



Migrant Health Update

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THANK
YOU!



Background & Bevan



- BHC has been providing specialist inclusion health services for >10 years
- Asylum seeker and refugee health and wellbeing a big part of what we do
- I've been working in migrant health since 2010, currently the NHSE Regional Clinical Lead for Inclusion Health
- Previously all IA provided from 1 site per region
- Initially advised was only for “a couple of months”
- Numbers in hotels increased throughout the pandemic and keep rising

Vulnerable migrant schemes- definitions



Resettlement schemes

- Afghan Relocations and Assistance Policy (ARAP)
- Homes for Ukraine Scheme
- Ukraine Family Scheme
- UK Resettlement Scheme (UKRS)

Asylum system

- Asylum seeker
 - Those who have lodged an application for protection on the basis of the Refugee Convention or Article 3 of the ECHR
- Refugees
 - 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...’

TB screening policy differences

Asylum seekers

- “Only pre-entry screening for active TB needs be carried out. Latent TB testing is not required, given its non-infectious nature. Refugees may be eligible for community based latent TB infection (LTBI) screening following arrival in the UK.”
- “Individuals should be tested for LTBI if they are aged 16 to 35 years, entered the UK from a high incidence country ($\geq 150/100,000$ or SSA) within the last five years and been previously living in that high incidence country for six months or longer.”
 - Both from [Latent TB Testing and Treatment for Migrants](#)

Ukraine resettlement

- Ukraine incidence
73:100,000
- Concern about MDRTB
- >15 years needs CXR,
Sx screening
- <15 no CXR
 - [Arrivals from Ukraine](#)

ARAP

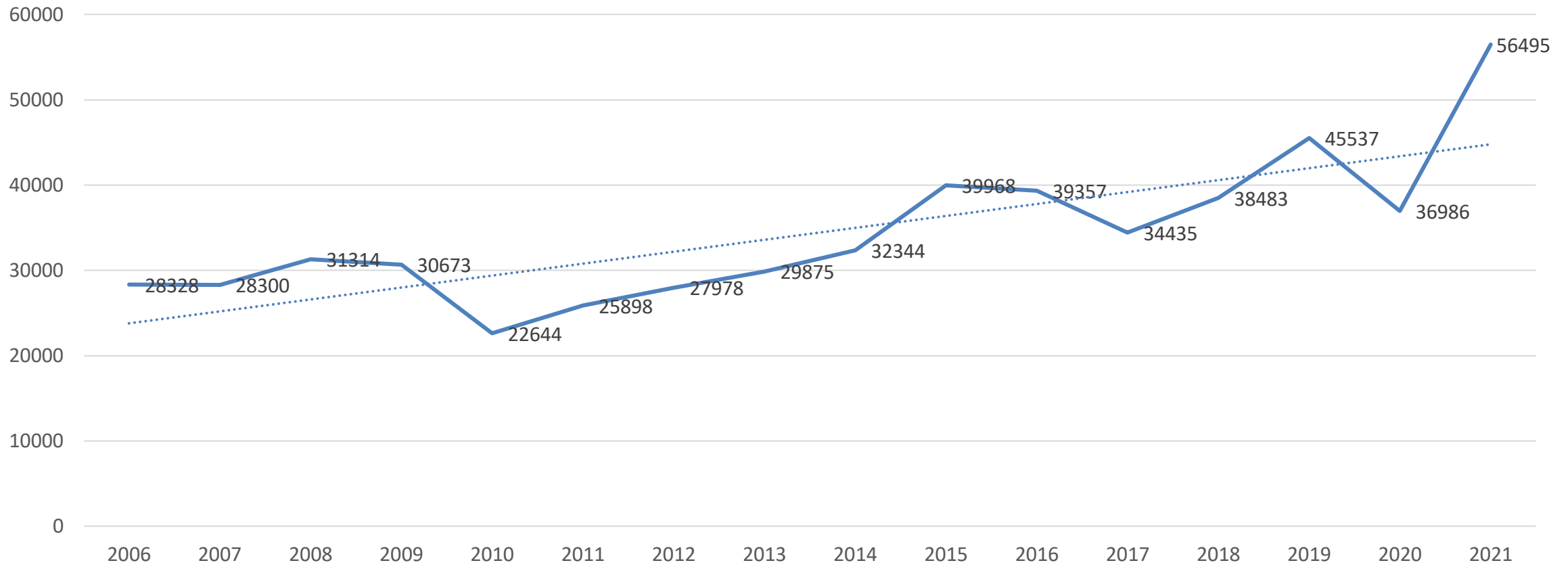
- Afghan incidence
193:100,000
- Active and latent
screening advised
- >11 years needs CXR,
Hx/exam
- <11 no CXR
 - [Afghan relocation and resettlement schemes](#)

What should happen...

- Previously each IA accommodated service users for <1 month
- Whilst in IA, all service users should receive a health check
- All service users have access to primary care whilst at IA through the IA health team
 - Don't register with a GP
- Immediate healthcare needs dealt with following 'triage'
- Some screening done in IA
- Care picked up on dispersal once registered with a local GP
- Health and care needs identified by the IA health team discussed with Mears to influence dispersal housing/care needs

Asylum seeker trends

Applicants





1%

of humanity is uprooted

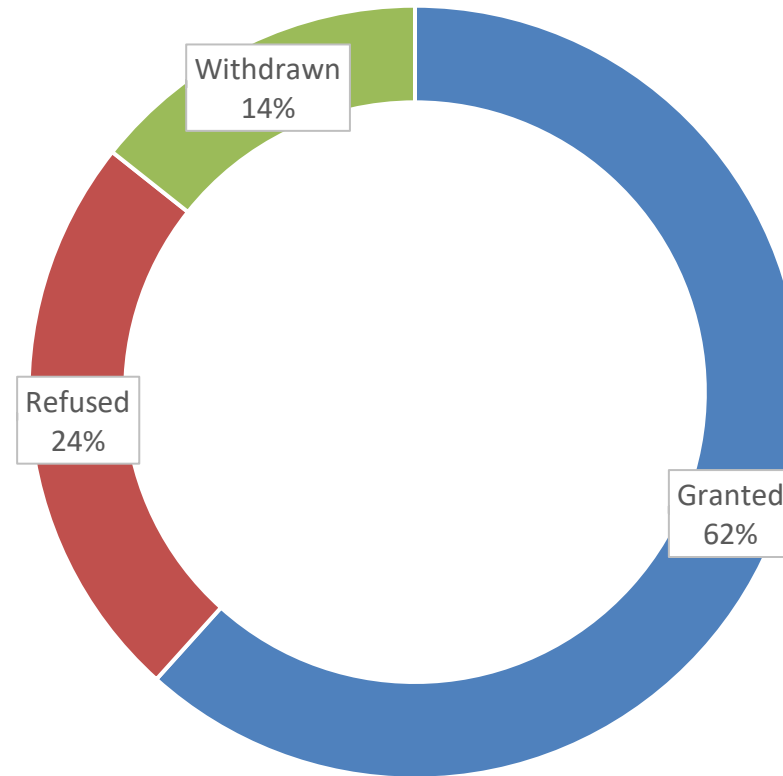
**THE UK HOUSES
1% OF THE WORLD'S
REFUGEES**



**AT A TIME WHEN
WE ARE FACING THE
LARGEST
REFUGEE CRISIS
SINCE WWII**

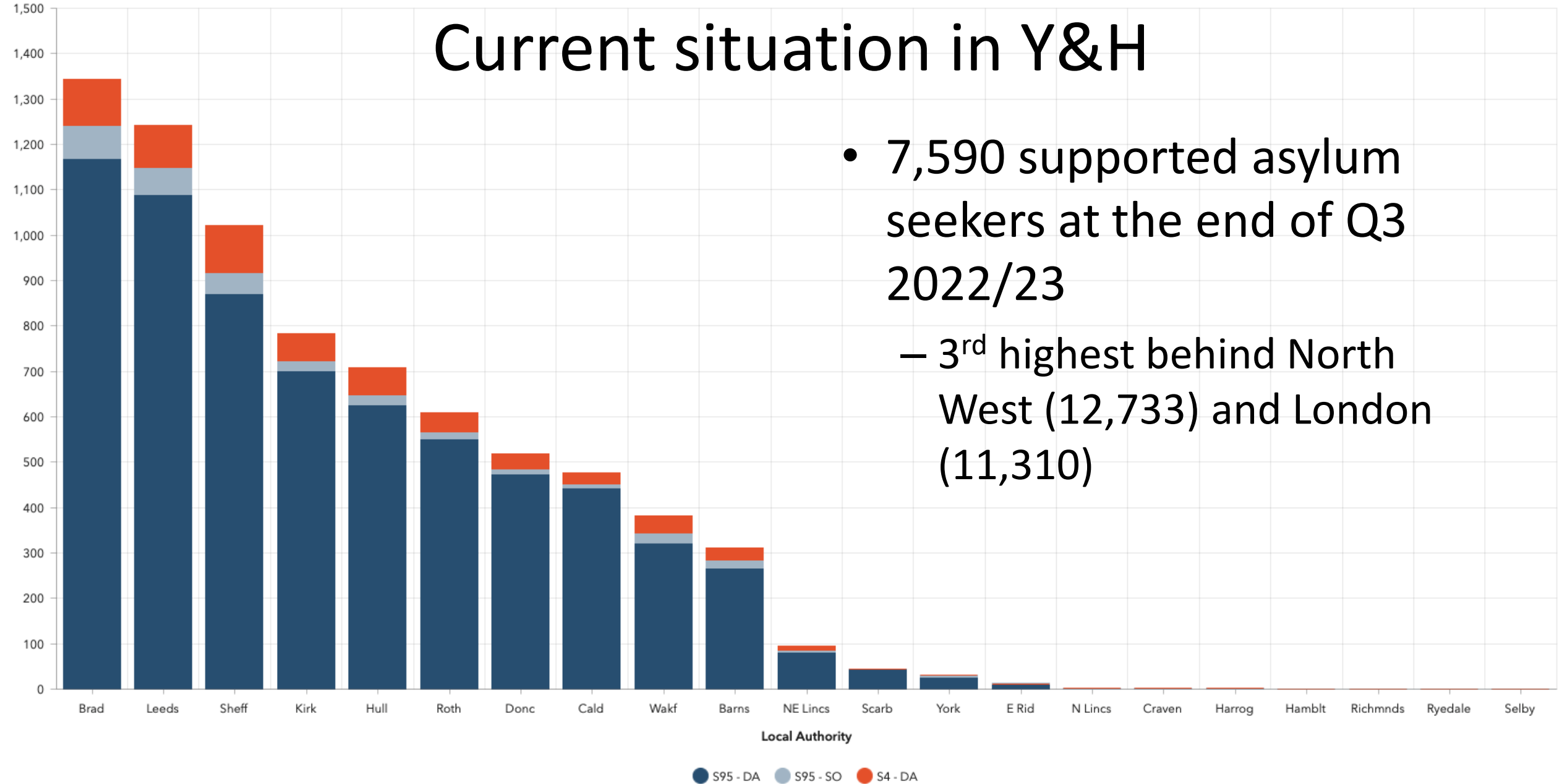
ILLUSTRATED BY OUTDRAW.CO.UK
FOR REFUGEECOUNCIL.ORG.UK

Asylum seeker outcomes (2021)

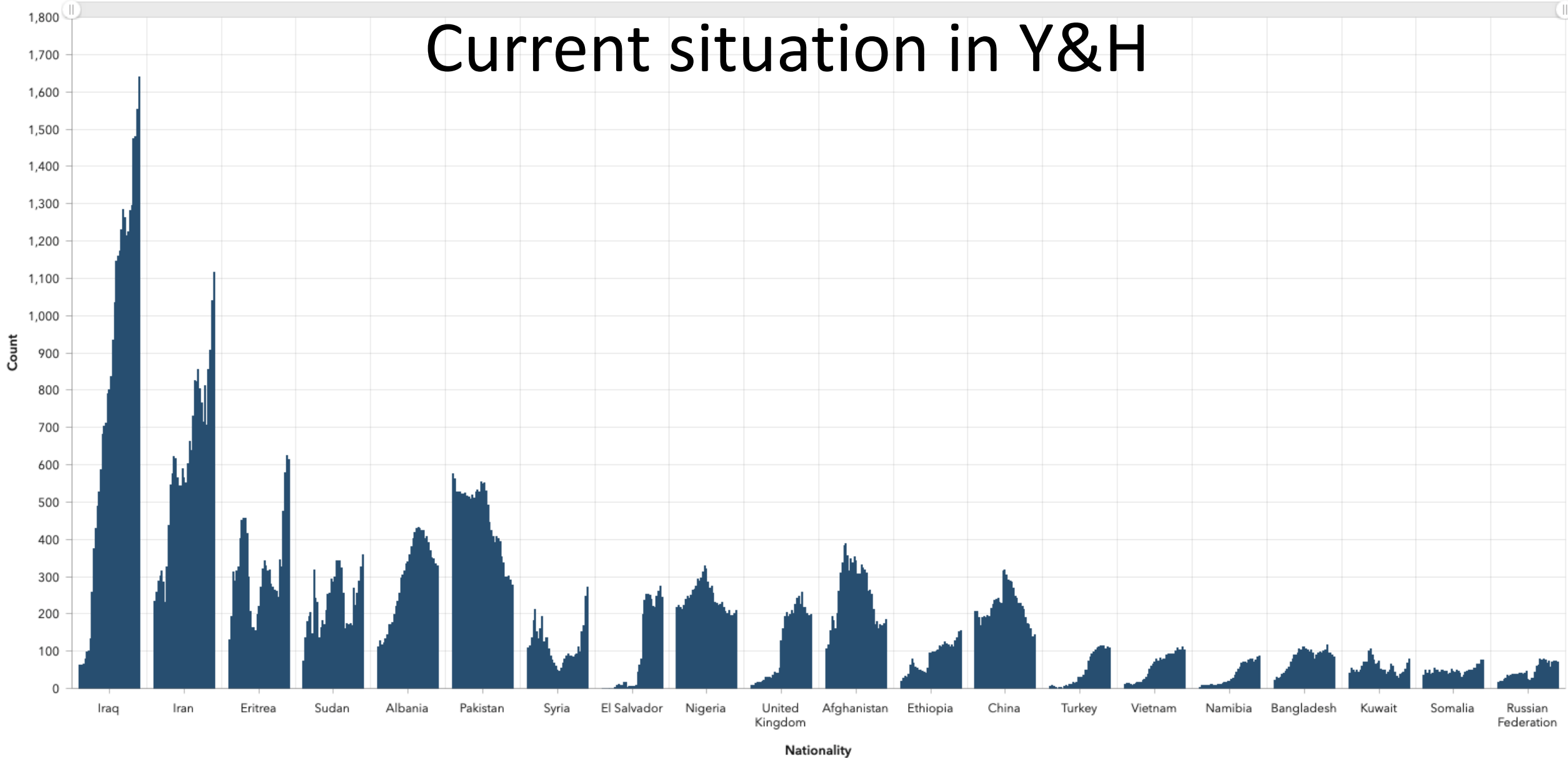


Current situation in Y&H

- 7,590 supported asylum seekers at the end of Q3 2022/23
 - 3rd highest behind North West (12,733) and London (11,310)



Current situation in Y&H



Current situation in the North East and Yorkshire region



- 5,178 in contingency accommodation (asylum seekers) across NEY
 - 826 in NENC
 - 2,016 in WY
 - 702 in Bradford
 - 172 in Calderdale
 - 229 in Kirklees
 - 736 in Leeds
 - 177 in Wakefield
 - 900 in SYB
 - 0 in Barnsley
 - 265 in Doncaster
 - 222 in Rotherham
 - 413 in Sheffield
 - 1,522 in HNY
 - 563 in Hull and East Riding
 - 496 in North Yorkshire (339 Scarborough, 157 Selby Fork)
 - 463 in York

Current situation in the North East and Yorkshire region



- 692 in Afghan Resettlement Scheme accommodation across NEY
 - 0 in NENC
 - 144 in HNY
 - 144 in Scarborough
 - 115 in SYB
 - 115 in Doncaster
 - ~687 in WY
 - 120 in Bradford
 - 367 in Leeds
 - ~200 due in Wakefield soon

Current situation in Yorkshire- Homes for Ukraine Scheme

- 5, 845 visas issued for accommodation in Yorkshire under this scheme
 - 2,297 in WY
 - 473 in Bradford
 - 209 in Calderdale
 - 495 in Kirklees
 - 873 in Leeds
 - 247 in Wakefield
 - 1,318 in SYB
 - 106 in Barnsley
 - 265 in Doncaster
 - 210 in Rotherham
 - 737 in Sheffield
 - 1,522 in HNY
 - 505 in Hull and East Riding
 - 1,362 in North Yorkshire
 - 365 in York

Support available for asylum seekers-

Section 98



- Once someone applies for asylum they will have an initial screening interview
- If eligible to apply for asylum and state they need support, they are given Section 98 (emergency) support
 - Provided with accommodation (IA or contingency)
 - Usually provided with food but if not, provided with small amount of money to purchase food
 - From this point on, have full access to all NHS services (except HC2)
- Purpose of Section 98 is to assess for eligibility for Section 95

Support available for asylum seekers-

Section 95

- After a period of time under Section 98 (usually a few weeks), if considered destitute offered Section 95 support
 - Usually a shared house in an LA area who have signed up to support asylum seekers
 - May be in contingency accommodation for some time however
 - Usually stay in the same region where you were placed in Section 98 accommodation
 - Accommodation is on a strict no choice basis
 - Still have full access to all NHS services and should now receive a HC2 form which lasts for 6 months at a time
 - Given an Aspen card with £40.85/week (reduced to £8.24 if in hotel with full-board)

Support available for asylum seekers-

Section 95



- If you turn down the Section 95 accommodation offer you do not receive any financial assistance at all
- You will however continue to receive full access to the NHS
- Some supplements available
 - Pregnancy- £3/week
 - Child >1- £5/week
 - Child 1-3- £3/week

Support available for refused asylum seekers



- If refused asylum you are expected to return to your country of origin, however this is not always possible
- If not possible, your entitlement to any accommodation, financial assistance and all access to NHS secondary care is stopped
- Remember absolutely everyone has access to free NHS primary care and there is no requirement to have any form of ID or an address
- If eligible, can apply for Section 4 support
- May also be able to re-apply with a 'fresh claim'

Support available for refused asylum seekers- Section 4



- Section 4 support is generally reserved for failed asylum seekers who are:
 - Unable to leave due to their physical health
 - Unable to leave for another reason, e.g. no viable route of return
- If applying on medical grounds, this requires medical evidence
- If granted, those on Section 4 are offered
 - No choice accommodation (same as Section 95)
 - Aspen card (same amount as Section 95)
 - Remain full access to all NHS services (same as Section 95)

So what is changing?

- Controversial ‘Rwanda policy’ looks to remove anyone who does not arrive in to the UK via a ‘lawful route’
 - Recent legal challenge not successful and therefore still ‘Government policy’
- For most people, there are no lawful routes
- Those who are removed to Rwanda will not be able to return to the UK and will be applying for Rwandan asylum
- Potentially applies to anyone who arrived after January 2022

- Situation in Manston caused significant issues
 - Overcrowding
 - Cutaneous diphtheria outbreak
 - Significant movement and stresses on services/NHS/Las

- Home Office do seem to be opening a few more IAs with a longer term view

Needs of asylum seekers

- Asylum seekers have no longstanding legal status relating to immigration
 - Imagine not knowing what your future held, think of Maslow's hierarchy of needs
- High risk of torture and abuse in the past
 - ?Need for targeted mental health screening and treatment e.g. PTSD
- Consider FGM
- Failed asylum seekers do not always have recourse to public funds
- Often unable to contact their family and may need permission to leave the country
- The onus is on the asylum seeker to prove the validity of their claim
- Often unaccompanied minors

Identifying Health Needs

- Not many opportunities to identify health and care needs:
 - Home Office Screening Officer interview
 - IA health team or contingency accommodation screening*
 - Mainstream GP on dispersal

* If not eligible for Section 95 accommodation this step does not apply

Healthcare Needs and Pregnancy Dispersal Policy

This document provides instruction to staff dispersing asylum seekers/failed asylum seekers and their dependants who have healthcare needs, or who are pregnant or new mothers.

Identifying Health Needs

- IA health assessment should include
 - Current health status/immediate needs
 - TB screening (± BBV screening)
 - Vaccination history
 - Obstetric history (± pregnancy test)
 - Sexual health
 - “Identification of special needs and liaison with the Home Office [or Mears] to ensure the provision of appropriate accommodation and support where needed”
 - If a clinical need, children <5 to see a HV for additional needs assessment
 - Mental health assessment
 - Identification of safeguarding concerns

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496911/new_Healthcare_Needs_and_Pregnancy_Dispersal_Policy_EXTERNAL_v3_0.pdf