

The health needs of asylum seekers

Briefing statement

Introduction

We live in a globalised society and population movement is an integral part of this. Although the UK has increasing levels of inward migration, asylum seekers make up only a small proportion. Out of 500,000 migrants to the UK in 2007, only 23,430 were applications for asylum (falling from a peak of 84,000 in 2002).¹

There are many reasons why people choose to seek asylum, including fleeing from armed conflict, political and social unrest, persecution and sometimes exploitation in their country of origin. Asylum seekers are one of the most vulnerable groups within our society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill-health.

The UK government is a signatory to a number of international and national laws and covenants, committing them to human rights legislation (see *Policy Context* p.7) which also covers those seeking asylum. Reducing inequalities, and health inequalities, is a government priority, and strategies must therefore also include action to address the needs of asylum seekers.

Health services have a duty to serve the needs of the local population, including asylum seekers (who have, on the whole, the right to free primary and secondary healthcare). However, there are restrictions on access to various types of support for different groups of asylum seekers (see *Entitlements for Asylum Seekers*, p.3), with implications not only for those affected, but also for those services dealing with them.

The 'asylum journey' in the UK

Claiming asylum

The *1951 UN Convention on Refugees*² states that an asylum seeker should not be penalised for entering a country 'illegally' as long as they present themselves to the relevant authorities on arrival. This may be at the Immigration Service at an airport or port, or 'in country' at the Asylum Screening Units in Liverpool or Croydon. On application for asylum, they undergo a basic interview and screening including being photographed, finger-printed, a security check, and are then issued with an Asylum Registration Card. Their formal asylum application is then commenced by the UK Border Agency (BA).¹ A 'case owner' is then assigned by the Home Office to process the claim.

¹The UK Border Agency brings together the work of the Border and Immigration Agency, UK Visas and parts of HM Revenue and Customs.

Key terms

Asylum seeker: a person who enters a country to claim asylum (under the *1951 UN Convention and its 1967 Protocol*).² Individuals undergo the asylum process to have their claim assessed.

Refugee: "... 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 to or, owing to such fear, is unwilling to avail himself of the protection of that country..."² Refugee status, or temporary 'leave to remain' (sometimes granted on humanitarian grounds) is awarded by the Home Secretary and affords the same welfare rights as other UK citizens.

Refused (also known as 'failed') asylum seeker: a person whose claim has been rejected by the Home Office. Individuals have no right to remain in the UK but can appeal. If all rights of appeal have been exhausted, all Home Office support is taken away, and they are asked to return to their country of origin.



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Asylum seekers are sent to initial accommodation centres where a preliminary health assessment is carried out to assess any immediate health needs, as well as provide a medical history for when they register with a GP (if they are dispersed to accommodation around the UK – though some individuals may be detained whilst their application is considered). The Home Office aims to reach a decision within six months, though some applications may be 'fast-tracked' if it is felt a decision can be quickly reached.

If an asylum seeker can prove they are destitute, they can apply to the BA for support under the *Immigration and Asylum Act 1999*. The direct financial support which BA provides amounts to

70% of what a UK citizen receives on income support (100% for those under 16 years). Asylum seekers cannot claim any other financial benefits, nor can they work or access ESOLⁱⁱ classes until they have been given leave to remain in the UK.

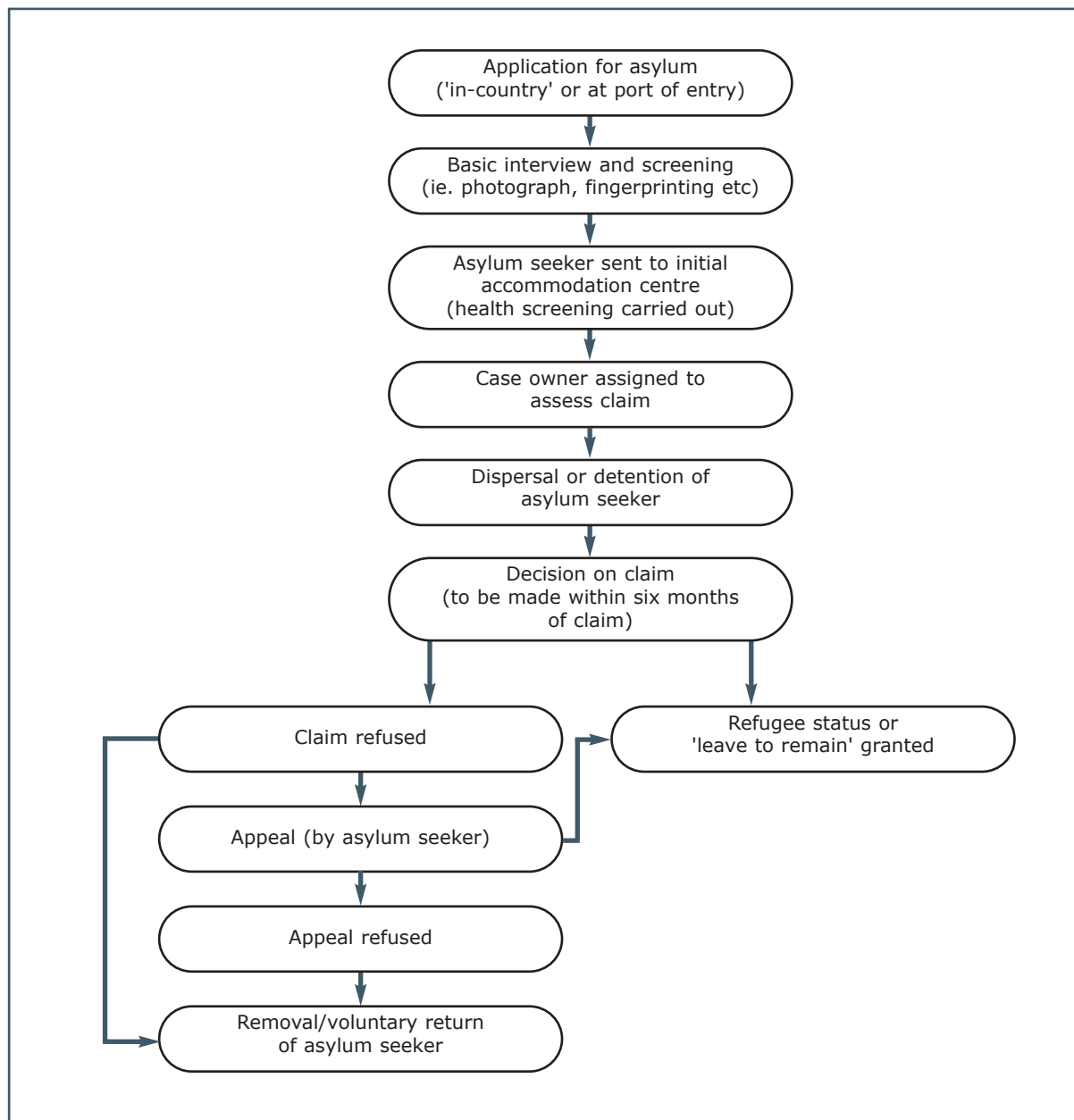
If a claim succeeds

An individual whose claim is successful is given leave to remain with full rights to live and work in the UK.

If a claim is refused (or 'fails')

An asylum seeker whose claim fails may appeal against the decision. However, even if this appeal fails, an individual may not be able to immediately return to their country of origin.

Fig 1: A basic overview of the asylum processⁱⁱⁱ



ⁱⁱESOL: English for speakers of other languages

ⁱⁱⁱThis diagram presents a very basic overview of the asylum process and the reality for asylum seekers may be very different. For an overview of asylum seekers' experiences of the process read *Fit for Purpose Yet? The Independent Asylum Commission's Interim Findings*.³

This may be due to:

- its instability (eg. war);
- there being no current viable route of return (eg. if there are no flight routes into a country);
- permission has been obtained to proceed with a judicial review against the decision;
- they are too ill to travel, or in the late stages of pregnancy.

Refused (or 'failed') asylum seekers can apply for Section 4 (also known as 'hard case' support) under the *Immigration and Asylum Act 1999*, if they can prove they are destitute (see Table 1, *Entitlements for Asylum Seekers*). However, the rules are complex and are often poorly understood. Local authorities may also provide some support.

If a refused asylum seeker does not return to their country of origin voluntarily, then further support may be withdrawn and they may be liable for removal. The Home Office can detain people in removal centres and forcibly remove them from the UK. This can occur without warning. Refused asylum seekers that remain in the UK have no status, few rights, few resources and little reason to remain in touch with representatives of the Home Office – this growing population poses a great challenge for the NHS and all responsible for public health.

Entitlements of asylum seekers

Entitlement to health and social care for asylum seekers and refugees is complex and dependent on their stage in the asylum process. Rules on entitlement are also subject to review and up to date advice should therefore be sought (see also footnote). However, there are some principles that generally apply:^{4,5}

- necessary or urgent medical treatment should never be denied to any person, regardless of whether or not they are resident in the UK, or are able to pay in advance;
- for life-threatening conditions and for the purpose of preventing any conditions from becoming life-threatening the appropriate treatment is normally given regardless of ability to pay;
- maternity services should always be classed as 'immediately necessary treatment';
- charging issues (if applicable - see also footnote) should be sorted post-treatment. Individual NHS trusts have the discretion to pursue or let go any debts accrued for treatment costs.

The table below summarises some of the main entitlements for asylum seekers.^{4,5}

Table 1: Entitlements for Asylum Seekers^{iv}

	Asylum seeker – claim in process	Asylum seeker – claim refused^{iv}	Refugee
Financial support	Supported (70% of income support for adults; 100% for under 16s)	Supported (vouchers only, limited to certain goods and outlets)	Not supported
Housing	Housed	Housed	Not housed, but some rights
Primary care access	Can use NHS free. Entitled to free prescriptions, etc	Previously emergency care only, but now free (see footnote)	Can use NHS free
Secondary care access	Can use NHS free	As for primary care	Can use NHS free
Right to work	Not permitted to work	Not permitted to work	Eligible to work/obtain benefits

^{iv}In April 2008 Mr Justice Mitting ruled that asylum seekers whose claims had failed should, in general, be classed as 'ordinarily resident' in the UK and thus entitled to free NHS treatment. At the time of going to press, no decision had yet been reached by government on whether or not to appeal this ruling. Guidance issued by the Department of Health (England) has advised that, until a final decision is reached (pending any appeal) Justice Mitting's ruling must be followed by all NHS Trusts, primary care trusts etc.⁶ For the latest situation or further advice please contact the Department of Health www.dh.gov.uk

Health needs of asylum seekers

Whilst many asylum seekers do arrive in the UK in relatively good physical health, health problems can rapidly develop whilst they are in the UK.⁷ Reasons for this include:

- difficulty in accessing healthcare services;
- lack of awareness of entitlement;
- problems in registering and accessing primary and community healthcare services, particularly if their claim has been refused;
- language barriers.

However, some asylum seekers can have increased health needs relative to other migrants. There are a number of reasons for this:⁸

- a number have faced imprisonment, torture or rape prior to migration, and will bear the physical and psychological consequences of this;
- many may have come from areas where healthcare provision is already poor or has collapsed;
- some may have come from refugee camps where nutrition and sanitation has been poor so placing them at risk of malnourishment and communicable diseases;
- the journey to the UK can have effects on individuals through the extremes of temperatures, length of the journey, overcrowded transport and stress of leaving their country of origin;
- health needs of asylum seekers can be significantly worsened (and even start to develop in the UK) because of the loss of family and friends' support, social isolation, loss of status, culture shock, uncertainty, racism, hostility (eg. from the local population), housing difficulties, poverty and loss of choice and control.

Some of the health experiences of asylum seekers may overlap with other disadvantaged and vulnerable groups in the UK. However, there are physical and mental health issues specific to asylum seekers which, coupled with the impact of going through the asylum process, places them at risk of destitution and inequalities.^{3,9}

Physical health

The most common physical health problems affecting asylum seekers include:

- *communicable diseases* – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking;^{7,10}
- *sexual health needs* – UK surveillance programmes of sexually transmitted diseases (except HIV) do not routinely collect data on country of origin.¹⁰ Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women;¹¹
- *chronic diseases* such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to lack of healthcare services;^{8,10}
- *dental disorders* – dental problems are commonly reported amongst refugees and asylum seekers;¹²
- consequences of *injury and torture*.¹³

Women's health: Studies have shown poor antenatal care and pregnancy outcomes amongst refugees and asylum seekers.¹⁴ Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population.¹⁵ Good practice in maternity service provision has been cited by the Royal College of Obstetricians and Gynaecologists.¹⁶ Uptake rates for cervical and breast cancer screening are typically very poor. Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data.

Disability: Limited evidence exists on the prevalence of disability amongst refugees and asylum seekers, with estimates varying from 3–10%¹⁷ and there is little or no commissioning of services for asylum seekers with disabilities (eg. landmine injuries).

Irregular or undocumented migrants: (such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked) also have significant health needs and are largely hidden from health services.

Mental health

Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints.¹⁸ Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers.¹⁹

Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and under-diagnosed and may be contested by healthcare professionals.²⁰ Children are particularly neglected in this area. A shortage of mental health services for asylum seekers has been recognised.²¹

Implications for healthcare providers

Healthcare service providers often state that the presence of asylum seekers highlights gaps in existing healthcare provision rather than creating new problems.²² Poor co-ordination by the previous National Asylum Support Service (now BA – see footnote p.2) has been cited as the main barrier to effective and efficient delivery of healthcare services to asylum seekers.²²

Other recurrent issues in delivering health services to asylum seekers include:

- lack of knowledge/understanding/training amongst frontline staff and managers with regard to:
 - the availability of, and entitlement to, different services, including health services;
 - the complex health needs of some asylum seekers;
 - cultural and language differences;
- ineffective multiagency working;
- scarcity of affordable interpreting services, particularly in emergency department settings (which are often used by asylum seekers);
- lack of sustained funding for local services, including voluntary sector services;
- rapid legislative changes;
- negative perceptions of asylum seekers in the media and local population.

Interventions

There is a range of innovative and pragmatic approaches to providing primary care including:²³

- specialist centres for asylum seekers, such as specifically designated GP practices;
- salaried GPs within a practice working only with asylum seekers;
- specific projects to help asylum seekers register with a GP;
- adapting the incentive scheme for GPs (Quality & Outcomes Framework) to include the healthcare needs of asylum seekers, enabling good quality service delivery and ensuring appropriate remittance to GP practices;
- health support teams to ease the burdens on GPs. (The initial assessment of the health needs of asylum seekers by specialist practices can make it easier for 'ordinary' practices to register patients subsequently).

More specialist interventions include:

- 'one-stop shops' for recent asylum seeker arrivals at initial accommodation centres which serve to co-ordinate a multidisciplinary/multiagency approach to asylum seekers' care;
- specific genitourinary medicine sessions for asylum seekers for dealing with the issues of sexual violence, female genital mutilation and HIV/AIDS;
- culturally appropriate interventions for HIV/AIDS;
- training of healthcare professionals in managing the health needs of asylum seekers;
- specialist health workers, mental health services and services for survivors of torture;
- special school-based mental health projects for children who are emotionally vulnerable;
- community advocacy projects led by refugee community organisations;
- specific support projects for young, separated refugees and asylum seekers;
- specific surveillance schemes whereby regular notifications of new asylum seeker arrivals are sent to the relevant primary care organisation from the regional Home Offices;
- specific contracts for interpretation services;
- early, proactive, positive media strategies.

Recommendations

Establish effective multiagency partnership working:

- Regional Strategic Migration Groups should include health representation (usually from the strategic health authority or regional government office);
- local partnerships such as local strategic partnerships (which includes representation from the local director of public health); partners should include (in addition to statutory organisations such as local authorities, health services, health protection agency, police, BA) voluntary sector organisations, the local media and asylum seekers or their representatives.

Through partnership working, develop a local strategy which includes:

- undertaking a joint strategic needs assessment focusing on asylum seekers;
- ensuring that the health and social care needs of asylum seekers are included in local development plans, local area agreements, and local public health business plans;
- promoting understanding of:
 - the diverse and complex needs of asylum seekers - particularly amongst health professionals and commissioners of services;
 - available services (including voluntary sector services) and barriers to accessing these;
 - legislation – including 'horizon scanning' for forthcoming changes;
 - how action on this agenda links in with the wider 'migrant' health agenda, eg. migrant workers, minority ethnic groups.

- developing a business plan to:
 - identify potential funding streams;
 - provide enough flexibility to allow for surges in demand for health and social care services following, for example, a rapid dispersal of asylum seekers to the area.
- developing an intervention framework to identify where the best possible health impacts can be made;
- developing strategies to identify and mainstream good practice into existing services;
- developing an effective audit strategy, with minimum standards, to:
 - monitor and evaluate the health needs of asylum seekers;
 - monitor and evaluate how these health needs are being met by local services (including access to primary and secondary care);
 - assess staff awareness and understanding of ongoing health needs;
 - identify gaps and further training needs.
- identifying a local strategic lead to co-ordinate the local strategy and link in with local delivery plans;
- conducting comprehensive research into the physical and mental health needs of asylum seekers, and particular groups within this, including children, women and older people, in order to develop a robust evidence-base for action;
- advocating for the human and health rights of asylum seekers at local, national and international level.

The public health role

There are considerable challenges for public health professionals responsible for meeting the health needs of an increasingly diverse population. However, they have a vital role to play in ensuring the health needs of asylum seekers are understood and that services are in place to meet these – through their partnership working, their roles on local forums (eg. local strategic partnerships and primary care organisation executive teams), and in carrying out joint strategic needs assessments (via directors of public health).

The Faculty of Public Health

The Faculty of Public Health (FPH) has made a commitment to addressing the health needs of asylum seekers by establishing a reference group, forming a public health network email discussion group, and producing this briefing statement. FPH also responds to key consultations affecting the rights and health of vulnerable groups, including asylum seekers. www.fph.org.uk

Policy context

The UK government has signed up to a number of international and national laws and covenants committing themselves to human rights legislation.

International:

- United Nations Declaration of Human Rights (1948);
- European Convention on Human Rights (1950)
- United Nations Refugee Geneva Convention (1951) and its Protocol (1967)

References

1. Home Office. *Immigration and asylum statistics*. Accessed on 28/3/08 from: www.homeoffice.gov.uk/rds/immigration1.html
2. United Nations High Commissioner for Refugees. *Convention relating to the status of refugees (including text of 1967 protocol)*. Accessed on 17/3/08 from: www.unhcr.org/PROTECT/protection/3b66c2aa10.pdf
3. Independent Asylum Commission. 2008. *Fit for purpose yet? The Independent Asylum Commission's Interim Findings*. London: IAC.
4. Department of Health. *Table of entitlements to NHS Treatment (October 2007)*. Accessed on 17/3/08 from: www.dh.gov.uk/en/healthcare/international/asylumseekersandrefugees/index.htm
5. Department of Health. *Overseas visitors. Guidance on eligibility for free hospital treatment under the NHS*. Accessed on 17/3/08 from: www.dh.gov.uk/en/healthcare/entitlementsandcharges/overseasvisitors/index.htm
6. Department of Health. *Letter: Failed asylum seekers and ordinary residence*. Accessed on 1/5/08 from www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/dearcolleagueletters/DH_084479
7. British Medical Association. 2002. *Asylum seekers: meeting their healthcare needs*. London: British Medical Association
8. Burnett A. 2002. *Guide to health workers providing care for asylum seekers and refugees*. Accessed on 1/1/08 from: www.torturecare.org.uk/files/brief27.rtf
9. Lewis H, on behalf of Joseph Rowntree Charitable Trust. 2007. *Destitution in Leeds: the experiences of people seeking asylum and supporting agencies*. York: Joseph Rowntree Charitable Trust
10. Health Protection Agency. 2006. *Migrant health: infectious disease in non-UK born populations in England, Wales and Northern Ireland. A baseline report – 2006*. London: Health Protection Agency
11. Wilson R. 2001. *Dispersed: a study of services for asylum seekers in West Yorkshire*. York: Joseph Rowntree Charitable Trust
12. Burnett A. 1999. *Guidelines for health workers providing care for Kosovan refugees*. London: Medical Foundation for the Care of Victims of Torture
13. Burnett A, Fassil Y. 2000. *Meeting the health needs of refugees and asylum seekers in the UK. An information and resource pack for health workers*. London: Department of Health
14. McLeish J. 2002. *Mothers in exile: maternity experiences of asylum seekers in England*. London: The Maternity Alliance.
15. Confidential Enquiry in Maternal and Child Health. 2004. *Why mothers die 2000–2002. The sixth report of the confidential enquiry into maternal deaths in the UK*. London: Royal College of Obstetricians and Gynaecologists
16. Royal College of Obstetricians and Gynaecologists. *Submission to Maternity Services Subcommittee of the House of Commons Health Committee. Second maternity services inquiry: inequalities in access to maternity services*. Accessed on 1/1/08 from: www.rcog.org.uk/index.asp?PageID=1362
17. Patel B, Kelley N, on behalf of the Social Care Institute for Excellence. 2006. *The social care needs of refugees and asylum seekers. Stakeholder participation race equality discussion paper 2*. London: Social Care Institute for Excellence
18. Migrant and Refugee Communities Forum and CVS Consultants. 1999. *Shattered world: the mental health needs of refugees in newly arrived communities*. Accessed on 1/1/08 from: [www.harpweb.org.uk/downloads/pdf/rep1\(ref\).pdf](http://www.harpweb.org.uk/downloads/pdf/rep1(ref).pdf)
19. Bracken P *et al.* 1997. Rethinking mental health: work with survivors of war-time violence and refugees. *Journal of Refugee Studies*. 10(4): 431-442
20. Crowley P. 2003. *An exploration of the mental health needs of asylum seekers in Newcastle*. Newcastle-upon-Tyne: The Black Mental Health Forum, Newcastle Health Partnership
21. Mahmoud A, Gray P. 1999. *Mental health care for refugees and asylum seekers. A guide for advisory workers*. London: The Mental Health Foundation
22. Johnson M. 2003. *Asylum seekers in dispersal – Healthcare issues: Home Office online report 13/03*. Accessed on 1/1/08 from: www.homeoffice.gov.uk/rds/pdfs2/rdsolr1303.pdf
23. Feldman R. 2006. Primary health care for refugees and asylum seekers: a review of the literature and a framework for services. *Public Health*. 120(9): 809-16

UK

There are four key Acts of Parliament which form the foundations of UK immigration control:

- The Immigration and Asylum Act 1999
- The Nationality, Immigration and Asylum Act 2002
- The Asylum and Immigration Act 2004
- The Immigration, Asylum and Nationality Act 2006
- The UK Borders Act 2007.

Further information

- **Asylum Seeker Co-ordination Team (Department of Health, England)**
www.dh.gov.uk
- **Convention of Scottish Local Authorities Strategic Migration Partnership**
www.asylumscotland.org.uk
- **Health for Asylum Seekers and Refugees Portal**
www.harpweb.org.uk
- **Information Centre about Asylum and Refugees**
www.icar.org.uk
- **Local Government Association (England)**
www.lga.gov.uk
- **Northern Ireland Council for Ethnic Minorities**
www.nicem.org.uk
- **Refugee Action**
www.refugee-action.org.uk
- **Refugee Council**
www.refugeecouncil.org.uk
- **Scottish Refugee Council**
www.scottishrefugeecouncil.org.uk
- **The Medical Foundation for the Care of Victims of Torture**
www.torturecare.org.uk
- **UK Border Agency**
www.bia.homeoffice.gov.uk
- **United Nations High Commissioner for Refugees**
www.unhcr.org
- **Welsh Refugee Council**
www.welshrefugeecouncil.org

Useful publications

- **A review of the literature on the health beliefs, health status, health needs and use of services in refugee and asylum seeker populations**
Welsh Assembly Government
<http://newydd.cymru.gov.uk/topics/health/ocmo/research/health-asert/asert4/?lang=en>
- **Asylum seekers and refugees resource pack for healthcare professionals**
National Resource Centre for Ethnic & Minority Health
www.nrcemh.nhsscotland.com/tools
- **Female genital mutilation. Caring for patients and child protection**
British Medical Association
www.bma.org.uk
- **More responsive public services? A guide to commissioning migrant and refugee community organisations**
Perry J, El-Hassan AA
www.jrf.org.uk
- **Sexual health, asylum seekers and refugees. A handbook for people working with refugees and asylum seekers in England**
family planning association
www.fpa.org.uk

Summary

This briefing gives an overview of the issues faced by asylum seekers and the health and social care organisations that care for them. It summarises the impact on individuals and the NHS within the context of the asylum process.

Acknowledgements

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This document is as up-to-date and correct as possible at the time of going to press.



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FPH is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.