# Health needs assessment of asylum seekers and refugees in Lancashire

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# Executive summary

## Introduction

Asylum seekers are individuals who have left their country of origin fleeing from violence, torture or prosecution, and have formally applied for asylum in another country.

In the UK, the number of people seeking asylum has increased in the last five years due to new armed conflicts and the deterioration of humanitarian conditions in different parts of the world. The Home Office processes all asylum claims. If the claim is successful, the asylum seeker is granted with refugee status and is allowed to remain in the UK for five years. If the claim is unsuccessful, the asylum seeker is generally expected to leave the UK, or may be removed from the country

The asylum claim process can last from weeks to years. During this time, asylum seekers are accommodated in different parts of the country whilst they wait for their claim to be completed. All 12 district authorities that form part of Lancashire County Council (LCC) have agreed to take part in the dispersal scheme and already host asylum seekers.

## Objectives

No Health Needs Assessments have been carried out since Lancashire County Council started to accommodate asylum seekers. The aim of the report is to provide information to the relevant stakeholders around the met and unmet health needs of asylum seekers living in Lancashire and to suggest a set of recommendations that can improve their health and wellbeing.

## Methods

This Health Needs Assessment used a range of different methods:

1. Data from various sources was used to draw an international, national and local picture of the asylum seeker and refugee situation.
2. A detailed literature search of the evidence was carried out to review the existing knowledge around the needs of asylum seekers 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 providers and asylum seekers in Lancashire, a series of interviews with key stakeholders and asylum seekers were carried out.

## Asylum picture in Lancashire

- All the asylum seekers in the North West are initially accommodated in Liverpool before being dispersed into the local authorities that participate in the dispersal scheme. All 12 district councils forming part of Lancashire County council have agreed to accommodate asylum seekers.
- Serco is the company contracted by the UK Government to provide suitable accommodation and support for asylum seekers in Lancashire County

Council. District authorities are responsible to ensure that the properties pre-selected by Serco meet the appropriate standards.

- Preston, West Lancashire and Lancaster are the three district councils hosting the largest number of asylum seekers.
- The majority of asylum seekers living in Lancashire are young adults and predominantly males. However, there are also an important number of women and families.
- In each district authority, third sector organisations provide different services for asylum seekers. These include weekly drop-in services, English for Speakers of Other Languages (ESOL), counselling, leisure activities and social support. The range of services provided is not consistent across all district authorities.
- Asylum seekers are entitled to free and full access to primary and secondary care services, including dental access and free prescriptions. They are, however, not normally entitled to work in the UK whilst their claim is being processed.

## Findings

- Current evidence suggests asylum seekers are at increased risk of mental health issues; certain communicable and non-communicable diseases; and at increased risk of social isolation.
- The majority of the asylum seekers interviewed expressed satisfaction with housing, the services available and the response of the community in Lancashire.
- Once asylum seekers arrive to their accommodation in Lancashire, they are informed by Serco where to find and how to access local community and health services. However, during the interviews, asylum seekers often expressed a lack of knowledge around how to access primary and secondary healthcare services. They also described being refused registration and/or provision of service in local healthcare services.
- The results of this needs assessment suggest that barriers in accessing mental health services include: asylum seekers not willing to seek help; lack of systems in place to recognise signs of mental health disorders in asylum seekers; front line staff lacking awareness about how mental health services are accessed; mental health services not accommodating to the needs of asylum seekers.
- Lack of entitlement to work, language barriers and public transport unaffordability were identified as factors that put asylum seekers at risk of social isolation.
- Once the asylum claim is completed, asylum seekers are given 28 days to vacate the property where they are accommodated. Stakeholders and asylum seekers perceived that it was not possible for the claimants to obtain the income needed to find accommodation elsewhere. They felt that this short notice period put asylum seekers at risk of homelessness and destitution. As

a result, the majority of asylum seekers leave Lancashire for big urban centres.

## Recommendations

- Serco needs to ensure that all asylum seekers understand where, when and how they can access primary and secondary care services, including sexual health services.
- Commissioners of primary healthcare services need to ensure that providers are aware of the entitlement of asylum seekers to full and free access to their services. They also need ensure that providers arrange high quality translation services, following the advice of NHS England and the GMC.
- Mental health services need to be accessible to asylum seekers. Awareness of the high levels of mental health issues needs to be improved in Commissioners and providers. .
- Finding ways of offering systematic and consistent ESOL classes for asylum seekers needs to be explored through collaboration of district authorities, Lancashire County Council and third sector organisations
- Lancashire County Council, in collaboration with the third sector, needs to explore ways of offering affordable and accessible public transport to asylum seekers whilst their claim is being processed.
- Lancashire County Council, the third sector and Serco need to work together in developing a support network that protects asylum seekers from destitution once their claim has been completed and are required to leave their accommodation.

# Introduction

Recent armed conflicts, particularly in Syria and Ukraine, in addition to the deterioration of humanitarian conditions in other countries, have resulted in a sharp increase of the number of people fleeing their country to seek asylum elsewhere (1). This global phenomenon has had its echo in Lancashire. Here, like in the rest of England's North West, the number of asylum seekers has increased significantly over the last three years.

Asylum seekers and refugees living in Lancashire 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 group.

This vulnerability, alongside the fact that asylum seekers (AS) 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.

This Health Needs Assessment aims to identify the specific needs of asylum seekers and refugees in Lancashire, how these needs are being met and what areas for improvement exist. The information can help stakeholders to be better informed and more prepared to address their needs.

# Aim and objectives

## Aim

The aim of this health needs assessment is to provide detailed information on the health and wellbeing needs of asylum seekers and refugees in the 12 districts of Lancashire. To outline potential interventions that can help to improve outcomes.

## Objectives

1. Conduct a literature review to identify the health and wellbeing needs of asylum seekers and refugees; to identify evidence-based interventions targeted to meet such needs.
2. Describe the international, national and local pictures of asylum seekers and refugees.
3. Identify and analyse the met and unmet needs of asylum seekers and refugees in Lancashire by interviewing key informants.
4. Make evidence-based recommendations aimed to improve the health and wellbeing of asylum seekers and refugees in Lancashire

# Methods

Different methods were used to complete this Health Needs Assessment.

An online literature search was carried out before meeting the stakeholders in order to review the existing evidence regarding the health and wellbeing needs of asylum seekers and refugees. The search strategy and other methodological details can be found in Appendix 1.

The data used in this report was obtained through different sources. Data used to describe the international situation of asylum seekers was gathered from the United Nations High Commissioner for Refugees (UNHCR). National and local data was obtained through the Office for National Statistics (ONS), which provide quarterly reports on immigration statistics, asylum seekers applications and data on asylum seekers under Section 95 support at a Local Authority level.

Additionally, the North West Regional Strategic Migration Partnership and Serco hold data about asylum seekers at local authority and ward levels, including demographic characteristics and geospatial data. However, this data has not been included in the report. Including such data could have been useful for the agencies involved in the care of asylum seekers and for public health professionals that want to compare their local picture with the one in Lancashire. Nevertheless, publication of detailed data about asylum seekers at small geographic areas (e.g. electoral wards), compromises confidentiality. In the current climate, where the arrival of asylum seekers is a controversial issue and is often displayed negatively by some media, the Home Office considers that such data should not be publicly available.

In order to gain insights around the situation of asylum seekers in Lancashire, how their needs are being met and the challenges faced by the different agencies, interviews with different stakeholders as well as asylum seekers were held (See Table 1).

Table 1. List of stakeholders approached to carry out the HNA.

| **Organisation** | **Area** |
|---|---|
| Lancashire Care Foundation Trust | All 12-districts |
| Serco | All 12-districts |
| Lancashire County Council | All-12 districts |
| Lancaster District Council | Lancaster |
| City of Sanctuary | Lancaster |
| Hyndburn District Council | Hyndburn |
| East Lancashire CCG | Hyndburn |
| Chorley and South Ribble CCG | Chorley and South Ribble |
| British Red Cross | Preston |
| West Lancashire CCG | West Lancashire |
| Community Volunteer Services (CVS) | West Lancashire |

Stakeholders and asylum seekers provided qualitative information on the positive experiences, challenges and supported the identification of key areas of need for asylum seekers living in Lancashire.

# UK asylum process and definitions

## Key terms

The words "asylum seeker", "refugee" and "migrant" are sometimes used interchangeably by the press, the public and some organisations (2). However, they have different meanings, thereby 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 1951 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 process.
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'

***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..." (3).
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 (4). 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, such as the Syrian Resettlement programme. Under this programme, the Home Office intends to resettle 20,000 Syrian refugees in the next five years (2015-2020) (5).

***Migrant:*** Someone that lives in a country where was not born and that creates social ties with such country (6).

***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" (7).

Therefore, an economic migrant differs from a migrant in that the specific objective of living in a foreign country is to be engaged in paid work. Both, economic and non-economic migrants, unlike asylum seekers and refugees, have not fled their country following prosecution or war.

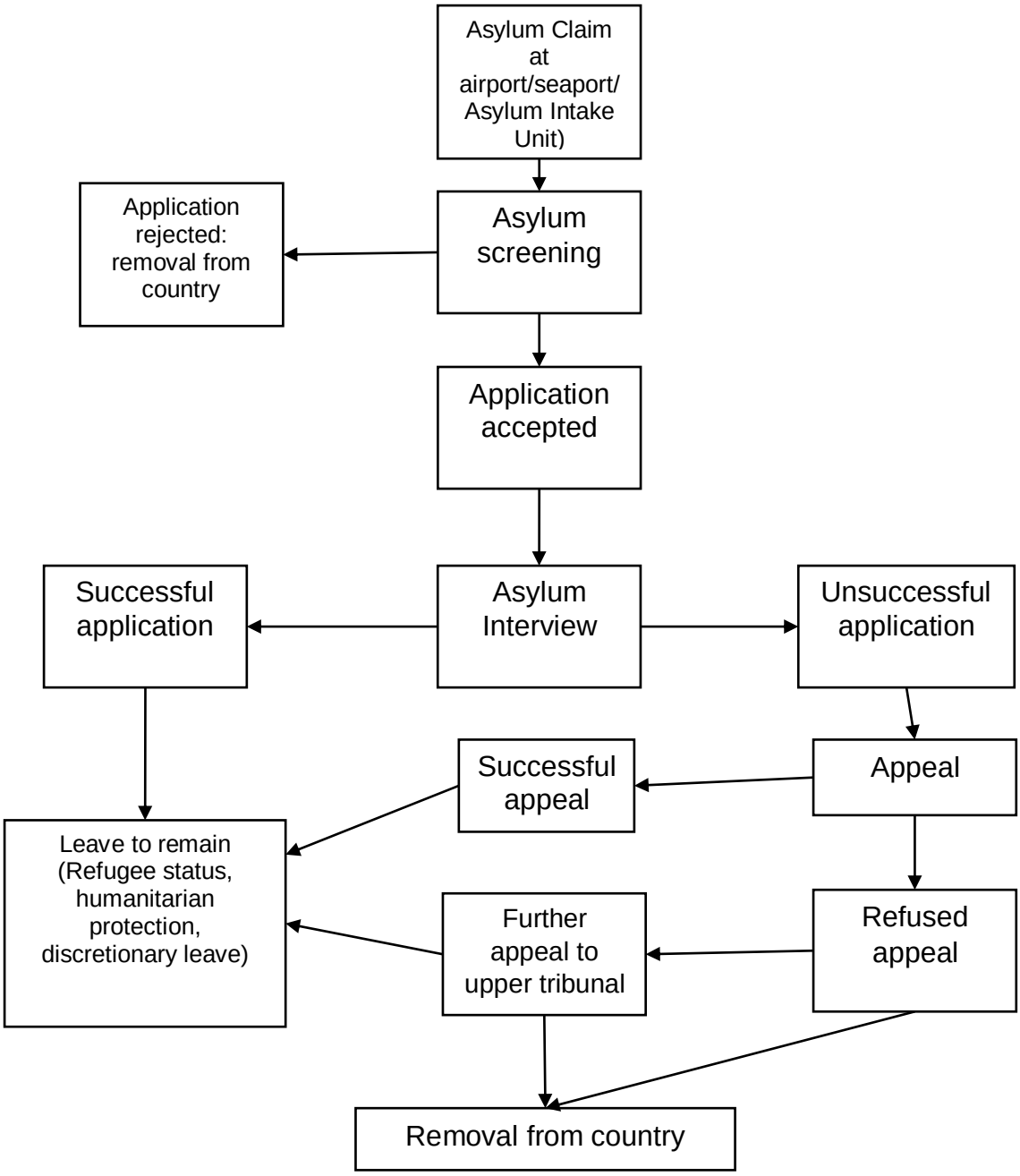
## The asylum process

Anyone at risk of being persecuted in their own country has the right to claim asylum in another country, as it is recognised by the Article 14 of the Universal Declaration of Human Rights (8).

In the UK, the process of asylum is regulated by international, European and British laws. It aims to last up to six months. However, the process is frequently lengthier as the Home Office recognises (9).

The asylum process is divided in different stages (Application, asylum screening, asylum interview and application outcome) summarised in Figure 1. A more detailed description of each stage can be found in the Appendix 2.

Figure 1. The asylum process




## Entitlements of asylum seekers, failed asylum seekers and refugees

During the asylum seeking process, claimants are entitled to different degrees of financial support, accommodation and other services such as healthcare access. These entitlements vary between asylum seekers, failed asylum seekers and refugees. Key similarities and differences have been summarised in Table 2. A more detail explanation of the entitlements can be found in Appendix 3.

Table 2. Entitlements of asylum seekers, failed asylum seekers and refugees.

| | **Asylum Seekers** | **Failed Asylum seekers** | **Refugees** |
|---|---|---|---|
| **Accommodation** | Yes | Yes | No |
| **Cash support** | 36.95£ per week | 35.93£ per week | Eligible to apply for mainstream welfare benefits |
| **Employment** | No right to work | No right to work | Right to work |
| **State School** | Same rights than any other children | Same rights than any other children | Same rights than any other children |
| **GP access** | Free | Free | Free |
| **Secondary Care access** | Free | Free | Free |
| **Dental care access** | Free | Free | Same rules than UK citizens |
| **Prescriptions** | Free | Free | Same rules than UK citizens |

## Syrian Refugee Resettlement Programme (SRP)

The UK government agreed to resettle 20,000 Syrian refugees in the UK between 2015 and 2020. At the time of this report, the first Syrian refugees were arriving to Lancashire under the programme.

The refugees coming under this programme come directly from Syria's neighbouring countries. The government aim is to include in the programme those refugees who are in the most vulnerable position. To do so, the UNHCR assesses and sends the Home Office a list of suitable candidates.

Once the Home Office agrees the inclusion of a refugee in the programme, the International Organisation for Migration (IOM) carries out a full medical assessment of the refugee.

After the medical assessment, the refugees are brought from the refugee camps into the UK and accommodated in the Local Authorities that have agreed to take part in the scheme, including Lancashire County Council.

The Local Authorities and the Clinical Commissioning Groups receive an agreed budget for each refugee that is resettled in their area. The money helps to support and develop services aimed to meet the health and social needs of this group. In Lancashire, a local planning information group was set up in Lancashire to coordinate the response to the SRP.

These differences in the process mean that the socio-demographic characteristics of these refugees are very different from the asylum seeker population.

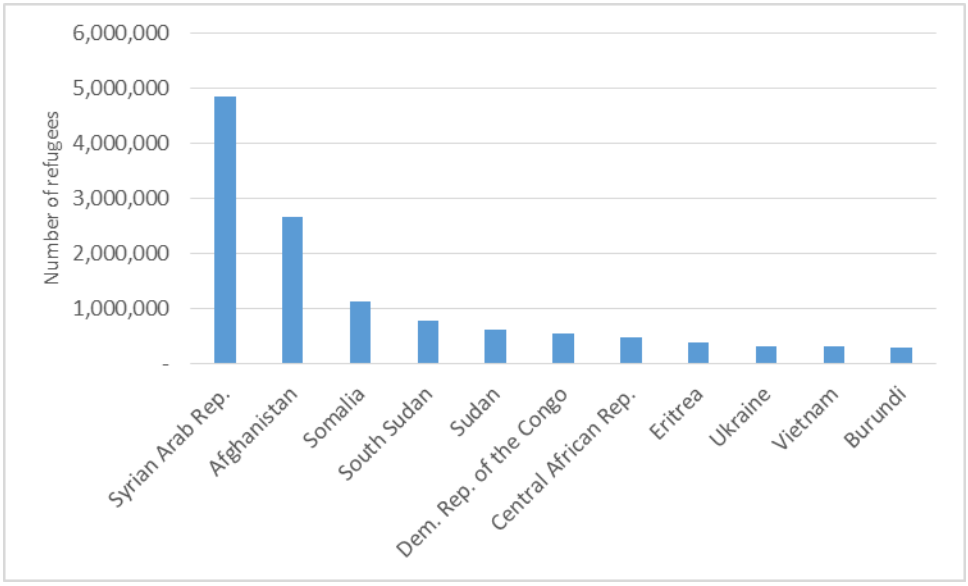
For these reasons, this report focused on the asylum seekers and refugees that did not arrive to Lancashire under the Syrian resettlement programme.

# Asylum and migration

## The global picture

In 2015, the world witnessed the highest levels of forced displacement since World War II. The UNHCR estimates that a total of 65.3 million people were forcibly displaced (10), making the displaced population larger than UK's population[1].
Out of the 65.3 million displaced, 16.1 million are classified as refugees[2]. A figure that has also increased over the last two decades.
This increase in the number of refugees is a consequence of new and worsening conflicts in several parts of the world.

Figure 2. Refugees by country of origin, 2015




Source: United Nations High Commissioner for Refugees (UNHCR) (21).

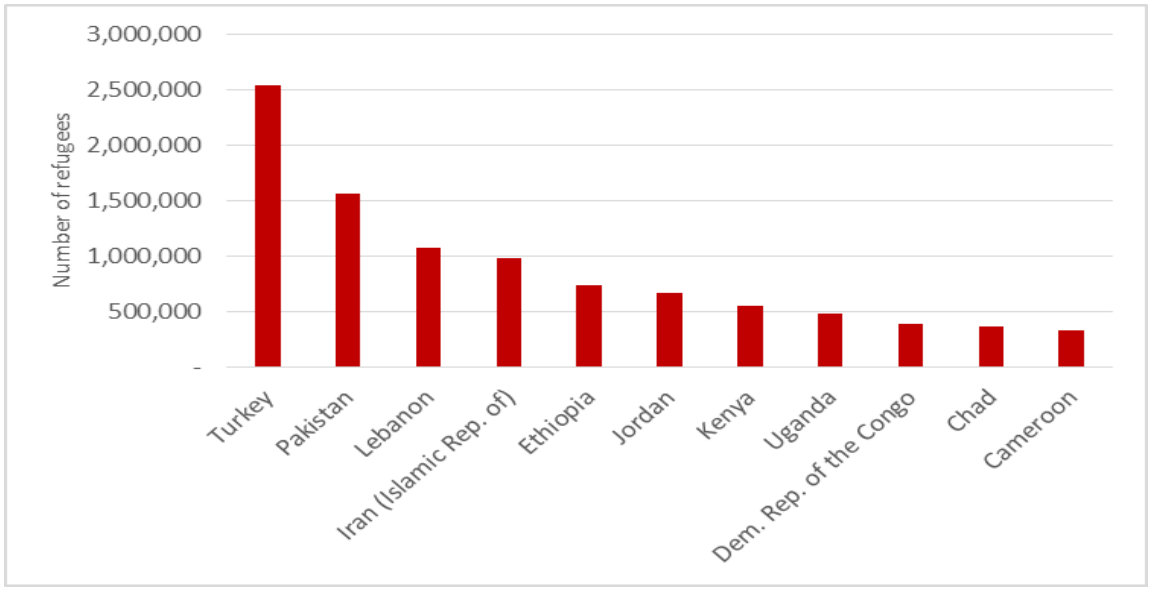
[1] UK population was in 2015 65.1 million, according to ONS 2015 mid-year estimates (http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates)
[2] Refugees include individuals recognised under the 1951 Convention relating to the Status of Refugees; its 1967 Protocol; the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa; those recognised in accordance with the UNHCR Statute; individuals granted complementary forms of protection; or those enjoying temporary protection. Since 2007, the refugee population also includes people in a refugee-like situation (61).

The refugee crisis affects every continent. In the middle-east, particularly relevant is the civil war affecting the Syrian Arab Republic, which has pushed almost 5 million Syrians to seek refuge elsewhere since the conflict started five years ago.
Syria is, however, not the only source of refugees, as Figure 2 shows.
In Asia, the worsening of the security situation in Afghanistan has caused a sharp increase in the number of refugees over recent years.
Sub-Saharan Africa is also an area where humanitarian crises affecting Somalia, South Sudan and the Central African Republic, amongst others, have caused millions of displacements.
In Europe, the Eastern Ukrainian conflict has caused the displacement of thousands of Ukrainians to neighbourhood countries, particularly Russia, although the number of displaced individuals has decreased in 2015 compared with the previous year (11).
Finally, in Central and South America, gang-related violence and drug-cartels have caused the displacement of hundreds of thousands of people in the last years.

## Host countries

The millions of refugees who are forced to leave their country are hosted by different nations, though very often is the neighbouring countries that host the vast majority of them (See Figure 3). For instance, Turkey hosts 2.5 million Syrian refugees. Similarly, Pakistan, gives shelter to over 1.5 million refugees, a majority of which are Afghans, making the country the second major hosting-country for refugees.

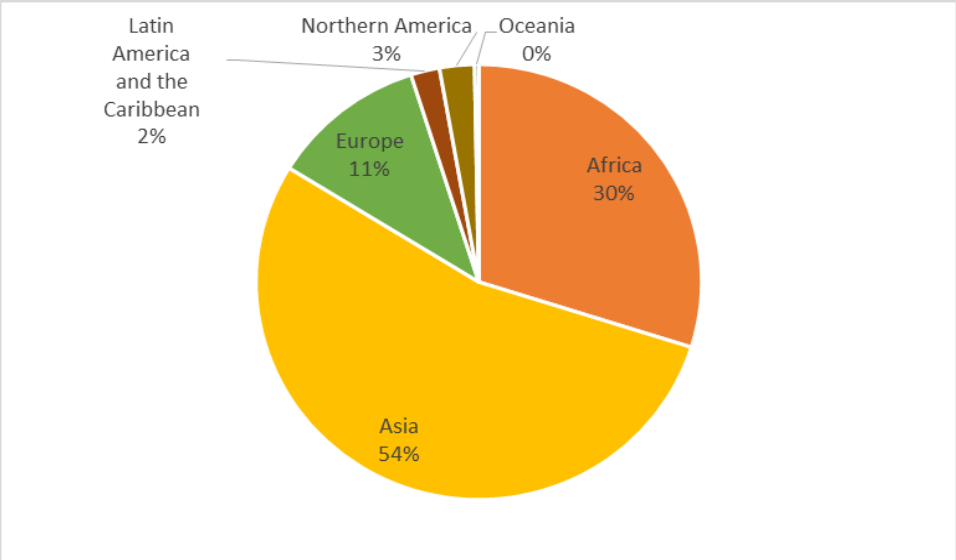
Figure 3. Major refugee-hosting countries in the world (2015).




Source: United Nations High Commissioner for Refugees (UNHCR) (21).

Although Europe has seen a significant increase in the number of refugees trying to reach the continent, it is estimated that around 83% of refugees live in developing countries (21), most of which are in Asia and Africa (See Figure 4).

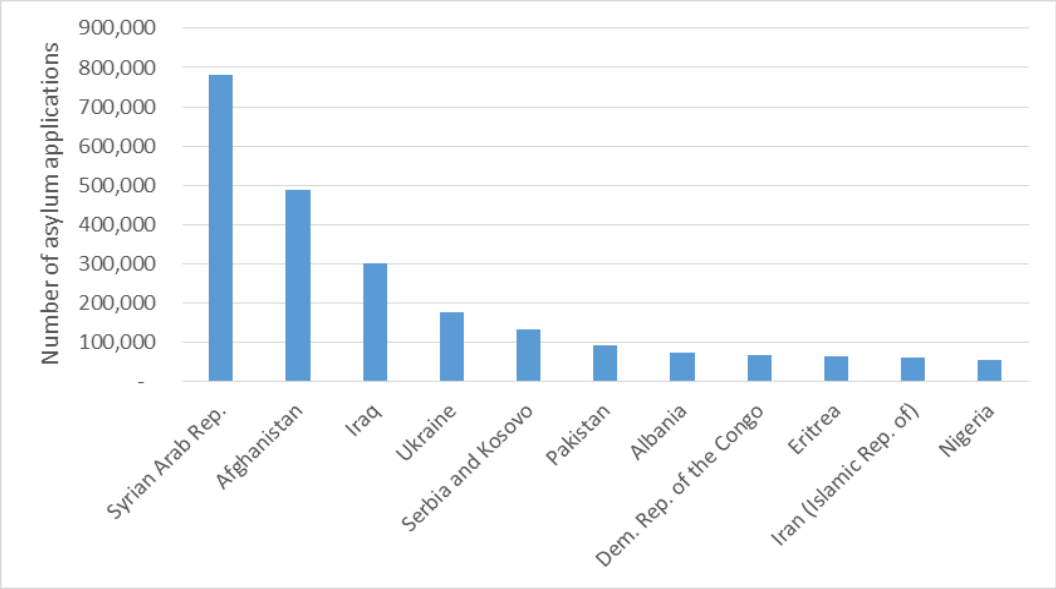
Figure 4. Total refugees by hosting-region. 2015




Source: United Nations High Commissioner for Refugees (UNHCR) (21).

It is important to differentiate between those who hold refugee status and those who are classified as "asylum seekers" and are waiting for their application to be processed, as their demographic characteristics and countries of origin are often very different (See Figure 5). These differences are due to variation in the political policies and in the regulations related to refugees, which differ from country to country.
In some cases, like Pakistan, a country may host a large number of refugees and at the same time be one of the most important sources of asylum seekers.

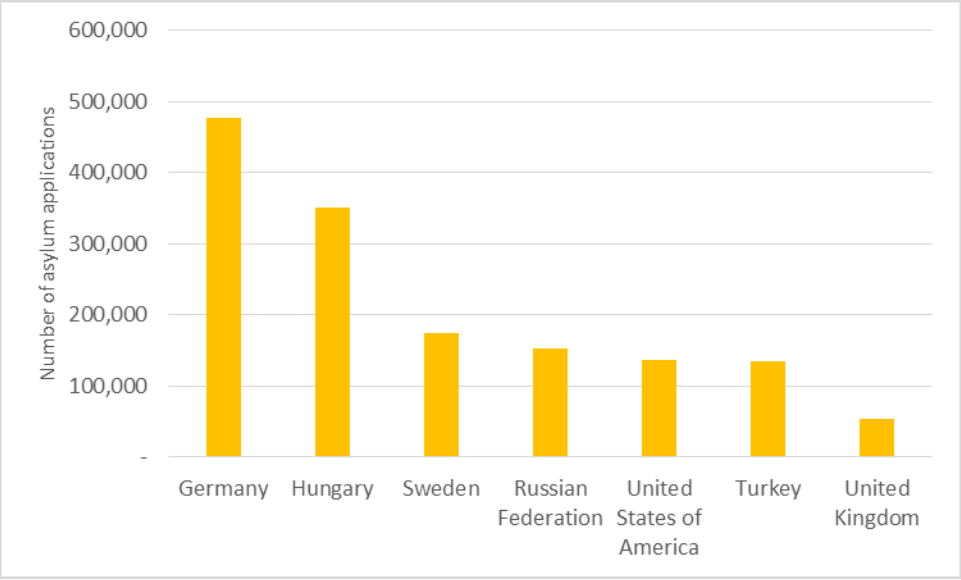
Figure 5. Asylum applications by country of origin, 2015




Source: United Nations High Commissioner for Refugees (UNHCR) (21).

The countries where asylum seekers seek protection are also very different to the countries where refugees are hosted. Whilst most refugees are hosted in developing countries, the majority of asylum seekers seek protection in Europe and the United States (See Figure 6).

Figure 6. Asylum applications by country of asylum, 2015.



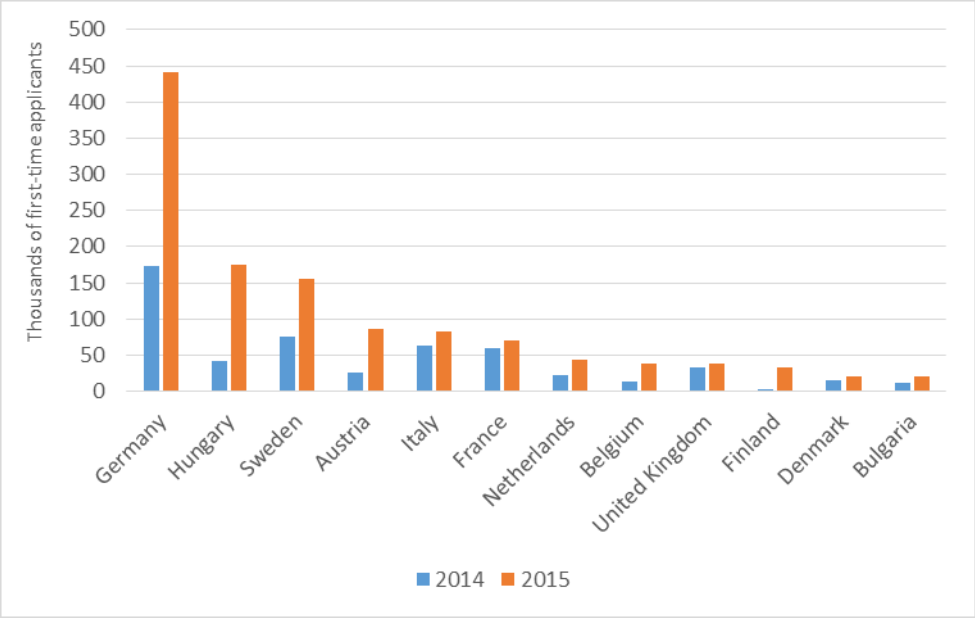

Source: United Nations High Commissioner for Refugees (UNHCR) (21).

In summary, the number of refugees and asylum seekers have sharply increased in the last decades. Refugees and asylum seekers flee countries affected by violence, conflicts and deterioration of humanitarian conditions. Whilst refugees are mostly hosted in developing countries in Asia and Africa, the majority of asylum applications are filed in Europe and North America.

## The national picture

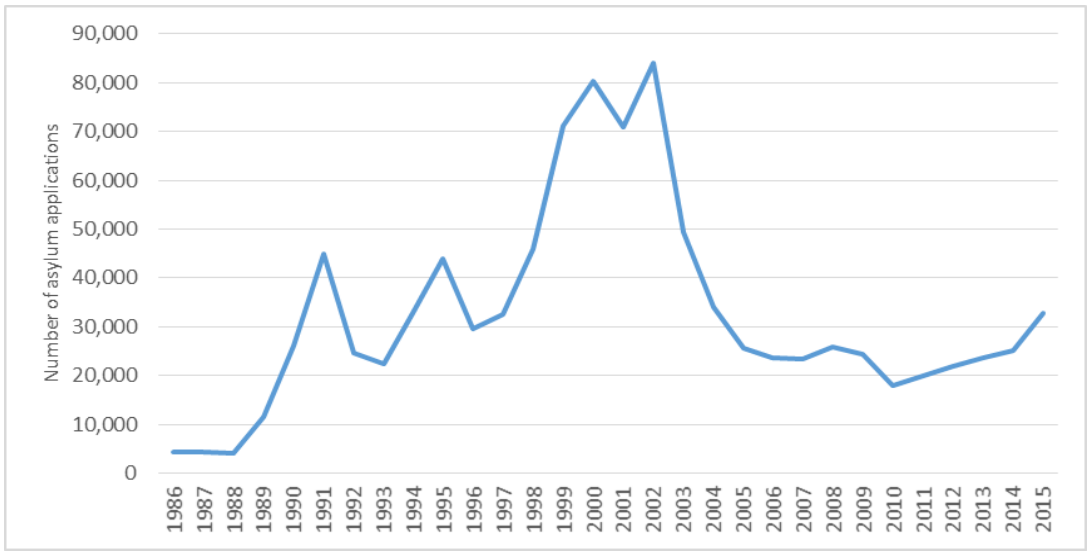
The global situation has had an impact on the UK. Although it receives less asylum applications than many other EU countries (Figure 7), these claims have increased in the last years (Figure 8).

Figure 7. Number of non-EU asylum seekers in the EU, 2014-2015




Source: EuroStats (63).

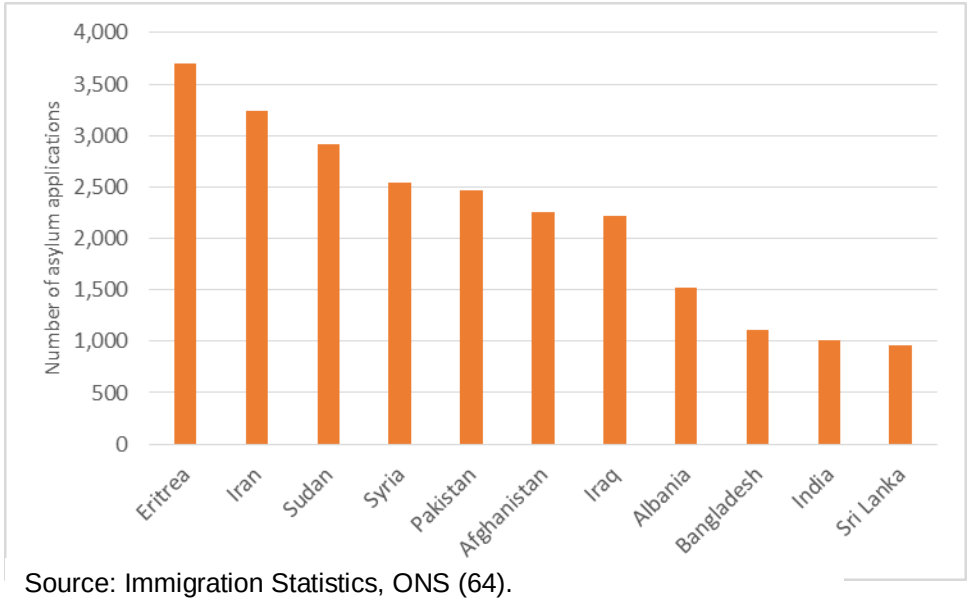
Figure 8. Total asylum applications in the UK over the last 30 years




Source: Immigration Statistics, ONS (64).

The origin of asylum seekers vary from country to country, including inside the European Union. For example, most of the new asylum applications in Germany are from Syrians (2). On the contrary, in the UK there were more applicants from Eritrea, Iran and Sudan during 2015 (Figure 9).

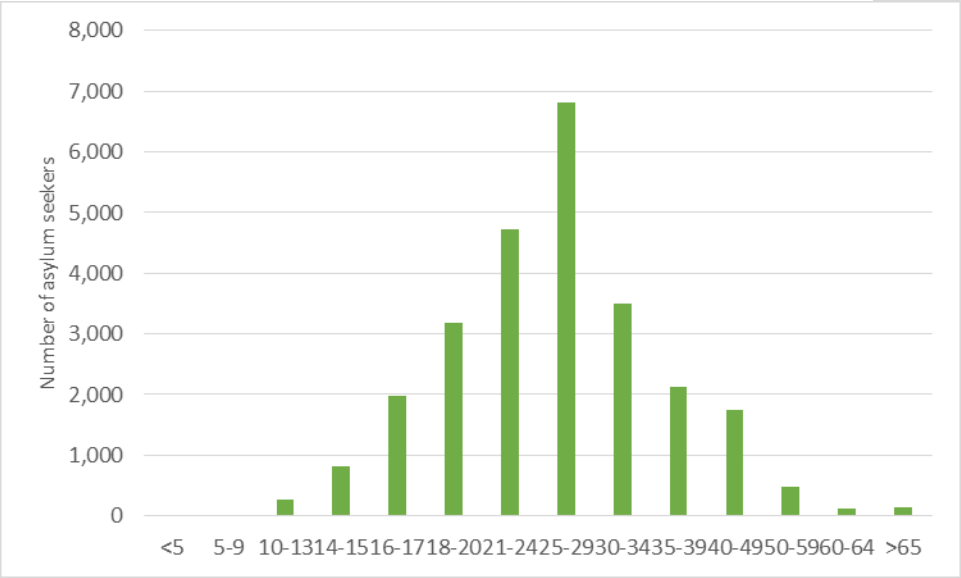
Figure 9. . Asylum applications by country of nationality in the UK, 2015.




Source: Immigration Statistics, ONS (64).

With regards to the demographic characteristics of the asylum applicants, the vast majority of them were young adults aged between 20 and 35 years old (Figure 10).

Figure 10. Age-distribution of asylum seekers, 2015.



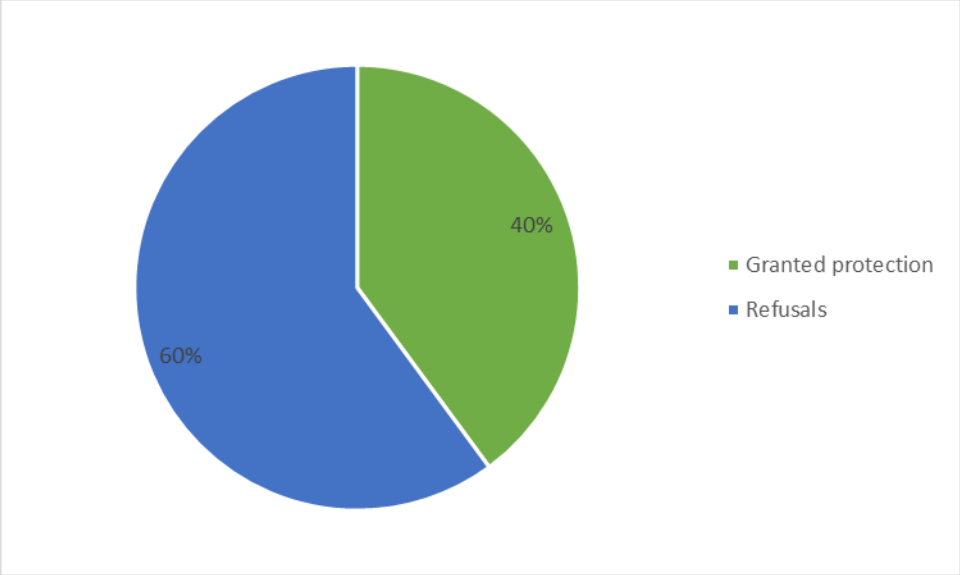

Source: Immigration Statistics, ONS (64).

In relation to gender, 80% of the claimants were male. However, although a lower proportion of applicants are females, in 2015 alone 6,788 women claimed asylum in the UK, many of them being in a vulnerable situation.
Unaccompanied children are another particularly vulnerable group. During 2015, the UK filed last year 3,253 applications from this group.

## Asylum Process and Outcome

The asylum process that takes places when a claim is filed in the UK has the purpose of discriminating those who, according to the 1951 UN convention, are refugees from those who are not. In that context, thousands of asylum applications are rejected each year. In 2015, a total of 28,622 applications were given a final decision in the UK, the majority of which were refusals (See Figure 11).

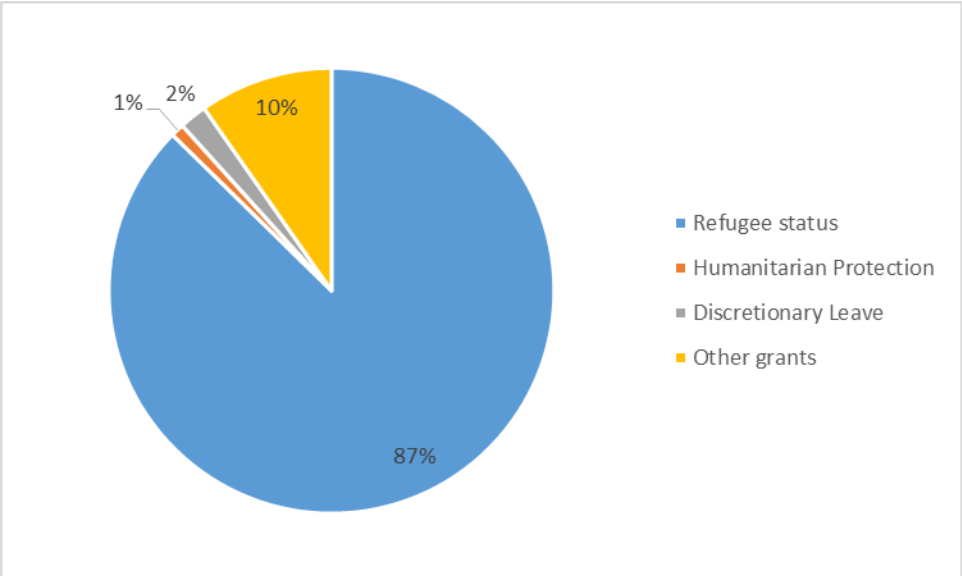
Figure 11. Outcomes for asylum applications processed in the UK, 2015




Source: Immigration Statistics, ONS (64).

Some asylum applicants that do not qualify for refugee status are occasionally granted humanitarian protection or discretionary leave to stay. Data suggest, however, that the vast majority of those who had a positive claim outcome were granted with refugee status (See Figure 12).

Figure 12. Total asylum claims accepted by type of grant.




Source: Immigration Statistics, ONS (64).

Those with

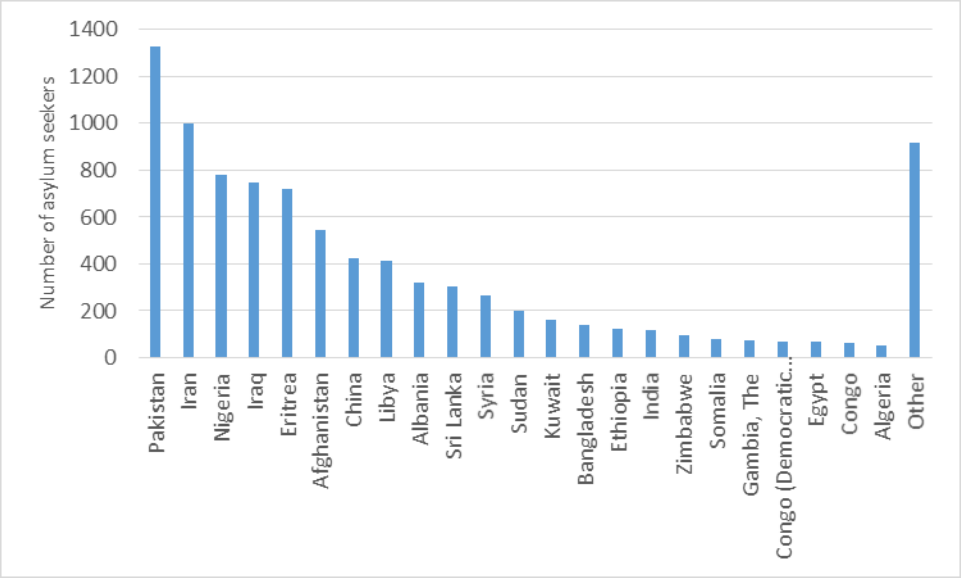
humanitarian protection status or discretionary leave to remain are allowed to stay in the UK, but their status differs from those who are classified as "refugees". Key differences can be found in Appendix 4.

In summary, the number of asylum claimants in the UK has increased recently. They come from various countries and, although the majority are young males, an important proportion of women and minors claim asylum each year.
It is also important to emphasise that the majority of claims are rejected, leaving large numbers of people in a vulnerable and irregular situation.

## The regional picture

The North West of England has traditionally hosted more asylum seekers and refugees compared with other regions. The demographic characteristics of those accommodated in the region differs from the national picture. For example, the proportion of asylum seekers from a Pakistani origin is higher than the national average (See Figure 13).

Figure 13. Asylum seekers under section 95 support in the North West, by country of origin, 2016.




Source: Immigration Statistics, ONS (64).

Not all local authorities within the North West accommodate the same number of asylum seekers, with areas like Manchester and Liverpool hosting the largest number. By contrast, during 2015, Lancashire accommodated a relatively small number of asylum seekers (See Table 3).

In spite of the differences observed between local authorities, the data summarised in Table xxx suggests that asylum seekers do not account for more than 0.5% of the local population in any of the Local Authorities located in the North West of England.

Table 3. Asylum seekers as a proportion of Local Authority population. 2015.

| Local Authority | Asylum seekers[3] | Population | % |
|---|---|---|---|
| Rochdale | 1,085 | 214,195 | 0.50655 |
| Bolton | 1,049 | 281,619 | 0.37249 |
| Liverpool | 1,561 | 478,580 | 0.32617 |
| Salford | 753 | 245,614 | 0.30658 |
| Oldham | 684 | 230,823 | 0.29633 |
| Wigan | 847 | 322,022 | 0.26303 |
| Bury | 485 | 187,884 | 0.25814 |
| Blackburn with Darwen | 330 | 146,846 | 0.22473 |
| Manchester | 1,107 | 530,292 | 0.20875 |
| Tameside | 385 | 221,692 | 0.17366 |
| Preston | 144 | 141,302 | 0.10191 |
| West Lancashire | 84 | 112,742 | 0.07451 |
| Trafford | 121 | 233,288 | 0.05187 |
| Stockport | 130 | 288,733 | 0.04502 |
| St. Helens | 71 | 177,612 | 0.03997 |
| Burnley | 33 | 87,371 | 0.03777 |
| Rossendale | 22 | 69,487 | 0.03166 |
| Total Lancashire-12 | 332 | 1,191,691 | 0.02786 |
| Hyndburn | 11 | 80,228 | 0.01371 |
| Knowsley | 17 | 147,231 | 0.01155 |
| Lancaster | 16 | 142,283 | 0.01125 |
| South Ribble | 8 | 109,651 | 0.00730 |
| Wirral | 20 | 320,900 | 0.00623 |
| Pendle | 5 | 90,111 | 0.00555 |
| Fylde | 4 | 77,322 | 0.00517 |
| Chorley | 3 | 112,969 | 0.00266 |
| Wyre | 2 | 109,745 | 0.00182 |
| Warrington | 2 | 207,695 | 0.00096 |

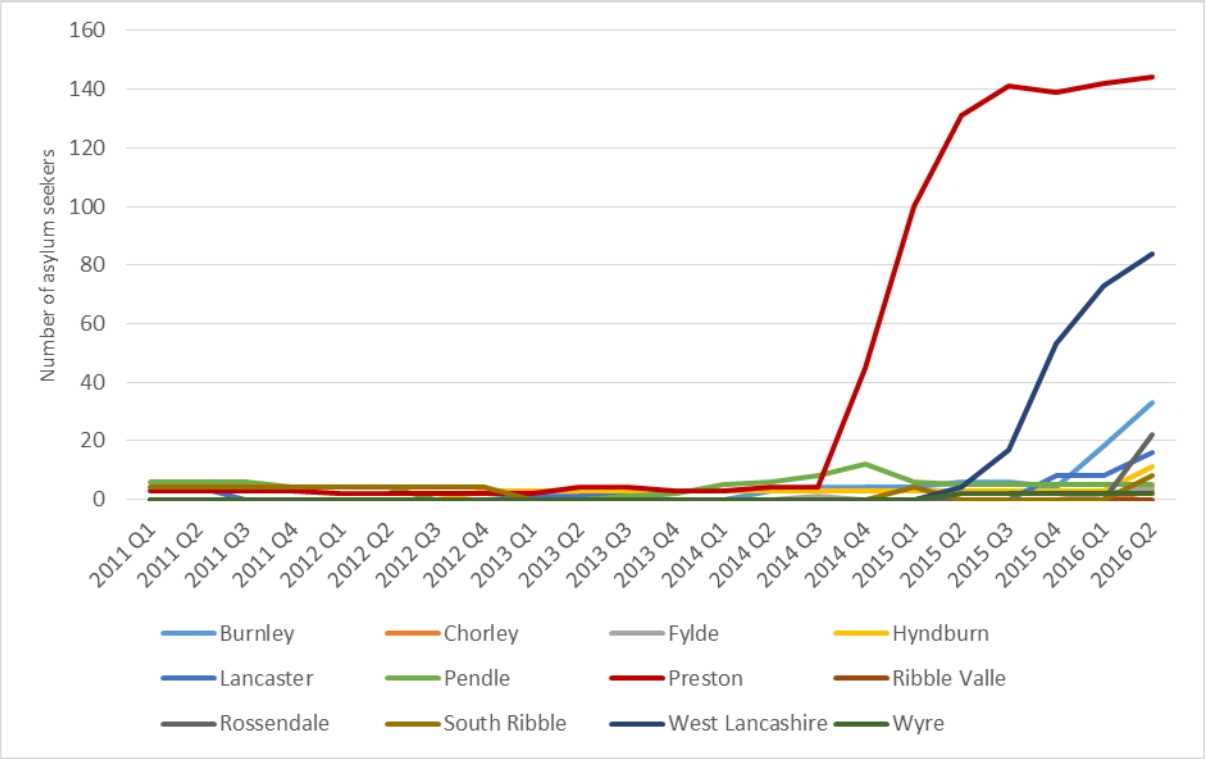
[3] The figure refers to the number of asylum seekers under Section 95 support.

# The local picture

Lancashire is administratively divided into 12 district councils (Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre) and has a population of approximately 1.2 million (12).

Unlike other areas in the North West, Lancashire has historically not been part of the asylum seekers' dispersal scheme. This, however, has changed in the last years and now all the districts have started to accommodate asylum claimants (See Figure 14).

Figure 14. Asylum seekers under Section 95 support in each district authority, 2011-2016.

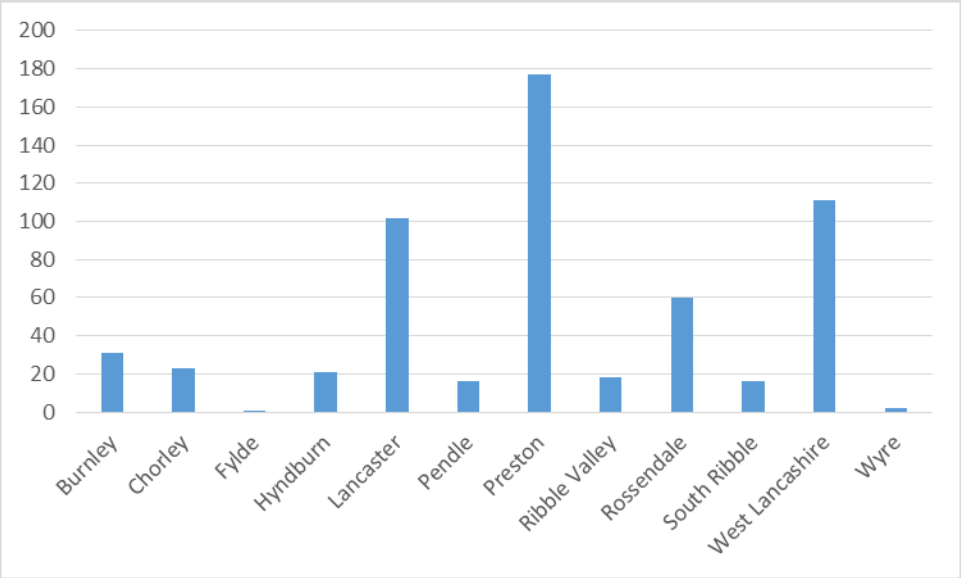



Source: Immigration Statistics, ONS (25).

Accommodation of asylum seekers has not been evenly divided across the 12 districts authorities in Lancashire. Preston, West Lancashire and Lancaster are the three areas accommodating larger numbers of asylum seekers in the county, with 177, 111 and 102 claimants receiving accommodation respectively during 2017 (See Figure 15).

Some districts councils, such as Fylde and Wyre, accommodate a small number of asylum seekers because they only joined the dispersal scheme recently, but it is expected that the number of asylum seekers accommodated in these districts will increase in the future.

Figure 15. Asylum seekers accommodated in Lancashire County Council, February 2017.




Source: Immigration Statistics, ONS (25).

In total, approximately 578 asylum seekers are currently accommodated in Lancashire, the majority of which are men.

Overall, in Lancashire, most of asylum seekers are single (60%). However, in all but four districts (Preston, West Lancashire, Lancaster and Fylde) there are more families than single asylum seekers.

It is also important to highlight that, whilst the majority of asylum seekers are single, there is also an important percentage of families whose health and social needs may be different. More detailed data regarding these groups, including their location and their socio-demographic characteristics is held by key stakeholders. However, it cannot be publicly accessed because low numbers mean that data could be identifiable, jeopardising the confidentiality of asylum seekers and refugees. For this reason such data has not been included in the report.

# Literature Review

The literature highlights five key areas of need for asylum seekers and refugees:

## Mental Health

Asylum seekers (AS) and refugees have often suffered traumatic experiences that have an impact on their mental health. There are three main areas of concern:

Depression and anxiety: There are contradictory findings in the literature regarding prevalence of depression and anxiety in asylum seekers and refugees.
Several qualitative and quantitative articles found that the difficulties and traumatic experiences that asylum seekers have been subject to are translated into an increased prevalence of these conditions when compared with the general population (13–15). Prevalence of depression and anxiety are also higher in AS that are waiting for their asylum claim to be completed compared with successful claimants that are granted refugee status (16). This reflects the impact of the asylum claim process on the mental health of AS.
A systematic review found that prevalence of anxiety, depression and, in particular, major depression is often exaggerated in asylum seekers. They suggest that rates of these conditions may not be that different from the general population (17).
These contradictory findings reflect the weaknesses of the evidence. To that limitation we need to add the fact that the populations under study are demographically different from the AS and refugees living in Lancashire, revealing the fact that the AS and refugee population is dynamic and changes rapidly accordingly to the resolution and emergence of conflicts around the world.

Post-traumatic stress disorder (PSTD): PSTD is one of the main mental health conditions that affect asylum seekers and refugees. Systematic reviews suggest that asylum seekers are between ten and twenty times more likely to suffer PSTD compared with the general population (14,17). This is a consequence of pre-migration experiences such as war, violence and imprisonment. It is a long term problem that affects not only recently arrived asylum seekers, but also settled refugees (18).

Suicide: Asylum seekers have commonly witnessed violence with many suffering violence themselves, affecting their mental health (16). Studies have found increased rates of suicide amongst asylum seekers compared with the local population (19,20).

## Communicable Diseases

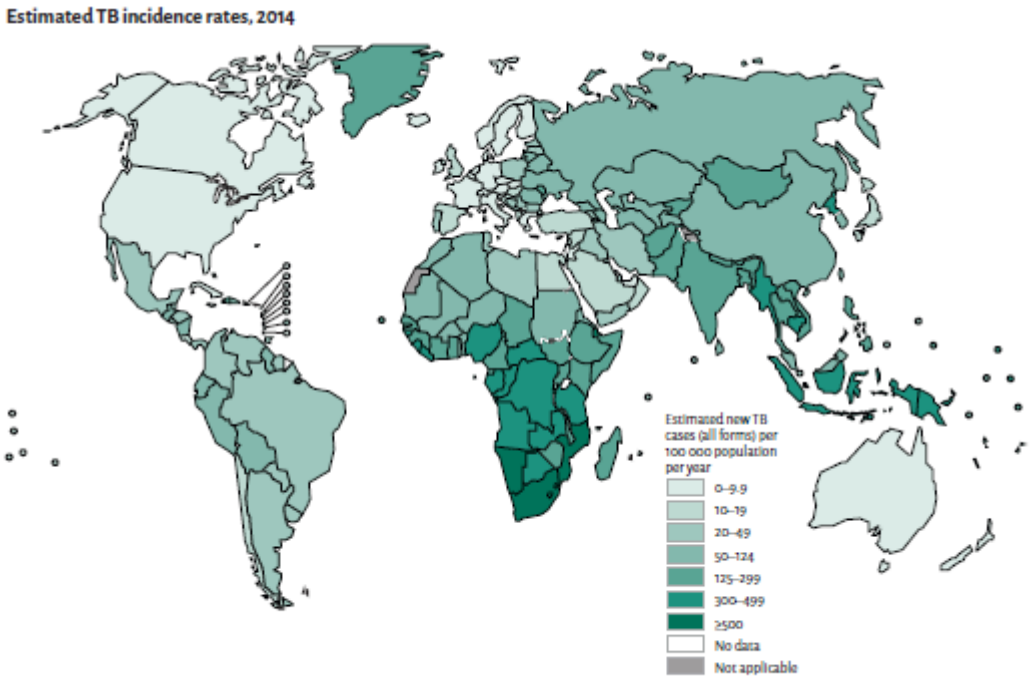
Prevalence of communicable diseases amongst asylum seekers and refugees is uncertain. Data is not routinely collected and the evidence from research is weak. However, asylum seekers and refugees often come from countries affected by endemic diseases that we consider rare in the UK. Asylum seekers are therefore likely to reflect the prevalence of communicable diseases of their country of origin.

Vaccination: Many countries have different vaccination schedules which do not comply with UK requirements. ). Moreover, countries in conflict normally see a drop in vaccination rates. In Syria, for example, vaccination rates have dropped from 91% in 2010 to 45% in 2013.
Diseases that are rare in UK adults due to high vaccination rates may be more prevalent in asylum seekers and refugees. Studies carried out in Canada show that asylum seekers and refugees are more susceptible to MMR, DTP and Varicella compared with the general population, advising to screen for immunity and offer vaccination to all arrived asylum seekers and refugees (21).

Hepatitis: Hepatitis is an inflammation of the liver caused by a virus. There are five main hepatitis virus. Asylum seekers and refugees are especially susceptible to Hepatitis B (HBV) and C (HCV). HBV is highly prevalent in Africa, Middle East and South East Asia, where most of asylum seekers and refugees come from (22). A study carried out in Liverpool found higher risk of HBV amongst asylum seekers (23). In the same way, asylum seekers and refugees come from countries with high prevalence of Hepatitis C, such as east Africa and the Middle East.

Tuberculosis: Tuberculosis is an airborne transmitted disease that has a significant health impact on the people that suffer it. In many countries, there is stigma attached to the disease and its sufferers. The literature suggests that asylum seekers and refugees are more likely to have been exposed to tuberculosis in home country than the host country population because they come from countries with high rates of the disease (Figure 16) (24).
Screening for TB is already offered in the UK to those coming from countries where the prevalence is over 40 cases per 100,000 people. Those with a positive result are offered treatment (25).
Treatment of tuberculosis is long and complex, and low rates of GP registration and dispersal could affect follow up and compromise treatment (26).
The rates of tuberculosis in Syria are below 40 cases per 100,000 people, therefore routine screening for those coming under the resettlement programme is not required.

Figure 16. Estimated Tuberculosis incidence rates across the world in 2014. WHO




Source: WHO 2015(65).

HIV/AIDS: HIV/AIDS remains as a significant cause of health burden in many countries. Amongst asylum seekers and refugees, the prevalence of HIV is uncertain, but studies have found increased rates compared with host populations (27), suggesting that screening should be routinely carried out (28).
However, other authors have questioned the quality of the data and argue that there is no evidence that AS and refugees pose a threat to spread the HIV epidemic in host societies (29,30).
Adding to the physical effects of the virus, there is a stigma and discrimination attached to HIV, which may affect the individual's ability to seek support and services. Providing AS and refugees at risk with information about testing and HIV treatment could improve testing and acceptance of care (31).

Malaria: Malaria is a severe disease transmitted via mosquito bites. Although it is an endemic disease in many parts of the world, the literature advices against routine screening of the disease (31). Malaria is non-existent in Syria (32), so there is no need of screening the refugees coming under the resettlement programme.

## Women's Health

Contraception: A study found higher rates of induced abortion in asylum seekers compared with the general population (33). The same study also found that language barriers prevent female asylum seekers to seek contraceptive advice. Canada's guidelines advice that AS and refugee women should be offered contraception of choice soon after entry (31).

Cervical screening: Female asylum seeker and refugees are likely to come from countries where routine cervical screening is not offered. In order to prevent cases of cervical cancer some countries offer the smear test when they arrived (31).

Pregnancy: Pregnant asylum seekers and refugees may have more complex antenatal care needs due to experiences such as female genital mutilation, hepatitis B, thrombocytopenia or psychological distress (33). They may also encounter difficulties accessing antenatal services, such as language or cultural barriers.
All these factors have an impact on the pregnant asylum seeker population. It has been documented that female asylum seekers often suffer worse pregnancy outcomes than the general population, including low intrauterine growth and post-natal depression (34,35).

## Non-communicable Diseases

The majority of the research on AS and refugees has traditionally focused on communicable diseases and mental health disorders. However, non-communicable diseases are increasing worldwide and there is growing evidence of their impact on displaced populations. Research shows that Asylum seekers from certain ethnic backgrounds (Africa and South Asia) have higher prevalence of type 2 diabetes compared with the general population (31,36). Female asylum seekers and their children are also susceptible to iron deficiency, the commonest nutritional deficiency in the world (31,37).
Vision and dental health screening have been advised by other country's guidelines (31).
The needs of Syrian refugees in relation to non-communicable diseases need to be explored as they have been chosen based on vulnerability. Some of them will be older and therefore at higher risk of non-communicable diseases than young male asylum seekers. Syria is also a country that had a high prevalence of non-communicable diseases such as COPD, CVD and Type 2 Diabetes (38–40).

## Wider Determinants of Health

The wider determinants affect the health of the population. These include lifestyle, community and social networks, the general socio-economic conditions and cultural and environmental conditions (41). These determinants affect asylum seekers and migrants in a different way than the hosting population, reflecting their complex situation (42).

Lifestyle: Asylum seekers and refugees often experience a process known as "acculturation". It refers to a change in attitudes and behaviours towards those that prevail in hosting society (42). The result includes higher levels of smoking, lower

levels of breast feeding and diets with a higher fat content, which can lead to acute and chronic diseases.

Social Networks: The settlement process usually involves social issues such as isolation, loss of social status and insecurity.
One of the main issues is lack of integration in the host society. There are various barriers for integration that have been identified in the literature (43,44), including:

- Lack of language skills
- Mobility
- Lack of knowledge of the system
- Services unable to meet their needs
- Hostile public attitudes
- Legal barriers to integration

Housing: Accommodation instability and poor housing conditions can have a negative effect in asylum seekers on refugee's health. Poor housing conditions have been associated with a diverse range of negative health outcomes, as well as the negative impact that it has on children's education (44).

Access to Healthcare services: It is well documented that asylum seekers and refugees are less likely to access healthcare services compared with the general population. Culture and language are considered the biggest barriers for access to care, but mistrust and lack of knowledge about the role of primary and secondary care services have been also found to have an effect (45,46).

Education: Education is an important determinant of health, with higher educated groups having lower self-reported poor health (47). Some studies have described that asylum seekers and refugees often have more difficulties accessing education than the general population, mostly due to lack of knowledge of entitlement (44).

Employment: Asylum seekers, unlike refugees, are not entitled to work until they have a positive outcome to their application. This can have a negative impact on their mental health (48).
Refugees, although entitled to work, have much lower levels of employment compared with host populations (49).
Working conditions are also important as a health determinant. Refugees and BME communities are known to have worse work conditions compared with the general population (44). Improving such conditions may have a positive impact in their health.

In summary, in order to maintain AS and refugee's health and wellbeing, the focus should not only be on medical diseases, but also modifying the wider determinants of health, such as housing, employment, education and lifestyle.

# Current Service Provision

In Lancashire, there are various organisations involved in the care of asylum seekers and refugees. Table 4 outlines some of the organisations that participated in the stakeholder interviews.

Table 4. Some of the Agencies involved in the care of asylum seekers in Lancashire[1]

| Organisation | Area | Activities |
|---|---|---|
| District Local Authorities | All 12-districts | Approval of housing properties before asylum seekers arrive |
| Serco | All 12-districts | Providers of asylum seeker accommodation<br>Resolution of housing issues<br>Signpost AS to healthcare facilities in their area and other community services |
| British Red Cross | Preston | Weekly drop-in service<br>Social activities |
| Pukar | Preston | ESOL |
| City of Sanctuary<br>Global Link | Lancaster | Weekly Drop-in centre<br>ESOL<br>Social activities |
| Community Volunteer Services (CVS)<br>Faith groups | West Lancashire | Weekly drop-in service<br>ESOL<br>Social activities |
| Maundy Relief<br>Community Solutions North West<br>AAWAZ<br>YMCA | Hyndburn | Weekly drop-in service<br>Counselling for asylum seekers<br>Social activities<br>Women support |

The stakeholder interviews highlighted the complexity of asylum seekers and refugees' health and wellbeing.

They emphasised the importance of communication and collaboration between the different agencies that are involved in the care of asylum seekers. Experiences and challenges around housing, primary & secondary care access, mental health and social integration were also highlighted.

# Communication and collaboration between agencies that are involved in the care of asylum seekers

Stakeholders felt that the needs of asylum seekers can only be met by collaborating and communicating effectively between the different agencies involved. In concordance with this view, all districts councils in Lancashire that accommodate asylum seekers hold a multi-agency forum with representation from the different key stakeholders, including:

- District council
- Police
- Serco
- Third sector organisations
- Clinical Commissioning Groups
- Migrant Help

The frequency of the forum varies between districts, depending on number of asylum seekers accommodated in the area. They typically take place every 3-4 months. The forum discusses how the different agencies meet the wellbeing needs of asylum seekers and refugees. The forum is also used to share experiences and coordinate action in different areas.

Most of stakeholders expressed satisfaction with the multi-agency forums. However, some perceived that the communication between agencies and particularly between districts could be improved. They felt that there is a general lack of awareness around how other districts are responding to the settlement of asylum seekers. It is perceived that sharing experiences and practices between districts could help to improve the care of asylum seekers.

Some stakeholders lack knowledge around the duties and responsibilities of the different agencies involved in the care of asylum seekers. Clarifying those responsibilities was perceived to be important to plan and improve the care of asylum seekers.

## Housing

Housing was identified as a vital factor to meet the needs of AS and refugees and also an important determinant in the integration of these groups with the local communities.

In the North West, Serco is commissioned by the Home Office to identify and provide suitable accommodation for asylum seekers.
Initially, all AS are allocated accommodation in Liverpool until suitable housing is found in the local authorities that participate in the dispersal scheme.

Serco's function is to:

1. Identify and inspect accommodation. Serco inspects the potential properties to make sure that standards are appropriate. In order to improve integration with the local community, Serco's policy states that asylum seekers should not make more than 2% of the population in a ward. However, attempts are made to house

AS in relatively nearby areas so that they have access to community services such as drop-in centres within walking distance.
2. Any property that Serco classifies as suitable for housing asylum seekers has to be approved by the district council. This assessment normally occurs within five days to one week after the request. Once a property has been approved by the district authority, it can start housing asylum seekers.
3. Signposting to community services and orientation. When asylum seekers arrive to their new home, a Serco house officer gives them a tour around the city, signposting them to community services such as GP practices, food shops and third sector organisations.
4. Provision and discussion of the information book. All houses have an "information book" which includes information on health and community services in the area and how to access them. House officers are in charge of going through the book with the asylum seekers and solve any doubts that may arise.

Both AS and stakeholder interviews considered housing as one of the most important factors in the life of AS. During the interviews with the key informants it was found that:

- Generally, third sector organisations, district councils and asylum seekers expressed satisfaction with the housing standards and felt that their housing issues were assessed and solved rapidly and appropriately by Serco.
- For confidentiality issues, Serco is not allowed to share details around when and where asylum seekers are located within the district authority. This was seen as a barrier to help asylum seekers by some organisations in some districts, but not in others.
- Asylum seekers' housing is affected once a decision on their application is made. When the asylum claim has been processed, whether the outcome is positive or negative they have 28 days to vacate the property. Stakeholders felt that to organise and fund other suitable accommodation is challenging. Although the different agencies, such as Serco or third sector organisations, are flexible and supportive, stakeholders considered this to be a major issue and they felt that it contributed to refugees leaving Lancashire and seeking accommodation in big urban centres such as Liverpool or Manchester. Refugees feel that in this areas they are more likely to find support and temporary accommodation whilst they try to find a job or they start to receive welfare benefits.

## Primary Care

Asylum seekers and refugees are entitled to full and free access to primary care services under the *Immigration and Asylum Act 1999*. However, primary care access was identified as an issue by stakeholders and asylum seekers in Lancashire:

- Stakeholders described how some GP practices and other primary care services were not aware of the entitlements of AS, resulting in poor access.
- Asylum seekers interviewed commented on their lack of knowledge about how the healthcare system works in the UK and how they should access it.
- Some asylum seekers were not aware of the information book that is provided by Serco and therefore lacked knowledge around how to access services.

- AS and stakeholders mentioned how some GP surgeries refused to either register them or offer appointments to asylum seekers because translation services were not available.
- In some areas, there is a lack of knowledge around who has responsibility over ensuring that AS are registered with a GP practice. Under Serco's contract, the company does not have responsibility over registering AS in the GP practice or make sure they attend any other community service.
- Some stakeholders perceive that asylum seekers and some third sector organisations should have a better understanding of the different primary care services and the role of such services, including GP surgeries, dental practices or pharmacies.
- There were concerns raised around dental health access. Asylum seekers are entitled to free dental care. It was described how some asylum seekers lacked the knowledge of how to access those services and some dental practices were not aware of AS entitlements, which resulted in AS attending A&E for dental issues that could have been dealt in primary care.

## Secondary care access

Asylum seekers are also entitled to full free access to A&E and other secondary care services, but stakeholders and AS raised concerns and issues on:

- Health professionals awareness of entitlement
- Access Transport has been identified as an important barrier of access to hospital appointments and other secondary services. Asylum seekers have to live with £36 per week, so transport's costs are unaffordable. In addition, if the appointment is in a hospital located in other town or city, they often do not know how to use the public transport to access it. This may result in asylum seekers missing the appointment, which is detrimental for their health. There are cases of volunteers from third sector organisations taking AS to the hospital with their own private transport.
- Asylum seekers are given a HC2 form during the initial screening at London which entitles them to free NHS prescriptions. Some issues regarding these forms were raised. In some cases, the forms had expired and AS did not know how to renew them. In others, AS were charged in spite of having a valid form.
- All asylum seekers are screened for communicable diseases when they arrive to the initial accommodation centre in Liverpool. School age children have their vaccination status checked as well.

The screening is carried out by Urgent Care 24 (UC24).
When an asylum seeker is dispersed into another area, further follow-up appointments are forwarded to their new address. However, transport can be a barrier to attend those further appointments.

## Mental Health

As it has been discussed, asylum seekers are at higher risk of developing mental health problems compared with the general population. Ensuring appropriate access

to services is therefore important to maintain their health and wellbeing. Stakeholders identified the following issues:

- Access to mental health services. They perceive that asylum seekers do not receive the support they need, in spite of having signs of mental distress.
- Asylum seekers often struggle to seek help for mental health issues
- Some third sector organisations offer, on a volunteer basis, counselling for asylum seekers, this is not widespread in all the districts. Some perceived that such services will be unable to cope with the demand if the number of asylum seekers increases.
- Some providers feel that the front-line staff working with asylum seekers lack the understanding of how mental health services work and what the different routes of access are.
- Some stakeholders feel that trauma services are inaccessible to asylum seekers, as the system has not adapted to their singular situation.

## Wider determinants of health

Integrating in the community and creating strong social links is vital to maintain asylum seekers and refugees' wellbeing. This is particularly important whilst the claim is being processed. During that time, AS are not allowed to work and they are exposed to the stress caused by the uncertainty of the claim outcome, both having a negative impact on their health. During the interviews with asylum seekers and key informants, some factors were identified as barriers towards integration and creation of social links:

- Language was identified as a major barrier as many AS lacked good English communication skills. Asylum seekers can only access English for Speakers of Other Languages (ESOL) after 6 months of being resident in the country. They are also required to fund 50% of the course. Different third sector organisations organise weekly ESOL lessons to respond to access difficulties. These lessons rely on volunteers, therefore raising concerns of sustainability and continuity.
- Transport was identified as an important barrier that prevents engagement of asylum seekers with the wider community. They cannot afford the costs of transport to the different community activities or events.
- Some asylum seekers expressed that social isolation is leading to frustration, spending long hours at home, which affects their mental wellbeing. They expressed their keenness to do sports and take part in social, cultural and sport activities, but as most of the Lancastrian districts have only recently started to house asylum seekers, they are still in the process of building and maintaining such regular activities.

# Limitations

There are a number of limitations that need to be taken into consideration.

1. Data on asylum seekers and refugees at a district 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.

2. GP data could not be interrogated as the current systems do not record whether a person is an asylum seeker.
3. Due to the large number, a sample of stakeholders and asylum seekers were interviewed. Lancashire County Council covers a large area and there are several organisations working with asylum seekers. Some districts have contributed more to this HNA than others. However, the recommendations are likely to be generalisable to all of them.

# Discussion and Recommendations

The findings of this Health Needs Assessment are drawn from the insights of a sample of key informants and asylum seekers. The results suggest that, overall, the experiences of asylum seekers living in Lancashire have been satisfactory.
The asylum seekers interviewed enjoyed living in the area and were grateful with the positive response of the community.
It was evidence the high level of dedication of volunteers who, working through various organisations and faith groups, dedicate their free time to help asylum seekers. Their work makes a substantial impact on helping to meet health and wellbeing needs of asylum seekers and refugees that would otherwise be unmet.
In the same way, other agencies involved, such as district councils, healthcare organisations, Serco, Lancashire County Council and the police, show compromise and determination to help asylum seekers to integrate in the community and to solve any issue that they may encounter during their arrival to the county.

However, the health needs of asylum seekers are complex and stakeholders identified areas of improvement. The challenges faced by providers in Lancashire 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 literature. Here, in Lancashire, asylum seekers described how they are occasionally refused access to the services. Mental health services was another area where stakeholders perceived that the needs of asylum seekers are not met. Asylum seekers are known to be 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.

Asylum seekers are generally young adults who are not allowed to work and that are going through a stressful period of time whilst their claim is processed. Creating social links and participating in different activities is vital to avoid social isolation and the mental health problems that are associated with it. Asylum seekers and stakeholders described language and transport as two of the main barriers to community participation.

Finally, once the claim is completed, asylum seekers are given 28 days to vacate the property. In this time, asylum seekers struggled to obtain the income needed to fund accommodation elsewhere. Stakeholders perceived that this put them at risk of destitution and homelessness.

# Recommendations

## 1. Improve access to healthcare

| ***Issue*** | **Recommendation** | **responsible organisation** |
|---|---|---|
| *Access to Primary Care services* | 1. Steps are taken to ensure that asylum seekers understand how and when to access primary care services after induction.<br>2. Ensure that GP surgeries, dental practices and pharmacies are aware of asylum seekers' entitlement to full free access | 1. Serco<br>2. NHS England |
| *Access and referrals to Mental Health services* | 1. Improve awareness of the presentation of mental health issues that are common in asylum seekers.<br>2. Review mental health care pathways for asylum seekers, with specific focus on trauma services. | 1. Third sector, Serco.<br>2. CCGs and LCFT |
| *Access to secondary care services* | Ensure secondary care providers are aware of asylum seekers' entitlement to full and free access to services. | CCGs |

## 2. Improve provision of healthcare services

| ***Issue*** | **Recommendation** | **Responsible organisation** |
|---|---|---|
| *Interpretation and translation services* | Ensure that primary care services arrange appropriate, high quality translation services as per NHS England and GMC advice (50,51). | NHS England |
| *Communicable-diseases* | Use PHE's Migrant health checklist as a guide for the first appointment in GP practices (See Appendix 5). | NHS England/CCGs |
| *Family planning and GUM clinics* | Ensure that information around how and when to access these services is available during induction and at the drop-in sessions | LCC/Serco/Third sector |

## 3. Wellbeing

| *Issue* | **Recommendation** | **Provider** |
|---|---|---|
| *Physical activity* | Sustain regular physical activities (e.g. weekly football) as a way to improve physical and mental wellbeing | Third sector organisations |
| *Adult Learning* | Explore the provision of Adult learning services, including ESOL, to asylum seekers. | Lancashire County Council |
| *Transport* | Explore possible solutions to facilitate accessibility of services to asylum seekers. | Lancashire County Council |
| *Wellbeing* | Continue to build networks within and between districts that create social activities for asylum seekers. | All stakeholders |
| *Destitution* | Develop support plans for asylum seekers that become refugees and are at risk of homelessness and destitution. | Lancashire County Council/Third sector organisations |

## 4. Progress of recommendations

The recommendations outlines above need to be situated in the context of projects that have been, or still are, developed to tackle some of the issues.

1. In the summer of 2016 Serco started to ensure that all newly arrived asylum seekers are registered with a GP practice. This is by housing officers accompanying asylum seekers to the practice and help them to register.
2. In Rossendale, Serco and GP practices are working together to set up an automatic clinical appointment as soon as any asylum seeker arrives to the area. If successful, it is hoped that this system will be spread out to the rest of the districts.
3. In some districts, such as West Lancashire, the community is adapting to the quick arrival of asylum seekers. Third sector organisations, working with the district authority and other partners are developing regular social and physical activities that will be offered to asylum seekers in order to avoid social isolation and to improve integration with the local communities.

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# Appendices

## Appendix 1

The search was conducted via the electronic database "Scopus", using the key term "asylum seeker* OR refugee*" in combination with the following key terms, using Boolean operators and wildcard characters: "health need*", "mental health", "communicable disease*", "depression", "PTSD OR post traumatic stress disorder*", "vaccin*", "maternal health", "sexual health", "chronic disease*", "communicable disease*", "hous*", "isolation", "integration", "*culture*", "pregnan*", "education*", "employ*", "social*", "access*".

Some research articles on the reference list of papers listed for review were also included.

The focus was on qualitative and quantitative studies in the last 10 years, with a special focus on UK papers. However, older articles were also included if they were considered relevant.

Along with the e-journal search, grey literature reports and papers were also searched via websites of relevant organisations such as: WHO, Home Office, Department of Health, Public Health England, UNHCR, and Refugee Action.
Previous health needs assessments carried out in Liverpool, Wigan and Wakefield were also used in the review as well as in the discussion section.

# Appendix 2

## *Initial application*

As it has been discussed, any individual fearing persecution in their own homeland can apply for asylum in other country.
In Europe, according to the EU Dublin III Regulation, the country where an asylum claimant files the application must be the only country that processes the claim (52). Exceptions include those individuals who have a relative residing in other EU country. In those cases, family union takes priority and they should be allowed travel to the country where their relative is residing and have their application processed there.
In the UK, initial asylum applications usually occur immediately after arrival, taking place at airports, seaports or the Asylum Intake Unit (AIU) located in Croydon, London.
After making the application, the AIU carries out an initial asylum screening to determine whether the UK is the country that should process the claim.

## *Asylum screening*

The asylum screening normally takes part at the AIU and last approximately 4 hours. The screening is used (1):

- To gather biometric information (e.g. fingerprints).
- To carry out security and identity checks
- To assess if the asylum seekers requires accommodation
- To gather information about the asylum seeker's reasons for fleeing their country and the journey before they arrive to the UK.

At this point, if it is decided that the UK is not the appropriate country to process the claim, the asylum seeker might be detained and removed from the country.

If the asylum claim is accepted, asylum seekers are offered accommodation where they will wait until they are called for the next step, the asylum interview.

AS are given at this stage an Application Registration Card (ARC) or a Standard Acknowledgement Letter (SAL) which serve as identity cards for asylum seekers during the claim process.

## *Asylum interview*

Soon after the screening, asylum seekers are assigned a caseworker, who will be the person deciding the outcome of the claim.
In order to determine the legitimacy of the asylum claim, the caseworker carries out an individual interview with the asylum applicant.
In these interviews, asylum seekers are inquired about the details of the persecution they suffered in their home country as well as about the fears that they have of going back (1).
Any supported evidence is taking into consideration. The whole process lasts around six months before an outcome is decided.

## *Outcome*

Following the asylum interview and after all the evidence has been assessed, the caseworker will decide the outcome of the claim. Asylum seekers are allowed to stay in the UK if they are granted with refugee status, humanitarian protection or discretionary leave to remain.

If the outcome of the claim and the further appeals are negative, the failed asylum seekers are obliged to leave the country.

To do so, the Home Office gives them two options (4):

1. They can voluntarily return to their home country. If refused asylum seekers need financial help to return to their home country they can apply for the "Assisted Voluntary Return (AVR)" scheme. This scheme offers the applicants cash support (2,000£) to go back and settle in their home country (53).
2. Be forcedly removed from the UK. This may involve detention at an immigration removal centre.

# Appendix 3

## *Accommodation*

Section 95 of the *Immigration and Asylum Act (1999)* stablishes that asylum seekers at risk of destitution are entitled to accommodation from the moment they submit their application at the AIU (54).

The accommodation is offered immediately after the screening on a non-choice basis. Initially, asylum seekers are placed in an "accommodation centre" before they are dispersed into their permanent address for the duration of the process (55).

There are various initial accommodation centres in the UK. In the North West, the initial accommodation centre for all asylum seekers in the region is located in Liverpool.

If the asylum claim is unsuccessful, failed asylum seekers at risk of destitution are provided temporal accommodation until they either leave the country or their situation is resolved (24).

By contrast, successful claimants who are given leave to remain are not entitled to accommodation. They are normally given a period of 28 days to leave the property they are living at. Those with leave to remain are, however, eligible to apply for the same welfare benefits than any other resident of the UK.

## *Cash Support*

Financially, asylum seekers are entitled to cash support, which they can collect on a weekly basis at the post office.

The amount of cash given to asylum seekers has changed recently in August 2015, and it is now a fixed amount of 36.95£ per week (56).

If the asylum seeker's application is refused, they are still entitled to support under Section 4 of the 1999 Act. The support is given in the form of a card that is topped up weekly with 35.93£ per week. The card can only be used in certain retailers and can only buy essential materials such as food, clothing and toiletries (57).

As with accommodation, cash support is stopped if asylum seekers are granted leave to remain. From that moment, however, they are entitled to apply to main stream welfare benefits if they need income support.

## *Employment*

Asylum seekers are not entitled to work whilst their claim is being processed unless the process lasts for over 12 months. In the same way, failed asylum seekers are not entitled to work*.

By contrast, those who have been granted refugee status have the same right to work than any other citizen of the UK.

* Unless the failed asylum seeker is submitting new pieces of evidence to support a new claim (62).

## *Healthcare access*

The latest guidance issued by the Department of Health determine that refugees, asylum seekers and failed asylum seekers receiving support under the 1999 act are entitled to have full access to primary and secondary NHS services free of charge (58). Asylum seekers and failed asylum seekers are also eligible to have a NHS certificate for full help with health costs (HC2) that grants them free access to dental care and prescriptions.

Refugees are also entitled to free NHS care, but they will only receive free NHS dental care and prescriptions if they fulfil the general criteria.

# Appendix 4

Asylum seekers are allowed to remain in the UK if they receive one the following outcomes once their claim has been processed:

- Refugee status: If the caseworker decides that the asylum seeker qualifies for asylum. He/she will be granted with refugee status. This gives the person leave to remain in the UK for 5 years, after which the refugee can apply to settle in the country (1).
- Humanitarian Protection: Granted when the asylum seeker does not qualify for asylum, but there are substantial grounds to believe that he/she could be at risk of serious harm if returning to the home country (e.g. death penalty, unlawful killing…). A person granted with humanitarian protection is given leave to remain for five years, after which they can apply to settle in the UK (59).
- Discretionary Leave: Only granted in very limited circumstances (e.g. an unaccompanied child seeking asylum) when the claimant does not qualify for asylum and if there are no reasons for humanitarian protection. The length of time that the person is given to remain is decided on a case by case basis, but the leave to remain does not normally exceed 30 months (60).

# Appendix 5

| | |
|---|---|
| **Pre –appointment** | ☐ Country of Birth<br>☐ Migration history (others countries lived in)<br>☐ Reason for migration (Work/Study/Family/Asylum/Refugee)<br>☐ Date of arrival in the UK<br>☐ Language and dialect spoken - is an interpreter required? Ensure interpreter is of the same sex.<br>☐ Cultural sensitivity eg. female GP or chaperone required<br>☐ Disability |
| **Routine New Patient Health Check** | ☐ Past Medical History<br>☐ Medication<br>☐ Allergies<br>☐ Family History<br>☐ Social History<br>☐ Height and Weight<br>☐ Urine – diabetes and kidney function<br>☐ Blood pressure<br>☐ Lifestyle - Alcohol/Smoking/**Physical Activity**<br>☐ **Full Vaccination History. Checked against the PHE** Incomplete immunisation schedule. |
| **Review Country-Specific Health Issues** | ☐ PHE Migrant Health Country Specific Guide<br>☐ Risk of Communicable Diseases<br>☐ Nutritional or Metabolic considerations<br>☐ Ethnicity and increased risk of health problems |
| **General Health** | ☐ Dental Health<br>☐ Vision and Hearing (including child screening)<br>• Explain UK health screening programmes (Cervical/Breast/Bowel/Diabetic Eye Screening, Abdominal Aortic Aneurysm AAA) when appropriate<br>• Be alert to signs of neglect or physical abuse |
| **Sexual Health** | ☐ Sexual Health history<br>☐ Sexually Transmitted Infections<br>☐ Contraception needs |

| | |
|---|---|
| **Mental health** | ☐ Consider mental wellbeing needs and assessment<br>• Be aware of PTSD, depression, anxiety and underlying mental health disorders |
| **Orientation** | • Explain how to access healthcare and services<br>(GP, Urgent Care, Pharmacy, A+E)<br>• Referral to health and third sector |