



PEOPLE AT THE HEART



Lancashire Care
NHS Foundation Trust

Working with people seeking asylum and refuge



Information for staff



TEAMWORK



RESPECT



EXCELLENCE



INTEGRITY



ACCOUNTABILITY



COMPASSION

Working with people seeking asylum and refugee: information for LCFT staff

Compiled by LCFT Asylum seeker and refugee task group.

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Information in this document may be subject to change. Please check the date of the document and where appropriate confirm the information.

If you have new information or any suggestions for adjustments to this document, please contact the Equality and Diversity team.

Acknowledgements

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1 Introduction

Refugees and asylum seekers have distinct needs in relation to health care. The information here is intended to support LCFT staff in their efforts to meet these needs, to provide an effective, humane and equitable service and to minimise risks.

2. Definitions

A **person seeking asylum** (asylum seeker) is someone who has applied for asylum but has not yet received a final decision on this. They are entitled to use the NHS and if needed to be provided with support ('Section 95 support'). This includes a small income (currently less than £40 a week for a single person) and Home Office accommodation. They cannot choose where they live and generally they are not allowed to work.

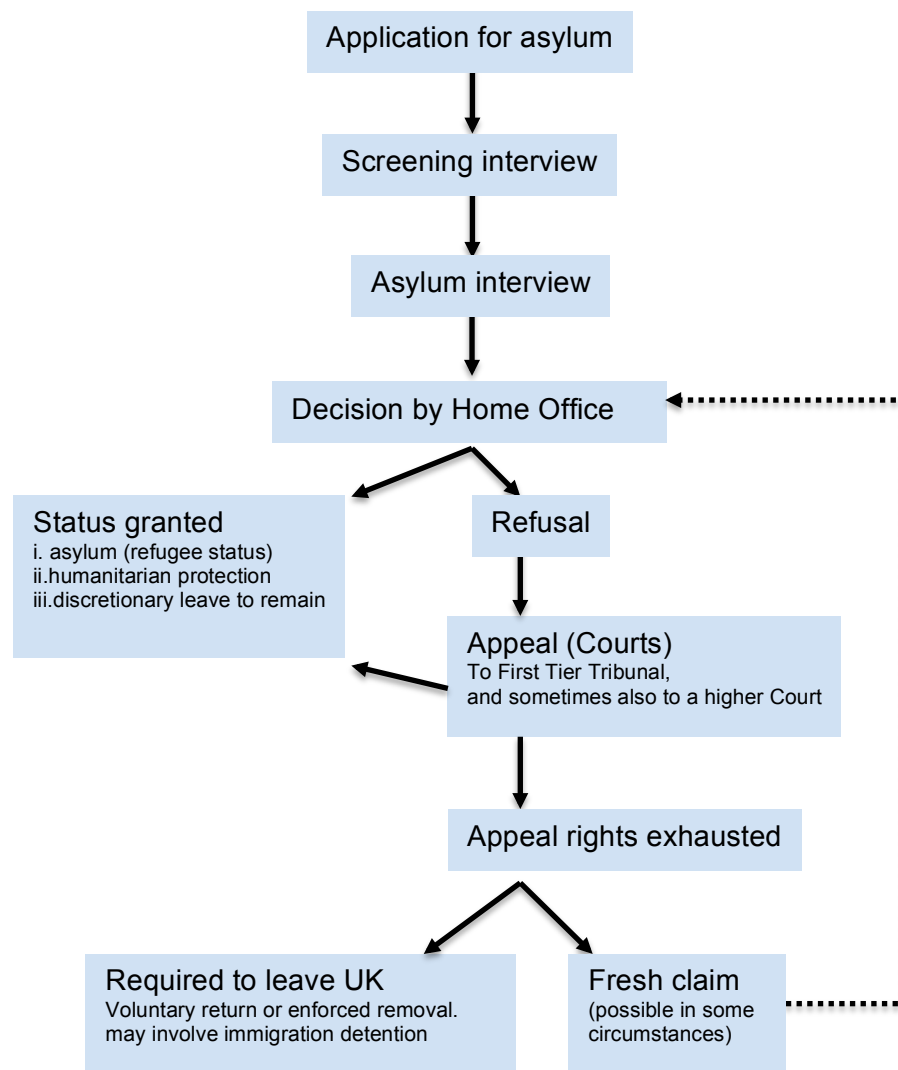
Refugee status is a term used when someone's application for asylum has been accepted and they have been officially recognised as a refugee and granted asylum. People with refugee status are entitled to work and to receive benefits and health care.

Undocumented migrants include some people needing asylum but who do not have a current asylum application, for example people who have been illegally trafficked into the UK, and people who are preparing a fresh asylum claim. These individuals are entitled to use NHS secondary care only for certain services and certain problems, and they may be at risk of detention and removal.

Additional definitions and more detail are provided in the Appendix.

3

The process of claiming asylum in the UK



The Home Office aims to process asylum applications within six months of the date of the application, but many people wait much longer. The person seeking asylum is assigned a named Case Owner at the Home Office, who makes an initial decision whether to grant asylum. If a person's claim is refused they may appeal to the Courts, initially to the First Tier Tribunal. If refused there, in some cases they may apply to higher courts. A person may be granted leave to remain on the grounds of refugee status or humanitarian protection or they may be given discretionary leave to remain. People who have been refused and have no further rights of appeal may, if they have new relevant evidence, request permission to submit a fresh asylum claim.

Detailed information about each stage of the asylum process is available here:
<https://righttoremain.org.uk/toolkit/>

4 Asylum seekers and refugees in Lancashire

The numbers of asylum seekers and refugees in Lancashire have risen rapidly in the last few years. This has happened over a period when overall numbers coming to the UK have fallen. The increase in Lancashire is due to Home Office policy changes.

The known numbers of **asylum seekers** trebled between 2013 and 2017. There are now well over a thousand asylum seekers in Lancashire at any one time.

The numbers of **refugees** will have been increasing in parallel, as around half of asylum seekers are ultimately granted leave to remain. People can choose to move elsewhere in the country at this point, but many remain in Lancashire. However there are no statistics collected about overall numbers of refugees in Lancashire.

A small proportion of refugees come to the UK through **resettlement schemes**, which mean that they arrive already having refugee status. Most of those in Lancashire are Syrian people. Between 2016 and 2020, the numbers of people arriving through these schemes will have gone from 0 to 575.

Asylum seekers and refugees are not spread evenly across Lancashire. In Blackburn and Darwen there have been significant numbers of asylum seekers for over fifteen years but for other Lancashire districts, it is only since 2014 that they have been routinely receiving asylum seekers and refugees.

5 Entitlement to health care

Primary care

Primary care, including GP and nurse consultations and treatment is free of charge to everyone, regardless of immigration status. Normal prescription charging rules apply (but see below). To register with a GP, patients are not required by law to provide personal identification or proof of address or immigration status. Inability to provide these documents is not considered reasonable grounds to refuse registration.

Secondary care

The National Health Service (Charges to Overseas Visitors) Regulations 2015 legally oblige NHS bodies to establish whether people are 'ordinarily resident' in the UK and, if they are not, to charge for services in advance, with the exceptions outlined below. However some groups are exempt from charges, and some services are free to everyone, including to people who otherwise have to pay for NHS care (see Boxes below)

Groups exempt from charges for NHS services

- All asylum seekers who have not received a final decision on their claim
- All those granted refugee status or other leave to remain.
- Anyone receiving support under Section 95, Section 4(2), or Part 1 of the Care Act 2014
- Victims or suspected victims of modern slavery as determined by an authority such as the Home Office
- Dependants of the above groups
- Children who are looked after by a local authority
- Anyone receiving compulsory treatment under a Court Order, or who is detained in hospital or deprived of their liberty e.g. under the Mental Health Act or the Mental Capacity Act.
- Immigration detainees.

NHS services that are free to everyone

- Treatment considered by clinicians to be urgent or immediately necessary ie. it cannot wait until the person can be reasonably expected to leave the UK.
- Accident and emergency (A&E) services, though not including services once accepted as an inpatient or at a follow-up outpatient appointment.
- Family planning services (but not termination of pregnancy)
- Diagnosis and treatment, screening and vaccinations for specified infectious diseases and for sexually transmitted infections
- Palliative care services provided by a registered charity or a community interest company;
- Services provided as part of the "NHS 111" telephone advice line
- Services provided for treatment of a condition caused by any of the following, including treatment of physical and mental illness, and of acute and chronic conditions:
 - torture
 - female genital mutilation
 - domestic violence
 - sexual violence

Prescriptions and travel expenses

Those on low income can apply for an HC2 certificate which gives entitlement to free prescriptions, dental treatment, eyesight tests, spectacle vouchers and refunds of travel costs to and from secondary care appointments. If necessary, payment for travel can be made in advance.

More information on NHS charges and exemptions

NHS charging

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767905/guidance-on-implementing-the-overseas-visitor-charging-regulations.pdf

Applying for an **HC2** certificate giving exemption from NHS prescription and other charges: <https://www.nhsbsa.nhs.uk/nhs-low-income-scheme>

More information about help with **travel** costs:

<https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>.

Supporting people to access help to which they are entitled

Refugees and asylum seekers may have unwarranted fears of being billed for care, and may be deterred from seeking treatment they are entitled to. Repeated questioning, or questioning on sensitive issues such as torture or domestic violence, may trigger anxiety or post-traumatic symptoms. People may be unaware of the possibility of free prescriptions and of reimbursement of travel expenses.

Minimising problems related to NHS charging rules may be helped by the following measures:

- Relevant finance, administrative and clinical staff need to be confident about who is entitled to exemption from charges and refund of travel costs.
- Where possible, information about eligibility to free NHS care, free prescriptions and refund of travel costs needs to be provided at the time of referral or of offering first appointments e.g. in appointment letters and welcome calls.
- Staff who check eligibility for free care need to have procedures for doing this that avoid discrimination or questioning about sensitive matters in an inappropriate setting or without relevant skills.
- Reception staff need to check that asylum seekers and refugees entitled to payment for travel to appointments are aware of how to claim this.

The **role of clinicians** in minimising problems due to charging rules:

- Clinicians working with undocumented migrants need to be aware of their role in exercising discretion to decide whose care is urgent or immediately necessary and in identifying those who are being treated for conditions which mean they are exempt from charges (e.g. sexual violence, domestic violence, FGM, torture, certain communicable diseases). This depends on asking about experiences which may not be readily disclosed.
- Clinicians need to check that asylum seekers and refugees have an HC2 certificate (stating exemption from prescription and other charges) if eligible for this, and are aware that they are entitled to free prescriptions.

6 The health of asylum seekers and refugees

Many asylum seekers and refugees are in good health and have required a high level of resilience to succeed in leaving their country of origin and surviving difficult journeys. However for many, multiple overlapping risk factors have had a cumulative impact and have led to patterns of health needs that differ from other population groups and may require specific approaches to be dealt with adequately.

Risk factors before and during migration

- Many refugees have experienced extreme suffering in their home country or on their journey.
- Refugees arriving through resettlement schemes have been selected for resettlement because of particular vulnerability such as experiences of torture, violence or serious health conditions.
- During their journeys, people may have been exposed not only to violence, but also sexual exploitation, trafficking and malnutrition.
- Among all refugees and asylum seekers, a majority have been exposed to violence (Kalt et al, 2013) either in their home country or during their journey. A third are estimated to have experienced torture; the proportion is higher in men and in those accessing mental health services. Women have commonly experienced sexual violence.

Risk factors in the UK

- Post-migration stresses, such as those outlined below, frequently exacerbate existing post-traumatic symptoms.
- All refugees and asylum seekers are bearing significant losses, such as home, family, friends, community, professional and social roles, status, work, familiar surroundings, culture, safety and belonging. Many have had significant bereavements and live with on-going fear for close family members who are missing or in conflict zones.
- Some have spent many years in situations with little access to health care and most lack the resources that they might previously have drawn on to support their health e.g. family networks and local knowledge.
- On arrival in the UK, the asylum process can mean people are dealing with a complex bureaucracy, and may be being moved involuntarily from place to place. They may experience a sudden loss of agency.
- The asylum process, especially negative decisions, detention and prolonged uncertainty over the outcome mean that many asylum seekers are living with daily anxiety for lengthy periods and with realistic fears of possible sudden catastrophic change in their circumstances or of being returned to the dangers they have fled.
- When people are granted refugee status, they can experience a period of destitution and severe stress when asylum housing and support is withdrawn before mainstream support is in place.
- Within the UK, as well as adapting to unfamiliar culture, systems and language, many face considerable stress from stigma, hostility and hate crime, isolation from both their own and the host community, unstable housing and poverty, with difficulty meeting basic needs. Some are finding themselves in poorer circumstances with less access to health care than in their home countries.

Mental health

People seeking asylum and refugees can experience the whole range of mental health problems and they often have complex and multiple needs. Previous trauma may cause some individuals to be more vulnerable to the effects of current stressors, which can result in the development of mental health problems. Needs are likely to change over time, and often do so in response to the progress of a person's asylum claim. Negative asylum decisions and the threat of imminent removal from the UK can provoke mental health crises.

Past experiences can have a significant impact on mental well-being in a variety of ways, including:

- depression and grief
- anxiety, distress, a sense of helplessness and panic,
- memory loss, inability to concentrate, confusion
- hypervigilance
- feelings of shame and guilt
- anger, hostility and mistrust
- suicidal thoughts and deliberate self harm
- visual, auditory or olfactory flashbacks
- experiencing voices and visions
- sleep problems and nightmares

The prevalence of mental health diagnoses is generally agreed to be higher among asylum seekers and refugees than in the general population, with estimates suggesting PTSD is over ten times more likely (Fazal et al, 2005); psychotic experiences around three times more likely (McGrath et al 2017), and that rates of suicide (Cohen, 2008) and of depression and anxiety are increased, particularly in those still in the asylum process (Kalt et al, 2013).

Physical health

Women refugees are at increased risk of complications of pregnancy and childbirth, have higher rates of termination of pregnancy, are less likely to use family planning services and screening programmes for cervical and breast cancer. Those from certain countries may have undergone FGM (female genital mutilation).

Other physical health problems more common in refugees include: pain and other consequences of torture and violence; malnutrition; missed routine vaccinations; dental problems; certain communicable diseases e.g. TB, hepatitis and malaria.

7 Clinical work with asylum seekers and refugees: general issues

Training

Given the challenges in working with asylum seekers and refugees, training is important. This includes training in: the needs of asylum seekers and refugees; eligibility for free NHS care; working with interpreters; working with people from unfamiliar cultures; safeguarding.

Practitioner support

Working with refugees and asylum seekers may feel very stressful for practitioners, who wish to help but are faced with people with unfamiliar complex issues, alarming crises, and having to work through interpreters. Such work carries particular risks of vicarious trauma and burnout that may be mitigated by supervision and support. Staff should be aware of this and be able to discuss their clinical work with refugees and asylum seekers within their regular supervision. In addition, staff may find it helpful to access supervision and support with others with an interest in this area of work e.g. a reflective practice group, a peer meeting or specialist supervision.

Practitioner support in LCFT

A reflective practice group is currently being piloted for LCFT clinicians working with asylum seekers and refugees. Dates will be advertised through standard Trust communication channels.

General challenges to health care providers wanting to provide good quality care

As many refugees come from populations that have not traditionally been represented locally, compared with other ethnic minorities in Lancashire, cultural differences may be unfamiliar and appropriate interpreting may be harder to access.

Asylum seekers and refugees may have experienced barriers to accessing services and this may be more pronounced for mental health problems (Mateo, 2017). Phone appointments and travelling to appointments in different towns may present particular problems to those with language difficulties and who lack funds and local knowledge.

When asylum seekers are being moved around involuntarily, health records do not always follow them.

Points to consider when working with an asylum seeker or refugee

- **Mistrust.** The person may view health professionals with mistrust due to their past experiences with authorities, including medical professionals. Considerable time may be needed to build sufficient trust.
- **Involving family members.** If the person's expectation is for family members to be included in consultations, this may be helpful. However it should also be made clear to the person that it is expected that they should see a practitioner alone if they prefer this, and that information will not normally be passed on to family members without their consent.
- **Fears of disclosing information.** The person may be extremely anxious about the security of personal information and about who information will be shared with. Careful explanations about confidentiality are important and staff should be able to reassure people that the NHS is no longer required to share information with the Home Office (although this did happen in the recent past). Stigma and shame can present additional barriers to disclosure of problems, particularly for victims of torture and sexual violence, and those with certain problems e.g. mental health problems, HIV or TB. Traumatic experiences may be difficult to disclose for various additional reasons.
- **Understanding of services.** The person may have limited understanding of health professionals' roles, and the purposes and limitations of these. Careful explanation will be more important than usual.
- **Adverse effects** of health service contacts. There is a risk of the contact itself being traumatic, for example if repeated questioning is experienced as similar to previous traumatic experiences or if people feel that their credibility is being doubted. It is important to remember that research shows professionals' assessments of credibility on the basis of face to face contact to be inaccurate, and that post-traumatic effects and cultural differences may make true accounts appear unusually dubious to the listener.
- **NHS charges.** Clinicians need to ensure that clients are aware when they are exempt from prescription and other charges. With undocumented migrants, eligibility for free care may depend on clinicians identifying those being treated for conditions exempt from charges (e.g. sexual violence, domestic violence, FGM, torture, certain communicable diseases) and on the clinician's decision about whether care is urgent or immediately necessary. See Section 4 above.
- **Time.** Offering an adequate service will require very much longer time than the normal times for all of the above reasons, as well as the likely complexity of problems, plus unfamiliar cultural differences. Working with interpreter in addition always requires at least double the time required for an appointment without an interpreter, in addition to time to brief and debrief the interpreter.
- **Interpreters.** Working effectively with interpreters requires knowledge and skill and is discussed more fully in section 9.

Pregnancy

Pregnant women or women with children under three can receive extra money to help buy healthy food. Pregnant women can claim a substantial maternity payment, which must be claimed no more than a month after the due date or within two weeks of the birth. Women with HIV can receive extra supplements to purchase formula milk.

Enabling the Trust to understand how well people's needs are being met

When a clinician feels they have been unable to provide an appropriate service, then a Datix report should be completed.

Asylum seekers and refugees should be informed about the opportunity to provide feedback, and about their right to give written feedback in any language, or request an interpreter to allow verbal feedback.

8 Clinical work with asylum seekers and refugees: mental health

Staff offering psychological therapy to asylum seekers and refugees should consider accessing additional training as adaptations to standard practice may be important (Boyles, 2017a; McColl 2008).

Asylum seekers should not be refused treatment on the basis that it is uncertain how long they will remain in the UK. (Many wait years for a final decision on an asylum claim.)

Assessment of mental health problems

Assessment of mental health problems is more hazardous than usual, leading to increased frequency of inappropriate and shifting diagnoses (Sen, 2016). Attending to the following may help.

- **Explanations and approach.** It is essential to start with very clear explanation about what is being offered and why, about the roles of staff involved, and about confidentiality (see Section 6)
- **Areas of enquiry.** In addition to standard areas, it is important to understand the person's:
 - Current position in the asylum process
 - Current legal and social problems, including hardship, isolation, hate crime.
 - Country of origin, culture, ethnicity and circumstances and roles prior to leaving
 - Social and political experiences relevant to the person's asylum claim
 - History of traumatic events in country of origin (arrests, torture, violence) and during the journey. NB. People with a history of previous trauma are particularly vulnerable to the effects of new trauma such as negative asylum decisions and the threat of imminent removal from the UK.
 - History of family separation and family's current circumstances
 - Physical complaints and injuries, including injuries during torture, and head injuries.
- **Barriers to disclosure.** Psychological symptoms that people may be experiencing are not always described, either due to differences of language and absence of cultural equivalents, or due to the stigma or shame associated with mental health issues in many cultures.
- **Style of questioning.** To enable disclosure of problems, more open, less structured questioning than usual may be needed. Standard rating scales may make little sense within some cultural groups and may contribute to non-engagement.

Diagnosis of mental health problems

Making sense of idioms of distress may be particularly difficult in more unfamiliar cultures and cultural differences are thought to be a contributory factor to the research findings of increased frequency of inappropriate diagnoses among refugees (Sen, 2016). Even with relatively severe symptomatology, it can be difficult to decide what is 'normal' and what is 'appropriate' distress, especially when an individual has suffered many past traumatic experiences. There is a risk of oversimplification of people's problems, ranging from underestimating the

impact of trauma to over-generalising and attributing all mental health presentations to past experiences.

Thus there are strong arguments for caution in making any diagnosis, particularly given the risks of harm (see below). However not having a diagnosis should not be an argument for delay in addressing identified problems.

Treatment of mental health problems

Standard mental health interventions may be ineffective due to multiple overlapping problems and cultural differences. Standard treatments are likely to need adaptation, different interventions may be of value, and additional measures may be needed

Effective intervention will often depend on first addressing basic needs and enhancing factors (including relationships in services) that reinforce a sense of safety and stability (Vostanis 2014). Interventions should always aim to reduce significant asylum related and social stressors. For individuals with complex post-traumatic difficulties, skilled interventions to enhance safety and stability will often be the most helpful and appropriate intervention.

Building a trusting and collaborative relationship is crucial. This is likely to be helped by careful explanations of rights, by creating clear and safe boundaries and by validating and demonstrating genuine interest in the person's experiences and background. The approach taken needs to be flexible and aim to fit with each individual's needs, strengths, and cultural perspective and the demands of the asylum process itself.

For people claiming asylum the most effective intervention may sometimes be something that is not a standard recommended treatment. Individual-centred therapies may be alien to someone from a socio-centric culture and the psychosocial intervention most likely to improve mental health might be something not normally considered e.g. referral for assistance with a family reunion application.

Interventions to consider include:

- **Sharing information** i.e. providing relevant information on the person's mental health and treatment to other agencies if the person wants this. This is especially important if information is requested by a solicitor to support an asylum application. It may sometimes be helpful to provide information to UKVI (UK Visas and Immigration), but usually contact should be made only with the advice of the person's solicitor. If the patient does not want staff to liaise with the UKVI this should *always* be respected. Health professionals should never contact the local embassy of a person's country of origin.
- **Human rights advocacy** e.g. facilitating access to adequate health care and other services
- Referring to appropriate statutory and third sector **refugee services** for help with legal, social and practical issues (See section 12)
- Providing information about services for **family tracing and family reunion** (see Section 12).
- Helping to link the person to **community organisations** to encourage cultural and social inclusion, to facilitate access to language classes and other educational opportunities and to support progress towards work or

voluntary work where possible (NB. most asylum seekers are not permitted to do paid work)

- Encouraging and practically supporting the use of **cultural and faith based** coping strategies and personal resources
- Encouraging service users to resume **everyday activities** and to build relationships or family bonds
- Using **medication** with care, as prescribing in primary care may be discontinuous due to difficulties with access and factors associated with the asylum process (such as changes of accommodation and GP registration).

Avoiding harm

Even with the best of intentions, services may unintentionally worsen people's problems. Risks include the following.

- Problems with **shame** may be exacerbated simply by involvement in mental health services, through focusing too much on problems within the individual, or acquiring a diagnosis that the individual interprets as a sign of failure or inadequacy.
- Services may unwittingly echo past **traumatising** situations. For example, symptoms may be triggered by the routine questioning of an assessment session, by having questions repeated by multiple practitioners, or by being refused help, when this echoes previous traumatising situations such as torture. Services may also unhelpfully repeat people's experiences of being disbelieved or disregarded.
- **Hopelessness** may be unnecessarily reinforced if potentially useful interventions are overlooked or if the person misunderstands the implications of a mental health diagnosis.
- **Health records** may unintentionally undermine an asylum claim, for example through use of terms such as 'alleged' or 'inconsistent' or through limited understanding of the impacts of trauma on memory. It is important to avoid recording important conclusions such as 'no mental illness' on the basis of an assessment that is not comprehensive.

Special issues

There are particular pitfalls around identifying and working with people who have experienced torture, sexual violence and HIV (see Box for details)

Some special issues

Torture

Torture is often not spontaneously disclosed by the victim, and needs to be asked about sensitively. Consequences of torture may be hard to identify. The organisation Freedom from Torture in Manchester offers a limited counselling and therapy services for survivors of torture and organised violence. It can also provide medico-legal reports documenting evidence of torture, something which can be crucial to a person's claim for asylum.

Sexual violence

In many cultures, survivors may feel very uncomfortable discussing their experiences and persistent unexplained distress and anxiety might be due to a history of violation. Survivors of sexual violence need to be able to choose the gender of the health care worker and interpreter. The possibility of FGM needs to be considered among women from certain countries (it is current practice in over 30 countries)

HIV

Stigma and prejudice can be barriers to testing for HIV. There may also be the perceived fear that HIV status could affect asylum and immigration claims. Treatment for HIV can be complicated by issues such as poverty and poor diet affecting the strict anti-retroviral treatment regimes.

9 Working with an interpreter

There is information about interpreting provision in LCFT on the Trust Intranet: <http://trustnet/searchcentre/Pages/Results.aspx?k=interpreter&s=All%20Sites> or enter 'interpreter' in the search box on the Intranet home page.

NHS England standards on high quality interpreting are available here: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf.

Published literature provides more information on working with interpreters in psychological therapy (e.g. Boyles, 2017b)

It is essential that people are offered a qualified interpreter, in line with NHS England standards and Trust policy. Cost should not be regarded as an acceptable reason for not doing this.

Where the person chooses to have family members or friends accompany them, they should not be used as interpreters and it should be made clear that a free interpreting service is available.

Booking an interpreter

Face to face interpreting is always preferable when discussing mental health or sensitive matters. In other cases and where face to face interpreting cannot be arranged because of an urgent issue or a rare language, then telephone interpreting can be considered.

People should be consulted where possible as to their preferred gender of interpreter and other specific requirement that they may have, such as ethnicity, and subject to availability, preferences should be accommodated. When seeing a woman refugee or asylum seeker for the first time and it has not been possible to check gender preference, ideally a female interpreter should be booked because of the possibility of a history of sexual violence, FGM or other problems that may be difficult to disclose with a male interpreter.

Appointment times and interpreter bookings should reflect that working with an interpreter requires *at least* twice as much time as usual, in addition to time before and after the appointment to brief and debrief the interpreter. To accommodate this, longer appointments may be preferable to an increased number of appointments.

At the end of the first appointment with a particular interpreter, without the interpreter present efforts should be made to check if the person is happy to see the same interpreter again.

If the same person is being seen more than once for psychological therapy and they are happy with the interpreter, then having the same interpreter each time may be crucial to developing adequate trust and safety. However availability may be an issue, and sometimes delay may be unavoidable.

If no interpreter is available for a planned appointment, the appointment should be cancelled. If the person arrives for the appointment, telephone interpreting should be used to explain the situation. Using online translation e.g. Google translate is never appropriate when providing healthcare.

Key considerations in booking an interpreter

- Face to face interpreting for mental health and sensitive issues
- **AT LEAST** twice as much time as standard appointments
- Appropriate gender, dialect, ethnic group
- Use same interpreter again if acceptable to client, and possible

Written material

Translation of written material should be requested as needed and cost should not be a deterrent to this. Information translated into different languages is available from different sources (See section 12). However before using translated material, it is important to check the English language version to ensure it is suitable for the situation and likely to be helpful. If more appropriate material is available in English, translation should be requested.

Working with an interpreter

Before the session

The interpreter should have a different place to wait from the client, so that their only contact with the client is during the session.

In the interview room, chairs should be arranged in a triangle, so that clinician and client are facing each other, and the interpreter is the same distance from both.

The clinician should meet with the interpreter before the client joins. This is to ensure that the interpreter understands the purpose of the appointment and is aware of the kind of issues that might be covered, including emotionally challenging areas. It is also to ensure that the interpreter's approach is in line with expectations that:

- They will tell the clinician immediately if they and the client have any difficulty understanding each other or they find they have a personal connection with the client.
- When translating they use 'I' rather than 'she', 'he' or 'they'.
- They try to match the tone of what is said.
- They interpret everything that is said by the interviewee and by the clinician, without summarising or omitting anything, or speaking on behalf of either and without offering any additional information, advice, explanation or opinion. .
- They do not show any reactions to what is said during the interview.
- They will immediately tell the clinician if there is something they don't understand.

During the appointment, the clinician needs to:

- Take responsibility for managing the interview and intervene if the interpreting is problematic in some way e.g. by reminding the interpreter to translate things just as the person says them, stopping the interview and speaking with the interpreter outside the room or if necessary terminating the interview altogether.
- Ask the client what they like to be called and use their name frequently during the interview.
- Introduce the interpreter and explain that everything said will be translated, and also that the interpreter has a duty of confidentiality (as well as the clinician)
- Direct eye contact to the client unless clarifying something with interpreter.
- Speak slowly, clearly and in manageable chunks and help the client to do the same.
- Explain any jargon or technical words.
- Ensure EVERYTHING anyone says is translated.
- Trust their instincts. If it seems that the interpreter may not have interpreted everything, this needs to be checked.

After the appointment, the clinician needs to:

- Offer the client opportunity to indicate if they found the interpreter satisfactory. This can be done with simple sign language, but needs to be done without the interpreter present.
- Meet with the interpreter to check the following. How are they feeling? Do they have support with anything that has felt difficult? Are there any observations about the interview they want to share? Were there points where translation was difficult? Is there anything that they would have liked the clinician to do differently?

10 Employment

All refugees are entitled to undertake paid work, and both refugees and asylum seekers are entitled to undertake voluntary work. For most, working is likely to make a significant contribution to their mental health and wellbeing. However, most face major barriers in finding work.

LCFT staff should use available opportunities to encourage and support refugees and asylum seekers to take up opportunities for paid and voluntary work within the Trust. More information is available through the Employment Services Team, including a guide for people applying for posts (Recruitment@Lancashirecare.nhs.uk). There is a website link to Trust opportunities <https://www.lancashirecare.nhs.uk/working-for-us>.

Staff can also help increase the options available to refugees and asylum seekers by identifying volunteering and apprenticeship opportunities in their teams and responding positively to requests for work experience or mentoring.

For refugees and asylum seekers who are health professionals wanting to resume their career in the UK, support is available through the organisation REACHE in Salford (<https://reache.wordpress.com>). For doctors applying for clinical attachments in LCFT, the cost of the DBS check will be met by the medical directorate - please contact Recruitment@Lancashirecare.nhs.uk

11 Issues for mental health teams

Teams wanting to improve the service that they offer to refugees and asylum seekers may find it useful to consider the following questions.

1. Have staff received adequate training in working with refugees and asylum seekers?
2. Have staff received training in using interpreters?
3. Have staff received training in working across cultures?
4. Do team members have chance to attend a reflective practice group for staff working with refugees and asylum seekers?
5. Do initial invitation letters take account of the needs of people who don't speak English? e.g. could an insert in multiple languages be added?
6. Do telephone triage systems take account of the needs of asylum seekers and refugees? e.g. face to face triage may be preferable.
7. Are refugees and asylum seekers using the service made aware of entitlements to free services in appointment letters and first contacts?
8. Are staff who check eligibility for free care able to do this without discrimination and do they have appropriate skills and an appropriate setting for questioning about sensitive matters?
9. Are clinicians working with undocumented migrants aware of their role in exercising discretion to decide whose care is urgent or immediately necessary and in identifying those who are being treated for conditions which meant they are exempt from charges (e.g. sexual violence, domestic violence, FGM, torture, certain communicable diseases).
10. Do prescribers check that people on low income are aware of their entitlement to free prescriptions and how to obtain these?
11. When interpreters are used, do appointment times take account of the longer time needed?
12. Are written materials being translated to meet individual needs?
13. Are clinicians working with refugees and asylum seekers adapting their assessment and intervention practice to take account of individual needs?
14. Does the team try to accommodate individual clinicians' preferences for working with this group or not working with them?
15. Has the team considered whether it could offer volunteer or apprenticeship opportunities?
16. Does the team have an E&D champion to support keeping up to date with refugee and asylum seekers issues alongside those of other groups

12 Resources

This section includes:

- Locality based resources
- Other resources available to clients in Lancashire
- Leaflets in different languages
- Some free training resources for practitioners
- Other useful resources for reference
- Other useful resources
- References referred to in this document.

Locality based advice and support for asylum seekers and refugees

Most asylum seekers and refugees will benefit from being in touch with local third sector organisations who can provide opportunities for social contact and advice and support with practical matters such as the asylum process, benefits claims etc. Some information on local organisations is currently available here:

https://www.google.com/maps/d/viewer?mid=1xkF_27EagyskAGfuKEwchihljk&ll=53.73391173129101%2C-2.6314205999999956&z=9

The table on the following page provides a key contact point for each town where one exists. However it is not a comprehensive list of services.

Refugees who have come to Lancashire through resettlement schemes have additional support available to them via caseworkers, and will be aware of how to access their caseworker.

If you find any information which needs to be updated please contact the Equality and Diversity team.

Sources of advice and support for refugees and asylum seekers	
Accrington	<p>Maundy Relief</p> <p>29/31 Abbey Street, Accrington, BB5 1EN</p> <p>01254 659686 / 232328</p>
Blackburn	<p>The ARC Project</p> <p>Wesley Hall Fielden Street Blackburn BB2 1LQ</p> <p>https://www.facebook.com/arcprojectblackburn</p> <p>arcprojectblackburn@gmail.com</p> <p>01254 690282, 01254692674</p>
Burnley	<p>New Neighbours Together</p> <p>The CVS Centre, 62-64 Yorkshire Street, Burnley BB11 3BT.</p> <p>nntogether@hotmail.com</p>
Darwen	<p>DARE (Darwen Asylum & Refugee Enterprise)</p> <p>Central United Reformed Church, Duckworth St, Darwen, BB3 1AT</p> <p>eastiseast2004@yahoo.co.uk c.lewissmith@gmail.com</p> <p>01254 952558</p>
Fleetwood	<p>Alexander Foden</p> <p>The Salvation Army, George Williams House, Broomfield Road, Fleetwood FY7 7LS.</p> <p>01253 878826</p>
Lancaster	<p>Global Link</p> <p>YMCA, New Road, Lancaster, LA1 1EZ</p> <p>www.globallink.org.uk</p> <p>info@globallink.org.uk</p> <p>01524 36201</p>
Pendle	<p>Pendle New Neighbours</p> <p>nntogether@hotmail.com</p>
Preston	<p>British Red Cross Refugee Service</p> <p>St Cuthbert Church Centre (Douglas Hall) Lytham Road Fulwood Preston PR2 3AR</p> <p>British Red Cross Refugee Service, Pittman Court Pittman Way Fulwood PR2 9ZG</p> <p>www.redcross.org.uk</p> <p>wphiri@redcross.org.uk</p> <p>lisadickson@redcross.org.uk</p> <p>01772 707300, 07445 648992, 07753 976711,</p>

	07517 998089
Rossendale	<p>Caritas Rossendale Refugee Drop-In Community Link, Bury Road, Haslingden, Rossendale BB4 5PG (Tuesdays 1-3)</p> <p>a.raki@caritassalford.org.uk</p> <p>01706 230116 07939 039012</p>
Skelmersdale	<p>Skelmersdale International, West Lancs CVS, Ecumenical Centre, Northway, Skelmersdale, WN5 6LP.</p> <p>cerys@wlcvs.org</p> <p>01695 733737</p>

Other support available to people in Lancashire

Citizens Advice

CAB can offer support, advice and guidance on immigration and residency.

07463 765115 Referrals: 0344 245 1294

Community care assessment

Refugees and asylum seekers who appear to have a need for care through Social Services can be referred in the usual way. Those who are destitute can be referred only for consideration of needs that do not arise solely from destitution.

County Council

Lancashire County Council coordinates the refugee resettlement programme across Lancashire and the liaison between agencies concerned with asylum seekers and refugees.

www.lancashire.gov.uk saulo.cwerner@lancashire.gov.uk
07958 513158

District Councils

District Council Housing departments may be able to advise regarding housing issues for people with refugee status.

Family tracing and family reunion

Help with family tracing is available from: <http://www.redcross.org.uk/What-we-do/Find-my-missing-family>, Anyone can refer either themselves or someone else by calling 01772 707 324 or emailing LANIFT@redcross.org.uk.

Help with costs and arrangements for family reunion is available from <http://www.redcross.org.uk> and <http://www.togethernow.org.uk>

Freedom from Torture

This is a service for survivors of torture and organised violence. It offers counselling and therapy and also, on instruction by a lawyer, provides medico-legal reports documenting evidence of torture, including psychological effects of torture. When the service is full, an assessment-only service may be offered to help survivors access appropriate support.

First floor North Square 11–13 Spear Street Manchester M1 1JU. 0161 236 5744
www.freedomfromtorture.org

Interpreting

LCFT intranet pages on interpreters and translation provide useful information on booking and working with interpreters

(<http://trustnet/searchcentre/Pages/Results.aspx?k=interpreter&s=All%20Sites> or enter 'interpreter' in the search box on the Intranet home page)

Reache North West

Reache offers training and support to refugee and asylum seeking health professionals <https://reache.wordpress.com>.

Refugees at Home

Refugees at home is a UK based charity aiming to connect those with a spare room in their home with asylum seekers and refugees in need of accommodation.

<https://www.refugeesathome.org>

Room for refugees

Room for refugees is another UK based charity aiming to provide safe accommodation for refugees and asylum seekers with no recourse to public funds <https://www.roomforrefugees.com>

Safeguarding

LCFT intranet pages on safeguarding provide useful information including about when safeguarding procedures are relevant, and about FGM, modern slavery and use of corporal punishment.

(<http://trustnet/searchcentre/Pages/Results.aspx?k=safeguarding&s=All%20Sites> or enter 'safeguarding' in the search box on the intranet home page)

Serco

Serco is contracted by the Home Office to provide Accommodation, Transport and Support Services to Asylum applicants in the North West of England, Scotland and Northern Ireland.

www.serco.com. adele.adjetey@serco.com 07718 193623

Stride Partnership CIC

Provides help with housing and integration for people with refugee status, along with a six month reintegration package which aims to assist clients to claim for benefits, education, healthcare registration, local orientation and travel documents & ILR applications.

19a Bretherton Row Wigan Greater Manchester, WN1 1LL

<http://stridepartnership.org.uk> (includes on-line referral form)

nadiaz@stridepartnership.org.uk

01942 418318, 07989 404101

Leaflets in different languages

www.multikulti.org.uk

<https://www.refugeecouncil.org.uk/languages>

<https://www.nhs.uk/accessibility/health-information-in-other-languages/>

<https://www.rcpsych.ac.uk/search?indexCatalogue=search&searchQuery=TRANSLATIONS&wordsMode=AllWords>

Some free training resources for staff

The City of Sanctuary Mental Health Resource Pack (2017) provides an excellent introduction, suitable for mental health practitioners and others. It covers the refugee journey, special issues for asylum seekers and refugees, and mental health. It is downloadable as a PDF from <https://health.cityofsanctuary.org/wp-content/uploads/sites/47/2017/12/CoS-Mental-Health-Resource-Pack-digital.pdf>

Red Cross face-to-face training sessions are available to teams anywhere in Lancashire and cover refugee journeys, dealing with language and cultural barriers and entitlement to health care. (Contact: Wonder Phiri Wphiri@redcross.org.uk)

LCFT twenty minute training packs cover (1) Understanding asylum seeking (2) Accessing health care (3) Working across language and cultural barriers (4) Health needs of asylum seekers and refugees. They can be used by individual teams for brief CPD sessions or as a basis for discussing opportunities for teams to optimise the service they offer to asylum seekers and refugees. The packs include session plans, slides, handouts, and questions for discussion and are available through the Intranet (refugee and asylum seeker webpage)

Guidance for commissioning health services for refugees (but also relevant to practitioners) covers common experiences in relation to health care, general information on asylum seekers and refugees, legislation protecting their rights and health problems, determinants of health. https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf

Working Supportively With Refugees: Principles, Skills and Perspectives is a University of Glasgow on line course which covers migration, the legal framework, interethnic relations, social inclusion, psychological wellbeing, interpreting and cultural mediation. It takes two or three hours to complete. <https://www.futurelearn.com/courses/cultural-mediation>.

Resources for professionals caring for asylum seekers and refugees <https://www.ljmu.ac.uk/microsites/resources-for-professionals-who-support-asylum-seekers-and-refugees>

An e-learning module on Working Through Interpreters <http://www.psychiatrycpd.co.uk/learningmodules/workingthroughinterpreters.aspx> is recommended for any health professional working with interpreters and can be accessed free of charge (users are required to complete a registration process and log in).

e-LfH modules are available on cultural competence, FGM and Modern slavery modules are available <https://www.e-lfh.org.uk/programmes/>

An e-learning module on refugee and asylum seeking women, violence and rights. <https://www.iars.org.uk/content/free-online-training-refugee-and-asylum-seeking-womens-experiences-and-rights-under-eu>

A guide to medico-legal report writing in asylum cases is available free of charge to LCFT psychiatrists through RCPsych CPD on line

<http://www.psychiatrycpd.co.uk/learningmodules/aguidetomedico-legalreport.aspx>

Basic guidelines for psychologists working with refugees and asylum seekers in the UK. is available from the British Psychological Society

https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Guidelines%20for%20Psychologists%20Working%20With%20Refugees%20and%20Asylum%20Seekers%20-%20Summary_0.pdf

Lectures about psychotherapeutic work with refugees, particularly those who have survived torture and other trauma, covering a wide range of topics and delivered by both professionals and survivors in Australia:

https://www.psychevisual.com/Refugee_Trauma.html and

<http://www.startts.org.au/training/psychevisual-online-lectures/>

A learning resource on refugee and asylum challenges, with a Europe- wide perspective. Refugee and migration challenges In The Medical Peace Work Textbook: Second Edition. Course 6: Edited by Salvage J, Rowson M, Melf K and Birch M.

http://www.medicalpeacework.org/fileadmin/user_upload/ebooks/mpw_course6_2012.pdf

Other resources for reference

Definitions of terms <https://www.refugeecouncil.org.uk/glossary>

Myths about refugees and asylum seekers: very brief basic information explaining common misconceptions <https://shropshire.gov.uk/media/7264/red-cross-myth-busting.pdf>

Access to healthcare: a guide for organisations working with people seeking asylum. <tps://www.equalityhumanrights.com/sites/default/files/access-to-healthcare-a-guide-for-organisations-working-with-people-seeking-asylum.pdf>

Information about supporting LGBT people through the asylum process

<http://lesbianimmigrationsupportgroup.blogspot.com/p/lgbt-asylum-useful-information-support.html>

Statistics on asylum seeking. Summary of national figures:

https://www.refugeecouncil.org.uk/assets/0004/4186/Asylum_Statistics_Aug_2018.pdf Detailed statistics including quarterly statistics for Lancashire districts <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-june-2018-data-tables>

DoH Migrant Health Guide provides links to Public Health England and DoH guidance on various topics <https://www.gov.uk/health-and-social-care/health-protection-migrant-health-guide>

Toolkit with detailed information on the asylum process, rights, options and practical advice for people at each stage <https://righttoremain.org.uk/toolkit/>

UNHCR website: lots of general information about refugees:
<https://www.unhcr.org>

UNHCR Guidance on mental health and psychosocial needs of Syrian refugees.
<http://www.unhcr.org/55f6b90f9.pdf>

Assessment of health needs of refugees resettled in Lancashire (July 2018)
<http://www.rsoc.org/node/1145>

A link to many detailed resources on health and human rights:
<http://www.hhri.org/guidelines/>

Other useful resources

The Refugee Council: <https://www.refugeecouncil.org.uk>

Refugee Action: <https://www.refugee-action.org.uk/about/>

RCPsych asylum seeker and refugee mental health network:
<https://www.rcpsych.ac.uk/members/your-faculties/general-adult-psychiatry/about-us/clinical-networks>

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Kalt, A., Hossain, M., Kiss, L., Zimmerman, C. (2013) Asylum seekers, violence and health: A systematic review of research in high-income host countries. *Am J Public Health*, 103(3): e30–e42.

Mateo A (2017) Health needs assessment of asylum seekers and refugees in Lancashire. Lancashire County Council. Accessed at: http://www.wlcvs.org/wp-content/uploads/2016/05/HNA_Asylum-seekers-and-refugees_Lancashire.pdf.

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McGrath, J.J. et al (2017) Trauma and psychotic experiences: transnational data from the World Mental Health Survey. *British Journal of Psychiatry*, 211, 6: 373-310.

Sen, P. (2016) The mental health needs of asylum seekers and refugees – challenges and solutions. *British Journal of Psychiatry International*, 13: 30-32.

Summers, A., Alachkar, M., Wells, R. (2018) Health and Wellbeing of Refugees Resettled in Lancashire: An assessment of needs for Lancashire Resettlement

Programme. Published on line by Rethink Rebuild Society at:
<http://www.rrsoc.org/node/1145>.

Vostanis, P. (2014) Meeting the mental health needs of refugees and asylum seekers. *The British Journal of Psychiatry* Mar 2014, 204 (3) 176-177.

Appendix 1: Definitions

People risking persecution in their own country have the right to claim asylum (Article 14 of the Universal Declaration of Human Rights).

Internationally, **a refugee** is defined as 'a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country...' (1951 Refugee Convention or Geneva Convention, to which the UK is a signatory).

A **person seeking asylum** (asylum seeker) is someone who has applied for asylum but has not yet received a final decision on this or is waiting for the outcome of an appeal. They are entitled to use the NHS and if needed to be provided with support ('Section 95 support'). This includes a small income (currently less than £40 a week for a single person) and Home Office accommodation. They cannot choose where they live and generally they are not allowed to work.

Refugee status - a term used when someone's application for asylum has been accepted and they have been officially recognised as a refugee within the meaning of the 1951 Refugee Convention. People with refugee status are given leave to remain in the UK initially for up to five years. This is reviewed at the end of the leave period and often then indefinite permission to stay is given. For most, this recognition has been after first coming to the UK as an asylum seeker.

Leave to remain People may be granted leave to remain in the UK through refugee status, or a grant of humanitarian protection or discretionary leave to remain. They then have the right to work, and to receive benefits and health care.

Resettlement schemes. Some refugees have come to the UK through schemes where their refugee status is in place from the time of their arrival, for example, through the Syrian Vulnerable Person Resettlement Scheme (VPRS) or the Vulnerable Children Resettlement Scheme (VCRS). By 2020, around 575 people will have come to Lancashire via this route. People who have come through resettlement schemes have additional sources of advice and support, particularly in the first year following arrival.

Undocumented migrants - include a range of people, some of whom have needs for asylum but do not have a current application for asylum, for example those who have been illegally trafficked into the UK, those who have not yet made a claim, and people who are preparing a fresh asylum claim and will later be granted refugee status. These individuals are entitled to use NHS secondary care only for certain services and certain problems, they usually have no recourse to public funds, and they may be at risk of detention and removal.

Section 95 support – support available to people seeking asylum after an initial assessment period. Most recent figures show over 1,000 people in Lancashire receiving Section 95 support for themselves and their dependents.

Section 4 (2) support – support given to some people seeking asylum who have been refused leave to remain. This includes people taking steps to return voluntarily, those not able to travel outside the UK, those with certain medical problems, those for whom there is no safe route of return, and those where return would breach human rights, e.g. because the person has submitted fresh evidence of their need for asylum or has a court hearing pending. There are two issues to consider in this instance:

- Some people are reluctant to apply for Section 4 (2) for fear of enforcement to return to their country of origin when it may not be safe to go back, and hence may be destitute.
- A Section 4 (2) application is a legal document and health professionals and practitioners are strongly advised not to assist in filling the form but to refer people to agencies that have legal expertise to complete and submit the forms.

Separated young people (Unaccompanied Asylum Seeking Child/ren [UASC]) – "... a person who, at the time of making the asylum application, is under 18 years-old or who, in the absence of documentary evidence, appears to be under that age, and who is applying for asylum in his/her own right and is without adult family member(s) or guardian(s) to turn to in this country." Under the Children Act 1989, support for separated young people is the responsibility of the local authority social services department regardless of the child's immigration status.

Refused asylum seekers - people whose asylum claim has been refused and who have no further options for appeal ('appeal rights exhausted'). 'Refused' asylum seeker is a less stigmatising term than 'failed' or 'bogus'. People in this situation may be destitute.

Destitute - has no recourse to public funds i.e. no access to benefits, social housing, or other support. People in this situation may be street homeless or staying with friends or supported through volunteers e.g. through Refugees at Home (see national resources)

UKVI (UK Visas and Immigration) - the part of the Home Office that deals with asylum matters.

Appendix 2:

Asylum seekers and refugees who are homeless

Options to consider for asylum seekers and refugees who are homeless include the following.

1. Mainstream support

Any refugee who has been granted refugee status or other leave to remain is entitled to mainstream support, including all benefits and housing options available to the local population. People in this position are likely to have either a biometric residence permit (BRP card), indicating their right to remain, or else evidence that they have become a British citizen.

2. Asylum support

People who have claimed asylum are likely to have an asylum registration card (an ARC card) which states on the back 'No public funds'. They are not entitled to mainstream housing and benefits but many are entitled to accommodation and financial support through the asylum system, called 'asylum support'.

Asylum support is available to people who are destitute AND

- a. have made a claim for asylum, but not yet received an initial decision
- b. have had their asylum application refused but have not exhausted all their rights of appeal
- c. have been refused and have no further rights of appeal (are appeal rights exhausted or ARE) **ONLY IF** they meet other conditions - see below, Section 4 support

Types of asylum support, all of which include Home Office accommodation, currently provided through the organisation Serco.

- **Section 98** support. Emergency support provided while an application for Section 95 support is being assessed.
- **Section 95** support. Accommodation and cash support (via Aspen card) provided to groups a. and b. above. When a person's appeal rights are exhausted, their Section 95 support usually terminates after 21 days, and they are required to leave their accommodation. However if there are children under 18 in the household, Section 95 support generally continues until the youngest child reaches 18.
- **Section 4 (2)** support. Accommodation and non-cash financial support (via Aspen card) is provided to certain individuals who have no further rights of appeal, who are destitute, who make an application for Section 4 support, AND who meet one of the following criteria:
 - taking all reasonable steps to leave the UK or be in a position to be able to leave the UK, which may include complying with attempts to obtain a travel document
 - unable to leave the UK because of a physical impediment to travel or for some other medical reason that prevents travel

- unable to leave the UK because in the opinion of the Secretary of State there is currently no viable route of return available (in May 2019, no countries qualify for this)
- has been granted permission for judicial review of an asylum claim decision
- accommodation is necessary for the purpose of avoiding a breach of a person's rights under the Human *Rights Act 1998* (e.g. Article 3 [prohibiting torture and inhuman and degrading treatment] Article 8 [protecting private and family life], Article 5 [right to liberty], Article 6 [right to a fair trial]).

Applying for asylum support

Applications should be made with the support of local asylum seeker support services (see Section 12).

Important. Applications for Section 4 should not be made without specialist advice. There is a risk that information provided in the application could have an unintended adverse effect on a later asylum claim. In addition, some people believe that applications for asylum support can trigger an adverse decision by the Home Office.

Appealing against refusal of asylum support

When Section 95 or Section 4 support has been refused or terminated, it may be possible to appeal against the decision to the First Tier Tribunal. Appeals must be made within three days of the Home Office decision, although a late appeal may be accepted if there are good reasons for delay.

Legal Aid is not generally available for representation at an Asylum Support Tribunal, although funding may be available to prepare written submissions. The Asylum Support Appeals Project may be able to arrange representation. (<http://www.asaproject.org/>). Local asylum support services would be worth contacting (See Section 12).

Further information

<http://asylumhelpuk.org/>

<http://www.asaproject.org/>

3. Social Services support for asylum seekers

Social Services have the following obligations.

- Under the **Children Act**: To provide accommodation and support for any unaccompanied asylum seeker under the age of 18
- Under the **Care Act**: To assess any adult who appears to have care and support needs, providing these needs are not solely a consequence of destitution, and provided the person does not belong to an excluded group¹.

¹ Excluded groups include: those suspected or known to be unlawfully present in the UK; and refused asylum seekers who have not complied with removal directions.

The Care Act gives Social Services power to meet emergency needs while an assessment is being conducted.

- Under the **Mental Health Act, Section 117**: To provide aftercare to meet a need arising from or related to the person's mental disorder with the purpose of reducing the risk of deterioration in this and reducing the risk of readmission. This may include meeting accommodation needs, where these are not needs for health care.

Assessment of an adult's care and support needs could lead to provision of accommodation by Social Services when a service required can only be provided in a home, or would be ineffective without a home, but it cannot lead to provision for health needs. If an adult is assessed as having accommodation needs, under the Care Act the duty on Social Services to meet these needs is discretionary but they must not make a decision which is unlawful, unreasonable, irrational, or which is likely to lead to a breach of a person's human rights. Examples of circumstances leading to recognition of accommodation needs include: where a person requires a carer to help them get dressed and washed; where a person who lives far from their family and has an illness or impairment that makes travel very difficult might need to move closer to their family if those difficulties cannot be overcome in any other way.

Applying for support through Social Services

It is important to discuss with the person that an application for support from Social Services will mean Social Services will contact the Home Office to check their entitlement. Some people believe that this contact with the Home Office may trigger steps to remove the person from the UK. To enable someone to make an informed decision about applying for support through Social Services they also need to know that the likelihood of an assessment leading to accommodation and support for most people is very low.

Referral to Adult or Children's Social Services is made through the standard points of contact.

The relevant Social Services Authority is the one in which the person is 'ordinarily resident'. If the person has no settled residence then the relevant authority is the one where they are currently.

Useful information to provide includes:

- Is there are a child under 18 who is in need because the family are destitute?
- Has the person previously been a looked after child? (e.g. because they were an unaccompanied asylum seeking child)
- Does the person have infectious TB?
- Is the person pregnant?

For inpatients who are homeless, consideration of accommodation needs should start as soon as possible after admission. The Care Act requires a hospital to give notice to the Local Authority when it is not likely to be safe to discharge the patient unless arrangements for meeting the patient's needs for care and support are in place.

Further information

Guidance from the Local Government Association (2018)

<http://www.nrpfnetwork.org.uk/Documents/Practice-Guidance-Adults-England.pdf>

<http://www.nrpfnetwork.org.uk/nrpfconnect/Pages/default.aspx> On-line network

Home Office Guidance (2018):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731907/Asylum-Seekers-With-Care-Needs-v2.0ext.pdf

4. Other options

For people not entitled to accommodation through any of the above options, other possibilities include

- hosting schemes (See section 12)
- small grants from charitable organisations
- homeless shelters
- friends and family