Public Health England

Protecting and improving the nation's health

# Stakeholder guidance to support the health and wellbeing needs of individuals seeking asylum across Yorkshire and the Humber

February 2021

Migration Yorkshire
*Strategic leadership, local support*

## Aim of document

This document has been developed by the Yorkshire and Humber Migrant Health Group to raise awareness amongst professionals, provide information and develop more equitable health provision for those seeking asylum across Yorkshire and the Humber.

## Target audience

Any organisation involved in the commissioning, planning or provision of healthcare to those seeking asylum. This will include clinical commissioning groups, local authorities, primary care, voluntary and community organisations and social enterprises, Mears and the Home Office.

## How the resource should be used

The needs of local populations, service models in place and commissioning arrangements in relation to healthcare interventions for those seeking asylum vary across Yorkshire and the Humber. This resource has been developed to support stakeholders to develop and improve services for this population and to encourage agencies to share learning, provide information about how services can be developed and start to facilitate a professional network around health and those seeking asylum across the region.

The resource will be reviewed on the Yorkshire and Humber Public Health Network website to enable professionals to access more detailed and up to date information. It should be noted that this document is aimed specifically at those seeking asylum. The health needs of other vulnerable migrants such as unaccompanied asylum seeker children, refugees and those with no recourse to public funds will be looked at separately.

# Contents

# 1. Background

COVID-19 has brought wide attention to health inequalities. Whilst these inequalities existed long before COVID, the pandemic has highlighted them, providing us with more opportunities to address the needs of vulnerable groups.

Nationally, Public Health England (PHE) published the report 'Disparities in the risk and outcomes of COVID-19' (June 2020) which shows that COVID-19 disproportionally affects BAME populations and those living in more deprived areas. It refers to inclusion health, specifically rough sleepers and vulnerable migrants as groups who are at an increased risk from the consequences of pandemics.

A rapid needs assessment undertaken by the Doctors of the World showed how COVID and the UK response has disproportionally impacted excluded groups, namely vulnerable migrants, sex workers, homeless people, Gypsy, Roma and Traveller communities and those recently released from prison. The report discusses how these groups routinely face stigma and barriers when trying to access healthcare which has increased their vulnerabilities to health problems and social isolation (Doctors of the World, 2020).

Work is underway in Yorkshire and the Humber (YH) to develop regional networks on inclusion health groups, one has been established around street homelessness and one has now also been set up to focus on vulnerable migrants (see appendix 1 for YH Migrant Health Group terms of reference). Initially, work is focussing on the needs of those seeking asylum, this is because of the increasing number in our region and concerns around the inequity in healthcare provision.

# 2. Individuals seeking asylum

## 2.1 Migration to the UK

More people are migrating than ever before, some of whom have been forcibly displaced (WHO, 2019). Despite the WHO Constitution of 1948 stating that everyone has a right to health, migrants experience difficulties in accessing health services and this has resulted in migration and health becoming well recognised as a global public health priority (International Organisation for Migration, 2017).

The British Medical Journal (2019) discuss how, in the current political climate where debates are often dominated by immigration and border control, the health needs of migrants are being overlooked. It is more challenging than ever for them to access our healthcare system due to this and the changes to NHS charging (DHSC, 2018).

In 2019, it was estimated that around 14% of the UK's population was made up of migrants and the number has almost doubled since 2004 (The Migration Observatory, 2020). Migrants should not be viewed as one homogeneous group; overseas students and non-UK born workers are likely to have different health needs to trafficked migrants or asylum seekers (PHE, 2019).

PHE define vulnerable migrants as:

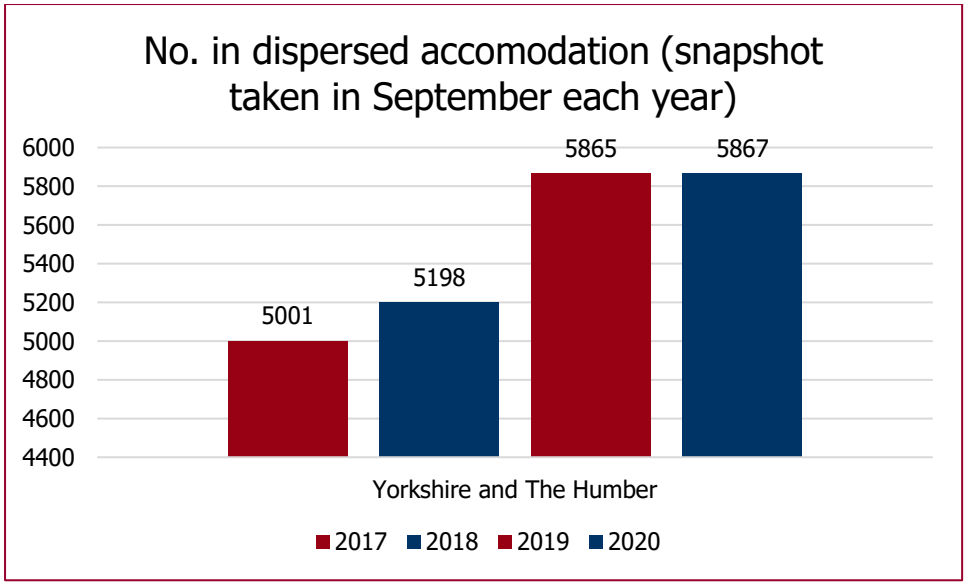
- Asylum seekers (a person who is seeking permission to stay in the UK)
- Refugees (a person given permission to stay in the UK)
- Unaccompanied children (any children under the age of 18 in the UK, who is a migrant and is without either parent or any legal guardian)
- Trafficked migrants (a migrant who has been exploited through forced labour, modern slavery or prostitution whether to the UK or within the UK)
- Undocumented migrant (those who are living in the UK with no legal status)
- Low paid migrant workers

## 2.2 Numbers seeking asylum

In the UK for the year ending September 2020 there were 31,752 asylum applications (Home Office, 2020). Most applications were received from individuals from the Middle East (Iran, Iraq, Syria and Afghanistan), Eastern Europe (Albania), Africa (Sudan, and Eritrea), South Asia (Pakistan and India), China and Vietnam.

There are around 1,000 people seeking asylum in hotels in YH in addition to those housed in Urban House, the commissioned initial accommodation centre (IAC) in Wakefield which has a 330 person capacity. Latest Home Office data for the number of asylum seekers in the region in dispersed accommodation (under section 95), shows that in September 2020 there were 5,645, the second highest region in the country after the North West (Home Office, 2020). This figure has been increasing year on year as shown in figure 1 below.

**Figure 1: Number of asylum seekers in dispersed accommodation (section 95) in Yorkshire and Humber**




Source: (Home Office, 2020)

Numbers in initial accommodation (IA) have increased significantly during 2020, partly because of the pandemic restrictions but also because of the increase in people seeking asylum coming to the UK. As a result, people seeking asylum are

being placed in IA for longer and most local authority areas in the region are now having to accommodate asylum seekers in hotels as there is not the capacity to accommodate them in Urban House.

## 2.3 The asylum journey

Asylum seekers do not necessarily arrive in the UK as part of an informed decision about where to seek asylum based on knowledge about our asylum support, access to public funds or employment opportunities. Many do not specifically choose to come to the UK and their destination may be determined by the activities of smuggling networks and 'agents' (Refugee Council, 2010).

Those seeking asylum can travel over land or by sea for long periods before reaching the UK as they are unable to live safely in their own country because of fear of persecution. Figure 2 below summarises the asylum process but in summary:

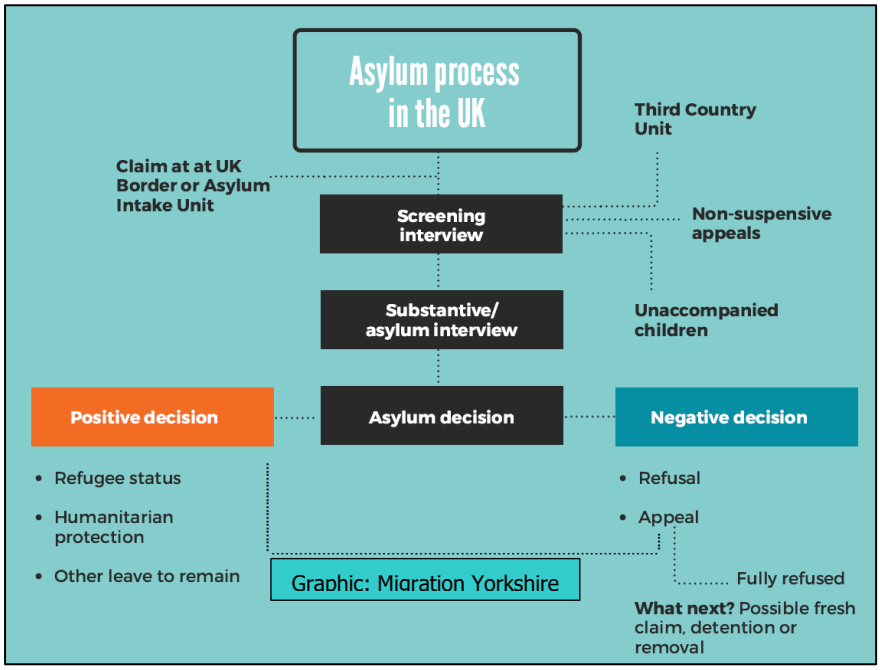
- Once arrived in the UK they will register their asylum claim at the UK border.
- They are asked to disclose relevant medical information (Home Office, 2020).
- Within 48 hours they are usually 'routed' to a region outside of London and the South East. Their caseworker should consider their healthcare needs and if they require support under section 98 (i.e. they are destitute without it) and communicate any issues with the IAC healthcare team (Home Office, 2016).
- They will be housed in the IAC (for up to 3 weeks, but it is currently longer).
- Under section 98 they are not usually provided with cash support. If they fulfil the criteria to receive ongoing support (section 95), they will be housed in dispersed accommodation and receive £39.63 per person per week.
- They are usually in dispersed accommodation until their asylum claim is fully determined, which can take varying lengths of times.
- In YH we have dispersed accommodation in 11/15 local authority areas - Leeds, Bradford, Calderdale, Kirklees, Wakefield, Barnsley, Sheffield, Rotherham, Doncaster, Hull and NE Lincs (not York, North Yorks, North Lincs and East Riding).

- Asylum seekers who have been refused asylum and have exhausted their appeal rights appeal will be expected to leave the UK and will have no recourse to public funds (Right to Remain, 2020). However, some may be entitled to some support from the Home Office under section 4, e.g. if they are taking steps to return to their home country or they are unable to travel on medical grounds.

Asylum claim decisions will result in one of the following:

- Permission to stay (known as 'Leave to Remain') in the UK for 5 years as a refugee. After 5 years, they can apply to settle in the UK (known as 'Indefinite Leave to Remain')
- They may get permission to stay for other reasons if they do not qualify as a refugee. These include humanitarian reasons, family reasons, exceptional reasons or some other reasons under or outside the immigration rules.
- Refusal (around two thirds of cases, Refugee Council, 2019) – They will be asked to leave the UK if they do not qualify for asylum or any other grant of leave.

**Figure 2:** The asylum process in the UK



# 3. Health needs of asylum seekers

Burnett and Peel (2001) explain how asylum seekers travel to the UK from different countries and cultures and will have different experiences that may affect their health. Once in the UK they face many challenges in navigating their way through an unfamiliar culture and face racial discrimination and social support, all of which can negatively impact on their health and wellbeing.

The British Medical Journal published a literature review by Stevens (2020) which explores how the experiences of asylum seekers impacts on their health. It identifies common physical and mental health issues amongst asylum seekers.

The Faculty for Homeless and Inclusion Health (2018) also usefully discuss the health needs of asylum seekers. These are both summarised below.

- **Communicable diseases** – Often associated with the incidence of certain diseases from their country of origin or ones they have travelled through. The most common ones include cholera, typhoid, fungal infections, scabies, meningococcal disease, influenza, measles, varicella, diptheria, hepatitis A, B, C and E, HIV, malaria, measles and tuberculosis (TB).
- **Incomplete immunisation history** which may be due to low immunisation rates in the country of origin, interruption of vaccine schedules during transit and lack of records of immunisation status.
- **Non-communicable diseases** where complications can arise due to not been diagnosed or diagnosed but poorly managed, e.g. cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.
- **Malnutrition** as a result of food insecurity.
- **Obesity** postmigration due to the introduction of refined foods to their diet.
- **Musculoskeletal problems** as a consequence of physical stress endured during the migration journey, injuries from torture or violence, or malnutrition.
- **Oral disease** – as a result of poor diet or lack of access to dental care.
- **Sexually transmitted infections** as asylum seekers may have been raped or forced into commercial sex work pre-arrival or post-arrival in England.
- **Adolescent pregnancy** due to limited sexual health awareness and low rates of contraception use.
- **Female genital mutilation (FGM)** which is common in some African and Middle Eastern countries and is associated with a range of complications including transmission of blood borne viruses (BBVs), urinary tract infections, psychological problems, infertility and adverse obstetric outcomes.
- **Psychological issues** – PTSD, anxiety and depression are commonly reported. These problems are not always due to their experiences in their country of origin but down to the socio-political conditions in host countries that create discrimination and marginalisation. Furthermore, asylum seekers are at risk of homelessness and destitution if their claim is unsuccessful which exacerbates mental and physical health problems.

# 4. Health and wellbeing interventions that should be provided

NHS England and Improvement (NHSEI) are now asking clinical commissioning groups (CCGs) with hotels being used as contingency IA to ensure that they put in place **health assessment services equivalent to those CCGs with IACs** (see appendix 2 and 3). They have also advised that **those in hotels and other contingency IA be fully registered with a GP** to allow them access to the full range of healthcare interventions from that practice including referrals for more specialist support.

As service users are staying in IACs (Urban House for YH) for longer than the expected 19 days and there is evidence to suggest that some healthcare needs are not being picked up in initial assessments, Doctors of the World (2021) are recommending that those in IACs are also supported to fully register with a GP. They have shown that patients who are not registered with a GP have significantly reduced access to NHS services despite the evidence showing that they often have multiple healthcare needs including mental health. Furthermore, GP registration will enable service users to get their clinical conditions recorded and offered the COVID vaccine based on the vulnerabilities.

Those seeking asylum should be provided with information (in a language they understand) on their right to access NHS services, how to register with a GP and how to use NHS services. **GP practices cannot refuse to register them if they are living in their catchment area irrelevant of what healthcare is being provided in the initial accommodation. Practices should not turn people away because they do not have proof of ID, address or immigration status. People can also register if they do not know or do not have an NHS number.**

NHSEI will reimburse costs incurred by CCGs where new contingency services have been commissioned. This could include specialist inclusion health providers or a GP practice.

Asylum seekers living in IA should be offered a health assessment on arrival which includes the screening/interventions below. However, some may be suspicious of interventions and require support to understand their rights and the benefits of healthcare input. Voluntary, community and social enterprise (VCSE) organisations such as the Refugee Council can provide such support.

**Recommendation 1: Supporting access to healthcare**

Mears should support asylum seekers to access healthcare through:

- working with VCSE organisations to ensure that they can provide support on site (where possible), this may be through one to one support or the provision of workshops to provide information on their healthcare rights and help to dispel myths around the NHS and the services it provides.
- ensuring all asylum seekers are given a GP access card (see appendix 6) and help facilitate them fully registering with a GP.
- supporting those on section 4 or 98 to apply for a HC2 certificate.

## 4.1 Healthcare provision that should be provided to those in IA[1]

- **Assessment of current physical and mental health status** and addressing of any immediate concerns.
- **Infectious diseases:**

- Clinical and microbiological assessment for active and latent TB.
- Hepatitis B testing should be offered to migrants from countries with an intermediate or high prevalence of chronic infections (2% or greater).
- Hepatitis C testing should be offered to anyone at risk. See hepatitis C section of the PHE Migrant Health Guide.
- For criteria on HIV testing refer to HIV section of the PHE Migrant Health Guide.

- **Immunisations:**

- Recording of the patient's history of immunisations.
- Vaccinations, see the immunisation section of the PHE Migrant health guide.

- **COVID testing and immunisation[2]** - The Green Book has been updated and now includes a COVID 19 section (Chapter 14a). Whilst those seeking asylum are not a priority group, if individuals fall within the set 'clinically extremely vulnerable' criteria, they would be offered the vaccine as outlined in the vaccination strategy (table 3, page 9). NHSEI have published an SOP for COVID-19 vaccination deployment in community settings which makes reference to inclusion health on page 28.GOV.UK has information about the programme with materials, some of which are available in other languages.
- **Sexual health** issues should be discussed on assessment and appropriate action taken. STI testing as per NICE guidance (2007) and BASSH guidance (2015) provides a useful summary of tests by priority groups.
- **Access to maternity** support if appropriate.
- **Contraception advice** to both men and women.

[1] For further guidance and resources see chapter 6.
[2] **NB:** PHE have updated the Migrant Help Guide to confirm that migrants will not be charged for COVID-19 testing, treatment and vaccination and no immigration checks will be carried out.

- Support referral and engagement with appropriate support services such as those for **FGM, rape crisis, support following torture or for those who are victims of trafficking**.
- **Identification of special needs** and liaison with the Home Office or Mears to ensure the provision of appropriate accommodation and support where needed.
- **Psychological support** for those individuals identified with a history of physical or psychological maltreatment, or mental health issues.
- **Drugs and alcohol** – input from the local drug and alcohol service should be provided where service users are dependant or at risk of becoming dependent.
- **Dental or optometry treatment** – service users should be supported to access dental care, however there are particular challenges at the moment as most dental practices are prioritising care to those most in need due to COVID-19 operating procedures which must be followed. Practices are open and anyone with an urgent need should be able to access dental care. Local dentists and details on how to access urgent dental care can be found here.
- **Wellbeing** – Service users should have access to books, arts and crafts and have use of other resources to support their wellbeing. They should also be encouraged to take regular exercise. The use of occupational therapists as used by Bevan Healthcare should also be considered.

(YH Migrant Health Group, NHSEI, 2019 - see appendix 2 and the Home Office, p.12, 2016).

**Recommendation 2: Wellbeing**

- Mears should encourage service users to take daily exercise and have access to resources such as books and arts and crafts.
- CCGs should work with local authorities to see how they can support asylum seeker's wellbeing within the IA. CCGs should also utilise the local expertise of occupational therapists to support and advise them.

## 4.2 Healthcare provision that should be provided to those in dispersed accommodation

This will be provided through primary care as it would for any other UK resident. Mears will provide them with information on registering with a GP practice. Where the person has certain pre-existing medical conditions (long term conditions that need regular treatment, has an infectious disease that represents a risk to the individual or others, has a physical disability, acute mental health issues, is pregnant and/or has a child under 12 months), Mears should make sure they support them by taking them to register with a GP within 5 days of arriving at the dispersed accommodation. For all others, Mears should encourage them to register with a GP and identify any problems with access. However, where asylum seekers do not register independently, Mears will proactively work with them to ensure full registration.

Mears will carry out visits to dispersed accommodation at least once a month. This includes a welfare visit where they should ensure the asylum seeker is in contact with health and VCSE organisations.

**Where GP surgeries are not willing to register asylum seekers them the local CCG and Healthwatch should be made aware.**

**Recommendation 5: GP registration with Doctors of the World**

CCGs should encourage GP practices to register with the Doctors of the World Safer Surgeries initiative where they will receive support and training for all staff to ensure their practice is inclusive to the needs of asylum seekers.

# 5. Entitlements to healthcare

Those seeking asylum who have an active claim are entitled to free NHS care (primary and secondary care). Those who have had their asylum claim refused can still register for and receive primary care free of charge.

Asylum seekers being supported under Section 95 qualify for a HC2 certificate. The certificate is valid for 6 months and covers all dependants. The certificate entitles them to free NHS prescriptions, dental treatment, wigs and fabric support, sight tests, vouchers towards the cost of glasses or contact lenses and necessary travel costs to and from hospital for NHS treatment under the care of a consultant.

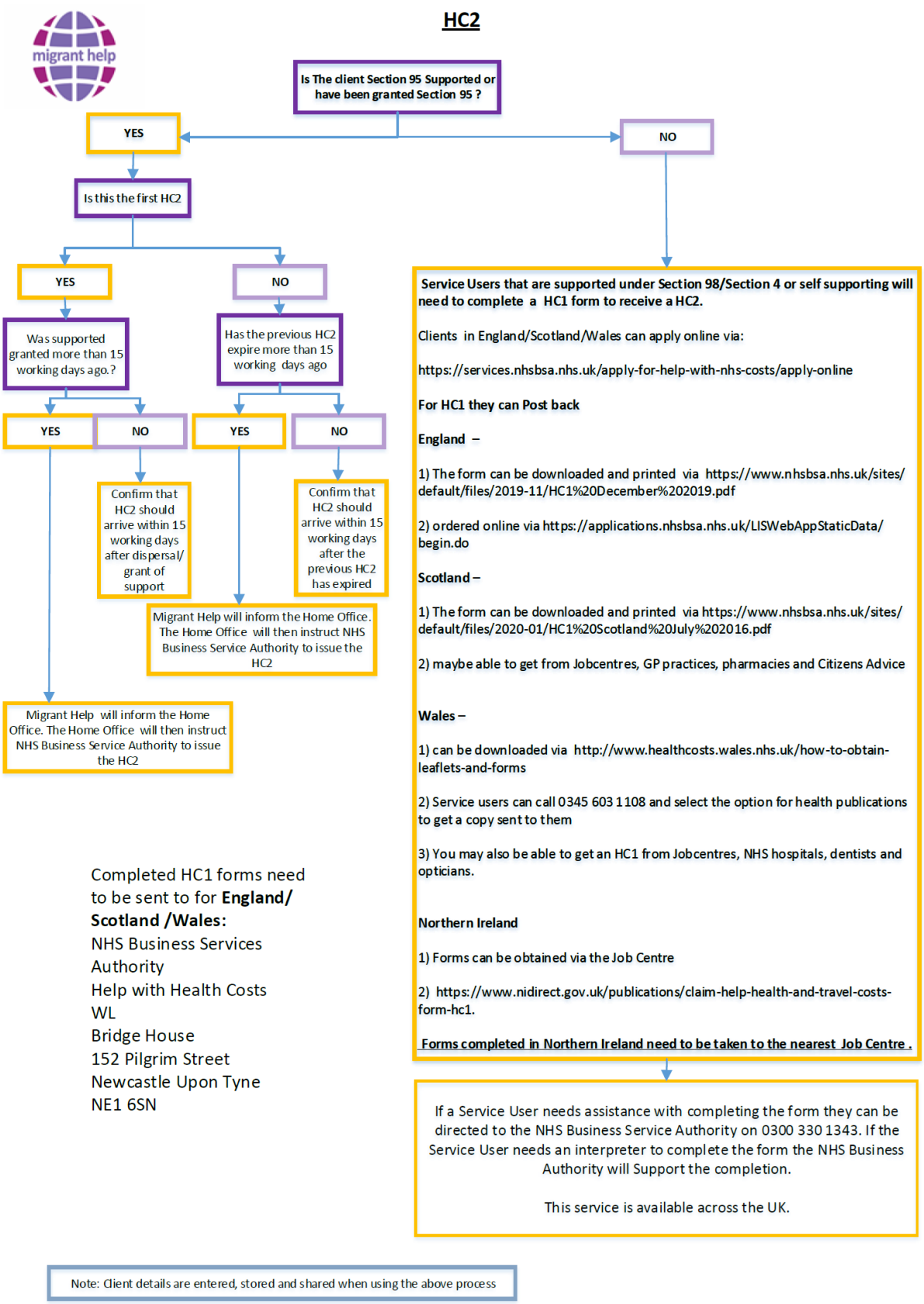
Those supported under section 98 or who have received a negative decision but are supported under section 4 can still access the full range of healthcare support. They will need to apply for HC2 Certificate themselves from the Business Services Authority directly using a HC1 form. **Mears can assist them to do this.**

Those who have received a negative decision and are not supported under section 4 may not be entitled to secondary NHS care free of charge. This will depend on:

- Whether specific exemptions apply.
- For non-urgent care, NHS Trusts and some community services are required to charge those with a negative decision who are not exempt before providing the care.
- Those with a negative decision are able to receive some services free of charge regardless of their overall entitlement to NHS care. This includes treatment in an accident and emergency department, for many communicable diseases and for conditions caused by certain types of violence, such as torture, domestic violence or sexual violence.

Figure 3 below summarises how certificates can be accessed.

**Figure 3:** Migrant Health chart showing access to healthcare certificates



# 6. Communications

It is important that stakeholders work together to ensure the health and wellbeing needs of those seeking asylum are met.

## 6.1 When IA is being set up

The Home Office is responsible for working with local authorities before deciding on where to use new contingency accommodation. Once a decision has been made, they will inform Mears. It is then the responsibility of Mears to inform the local CCG who will plan for the provision of healthcare.

The CCG should ensure that:

- The commissioned healthcare provider has sufficient expertise and support to work with this client group.
- Where a specialist inclusion health provider is not commissioned and GP practices are used, they should be registered with the Doctors of the World Safer Surgeries Initiative.
- They should convene a meeting with local health providers to agree roles and care pathways. In additional to the commissioned primary care provider, it should also include the TB service, hospital trust, local authority public health, statutory mental health provider and relevant VCSEs.

## 6.2 Once those seeking asylum are in the IA

- All services involved in the health and wellbeing of services should work together to provide a service to those seeking asylum. This includes the Home Office, Mears, primary care provider and VCSEs.
- Asylum seekers should register with Mears once a day. Where Mears have any concerns about their health, they should encourage them to speak to a

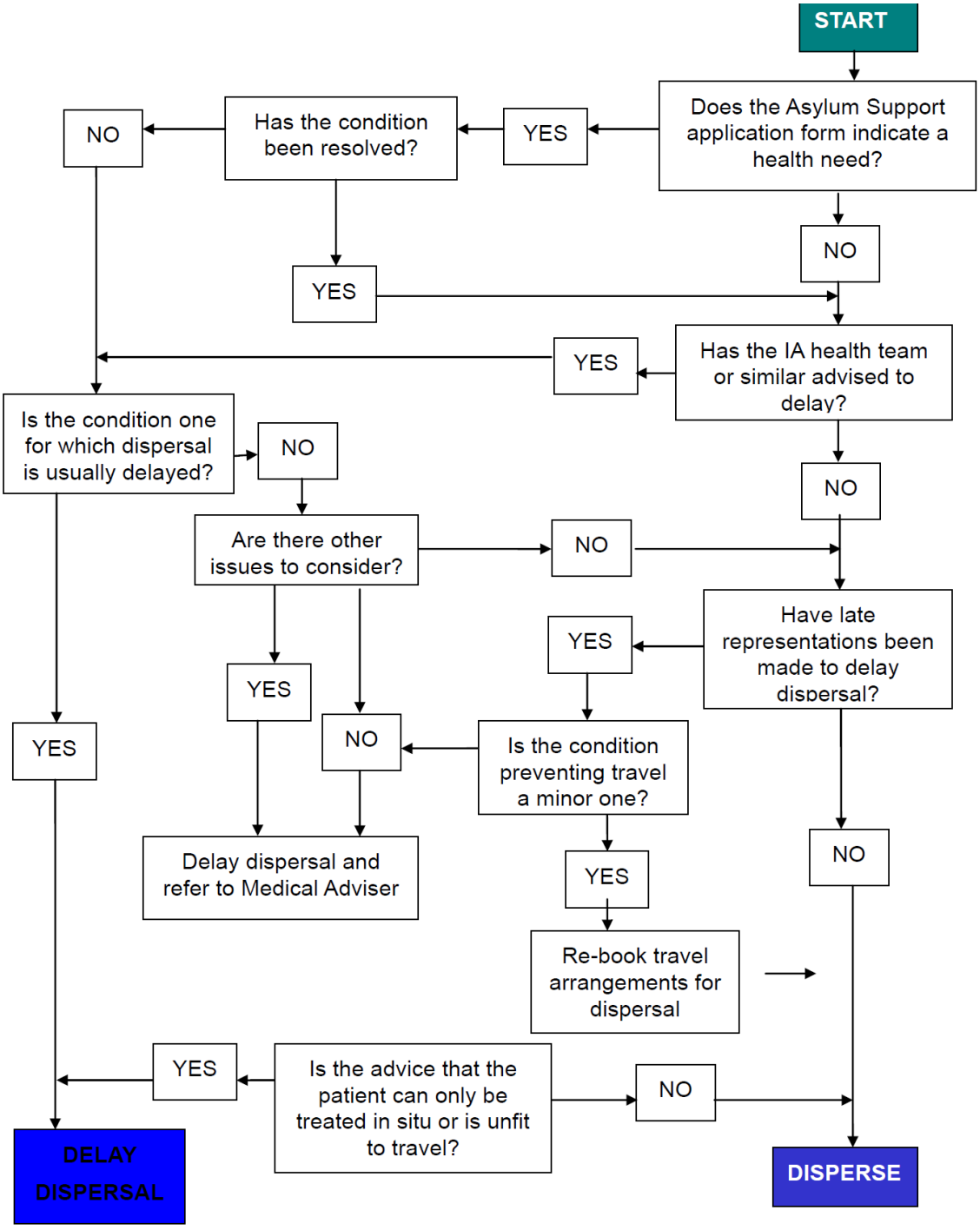
healthcare worker or VCSE representative. If there are ongoing concerns Mears should make the health provider aware.

- Every effort will be made by Mears to notify the IA health provider on a regular basis of any new arrivals or planned dispersals, including details of destinations and proposed dates of dispersal, to enable sufficient time for any travel assessments and continuity of care arrangements to be made. Where plans have to change Mears will notify health colleagues.
- Where there is concern about dispersal on health grounds, a written request can be made to Mears through the residential welfare manager requesting that the service user not be dispersed (figure 4 below shows the criteria for deferring dispersal on health grounds). This can also be looked at if healthcare providers believe they should actually be dispersed on health grounds.

## 6.3 Once dispersed

- When service users are dispersed, Mears will assist the service user and healthcare providers in ensuring that effective handover arrangements are made to enable continuity of treatment (p.22, Home Office, 2016).
- Mears should make sure they support those with certain pre-existing medical conditions by taking them to register with a GP within 5 days of arriving at the dispersed accommodation. For all other service users, Mears should encourage them to register with a GP and identify any problems with access. However, where asylum seekers do not register independently, Mears will proactively work with them to ensure full registration.
- Mears will carry out visits to dispersed accommodation at least once a month. This includes a welfare visit where they should ensure the asylum seeker is in contact with health and VCSE organisations.

**Figure 4:** Criteria for Deferred Dispersal on Health Grounds Flowchart




Ref: Home Office (p.47, 2016)

# 7. Service models

There are different service models that can be provided to those seeking asylum. However, whatever the approach, it is important that healthcare staff have the appropriate skills and awareness of the needs of this population. In addition to detailing the healthcare interventions that should be provided, the Faculty for Homeless and Inclusion Health's standards also usefully discuss the importance of healthcare staff working creatively and flexibly to support those seeking asylum. This includes the need for:

- **Assessments** to recognise natural psychological reactions to highly abnormal experiences and not over-medicalise what may be appropriate responses.
- **Gender and cultural sensitivity**. Culturally competent staff should be available, as this promotes access and understanding of cultural nuances, alongside ongoing training of the whole workforce on cultural competencies and working with diverse and marginalised communities.
- **Interpreting and advocacy**. Vulnerable migrants may need additional support in accessing services due to language difficulties, poverty, illiteracy, low confidence or lack of familiarity with the system.
- **Peer mentor programmes** which may be particularly helpful in providing support and advocacy for those seeking asylum. A service could be considered locally based on the model by Groundswell Homeless Health Peer Advocacy Service). Bevan are also in the process of developing a peer mentor programme.
- **Liaison with voluntary sector organisations** such as the Refugee Council can enhance support for vulnerable migrants.

(Pgs. 24-25, Faculty for Homeless and Inclusion Health, 2018)

The service model should be informed by individuals with lived experience of the asylum process and be determined by local need and the barriers and challenges

faced by them in accessing services should be addressed. For those housed in hotels, the window of opportunity to provide targeted interventions may be limited, therefore consideration should be given locally to how interventions can be mobilsed in a timely and effective manner.

Services may be provided as in-reach within IA or within mainstream provision such as primary care. However, the primary care provider should be experienced and skilled in working with inclusion health groups.

## 7.1 Practice examples in YH supporting those in IA and also those in dispersed accommodation

### 7.1.1 IA

**Table 1:** Service models in IA

| Area | Provided by | Service model/provision includes |
|---|---|---|
| Bradford and Leeds | Bevan Healthcare | Service model: Commissioned inclusion health primary care practice that asylum seekers access off IA site.<br>Provision incudes: Specialist inclusion health nurses, mental health nurses, GPs, occupational therapists, wellbeing team, paramedic[3] and social prescribers[4]<br>• New arrivals are brought to the practice by Mears and have an assessment with inclusion health nurse<br>• All are fully registered at the practice<br>• Assessment includes screening for HIV, hep B, hep C, syphilis and TB[5], mental health and trauma screening and vaccinations as per PHE schedule<br>• Occupation therapists/wellbeing team support asylum seekers in IA with activities and English-speaking lessons<br>• Close partnership work with VCSE organisations |
| Hull | City Healthcare Partnership – The Quays | Service model: Commissioned practice for asylum seekers and those experiencing homeless that patients can access off IA site.<br><br>Provision incudes: Initial assessment by a nurse<br>• New arrivals are fully registered at the practice |

[3] Leeds only
[4] Bradford only
[5] Leeds only, new arrivals team provide in Bradford

| | | |
|---|---|---|
| Huddersfield | The Whitehouse Centre GP practice | Service model: Commissioned practice for asylum seekers and those experiencing homeless that patients can access off IA site.<br><br>Provision incudes: Initial assessment by a nurse<br>• New arrivals are fully registered at the practice |
| Rotherham | The Gate Surgery | Service model: Commissioned practice for asylum seekers and those experiencing homeless that patients can access off IA site.<br><br>Provision incudes: Initial assessment by a nurse<br>• New arrivals are fully registered at the practice |
| Wakefield – Urban House IAC | South West Yorkshire Partnership NHS FT | Service model: Nurse led service on site providing daily support during the week.<br>Provision includes: Initial health assessment and basic medical needs are dealt with. Asylum seekers generally aren't registered with a GP. |

### 7.1.2 Dispersed accommodation

There are less opportunities to provide a comprehensive service to those in dispersed accommodation as it is not practical to visit all sites. This makes it even more important to ensure a comprehensive assessment is undertaken in IA and that GP practices are supported to provide support to those seeking asylum once in dispersed accommodation. It is also important to have good links with the VCSE sector who will be working with asylum seekers and can alert healthcare to any concerns they may have.

**Table 2:** Service models in dispersed accommodation

| **Area** | **Provided by** | **Service model/provision includes** |
|---|---|---|
| Barnsley | Health Integration Team, South West Yorkshire Partnership NHS FT | Service model: Nurse-led service specialist inclusion health service.<br><br>Provision includes: Initial holistic assessment which covers mental and physical health and social needs. Patients are then seen again within 2 weeks and supported to register with a GP practice of their choice.<br><br>• Screening for TB, HIV, hep B, hep C, syphilis, chlamydia, gonorrhoea and baseline bloods.<br>• Support by mental health nurse if needed.<br>• Regular sessions in VCSE organisation groups.<br>• Daily drop-in service for minor ailments, advice and support. |

| | | |
|---|---|---|
| Bradford and Leeds | Bevan Healthcare | Service model: Commissioned inclusion health primary care practice that asylum seekers access off IA site.<br><br>Provision incudes: Specialist inclusion health nurses, mental health nurses, GPs, occupational therapists, wellbeing team, paramedic[6] and social prescribers[7]<br><br>• All are fully registered at the practice<br>• Assessment includes screening for HIV, hep B, hep C, syphilis and TB[8], mental health and trauma screening and vaccinations as per PHE schedule<br>• Close partnership work with VCSE organisations |
| Hull | City Healthcare Partnership – The Quays | Service model: Commissioned practice for asylum seekers and those experiencing homeless.<br><br>Provision incudes: Initial assessment by a nurse<br>• New arrivals are fully registered at the practice |
| Huddersfield | The Whitehouse Centre GP practice | Service model: Commissioned practice for asylum seekers and those experiencing homeless.<br><br>Provision incudes: Initial assessment by a nurse<br>• New arrivals are fully registered at the practice |
| Rotherham | The Gate Surgery | Service model: Commissioned practice for asylum seekers and those experiencing homeless.<br><br>Provision incudes: Initial assessment by a nurse<br>• New arrivals are fully registered at the practice |

## 7.3 Wraparound support

VCSE organisations have a key role to play to support those seeking asylum to access healthcare. Appendix 4 provides details of agencies that can provide support to those seeking asylum.

Migrant Help are commissioned by the Home Office to provide general support to those seeking asylum. This includes a free advice help line 24/7, support in accessing healthcare and general advice around the asylum process including:

[6] Leeds only
[7] Bradford only
[8] Leeds only, new arrivals team provide in Bradford

- Making an application for asylum support.
- Notifying Home Office asylum support of changes of circumstances for main applicants and their dependants while they are receiving asylum support.
- Reporting maintenance issues to the asylum accommodation.
- Raising complaints against Migrant Help, Home Office asylum support, asylum support payment provider and Mears.
- Gathering feedback to improve the support available throughout the asylum journey.
- Assisting with initial advice following a positive or negative decision on asylum claims.
- Requesting assistance if there is a risk to their / their family's health and wellbeing.
- Information about the asylum process, however, they are unable to give advice regarding immigration matters.
- Signpost to other services.

Refugee Council are able to provide support to those seeking asylum. They can also provide workshops and one to one support to individuals to assist them to access healthcare.

# 8. Resources, tools and guidance

The Migrant Health Guide is a free, online resource to support primary care practitioners in caring for patients who have come to the UK. It includes information on migrants' entitlement to the NHS, guidance for assessing new patients, tailored health information specific to over 100 countries of origin and guidance on a range of communicable and non-communicable diseases, and health issues.

Doctors of the World Safer Surgeries initiative provides support and training for GP practice staff to ensure their practice is inclusive to the needs of asylum seekers. They also have a range of translated health information for patients.

The inclusion health guidance by PHE provides guidance for professionals to on supporting inclusion health groups such as vulnerable migrants within their practice.

MEAM (Making Every Adult Matter) is a coalition between Homeless Link, Clinks, Collective Voice and MIND and was set up to support local areas to develop better coordinated services for people experiencing multiple disadvantage. The collation is funded through the National Lottery and their website provides information about their model, the areas they support and resources to assist local areas to develop their services.

The VCSE Inclusion Health Audit Tool is an online tool designed to help organisations audit their engagement with inclusion health groups. Once completed, the tool provides a 'unique and tailored guide' to help organisations embed action on tackling health inequalities into its everyday activities.

The Faculty for Homeless and Inclusion Health produces Homeless and Inclusion Health Standards for Commissioners and Service Providers, which sets out clear minimum standards for planning, commissioning and providing health care for homeless people and other multiply excluded groups.

The BMA have produced a refugee and asylum seeker patient health toolkit which is comprehensive resource and discusses the health issues facing these populations and how to overcome the barriers they face in accessing healthcare.

Groundswell have published a briefing which focuses on people in the asylum system, refugees and people with 'no recourse to public funds' (NRPF). Other briefings can be accessed here

Making Every Contact Count (MECC) is an approach to behaviour change that supports the opportunistic delivery health information which enables individuals to engage in conversations about their health.

DHSC and Inclusion health published 'Inclusive Practice: Improving access to primary care and reduce risk of avoidable admission to hospital. The report reviews the impact of efforts to provide good access to primary care services for inclusion groups.

An NHS leaflet for refugees and asylum seekers on registering with a GP practice

PHE has produced guidance on community-centred approaches for health and wellbeing, particularly relevant when engaging and working with communities to co-produce services and interventions.

PHE Fingertips website includes health profiles which are a rich source of indicators across a range of health and wellbeing themes to support Joint Strategic Needs Assessments (JSNAs) and commissioning to improve health and wellbeing and reduce inequalities.

NHSEI have produced a 'Menu of evidence-based interventions and approaches for addressing and reducing health inequalities. This includes improving GP registration among socially excluded groups.

**Testing and immunisation resources:**

- Flu vaccination for individuals 50 years+ and those in at risk groups (Department of Health and Social Care and Public Health England, 2020)
- Hepatitis B vaccination (National Institute for Care and Health Excellence, 2014)
- Hepatitis B & C testing (National Institute for Care and Health Excellence, 2013)
- Latent TB (Public Health England, NHS England and TB Alert, 2019)
- HIV (National Institute for Care and Health Excellence, 2016)

**COVID information:**

PHE COVID-19: guidance for providers of accommodation for asylum seekers COVID-19

PHE COVID-19 vaccination programme information including leaflets and posters in different languages

The Coronavirus Resources Centre hosts a range of translated social assets covering: MHRA explained; Vaccines Matter; Vaccine Deployment; Vaccine standards; Vaccine Testing and Vaccine UK trials.

The International Organization for Migration has set up the COVID-19 Migrant Information Service which provides multilingual information on COVID-19 measures and support in the UK context

NHSEI have produced vaccination videos in a number of languages

Migration Yorkshire information hub hosts materials on a range of issues for migrants and professionals.

# References


- Department of Health and Social Care and Public Health England (2020) *The national flu immunisation programme 2020 to 2021- update*. Available at: https://www.england.nhs.uk/wp-content/uploads/2020/05/Letter_AnnualFlu_2020-21_20200805.pdf
- Doctors of the World (2020) *An Unsafe Distance: The Impact of the COVID-19 Pandemic on Excluded People in England*. Available at: https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/07/covid19-brief-rna-report.pdf.
- Doctors of the World (2021) *Policy Briefing on Access to Healthcare in Asylum Accommodation*.
- National Institute for Care and Health Excellence (2013) *Hepatitis B and C testing: people at risk of infection. Public health guideline [PH43]*. Available at: https://www.nice.org.uk/guidance/ph43
- National Institute for Care and Health Excellence (2014) *Hepatitis B Quality standard [QS65]*. Available at: https://www.nice.org.uk/guidance/qs65/chapter/Quality-statement-1-Testing-and-vaccination-for-hepatitis-B (Accessed: 26 November 2020)
- National Institute for Care and Health Excellence (2016) *HIV testing: increasing uptake among people who may have undiagnosed HIV NICE guideline [NG60]*. Available at: https://www.nice.org.uk/guidance/ng60 (Accessed: 26 August 2020).
- NHS England and NHS Improvement (2019) *Initial Accommodation Centre (IAC) health screening service specification*.
- Public Health England (2019) *Assessing new patients from overseas: migrant health guide*. Available at: https://www.gov.uk/guidance/assessing-new-patients-from-overseas-migrant-health-guide (Accessed: 17 November 2020).
- Public Health England and TB Alert (2019) *Tackling tuberculosis in under-served populations*. Available at: https://www.gov.uk/government/publications/tackling-tuberculosis-in-under-served-populations.

**Appendix 1:** Yorkshire and Humber Migrant Health Group terms of reference

# Yorkshire and the Humber Migrant Health Group: Terms of reference

| | |
|---|---|
| **Name of meeting** | Yorkshire and the Humber Migrant Health Group |
| **Date** | 11th December 2020 |
| **Sign off date** | 11th December 2020 |
| **Review date** | December 2021 |

| **Purpose** |
|---|
| To provide co-ordination and leadership regarding the health (this refers to both mental and physical health) and wellbeing needs of vulnerable migrants[9] across Yorkshire and the Humber (YH). |
| **Aims of group** |
| • Understand the key health and wellbeing issues facing vulnerable migrants and identify the barriers and enablers for vulnerable migrants accessing healthcare services. This should include considering the recommendations in the Doctors of the World Report (May 2020) - A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic.<br>• Maintain oversight across YH regarding work taking place to address the health and wellbeing needs of vulnerable migrants and highlight areas where there are gaps in provision.<br>• Provide guidance to stakeholders regarding evidence-based health interventions and service models to better meet the health needs of vulnerable migrants.<br>• Encourage a more co-ordinated approach and better integration across YH between different sectors e.g. health, housing, immigration and social care. |

[9] The group will focus on those migrants who may have increased needs associated with their experiences before, during and after migration which make them more vulnerable in relation to their healthcare. PHE (2014) define a vulnerable migrant as:

- Individuals seeking asylum (a person who has applied for permission to stay in the UK).
- Refugees (a person given permission to stay in the UK).
- Trafficked migrants (someone who has been moved to the UK in order to be exploited through forced labour, slavery or prostitution).
- Undocumented migrants (those who are living in the UK with no legal status), i.e. those with refused asylum and others with NRPF.

The group will also focus on the needs of unaccompanied asylum seeker children.

- Develop a wider migrant health network across YH to facilitate learning and the sharing of good practice between agencies.
- Provide opportunities for learning and development for stakeholders, for example through webinars, regional events and on-line tools.
- Ensure the views of people with lived experience are incorporated into the work of the group.
- Advocate for vulnerable migrants' right to the highest attainable standard of health.

**Membership**

- Migration Yorkshire
- North East Migration Partnership
- PHE YH
- PHE NE
- NHS England/Improvement
- Home Office
- Mears Housing
- Clinical Commissioning Groups
- Local Authorities (including public health and migrant leads)
- Health (including primary care and inclusion health services)
- VCSE organisations:
- Bevan healthcare
- Migrant Help
- Refugee Council
- Solace
- Doctors of the World

**Reporting**

The YH Migrant Health Group will report to the Migration Yorkshire SMG. Each representative on the group will also report to their own organisation/network.

**Meeting frequency**

Meetings will be held for 1.5hrs every 4-6 weeks initially via Teams.

**Information requirements**

Papers will be circulated 1 week before each meeting and minutes will be sent out 1 week after each meeting.

**Appendix 2:** Initial Accommodation Centre (IAC) health screening service specification

Circulation list: All IAC health screening service commissioners

Approval: NHSE/I PCDOG (October 2019) – sent for information

Publication: circulation only, not published online

PCC ID: 2339

| | |
|---|---|
| 1 Effective service and team management | Overall management of the initial accommodation health team and the service. Provide information and performance data about the service as specified by commissioner/s.<br><br>Asylum seekers are temporarily housed in Initial Accommodation Centres (IAC) therefore their health needs are generally considered in the same way that those of primary medical care Temporary Residents plus an uplift in service provision to reflect the public health and care needs of this vulnerable patient cohort.<br><br>Some IAC residents will require referral to and registration with a GP while staying in IAC if they have existing health conditions that, for example, require immediate referral into secondary care (which cannot wait until dispersal). |
| 2 Health Check: Every asylum seeker arriving in initial accommodation has a health assessment, TB screening and appropriate referrals are made. | Assessment of current health status of asylum seekers and their dependants (adult and child) and addressing health issues of any immediate concerns. The health assessment offered should include the following:<br>1. Clinical and microbiological assessment for active and latent TB. Hepatitis B testing should be offered to migrants from countries with an intermediate or high prevalence of chronic infections (2% or greater). Hepatitis C testing should be offered to anyone at risk. See PHE Migrant Health Guide https://www.gov.uk/guidance/hepatitis-c-migrant-health-guide#testing. For criteria on HIV testing refer to PHE Migrant Health Guide https://www.gov.uk/guidance/hiv-migrant-health-guide#testing<br>2. Recording the asylum seeker's history of vaccinations.<br>3. Offering vaccinations (e.g. flu / shingles) in line with existing guidelines to both adults and children https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status<br>4. Offer required advice and vaccinations in outbreak situations and contact local PHE health protection team<br>5. Offer vaccinations of newborns and children<br>6. Recording of women's pregnancy and maternity history<br>7. Offering / facilitating access to comprehensive ante-natal and post-natal care. If the healthcare team are unable to offer this service, appropriate arrangements should be made to identify services that can provide ante-natal and post-natal care |

| | |
|---|---|
| | 8. Offering contraception advice to both men and women including referral to Termination of Pregnancy (TOPs) where appropriate<br>9. Support referral and engagement with appropriate support services such as those for Female Genital Mutilation (FGM), Rape Crisis, support following torture or for those who are victims of trafficking<br>10. Identification of health or care needs (e.g. learning difficulties, mobility issues) and liaison with Home Office and relevant accommodation provider responsible for dispersal<br>11. Support / facilitate local health visiting team to assess new mothers, newborns and children under the age of 5 years<br>12. Work with Home Office to ensure asylum seekers are provided with accommodation appropriate to their clinical and social care needs (e.g. if need dispersal to a specific area, liaison with social care)<br>13. Referral arrangements for emergency dental or optometry treatment as required |
| 4. Minor Illness: Appropriate assessment, triage and care are provided to asylum seekers presenting with minor illness and more complex health issues arising from the health assessment. | 14. Access to a minor illness service<br>15. Access to a GP (as required such as where patients require immediate onward referral for secondary care services)<br>16. Appropriate pathway for triage of patients<br>17. Arrangements to cover 'in hours' period<br>18. Appropriate pathways for referral for out-of-hours care<br>19. Prescribing as appropriate including access to Over the Counter (OTC) medications (given that the population in IAC is destitute and probably unable to afford OTC medication). |
| 6. All client contact will be facilitated with appropriate interpreting support as required | 20. Interpreting support to be engaged (including making more use of digital interpreting support where appropriate) for those patients unable to speak English or who require British Sign Language interpreting in line with NHS England's Guidance for Commissioners: Interpreting and Translation Services in Primary Care and the Accessible Information Standard (formally known as DCB1605 Accessible Information) |
| 7. Mental Health: Asylum seekers with symptoms of anxiety and stress are referred on appropriately | 21. Staff are trained to recognise critical symptoms of mental ill-health<br>22. Provide trauma-informed care for those who are acutely mentally unwell and need prompt referral into crisis care<br>23. Identifying low level signs and symptoms of poor mental health / psychological wellbeing, and facilitating access to appropriate support |
| 8. Staff working with asylum seekers have access to appropriate clinical supervision and support | Ensure adequate psycho-social support for staff working in IACs given the level of trauma experienced by asylum seekers. This support could include:<br>• Supervision sessions<br>• Access to supervision<br>• At least 1 hr/month for each member of staff<br>• MDT for health staff<br>• Partnership meeting (accommodation provider, Migrant Help, health staff and Home Office) |
| 9. Administration and co-ordination | • An electronic patient record system should be in place |

| | |
|---|---|
| of the service provided to Asylum Seekers to support planning and decision making | • Systems are in place for the smooth and effective running of any necessary clinics<br>• A PHE / NHSE/I process should be in place to share clinical information across IACs and into primary and secondary care if needed<br>• Data collection returns consistently to commissioner (future planning and contract monitoring)<br>• SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of DATIX<br>• Recording of issues and incidents and investigate all serious incidents in accordance with the NHS Serious Incident Framework.<br>• Use of NHS numbers allocated to patients to ensure appropriate flow of information<br>• Recording of issues and incidents |
| 10. Provide Training, development and Audit | • Audit certain aspects of service as agreed with commissioner and shared with colleagues nationally to improve learning<br>• Keeping staff up to date with the latest needs of this client group (e.g. attendance at the IAC Network or other appropriate national meeting) and attendance at appropriate meetings as agreed with commissioner<br>• In-reach education to local services (e.g. midwifery) so that local services understand the service and have a clear pathway in to other services<br>• Support delivery of training for non-clinical and housing staff (noting external agencies' responsibility to provide training to their own employees) to raise awareness of population specific issues such as: Mental Health First Aid; Working with interpreters; TB symptoms; Safeguarding protocols; Access to interpreting and patient entitlement to interpreting services (especially for 'late bookers' (i.e. women presenting late in pregnancy)); Access to health and social care services<br>• Access training where relevant to understand the wider context e.g. Understanding the asylum process. |
| 11. Safeguarding | • Standard Safeguarding protocol |
| 12. Wider systems partnership working as required | A duty to support continuity of care and appropriately share information including with:<br>• Voluntary sector<br>• Regional Strategic Migration Partnerships (RSMPs)<br>• Home Office<br>• Initial Accommodation providers<br>• Local authority (especially Children's Social Care and Public Health in particular)<br>• Community services (e.g. libraries)<br>• PHE<br>• Maternity services<br>• Mental health services<br>• Information for patients (e.g. pregnant women not hiding that they're pregnant for fear of being returned to London)<br>• Entitlement to care / health literacy for patients |
| 13. Midwifery | • Agreeing a bespoke pathway with local provider trust for pregnant women |

**Appendix 3: FAQs** (updated 23rd September 2020 by NHSEI national primary care team relating to guidance for the commissioning of health services for asylum seekers in hotels)

**Commissioning health services for destitute asylum seekers housed in contingency (hotel) initial accommodation**

1. **Why are CCGs responsible for commissioning health services for asylum seekers in initial accommodation?**

   This is a responsibility transferred from PCTs to CCGs as part of the 2012 NHS reforms and is confirmed as a CCG responsibility in "Who pays?" guidance.

2. **What services need to be commissioned for this vulnerable population?**

   In June 2020 NHSEI wrote to all CCGs advising they put in place health assessment services equivalent to those CCGs with Initial Accommodation Centres have established (outline specification embedded below).

   However, it was recognised that there will be local challenges to responding quickly during the pandemic and that because residence would likely be longer this could increase ongoing health needs. The priority was therefore to ensure services provided:

   - assessment of immediate health and care needs during residence, including those with possible COVID-19 symptoms, and facilitating access to appropriate care and delivering this by remote means wherever possible
   - protecting the most vulnerable from risks of COVID-19, including all resident adults who meet clinical criteria for influenza vaccination, those aged 70 years and over, and pregnant women.

   As hotel use is set to continue for the remainder of this year (and likely into next) **NHSEI is advising CCGs now use full GP registration wherever possible and practical.** The health assessment model of care was originally designed as a stop gap service in lieu of dispersal to more permanent accommodation.

   IAC service specification - WORKI

3. **Is funding support still available to CCGs?**

   Yes. Commissioning costs incurred by CCGs will continue to be reimbursed in line with NHSEI guidance. Guidance on the reimbursement process was initially for costs for the period 23 March - 31 July. This cut off provided a checkpoint to ensure those costs did not exceed the nationally committed funding envelope.

   This guidance has now been refreshed (embedded below) to confirm **the reimbursement period is extended to 30 November** with CCGs being

requested to report their additional costs by mid-December. It is planned to extend this further to 31 March 2021 following that checkpoint.

Finance process guidance for asylum s

4. **When is the use of hotel accommodation expected to end?**

   The Home Office are implementing recovery plans to reduce the need to use hotel accommodation but given the overall numbers now in residence it is clear this will take time to achieve.

   Hotel use is expected to continue for the rest of this year and into next year, but CCGs will need to continue to work closely with their local accommodation providers to understand the timing of any possible changes.

5. **What about help with prescription costs?**

   Asylum Seekers eligible for Section 95 are automatically issued with HC2 regardless of accommodation they may be in. The Home Office are now updating weekly so that HC2s can be issued, but in cases where this is overdue or needs to be fast tracked due to a health need this can be reported to Migrant Help who will inform UK Visas and Immigration so that help can be requested separately. For anybody who is not yet eligible for support, they will need to complete the HC1.

   *Migrant Help provides a free telephone service 24 hours a day, 365 days a year to service users on a range of services including Covid-19.*

6. **Should families with children be housed in hotels?**

   The Home Office and their accommodation providers will prioritise families with children for more appropriate accommodation wherever possible. Any concerns about the length of hotel stay of any family should be reported to Migrant Help who will inform UK Visas and Immigration so that they can be prioritised for more semi-permanent accommodation.

7. **Are accommodation providers allowed to move asylum seekers from one hotel to another?**

   It is not recommended to move residents between hotels but recognised some hotels, particularly near ports of entry, may be used for overnight or temporary accommodation as part of onward travel to their destination hotel.

8. **What is the pre-COVID model of care?**

   Initial Assessment Centre health assessment service models include both nurse-led and GP-led services. This could be either on-site located within the IAC or off-

site GP surgeries or health centres. Services could also be provided remotely via the telephone/online consultation, especially if CCGs have limited ability to provide on-site or off-site services.

Remote service provision may need to be facilitated practically whether through access to dedicated facilities available at the hotel premises (managed appropriately to minimise infection risks) or individual access to a phone/smartphone (e.g. ensuring free access to WIFI).

**9. Who is responsible for the provision of PPE during the health assessment / health services?**

It is the responsibility of the appointed health service provider to ensure it has the Personal Protective Equipment (PPE) it needs to carry out its services unless otherwise agreed with its commissioner.

All health service providers and their staff should follow the latest Infection Control Guidance for delivering services where there is sustained close contact, including with possible COVID cases.

**10. Where can I find the contact details for Home Office and Initial Accommodation providers?**

| NHSEI Regional Footprint | IAC Provider | IAC Contact | Home Office Contact |
|---|---|---|---|
| North West | SERCO | Katy Wood<br>Katy.wood@serco.com<br>07718 195315 | Melissa Kirby<br>Melissa.kirby@homeoffice.gov.uk<br>07833 441462 |
| North East and Yorkshire | MEARS | Emma Fitzpatrick<br>emma.fitzpatrick@mearshousing.co.uk<br>07593 517334 | Jon Kingham<br>Jonathan.kingham4@homeoffice.gov.uk<br>07785 445229 |
| Midlands | SERCO | Katy Wood<br>Katy.wood@serco.com<br>07718 195315 | Ruth Hadland<br>Ruth.hadland@homeoffice.gov.uk<br>07717 423604 |
| East of England | SERCO | Katy Wood<br>Katy.wood@serco.com<br>07718 195315 | Ruth Hadland<br>Ruth.hadland@homeoffice.gov.uk<br>07717 423604 |
| London | CRH | Tina Rea<br>tinarea@ready-homes.com<br>07500 838240 | Idris Gobir<br>Idris.gobir@homeoffice.gov.uk<br>07717 151199 |
| South West | CRH | Tina Rea<br>tinarea@ready-homes.com<br>07500 838240 | Lawrence Williams<br>Lawrence.williams@homeoffice.gov.uk<br>07768 557641 |

| | | | |
|---|---|---|---|
| South East | CRH | Tina Rea<br>tinarea@ready-homes.com<br>07500 838240 | Idris Gobir<br>Idris.gobir@homeoffice.gov.uk<br>07717 151199 |

## 11. Are there any sources of information on Coronavirus (COVID-19) providers can use with asylum seekers?

- *Translated guidance on social distancing for everyone in the UK, including children, and protecting older people and vulnerable people*
- *Translated stay at home guidance for households with possible coronavirus (COVID-19) infection*
- *Collection of all coronavirus (COVID-19) guidance for health professionals and other organisations*
- *Free PHE posters COVID-19 posters to print (English)*
- *Doctors of the World have provided translated resources informed by government and NHS advice*

**Appendix 4:** Voluntary, community and social enterprises working in YH

| Organisation | Geography covered | Description | Website/contact details |
|---|---|---|---|
| Ashiana | Regional | To support and empower those from Black, Asian, Minority Ethnic and Refugee (BAMER) communities whose lives have been affected by violence and abuse to take control of their lives and move forward into healthy, stable and safer futures | http://www.ashianasheffield.org/ |
| Asylum Matters | National | Works in partnership locally and nationally to improve the lives of refugees and people seeking asylum through social and political change. By mobilising and coordinating local, regional and national advocacy work, aim to increase the impact of campaigns to secure improvements to asylum policy and practice. | https://asylummatters.org/ |
| British Red Cross | National | Array of services, including face to face support and casework for asylum seekers and refugees | https://www.redcross.org.uk/about-us/what-we-do |
| City of Sanctuary | Sheffield | City of Sanctuary act as a conduit for all other organisations during the Covid-19 pandemic | https://sheffield.cityofsanctuary.org/ |
| City of Sanctuary (network) | National – active in most areas | Network of people and organisations working together to make a place a sanctuary for all seeking safety | https://cityofsanctuary.org/ |
| DASH | Kirklees | Provide relief for asylum seekers and refugees who are in need, hardship or distress<br>Preserve and protect the physical and mental health of asylum seekers and refugees<br>Advance the education and training of local people, asylum seekers and refugees, in order to improve social cohesion within the wider community | https://huddsdash.org/ |
| Doncaster Conversation Club | Doncaster | Provides a welcome to new arrivals into Doncaster focussing on asylum seekers and refugees. It aims to provide a sanctuary where clients can escape loneliness and isolation. | janice_foster@msn.com |
| Freedom from Torture | National | Therapy and support for victims of torture, campaigning, advocacy | https://www.freedomfromtorture.org/ |
| MESMAC | Wakefield | Yorkshire MESMAC is one of the oldest and largest sexual health organisations in Leeds, York, North Yorkshire, Bradford, Wakefield, Rotherham and Hull | https://www.mesmac.co.uk/services/yorkshire-mesmac-wakefield |
| Migrant Help | National | Contracted by Home Office to deliver services to asylum seekers under the AIRE contract | https://www.migranthelpuk.org/ |
| NACCOM (network) | National – members in most areas | National network preventing destitution amongst people seeking asylum, refugees and other migrants | https://naccom.org.uk/ |
| Pafras | Leeds | Emergency crisis intervention (food parcels, vouchers and emergency accommodation), independent OISC-regulated immigration advice, casework and integrated mental health support | https://pafras.org.uk/ |
| Refugee Action | National | Advice, guidance to refugees and asylum seekers, good practice support for organisations, campaigning | https://www.refugee-action.org.uk/ |

| | | | |
|---|---|---|---|
| Refugee Action York | York | RAY works with refugees, asylum seekers and migrants from within and around the City of York. They provide a safe meeting point where people can seek information and support, learn new skills and languages and form lasting friendships.<br><br>In addition to the various sessions and services they offer, they also campaign on behalf of local asylum-seeking families and their relatives who are under threat of detention and/or deportation. | http://www.refugeeactionyork.org/ |
| Refugee Council | National | Support and advice to refugees and asylum seekers, as well as support for other refugee and asylum seeker organisations, campaigning | https://www.refugeecouncil.org.uk/ |
| Refugee Council | Barnsley | Advice, advocacy and other services | https://www.refugeecouncil.org.uk/latest/projects/barnsley-advice-project/ |
| Refugee Council | Hull | Advice, advocacy and other services | https://www.refugeecouncil.org.uk/service-region/hull/ |
| REMA | Rotherham | REMA is the infrastructure support organisation for the Black and Minority Ethnic Voluntary and Community Sector of Rotherham. | https://rema-online.org.uk/ |
| Right to Remain | National | Excellent resources for people seeking asylum, including a step-by-step toolkit | https://righttoremain.org.uk/ |
| Solace | Regional | Psychotherapy and support for the survivors of persecution and exile living in the YH region, many of whom have been traumatised by torture, rape, the death or disappearance of loved ones and often combinations of all of these and other atrocities. | https://www.solace-uk.org.uk/ |
| St. Augustine's Centre | Calderdale | Offer specialist advice on immigration and asylum support, and one to one support with welfare, housing, health and access to wider services. Also provide hot meals, English language classes, training, cultural, social and wellbeing activities, trips and volunteering opportunities. | https://www.staugustinescentrehalifax.org.uk/ |
| Welcome to Bradford | Bradford | Online directory of services | https://www.bradford.gov.uk/welcometobradford |

## Appendix 5: Glossary of terms

- **Asylum seeker** - a person who has applied for protection from persecution under the UN Convention and is awaiting a decision from the Home Office on this application.
- **Clinical Commissioning Groups (CCGs)** commission most of the hospital and community NHS services in the local areas for which they are responsible, this includes health provision for asylum seekers.
- **HC1** – a HC1 application is the application form required to apply for a HC2 Certificate. Applications can be submitted online or by post.
- **HC2** – a HC2 Certificate is a certificate which enables some individuals to access some basic health services for free as part of the NHS Low Income Scheme. These include prescriptions costs, dental treatment and eye tests.
- **Initial Accommodation Centre (IAC)** refers to hostel-type accommodation provided by the Home Office to asylum seekers normally as part of an offer of Section 98 support.
- **Migrant** - any person who has moved from one place to another and which may be for a variety of different reasons such as work, study or family.
- **Negative decision** refers when an asylum seeker has received a refusal of their asylum claim from the Home Office and has subsequently not been granted permission to stay in the UK.
- **NHS England and Improvement (NHSEI)** provide national and regional support to the NHS to deliver improved care to patients.
- **No recourse to public funds (NRPF)** is an immigration condition imposed by the Home Office to those in the UK with temporary immigration status, who are subject to immigration control and who do not have Indefinite Leave to Remain. This condition bars access to public funds such as welfare benefits and housing and homelessness assistance.
- **Positive decision** – refers to when an asylum seeker has received either an acceptance of their asylum claim or some other grounds for remaining in the UK and has been granted permission to stay in the UK.

- **Public Health England (PHE)** is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. It provides government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.
- **Section 4 support** – a form of support available to refused asylum seekers who are destitute and meet certain criteria where they are unable to leave the country at present. This is cash-less support of £39.63 and is available as a package with accommodation. It comes from Section 4 of the Immigration & Asylum Act 1999.
- **Section 95 support** – a form of asylum support available to asylum seekers who are destitute and have an ongoing asylum claim. It includes cash support of £39.63 and can be offered with or without accommodation. It comes from Section 95 of the Immigration and Asylum Act 1999.
- **Section 98 support** - a type of interim support offered to asylum seekers who are destitute while they are in the process of applying for or are awaiting a decision on an application for Section 95. This is emergency support offered normally as cashless full-board support in hostel-type accommodation known as Initial Accommodation. It comes from Section 98 of the Immigration and Asylum Act 1999.

**Appendix 6:** GP registration campaign materials

For more information please visit the FutureNHS platform. You may require access to view this page. If so, please follow the steps outlined to request access.


**If I have any problems I can call 0300 311 2233**
**If I need more information I can visit www.nhs.uk/register**

- ☐ I may need help filling in forms.
- ☐ I may need help reading and understanding.
- ☐ I would like to speak to someone confidentially.

# Please come and register with your local GP


## The NHS is here to support you and keep you safe

### You do not need:

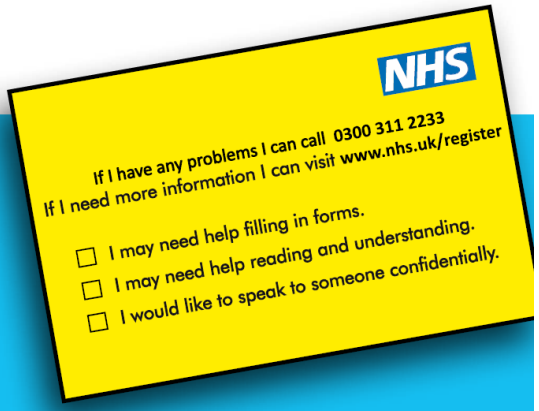
- ✘ proof of address or ID
- ✘ proof of immigration status
- ✘ an NHS number

### How do I register with a GP?

- ✔ Find a GP and more information at www.nhs.uk/register
- ✔ Telephone your local GP surgery and ask to be registered as a patient

## The NHS is here to help and to keep you safe and well

# Welcome to our practice




## You are welcome to register here

**You do not need:**

- ✘ proof of address or ID
- ✘ proof of immigration status
- ✘ an NHS number

### How do I register at this practice?

Information online at www.nhs.uk/register

## The NHS is here to help and to keep you safe and well