

ASYLUM SEEKERS and HEALTH CARE PROVISION in the North West

Introduction

An 'asylum seeker' or a 'refugee' is someone who has been forced by circumstances beyond their control, such as war or persecution, to leave their country in search of safety. The *forced* nature of refugee flight is fundamentally different from the *choice* implicit in migration for reasons of work, study or family reunion, and has implications for health. The lives and experiences of refugees and people seeking asylum are unlike those of any other residents of the UK, including settled migrants and other minority groups.

How many and where from

The numbers and countries of origin of people seeking asylum is constantly changing in response to the global situation. In 2008 in the North West, the main countries of origin for asylum seekers were Eritrea, Afghanistan, Iran, China, Somalia and Democratic Republic of Congo.

Definitions

A **refugee** is someone who, in fear of being persecuted, is in need of protection under the 1951 UN Convention on Refugees¹. In the UK, an **asylum seeker** is someone who has made an application to the UKBA² for asylum and is waiting for a decision.

¹ The 1951 Refugee Convention:

<http://www.unhcr.org/pages/49da0e466.html>

² United Kingdom Border Agency (an agency of the Home Office):

<http://www.ind.homeoffice.gov.uk/aboutus/>

³ The Asylum Process:

<http://www.ind.homeoffice.gov.uk/asylum/process/>

⁴ Role of the Case Owner:

<http://www.ind.homeoffice.gov.uk/asylum/process/caseowner/>

⁵ Current UKBA support information:

<http://www.ukba.homeoffice.gov.uk/asylum/support/cashsupport/currentsupportamounts/>

The Asylum Process

The asylum process³ is complex and subject to changes in the law. Currently, applications for asylum are lodged at the port of entry into the UK or in-country at Croydon Asylum Screening Unit (This facility at Liverpool ceased in October 2009). An initial screening interview is followed by allocation to a UKBA Case Owner⁴, who manages the claim through to resolution which should take no more than 6 months. At the end of the process the individual or family will:

be given **Refugee Status** and 5 years 'Leave to Remain', after which status is reviewed. Those granted status before 2005 have 'Indefinite Leave to Remain'

or

be given **Humanitarian Protection** and allowed to remain in the UK for 5 years, or **Discretionary Leave to Remain** (usually 3 years)

or

be **refused asylum***

During the process, most people seeking asylum are housed by the UKBA, firstly in an 'Initial Accommodation' Centre (in the NW this is in Liverpool) and then by commissioned accommodation providers throughout the region. These may be private housing providers or Local Authorities. The average stay in 'Initial Accommodation' is 2-3 weeks. Help with living expenses is dependent on individual circumstances. As an example: a single person over the age of 25 may qualify for £35.13 per week⁵ (October '09).

* Refusal may lead to voluntary return or deportation to country of origin. For a number of reasons, deportation may not be possible and an individual or family may be eligible for Section 4 support which includes provision of accommodation and an 'Azure card' (which replaces vouchers) and no cash.

Health Care Provision

In Initial Accommodation

Whilst in Liverpool's 'Initial Accommodation', people seeking asylum are offered a voluntary health appointment. There is a high uptake of this nurse-led service commissioned by Liverpool PCT which aims to provide:

- ♦ Holistic health needs assessment including immunisation, obstetric history, sexual health, mental health, experience of violence and active TB screening
- ♦ Identification of urgent health needs and referral to primary or secondary care as necessary
- ♦ An introduction to the NHS and a personal hand-held health record
- ♦ Support and information

An HC2⁶ certificate is issued to asylum seekers which allows them and their dependents to receive free prescription medication and help with other health costs. The HC2 is valid for 6 months at a time.

In Localities

As part of their commissioned role in supporting people seeking asylum, the Accommodation Provider will:

- ♦ Inform asylum seekers (in the appropriate language) how to register with a GP and dentist and how the NHS works
- ♦ Accompany any new arrival who has pre-existing conditions needing treatment, to register with a GP
- ♦ Notify the PCT of the arrival and departure of asylum seekers in the area and inform them of any new arrivals with existing or unreported health needs.

Aside from that, the nature of health care provision for people seeking asylum is determined by the local PCT. Some provide a specialist General Practice; others provide a nurse or health visitor led service. Many PCTs anticipate that asylum seekers will be provided for, through mainstream generic services. This may be adequate in some situations but there are specific challenges that need to be addressed by both providers and commissioners to ensure health equity.

Barriers

For many new arrivals to the UK, the way the health care system works is very different from in their home country. In particular, primary care and screening can be unfamiliar concepts.

Health care professionals may not be familiar with the lives and experiences of refugees and asylum seekers.

There are often differences in cultural attitudes to health and health care and these may be particularly prominent within mental health.

In addition, language differences may hinder communication and understanding.

For some asylum seekers, health is not a priority and a number will additionally encounter hostility that may hinder or prevent their access to health care provision.

⁶ Table of Entitlement for Asylum Seekers and information on the HC1 and HC2 forms: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079284.pdf

Health of Asylum Seekers and Refugees

Most people seeking asylum are young, and reasonably fit on arrival; they are also generally resilient and resourceful, have a desire to integrate and have a good understanding of the components of a healthy lifestyle.

They are not however, a homogeneous group; they have widely differing cultures, nationalities, religions, ethnicities and health histories. The individual mix of environmental, socio-economic, biological and lifestyle health determinants impact on asylum seekers in the same way as it does for all of us.

Prevention is better than cure

There is some evidence to suggest that health deteriorates after arrival in a new country. Preventative work is therefore essential to promote health and ensure equity of health access and outcome. In addition, the management and treatment of ill-health, in particular mental health issues, when carried out cross-culturally and in a different language, requires additional expertise, time and resources.

Voluntary and third sector organisations with the experience and close links with refugees and refugee communities are often well placed to provide preventative support.

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Written and produced by the Health Interest sub-Group of the NWRSMMP - a multi-agency partnership with a strategic role in sharing information, co-ordination, development, and empowerment of organisations on migration issues.

For more information on migration and health ring: Alison Ricketts on 0161 952 4049.

Entitlement to health care

Asylum seekers, refugees, victims of human trafficking, people with 'humanitarian protection' and 'discretionary leave to remain' are **entitled to free NHS primary and secondary health care**⁷. They can register with a GP and are exempt from NHS hospital treatment charges.

Services that are **free to everyone** in the UK include Flu immunisations for those in risk categories, treatment provided solely in an A&E department, treatment of some communicable diseases, compulsory mental health treatment.

For individuals who have been **refused asylum** (failed asylum seekers), primary care provision is largely at the discretion of the GP. Urgent and necessary treatment (including maternity care) should never be withheld. Hospital treatment is not free, although any course of treatment already underway should be continued free of charge. Hospital trusts have a duty to take reasonable action to recover charges but where payment is deemed not possible eg. when a person is known to have no funds, they have an option to write off debts⁸.

⁷ Current information on entitlements:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079284.pdf

⁸ The rules governing charges to overseas visitors for NHS services are currently under review. The Department of Health provides guidance to secondary care providers which is updated following legislative changes:

http://www.dh.gov.uk/en/News/Recentstories/DH_102993

Comprehensive and specific information on the health of asylum seekers and refugees and the asylum system is available from:

Faculty of Public Health.

The health needs of asylum seekers. Briefing Statement. 2008

http://www.fph.org.uk/resources/AtoZ/bs_asylum_seeker_health.pdf

Royal College of General Practitioners.

Guide to providing mental health care support to asylum seekers in primary care. 2009

<http://www.library.nhs.uk/ethnicity/RSSFeedItem.aspx?feed=72&feedItemID=14478>

British Medical Association.

Access to healthcare for asylum seekers and refused asylum seekers. 2008

http://www.bma.org.uk/ni/ethics/asylum_seekers/asylumhealthcare2008.jsp

Wilson R, Sanders M, Dumper H.

Sexual health, asylum seekers, refugees. A handbook for people working with refugees and asylum seekers in England. 2007

<http://www.fpa.org.uk/Inthecommunity/Refugeesandasylumseekers>

Burnett A, Fassil Y.

Meeting the health needs of asylum seekers and refugees in the UK. 2002

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010199

Information Centre about Asylum Seekers and Refugees

<http://www.icar.org.uk/>

Refugee Council

<http://www.refugeecouncil.org.uk/>

Refugee Action

<http://www.refugee-action.org.uk/>

Medical Foundation for the Care for the Victims of Torture

<http://www.torturecare.org.uk/>

United Kingdom Border Agency (UKBA)

<http://www.ind.homeoffice.gov.uk/asylum/>