Guidance for considering the needs of **Asylum Seekers** and **Refugees** in commissioning health services

Produced by Equality and Inclusion Team

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Introduction

Aim of guidance

This guidance is for decision makers that commission health services. The aim of this guidance is to promote good practice for commissioning decisions and provide a greater level of information to help assess potential impacts for this vulnerable group of people. This guidance aims to promote equality and uphold human rights of people claiming asylum.

The guidance provides decision makers:

- General information about Asylum Seekers and Refugees
- Health problems and other determinants associated with Asylum Seekers and Refugees
- Common experiences in relation to health care
- Considerations for Equality Impact Risk Assessments
- Recommendations

NICE provides a range of guidance relating to Asylum Seekers and healthcare, including but not exclusive to Tuberculosis, pregnancy and post-traumatic stress disorder.

NHS England and Public Health England have published a range of guidance including NHS entitlements and G.P registration. Information on their website link to information and research carried out for Faculty of Public Health.
Common experiences in relation to health care

- Asylum Seekers / Refugees have a lack of understanding of the UK health care system resulting in difficulties in accessing the health care needed at the right time, right place. UK system may be totally different to their country of origin.
- Health Care Providers not being aware of entitlement of Asylum Seekers / Refugees for registration resulting in some being turned away.
- Problems in accessing appointments due to knowledge and costs of public transport. Appointments to different secondary care settings may involve journey to unfamiliar locations at a distance from home.
- Lack of understanding of entitlement and problems accessing health care in cases of refused asylum claims.
- Cases of providers not providing translation services or not providing them in a timely way.
General information on Asylum Seekers and Refugees

Refugee protection

Anyone at risk of persecution within their own country has the right to claim asylum in another country (in accordance with Article 14 of the Universal Declaration of Human Rights).

The 1951 Refugee Convention and its Protocols (also known as the Geneva Convention) forms the basis of international refugee protection. According to the Convention, a refugee is:

“...A person 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 or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”

The UK is a signatory to the Refugee Convention.

Source:
https://www.unhcr.org/uk/1951-refugee-convention.html
Background to the UK asylum process

In the UK, the number of people seeking asylum has increased in the last five years due to new armed conflicts and widespread violation of human rights in different parts of the world. The Home Office processes all asylum claims made in the UK. If the claim is successful, the Asylum Seeker is granted refugee status for an initial period of five years (which may then be extended). If the claim is unsuccessful, the Asylum Seeker is generally expected to leave the UK, or may be removed from the country.

National Dispersal Scheme: In 2001, the Home Office set up the National Dispersal Scheme under the Asylum and Immigration Act (1999). Under the scheme, Asylum Seekers are transferred to a number of dispersal centres around the country.

One of the aims of the dispersal scheme is to share the financial and housing burden across Local Authorities whilst claims were being processed.

In the UK, Asylum Seekers are not permitted to work while they wait for a decision on their case. If they have no independent means of supporting themselves and would otherwise be destitute, Asylum Seekers qualify for Section 95 support from the Home Office, which consists of £5.28 per day and accommodation provided on a no-choice basis. They are initially accommodated at an initial accommodation centre before being dispersed to participating Local Authorities.

The Home Office has contracted a number of private providers, to provide accommodation and support to Asylum Seekers.

Not all Asylum Seekers will go to dispersal areas, particularly if they have enough money to support themselves, or do not require accommodation.

UK data for 2016 indicates there were 33,380 asylum applications during the year. This is a +14% increase from the previous year. Grant rates for asylum, humanitarian protection, discretionary leave or other grants of stay vary between nationalities. For example, 86% of the initial decisions made for nationals of Syria were grants, compared with 34% Afghanistan and 16% for Pakistani nationals. (Data refers to year ending September 2016). This is considerably less than the number of applications received in many other countries, and makes the UK the sixth out of the EU’s 28 member states in terms of asylum applications. Germany received the highest number of applications (692,000), followed by Italy (117,000) and France (83,000) - together these three countries accounted for 75% of all applications made in the European Union.

Sources:
http://www.unhcr.org/uk/asylum-in-the-uk.html

The process of claiming asylum is complex and applications may be subject to long delays. While some claims are processed in a matter of weeks, some people can be left waiting over a year for an initial decision (the government target is 6 months). Furthermore, for cases which go to appeal, or where a person gets refugee status after first being fully refused and later submitting a fresh claim, the process can take many years.

At 41% for 2016, the overturn on appeal rate is high (where a person is granted refugee status by an independent judge after first being refused it by the Home Office), pointing to flaws in the decision making process.

World-wide around 86% of all refugees live in developing countries, not in wealthy industrialised countries.
Process for dealing with Asylum/Refugees

The majority of people who seek refugee protection in the UK arrive via the asylum process. However, the UK also receives resettled refugees. Refugees who arrive via resettlement programmes have their status recognised by the UK government before arriving in the UK and often have a dedicated package of support to assist in orientation and integration and, in some cases, help offset costs to health and social care services. These programmes are overseen by the United Nations High Commission for Refugees.

A number of programmes have been set up to deal with Refugees from certain areas of conflict. These include:

- Syrian Refugee Resettlement Programme
- The Gateway Refugee Programme
- Unaccompanied Minors Programme - Calais
- Unaccompanied Minor Programme - Syria

Syrian Refugee Resettlement Programme

In 2015, the UK government set up the Resettlement Scheme in response to resettle 20,000 Refugees from Syria by 2020. This scheme widened local authorities providing resettlement support to Refugees.

The scheme resettles Refugees who have fled Syria and previously lived in neighbouring countries bordering Syria or lived in refugee camps – often in poor living conditions. Refugees accessed as the most vulnerable by the United Nations High Commissioner for Refugees (UNHCR) are recommended for the scheme. Following this, a full medical assessment is carried out on the individual and transported to the UK and onward travel into the receiving Local Authority.

As part of the scheme, Local Authorities and Clinical Commissioning Groups (CCG’s) are provided with an agreed budget for each Refugee that are resettled within their area. This funding helps meet the health and social needs of this group. It is recognised that socio-demographic characteristics of Syrian Refugees under this programme differs significantly from the general asylum population.

If a person’s case is refused and they have no more appeal rights, the financial support and accommodation provided by the Home Office is withdrawn, meaning they are entirely destitute. Many are forced to rely on charities, faith groups and friends for support, or face life on the streets. People in this situation often report they are too afraid to return to their home country and do not feel their right to refugee protection has been recognised, or they may be stuck here because they lack documents such as passports, their nationality is disputed, or because there is no viable route back to their country of origin. See:


The main route for Asylum Seekers is found in Appendix A.
The Gateway Resettlement Programme

The Gateway Protection Programme is the UK’s contribution to the United Nations High Commissioner for Refugees (UNHCR) global resettlement programme. Candidates for resettlement to the UK will have been classified by UNHCR as Refugees and selected on the basis that they have pressing humanitarian or security needs, are not able to return to their countries of origin and cannot integrate locally. The Home Office then makes the decision on who to accept under the UK programme, currently set at 750 people per year.

For Local Authorities that take part in this programme, specialist support is provided due to the nature of needs. Since 2004 Refugee Council has supported Refugees from Eritrea, Liberia, Burma, Congo, Iraq, Somalia, Ethiopia, Sudan and Bhutan.

There are also a number of routes to enable vulnerable child refugees to reach the UK.

In April 2016, the UK Government announced they would resettle up to 3,000 children and adults from the Middle East and North Africa (MENA) region by 2020. The scheme is tailored to support vulnerable and refugee children at risk and their families, rather than exclusively unaccompanied children.


There are, theoretically, systems in place to enable unaccompanied refugee children from Europe to reach safety in the UK (negotiated in Parliament via the Dubs Amendment, but also enabled by the Dublin II regulations). This has been used to help children from the Calais camp come to the UK. However, there is no target for the number of children who will be helped, and charities have argued the rules are too complex and vulnerable children are being prevented from getting to safety.

www.redcross.org.uk/~media/BritishRedCross/Documents/What%20we%20do/Refugee%20Support/No%20place%20for%20children.pdf

Entitlements for health care

Asylum Seekers and Refugees (including those applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined) are entitled to free and full access to primary and secondary care services, including:

- free prescriptions for medicine
- free dental care
- free eyesight tests
- help paying for glasses

Entitlement to free prescriptions is automatically issued by the Home Office when the claim for Asylum is made, however this expires after 6 months and help with NHS costs is subject to HC2 certificates and application process.

Support payments are provided by the Home Office alongside accommodation. If pregnant, a £300 maternity payment can be applied for if the baby if due in 8 weeks or less or if baby is under 6 weeks old. There are additional payments for mothers and young children.

NHS England have produced an information leaflet: Asylum Seekers and Refugees How to register with a doctor (GP). Find this at:

Refused Asylum Seekers - no recourse to public funds do not have full access to free health care services

Those whose application for Asylum has been refused and not supported by the Local Authority or Home Office will be chargeable for certain NHS services.

Section 115 of the Immigration and Asylum Act 1999 (IAA) states that a person will have ‘no recourse to public funds’ if they are subject to immigration control; public funds include welfare benefits and public housing.

Free Primary Care can be accessed by everyone regardless of immigration status. Some of these services such as prescriptions may be chargeable. There may be financial assistance for certain costs for those on low incomes. GPs have the discretion to accept any person, including a migrant, to be fully registered as an NHS patient in order to receive free treatment.

NHS England guidance on how to register new patients at GP surgeries explicitly states that patients should not be required to show photo ID or proof of address in order to register with the surgery. The guidance confirms that all people - regardless of immigration status - have the right to register with a GP:

“A patient does not need to be ordinarily resident in the country to be eligible for NHS primary medical care - this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge...”

Other services which must be provided free of charge in accordance to regulation 9 of the National Health Service (Charges to Overseas Visitors) regulations 2015.

This includes:

- Accident and Emergency (A&E) services – up to the point the patient is accepted as an inpatient.
- Diagnosis and treatment of contagious diseases (specified in the Regulations, Sch.1).
- Diagnosis and treatment of sexually transmitted infections
- Treatment of a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence when the patient has not travelled to the UK for the purpose of seeking such treatment. Chapter 7 of the Department of Health’s Guidance confirms how the hospital may identify such cases.

Refused Asylum Seekers who are not in receipt of statutory support are chargeable for secondary healthcare, though they do not have permission to work in the UK and, being destitute, often have no means of paying for it.

New regulations laid before parliament on 19 July 2017 extend NHS charges to community healthcare services and place a legal requirement for all hospital departments and all community health services to check every patient’s paperwork, including passports and proof of address, and charge up front for healthcare (refusing non-urgent care where a patient cannot pay).

Source:
The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017
The guidance on National Health Service – Charges to Overseas Visitors limits the use of NHS resources being used by certain migrants for people presenting from other countries.
Networks of support for Asylum Seekers and Refugees

Historically, Local Authorities have been fundamental in liaising with Non-Government Organisations (NGO's) to support Asylum Seekers and Refugees.

There are a number of national NGO's specialising in supporting Asylum Seekers and Refugees such as the Red Cross, Refugee Action, and Refugee Council amongst other local groups such as faith and voluntary sector. These groups are a good source of information for decision makers and health providers for informing the level of local support available and issues that may be relevant at a local level.

The City of Sanctuary is a movement committed to building a culture of hospitality for welcoming and supporting Asylum Seekers and Refugees. The City of Sanctuary has launched a charter to uphold the values and commitment to offer sanctuary to people fleeing violence and persecution.

https://cityofsanctuary.org/about/groups/

The level of support available to Asylum Seekers and Refugees may vary nationally.

Asylum Seekers and Refugees are vulnerable to hate crime and face varying degrees of hostility.

Profile of Asylum Seekers

It is important to note that

“Refugees are not a homogenous group but one that is diverse in its configuration comprising a population differentiated by culture, religion, beliefs and social norms. Consequently, their social, economic and health needs cannot be addressed with a generic approach but should be considered within the context of an individualised, holistic model of care and service provision.”
Analysis across UK data sets show that the majority of people claiming asylum:

- Young adults (under the age of 25 years)
- Predominantly males
- Women and their families

Women are more likely to face forms of persecution that are particular to them, including domestic violence, rape, sexual violence, forced marriage, and female genital mutilation. However, the Refugee Convention has significant gaps in relation to protecting people from persecution on the basis of gender and sexual identity. Moreover, advocates for the rights of women in the asylum process have identified that the most basic gender-sensitive provisions are missing.

Source: http://www.asylumaid.org.uk/womens-project/

There are also a significant number of unaccompanied asylum-seeking children (UASC). A UASC is a person under 18 who is applying for asylum in his or her own right and has no relative or guardian in the United Kingdom. There were 3,175 asylum applications from UASC in 2016, representing 10% of all main applications for asylum.

Undocumented migrants

Undocumented migrants include a broad range of people, from visa over-stayers, to people whose asylum cases have been refused or people have been illegally trafficked into the UK, they may fail to leave the UK. This group is chargeable for certain NHS services and may remain largely hidden from health services. People may be undocumented before they claim asylum. This group may have significant health needs.
UK legislation protecting the rights of Asylum Seekers and Refugees

- The 1999 Asylum and Immigration Act
- 1951 Geneva Convention relating to the status of refugees
- 1950 European Convention on Human Rights (ECHR) - typically cited in article 3: (prohibition on torture and inhuman or degrading treatment) or Article 8 (right to respect for family life and private life)
- Human Rights Act 1998
- Equality Act 2010: Asylum Seekers per se as a group do not constitute one of the protected characteristics under the Equality Act. There is building evidence that this group often experience multiple ‘disadvantage’ due to intersectionality (disadvantage through having overlapping protected characteristics). This may be attributed to their race, religion, age, sex, sexual orientation, disability and age. These characteristics are protected by the Equality Act and through the Public Sector Equality Duty.
- Modern Slavery Act 2015
Health problems associated with Asylum Seekers and Refugees – at a glance

**Mental health**

**Depression and Anxiety**
Higher prevalence of depression and anxiety for Asylum Seekers and higher within this group for people awaiting decision on their application. Research shows that Asylum Seekers have experienced significant difficulties and traumatic experiences. There may be a reluctance to seek support for this due to a variety of reasons such as culture, feeling stigmatised (1)

Personal stories from Asylum Seekers suggest that there is a reluctance to admit these feelings when they have reached sanctuary and may have other family members to ‘stay strong’ for.

**Post-Traumatic Stress Disorder (PSTD)**
This is the main mental health condition affected this group. Research showing Asylum Seekers are 10-20 times more likely to suffer PSTD compared with general population. Due to experiences of war, violence, imprisonment, living in fear. This is a long term problem faced by those seeking asylum and those with refugee status. (2)

**Suicide**
Research has indicated higher prevalence of suicide for Asylum Seekers compared to general population. (2)

**Dental problems**
Dental problems are common due to poor dental care within their home country and may be due to trauma / torture. (4)

**Physical Trauma, Injury and Torture**
Physical trauma and injury are common in Asylum Seekers. They may be a victim of torture. (5)
Abuse may have been inflicted as a result of human trafficking, modern day slavery or as a direct result of conflict and war.
There is currently little research on the impacts of torture. There may be long term health problems – both physical and psychological arising due to this. People may not readily disclose they are a victim of torture through shame or fear of not being believed. Freedom from Torture, a leading charity supporting survivors of torture in the UK have raised serious concerns about the mishandling of medical evidence of torture by the Home Office.

Source:
https://www.freedomfromtorture.org/proving_torture

According to the National Audit Office, 55% of the Syrian Refugees who have been given protection in the UK under the Syrian resettlement programme are survivors of torture and/or other forms of violence. (6)

**Deficiencies**
Iron deficiency susceptible for women and children.
Communicable diseases

Prevalence is linked to their country of origin.

Vaccinations

Vaccinations programmes differ across countries. In regions of war, the take up of health care programmes may be compromised. For example, Syria vaccination rates have decreased from 91% 2010 to 45% 2013. Studies carried out on Asylum Seeker adults indicate they are more susceptible to measles, mumps and rubella, diphtheria, pertussis (whooping cough), and tetanus and Varicella compared to the general population. (3)

Hepatitis

Asylum Seekers are more susceptible to Hepatitis B (HBV) and C (HCV). HBV is highly prevalent in Africa Middle East and SE Asia. HCV is highly prevalent in East Africa and Middle East.

Tuberculosis (TB)

Research shows that Asylum Seekers and Refugees are more likely to have been exposed to TB in their home country than the host country population because they may come from countries with high rates of the disease. 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. Syrian refugees fall below this threshold. Stigma related to this disease.

HIV / AIDS

Data on prevalence is uncertain with some research suggesting increased rates for Asylum Seekers. Significant stigma is related to HIV. UK surveillance of sexually transmitted diseases (except HIV) do not routinely collect data on country of origin. (3)

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. There is very low risk of Malaria in Syria.

Women’s health

Contraception and Pregnancy

There are higher rates of induced abortion in Asylum Seekers. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women. Limited research of this issue but some European studies have been carried out. (7) Pregnancies may be more problematic due to other health needs, language barriers and Female Genital Mutilation (FGM). Pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population. (8) Higher rate of still birth, pre term births, lower birth weights, higher infant mortality rates are linked with poverty. Antenatal care frequently received late / fewer appointments received is resulting in poorer outcomes.

Screening

Uptake rates for cervical and breast cancer screening are typically very poor. Lack of prevalence data.

Female Genital Mutilation (FGM)

Some women and girls may be arriving from countries of high prevalence of FGM.

Chronic diseases

Chronic Obstructive Pulmonary Disease (COPD), Cardio Vascular Disease (CVD)

Higher prevalence found in older Asylum Seekers. Syria has high prevalence of non-communicative disease such as CVD and COPD.

Diabetes

Higher prevalence found in older Asylum Seekers. Syria has high prevalence of non-communicative disease such as CVD and COPD.

Physical disabilities/sensory disabilities

Little data on prevalence. Estimates vary from 3-10% (10) (11) Reasons vary – may be result of land mines / conflict or congenital.
Other determinants of health

The journey

Some Asylum Seekers / Refugees may have arrived from refugee camps where there is poor sanitation and poor nutrition. They may be suffering from malnutrition and injury caused by the journey. They may have experienced high levels of psychological trauma through witnessing others dying due to high risk journeys. For some, the journey may have taken months with people moving from one unsafe country to another until they arrive in the UK.

During the journey, they may have become increasingly vulnerable to risk of sexual exploitation and human trafficking.

In addition to having been victims of conflict or torture and fleeing for sanctuary, they arrive with significantly different health needs to the indigenous population.

Acculturation

Acculturation is the process of people changing their behaviours so that they align to a different culture. This is common to Asylum Seekers and results in higher rates of smoking, lower breastfeeding rates and poorer diets – leading to poorer health outcomes.

There is some anecdotal information that certain people (mainly men) may lack cooking skills to eat healthy meals. Cooking skills may have been done by women and unfamiliar foods and lack of knowledge may lead to poorer diets.

Social isolation

Research shows that Asylum Seekers experience significant loss from losing their loved ones, leaving family, friends and their social networks. Fleeing their home country has often resulting in a loss of their job / professional status. Research shows that this can be acerbated by lack of language skills, limited knowledge of services and host country, legal system and hostility within the host country. Hostility towards people seeking asylum may acerbate social isolation.

Deprivation

People seeking asylum do not have permission to work in the UK and so are reliant on the Home Office for accommodation and financial support. Limited access to money impacts on their ability to access transport for attending community activities. This can further exacerbate social isolation and affordability to access health appointments. The financial support provided by the Home Office amounts to £5.28 per day (at August 2017) for essential living needs. Many Asylum Seekers report that the miss meals, can’t afford warm clothing and shoes.
**Housing**

Poor housing conditions have been linked to a diverse range of poor health outcomes. Accommodation support is withdrawn from refused claims leading to homelessness. This may vary across the UK.

Asylum Seekers have no choice over where they are dispersed to. Health records do not always follow people as they are located and this can be especially concerning for people with long term conditions or women that are pregnant. The Home Offices’ own guidance recognises the importance of not moving pregnant women, but it is not always followed. See: ‘Healthcare Needs and Pregnancy Dispersal Guidance v3.0’ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496911/new_Healthcare_Needs_and_Pregnancy_Dispersal_Policy_EXTERNAL_v3_0.pdf

**Accessing services**

Research shows that Asylum Seekers are less likely (compared to the general population) to engage with services. Barriers to accessing are attributed to language and culture. There is also evidence of mistrust of services and understanding of public services and entitlement. There is some anecdotal evidence that services are creating barriers by acting as ‘gate keepers’ to services such as registering with services. Support services highlight that it is often difficult for Asylum Seekers to register with a G.P and dentist. This problem may vary across the UK.

**Employment**

Whilst an asylum claim is being assessed, Asylum Seekers are not entitled to work until they have a successful application. Refugees (have the right to work) have lower levels of employment compared with general population, despite often being highly skilled. This may be linked to Black Minority Ethnic (BME) workers having worse work conditions compared to the White workers. During the asylum process, Asylum Seekers often become deskilled and experience problems transferring their qualifications.

**Language**

Many Asylum Seekers / Refugees lack good English language skills and this can be a barrier to social integration and can have a negative impact on their health. Asylum Seekers can only access English Language courses after being resident for 6 months. There is a requirement for them to fund 50% of the costs. Refugees have access to language courses. There is a 2 tier level of support for access to language courses depending on being either Asylum Seeker or a Refugee.

Asylum Seekers / Refugees have also have lacked formal education within their country of origin resulting in low literacy levels.

Language barriers may result in practitioners relying on relatives to translate. This should be avoided as content will not remain confidential and it may increase in the anxiety of those being asked to translate. This has been the case of children that have been asked to translate for their parents.
Considerations for Equality Impact and Risk Assessments

Age

Age distribution of Asylum Seekers:
Table showing UK data table – disaggregated for age.

Data on children in the Asylum System can be found on:
www.refugeecouncil.org.uk/assets/0004/0485/Children_in_the_Asylum_System_May_2017.pdf
Information on health conditions highlight that young children may have lower vaccination rates / vitamin deficiencies compared to the indigenous population.

Disabilities

Research suggests there is higher prevalence of long term conditions / diseases compared to indigenous population
Asylum Seekers / Refugees are more likely to suffer from PTSD, and poor mental health.
Service providers to follow Accessible Information Standard such as large print for sight impairment and language support for hearing impairments. Support through British Sign Language may not be recognised across the world however often sign languages across the world contain common elements – referred to International Sign.

Source: https://wfdeaf.org/human-rights/crpd/sign-language/
Race

Asylum Seekers arrive from all over the world. Translation services help to communicate effectively to health care providers. NHS providers should follow the NHS mandated Accessible Information Standard however this currently doesn’t include the provision for foreign or non-English language interpretation or translation, however would be good practice.

Work with Asylum Seekers show that cultural differences can impact on accessing help and support. This may be especially applicable around stigma of mental health support. Relating to Race, the culture and beliefs towards health care may differ. In some countries it may be common place to seek health care through Witch Doctors.

Religion

Like the indigenous population, religion may impact of the outlook of health care, especially on end of life care.

Sex (male/female)

Health issues include Iron deficiency susceptible for women.

Some women/young girls may be arriving from countries with high prevalence of Female Genital Mutilation (FGM).

Both men and women may be victims of rape/torture.

Women and men vulnerable to becoming involved in the sex industry or be at risk of being drawn into sexually exploitative relationships. (also see vulnerable groups at end of table)

Similar to the indigenous population, women may want a chaperone of the same sex or a female practitioner for intimate examinations.

Sexual Orientation

Some Asylum Seekers / Refugees may have fled from persecution due to their sexual orientation. They may have not had access to sexual health services. They may find it difficult to access UK sexual health services due to lack of understanding of what is available. Once arriving in the UK they also may not be disclosing their sexual orientation due to fear of rejection from their family and community. This may further impact on their mental wellbeing. See separate section below for information on where 7 out of 10 top countries for claiming asylum, LGB is criminalised.

Table showing Asylum applications: Country of Origin 2015:

Source: Immigration statistics ONS
Gender Reassignment

Some Asylum Seekers may have experienced and fled from persecution due to their transgender status. In many cases, it is unlikely that they would have had access to good health care for transitioning. They may find it difficult to access UK gender identity/reassignment services due to lack of understanding of what is available. Once arriving in the UK they also may not be disclosing their transgender identity due to fear of rejection from their family and community. This may further impact on their mental wellbeing. Where transgender individuals have undergone a social and/or physical transition before seeking asylum, they may require continued access to hormone replacement therapies or have specific post-surgical maintenance needs (e.g. access to dilators following vaginoplasty).

Pregnancy & Maternity

Perinatal period is more likely to be problematic. Poor antenatal care within home country and access to UK health care may be difficult due to understanding / cultural / language / transport issues.

Marriage and Civil Partnership

Marital status should not impact on access to health care however there may be cultural differences to consider. For example, in Syria the marital dynamic is patriarchal. This may result in women being accompanied by male guardians for appointments. Civil Partnerships are uncommon in non-western countries so it is unlikely for Asylum Seekers to be in Civil Partnerships. Marriages from some countries may be Polygamous (more than 1 wife to 1 man) – mainly practiced in some African and Asian countries.

Other Vulnerable Groups

Wider determinants of health should be considered such as:

Socio-Economic Deprivation

Asylum Seekers / Refugees are likely to experience financial hardship due to rules on employment and low support payments received by the government. Once they are given refugee status, they are able to access employment but this tends to be low paid.

Sex Workers

Asylum Seekers / Refugees are vulnerable to being forced to sell sex to generate money. This may occur at several points of the asylum process but especially when ‘All Rights Exhausted’.

Human Trafficking

(transportation of people in order to exploit them by use of force, violence, deception, coercion)

Asylum Seekers that have been trafficked into the UK or where their case is turned down may be vulnerable to exploitation including commercial sexual and bonded labour exploitation. Human Trafficking is illegal.

Homelessness

Refused Asylum Seekers are more likely to become homeless / face living in inadequate housing due to loss of financial support or delays in financial support.
### Top countries of people seeking asylum and LGB criminalisation laws:

The following show the top countries of Asylum Applications to the UK cross referenced with sexual orientation laws of their home countries:

<table>
<thead>
<tr>
<th>Country and Continent</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syrian Arab Republic</td>
<td>Criminalised – up to 14 years in prison</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>Criminalised – death penalty (not implemented within 5 states)</td>
</tr>
<tr>
<td>Iraq</td>
<td>Criminalised – death penalty and religious based laws alongside the civil code</td>
</tr>
<tr>
<td>Ukraine</td>
<td>No penalising law</td>
</tr>
<tr>
<td>Serbia and Kosovo</td>
<td>No penalising law</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Criminalised – death penalty (not implemented within 5 states)</td>
</tr>
<tr>
<td>Albania</td>
<td>No penalising law</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>No penalising law</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Criminalised – up to 14 years in prison</td>
</tr>
<tr>
<td>Iran</td>
<td>Criminalised – death penalty and religious based laws alongside the civil code</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Criminalised – up to 14 years in prison, death penalty in some regions, no penalising law in some regions.</td>
</tr>
</tbody>
</table>

Source: The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) LGBT map of sexual orientation laws.

A full map of countries showing where criminalisation laws are in place is available through ILGA which monitors international laws for LGBT.

Please note that some areas of the world that does have crimination laws, there are reported incidents of human rights abuses towards LGBT communities.

The position between LGB and Transgender may differ according to individual countries. For example, In Iran, gender reassignment treatments/services are often paid for by the state. Transgender is more accepted compared to being LGB. In many cases, people found to be LGB are often encouraged to transition their gender as a means of ‘curing’ or ‘repairing’ their sexual orientation.
Recommendations arising from this guidance

• Commissioners to have a general understanding of the issues relating to Asylum Seekers / Refugees in order to identify potential areas of service design that can address discrimination, advancing equality of opportunity and foster good relations.

• Issues surrounding Asylum Seekers and Refugees may require seeking advice from Safeguarding teams.

• Include Asylum Seekers / Refugees within any Equality Impact and Risk Assessment to provide robust evidence towards the compliance of Public Sector Equality Duty.

• Awareness that there is potential barriers with Asylum Seekers / Refugee communities accessing providers – being mindful that these groups are more likely to have problems accessing services due to language and culture barriers and work towards removing these barriers.

• Awareness that widespread confusion over who is entitled to free care, and fear of being charged may prevent refugees and Asylum Seekers (including both those entitled to free care, and those that are chargeable) from accessing services, take steps to mitigate this and work towards removing these barriers.

• Building an evidence bank of best practice to share across public sector.

• Providers to provide translation services to meet the language needs of Asylum Seekers / Refugees in order to meet the Public Sector Equality Duty of the Equality Act 2010.

• Engagement activities for decision making include Asylum Seekers / Refugee groups – working in partnership with Local Authority who may coordinate resettlement programmes and the Home Office/ accommodation providers, who coordinate asylum dispersal for inclusion in decision making

• CCGs to seek ways to ensure that G.P’s are aware of registration process and support G.Ps with information that support inclusive practice including access to translation services
Glossary

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...”.

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, 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)

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”. 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.

Vulnerable groups
Vulnerability within this guidance refers to groups or individuals that experience a higher risk of social exclusion than the general population. These people may not be able to cope and recover from the impact of conflict or disaster. (this meaning has been taken from a number of sources including WHO and Academic institutions)

Initial accommodation centre
This is usually the first accommodation place offered for an asylum seeker (not unaccompanied children)

Subsequent accommodation centres are contracted to private companies by the Home Office.

Dispersal
The policy of dispersal of those seeking asylum accommodation in the UK was introduced by the Immigration and Asylum Act 1999. The legislative intention was that by distribution across the country no one area would be overburdened by the obligation of supporting Asylum Seekers. In 2015, 99 local authorities are currently signed up to participate in the national dispersal arrangements.
Further information

www.refugeecouncil.org.uk/
The Medical Foundation for the care of victims of torture:
www.freedomfromtorture.org/
www.equalityhumanrights.com/en/equality-act/protected-characteristics

Sources used for this guidance

Faculty of Public Health:

Refugee Council:
First do no harm: denying healthcare to people whose asylum claims have failed. 2006
www.refugeecouncil.org.uk/assets/0001/7074/Health_access_report_jun06.pdf

Stonewall:
www.stonewall.org.uk/media-centre/media-release/no-safe-refuge-for-lgbt-asylum-seekers

Information on trans issues – globally:
www.tgeu.org/trans-rights-map-2017/

Source: ILGA – the International Lesbian, Gay, Bisexual, Trans and Intersex Association, is the world federation of national and local organisations dedicated to achieving equal rights for lesbian, gay, bisexual, trans and intersex (LGBTI) people.

Human Rights Watch:
www.theculturalatlas.org/syrian-cul


Home Office review of the NRM for victims of human trafficking:
www.asylumaid.org.uk/home-office-review-nrm-victims-human-trafficking/

Information on Human Trafficking:

Homelessness news article:
www.theguardian.com/society/2017/jul/10/asylum-seekers-forced-into-homelessness-support-applications


Information on No Recourse to Public Funding:


Modern Day Slavery Act 2015:
www.legislation.gov.uk/ukpga/2015/30/section/49/enacte
References


Appendix A

Process for Asylum Seekers

This simplified flow chart shows possible outcomes for people claiming asylum.

1. **Arrival**
2. **Initial Interview with UK Border Agency**
3. **Screening and interview process**
4. **Decision made**
   - **Unsuccessful application**
     - **Appeal process and outcome**
     - **Further appeal process and outcome**
   - **Successful application**
     - **Leave to remain**
     - **Further appeal process and outcome**
5. **Sent home**
Review due: January 2019