
The initial adapted survey was shared with the Norwegian Institute of Public Health (NIPH) who were completing a Survey of healthcare needs among refugees from Ukraine. Discussions took place with NIPH to further develop our survey questions. This adapted version of the survey was shared with the DHSC ONS Survey contributors to align cohorts and definitions with ONS terminology, groupings and datasets where possible. The final draft survey was then shared with the RSMP and the Association of Ukrainians in Great Britain who provided additional cultural context to further refine the questions to maximise the opportunity for meaningful responses. The Survey (Appendix 6) was built and published on Microsoft Forms and links shared on social media and local networks used by Ukrainians. Refugees, Sponsors and supporters were approached directly via social media as well as via the organisations listed above. The purpose of the project and confidentiality was explained to them prior to soliciting their views about their health and experiences of healthcare.

The survey included some mandatory questions, however, the questions relating to personal health issues and opinions were optional. The Microsoft Forms was built in such a way to ensure anonymity and a privacy statement was published at the beginning. Consequently, all respondents completed more than 90% of the survey. The survey was carried out online (MS Forms) and facilitated face to face at community hubs between 16 January 2023 and 7 February 2023. The survey collected both quantitative and qualitative data, collecting information regarding demographics and health conditions quantitatively as well as qualitative opinions and experiences qualitatively.

The survey received 212 completed responses, 208 from the North West. Two appeared to be malicious responses with clearly fictitious data and were excluded. One responded was an Asylum Seeker, however further clarifications of the methods of arrival established that this was highly likely to be an appropriate and factually correct response and was consequently included. A total of 210 responses were considered in the analysis.

The survey system recorded the default language settings of the participants devices. *Figure 1* demonstrates that only one individual used Polish, 77 used Ukrainian, a near equally number of 72 used a Russian device setting and 60 used an English device setting (possibly used in a public place or using a host's device)

Figure 2: Device language settings of survey respondents



Analysis of the demographic and system data of the survey responses highlighted that based on respondents as expected the overwhelming majority of arrivals are women (See Figure 2). Meanwhile, Figure 3 shows that as soon as the schemes were launched there was a spike in arrivals from Ukraine during April, May, and June 2022, followed by a near steady flow of new refugees each month.

Figure 3: Gender of respondents

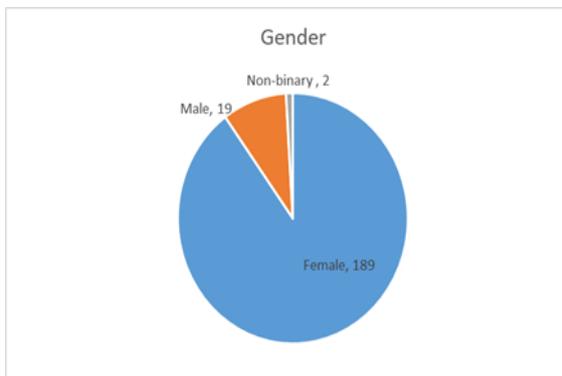
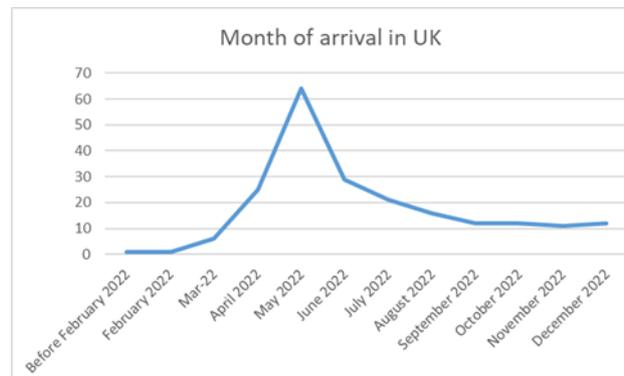


Figure 4: Month of arrival in UK



Participants in the survey were asked which area of the North West they were residing at. The responses are representative of the Department of Levelling-Up, Housing and Communities (DLUHC) refugee arrivals data see Figure 4), demonstrating that the survey responses are representative of the distribution of refugees across the North West.

Figure 5: Survey respondents' area of current residence



The mean age of survey participants on arrival in the UK was 35 years 1 month. There were limited numbers of elderly people responding. This could be due to selection bias caused by using an online survey, however, community hubs were also facilitating the completion of the survey to mitigate against such bias and support as many Ukrainians as possible to complete the survey, and few respondents reported that they had travelled with elderly parents. Therefore, it can be assumed that the number of older Ukrainians currently in the North West is lower than modelling from predictions by HM Government, the European Union and United Nations during March 2022.

Interviews

The North West Regional Strategic Migration Partnership received regular updates about this piece of work. All members were invited to comment on the development of the HNA. However, following the survey completions a MS teams' interview was held to increase the authors understanding of some of the responses received and to gain any additional insights. Further interviews were carried out with UKHSA and Public Health Liverpool.

Additionally, an email interview was completed with the Association of Ukrainians in Great Britain in order to clarify some cultural aspects.

Focus Group

A focus group was organised and facilitated by OHID involving members of the Kalyna Ukrainian Community on Saturday 4th February 2023. The purpose of the focus group was to;

- Explore some of the survey findings deeper
- Gain personal experiences
- Understand some of the cultural behaviours at play
- Seek suggestions on how things could be improved
- Test some of the possible recommendations which were being formed

In total 17 women attended the focus group which took place over two hours.

Due to some strong feelings regarding recent experiences which they considered as inappropriate prioritisation, predominantly as a result of differing cultures and expectations of health services, the focus group became very fluid in structure. However, all the intended aims of the session were achieved and two further one to one discussions took place to further inform the findings.

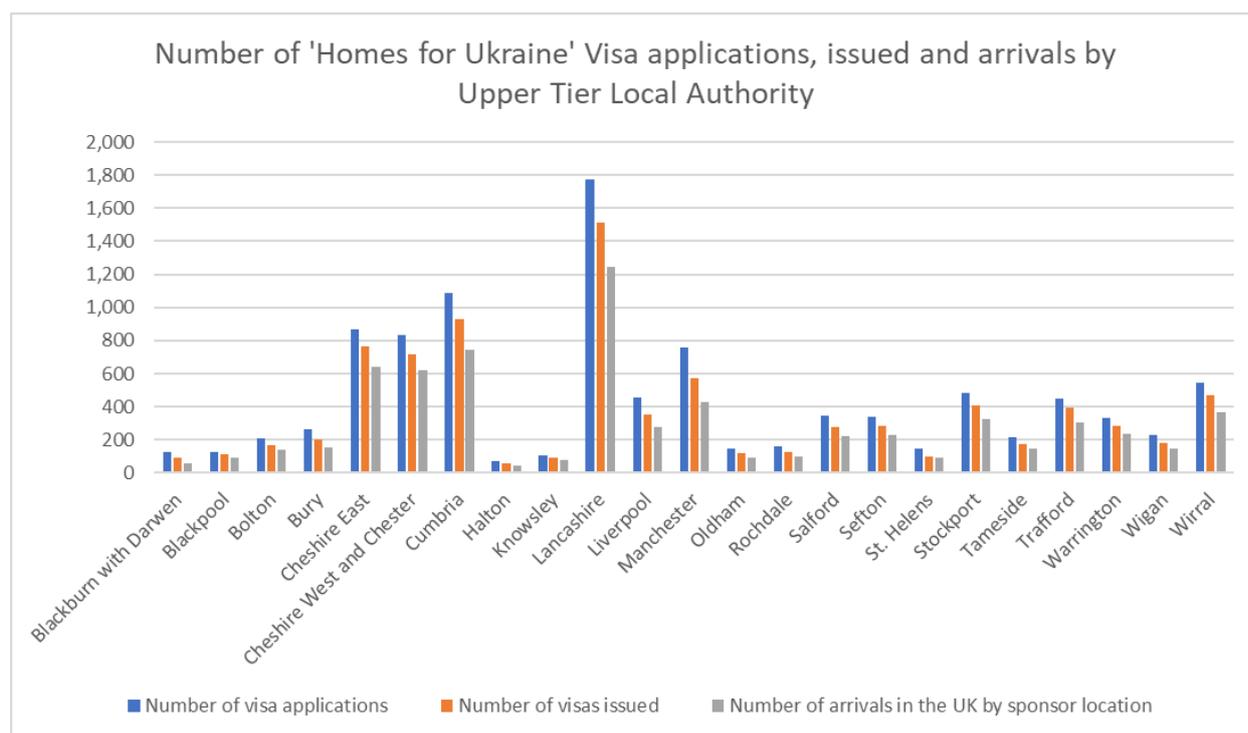
Findings

Numbers arriving in UK

This assessment has focussed on arrivals in the North West and the survey focuses on responses from those in the North West. However, it is assumed that the nature of concerns will predominantly be similar across England and that all the legal procedures are England-wide. The data is mainly collected centrally and often only available at England-wide level.

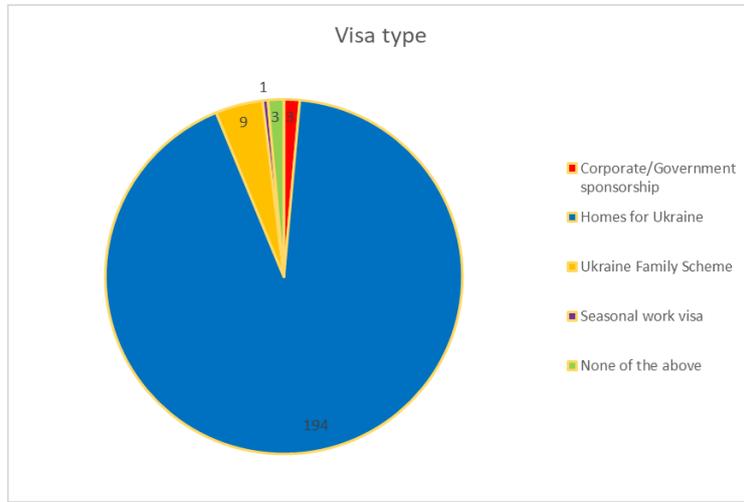
Starting with a UK and England perspective, DLUHC has regularly published visa data received from the Home Office by local authority for England, Scotland, Wales and Northern Ireland. These tables have also included data relating to visas sponsored by the Scottish Government and Welsh Government. This is an ad-hoc release of management information and does not constitute Official Statistics or a National Statistics release. It relates to the Ukraine Family Scheme and Ukraine Sponsorship Scheme: visa data published by the Home Office. This data does not include The Ukrainian Family Scheme, those who entered via the asylum seeker route or those Ukrainians who were already in the country and have changed their visa from a range of work visas.

Figure 8: Extracted from DLUHC data release 2nd February 2023. Homes for Ukraine visa data



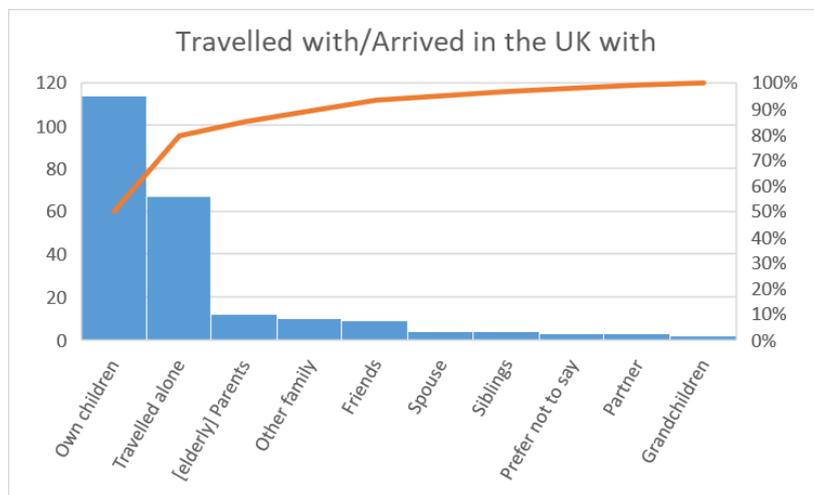
At the North West level, the data identifies that the responses from survey respondents were approximately equally distributed to the distribution of actual arrivals by area. As this data did not include schemes other than the Homes for Ukraine Scheme the survey enquired which visas Ukrainian arrivals used. The responses are demonstrated in *Figure 8* and clearly demonstrates that based on this survey the actual numbers are only a little more than the total published by DLUHC. 92% of respondents had entered the UK using the Homes for Ukraine Scheme.

Figure 9: Visa type used by arrivals to the North West



To establish an indication of the numbers of people the respondents had travelled to the UK with and the level of need that these may create participants were asked who they travelled to the UK with, the results indicate that over half of those who arrived did so with their own children (Figure 9). Only small numbers arrived with other family or friends. This may be an indicator of potential future concerns of isolation, desire to re-locate within the UK and mental health problems.

Figure 10: Travel partners of survey participants



From a continental perspective, as of March 2023, UNHCR records 8,157,230 refugees from Ukraine across Europe. This amounts to around 20% of the Ukrainian population (estimated by Eurostat as at 2021)⁶. 4,946,920 of these refugees have registered for temporary protection in Europe. The total number of people who fled Ukraine since February 24 is estimated at 19,729,989, while 11,188,114 have returned to the country for a variety of reasons since February 2023. The number of refugees crossing the border from Ukraine into a neighbouring country each day peaked at around 200,000 on March 7 but has since declined to around 35,000

as of mid-February. Since early May 2022 the number of people returning to Ukraine is growing and has been roughly 30,000 per day as of mid-February 2023. *Figure 6* demonstrates the reduction in those leaving Ukraine and slow but steady increase in people returning to Ukraine. There is a need to constantly assess the situation on the ground, identify priorities for health and provide guidance regarding how these needs could be addressed⁹.

Figure 6: Daily number of border crossings in and out of Ukraine (Ukrainian controlled borders)

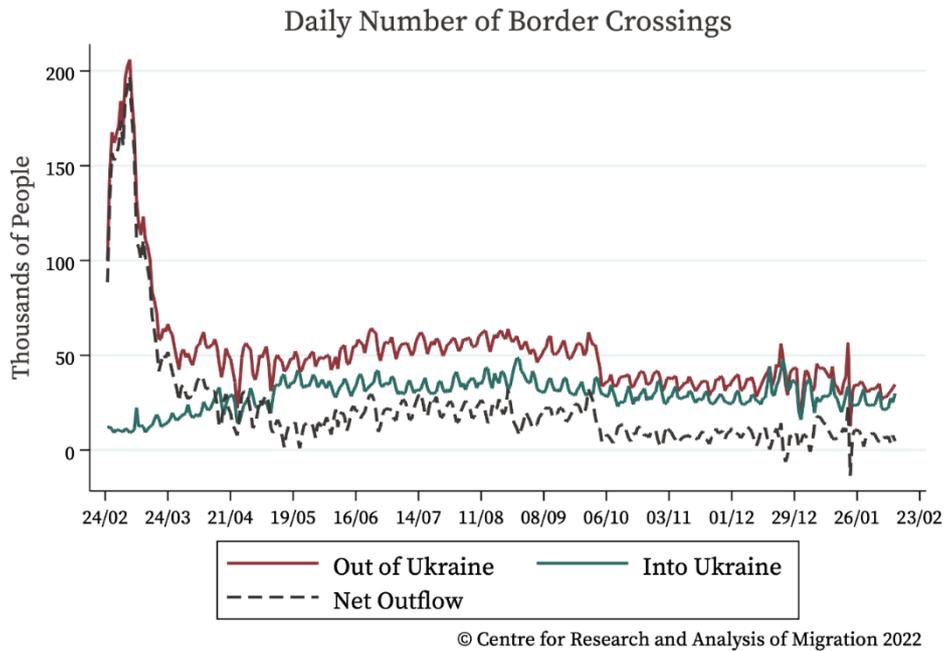
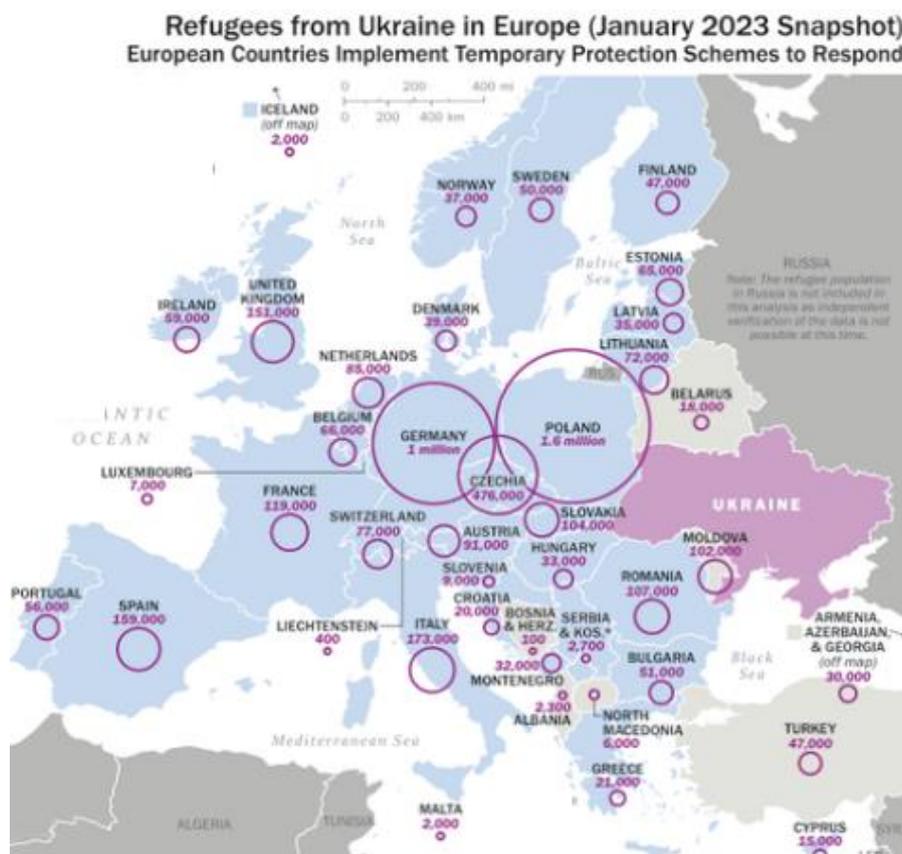


Figure 7: Numbers of Ukrainian refugees by location in Europe.
 Source: US Department of State - Humanitarian Information Unit



The countries declaring that they have received over 100,000 refugees from Ukraine are listed below. These are self-declared datasets, and the Russian arrivals data is disputed¹⁰.

Country	As of date	Number of refugees	Country	As of date	Number of refugees
Russia	03/10/2022	2,852,395	United Kingdom	07/02/2023	161,400
Poland	14/02/2023	1,563,386	France	31/10/2022	118,994
Germany	31/01/2023	1,055,323	Romania	12/02/2023	109,871
Czechia	12/02/2023	489,865	Moldova	12/02/2023	109,410
Italy	27/01/2023	169,837	Slovakia	14/02/2023	109,185
Spain	13/02/2023	166,832			

Common Health Needs of Refugees

At the outset of the war, the CMO reflecting on the possible future needs stated that “...the direct effect of war will require basic and complex physical trauma care, especially surgery. A small number of highly complex surgical or rehabilitation patients are likely to benefit particularly from the specialist facilities available in the NHS and similar health services in Europe. Although the numbers may be limited, the disproportionate pressure they place on health services in neighbouring countries and medical NGOs (e.g., MSF) may make their transfer to the UK a very useful contribution, allowing much larger numbers of less severely disabled people to be treated more locally.”²

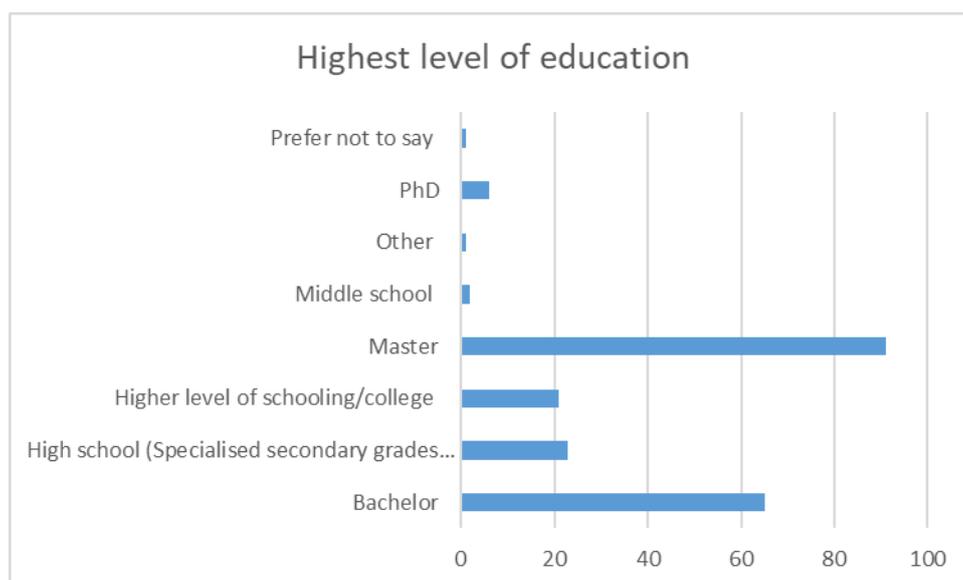
In order to determine the possible needs of the refugees and any direct impact the war may have had on them they were asked what their reasons for leaving Ukraine were. Participants were able to answer multiple options, however, few provided multiple responses. The table below highlights that nearly all (99%) respondents left Ukraine specifically to escape the physical dangers of the war. One had already left Ukraine on a Seasonal worker visa and has not been able to return since. It is to be noticed that a very small number stated other issues as listed in the table below, had contributed to their reasons for leaving Ukraine. This is, however, in itself a direct consequence of the war, as they were unable to complete their education, seek employment or receive the necessary health care in a war-torn home country. Two had cited family reunification, where family separation was as a result of the war, with half of the family following a little later.

Reasons for leaving Ukraine	No.
Escape from dangers of war/violence/threats	208
Improve the economic opportunity (employment etc)	3
Seasonal work	1
Family Reunification	2
Health reasons	3
Pregnant	2
Mental Health	3
Education	2

Education, Employment & Finance

Normally, the Education, Employment and Finance information would belong in the ‘Other Factors for Consideration’ section. However, the information gained during the consultation stages of this HNA indicated stark differences between those Ukrainians arriving the UK and the majority of the Ukrainian population. The majority of those arriving in the UK during the first 9 months following the invasion of Ukraine were better educated than is normal Ukraine. Of the 210 respondents 96 had an educational level of masters or above (*Figure 10*). Of the remainder, 65 had completed a bachelor’s degree education. Survey respondents also reported a relatively high competence of reading and spoken English, but lower (mid-level) competence in writing in English. This has resulted in an unusual refugee workforce, many of those arriving had previously been lawyers, medics and senior managers, more accustomed to sitting behind a desk than picking fruit and vegetables or working in a factory.

Figure 11: Survey respondents' highest level of education achieved



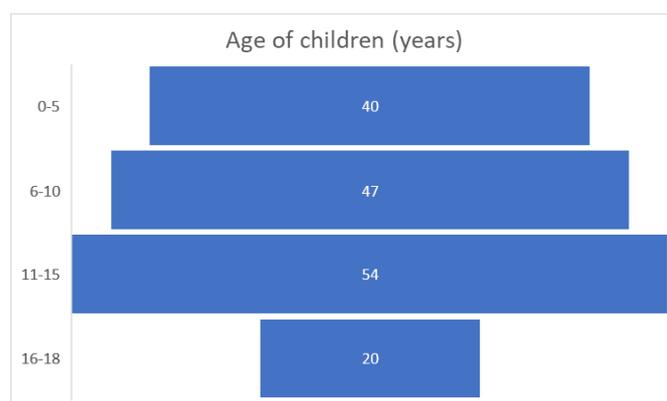
Due to the pandemic, there is limited data on which industries migrants are working in. The most recent reliable data is found in the 2017 Employment of migrants report (Figure 11). In 2017 (and traditionally) migrant workers have made up 24% of the transport and storage and 21% of the hospitality industries. Arrivals from Ukraine are more likely to be qualified in Health & Social Care and Professional Services, finance and Admin roles, which have previously included fewer migrant staff. Those migrant staff working in Health & Social Care have predominantly been filling lower grade nursing roles and lower paid social care work.

Figure 12: 2017 Employment of migrants report

Industry in 2017	EU born	Non-EU born	Non-UK born	UK born	Total
Retail	25,000 (5%)	30,000 (6%)	55,000 (11%)	420,000 (88%)	475,000 (100%)
Health and social work	17,000 (4%)	38,000 (8%)	55,000 (12%)	424,000 (88%)	480,000 (100%)
Professional services, finance and admin	23,000 (4%)	24,000 (5%)	47,000 (9%)	477,000 (91%)	524,000 (100%)
Manufacturing	29,000 (8%)	14,000 (4%)	43,000 (12%)	316,000 (88%)	359,000 (100%)
Transport and storage	20,000 (11%)	23,000 (13%)	43,000 (24%)	141,000 (76%)	184,000 (100%)
Hospitality	16,000 (8%)	24,000 (12%)	40,000 (21%)	151,000 (79%)	191,000 (100%)
Education	10,000 (3%)	15,000 (4%)	26,000 (7%)	328,000 (93%)	353,000 (100%)
Other industries	26,000 (3%)	31,000 (4%)	56,000 (7%)	749,000 (93%)	805,000 (100%)
All industries	166,000 (5%)	199,000 (6%)	365,000 (11%)	3,006,000 (89%)	3,371,000 (100%)

As anticipated, many of the arrivals from Ukraine are mothers who have travelled with their children to provide them with safety. The 210 adult respondents to the survey brought 161 children with them. These were roughly evenly distributed by school age groupings, up to the age of 15 (see Figure 12).

Figure 13: Ages of children arriving in UK with survey respondents



General health of refugees from Ukraine

During January and February (average 8 months after arrival in UK) survey participants were asked how they would rate their health whilst in Ukraine (pre-war), when they first arrived in the UK and now (Jan/Feb 23). The results were stark with respondents reporting a decline in their personal health standards since arriving in the UK. Respondents reported an average score of 7.63/10 (1 is poor, 10 is good) pre-war, 7.1 on arrival in the UK and 6.71 now. This is an average decline in health of 12% since the war started despite being in the safety of the UK.

The results of these questions were discussed during the focus group. 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.

Just six of the survey participants state that they considered themselves to be disabled (by Ukrainian or UK definition which was provided). Thirteen stated that they did not know, which indicated that they have some form of physical or mental condition which prevented them from feeling they were in good health and able to freely participate in activity. Two participants chose not to answer this question.

In order to determine potential health service demand, participants in the survey were asked how many times a year they usually need to access treatment for long term condition. 99 stated that they did not access treatment for any long-term conditions, and 30 sought treatment once a year or less. However, 73 routinely sought treatment two to four times a year and 18 sought treatment five times a year or more.

Infectious Diseases

People arriving from Ukraine require screening for immunisation status for common childhood vaccines in the UK. The higher level of education amongst those refugees arriving in the UK appears to have resulted in higher levels of immunisation, however, new refugees should still be screened.

Many people in Ukraine are susceptible to and at an increased risk of vaccine preventable diseases – it has one of the lowest rates of routine immunisation in the world¹⁶ despite its vaccination schedules following WHO recommendations. Reported national immunisation coverage in 2020 was 81% for diphtheria, tetanus, pertussis; 82% for measles, mumps, rubella; and 84% for polio, with significant regional variation¹⁴. Coverage is insufficient to prevent outbreaks and there have been recent significant outbreaks of measles and polio (vaccine-derived poliovirus type 2). Coverage in young children is even lower due to the pandemic disrupting programmes¹⁴.

Due to low rates of routine immunisation, it is important to find out previous vaccination history and offer vaccinations for the following if unvaccinated².

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

A major risk amongst those who may spend time at a refugee reception centre/camp is paediatric diarrhoeal disease as rotavirus vaccine is not included in Ukraine's routine vaccination schedule. As with COVID-19, there is concern that crowding in shelters, reception centres and in transit could facilitate measles outbreaks, particularly as spring coincides with its natural seasonality. There is also very low influenza vaccine uptake (<1% of the population).

Ukraine has one of the highest rates of Multi Drug Resistant Tuberculosis (MDR-TB) in the world (27% of new cases). The 4th highest globally. It also has the 2nd highest total TB incidence rate amongst 53 countries of the WHO (World Health Organisation) European region. There is frequently late diagnosis and poor compliance with treatment. Intravenous drug users and previous prisoners are particular high-risk groups for MDR-TB. The current rates of TB in Ukraine mean that universal latent TB infection (LTBI) screening for people arriving from Ukraine is not recommended. This is in line with NHS England (NHSE) and WHO and European Centre for Disease Prevention and Control (ECDC) guidance, which only recommend LTBI screening for people arriving from countries with an incidence of 150 and 100 per 100,000 respectively. Some commissioning areas within the UK (including the North West) however, commission a local LTBI screening service for anyone arriving from a country with an incidence of over 40 per 100,000 in line with NICE guidance (NG 33)¹⁷. The incidence of TB in Ukraine is above this threshold, therefore arrivals from Ukraine in these areas would receive LTBI screening as part of local arrangements.

The survey participants were asked about their TB screening status. Nine of the 210 respondents stated that they had been screened for TB, whilst just nine said that they had, and one was unsure. It is possible that the medical practitioner had carried out a symptomatic screening, but the patient had not recognised this.

Ukraine has the second highest prevalence of HIV/TB coinfection (26%) in Europe¹⁸. It also has the second largest HIV epidemic in Europe and Central Asia; 1% of adults in Ukraine were HIV positive in

2019 with prevalence much higher in key populations including people who inject drugs (22.6% HIV positive), sex workers (5%), prisoners (3%) men who have sex with men (7.5%), and their sexual partners. Sexual transmission of HIV is responsible for 73% of new infections. Despite recent improvements, only 54% of HIV-positive adults in Ukraine are receiving antiretroviral treatment (95% of children)¹⁹. As with TB, disruption to HIV diagnostic and treatment programmes risks adverse impacts on prevention (e.g., mother-child, and harm reduction), transmission, diagnosis and treatment of HIV and AIDS, development of multidrug resistance, and place aid/healthcare workers at increased risk of exposure, with potential for onward transmission within the UK and other host countries.

Prevalence of *Hepatitis C* (HCV) may be as high as 5% of the population, of which 3.6% have chronic HCV; most do not know their status and are not on treatment. Hepatitis B prevalence is low.

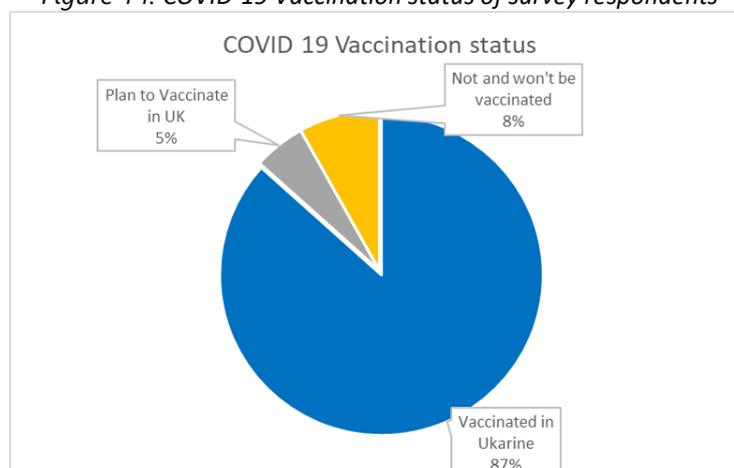
Antimicrobial resistance (AMR) rates are much higher than in the UK which will be important especially in those who are hospitalised or treated for infections. This includes MRSA (18-38%) and urinary tract infection organisms. There is a culture of expectation to receive antibiotics accompanied by herbal remedies considered to boost the effectiveness of the antibiotic, this will contribute to the growth of AMR and may result in Ukrainians expecting to receive antibiotics in the UK when the UK medical culture is to avoid unnecessary dispensing.

COVID & Vaccine uptake

At the outbreak of the war Ukraine was experiencing its fifth wave of COVID-19 (attributable to Omicron). 34% of the population were fully vaccinated, with 2% having received a booster, making it the least-vaccinated country in Europe with uptake low across all age groups³. This low rate is attributed to widespread vaccine hesitancy among the population and healthcare providers, and a lack of trust in institutions and the health care system. There is therefore significant risk of COVID mortality in the medically vulnerable (see Hong Kong for effects of Omicron on an unvaccinated population).

Survey participants were asked about their COVID vaccine status. However, due to the requirement to limit the length of the survey, participants were only asked if they had received a vaccine, and not whether they had received a booster. The results were encouraging, with a high rate of vaccination for COVID (*Figure 13*). It is thought that the higher rate of vaccination may be associated with the higher levels of education, analysis of responses line by line would indicate this. During the focus group session participants were asked if they had received at least one booster vaccination, 65% of those who were vaccinated in Ukraine stated that they had received a booster. Others, including non-vaccinated individuals (both in the survey and in the focus group) stated that they plan to receive initial vaccinations and boosters whilst in the UK.

Figure 14: COVID-19 Vaccination status of survey respondents

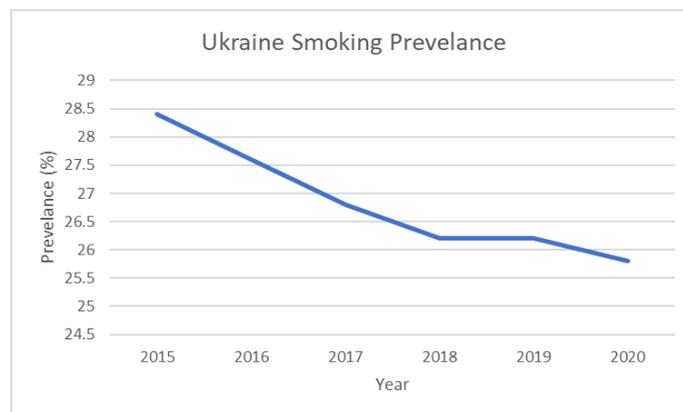


Non-communicable Diseases

Five major non-communicable disease groups account for nearly 84% of all deaths in Ukraine, these are; cardiovascular disease, diabetes, cancer, COPD, and mental health disorders²⁰. One third of Ukrainian adults smoke tobacco, with a high average annual alcohol consumption and a diet high in sodium intake and trans fats.

Cardiovascular disease and COPD are severely impacted by the high rate of smoking amongst adult males (40% vs 8.8% in females) with related diseases. Prevalence of daily smoking has been decreasing slowly over the last decade amongst men and women ages 15 and over²¹ as shown in *Figure 14*.

Figure 15: Smoking prevalence in Ukraine (age standardised, excludes non smoke tobacco products)



Although it has not been possible to determine prevalence amongst those arriving in the North West, substance abuse has been a major concern in Ukraine since independence²². Ukraine falls in the highest WHO category of “years of life lost” due to alcohol use, with an average alcohol consumption of 13.8 liters of pure alcohol per person per year²³. Alcohol consumption rates across Ukraine are high. Men have a higher estimated prevalence of alcohol use disorders than women (11.5% vs 1.4%). 25-35% of women in Ukraine consume alcohol during pregnancy²³. The consumption of alcoholic beverages is estimated to be responsible for about nine percent of the total disease burden within Ukraine.

Drug addiction in Ukraine has its peculiarities²⁴. While in the majority of countries drug consumption is an individual matter, 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. Drugs such as cocaine and heroin are too expensive for the average Ukrainian citizen, so their levels of abuse are still not significant²².

There is no coordinated national screening programme in Ukraine; where services exist, uptake is poor, and this contributes to late diagnosis of cancer and worse outcomes. More than 25% of breast cancers are diagnosed at a late stage in Ukraine in 2021²⁵.

Women's Health

According to the survey results. Three of the 210 participants reported witnessing physical or sexual violence, two reported experiencing forced detention/ labour or sexual exploitation/human trafficking, whilst 14 preferred not to answer the question. This indicates that refugees arriving in the North West from Ukraine may require support relating to such experiences.

Gender Based Violence (GBV) was already high in Ukraine with approximately 75% of women stating they had experienced some form of violence since age 15, and one in three having experienced physical or sexual violence. Despite its prevalence in Ukraine, it remains underreported. The risk of GBV are increased during conflict and transit, therefore, it would be expected that some refugees may arrive with high rates of post-traumatic stress disorder. There may also concerns of secondary victimisation by hosts after resettlement. However, none of the survey respondents reported GBV, or victimisation during transit or since arriving in the UK. This may however be due to a reluctance to report such victimisation now they are in their host country.

Refugee women are a vulnerable population, with unique needs related to exposure to prior conflict-related trauma experienced before and during the migration process, as well as vulnerabilities related to resettlement requiring particular attention, of which their providers need to be aware²⁶. The review of the literature shows that factors that perpetuate health inequities among refugee women include individual, interpersonal, organisational, cultural and community factors. Before the war began an estimated 54% of people in need of assistance from the ongoing crisis since the 2014 Russian occupation of Crimea and parts of Eastern Ukraine were women, and women and girls are consistently disproportionately affected by conflict. More than 1.5 million people – two thirds' women and children – have been internally displaced since the start of the conflict in 2014 and suffered from a lack of access to healthcare, housing and employment. These numbers have increased rapidly since February 2022²⁷.

Based on UNHCR's migration projections, approximately 2,200 births per week would be anticipated among the Ukrainian refugee population across Europe. Using the UK arrivals data published by DLUHC, this would equate to 50 births per week in the few months following arrival, or five in the North West. However, this will now be decreasing as the war continues. Prior to the start of the war in February 2022 the Ukrainian maternal mortality rate was 10 times higher than neighbouring Poland²⁸. 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 Ukraine²⁹. These findings indicate an urgency to refer pregnant women to maternity services as soon as possible in the UK.

Oral Health

In order to identify the levels of possible painful tooth decay and potential oral cancers, participants were asked if they were experiencing oral pains that kept them awake. 19 of the 210 responded yes, indicating potential serious conditions including abscess, infection and oral cancer.

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, a further 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 the North West had better access to dental care in Ukraine than the average population of Ukraine, and consequently, should have better oral health.

Lack of access to dental care in Ukraine has contributed to poor oral health levels. There are approximately 19,000 dentists registered in all of Ukraine, that is a ratio of under 4 dentists per 10,000. The number of dentists is not regulated in the country and can fluctuate greatly. This compares to rates up to 61 dentists per 10,000 in other parts of Europe³⁰. This problem is further exacerbated in the rural regions, where dental care is administered in outdated clinics. There are private practices for more affluent locals and westerners travelling to receive discounted treatment.

The level of oral health of those seeking refuge can be reflected by both the country they fled and where they settle. 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. The 'Refugee Health Technical Assistance Center' notes relevant factors to be aware of when refugees first arrive, and later ³¹:

- Lack of prior or current access to oral healthcare
- Alternative methods of dental care, such as teeth-cleaning twigs
- Limited nutrition as well as change to unfamiliar regional diet
- Communication issues with lack of interpretation in the dental setting
- Dental and health care workers may find refugees unfamiliar with common hygiene habits like flossing, many have missing dental records, and general mistrust of medical personnel can exacerbate matters³².
- Since the onset of war, in some Ukrainian territories, the population is unable to receive even pre-medical help, due to periodical bombing and destruction of infrastructure. The possibility of providing specialised dental care in the occupied territories is highly limited due to the following factors:
 - Risk of patient and doctor getting injured or shot if battle actions are located near air bombings
 - Many hospitals have been mined by the Russian army strategically, as important objects
 - A number of dental clinics have been completely destroyed during air bombings
 - Some clinics are unable to work because of the destruction of basic utilities supply (electricity, water) and general infrastructure in the city or region
 - A deficiency of dental materials, due to destroyed logistic systems and destruction of routes
 - Understaffing of dental clinics due to migration
 - Marauding caused by Russian troops.

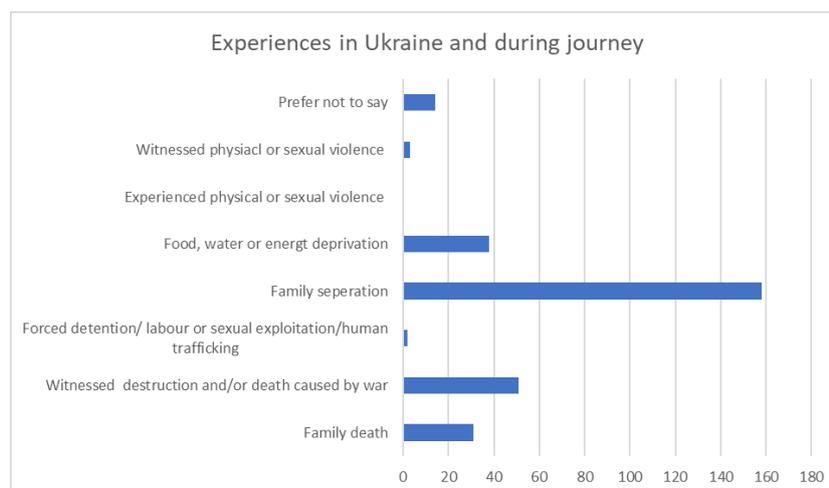
Nevertheless, even in occupied territory, some dental specialists are trying to provide qualitative dental help³².

Mental Health & Wellbeing

Ukraine's current mental health situation is mirrored across other regions affected by protracted conflicts and war. One in five (22%) people who have experienced war or other conflict in the previous 10 years, will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia³³. In applying these estimates to Ukraine, WHO expects that approximately 9.6 million people in Ukraine may have a mental health condition. Many of these may choose to leave Ukraine and seek sanctuary elsewhere, including the UK

Survey participants were asked about their experiences since February, particularly in relation which may lead to long lasting impacts of trauma. The findings can be found in *Figure 15*. Although 14 preferred not to answer the question, three people reported witnessing sexual or physical violence, whilst two reported experiencing forced detention/ labour or sexual exploitation/human trafficking, this is likely to be under-reported. Unsurprisingly, a large number (158/210) reported being separated from family, which is likely to contribute to loneliness whilst in the UK. Family bereavement (31) and witnessing death or destruction caused by the war (51) both had significant numbers being reported which are likely to contribute anxiety, depression, PTSD and other trauma induced mental health conditions. The later arrivals to the UK were the most likely to have experienced food, water or energy deprivation (38). These high rates of trauma indicate a requirement for sufficient mental health, counselling and bereavement support.

Figure 16. Traumatic experiences of survey participants since Feb 2022.



The survey respondents self-reported a deterioration in their mental health and wellbeing (*Figure 16*). The ongoing conflict means that Ukrainians experience a trauma triad of personal traumatic experiences, traumatisation through life in a foreign environment, and vicarious trauma through loved ones remaining in Ukraine. Mental health screening suggests under-recognition and underdiagnosis of anxiety, Depression and post-traumatic stress disorder (PTSD) are also likely underdiagnosed. The survey indicates that individual considered their mental health to be at 71% on average. However, there were large variations with some reporting very poor mental health. The GAD-2 average scores indicate that there is a level of mild anxiety amongst the population, with respondents reporting that they feel nervous/anxious and have not been able to stop worrying on more days than they have not.

Figure 17: Survey GAD-2 average scores

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

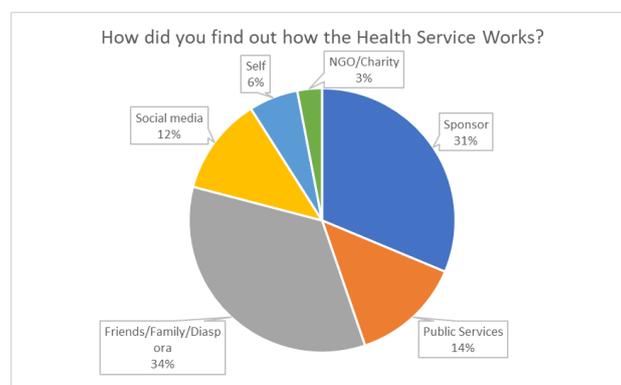
Ukrainians and British nationals have differing mental health beliefs and culture-bound expressions of symptoms. Historically, mental health care in Ukraine has been institutional rather than community based. Mental health-associated stigma and delaying help seeking are common. Individuals often prefer to discuss ‘real’ physical symptoms rather than psychological disorders. Exposure to violence, forced displacement and increased mental disorders are potential risk-factors for alcohol use as a means of coping with the experience rather than addressing the resulting mental health concerns³⁴.

The focus group discussed mental health support needs for those arriving from Ukraine. Following a recommendation by a participant, the group whole heartedly agreed that brief counselling should be made available to new arrivals to identify potential issues and allow the refugee to speak about their experiences. Participants were unable to relate to a general practitioner being able to provide or recognise the need for such provision and that this should be provided by a Specialist. Research supports this recommendation with good reliability and validity of screening for mental health problems amongst Ukrainian refugees and veterans²⁷.

Access to Health Services

Not surprisingly, only 8% of respondents to the survey knew how the UK healthcare system worked before arriving in the UK. Of those who at the time of the survey understood how the health system works most people believe they learned from their personal contacts or their sponsor (Figure 17).

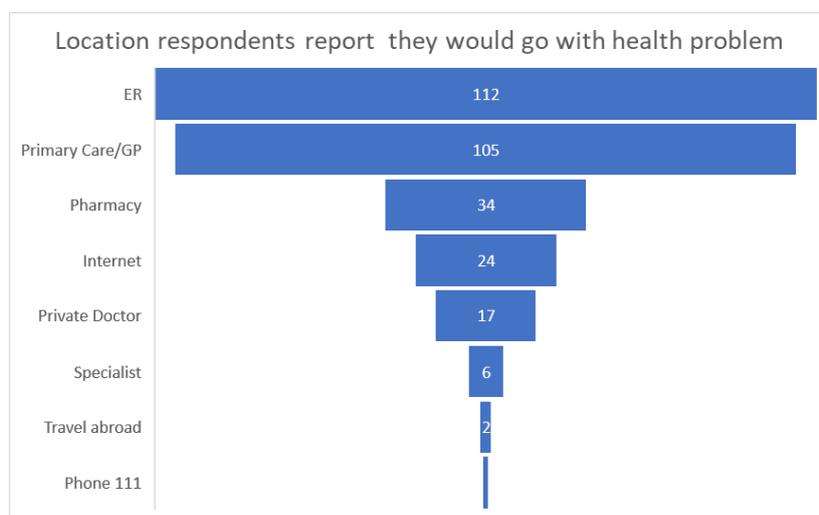
Figure 18: Survey respondents’ mode of learning how to access UK Health Services



At the time of completing the survey the vast majority (202) had registered with a GP. Just eight had not yet registered. However, anecdotal evidence suggests that recent influxes of asylum seekers do not re-register when they move/are moved, should refugees from Ukraine move area they should be advised to ensure they re-register with a local GP.

When asked where they would go for help (out of choice and considering what they know of the health system) in the UK, the Emergency Room (ER)/Hospital was the most common response (Figure 18), with the GP/Primary Care Centre being the second most preferred option. Two stated that they would travel abroad, namely back to Ukraine. This would be in part due to trust and cultural expectations, however, both added strong comments regarding the wait to see the GP, one stating “[I] Will contact the doctors from Ukraine first, then try to get the medicine from home or get it on Amazon, as here it [takes] ages, and it is easier to die than to get any help.”

Figure 19: Where Ukraine Refugees would seek medical help



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. The main barriers to access healthcare constantly identified in studies are availability of interpreters; knowledge about entitlements; and access to specialist services³⁵.

When asked whether a translation service was available at the locations, they had accessed the NHS since arriving, the majority (121) did not know. However, only 26 said that the service did offer a translation service whilst 63 said it did not. Although many Ukrainians may be able to understand limited amounts of day-to-day English, this does not mean that they understand the medical terminology used during a health appointment, and important information may be missed. Migrants who attended the MORRA workshop stated that although translation services may be available for their medical appointments, the translators don't always understand the medical terminology. Importantly, the receptionist does not have a translation service making it more difficult to both register and seek initial help to make an appointment etc. Workshop attendees stated that they preferred to use GP practices who used digital platforms to make appointments and completed triages etc, this may also benefit the arrivals from Ukraine.

Treatment

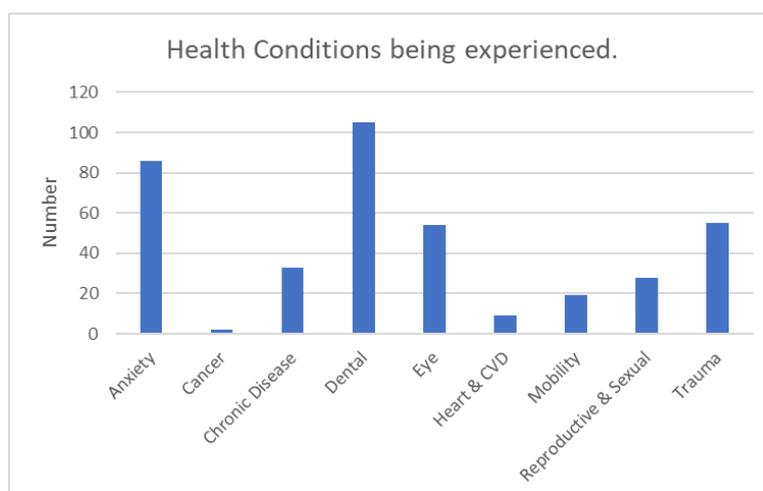
During March 2022 NHS England, UKHSA & OHID developed Guidance for Primary Care in relation to arrivals from Ukraine to ensure the most likely health needs are identified (Appendix 5). Empirically, we have observed that many Ukrainians in the UK are now registered with a GP. Clinicians can access tailored health assessment templates and Ukrainian translation services. Repeat prescriptions have been changed to UK equivalents³⁷.

The survey and focus group both highlighted those respondents had experienced considerable procedural, cultural and language difficulties in accessing NHS services, especially General Practice. When asked respondents stated that they only had mid-level trust in health professionals in England (63.7%).

The focus group supported feedback from the survey particularly relating to a cultural dismissal of the UK ‘gatekeeper’ General Practice 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, they are more likely to have used private healthcare, where there is no gatekeeper, rather than the developing state system in Ukraine. Participants expressed deep concerns relating to the inability to access a doctor, and that a General Practitioner can’t possibly be an expert in all areas of medicine. Concern was greatest in relation to paediatric health care, with examples of a child having to wait for “two hours” in a waiting room to see a GP who “was not qualified in paediatrics.” There was a feeling across the group that children should be prioritised and see paediatricians.

In addition to existing conditions, all people periodically experience ill health. Survey participants were asked what health conditions they are continuing to experience or have experienced since arriving in the UK. (Figure 19). Half of the total respondents stated that they had or were experiencing dental problems, whilst unsurprisingly large numbers also experienced trauma and anxiety. The numbers of chronic conditions and cancer were low.

Figure 20: Health Conditions reported by survey participants



Following from establishing which conditions survey respondents may be living with they were asked about their continuity of treatment. Figure 20 demonstrates that some have not been able to continue their treatment in the UK, with 27 stating they have not been able to access the required treatment yet, whilst 14 state that they are unable to source their medication. The focus group and interviews suggested that some of the medication which they have not been able to access may be because the herbal medication or antibiotics are not available on the NHS. However, 34 have

continued their treatment in the UK with 29 receiving the continued medication. Additionally, 15 have received treatment for the condition for the very first time since arriving in the UK.

This is reflected in the low number of times the refugees usually need to access treatment for long term conditions *Figure 21*.

Figure 21: Continuity of treatment received by survey respondents.

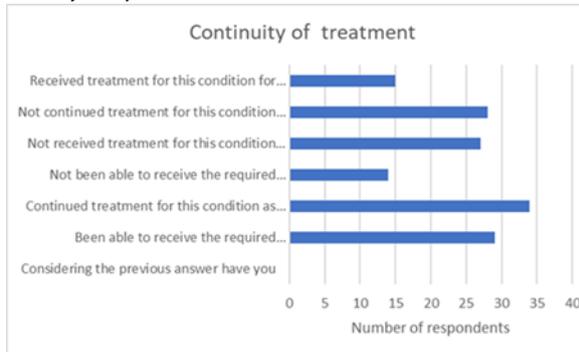
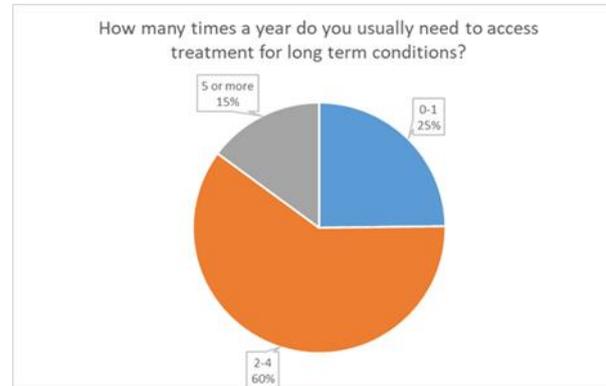


Figure 22: Frequency of treatment



Overall, the perceptions of accessing and experiencing healthcare needs in the UK by refugees from Ukraine are mixed. Reporting only mid-level trust in UK health professionals as well as cultural and expectational differences contributing to confusion in accessing treatment and specific medications. Some of the concerns raised by the refugees reflect those of the native population. The survey participants were asked whether their health was being well managed in the UK, here are a mixed selection of comments, notably, mental health concerns were expressed repeatedly.

“GP found good medication for my blood pressure level”

“I am in free weekly counselling, but I feel I require more mental support than that”

“I am so happy that I am in safe place, but at work English people not very friendly to me and it makes me stressful days. Also, to get to a job I have problems with bus system. They are never on time, and I was late for a job several times. It makes my life very stressful here. And I don’t know where to live after sponsor's scheme. My salary is so small to go and rent now...”

“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. "

"I feel safe. I am adapting a little bit. I don't quite understand how the healthcare system works yet, but I had my first appointment with a doctor last week. Next, I was referred for a blood test. The only thing I haven't been able to sort out is the dentist. I'm worried that the cost will be very high for me"

"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."

"I've got some problems with my health but haven't seen doctors as I worry about the payment. If it's very expensive I won't be able to pay. I need to check my teeth, stomach, and others"

"My mental health is getting better."

"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."

"Unfortunately, the health treatment here was very poor"

"I keep getting tonsillitis and I have to miss work as it makes me so ill. I want them removed but Dr said long waiting list and he's trying a sit and see approach meaning they won't do anything else or any treatment."

"I was ill several times being in UK. It was tonsillitis. And I couldn't receive any antibiotics because I couldn't visit a doctor. On the phone doctor said just take paracetamol and water. "

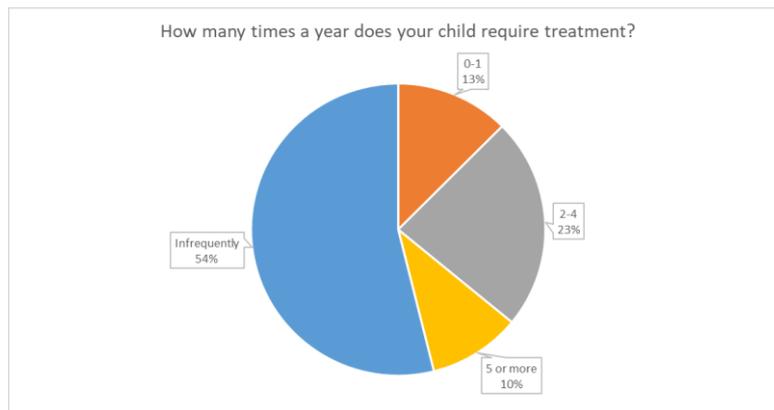
"It's difficult to have dental treatment. It's so expensive "

Child health

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 (Figure 22).

Figure 23: Child refugee historical health treatment frequency.



The current guidance around children arriving from Ukraine³⁸ includes specific guidance relating to TB, this is;

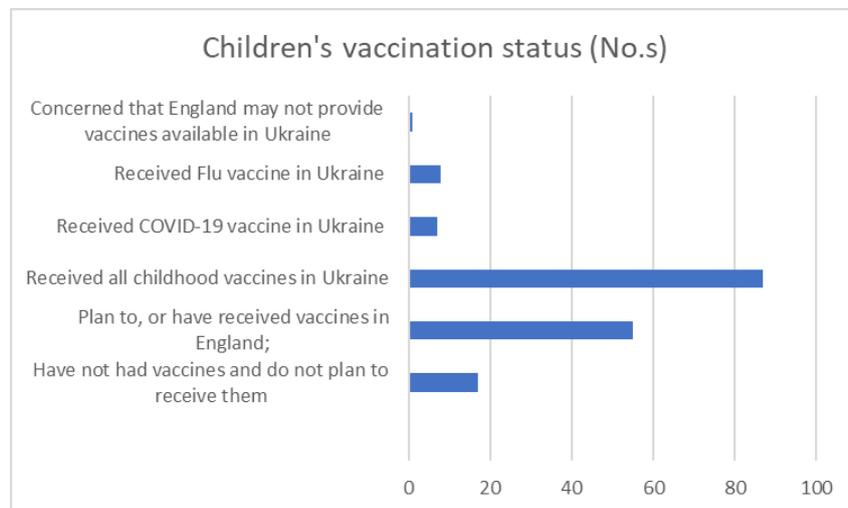
- Age is a significant risk factor for progression from infection to active disease and the younger the child the greater the risk. Many children arriving in the UK may have been exposed to TB travelling within Ukraine and across Europe. Therefore, children under 5 years should be considered at higher risk.
- Previously, arrivals to the UK from Ukraine would be subject to pre-entry screening for active pulmonary TB disease for visas for more than 6 months. The UK Health Security Agency (UKHSA) recommends that those arriving from Ukraine should have screening for active TB in line with these previous pre-entry specifications. This enables early identification of those with active TB, including those with MDR-TB and initiation of early treatment, preventing onward transmission and averting new cases.
For people aged over 15 (who are not pregnant), this would include a:
 - symptom check
 - chest X-ray
 - sputum assessment, where appropriate (person is coughing and able to produce sputum)
- Children aged 0 to 15 years should have a symptom check in primary care. Children with symptoms of TB disease, including persistent cough and fever, weight loss or poor weight gain, should be referred to local paediatric services.
- Asymptomatic children with immunodeficiencies or other complex medical conditions should be referred to local paediatric services for an assessment of TB disease and infection.
- Asymptomatic healthy children aged 0 to 5 years should be offered an interferon gamma release assay (IGRA) test, or a tuberculin skin test (TST) for latent TB infection. Integrated care boards (ICBs) should work with local paediatric services and local TB services to agree a local pathway.
- Ukrainian children aged 0 to 15 years should only have a chest X-ray as part of further assessment and if clinically indicated, for example following a positive TB infection test or a positive symptom check.
- For pregnant women, offer a symptom check and a sputum examination.
- If the person has symptoms or an abnormal X-ray, refer for appropriate assessment and investigation.
- For people who are immunocompromised, refer for appropriate assessment and investigation.

- For people who have known contact with a person with infectious TB, refer for appropriate assessment and investigation.
- Offer vaccination against TB for those aged under 16 who do not have a history of BCG vaccination and are tuberculin negative, including infants under the age of one.
- It is also important to maintain long-term vigilance for symptoms of TB within these populations even if the initial screening is negative.
- Emphasise that if a patient tests positive, treatment is free and most treatment can be provided on an outpatient basis.

Despite this guidance, of the 114 survey respondents only five reported that their children had received TB Screening, a further four were unsure, and the remainder said that their children had not received screening. As the age profile of the children are roughly equally distributed, the numbers to have been screened should be considerably higher. General Practices are working retrospectively to screen children who were not screened before the introduction of the new guidance; however, this data suggests that new arrivals are not being screened either.

Survey participants were asked to provide details of their children’s vaccination status. The results (Figure 23) demonstrate that the rates of vaccination are greater than the Ukraine average. It is notable that there is a very low uptake of flu and COVID-19 vaccination amongst children, however. It is heartening that 55 have stated that they plan to ensure their children will be vaccinated whilst in the UK, further boosting the vaccine rate.

Figure 24: Vaccination rates for childhood vaccines, COVID-19 and Flu amongst Child Refugees from Ukraine



Other Factors for Consideration

Housing

From the offset, no special support has been provided to those arriving via any scheme other than the Homes for Ukraine Scheme, these refugees are however entitled to apply for the same support as UK residents. Homes for Ukraine & Family Scheme visa holders are entitled to;

- Public funds, as well as entitlement to take up work or study;
- Wrap-around support provided by Council – Council receives funding for this (£10,500 per person);
- DBS checking of hosts and further checks conducted on the property and host by Council;
- Digital Welcome Pack on GOV.UK.

In addition, hosts: receive;

- £350 “thank you” payment per month per address, this is now increased to £500;
- Support from council/local groups (may depend on location) or national advice services;
- Sponsor guidance on GOV.UK.

However, since during March 2022 concerns were raised regarding potential issues such as sponsorship breakdowns, hosts’ DBS or accommodation not being to required standard, access to health services. In addition, there were concerns that people may arrive via other legal and illegal routes resulting in them not being offered adequate housing. In particular, this could include unaccompanied minors and those who may be trafficked and ‘housed’ a part of a modern slavery operation.

As many refugees from Ukraine are highly educated individuals, they anticipate a short-term stay in the UK and as such delay putting down roots. This has impacted on schooling, building health service knowledge, and employment options. Initial housing agreements are informal and time-limited³⁹. While host families may become lifelong advocates for Ukrainians, some report an unsustainable care burden, financial strain where refugees have not gained sufficient employment and relational strain. The nature of the employment may not be sufficient for refugees to rent their own property. Reports of homelessness are increasing, with associated vulnerability and potential for exploitation³⁰.

The government is collecting homelessness management information on Ukrainian nationals from local authorities in England for monitoring purposes. DLUHC has published this data covering 24 February to 23 February 2022 and it is available on [gov.uk](https://www.gov.uk). This indicates that 780 accommodation arrangements for people entering on the families’ scheme had broken down by 23 February 2023 nationally. Meanwhile for those on the Homes for Ukraine Scheme 2,635 accommodation arrangements had broken down, with a further 260 accommodations not being suitable or available on arrival. The Ukrainians in this situation were re-accommodated by the local council with new hosts or in temporary accommodation.

Information is available guests on the Homes for Ukraine Scheme in the form of a letter sent to all on the scheme. This provides advice on how to find independent housing, finding work and finding new hosts. As initial hosts had possibly only anticipated housing Ukrainians for a few months, it is becoming increasingly likely that Ukrainians will be needing to seek new accommodation. Guests who need to seek new accommodation are advised that if they are not able to continue with their

current host, and have not found their own accommodation, they may want to find a new host by 'rematching'. If they don't know anyone who may be able to host them, there are organisations that may be able to help, including voluntary organisations, charities and the council.

Refugees do not have to stay in the same area and in some cases it may not be possible. If they choose to move, to a new council will help them to find services and support in the new area.

If guests are having difficulties finding a new host, they should speak to their council who will assist. Guests should let their council know if they have found a new host in another area of the UK, or if they decide to return to Ukraine or leave the UK for longer than four weeks.

Culture

Health beliefs and values vary between and within cultures and religions. This can impact on health behaviour and attitudes towards health services. There needs to be consideration of the impacts of culture, religion and gender may have on health whilst in the UK.

The main religions in Ukraine are: Orthodox, which includes the Orthodox Church of Ukraine (OCU), Ukrainian Autocephalous Orthodox Church (UAOC), Ukrainian Orthodox-Moscow Patriarchate (UOC-MP), Ukrainian Greek Catholic, Roman Catholic, Protestant, Muslim, and Jewish.

Support Centres Advisory/advocacy

Many local authorities and community groups across the North West have established 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.

Many hubs organise specific activities for Ukrainians, whilst also encouraging participation in some of the activities already running within the community. Some local hubs have organised activities for both Ukrainian refugees and their hosts to enjoy, including visits to different cities and theme parks, Halloween parties, Ukrainian Independence Day parties, Christmas parties, choirs etc. many of these are open to family groups, enabling families to take part in activities together which has been suggested to be conducive to good health⁴⁰.

Figure 25: New refugees learning English at a community hub



Some hubs have now created a website to make guidance and the latest events more accessible to those of interest. Most have created social media groups. In addition, local communities, local authorities, and refugees have established a wide range of social media groups across different geographies to provide support for refugees to help Ukrainians find new accommodation, employment, education, social activities and general support. Notably, some social media groups regularly include promotion of services made available to refugees by Ukrainians, including healthcare and alternative healthcare by Ukrainian practitioners.

Photo: St Helens Star

Limitations of HNA

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.

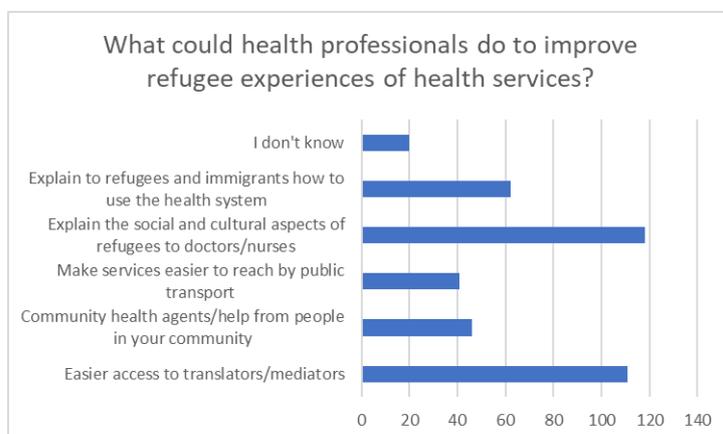
Recommendations

The findings of this Health Needs Assessment are drawn from the insights of a sample of key informants and refugees. It should be noted that those refugees from Ukraine who have arrived here are substantially better educated and likely more affluent than the average Ukrainian and as such are accustomed to accessing immediate and private health care in their home country.

However, the health needs of refugees and other migrants are complex, and consultees identified areas of improvement. The challenges faced by providers in north west England are similar to those faced in other parts in the UK and Europe. Access to healthcare services has already been described as an issue in the report. Here, in the north west, refugees have described how they feel are occasionally refused access to the services and routinely find it hard to navigate the system to arrange appointments. Refugees have highlighted a need for greater mental health and counselling services.

As the report highlights, many refugees have experienced significant traumas and are at risk of mental health disorders such as PTSD as a result of the stressful and difficult experiences they have been through. Early recognition and treatment of mental health conditions is vital to improve outcomes, this is best achieved by taking a trauma informed approach⁴¹. At the end of the survey participants were asked to what health professionals could do to help their experience of using health services. As *Figure 25* shows there was support for community liaison/champion/navigator type roles and better explanation of how the health system works at an early stage, however there was strong support for providing Ukrainians with easier access to translators/mediators and to Explain the social and cultural aspects of refugees to doctors/nurses.

Figure 26: How refugees believe their healthcare experience can be improved



This report does not include any specific recommendation in relation to dental health or managing chronic diseases, despite there being a level of stated concern regarding some conditions. As these are predominantly related to access to service provision, it is recommended that commissioners and providers prioritise the access to treatment recommendations. A review of the dental health and chronic conditions should then be carried out to re-assess the situation and prioritise new actions, if necessary, at this stage.

It is evident that the Ukrainian diaspora, church groups and local communities dedicate substantial amounts of their free time to help refugees. Their work makes a substantial impact on helping to meet health and wellbeing needs of refugees that would otherwise be unmet.

In the same way, other agencies involved, such as councils and healthcare organisations show flexibility and determination to help refugees to integrate in the community and to solve any issue that they may encounter during their arrival to the county. The majority of refugees have registered with a GP. However, substantial challenges remain to fully integrate the refugees into a normally rigid system and to manage health service expectations and utilisation. The survey results suggest that, overall, the experiences of refugees from Ukraine living in the North West have been mixed but mostly satisfactory, and they feel safe. The refugees consulted enjoyed living in the area and were grateful with the positive response of the community.

Creating social links and participating in different activities is vital to avoid social isolation and the mental health problems that are associated with it. The provision of Community Hubs and social media groups have made a very positive contribution to avoiding isolation, however some refugees have highlighted language and transport as two of the main barriers to community participation.

The Ukraine Refugee Schemes permit refugees to work, learn and claim benefits (Appendix 7). Those who arrived on the Homes for Ukraine Scheme were twinned with a host who would provide housing up to 6 months in the first instance. The war has continued, families wish to move on, whilst financial pressures increase through the cost-of-living crisis, resulting in some guests having to seek alternative accommodation. Many refugees have been hosted in larger more affluent households and sought employment locally. As hosts wish to have their rooms back and ask the guests to leave, the refugee guests (even if working) are often unable to rent their own accommodation. Where further sponsor hosts cannot be found this has exacerbated pressures on council housing stock. The insecurity regarding housing is a substantial strain on an individual's wellbeing.

Listed below are a number of recommendations which may be adopted to address the needs raised in this report. Some of these recommendations are universal and would need to be addressed at national or regional level by NHS England, OHID and DHSC, others are more local and would need to be focussed on system level or below, with a few being focussed on specific local authority level. It is recognised that at the time of writing public sector organisations are experiencing substantial financial pressures resulting from the pandemic, cost-of-living crisis, inflationary pressures, the impact or recent increased numbers of migrant populations and other factors, which in turn may in turn impact on the ability to deliver due to reduced budget, resource and capacity. Additionally, it is recognised that migration is a sensitive and often politically charged topic. Prioritisation carried out taking into consideration; scale of impact, ease and speed of delivery, affordability and resources availability. The higher priority recommendations are therefore [in blue text](#) in order to guide readers and inform decision makers in their prioritisation at this time.

Overall, the outcome of these recommendations should lead to a better informed, easier, quicker and more appropriate access to services, increased cultural engagement and understanding of clinical needs, resulting in improved physical and mental health. The housing recommendations will benefit health outcomes by reducing levels of stress and ensuring a healthy home.

Although some of the recommendations are already in place to address other migrant groups, there is a need to adapt the methodology in order to accommodate Ukrainian refugees. Equally, some recommendations are already taking place in some areas, but is not universally available across the

region. Sharing lessons from areas with most experience in supporting migrant populations across the region has the potential to help all refugees in the North West.

Access to Health Services

Issue	Recommendation	Responsible organisation
Ukrainian refugees reporting that staff in clinical settings are not aware of their entitlements.	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.	<div data-bbox="903 371 1102 439" style="background-color: #76b82a; color: white; padding: 5px; margin-bottom: 5px;">OHID</div> <div data-bbox="903 439 1102 506" style="background-color: #3498db; color: white; padding: 5px; margin-bottom: 5px;">PCN</div> <div data-bbox="903 506 1102 584" style="background-color: #e67e22; color: white; padding: 5px; margin-bottom: 5px;">NHS England</div> <p data-bbox="903 584 1398 640">(Workforce Training and Education)</p>
Low, but at times excessive, and inappropriate use of health services by Ukrainian refugees.	Fill knowledge gaps by easing access to linguistically and culturally translated NHS guidance, including via community social media such as Telegram and Viber chats.	<div data-bbox="903 981 1102 1048" style="background-color: #e67e22; color: white; padding: 5px; margin-bottom: 5px;">NHS England</div> <div data-bbox="903 1048 1102 1126" style="background-color: #3498db; color: white; padding: 5px; margin-bottom: 5px;">PCN</div>
Ukrainian refugees report navigating access to public services as complicated and difficult to understand	Identify and train community ‘champions’ to support Ukrainians’ engagement with health, social, and educational services.	<div data-bbox="903 1267 1102 1335" style="background-color: #3498db; color: white; padding: 5px; margin-bottom: 5px;">PCN</div> <div data-bbox="903 1335 1102 1402" style="background-color: #95a5a6; color: white; padding: 5px; margin-bottom: 5px;">Local Authority</div> <div data-bbox="903 1402 1102 1469" style="background-color: #002d62; color: white; padding: 5px; margin-bottom: 5px;">ICB</div>
Continuing cultural and linguistic barriers accessing and during consultations	Increase use of medical translation services and introduce Ukrainian Care buddies to accompany refugees to appointments	<div data-bbox="903 1487 1102 1554" style="background-color: #3498db; color: white; padding: 5px; margin-bottom: 5px;">PCN</div> <div data-bbox="903 1554 1102 1621" style="background-color: #002d62; color: white; padding: 5px; margin-bottom: 5px;">ICB</div>
	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.	<div data-bbox="903 1706 1102 1774" style="background-color: #95a5a6; color: white; padding: 5px; margin-bottom: 5px;">Local Authority</div> <div data-bbox="903 1774 1102 1852" style="background-color: #e91e63; color: white; padding: 5px; margin-bottom: 5px;">Community Hub</div>

Ukrainian refugee understanding of medical terminology in English is limited	Support in registering with and requesting interpreter services for NHS Talking Therapies/social prescribing.	ICB
Differing cultural approach to mental health in Ukraine. Language differences creating an additional barrier Cultural differences	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	NHS England
	Research benefits, methodology and impact of digital solutions for treatment of refugees. Funding may be available from the NIHR Digital health inclusion and inequalities.	ICB OHID
	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.	Local Authority RSMP AUGB

Health Service

<u>Issue</u>	<u>Recommendation</u>	<u>Responsible organisation</u>
Refugees from Ukraine report low levels of cultural awareness regarding the needs and experiences of refugees, and differing expectations of refugees amongst frontline NHS staff	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.	OHID Prev HEE
	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?"	OHID Universities

No current capacity to flag patients as refugees and potentially vulnerable on Health Information Systems	Commission and use health Information Systems which record the refugee status of patients	  
Communication skills and consultation models used within UK general practice were largely designed for a culturally homogeneous British society. Ukrainians have established health beliefs, experiences, and expectations that may clash with standard communication approaches.	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.	
Low COVID vaccination rates amongst Ukrainian population	COVID vaccination needs to be offered to all with a strong communications package.	 
High rates treatment resistant TB in Ukraine	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.	 Port Health
High rates of HIV in Ukraine	GPs should offer HIV testing and consider Hepatitis C screening in high-risk groups to ensure early treatment.	 
High rates of Sexually infectious diseases in Ukraine	Sexual Health screening at initial GP appointment	
Low breast cancer screening rates in Ukraine	Offer breast cancer screening to women on registration at GP	 
Poor pregnancy outcomes post trauma	Rapid referral to NHS maternity services	

Mild to severe mental health needs experienced by refugees as a consequence of trauma induced by the war.	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.	 
Trauma experienced by healthcare workers supporting Ukrainians own trauma.	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'.	

Child Health

<u>Issue</u>	<u>Recommendation</u>	<u>Responsible organisation</u>
Low childhood vaccination rates in Ukraine	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.	 
Low rates of flu and COVID vaccines in children	COVID and flu vaccination needs to be offered to all with a strong communications package.	 
Ukrainians arriving in areas which are not accustomed to accommodating migrants. Consequently, low levels of experience amongst GPs etc.	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

Issue	Recommendation	Responsible organisation
Difficulties in securing adequate employment to be self-sustaining	Compile and share a database of vacancies and employers recruiting potentially short-term staff for highly educated staff with moderate levels of English.	
Insufficient housing and accommodation available following the end of an initial sponsorship, either with a new host or in their own rented property	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)	

Information for Refugees

Issue	Recommendation	Responsible organisation
<p>There is a need to support the rapid cultural adaptation of children to understand how things operate in the UK, and to help other children support child refugees feel as if they are welcome</p>	<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>Youth Groups</p> <p>School</p>
<p>All adult refugees must feel welcome and able to navigate the public service systems as soon as possible on arrival.</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>DLUHC</p> <p>Local Authority</p>
	<p>Identify and train community 'champions' to support Ukrainians' engagement with health, social, and educational services.</p>	<p>Local Authority</p> <p>ICB</p> <p>PCN</p>
	<p>Replicate 'Hello' book for adults</p>	<p>RSMP</p> <p>VCSE</p> <p>DLUHC</p>
	<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</p> <p>Universities</p>
<p>The majority of arrivals from Ukraine have reported that they are separated from their family. This separation in a</p>	<p>Develop Community Support groups and provide meeting places such as libraries and church halls.</p>	<p>Local Authority</p> <p>VCSE</p>

foreign country can contribute to loneliness		
Poor understanding of universal requirements of refugees by first time hosts and no information provided regarding individual circumstances and visa/arrival complications.	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	<div data-bbox="1078 271 1278 333">Local Authority</div> <div data-bbox="1078 349 1283 412">Community Hub</div>
	Ensure early identification of issues and better joined up work with UKVI on arrival dates;	<div data-bbox="1078 472 1283 535">RSMP</div>
Cumbria Council is being disbanded and two new councils formed, this may require further understanding locally.	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.	Cumberland Council Westmorland & Furness Council <div data-bbox="1078 703 1278 766">OHID</div>

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Appendices

Appendix 1. Consultees

The following individuals and organisations were consulted during the compilation of this Health Needs Assessment.

- 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

Appendix 2. Further background Information

Ukrainians in NW England, a historic perspective

During the beginning of the twentieth century, a group of Ukrainians, bound for America, landed in Liverpool, and began their new life around the city of Manchester instead. The pioneers came from Western Ukraine (Eastern Galicia, Ukrainian – Galicya Region), which was then part of the Austro-Hungarian Empire. After the Second World War the Ukrainian diaspora in the UK was significantly enlarged by refugees from the displaced persons camps in continental Europe, the majority of the migrants again came from Western Ukraine: Galicya – Volyn, Bukovina, and Carpathian region.

In the UK upon arrival, they were dispersed to different camps and then sent to work in mills, mines, agriculture and textile factories in the British regions that particularly suffered from a lack of work force – the Midlands, north Manchester, Bradford, Bolton, and Nottingham. The majority of the diaspora have settled in London, however, there is a diaspora population of approximately 18,000 people based in northern Greater Manchester and Liverpool.

State of Ukrainian Health pre-war

Since its independence in the 1990s Ukraine has struggled to establish a universal health care system. Preventative healthcare is uncommon, with many people relying on private provision for acute treatment¹. Over the past three decades, community health care in Ukraine has expanded to include GP-led primary care services alongside district physicians within multidisciplinary polyclinics. The private healthcare sector provides direct access to specialists, diagnostics, and treatment for those who can afford it¹.

The average life expectancy in Ukraine is 71.83 years compared with 80.17 in the UK. Rates of cardiovascular disease and associated risk factors, including diabetes, cholesterol, and hypertension are high, with around 90% of deaths due to NCDs. Anaemia rates are higher amongst non-pregnant women and children, compared with Europe averages. There is an increased risk of deficiencies in Vitamin D, Vitamin A, and Iodine. Prevalence of thyroid disease and malignancy are high in some parts of Ukraine, a legacy of the Chernobyl nuclear disaster of 1986. Lifestyle choices, limited health literacy, and frequent use of herbal and alternative remedies complicate chronic disease management.

Rates of excess alcohol consumption and certain infectious diseases are higher than in the UK, particularly tuberculosis and HIV due to intravenous drug use. Individuals may choose not to openly disclose these conditions to a doctor. Mental health stigma exists, in part a legacy of historical management of many mental health conditions within large residential care centres. The prolonged conflict in Eastern Ukraine has led to an increased prevalence of post-traumatic stress disorder. COVID-19 vaccination rates in Ukraine were around 35% at the start of the war, in part due to significant vaccine hesitancy².

This Health Needs Assessment set out to consider these factors, the needs these may create for Ukrainians in the UK and how circumstances may have impacted on these factors.

Refugee health

Refugees living in the UK have often witnessed or suffered violence, torture and war; they live in an unknown foreign country, and they are frequently separated from friends and family. These adversities have an impact on their wellbeing, making them a particularly vulnerable group².

This vulnerability, alongside the fact that asylum seekers and refugees are socially, culturally and demographically different from the local population, result in a set of unique health and social needs, which are often unfamiliar to the stakeholders involved in the provision of care.

During March 2022 the Chief Medical Officer for England³ identified that this substantial movement of refugees is the largest seen in Europe for decades. It is medically quite distinct from recent major refugee movements such as from Afghanistan, and that;

- The UN had based humanitarian planning on four million Ukrainian refugees seeking safety in neighbouring countries in the immediate aftermath of the onset of war, EU estimates were higher than this. It was recognised that this would stretch medical resources, especially for specialist care.
- Medical refugee needs can be divided into three broad categories with different potential UK medical responses:
 - Refugees in or recently evacuated mainly from the east of Ukraine with direct conflict-related injuries where basic and complex physical trauma care, especially surgery, will be a major part of need. Some will have complex trauma; these will be small numbers but need intensive (and expensive and prolonged) surgical and medical care and rehabilitation and will be a significant gap in provision.
 - Refugees who do not have direct war related injuries but have pre-existing medical conditions exacerbated by recent lack of medical care or drugs. These may include non-communicable diseases such as diabetes and mental health needs as well as infectious diseases such as multi-drug resistant TB and HIV. These chronic health needs will make up the greatest call on medical services quantitatively.
 - Refugees arriving in the UK will have medical needs typical of the refugee population demographic but may have had weeks with no care or drugs and the NHS and public health system will need to be ready to manage this.
- The refugee population outside Ukraine, including to the UK, will disproportionately be made up of children, women under 60, and people over 60 of both genders. Conscription of males under 60 among other factors will skew this demographic. This presents serious safeguarding issues which complicate medical care and housing options. Exploitation or worse of this vulnerable population is a major risk to be mitigated.
- Mental health disorders (primarily PTSD, depression and anxiety) are reported to affect one in five people in post-conflict settings. Substantial numbers of refugees could develop these issues, as well as experience exacerbation of chronic mental health conditions.
- Language barriers will complicate health provision by UK professionals. Only a small minority of refugees will speak English well enough to engage fully with healthcare or understand access. This can be especially difficult for mental health provision.
- Upswings in infectious diseases are an almost inevitable result of war. Ukraine has by European standards a low rate of vaccination, exacerbating this risk. This is a minimal risk to the (vaccinated, housed) host population but outbreaks in refugee camps and staging areas are highly likely.
- Other government departments are responsible for Issues including housing and education for a vulnerable population. All will have an impact on physical and mental health.

Appendix 3. Migrant Population Background

European Context

While most immigrant populations in European countries are dominated by other Europeans, many immigrants and their descendants have ancestral origins outside the continent. For the former colonial powers France, Britain, the Netherlands, Belgium, Spain, and Portugal, most immigrants, and their descendants have ties to former colonies in Africa, the Americas, and Asia. In addition, Germany, Austria, Switzerland, the Netherlands, and Belgium recruited Turkish and Moroccan guest workers beginning in the 1960s, and many current immigrants in those countries today have ties to such recruitment programs⁶.

In the Scandinavian countries of Sweden, Denmark, Norway, and Finland, the bulk of non-Western immigrants are refugees and asylum seekers from the Middle East, East Africa, and other regions of the world arriving since the 1980s and 1990s. Increasing globalization has brought a population of students, professionals, and workers from all over the world into major European cities, most notably London, Paris, and Frankfurt. Clandestine immigration and asylum-seeking in Europe from outside the continent have been occurring since at least the 1990s. While the number of migrants was relatively small for years, it began to rise in 2013.

It was quickly claimed that the increase in immigration flows from the 1980s is due to global inequalities between poor and rich countries⁷. The largest groups of migrants to Europe since 2013 were nationals of Morocco, Albania, India, Turkey and Pakistan⁸. According to a YouGov poll in 2018, majorities in all seven polled countries were opposed to accepting more migrants: Germany (72%), Denmark (65%), Finland (64%), Sweden (60%), United Kingdom (58%), France (58%), and Norway (52%), highlighting the political sensitivity relating to any form of immigration. A February 2017 poll of 10,000 people in 10 European countries by Chatham House found on average a majority (55%) were opposed to further Muslim immigration. Of those opposed to further Muslim immigration, 3/4 classify themselves as on the right of the political spectrum. Of those self-classifying as on the left of the political spectrum, 1/3 supported a halting further Muslim immigration⁹.

National Context

UK migration levels fluctuate from year to year, but over long periods, a useful measure of how much immigration a country has experienced is the size of the foreign-born population as a percentage of the population. By the beginning of the 2020s, the UK's foreign-born population was approximately 14%. This share is similar to high-income countries such as the United States and Spain. The UK has a smaller foreign-born population than Australia, Canada, and New Zealand. By contrast, the UK has a higher share of foreign-born people in the population compared to Italy, Portugal, and most Eastern European countries¹⁰.

Net migration is a commonly used measure of the overall scale of migration in the UK. It considers not just people moving to the country, but also those leaving. Official net migration estimates are currently very uncertain and published figures will be revised. For example, in 2022 ONS revised the estimate of net migration for the year ending June 2021 down by 28% or 66,000¹⁰. With this caveat in mind, estimates from the Office of National Statistics suggest that total net migration was 504,000

in the year ending June 2022. This was substantially above pre-pandemic estimates of between 300,000 and 400,000 (depending on which measure is used).

Visa data gives a more detailed picture of the reasons for non-EU migration patterns. Visa data, however, overstates long-term immigration because not all people who receive visas actually move to the UK, and many come for just a few weeks or months and are not long-term migrants. Nonetheless, they provide an accurate indication of overall trends over time and show that three main factors drove recent increases in non-EU migration¹⁰.

- 1) **“Bespoke humanitarian routes”**. The largest single factor explaining the increase in visas granted to non-EU citizens from 2019 to the year ending June 2022 was the introduction of visa routes for Ukrainians and Hong Kong British Nationals (Overseas) status holders. Together these two routes contributed 45% of the 467,000 increased during this period (excluding visitors and short-term study).
- 2) **International students** accounted for a further 39% of the increase. The UK has an explicit strategy of increasing and diversifying foreign student recruitment, and it is also plausible that the reintroduction of post-study work rights post-Brexit has made the UK more attractive to international students.
- 3) **Skilled workers**: 23% of the increase in visa grants from 2019 to the year ending June 2022 resulted from work visas—particularly skilled workers. Health and care was the main industry driving the growth. The increase in skilled workers is not solely the result of the post-Brexit immigration system, but also higher demand for workers who were already eligible for visas under the old system, such as doctors and nurses.

Net migration at the levels seen in 2022 cannot be assumed to continue. For example, some of the recent contributors to non-EU immigration are not expected to continue indefinitely, such as the arrival of Ukrainians fleeing the war¹¹. Also, emigration is also expected to increase in coming years, because most work and student migrants do not remain in the UK permanently. On the other hand, if higher non-EU work and study related migration continue in the long term, it no longer seems likely that the post-Brexit immigration system will mean *lower* net migration than the UK experienced pre-pandemic.

Appendix 4. Literature Search Criteria

Level of search: (1) bibliography (2) annotated bibliography

Terms used:

See the complete search strategy below.

Limits applied:

Age group	Language	Publication type	Time limit	Geography
All	English	All	2014-Current	UK Relevant

Summary of resources searched and results:

Source	Initial Results	Unique Results	Screened Results
Cochrane Library	3	2	1
Embase	4762	2387	87
Grey Literature (Inc TRIP)	2069	1539	13
HMIC (free text)	13	6	1
Medline	3729	3679	177
PsycInfo (free text)	2790	1724	20
PTSDPubs	471	146	2
Scopus	1730	987	40
Social Policy and Practice	46	24	0
Other	2	2	2
Total	15615	10496	343

Disclaimer

Although every effort has been made to ensure this information is accurate, it is possible it may not be representative of the whole body of evidence available. Both articles and internet resources may contain errors or out of date information. None of the resources have been critically appraised. No responsibility can be accepted for any action taken on the basis of this information.

Inclusion/Exclusion Criteria

Exclude if:

- Not focused on refugees/asylum seekers/displaced populations
- Not relevant to Ukraine or Syrian crisis OR is focused on other crisis with no reference to Syria/Ukraine

Include if:

- Relevant to UK systems
- Relevant to:
 - health threats
 - Access/barriers to health care services
 - Ukrainian health behaviours
 - Vaccination rates/behaviours/attitudes of populations
 - Mental Health/Trauma

Search strategy

Database: Ovid MEDLINE(R) ALL <1946 to December 19, 2022>

Search Strategy:

-
- 1 exp Refugees/ (12749)
 - 2 "Transients and Migrants"/ (13880)
 - 3 (migrant* or immigrant* or refugee*).tw. (58743)
 - 4 (asylum adj1 seek*).tw. (2446)
 - 5 (displaced adj3 (population* or people*)).tw. (1064)
 - 6 Ukraine/ (16944)
 - 7 "ukrain*".tw. (8158)
 - 8 or/1-7 (86871)
 - 9 *Risk Factors/ (1266)
 - 10 "health threat*".tw. (10301)
 - 11 9 or 10 (11566)
 - 12 ("access ADJ2 healthcare" or "access ADJ2 health*" or "health service accessibility" or (health service* adj3 utilization)).tw. (6138)
 - 13 ((health or service) adj2 (Barrier or challenge)).tw. (8033)
 - 14 exp *Health Services Accessibility/ (66855)

- 15 12 or 13 or 14 (80338)
- 16 8 and 15 (2533)
- 17 armed conflicts/ or war exposure/ (1474)
- 18 (conflict* or Trauma* or war).tw. (601858)
- 19 (Mental adj2 (illness* or disorder* or wellbeing or health)).tw. (256967)
- 20 18 and 19 (20973)
- 21 17 or 20 (22266)
- 22 "Vaccination Hesitancy"/ or Anti-Vaccination Movement/ or Vaccination Refusal/ (1626)
- 23 *Vaccination/ or *Vaccines/ (65599)
- 24 "vacc*".tw. /freq=2 (222622)
- 25 COVID-19 Vaccines/ (17023)
- 26 ("anti-Vacc*" or (Vacc* adj2 (Hesitan* or Refus*))).tw. (5624)
- 27 or/22-26 (258746)
- 28 limit 8 to (english language and yr="2014 -Current") (33250)
- 29 11 or 15 or 21 or 27 (370693)
- 30 28 and 29 (3729)

Database: Embase <1974 to 2022 December 20>

Search Strategy:

-
- 1 exp refugee/ (16476)
 - 2 migrant/ (11101)
 - 3 (migrant* or immigrant* or refugee*).tw. (64758)
 - 4 (asylum adj1 seek*).tw. (2840)
 - 5 (displaced adj3 (population* or people*)).tw. (1104)
 - 6 Ukraine/ (16768)
 - 7 "ukrain*".tw. (12430)
 - 8 or/1-7 (92811)
 - 9 *risk factor/ (111729)
 - 10 "health threat*".tw. (11817)

- 11 9 or 10 (123459)
- 12 ("access ADJ2 healthcare" or "access ADJ2 health*" or "health service accessibility" or (health service* adj3 utilization)).tw. (7322)
- 13 ((health or service) adj2 (Barrier or challenge)).tw. (9786)
- 14 exp *health care access/ (13906)
- 15 12 or 13 or 14 (30835)
- 16 8 and 15 (1021)
- 17 war exposure/ or exp posttraumatic stress disorder/ or *war/ (88461)
- 18 (conflict* or Trauma* or war).tw. (769597)
- 19 (Mental adj2 (illness* or disorder* or wellbeing or health)).tw. (320903)
- 20 18 and 19 (26498)
- 21 17 or 20 (104958)
- 22 anti-vaccination movement/ (488)
- 23 *Vaccination/ or *Vaccine/ (101543)
- 24 "vacc*".tw. /freq=2 (263674)
- 25 SARS-CoV-2 vaccine/ (19142)
- 26 ("anti-Vacc*" or (Vacc* adj2 (Hesitan* or Refus*))).tw. (6265)
- 27 or/22-26 (304008)
- 28 limit 8 to (english language and yr="2014 -Current") (40610)
- 29 11 or 15 or 21 or 27 (559280)
- 30 28 and 29 (4762)

(TITLE-ABS-KEY(refugee* or migrant* or ukrain* Or asylum* or displaced) AND PUBYEAR > 2014 AND PUBYEAR > 2014) AND ((TITLE-ABS-KEY("risk factor" OR "Health threat") AND PUBYEAR > 2014 AND PUBYEAR > 2014) OR (TITLE-ABS-KEY((Health or service) W/2 (access* or utili* or Barrier* Or challenge or block)) AND PUBYEAR > 2014 AND PUBYEAR > 2014) OR (TITLE-ABS-KEY((Health or service) W/2 (access* or utili* or Barrier* Or challenge or block)) AND PUBYEAR > 2014 AND PUBYEAR > 2014) OR (TITLE-ABS-KEY(PTSD or "Post-Traumatic" OR "war exposure") AND PUBYEAR > 2014 AND PUBYEAR > 2014)) AND (LIMIT-TO (LANGUAGE,"English")) AND (LIMIT-TO (AFFILCOUNTRY,"United Kingdom"))

PTSD Publications

((MAINSUBJECT.EXACT.EXPLODE("Predisposition") OR MAINSUBJECT.EXACT.EXPLODE("Health Care Utilization") OR MAINSUBJECT.EXACT.EXPLODE("War Neuroses")) OR (summary("service access" OR ("service utilization" OR "service utilizes" OR "service utilizing") OR Trauma OR PTSD OR "Post-Traumatic" OR Vacc*) OR summary(Mental AND (illness OR Disorder OR health OR wellbeing)))) AND ((MAINSUBJECT.EXACT.EXPLODE("Refugees") OR MAINSUBJECT.EXACT.EXPLODE("Undocumented Migrants") OR summary(migrant* OR Immigrant* OR Ukrain* OR Refugee* or Displaced)) AND (la.exact("ENG") AND pd(20140101-20221231)))

Appendix 5. Primary Care New Patient assessment and guidance available

During March 2022 NHS England, UKHSA & OHID developed Guidance for Primary Care in relation to arrivals from Ukraine. This is available at <https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care> The main messages of this guidance were;

- If the patient is new to the UK:
 - explain to them how the NHS works and their entitlements to healthcare, including when and how to use primary care and when to seek emergency care, and prescription charges.
 - discuss how this compares to the healthcare system they have been used to. See Health Systems in Action: Ukraine, for information on the Ukrainian healthcare system.
 - follow guidance on how to comprehensively assess new migrant patients
 - ensure that they are up to date with the UK immunisation schedule (important for both adults and children)
 - explain screening offer for cancers and other conditions and encourage patients to engage with these offers
- Check an individual's COVID-19 vaccination status. Support individuals to access vaccination as soon as possible, including subsequent doses if they have had one or more doses abroad.
- Screen all new entrants, including children, for tuberculosis (TB).
- Vaccination against TB for those who are latent TB screening negative, who have previously not been vaccinated and are aged under 16 years of age as per the Green Book.
- Due to a low prevalence, ascertain any risk factors for hepatitis B infection that may indicate the need for screening.
- Consider screening for hepatitis C and HIV because of a higher prevalence than the UK.
- There is a risk of typhoid infection.
- Consider nutritional and metabolic concerns.
- Work with a professional interpreter where language barriers are present.
- Consider the impacts of culture, religion, and gender on health.
- Assess for mental health conditions. Including trauma counselling
- Adopt a trauma-informed approach
- Refer pregnant women for antenatal care as quickly as possible.
- Link in with local VCSE organisations who can provide vital wraparound support and link people into the local community
- If appropriate, explain how health visiting service works.

In addition to this many other resources were made available to health practitioners to assist them in meeting the needs of new Ukrainian arrivals. These are included in the table below.

Selected resources available to health practitioners	
Ukraine: Migrant Health Guide	Advice and guidance on the health needs of migrant patients from Ukraine for healthcare practitioners
RCPCH - Refugee and unaccompanied asylum-seeking children and young people: Guidance for paediatricians	Information to support health professionals in the assessment and management of children and young people of refugee background, with links to key external information and resources.

COVID-19: Migrant health guide	Advice and guidance for healthcare practitioners on the health needs of migrant patients. It includes links to translated advice and guidance.
Solace: Mental health and wellbeing support for refugees and asylum seekers in the Yorkshire and Humber region	Therapy service and referral information and training provision for staff.
Health Stream of Sanctuary	Webpage hosting a variety of resources relating to health and people seeking sanctuary in the UK.

Sane Ukraine	Daily online trauma and resilience and support sessions for Ukrainians
Mental health information by the Royal College of Psychiatrists	A collection of the most appropriate guidance from the RCP translated to Ukrainian (also available in Russian)
NHS entitlements: Migrant Health Guide	Guidance on migrant entitlements to NHS services.
Doctors of the World Safe Surgeries Toolkit	Resources to support general practices ensure that everyone in their community can access the healthcare they're entitled to. Link: Safe Surgeries Toolkit
Language interpreting and translation: Migrant Health Guide	Guidance on ensuring access to interpreting and translation support
NHS Low Income Scheme	Patients should be made aware of the need to complete an HC1 form to apply for a HC2 certificate for help with prescription, dental and eyecare costs.
Doctors of the World - 'How to register with a GP and book a COVID-19 vaccine'	Translated leaflet and video explaining how to register with a GP and book a COVID-19 vaccine.
Doctors of the World - 'Migrants' right to healthcare'	Translated leaflet explaining migrants' right to healthcare in the UK.
Doctors of the World - 'How the NHS works'	Translated leaflet explaining the different services within the NHS and how to seek medical advice and healthcare.
Maternity action – NHS charging information	Information about NHS charges for maternity care for Ukrainian women and families



<p>Pre –appointment перед зустріччю</p> <p>Welcome Прощу</p>	<ul style="list-style-type: none"><input type="checkbox"/> Country of Birth Країна народження<input type="checkbox"/> Migration history (others countries lived in) історія міграції (Інші країни жили в)<input type="checkbox"/> Reason for migration причина міграції (Work/Study/Family/Asylum/Refugee)<input type="checkbox"/> Date of arrival in the UK Дата прибуття до Великобританії<input type="checkbox"/> Language spoken мова, якою розмовляють<input type="checkbox"/> is an interpreter required? Is the interpreter acceptable to you? чи прийнятний для вас цей інтерпретатор<input type="checkbox"/> <u>Language interpreting and translation</u><input type="checkbox"/> Cultural sensitivity eg. female GP or chaperone required є лікарем-жінкою або чaperone обов'язковий<input type="checkbox"/> Disability <u>Disability</u> Інвалідності
<p>Routine New Patient Health Check</p> <p><u>нова перевірка стану здоров'я пацієнта</u></p>	<ul style="list-style-type: none"><input type="checkbox"/> Past Medical History Минула історія хвороби<input type="checkbox"/> Medication you take Ліки, які ви приймаєте<input type="checkbox"/> Allergies Алергії<input type="checkbox"/> Family Health History сімейна історія здоров'я<input type="checkbox"/> Social History соціальна історія<input type="checkbox"/> Height and Weight зріст і вага<input type="checkbox"/> Urine – diabetes and kidney function сеча при цукровому діабеті і функції нирок<input type="checkbox"/> Blood pressure кров'яний тиск<input type="checkbox"/> Lifestyle-Alcohol/Smoking/PhysicalActivity Спосіб життя – алкоголь/Куріння/Вправи

	<input type="checkbox"/> Full Vaccination History – check <u>vaccination of individuals with incomplete immunisation status</u> Повний історія вакцинації
Review Country Specific Health Issues Огляд конкретна країна питання охорони здоров'я	<input type="checkbox"/> PHE Migrant Health <u>Country Specific</u> Guide <u>Ukraine specific</u> <input type="checkbox"/> Risk of <u>Communicable Diseases</u> <input type="checkbox"/> <u>Tuberculosis/ Hepatitis B/ Hepatitis C</u> <input type="checkbox"/> Nutritional or Metabolic considerations <input type="checkbox"/> Ethnicity and increased risk of health problems
General Health загальний стан здоров'я	<ul style="list-style-type: none"> • <u>Dental Health</u> <u>здоров'я зубів</u> • Vision and Hearing (including child screening) <u>зір і слух</u> • Explain <u>NHS Health screening programmes</u> (Cervical/ Breast/Bowel/Diabetic Eye Screening/Abdominal Aortic Aneurysm) when appropriate . <u>програми скринінгу здоров'я (Шийки матки/груди/Кишечника/Діабетична око/аневризма черевної порожнини)</u> • Be alert to signs of neglect or physical and sexual abuse and exploitation in adults and children <u>Vulnerable migrants</u> <u>вразливі мігранти</u>
Sexual Health Сексуальне здоров'я	<input type="checkbox"/> Sexual Health history <u>історія сексуального здоров'я</u> <input type="checkbox"/> <u>Sexually Transmitted Infections</u> <u>інфекція, що передається статевим шляхом</u> <input type="checkbox"/> <u>FGM</u> <u>каліцтво жіночих статевих органів</u> <input type="checkbox"/> Contraception needs <u>Потреба в контрацепції</u> <input type="checkbox"/> <u>Women's health</u> <u>здоров'я жінок</u> <ul style="list-style-type: none"> • question's in this area require care and sensitivity
Mental health психічне здоров'я	<input type="checkbox"/> Mental wellbeing needs and assessment <u>психічне благополуччя потреби та оцінка</u> <ul style="list-style-type: none"> • Be aware of PTSD, depression (<u>депресія</u>), anxiety (<u>тривога</u>) and underlying mental health disorders, trauma (<u>Травми</u>) <u>Trauma informed practice</u> •
Orientation Орієнтації	<ul style="list-style-type: none"> • Explain how to access healthcare and services (<u>NHS111, GP, Urgent Care, Pharmacy, A+E</u>) • <u>Doctors of the World translation NHS/vaccination/Covid</u> • Referral to health and third sector services
Resources ресурси	<ul style="list-style-type: none"> • <u>UKHSA Migrant health guide resources</u> • <u>Doctors of the World translation NHS/vaccination/Covid</u> • <u>Translations (nhsinform.scot)</u> • <u>Multiple topics Translated: MedlinePlus</u>

	<ul style="list-style-type: none">• <u>Safe Surgeries initiative- Doctors of the World</u>• <u>Arrivals from Ukraine: advice for primary care - UKHSA Migrant Health Guide</u>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The UKHSA Migrant health guide has a comprehensive suite of information and tools to assist primary care practitioners. This checklist can be used to link into the relevant section of the migrant health guide whilst an assessment is being carried out.

Appendix 6. Ukraine Refugees Health Survey

Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

<https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9N...> 1/22

Ukraine Refugees Health Survey

Дослідження стану здоров'я біженців в Україні

To be completed by Ukrainians living in the UK who have arrived after February 2022 or cannot return home as a result of war in Ukraine,

who are

living

(Or have lived) in the North West, or their sponsor/supporter on their behalf. Information will be stored securely and anonymously by the Department of Health & Social Care for up to two years. The purpose of the survey is to understand the health needs of Ukrainian refugees in the North West of England as they approach or soon after the initial sponsorship period.

There are 9 questions about you, 28 questions about your health with 6 additional optional questions about your children and their health. All questions relating to personal health conditions are optional, but the more questions you answer the more helpful the survey becomes.

By completing this survey, you are giving consent for your answers to be used to inform a Health Needs Assessment being completed to advise policy makers and health providers to help them provide the best and most suitable services for Ukrainian refugees in the North West. If any questions raise any health concerns, please contact a health professional.

If you have any questions, you can email

steve.morton@dhsc.gov.uk

Information regarding how we handle data, and your rights can be found in the DHSC Privacy Notice at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923729/dhsc-privacy-notice.pdf

The survey is open until the 12 February 2023.

Заповнюють українці, які проживають у Великобританії, які прибули після лютого 2022 року або не можуть повернутися додому через війну в Україні, які проживають (або жили) на північному заході Англії, або їх спонсор/прихильник від їх імені. Інформація буде безпечно та анонімно зберігатися Департаментом охорони здоров'я та соціального забезпечення протягом двох років. Мета опитування полягає в тому, щоб зрозуміти потреби українських біженців у сфері охорони здоров'я на північному заході Англії, коли вони наближаються або незабаром після початкового періоду спонсорства. Є 9 запитань про вас, 28 питань про ваше здоров'я та 6 додаткових питань на вибір про ваших дітей та їх здоров'я. Усі запитання, що стосуються стану особистого здоров'я, необов'язкові, але чим більше запитань ви даєте відповіді, тим кориснішим стає опитування. Заповнюючи це опитування, ви даєте згоду на те, щоб ваші

відповіді використовувалися для інформування про оцінку потреб у здоров'ї, яке завершується для консультування політиків і медичних працівників, щоб допомогти їм надати

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

<https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9N...> 2/22

*

Required

найкращі та найбільш прийнятні послуги для українських біженців у північно-західній Англії. Якщо будь-які запитання викликають занепокоєння щодо здоров'я, зверніться до медичного працівника. Якщо у вас виникнуть запитання, ви можете надіслати електронного листа на steve.morton@dhsc.gov.uk

Опитування відкрите до 12 лютого 2023 року.

Інформацію про те, як ми обробляємо дані, і ваші права можна знайти в Повідомленні про конфіденційність DHSC за адресою

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923729/dhsc-privacy-notice.pdf

Today's date

Сьогоднішня дата *

1.

Please input date (dd/MM/yyyy)

Year you were born (yyyy)

Рік вашого народження (pppp)

2.

Male (Чоловік)

Female (Жінка)

Non-binary (Небінарний)

Prefer not to say (Краще не говорити)

Gender

Стать *

3.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

<https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9N...> 3/22

Cheshire

Cumbria

Greater Manchester

Lancashire

Merseyside (near Liverpool)

Elsewhere in England

Where in England do you currently live?

Де в Англії ви зараз живете? *

4.

No schooling completed (Навчання не закінчено)

Primary (Оцінка 1 - 4)

Middle school (Основна середня Оцінка 5 - 9)

High school (Середня спеціальна Оцінка 10 - 12)

Higher level of schooling/college (Вищий рівень освіти/коледж)

Bachelor (Бакалавр)

Master (майстер)

PhD

Other (Інший)

Prefer not to say (Краще не говорити)

What's your highest level of education?

Який у вас найвищий рівень освіти? *

5.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

<https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...> 4/22

Before February (До лютого) 2022

February (Лютий) 2022

March (березень) 2022

April (квітень) 2022

May (Може) 2022

June (червень) 2022

July (липень) 2022

August (Серпень) 2022

September (Вересень) 2022

October (жовтень) 2022

November (Листопад) 2022

December (Грудень) 2022

Prefer not to say (Краще не говорити)

When did you arrive in the UK?

Коли ви приїхали до Великобританії? *

6.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

[https://forms.office.com/pages/designpagev2.aspx?lang=en-](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...)

[GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...) 5/22

Travelled alone (Подорожував сам)

With friends (З друзями)

Prefer not to say (Краще не говорити)

With own children (З власними дітьми)

With [elderly] parents (З [старими] батьками)

With grandchildren (З [старими] батьками)

With siblings (З братами і сестрами)

With other family (З іншою родиною)

With other people's children you are looking after (З чужими дітьми, за якими доглядаєш)

Prefer not to say (Краще не говорити)

Other

Who did you travel from Ukraine with?

З ким ти їздив з України? *

7.

0

1

2

3

4

5

>5

Prefer not to say (Краще не говорити)

How many children under 18 arrived in the UK with you?

Скільки дітей до 18 років прибули до Великобританії з вами?

*

8.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

<https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...> 6/22

Homes for Ukraine (Будинки для України)

Ukraine Family Scheme (Сімейна схема України)

Ukraine Extension Scheme (Схема розширення України)

Corporate/Government sponsorship (Корпоративне/державне спонсорство)

Seasonal work visa (Сезонна робоча віза)

Student Visa (including Adult Student Visa) (Студентська віза (включаючи візу длядорослих))

None of the above (Жоден з перерахованих вище)

Which type of visa/scheme did you enter the UK on?

За яким типом візи/схемою ви в'їхали до Великобританії? *

9.

Escape from dangers of war/violence/threats (Втеча від небезпек війни/насильства/загроз)

Family reunification (Возз'єднання сім'ї)

Education (Освіта)

Health reasons (Стан здоров'я)

Mental health reasons (Причини психічного здоров'я)

Seasonal work (Сезонна робота)

Improve the economic opportunity (employment etc) (Покращення економічнихможливостей (працевлаштування тощо))

Prefer not to say (Краще не говорити)

Other

What were the reasons for leaving your country?

Які були причини виїзду з країни? *

10.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

[https://forms.office.com/pages/designpagev2.aspx?lang=en-](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...)

[GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...) 7/22

Please select at most 3 options.

None or very low (Немає або дуже низький)

I can read a little (Я трохи вмю читати)

I can read quite well (Я досить добре вмю читати)

I can read very well (Я дуже добре вмю читати)

I can write a little (Я можу трохи написати)

I can write quite well (Я вмю досить добре писати)

I can write very well (Я вмю дуже добре писати)

I can speak a little (Я можу трохи говорити)

I can speak quite well (Я можу говорити досить добре)

I can speak very well (Я дуже добре можу говорити)

How do you rate your level of English?

Як ви оцінюєте свій рівень англійської?

*

11.

Yes (Так)

No (Немає)

a little (трішки)

Did you know how the health care system in England worked when you first arrived?

Чи знали ви, як працювала система охорони здоров'я в Англії, коли ви приїхали? *

12.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

[https://forms.office.com/pages/designpagev2.aspx?lang=en-](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...)

[GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9N...) 8/22

Family or friends (Родина або друзі)

Sponsor (Спонсор)

NGOs/Charities (НУО/Благодійні організації)

Public system professionals (Професіонали громадської системи)

Through diaspora community centres / groups / places of worship (Черезгромадські центри / групи / місця поклоніння діаспори)

Informal social media groups (Неформальні групи в соціальних мережах)

I don't know how the health system works yet (Я ще не знаю, як працює система охорони здоров'я)

Other

If you know now how the health care system in England works, who gave you this information?

Якщо ви зараз знаєте, як працює система охорони здоров'я в Англії, хто дав вам цю інформацію? *

13.

Yes (Так)

No (Немає)

Have you registered with an NHS General Practitioner (Doctor)?

Ви зареєструвалися у лікаря загальної практики (лікаря) NHS?

*

14.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

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Emergency Room/Emergency Department/Accident & Emergency (Пункт невідкладної допомоги/відділення невідкладної допомоги/аварія таневідкладна допомога)

Public Primary Care/ Public Health Centre/ General Practitioner (Державнапервинна медична допомога / Центр громадського здоров'я / Лікар загальної практики)

Private doctor or clinic (Приватний лікар або клініка)

Specialist consultant (Спеціаліст-консультант)

Pharmacy (АПТЕКА)

Religious Community (Релігійна громада)

Internet (Інтернет)

NGO/Associations (НУО/Асоціації)

Alternative therapy/health practitioner (Альтернативна терапія/медик)

Do not know (Не знаю)

Other

Based on your experience in the UK, when you do have a health problem, where do you go? Or where would you go if you had a health problem?

Виходячи з вашого досвіду у Великій Британії, куди ви йдете, якщо у вас є проблеми зі здоров'ям? Або куди б ви пішли, якби у вас були проблеми зі здоров'ям? *

15.

Yes (Так)

No (Немає)

Have you had any difficulty/problem when you have accessed an NHS service (GP, Urgent Care Centre, Accident & Emergency, Hospital) in England?

Чи виникали у вас будь-які труднощі/проблеми під час звернення до служби NHS (загальної практики, центру невідкладної допомоги, невідкладної допомоги, лікарні) в Англії?

*

16.

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[GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...) 10/22

Geographical (too far away etc) (Географічне (надто далеко тощо))

I could not visit the service/difficult to travel (Я не міг відвідати службу/важкоподорожувати)

I am unable to communicate in English and did not have access to a translator (Я неможу спілкуватися англійською мовою і не маю доступу до перекладача)

I was unable to take time off work (Я не міг взяти відпустку на роботі)

I did not know how to use the service (Я не знав, як користуватися послугою)

I used the service incorrectly (e.g. calling an ambulance when not needed) (Я неправильно скористався послугою (наприклад, викликав швидку допомогу, коли вона не потрібна))

It did not meet expectations compared to Ukrainian system (Вона не виправдала очікувань порівняно з українською системою)

I believed I was not entitled to use the service (Я вважав, що не маю права користуватися послугою)

I did not have the required documents (У мене не було необхідних документів)

Cultural (Культурний)

Stigma prejudices (Стигматизаційні упередження)

Family obligations (Сімейні зобов'язання)

Fear about being undocumented (Страх бути без документів)

For being a man or a woman (За те, що ти чоловік чи жінка)

I could not afford to call / or access telephone or online service (Я не міг дозволитисобі подзвонити/або отримати доступ до телефону чи онлайн-сервісу)

Other

If you answered Yes to the previous question, what problem/difficulty have you had?

Якщо ви відповіли «Так» на попереднє запитання, яка проблема/складність у вас виникла?

*

17.

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Yes (Так)

No (Немає)

I don't know

In your health centre/hospital, is there a translator/interpreter/mediator/health agent service?

Чи є у вашому медичному центрі/лікарні перекладач/посередник/агент медичної служби?

*

18.

Mark a number between 1 (low) to 10 (high) on how much you trust the health professionals in England:

Позначте число від 1 (низький) до 10 (високий) щодо того, наскільки ви довіряєте медичним працівникам в Англії:

19.

1

Verylow

2 3 4 5 6 7 8 9 10

Veryhigh

Mark a number between 1 to 10 to grade your health before leaving Ukraine:

Позначте число від 1 до 10, щоб оцінити стан свого здоров'я перед виїздом з України:

20.

1

Verylow

2 3 4 5 6 7 8 9 10

Veryhigh

Mark a number between 1 to 10 to grade your health when you first arrived in the UK

Позначте число від 1 до 10, щоб оцінити стан свого здоров'я, коли ви вперше прибули до Великобританії

21.

1

Verylow

2 3 4 5 6 7 8 9 10

Veryhigh

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Mark a number between 1 to 10 to grade your health now

Позначте число від 1 до 10, щоб зараз оцінити своє здоров'я

22.

1

Verylow

2 3 4 5 6 7 8 9 10

Veryhigh

Heart disease (Хвороба серця)

Chronic diseases (obesity, diabetes, asthma, hypertension...) (Хронічні захворювання (ожиріння, діабет, астма, гіпертонія...))

Dental problems (Стоматологічні проблеми)

Eye problems (Проблеми з очима)

Infectious diseases (HIV / AIDS, hepatitis, tuberculosis...) Інфекційні захворювання (ВІЛ/СНІД, гепатит, туберкульоз...)

Cancer (Рак)

Anxiety/Stress/difficulty sleeping / difficulty concentrating/ mental health (Тривога/стрес/труднощі зі сном/труднощі з концентрацією/психічне здоров'я)

Trauma from war (Травма від війни)

Issues with sexual and reproductive health (pregnancy, contraception, menstruation...) (Проблеми сексуального та репродуктивного здоров'я (вагітність, контрацепція, менструація...))

Behavioural and addictions (alcohol, tobacco, other substances) (Поведінкова залежність (алкоголь, тютюн, інші речовини))

The health situation of your children (Стан здоров'я ваших дітей)

Mobility issues / arthritis (Проблеми з рухливістю / артрит)

Dementia (Деменція)

Long COVID (Тривалий COVID)

Prefer not to say

Other

What health problems are you experiencing, or have you experienced?

Які проблеми зі здоров'ям у вас є або ви відчували?

23.

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Chronic disease (obesity, hypertension, diabetes...) (Хронічні захворювання (ожиріння, гіпертонія, цукровий діабет...))

Infectious disease (HIV/AIDS, sexually transmitted infections, viral hepatitis, tuberculosis...) (Інфекційні захворювання (ВІЛ/СНІД, інфекції, що передаються статевим шляхом, вірусний гепатит, туберкульоз...))

No, I have not had any health problems (Ні, проблем зі здоров'ям у мене не було)

Prefer not to say (Краще не говорити)

Other

Have you had any of these health problems since you arrived in the UK?

Чи були у вас будь-які з цих проблем зі здоров'ям після прибуття до Великобританії?

24.

continued treatment for this condition as in Ukraine (продовження лікування цього стану, як в Україні)

received treatment for this condition for the first time in England (вперше отримав лікування від цього захворювання в Англії)

been able to receive the required medication for your condition in England (змогли отримати необхідні ліки для вашого стану в Англії)

not

continued treatment for this condition as in Ukraine (

не

продовжувати лікування цього захворювання, як в Україні)

not

received treatment for this condition for the first time in England (

не

отримав лікування від цього захворювання вперше в Англії)

not

been able to receive the required medication for your condition in England (

не

з змогли отримати необхідні ліки для вашого захворювання в Англії)

Thinking of your answer to the previous question, have you

Роздумуєте над своєю відповіддю на попереднє запитання

25.

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0-1

2-4

5 or more (або більш)

Not applicable (Не застосовується)

How many times per year do you usually need health services due to your long-term illnesses/health problems or disabilities/problems?

If you do not have any long-term illnesses/health problems or disabilities, please answer "Not applicable".

Скільки разів на рік вам зазвичай потрібні медичні послуги через ваші тривалі захворювання/проблеми зі здоров'ям або інвалідність/проблеми? Якщо у вас немає тривалих хвороб/проблем зі здоров'ям чи інвалідності, будь ласка, дайте відповідь «Не стосується»

26.

Yes (Так)

No (Немає)

Don't know (не знаю)

Do you consider yourself disabled by the UK definition of disability? Or a

re you officially classified as an Invalid or Disabled in Ukraine?

You're disabled under the UK Equality Act 2010

if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities

Чи вважаєте ви себе інвалідом згідно з визначенням інвалідності Великобританії? Або ви офіційно класифіковані як інвалід чи інвалід в Україні? Відповідно до Закону Великобританії про рівність 2010 року ви отримуєте інвалідність, якщо у вас є фізичні або розумові вади, які мають «суттєвий» і «довгостроковий» негативний вплив на вашу здатність виконувати звичайні щоденні дії.

27.

How would you rate your mental health now?

Як би ви зараз оцінили своє психічне здоров'я?

28.

1

Very Poor

2 3 4

Very Good

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[GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9... 15/22](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...)

Over the

last 2 weeks

, how often have you been bothered by feeling nervous, anxious or on edge?

Як часто за останні 2 тижні вас турбували нервозність, тривога або нервозність?

29.

1

Not at all

2 3 4

Nearly every day

Over the

last 2 weeks

, how often have you been bothered by not being able to stop or control worrying?

Протягом останніх 2 тижнів, як часто вас турбує те, що ви не можете припинити чи контролювати хвилювання?

30.

1

Not at all

2 3 4

Nearly every day

0-2 years in the UK (років у Великобританії)

0-2 years outside of the UK (років за межами Великобританії)

3-5 years ago (багато років тому)

More than 5 years ago (Більше 5 років тому)

When did you last go to the dentist/dental hygienist?

Коли ви востаннє ходили до стоматолога/зубного гігієніста?

31.

Yes (Так)

No (Немає)

Are you experiencing pains in your mouth that are so painful you can't sleep at night?

Ви відчуваєте такий біль у роті, що ви не можете спати вночі?

32.

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Yes (Так)

No (Немає)

Have you been screened for tuberculosis (symptom check & chest x-ray) since arriving in the UK?

Чи проходили ви обстеження на туберкульоз (перевірка симптомів і рентген грудної клітки) після прибуття до Великобританії?

33.

Received all childhood vaccines in Ukraine (Отримала всі дитячі вакцини в Україні)

Received COVID-19 vaccine in Ukraine (В Україні отримали вакцину від COVID-19)

Received Flu vaccine in Ukraine (В Україні отримали вакцину від грипу)

Plan to, or have received COVID-19 vaccine in England (Плануєте або отримали вакцину проти COVID-19 в Англії)

Plan to, or have received flu vaccine in England (Плануєте або отримали вакцинупроти грипу в Англії)

I would like to receive missed vaccines whilst in England (Я хотів би отримати пропущені вакцини під час перебування в Англії)

I have not had vaccines and do not plan to receive them (Вакцин не робив і непланую робити)

I don't know (Не знаю)

What is your vaccination status?

Який ваш статус вакцинації?

34.

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Experience since the war started in Ukraine

Досвід з початку війни в Україні

We are going to ask you about your experience since the war started in Ukraine. You can skip this section if you prefer by clicking 'Next' at the bottom of the page.

There are links available at the end of the survey. Additionally, you can contact any of the following services for help.

Mental Health & Post trauma support - MIND Helpline 0300 123 3393

<https://www.mind.org.uk/information-support/helplines/>

Human Trafficking - Citizens Advice Service

<https://www.citizensadvice.org.uk/immigration/if-youve-been-trafficked/>

Slavery - Modern Slavery & Human Trafficking Helpline 08000 121 700

Ми розпитаємо вас про ваш досвід з початку війни в Україні. Ви можете пропустити цей розділ, якщо хочете, натиснувши «Далі» внизу сторінки. У кінці опитування є посилання. Крім того, ви можете звернутися за допомогою до будь-якої з наступних служб.

Психічне здоров'я та посттравмована підтримка - Телефон довіри MIND 0300 123 3393

<https://www.mind.org.uk/information-support/helplines/>

Торівля людьми – Служба консультацій громадян

<https://www.citizensadvice.org.uk/immigration/if-youve-been-trafficked/>

Рабство - Сучасне рабство та гаряча лінія проти торівлі людьми 08000 121 700

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Witness of destruction and/or death caused by war (Свідок руйнувань та/абосмерті внаслідок війни)

Death of family member in Ukraine (Смерть члена сім'ї в Україні)

Separation from family (Розлука з родиною)

Deprivation of food, water, energy (Позбавлення їжі, води, енергії)

Physical or sexual violence (Фізичне або сексуальне насильство)

Witness of physical or sexual violence (Свідок фізичного або сексуального насильства)

Forced detention/ labour or sexual exploitation/human trafficking (Примусове затримання/ праця чи сексуальна експлуатація/ торгівля людьми)

No, I have not experienced any of the above in Ukraine this year or during my migration journey (Ні, я не відчував нічого з вищезазначеного в Україні цього року чи під час моєї міграційної подорожі)

Prefer not to say

Have you had any of the following experiences since February 2022 in Ukraine or during your migration journey?

Чи був у вас будь-який із наведених нижче випадків з лютого 2022 року в Україні чи під час вашої міграційної подорожі?

35.

Do you feel that your health/condition has been well managed since you arrived in England? Please give as much detail as you feel comfortable with.

Чи відчуваєте ви, що ваше здоров'я/стан добре врегульовано після вашого прибуття до Англії? Надайте стільки деталей, скільки вам зручно.

36.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

[https://forms.office.com/pages/designpagev2.aspx?lang=en-](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MlwnYaiRMUyMH-9...)

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Please select at most 3 options.

Easier access to translators/mediators (Простіший доступ до перекладачів/посередників)

Community health agents/help from people in your community (Громадські агенти охорони здоров'я/допомога від людей у вашій громаді)

Make services easier to reach by public transport (Спростіть доступ до послуг громадським транспортом)

Explain the social and cultural aspects of refugees to doctors/nurses (Поясніть лікарям/медсестрам соціальні та культурні аспекти біженців)

Explain to refugees and immigrants how to use the health system (Поясніть біженцям та іммігрантам, як користуватися системою охорони здоров'я)

I don't know (Не знаю)

Finally, for your own health, what could hospitals or health professionals do to improve the health of Ukrainians? (Up to 3 priority answers)

Нарешті, що для вашого власного здоров'я можуть зробити лікарні чи медичні працівники, щоб покращити здоров'я українців? (до 3 пріоритетних відповідей)

37.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

<https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...> 20/22

Your Children

Ваші діти

We now have a few questions about your children (or those who are in your care).

If you don't have any children in England with you, or don't wish to answer these questions, simply click submit at the bottom of the page.

Тепер у нас є декілька запитань щодо ваших дітей (або тих, хто перебуває під вашим піклуванням). Якщо з вами в Англії немає дітей або ви не бажаєте відповідати на ці запитання, просто натисніть «Надіслати» внизу сторінки.

0-5 years

6-10

11-15

16-18

How old are your children who are with you in England?

Скільки років вашим дітям, які з вами в Англії?

38.

Yes (Так)

No (Немає)

Do any of the children have long-term illnesses or health problems? Please also include illnesses or problems that are seasonal or come and go.

By long-term we mean physical or mental illnesses/health problems that have lasted, or are expected to last, at least six months.

Чи є у когось із дітей тривалі захворювання чи проблеми зі здоров'ям? Будь ласка, також включіть захворювання або проблеми, які є сезонними або приходять і йдуть. Під довгостроковими ми маємо на увазі фізичні чи психічні захворювання/проблеми зі здоров'ям, які тривали або, як очікується, триватимуть щонайменше шість місяців.

39.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

[https://forms.office.com/pages/designpagev2.aspx?lang=en-](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...)

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Yes (Так)

No (Немає)

Do any of the children have disabilities, or problems due to injury?

We mean physical or mental disabilities or problems that have lasted or are expected to last at least six months. We also mean problems that come and go.

Чи є у когось із дітей вади чи проблеми через травми? Ми маємо на увазі фізичні або розумові вади або проблеми, які тривали або, як очікується, триватимуть принаймні шість місяців. Ми також маємо на увазі проблеми, які приходять і йдуть.

40.

Yes (Так)

No (Немає)

I don't know (Не знаю)

If your child was aged 0-5 (or has an immuno suppressed and aged under 16) have your children been screened for Tuberculosis since arriving in England?

Якщо вашій дитині було 0-5 років (або вона має пригнічений імунітет і їй менше 16 років), чи проходили ваші діти скринінг на туберкульоз після прибуття до Англії?

41.

03/02/2023, 12:20 Ukraine Refugees Health Survey Дослідження стану здоров'я біженців в Україні

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[GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...](https://forms.office.com/pages/designpagev2.aspx?lang=en-GB&origin=OfficeDotCom&route=Start&subpage=design&id=MIwnYaiRMUyMH-9...) 22/22

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Microsoft Forms

Received all childhood vaccines in Ukraine (Отримала всі дитячі вакцини в Україні)

Received COVID-19 vaccine in Ukraine (Received COVID-19 vaccine in Ukraine)

Received Flu vaccine in Ukraine (В Україні отримали вакцину від грипу)

Plan to, or have received vaccines in England (Плануєте або отримали вакцини в Англії)

Would like to receive missed vaccines whilst in England (Хотіли б отримати пропущені вакцини під час перебування в Англії)

Concerned that England may not provide vaccines available in Ukraine (Стурбованітим, що Англія може не надати вакцини, які є в Україні)

Have not had vaccines and do not plan to receive them (Не мали щеплень і непланують їх отримувати)

What is the vaccination status of your children?

Який вакцинальний статус ваших дітей?

42.

0-1

2-4

5 or more (або більш)

Not applicable (Не застосовується)

Overall, how many times per year do you usually need health services due to the children's long-term illnesses/health problems or disabilities/problems?

If none of the children have any long-term illnesses/health problems or disabilities, please answer "Not applicable".

Загалом, скільки разів на рік ви зазвичай потребуєте медичних послуг через тривалу хворобу/проблеми зі здоров'ям або інвалідність/проблеми дітей? Якщо жодна з дітей не має тривалих захворювань/проблем зі здоров'ям чи інвалідністю, будь ласка, дайте відповідь «Не стосується».

Ukrainians and their families

Find the right visa, Ukraine Family Scheme visa, Ukraine Sponsorship Scheme visa, Homes for Ukraine

Find the right visa

[UK visa support for Ukrainian nationals](#)

Apply for a visa

[Apply for a Ukraine Family Scheme visa](#)

[Apply for a visa under the Ukraine Sponsorship Scheme \(Homes for Ukraine\)](#)

[Apply to stay in the UK under the Ukraine Extension Scheme](#)

[Ukrainian nationals in the UK: visa support](#)

Moving to the UK

[Move to the UK if you're coming from Ukraine](#)

[Bringing personal items to the UK if you're coming from Ukraine](#)

[Bringing your pet to the UK from Ukraine](#)

Sponsor someone fleeing Ukraine

[Homes for Ukraine: record your interest](#)

Right to work

Offer work to people who have come to the UK from Ukraine

You can offer work to people arriving from Ukraine if you're an employer.

This includes:

full-time jobs

part-time jobs

voluntary work

Employers must [check a job applicant's right to work](#).

Get help to share your job offer

[Download and fill in the form](#) about the work you can offer.

Email your completed form to offerwork@homeoffice.gov.uk.

What happens next

Someone from the Department for Work and Pensions (DWP) will contact you within 5 working days to talk about the work you can offer.

DWP will share the jobs you can offer with Jobcentre Plus and the Refugee Employment Network (REN). REN is a charity that works with organisations throughout the UK to help refugees into work.

Employment rights

People arriving from Ukraine are entitled to the same [employees' rights](#) as everyone else in the UK.