



People seeking asylum and refugees in Liverpool –needs assessment

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September 2014

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Executive Summary

Background

People seeking asylum are individuals who have been forced to leave their home country due to a well-founded fear of persecution. Refugees are individuals whose request for asylum has been accepted.

Under the 1951 UN Refugee Convention, the UK has committed to meeting a universal minimum set of standards for people seeking asylum and refugees, including ensuring that they are not discriminated against. However, in a time of economic austerity, many local and national organisations providing vital services have experienced substantial cuts in funding.

In September 2013, Liverpool City Council signed the City of Sanctuary Motion, pledging that the Council would:

- Support local people in welcoming and helping new communities to integrate into local life
- Recognise the positive contribution migrants make to the social, cultural and economic life of Liverpool
- Support community and voluntary organisations assisting in this process.

This needs assessment was triggered by concerns raised from a number of organisations, individuals and advocates that the often complex needs of asylum-seekers and refugees may not always be met, and by the recognition of commissioners of the need to better understand the needs of asylum-seekers, in the face of difficult financial circumstances.

Objectives

This report describes a strategic needs assessment undertaken during 2014. The overall aim of the project was to provide timely and accurate information for commissioners about the health and social care needs of people seeking asylum in Liverpool.

Methods

A detailed review of published academic and grey literature, including reports from the Home Office and UK refugee and asylum charities, was undertaken to gain insights into previously identified needs and priorities of these groups, and to describe the legislative background in the UK.

Available national and local-level epidemiological data relating to numbers, characteristics and trends in people seeking asylum were compiled and synthesised. To gain insight into the perceived needs of people seeking asylum and refugees in Liverpool, scoping meetings were held with key informants from a range of key stakeholder groups. Before meetings, informants were asked to complete a short questionnaire to identify perceived priority areas of need.

Results

Asylum and refugee picture in Liverpool

- Liverpool is one of five initial assessment centres in the UK, where people seeking asylum are housed whilst their asylum request is assessed (initial 2-3 week period). In 2013, an estimated

2970 people seeking asylum underwent assessment in Liverpool, a steady upwards trend since previous years.

- Whilst awaiting a decision on leave to remain, people seeking asylum who have been assessed in Liverpool are placed in “dispersed accommodation” throughout the North West of England. Liverpool is currently home to the largest number of “dispersed people seeking asylum” of the core cities, with an estimated 1350 people seeking asylum resident in the city in 2013.
- In Liverpool, dispersed people seeking asylum who are in receipt of local authority support, and their dependents, are provided with housing by Serco Ltd (commissioned by the Home Office). Housing is concentrated in some of the poorest neighbourhoods in the city.
- People seeking asylum are predominantly young adults and a substantial majority are male. However a significant number of women, children and older people seeking asylum are assessed and dispersed to Liverpool. Although the most common country of origin of people seeking asylum in Liverpool is Pakistan, a large number of countries from nearly all regions of the world are represented.
- NHS England commissions Urgent Care 24 (UC24) at Birley Court to provide “essential, immediate and necessary” care for people seeking asylum during the initial assessment period (usually 2-3 weeks) Translation and interpreting services are available through a dedicated telephone service. People seeking asylum are entitled to access NHS services and those requiring further care are referred for outpatient, inpatient or emergency services in the city as required.
- Common medical issues identified by UC24 providers include psychological distress and mental illness, incomplete vaccination schedules in children, pregnancy requiring assessment and minor ailments such as skin conditions, dental problems, upper respiratory tract infections and on-going chronic medical problems (e.g. pre-existing high blood pressure requiring treatment).
- After the assessment stage, those asylum-seekers who are subsequently dispersed to Liverpool are entitled to register with a Liverpool GP and access the full range of NHS services. There is no system for recording asylum-seeker status on GP registration, and no intelligence about numbers who register.
- Numbers of children and unaccompanied minors seeking asylum in the UK are noted to be low and declining. In 2013, 698 children aged between 0 and 16 years were assessed in Liverpool. One key informant noted that it was rare for children to attend school during the asylum-assessment period. This was because of the potentially short period during which they may be in the city, the high rates of deportation and a perceived reluctance among some schools to accept people seeking asylum. Children, who are under the age of 16 years, seeking asylum and dispersed in Liverpool should attend school.
- A number of third sector organisations in Liverpool provide substantial care and support to people seeking asylum, covering a range of services including emergency food and clothing, peer mentorship activities, counselling and support, and legal and casework support. A number of organisations reported severe difficulties with capacity and funding in recent months and years.
- Refugees who are granted leave to remain are entitled to receive access to all NHS services.
- Failed asylum-seekers are not entitled to access free NHS services, and instead services are chargeable. NHS trusts have the discretion to withhold treatment pending payment and also the discretion to provide treatment where there is no prospect of asylum-seekers paying for it.

Key gaps in provision identified by this assessment

Improve access to mental health services

- Access to mental health services was noted to be poor by a number of informants, with some individuals under the misconception that individuals had to be granted refugee status before they could be referred for assessment and care. Access to mental health services is particularly important for people seeking asylum who may have experienced war, violence, torture or bereavement. Instead, third sector organisations provided substantial assessment, counselling and support interventions, but face substantial funding challenges.

Improving screening, testing and diagnosis of tuberculosis and HIV infection

- During the asylum process, there are a number of missed opportunities for offering appropriate screening and diagnosis for tuberculosis and HIV. Universal screening for symptoms and signs of active TB should be strengthened during the initial 2 to 3 week assessment stage. During this initial period, the offer of HIV testing to those with clinical symptoms suggestive of HIV or with history of recent potential exposure or on the basis of clinical judgement needs to be strengthened, as there is a risk that some people who would benefit from urgent testing may miss out. This could be facilitated by the use of near patient screening tests, or by strengthening referral and linkage systems to other providers. Following placement in dispersed accommodation in Liverpool, a substantial gap in provision was identified. In conjunction with strengthening systems for ensuring universal registration with a general practitioner (see below), GP surgeries should proactively identify asylum-seekers coming from countries with a high prevalence of HIV or tuberculosis, or who may have other clinical or social risk factors, and routinely offer screening during the registration process. There is a pressing need to improve signposting of asylum-seekers towards other providers in the city that offer screening, diagnosis and treatment of HIV, tuberculosis and sexually transmitted diseases.

Improving equitable access to GP care and strengthening reporting of outcomes

- Dispersed people seeking asylum registering with GPs in the city report occasionally facing difficulties in completing registration procedures and sometimes experiencing suboptimal access to translation and interpreting services. GP surgeries registering a larger number of people seeking asylum should strengthen systems for routine collection of data pertaining to people seeking asylum and refugees where possible. They should also consider proactively inviting people seeking asylum to assessment appointment where their particular health needs could be identified and addressed. An emphasis should be placed on screening for and management of mental health problems. Additionally, GP practices registering a larger number of people seeking asylum should consider reviewing their procurement of translation and interpreting services to ensure these are effective and acceptable.

Further assessment of intelligence around quality of housing for dispersed people seeking asylum

- Housing is a key determinant of health. The Home Office has contracted Serco Ltd to provide housing services for dispersed people seeking asylum in Liverpool. Key informants (in addition to newspaper investigations) have raised concerns that the standard of housing available to dispersed people seeking asylum is not always of suitably high standard. This issue has not been explored in depth as part of this needs assessment and further investigation of housing issues should be considered.

Summary

The health and social care needs of people seeking asylum are complex and challenging. Liverpool City Council has committed the City of Sanctuary pledge, endeavouring to recognise the positive contributions brought to the city by migrants and welcoming everyone with tolerance and support. People seeking asylum and refugees may have considerable and varying health and social needs. Given their diverse backgrounds and experiences prior to entering the UK, a **“one size fits all” approach to provision of health and social care services for people seeking asylum and refugees is likely to be insufficient.**

The health needs of asylum-seekers are mostly well met within Liverpool, with particular strengths in the initial assessment period and in the support provided by third sector organisations. Strengthening of the areas where gaps were identified could further enhance delivery of effective, acceptability and equitable services for people seeking asylum and refugees in Liverpool.

Introduction

People seeking asylum and refugees are among some of the most vulnerable groups in society. Before arriving in the UK, they may have experienced violence, war, torture and may have been separated from, or even lost family members and friends.

For hundreds of years, Liverpool has welcomed people coming to the city from around the globe. The support and friendliness shown by neighbours, communities and organizations means that Liverpool is frequently a sanctuary for those escaping troubled times and places.

Under the 1951 UN Refugee Convention, the UK has committed to meeting a universal minimum set of standards for people seeking asylum and refugees, including ensuring that they are not discriminated against. However, in a time of economic austerity, and many local and national organizations providing vital services have experienced substantial cuts in funding.

People seeking asylum and refugees may have considerable and challenging health and social care needs. To ensure that people seeking asylum and refugees coming to Liverpool have their needs met in a timely, effective and non-discriminatory manner, it is essential individuals involved in providing and commissioning services for these groups have a comprehensive understanding of their needs and priorities. As these voices of people seeking asylum, refugees and groups working to provide services are often marginalised, a detailed exploration of the challenges facing these groups will provide a platform for assisting more effective and appropriate commissioning of services.

Objectives of this report

The objectives of this strategic needs assessment are to:

1. Describe the legal definitions and rights of people seeking asylum and refugees in the UK
2. Describe trends in asylum requests and refugee status granted in the UK and Liverpool
3. Outline current health and social services available to people seeking asylum in Liverpool
4. Identify health and social care needs of people seeking asylum and refugees not currently met by provision in Liverpool
5. Identify key priorities for improving the health and wellbeing of people seeking asylum and refugees in Liverpool to assist commissioners to support clinically appropriate, effective and equitable services in the city.

Scope of Document

This document covers the wide spectrum of health and social issues faced by people seeking asylum and refugees in Liverpool. It identifies priority areas of need and potential interventions to improve outcomes.

Why is this issue important?

Individuals seeking asylum and refugee status are members of extremely vulnerable groups. They may have experienced war, political or religious persecution, or may have been the victim of abuse, torture or slavery. Almost universally, people seeking asylum will have experienced dangerous and difficult journeys to escape to safety. They frequently will have been separated from families and friends and may be bereaved. Arriving in an unfamiliar country, where they perhaps find it difficult to communicate and navigate the complex legal processes can be disorientating and disheartening.

Nonetheless, the UK, and Liverpool in particular has a proud history of offering refuge to individuals who face persecution and discrimination in their home countries. People seeking asylum are often young, skilled and highly motivated to make a new start after escaping trauma. Indeed, data from researchers at the London School of Economics show that non-European Economic Area migrants (a category within which individuals granted refugee status are contained) made a net contribution to the UK economy of £2.9 billion (i.e. 2% more than was provided by the state) between 2001 and 2011. Beyond economic arguments however, there is a strong moral case that people seeking asylum should be supported. As signatories to the 1951 UN Refugee Convention relating to the status of Refugees, the UK asserts that under Article 14 of the Universal Declaration of Human Rights 1948, it will commit to the non-discrimination and non-penalisation of people seeking asylum and refugees and accepts to provide basic minimum standards for the treatment of refugees.

Liverpool is one of the most deprived cities in the UK, and has experienced disproportionate cuts in funding for provision of Local Authority services. Despite this, Liverpool has committed to supporting and meeting the needs of people seeking asylum and refugees. In 2012, **Liverpool City Council signed the City of Sanctuary Pledge (<http://www.cityofsanctuary.org/liverpool>)**, to unite people and groups working to improve conditions for people seeking asylum and refugees in the city, and to encourage others to do the same.

People seeking asylum and refugees may have considerable and varying health and social needs. Given their diverse backgrounds and experiences prior to entering the UK, a **“one size fits all” approach to provision of health and social care services for people seeking asylum and refugees is likely to be insufficient.** Moreover, individuals may have specific needs (such as having experienced war, torture or slavery) that are not commonly encountered by UK health or social care professionals and services. Thus, it is imperative to describe and understand the characteristics, experiences and needs of people seeking asylum and refugees in Liverpool to adequately prepare for and provide specific services in a non-discriminatory, appropriate and sensitive manner.

Definitions

Definitions are important when discuss issues relating to migration, asylum and refugees. Throughout history, there has always been migration, and migrants have been responsible for tremendous individual and societal achievements, both as individuals and as a group. However, many people who provide services (as well as in the wider community) have little experience, knowledge or understanding of issues relating to migration. Additionally, the issue of migration may be avoided as it is a highly politicised topic. Many individuals perceive that issues relating to migration may be reported negatively in the media and might increase local tensions about service provision. Moreover, it is often challenging to obtain gain an accurate picture of the issues facing people seeking asylum in local areas as data are either not reliably collected or made publically available.

Although many individuals who have been people seeking asylum and refugees have had positive experiences since coming to the UK and contribute widely in a number of areas, others are vulnerable and may experience barriers, discrimination and harassment.

These issues mean that we should not ignore the issue of asylum, nor the needs of individuals and groups who are people seeking asylum and refugees. Indeed, it is a key public health function to identify and minimise health inequalities.

Definitions are important as they allow us to share a common language, identify specific needs and barriers that may be shared and work with individuals and stakeholders to offer improved services. In this report, we will use the following definitions:

Table 1: Key definitions

Migrant	A person who leaves one country to live in another (“live” is usually meant as staying in the country for more than one year).
EU Migrant	A person from a European Union member state who comes to live in the UK
Person seeking asylum	An individual who has submitted an application to the UK Government for refugee status protection under the terms of the 1951 Geneva Convention and is awaiting determination of their status. Application for asylum is usually made in person in Croydon, London
Dispersal	The process by which the Home Office places an asylum-seeker in accommodation following their application for asylum. They are first moved to initial accommodation (in a region outside the South East of England – known as “Initial Dispersal”) while their application is processed (usually 2-3 weeks). Once the application has been processed and approved they are moved to accommodation in the same region as they were initially dispersed.
Refugee	An individual who has been granted asylum “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 their nationality, and is unable to, or owing to such fear, is unwilling to avail him/herself on the protection of that country” (1951 United Nations Convention). In the UK, a successful

	<p>application for asylum provides Leave to Remain, giving the individual the full rights of a UK citizen.</p> <p>Previously those given asylum were granted Indefinite Leave to Remain. This has been changed to Leave to Remain for a period of 5 years, after which the case will be reviewed.</p> <p>The term Refugee is also used more generally to refer to any individual who has been through the asylum process and has since been permitted to stay in the UK, including those who have received Humanitarian Protection, Indefinite Leave to Remain, and Discretionary Leave to Remain.</p>
Humanitarian protection	A person who the Home Office identifies has strong reasons not to return to their country of origin, but cannot demonstrate a claim for asylum. They may then be granted Humanitarian Protection on a temporary basis. If protection is no longer required, the individual will be expected to leave the UK. Those who remain in the UK for more than 5 years, may be able to apply for Indefinite Leave to Remain
Indefinite leave to remain	Someone given permanent residence in the UK. These individuals are eligible for family reunion, with full access to state benefits.
Discretionary leave to remain	A person who receives leave to remain in the UK as a refugee, granted if the person does not meet the strict criteria of the UN Convention, but for reasons including family circumstances or medical need
Exceptional Leave to Remain	A previously used category. A person receiving Leave to Remain as a refugee, granted if the person does not meet the strict criteria of the UN convention. This was replaced by the Humanitarian Protection and Discretionary Leave to Remain categories.
Refused or Failed Asylum Seeker	A person whose asylum application and appeal has been rejected. These individuals should make arrangements to leave the UK or can be deported. Failed asylum seekers have limited entitlements.
Voluntary Assisted Return and Reintegration Programme (VARRP)	A programme open to all asylum applicants including those whose application has been refused, which provides help to return to the country of origin, providing a package of support to help establish a new life there. This may include help setting up a business, education or training for a particular job
Destitution	Where an asylum seeker and dependants do not have adequate accommodation or means of obtaining it; or when adequate accommodation is available but they are unable to meet essential living needs

Why do definitions matter?

Public services have particular duties with regards to people seeking asylum and refugees in their areas. The Equalities Act 2010 provides a legislative framework to ensure that individuals are not discriminated against and also imposes positive equality obligations upon public bodies such as local authorities.

The Act identifies characteristics of peoples' identities, which must not be used as grounds for discrimination. These include: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race (colour, nationality, citizenship, ethnic and national origin); religion or

belief; and sex or sexual orientation. The Act applies to anyone who is in Great Britain, regardless of immigration status. The areas of activities in which discrimination is prohibited include the core functions of Local Authorities, such as: provision of goods, facilities and services; the exercise of public functions; employment of staff; education; housing and many others.

All individuals will have a number of different identities. For example, an asylum-seeker may have Iraqi nationality, Kurdish ethnic origins and be male. Individuals with such identities are protected against discrimination and harassment under the Equalities Act. It is important to recognise that people seeking asylum and refugees may have disadvantages or needs that are different from others with whom they share a protected characteristic. For example, the needs of women who are people seeking asylum may be different from women who are not people seeking asylum.

Provisions against discrimination are not absolute. The Act permits direct discrimination against people seeking asylum and refugees because of nationality where required to by laws (for example under the Nationality, Immigration and Asylum Act 2002), by Ministerial Arrangements or Ministerial Conditions. For example undocumented migrants can be charged for some NHS treatments. The Act also permits indirect discrimination, where provision, practice or criteria may relate to place of residence or length of stay within a Local Authority in the UK. This allows Local Authorities to make local residence a condition for access to certain services.

The Act also permits Local Authorities to take positive action to enable member of a particular group to overcome disadvantages or participate in an activity, providing the action is proportionate to the need. This means that some groups may be treated more favourable than others. For example, provision of additional ante-natal classes to pregnant people seeking asylum may overcome a significant barrier to effective healthcare.

Methods used in this needs assessment

A variety of public health methods were undertaken to undertake this needs assessment.

A detailed literature search and review of grey literature (including needs assessments for refugees and people seeking asylum published by other local authorities) was undertaken to identify common priority areas for these groups. To understand the legal and regulatory processes around asylum in the UK and internationally, UK Home Office documents and briefing notes provided by Asylum Link Merseyside were reviewed.

Considerable challenges were encountered in accessing appropriate local-level epidemiological datasets about people seeking asylum and refugees. Much local-level data is not published by the Home Office as it is considered politically sensitive information. Chris Williamson, Lead Public Health Epidemiologist in Liverpool City Council made a request to the Home Office under the Freedom of Information Act to be provided with Local Authority-level data about demographic characteristics and trends of numbers of people seeking asylum undergoing initial assessment, being granted leave to remain and final location of dispersal in Liverpool. The application was refused on the grounds of cost and confidentiality, however, upon appeal, the Home Office provided limited data about country of origin. No data about what happens asylum-seekers assessed in Liverpool were made available, which means we do not know of those assessed, how many are subsequently dispersed to Liverpool whilst awaiting the outcome of their asylum-claim.

Given the limitations of these data, a number of additional sources were therefore drawn upon to provide supporting evidence. Quarterly and annual statistical releases published by UK National Statistics including "Asylum Statistics for the UK" and Immigration Statistics provided UK data and limited local authority data were accessed. Detailed demographic characteristics and trends in people seeking asylum were obtained from the North West Regional Strategic Migration Partnership Support Team based in Manchester City Council. Further Local Authority-level data (including geospatial data of postcode of residence) were kindly provided by the Supporting Victims and Vulnerable Peoples Team in Liverpool City Council. Further information about place of residence of dispersed people seeking asylum in Liverpool were provided by Serco Ltd. Data on initial health assessments and patterns of care seeking were provided by Urgent Care 24. Data describing GP registration and health service utilisation of dispersed people seeking asylum was not available as asylum-seeker and refugee status is not routinely collected at GP registration or at secondary care attendance.

Other key limitations in available data were noted. In particular, although identified as a potentially important group by a number of informants, no routinely collected data-sources describing the numbers, characteristics or health needs of unaccompanied minors were available. Additionally, people seeking asylum whose request for refugee status has been refused ("refused people seeking asylum") and who remain in the UK illegally are likely to be an important group. However, because refused people seeking asylum are a marginalised group, who risk deportation if identified, it was extremely difficult to identify reliable sources of information beyond anecdote.

To gain insight into the perceived needs of people seeking asylum and refugees in Liverpool, scoping meetings were held with key informants. Before meetings, informants were asked to complete a

short questionnaire to identify perceived priority areas of need. Key informants who completed questionnaires or underwent in-depth interviews included representatives from:

- Liverpool Council – (Public Health Department, Supporting Victims and Vulnerable Peoples Team, Ethnic Minority and Travellers Achievement Service, Personalised Assessment and Care, Safe and Stronger Communities)
- Liverpool Clinical Commissioning Group
- NHS England
- Inclusion Matters
- Serco Ltd
- Urgent Care 24 (UC24)
- Department of Infectious Diseases, Royal Liverpool University Hospitals Trust
- Members of the Liverpool Asylum and Refugee Network

These sources of information were drawn together and synthesised to identify key priorities for people seeking asylum and refugees in Liverpool.

Asylum and migration: the global picture

UNHCR (United National High Commission on Refugees) was established in 1950 and is mandated to lead and coordinate international action to protect refugees worldwide. UNHCR also publish comprehensive reports that describe intra-and international trends in numbers of refugees.

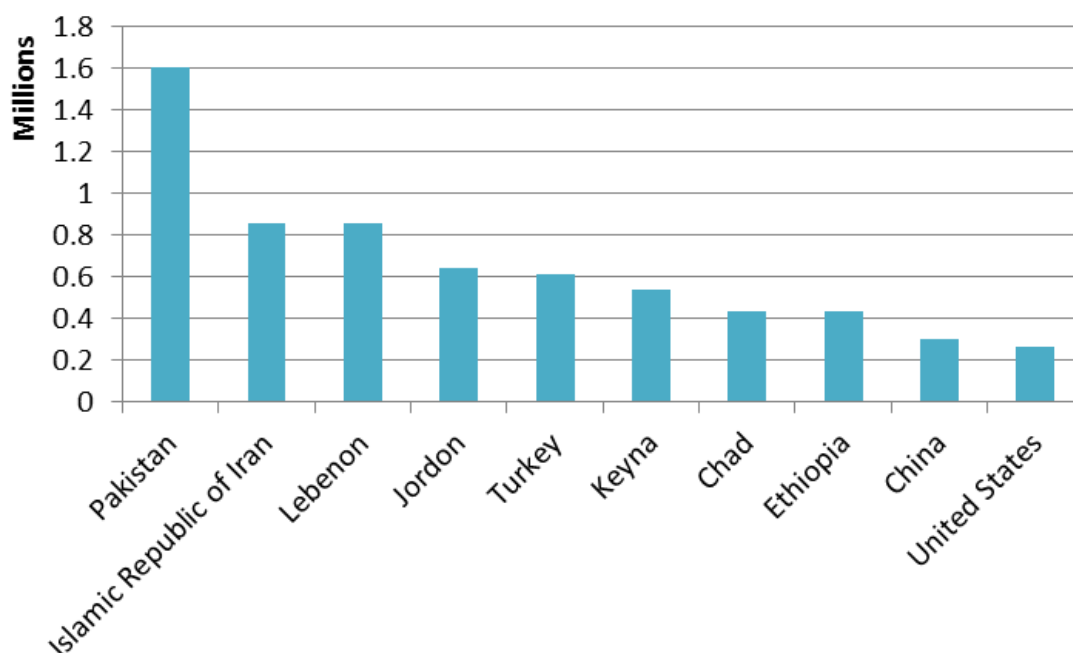
By the end of 2013, UNHCR estimated that over 51 million individuals were forcefully displaced as a result of persecution, conflict or human rights violations. Of these:

- 16.7 million are refugees (have been granted legal protection by another country under the 1951 Geneva Convention)
- 33.3 million are internally displaced (forcibly displaced in their own country)
- 1.2 million are seeking asylum in another country

Recent trends have shown a substantial increase in people displaced from Syrian due to the on-going civil war.

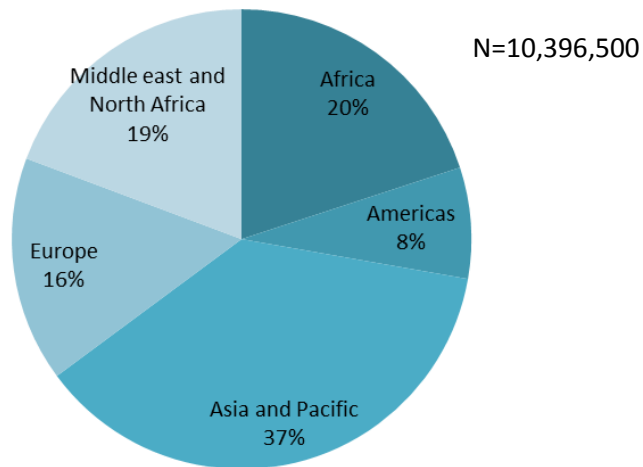
Nearly half of all refugees under UNHCR's mandate are resided in low income countries (where gross domestic product [GDP] per capita is less than US \$5000). The top 10 countries that host the largest numbers of refugees are shown in Figure 1.

Figure 1: Top ten countries hosting refugees worldwide 2012



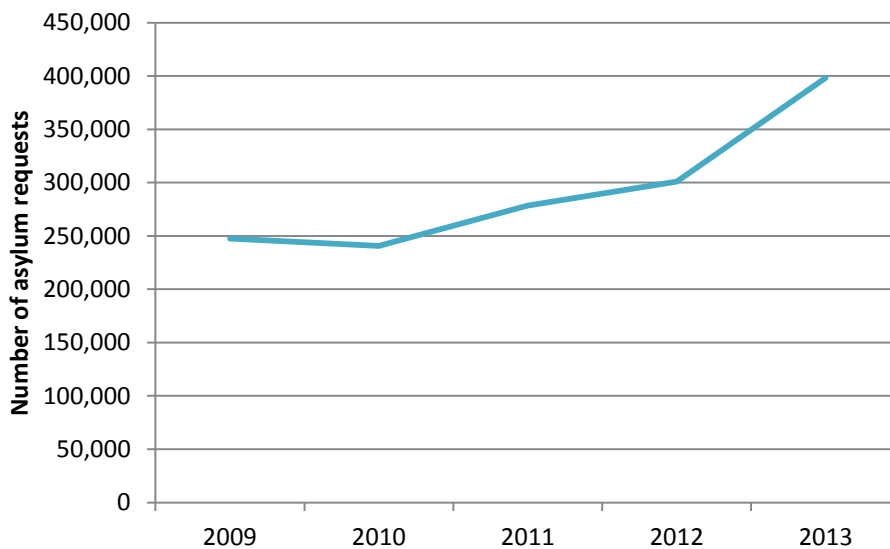
Most requests for asylum are not made within European countries, but within Asia and the Pacific, Africa and the Middle East (Figure 2).

Figure 2: Region of origin of global requests for asylum 2012



However, trends in number of requests made within the EU 28 have gradually increased since 2009, mainly as a result of displaced people from the Syrian conflict (Figure 3).

Figure 3: Trends in asylum-requests from EU28 countries, 2009-2013

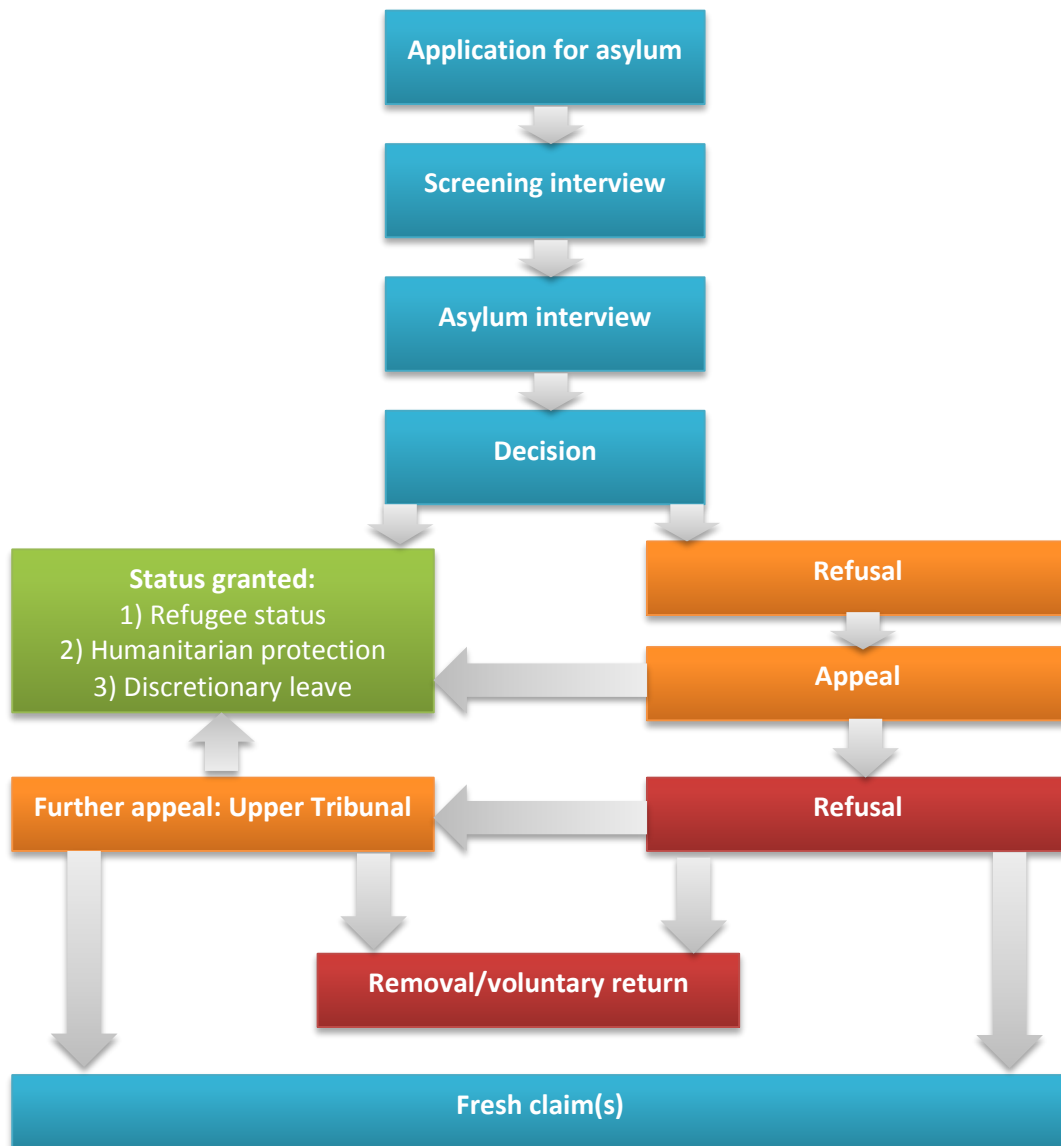


The United Kingdom received approximately 5% of the global total of asylum requests to 44 industrialised countries in 2013, placing it 6th behind Germany, USA, France, Sweden and Turkey. In 2013, 29,200 applications for asylum were made in the UK, a slight increase of 4% from 2012.

The asylum/refugee process in the UK

Individuals seeking asylum or recognition as refugees in the UK are required to undertake a series of steps, detailed in this section. The asylum process is detailed in Figure 4, and each step will subsequently be described in detail. The UK Government aims to complete all asylum applications within 6-months.

Figure 4: The UK asylum process



Application for asylum

Individuals who have left their home country and are unable to return due to fear of persecution must meet eligibility criteria before they can apply for asylum in the UK. Individuals eligible to claim asylum must meet the following conditions defined in the 1951 UN Convention on Refugees:

- Have left the country they are a national of, or, if stateless, the country they usually live in
- Be unable to go back because of a well-grounded fear of persecution
- Be unable to live safely in another part of the country they left
- Have failed to get protection from authorities in the country they left

This persecution must be because of:

- race
- religion
- nationality
- political opinion
- membership of a particular social group that puts them at risk because of the social, cultural, religious or political situation in their country – e.g. gender, gender identity, sexual orientation

People seeking asylum can apply at their port of entry (e.g. an airport or seaport), or at the UK Border Agency Office in Croydon after they have entered the UK. In very occasional circumstances, individuals may apply at a UK Border Agency (UKBA) Local Enforcement Office, or by post; this process is usually used for unaccompanied minors and for individuals who cannot reasonably be expected to travel to Croydon.

Under **Section 95** of the Immigration and Asylum Act 1999, if applicants are found to be destitute (“homeless, or without money to buy food”) they may qualify to be provided with housing (and transport to the housing). After making a claim for asylum, individuals are provided with accommodation in “initial accommodation” centres where UKBA carry out an initial asylum interview; assess the individual as to their need for housing and financial support; and deal with any immediate health needs. Initial accommodation centres are located in London, Leeds, Solihull, Liverpool, Glasgow and Cardiff.

Applicants may also be entitled to cash support, which is collected from the post-office using the Application Registration Care (ARC) card. Application for support can be made online or by post. Amounts available are given in Table 2.

Table 2: Cash support available to people seeking asylum

	Weekly payment
Married couple or couple in civil partnership	£72.52
Lone parent aged 18 or over	£43.94

	Weekly payment
Single person aged 18 or over	£36.62
Aged 16 to 18	£39.80
Aged under 16	£52.96

Women who are pregnant or who have a child under 3 years old may receive an additional £3 per week. Additionally, women whose baby is due within 8 weeks or whose baby is less than 6 weeks old may be entitled to receive a one-off £300 payment.

Additionally, all children seeking asylum aged between 5 and 16 years should attend school and may receive free school meals.

Screening interview

In the screening interview, officers from the UK Borders Agency will record personal details (name, age, nationality), details of how the individual arrived in the UK and details of any illegal activities in which they may be engaged. Enquiries into the reasons for coming to the UK and why they cannot return to their home country will be made. However, detailed questions about the reasons for seeking asylum are not asked at this point. All dependents of the asylum seeker are seen together. Interpreters are provided for the screening interview.

Individuals seeking asylum are requested to present valid documentation showing name and nationality and documentation showing means by which they entered the UK are required to be presented.

Fingerprints and photographs are taken from the asylum-seeker and all dependents seeking asylum are issued with an Application Registration Card (ARC) card and a letter called IS96. The ARC card is used to prove that individuals are seeking asylum and to collect any financial support from the post office, if requested. The IS96 letter informs people seeking asylum of their rights and responsibilities, including the need to report regularly to a reporting centre while their asylum application is being processed.

At the screening interview, applicants will also receive the name and telephone number of a UKBA official known as a 'case worker' who is responsible for undertaking the entirety of the asylum application process. Individuals will also receive access to public legal representation and given a copy of the screening interview notes.

Occasionally, during the screening interview, UKBA officials determine that another country may be better placed to deal with the asylum request (for example if the individual travelled through another country en-route to the UK), or that their case may be dealt with under the detained fast track (DFT) process. Individuals referred to the DTF process will be moved to Yarl's Wood Removal Centre (women) or Harmondsworth Removal Centre (men) where they will receive legal representation and their asylum application will be reviewed quickly. People seeking asylum assessed under the DFT process are identified as being unlikely to have grounds for being granted refugee status following the initial screening interview. Individuals, including pregnant women, disabled people, people with severe mental health problems, children, and victims of torture or trafficking are not referred to the DTF process.

The Asylum Interview

Approximately 1 week after the screening interview, the Asylum Interview will take place. As this interview, applicants are invited to explain the reasons why they are seeking asylum in the UK. All applicants must attend the Asylum Interview in person and the application will be refused if they do not do so. Applicants can bring their legal representative (either public or private) to the Asylum Interview and interpreters are provided. The interview is recorded and biometric identifiers are taken from the applicant.

Individuals who are assessed as being destitute may be entitled to receive support under Section 95 of the Immigration and Asylum Act. People seeking asylum who receive this support will be placed in dispersed accommodation, usually in the same region as the initial dispersal centre. Once dispersed, people seeking asylum must continue to report regularly to UKBA until their case is completed, or risk removal from the country.

The Decision

Decisions following Asylum Interviews are usually made within 30 days, but may take considerably longer depending on legal processes.

If an asylum application is refused, the applicant may appeal the decision, be granted temporary leave to remain on humanitarian grounds (usually determined by the case owner), may decide to leave the UK voluntarily, or if all grounds for appeal have been exhausted, be detained and removed from the UK.

Individuals whose application has been refused and who meet the following conditions are eligible to apply for support under section 4 of the 1999 Immigration and Asylum Act.

- All reasonable steps to leave the UK are being taken by the applicant. Usually this involves signing a Voluntary Return Form for the Voluntary Assisted Return and Reintegration Programme.
- The applicant is unable to leave the UK because of a physical barrier to travel or for some other medical reason
- The applicant is unable to leave the UK because the UKBA believes there is no safe route available

- Permission has been given for a judicial review of the asylum application in England, Wales, Scotland or Northern Ireland
- Accommodation is necessary to prevent a breach the Human Rights Act 1998

Section 4 support provides accommodation and shop vouchers to buy food and basic toiletries. No cash is received.

Some failed asylum seekers are unwilling to leave the UK due to fear of return to their country of origin or for other reasons. These individuals cease to report to UKBA, remain in the UK illegally and living in destitution.

If an application is successful, the individual is recognised as a refugee and granted Refugee Status. They receive a biometric residence permit that permits residence in the UK for 5 years (known as right to remain). All dependents receive this right to remain. Frequently, indefinite leave to remain is granted following this 5 year period and individuals can apply for UK citizenship.

The health needs of people seeking asylum

The health needs of people seeking asylum may be complex. Although many people seeking asylum will have no identified pre-existing medical needs, issues may emerge following entry into the UK. Some factors that predispose asylum-seekers to increase risk of poor health include:

- Lack of knowledge of available health services and entitlements
- Difficulties in accessing services
- Language barriers among some, but not all people seeking asylum, including the need for access to translation and interpretation services.

Some people seeking asylum may have addition health needs compared to others for reasons such as:

- Coming from an area where healthcare and social conditions are poor, or have collapsed. This may mean that basic medical care (such as vaccinations or management of chronic health conditions) may not have not been available.
- Experienced travel to the UK under challenging conditions, including extremes of temperature and cramped conditions.
- Having come from refugee camps or areas involved in conflict. They may therefore have untreated injuries and be at increased risk of malnutrition and communicable diseases.
- Having experienced violence, torture, rape or imprisonment prior to arriving in the UK, with concomitant risk of physical and mental health problems.
- Having left behind family, friends and social networks.

The most common health needs of people-seeking asylum that have previously been identified include:

- Consequences of injury and torture, including mental health issues and disabilities
- Communicable diseases, including suboptimal vaccination
- Sexual health needs

- Chronic diseases such as hypertension and diabetes
- Dental disorders
- Complications of pregnancy and child-birth

Entitlement to health services of people seeking asylum

Regulations around the entitlements of people seeking asylum and refugees to access healthcare in the UK are complex and have been subject to recent judicial appeal. However, a number of broad general principals apply:

- Necessary or urgent medical treatment should never be denied
- For life-threatening conditions and for the purpose of preventing any conditions from becoming life-threatening the appropriate treatment is normally given regardless of ability to pay
- Maternity services should always be classed as 'immediately necessary treatment
- Charging issues should be sorted post-treatment. Individual NHS trusts have the discretion to pursue or let go any debts accrued for treatment costs.

There are a number of conditions for which treatments are currently free of charge, regardless of country or normal residence:

- Emergency treatment at any Accident & Emergency (A&E) department, walk in centre or elsewhere (but not further emergency treatment [e.g. operations] away from these locations, or subsequent outpatient appointments)
- Family planning services
- Treatment for certain communicable diseases (see regulations for exact list: <http://www.legislation.gov.uk/uksi/2011/1556/made>)
- Treatment for sexually transmitted infections (including HIV)
- Diagnosis, counselling and treatment in relation to HIV
- Those detained in hospital under the Mental Health Act 1983 or treatment given for mental health problems as part of a court probation order
- The 2011 NHS Regulations provide an exemption from charge category for victims of human trafficking

Following completion of a Court of Appeal review in 2009, UK law now states that failed asylum-seekers are not entitled to access free NHS services, and instead services are chargeable. NHS trusts have the discretion to withhold treatment pending payment and also the discretion to provide treatment where there is no prospect of asylum-seekers paying for it.

In the UK, GPs are self-employed, and have a measure of discretion in accepting patients to join their list. Anyone can approach a GP practice and apply to join their list and the practice may choose to accept or decline the application. An application may be refused if the practice has reasonable grounds for doing so, but a practice is not able to refuse on the basis of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

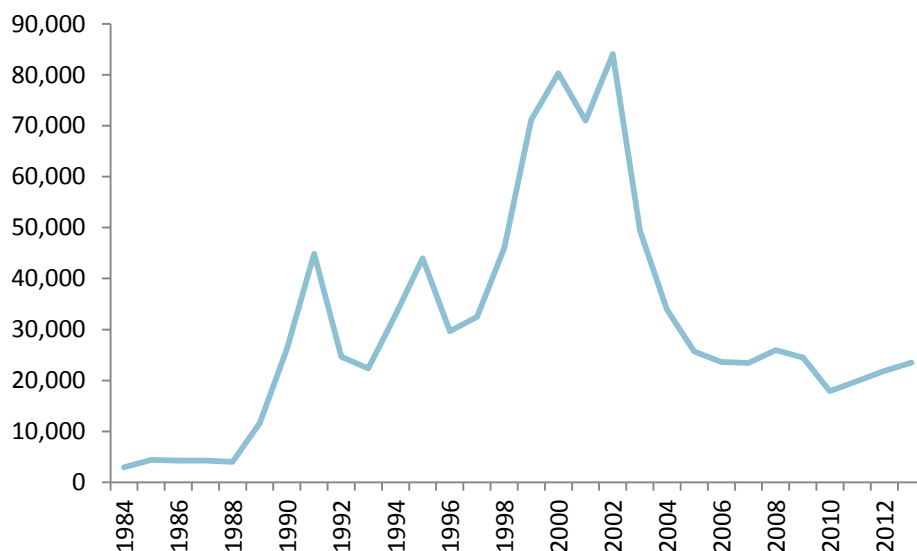
In the table below, the health service entitlements of people seeking asylum and refugees are described.

	Primary Care	Secondary Care
Person Seeking Asylum	<p>A person who has formally applied for asylum is entitled to NHS treatment without charge for as long as their application (including appeals) is under consideration</p> <p>May have to pay certain charges (e.g. prescription charges) unless exempt from these</p> <p>Can register with a GP</p> <p>Exempt from charges for NHS hospital treatment</p>	<p>A person who has formally applied for asylum is entitled to NHS treatment without charge for as long as their application (including appeals) is under consideration</p> <p>May have to pay certain charges (e.g. prescription charges) unless exempt from these</p> <p>Exempt from charges for NHS hospital treatment</p>
Refused asylum-seeker, but appealing decision	Access to primary care without charge as for Person Seeking Asylum	Access to secondary care without charge as for Person Seeking Asylum.
Failed asylum seekers – including those receiving Section 4 support while awaiting departure from the UK	Not entitled to access free NHS services, and instead services are chargeable. NHS trusts have the discretion to withhold treatment pending payment and also the discretion to provide treatment where there is no prospect of asylum-seekers paying for it.	Not entitled to access free NHS services, and instead services are chargeable. NHS trusts have the discretion to withhold treatment pending payment and also the discretion to provide treatment where there is no prospect of asylum-seekers paying for it.
Given refugee status	Access to primary care without charge as for Person Seeking Asylum	Access to secondary care without charge as for Person Seeking Asylum.
Given humanitarian protection	Access to primary care without charge as for Person Seeking Asylum	Access to secondary care without charge as for Person Seeking Asylum.
Given discretionary leave to remain	Access to primary care without charge as for Person Seeking Asylum	Access to secondary care without charge as for Person Seeking Asylum.

Asylum requests to the UK

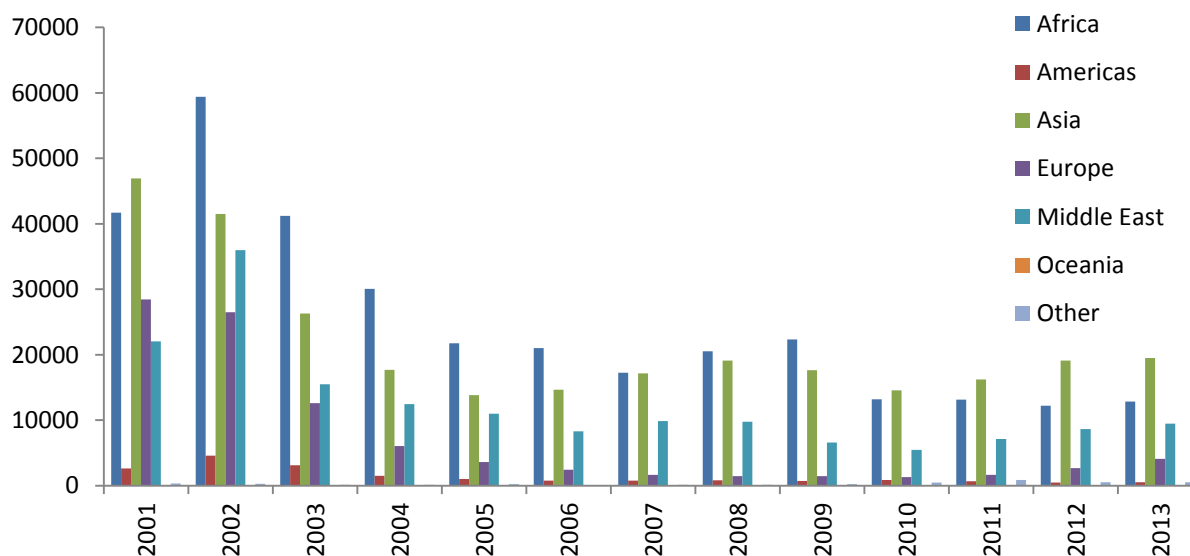
Figure 5 below shows annual trends in numbers of asylum requests made to the UK. Between 1998 and 2006, there was a notable peak in requests. Between 2010 and 2013, numbers of asylum requests have been between 20,000 and 30,000 per year.

Figure 5: Annual numbers of UK asylum requests, 1984-2013



Detailed data on region of origin of UK people seeking asylum is available from 2001 to 2013 (Figure 6). There has been a marked change in patterns. Between 2002 and 2009, the majority of UK asylum requests came from Africa, although numbers steadily declined over the period. Between 2010 and 2013 the numbers of asylum requests from individuals whose country of origin is in Asia has increased relative to other regions.

Figure 6: Region of origin of people seeking asylum in UK, 2001-2013



Numbers of male asylum-seeker application have been substantially greater than female asylum-seeker applications in all years for which data is available ([Appendix 1: Additional data](#)).

The majority of males and female seeking asylum in the UK are young adults ([Appendix 1: Additional data](#))

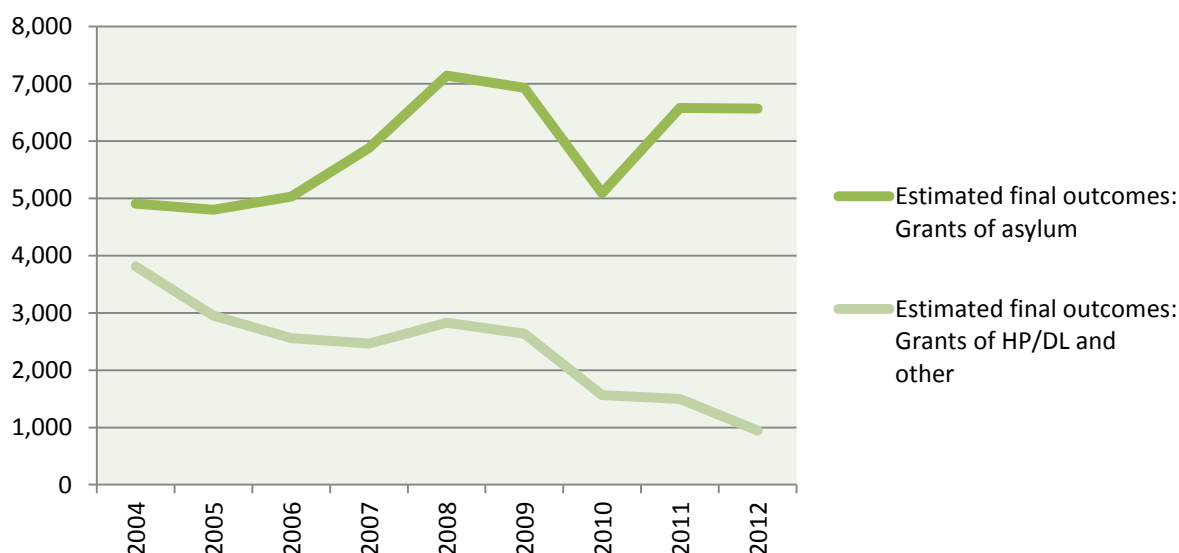
The large majority of individuals requesting asylum in the UK are refused on first application ([Appendix 1: Additional data](#)). From 2002 and 2012, between 1000 and 5000 people seeking asylum were granted asylum on first application per year, with substantially smaller numbers granted humanitarian leave or discretionary leave to remain.

Between 2004 and 2012, numbers of appeals against initial asylum decisions and fresh claims submitted have declined substantially, with low rates of appeals allowed ([Appendix 1: Additional data](#)). In 2012, only 198 fresh claims were submitted following initial refusal.

The large majority of refused people seeking asylum leaving the UK do so via the enforced removal route ([Appendix 1: Additional data](#)).

With current reporting data is not possible to precisely state the number of individuals granted asylum in the UK each year. Estimates show that from 2004 to 2012, between 5000 and 6800 individuals per year were granted asylum, with no current discernable trend (Figure 7). Additional numbers of individuals granted humanitarian protection or discretionary leave have declined steadily, falling below 1000 in 2012.

Figure 7: Estimated annual trends in numbers granted refugee status in the UK



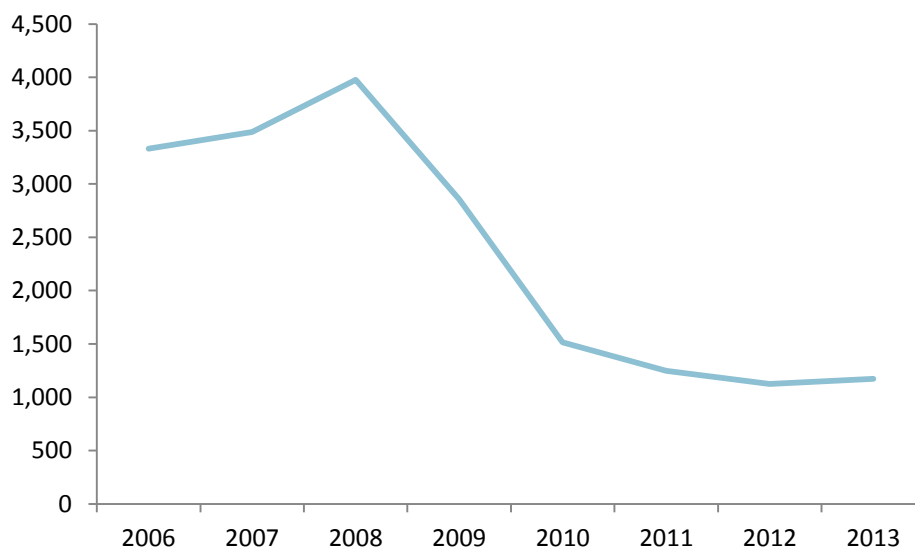
Unaccompanied minors coming to the UK

Children who are (or appear to be) younger than 18 years old who are outside of their country of origin, are separated from their parents and are not in the care of another responsible adult are

known as “unaccompanied minors”. “Separated children” form a distinct group: they have been separated from both parents or from their primary legal or customary caregiver, but not necessarily from other relatives.

Data on numbers of requests for asylum made by unaccompanied minors in the UK are provided by the Home Office as part of the Quarterly Immigration Statistical Release. Figure 8 below shows that there has been a sharp decline in the numbers of asylum requests made by unaccompanied minors, from over 3,000 in 2006 to 1,174 in 2013. This decline has been attributed to increased screening by the UK Border Authority ports of departure prior to entering the UK.

Figure 8: Trends in UK asylum requests from unaccompanied minors: 2006-2013



Each year, a greater proportion of asylum requests are received from unaccompanied boys compared to unaccompanied girls ([Appendix 1: Additional data](#)).

The majority of unaccompanied male and female people seeking asylum are aged between 16 and 17 years of age ([Appendix 1: Additional data](#)).

Often when unaccompanied minors request asylum, there is considerable uncertainty about their true age. This may be because the individual does not know their age, does not have any documentation, or is unwilling to disclose their age. Determination of age can have significant implications for people seeking asylum, including requirements to attend education, access to benefits and progressions through the asylum process, including range of professionals involved. In such cases a decision on disputed age will be made by an expert panel, which may include representatives from child health services and social services. If an asylum-seeker is deemed to be 18 years or older, they are considered to be an adult and therefore not an unaccompanied minor. Data from the Home Office show that until 2010, when greater numbers of unaccompanied minors requested asylum, on resolution of dispute, the majority of were determined to be 18 years or older. In recent years (2011-2013), when numbers of asylum requests have been lower, trends in resolution have been mixed ([Appendix 1: Additional data](#)).

In each year between 2006 and 2012, the large majority of UK asylum requests from unaccompanied children came from children whose region of origin was in Asia, with Africa being second ([Appendix 1: Additional data](#)). However, between 2011 and 2013, there was an increase in asylum requests from Europe: in 2013, and European requests formed the greatest number.

Data on numbers and characteristics of unaccompanied minors at regional or local authority level are not provided by the Home Office, therefore Liverpool-specific figures cannot be presented.

Asylum and refugees in the North West of England and Liverpool

Liverpool background

In 2012, there were an estimated 469,700 people living in Liverpool. The city has a relatively young population, with the median age being 29 years compared to 35 years for England. 15.2% of the Liverpool population come from a minority ethnic group, equating to approximately 71,000 residents.

Liverpool is the most deprived local authority in the country, with 42/291 (14%) of lower super-output areas in the city being in the most deprived 1% nationally. High levels of deprivation are particularly concentrated in the north of the city, with large areas of Everton, Anfield and Kirkdale ranking as some of the poorest neighbourhoods in the country. Deprivation is also particularly pronounced in areas of the centre of the city, including Kensington, Princes Park, Norris Green, Toxteth and Croxteth. Almost 40% of households in Liverpool are living at or below the poverty line, meaning that their annual income is less than £17,279. Childhood poverty remains a major challenge, with over 60% of children in some wards living in poverty.

The major health problems in Liverpool include cancer, cardiovascular disease and respiratory diseases, with the city having some of the highest rates of premature mortality due to these conditions in the country.

Despite these challenges, a number of public health successes have been achieved. Notable successes include a 42.8% reduction in cardiovascular disease mortality rates between 2001 and 2012, and rapid reductions in cancer and respiratory disease mortality rates, such that these now approach the England average.

Trends in people seeking asylum in Liverpool

Initial accommodation

The Home Office, provides accommodation for all eligible people seeking asylum whilst their cases are being processed, including transport to the accommodation. In March 2012, 6 national COMPASS (Commercial and Operating Managers Procuring Asylum Support) were awarded by the Home Office to three private providers (G4S, Serco and Clearel) to fulfil these duties. The cost to the Home Office of providing initial accommodation services between 2011-2012 was £150 million and it hoped to save £140 million over seven years by outsourcing services. Contracts became fully operational in January 2013.

Liverpool is one of 5 cities in the UK designated as initial accommodation sites. Serco hold contracts for delivering initial accommodation services in Liverpool. During initial accommodation in Liverpool (a process that takes approximately 2-3 weeks), people seeking asylum are housed at three locations that are managed by Serco: Birley Court (L8), Greenbank Drive Centre (L17), and Seiont House (L8).

As data is not made fully publically available by the Home Office, to provide epidemiological data on the numbers and demographic characteristics of people seeking asylum initially assessment in Liverpool, aggregate records of health assessments performed at UC24 were obtained.

All people seeking asylum placed in initial dispersed accommodation at the three locations in Liverpool are invited to undergo a health check provided by UC24, with estimates being that nearly 100% of individuals will accept. Thus these records provide a reasonably robust estimate of the numbers of people seeking asylum placed in the initial accommodation centres Liverpool. However, it is possible that a small number of initially assessed people seeking asylum were not assessed, meaning that numbers could be underestimates.

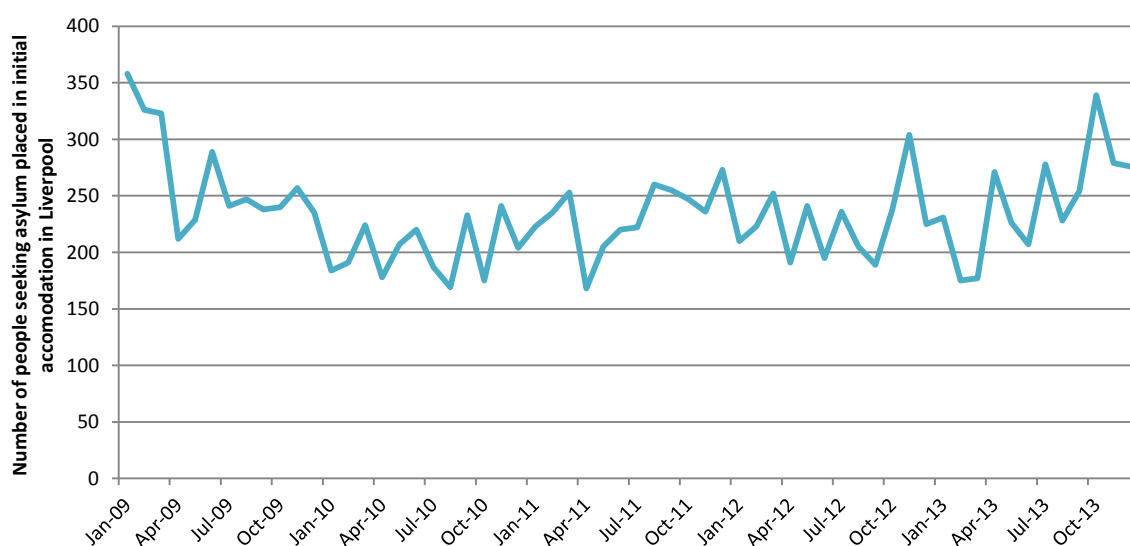
Table 3 below shows that between 2009 and 2013, between 2372 and 3152 individuals were placed in initial assessment centres in Liverpool and underwent initial assessment. The large majority of people seeking asylum were aged 16 years or older, although in 2013, 698 children aged 16 years old or younger were assessed.

Table 3: Individuals assessed in initial accommodation centres in Liverpool by age group and year (2009-2013)

	2009	2010	2011	2012	2013
0-5 years old	358	230	306	250	332
5-16 years old	354	219	347	235	366
16 years or older	2440	1923	2120	2137	2272
Total	3152	2372	2773	2622	2970

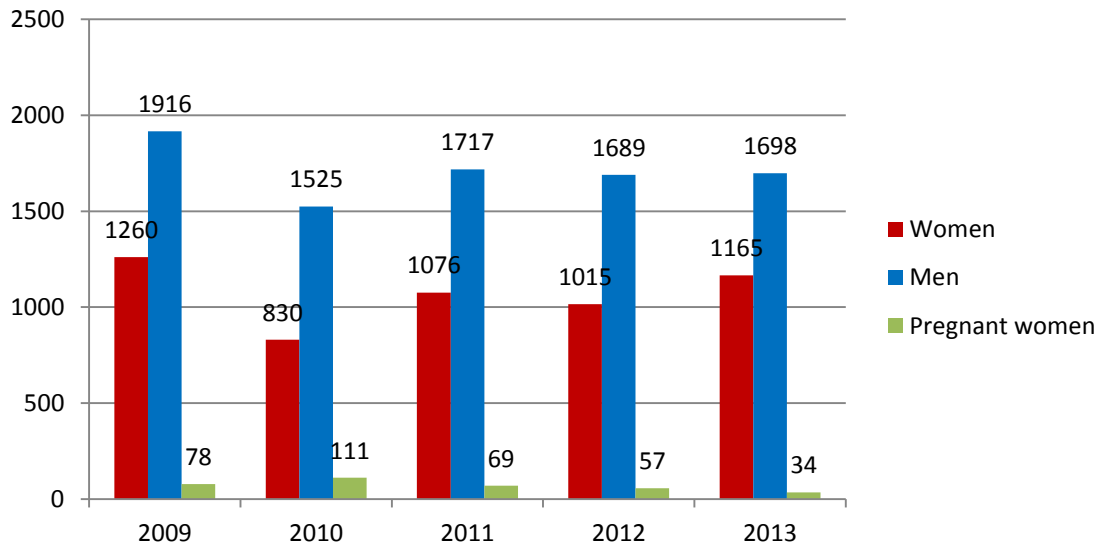
When viewed on a quarterly basis, a recent upwards trend in total numbers of people seeking asylum placed in initial assessment accommodation in Liverpool is seen, reaching the higher levels seen at the beginning of 2009 (Figure 9). In March 2014, recognising increased service pressures due to an upwards trend in numbers of people seeking asylum undergoing the initial assessment process in Liverpool, a meeting was held between the Home Office, Serco Ltd and other key stakeholders. As a consequence of this meeting, providers report that numbers being seen in Liverpool have decreased in recent months (data not yet available).

Figure 9: Quarterly trends in numbers of people seeking asylum dispersed to initial assessment centres in Liverpool, Jan 2009- Oct 2013



In every year since 2009, male people seeking asylum undergoing initial assessment in Liverpool outnumbered female people seeking asylum. Between 57 and 111 pregnant women seeking asylum were placed within initial dispersal centres each year in Liverpool (Figure 10).

Figure 10: Sex-disaggregated numbers of people seeking asylum undergoing initial assessment in Liverpool, 2009-2013



Health needs and care during the initial assessment process

All people seeking asylum received at initial dispersal centres are invited to undergo a health screening check provided by Urgent Care 24 (UC24). UC24 are a Liverpool-based primary care service-provider who are currently hold the contract to provide “essential, immediate and necessary treatment” to people in the initial assessment centres in Liverpool. The UC24 clinic is located on site at the Birley Court initial accommodation centre in the L8 region of Liverpool.

Terms and conditions for the clinical services were agreed between the Liverpool Primary Care Trust and UC24 in April 2009, and haven’t since been revised. In these terms and conditions, UC24 agrees to offer a health check to all people seeking asylum who are placed in initial accommodation in Liverpool within 4-7 days and will be provided with an “NHS blue book” which details the records of their health assessment. School age children should be assessed by a school nurse; pre-school children should be assessed by a health visitor (including having vaccination status checked); pregnant women should be assessed by a midwife and referred to the Liverpool Women’s Hospital; and adults should be assessed by a practice nurse. Families are seen together where possible. Individuals requiring further medical care may assessed by one of a number of GPs who perform clinics at UC24 on a regular basis.

A standardised health screening proforma is followed. A-seekers are asked to raise any ongoing or new health problems that they are experiencing. Additionally, symptom screening for important communicable diseases (such as tuberculosis and HIV) is undertaken. A protocol has been agreed to screen individuals for active TB. The Practice Manager at UC24 reported screening for active TB was not carried out for everyone, but was targeted at individuals with risk factors (e.g. country of origin, symptoms and signs of concern).

During this initial 2 to 3 week assessment period, HIV testing should be offered to those with clinical symptoms suggestive of HIV or with history of recent potential exposure or on the basis of clinical judgement. This offer needs to be strengthened, as there is a risk that some people who would benefit from urgent testing may miss out.

During appointments at UC24 services, translation and interpreting services are available to practitioners and people seeking asylum through a telephone-based company (Language Line). The Practice Manager and GP reported that an excellent service was almost always provided by the interpreting company, with a wide range of languages covered.

Should an asylum-seeker require urgent care outside of normal working hours, they can be assessed by the out-of-hours GP service (provided by UC24 under a separately commissioned contract), or, if necessary, by the emergency services.

On initial health screening, occasionally medical problems will be identified that require further specialist input. UC24 nurse practitioners and GPs can make referrals to specialist NHS services within Liverpool. A number of referral pathways have been established, including access to TB diagnosis and treatment at the York Centre, HIV and other sexually transmitted diseases (STDs) at the GUM Clinic, Royal Liverpool Hospital and maternity services at the Liverpool Women's Hospital. Individuals requiring dental services are referred to Rope Walks Dental Practice.

During interviews, the Practice Manager and one GP at UC24 identified a specific challenge for individuals with mental health or psychological needs. They reported that it was often extremely difficult to access NHS mental health services during the period of initial assessment. No clear pathways for referral existed, and indeed their perception was that people seeking asylum were not permitted to access counselling services until they had been granted leave to remain in the UK.

Data on health service utilisation during the initial assessment period were provided by UC24 Asylum. Following higher numbers of practice nurse assessments during 2009, between January 2010 and December 2013, approximately 100-250 Practice Nurse appointments were booked per quarter, with the large majority completed ([Appendix 1: Additional data](#)). The recorded use of translators during Practice Nurse consultations has increased over recent quarters, whereas numbers of prescriptions issued have declined.

Similar trends in GP assessments are observed, although prescriptions are issued in a substantially greater proportion of visits ([Appendix 1: Additional data](#)).

In recent quarters, between 20 and 50 health visitor assessments per quarter have been booked, with a further smaller number of appointments made for provision of vaccinations only ([Appendix 1: Additional data](#)). From mid-2010, health visitor assistant appointments increased. Approximately one-third to one-half of health visitor assessments required the use of an interpreter.

Numbers of School Nurse assessments appointments varied considerably by quarter, with low numbers of children not assessed ([Appendix 1: Additional data](#)).

Between 2009 and 2012, there was a downwards trend in the numbers of pregnant women assessed at UC24 by Community Midwives ([Appendix 1: Additional data](#)). Similar to other groups, there have been recent increases in the use of interpreters during consultations.

From October 2009 (when data collection began) until December 2013, low numbers of individuals have been referred from UC24 to the GUM Clinic at the Royal Liverpool Hospital ([Appendix 1: Additional data](#)). Records show that during this period, only 10 people seeking asylum were referred for testing for blood-borne viruses (including HIV and hepatitis), however, it is possible that data on numbers of individuals referred for HIV testing may not have been recorded accurately.

The numbers of adults per quarter recorded as having received a symptom screen for tuberculosis closely tracked numbers of adults being assessed in UC24 ([Appendix 1: Additional data](#)). However, as the practice nurse and GP at UC24 noted that targeted (rather than universal) TB symptom screening was undertaken in practice, it is possible that numbers are overestimated, or that data collection was suboptimal. In total, records show that only 11 individuals were referred for further TB assessment at the York Clinic over the period where data was available. These data do not support the impressions of a consultant in infectious diseases working at the York Centre TB Clinic, who noted that assessment of people seeking asylum for possible TB was a common clinic activity. However, data on asylum status of York Centre TB Clinic attendees was not routinely collected to allow further verification.

Numbers of referrals made for non-urgent care were highly variable over the period for which data was available, ranging between 20 and 120 referrals per quarter ([Appendix 1: Additional data](#)). A small number of emergency referrals and referrals for mental health or psychological problems were made. Very few people seeking asylum were reportedly admitted to hospital; this data however is not likely to be robust as is likely to be dependent on informal reports of hospital admissions.

Perceived health needs of people seeking asylum during the initial assessment process

Common medical issues identified by UC24 providers include psychological distress and mental illness, incomplete vaccination schedules in children, pregnancy requiring assessment and minor ailments such as skin conditions, dental problems, upper respiratory tract infections and on going chronic medical problems (e.g. pre-existing high blood pressure requiring treatment).

In interviews with providers, people seeking asylum and community groups, a number of key health needs were identified that were not currently being fully met in Liverpool. Perceived needs tended to closely match the interviewee's area of work.

- Professionals working in UC24 and people seeking asylum support groups reported that psychological trauma and mental illness were common and that access to mental health services difficult was difficult
- The Consultant in Infectious Diseases reported that too few people seeking asylum were able to complete screening for tuberculosis and HIV, with the individual having been moved (either removed from the UK or dispersed elsewhere in the North West) before investigations were complete. However, the Practice Manager at UC24 noted that where investigations were incomplete or additional clinical investigations or treatment were required, it was relatively easy to identify where the individual had been moved to by contacting Serco Ltd, who would supply new address details allowing transfer of information to the appropriate clinical team in the new area.

- A Commissioner from NHS England felt that, although people seeking asylum represented an extremely small part of his portfolio of activity, coordination of services and clear understanding of pathways for referral could be improved
- One asylum-seeker with HIV noted that they had been moved from an initial dispersal site in Manchester to Liverpool with little notice. They subsequently found it difficult re-access HIV care services and were required to attend UC24 to get a referral to the HIV clinic at the Royal Liverpool Hospital
- Community advocacy groups working with people seeking asylum noted that for individuals attending clinical services other than at UC24, access to translation interpreting services could be difficult, hindering delivery of effective care. Some third sector groups also noted that provision of interpretation and translation services dependent on family members, and community volunteers or third sector organisations as subscription to telephone-based translation services is often infeasible. Such approaches may be time consuming and lack confidentiality. It is noted that not all individuals will require interpreting services. However, where services are not available or difficult or slow to access, this can cause considerable challenges in provision of effective medical care.

Dispersed accommodation

Once a person seeking asylum has completed their asylum-interview, whilst they are awaiting their decision, if they have appealed against a decision and are awaiting further hearing, or if they have been granted refugee status but are destitute, they can apply to be placed in dispersed accommodation.

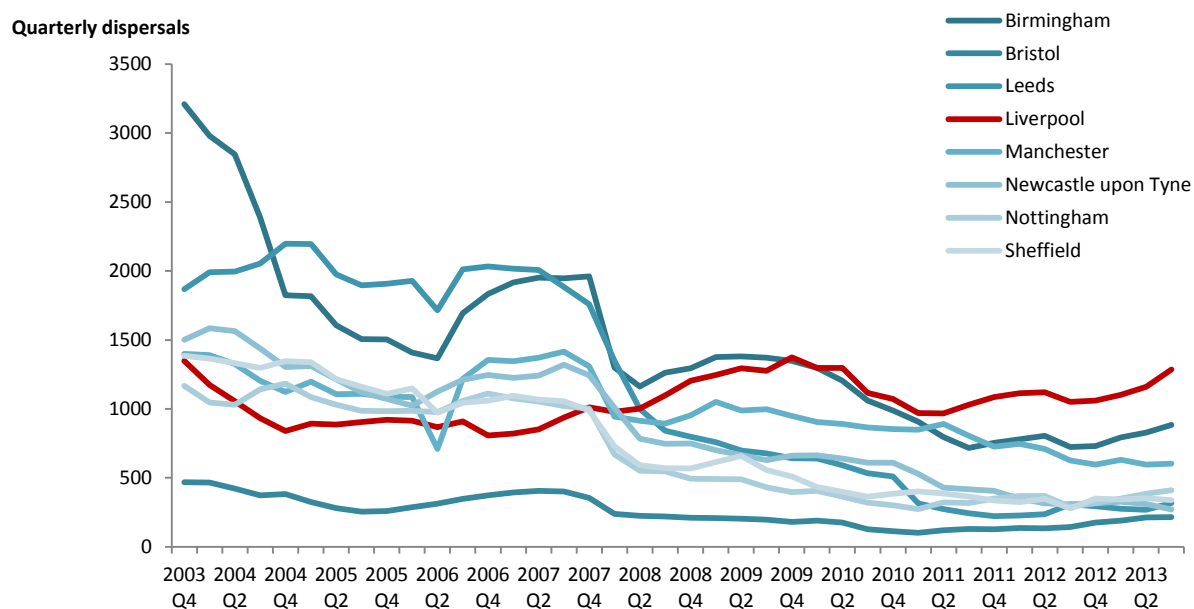
The Home Office has awarded a contract to Serco Ltd to provide accommodation for dispersed asylum-seekers.

People seeking asylum whose initial dispersal centre was in the North West of England (e.g. Liverpool) will be placed in dispersed accommodation in the same region (i.e. North West of England). If there are serious mitigating circumstances, case owners can make individual requests to the Home Office to ask that the asylum-seeker be dispersed to the same city in which they were housed in during the initial dispersal process. For example an asylum-seeker receiving ongoing medical treatment at the Royal Liverpool Hospital could request that they be dispersed to Liverpool housing to ensure continuity of care.

Between 2003 and 2013, between 800 and 1350 people seeking asylum per quarter have been placed in dispersed accommodation in Liverpool.

Compared to the other Core Cities (Birmingham, Bristol, Leeds, Manchester, Newcastle-upon-Tyne, Nottingham and Sheffield), which have seen declines in the numbers of people seeking asylum dispersals since 2003, Liverpool's trend has remained consistent. Consequently, Liverpool now receives the greatest number of dispersed people seeking asylum of the Core Cities (Figure 11).

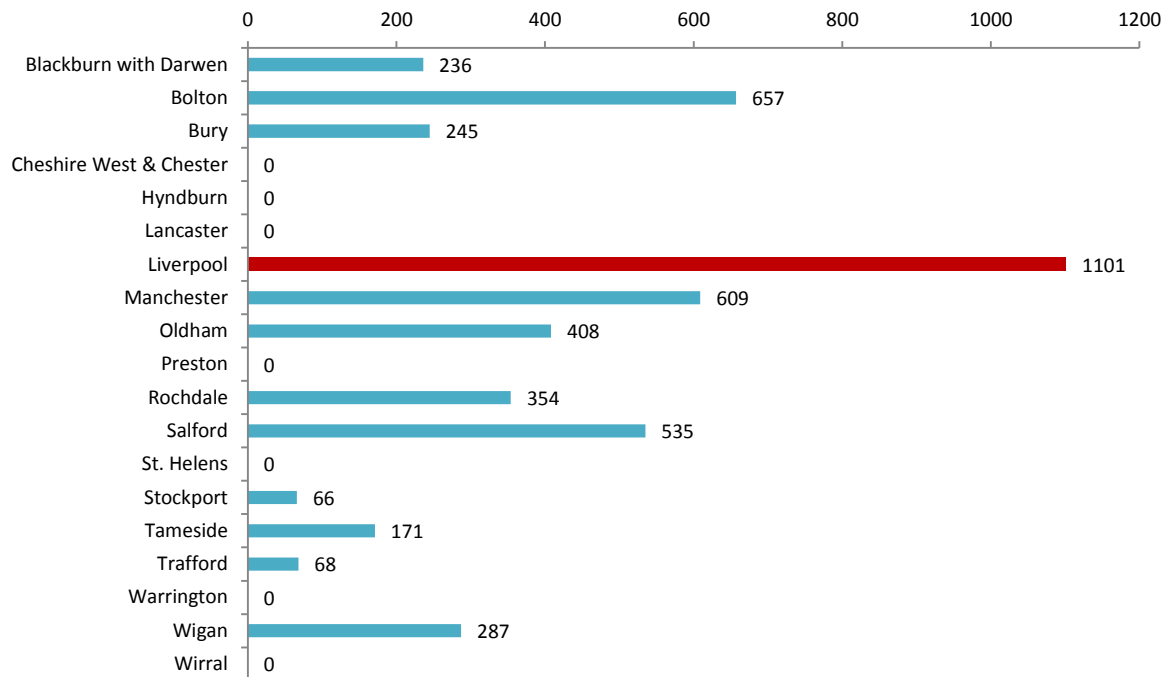
Figure 11: Trends in dispersal of people seeking asylum in Core Cities: 2003 to 2013



The majority of people seeking asylum who are dispersed in Liverpool are in receipt of Section 95 support from the local authority, with a very small, and declining, numbers receiving subsistence only ([Appendix 1: Additional data](#)).

Within the North West of England, data from the first quarter of 2013 show that Liverpool was the local authority receiving the greatest number of dispersed people seeking asylum. This was the case for both recipients of Section 4 support, and Section 95 support (Figure 12). [Note that some cities are not currently sites that receive people seeking asylum who have been dispersed].

Figure 12: Recipients of Section 95 support in North West England Local Authorities, Q1, 2013



As a proportion of the total population, Liverpool also has the highest rate of dispersal of people seeking asylum compared to other local authorities in the North West of England (Table 4).

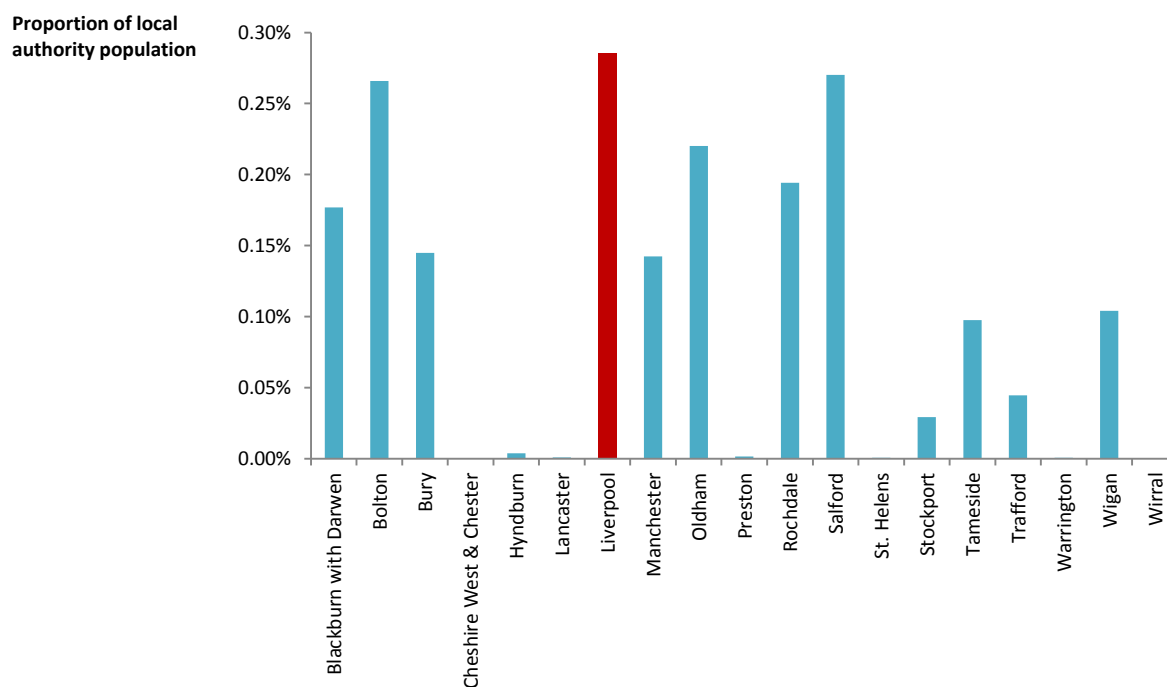
Table 4: Asylum-seeker dispersals as proportion of Local Authority population: Q1, 2013

Local authority	Section 4	Section 95	Subsistence only	Grand Total	2011 census population	%
Blackburn with Darwen	22	236	3	261	147,489	0.18%
Bolton	71	657	8	736	276,786	0.27%
Bury	22	245	1	268	185,060	0.14%
Cheshire West & Chester	0	0	1	1	329,608	0.00%
Hyndburn	0	0	3	3	80,734	0.00%
Lancaster	0	0	1	1	138,375	0.00%
Liverpool	221	1101	9	1331	466,415	0.29%
Manchester	51	609	56	716	503,127	0.14%
Oldham	69	408	18	495	224,897	0.22%
Preston	0	0	2	2	140,202	0.00%
Rochdale	42	354	15	411	211,699	0.19%
Salford	92	535	5	632	233,933	0.27%
St. Helens	0	0	1	1	175,308	0.00%
Stockport	10	66	7	83	283,275	0.03%
Tameside	42	171	1	214	219,324	0.10%
Trafford	25	68	8	101	226,578	0.04%
Warrington	0	0	1	1	202,228	0.00%
Wigan	33	287	11	331	317,849	0.10%
Wirral	0	0	1	1	319,783	0.00%
Grand Total	700	4737	152	5589	4,682,670	0.12%

Local Authorities with no dispersals are not included in table.

No Local Authority in the North West of England had asylum-seeker dispersals greater than the 0.5% cluster limit established by the Home Office, with Liverpool receiving 0.29% of its 2011 census population (Figure 13).

Figure 13: Dispersed people seeking asylum as proportion of local authority population



Demographic characteristics of asylum seekers in Liverpool

The Home Office does not now publish detailed demographic characteristics of people seeking asylum at Local Authority level. A Freedom of Information request was made to obtain this data, but was rejected on grounds of expense, and only limited aggregate data were provided. Therefore, a number of publically available data sources were drawn upon to provide public health data for Liverpool. We were unable to access any longitudinal sources of data to provide time trends, and therefore data presented here gives a snapshot of the picture in Liverpool during one month.

In the month of September 2013, there were 922 adult people seeking asylum in dispersed accommodation in Liverpool. Table 5 shows the family status of dispersed people seeking asylum during this month. The greatest proportion of dispersed people seeking asylum were single men (50%), followed by women applying as part of a family (26%).

Table 5: Family status of dispersed people seeking asylum resident in Liverpool: Sept 2013

	Number of dispersed people seeking asylum	Percentage of total
Single men	458	49.7%
Single women	126	13.7%
Men applying as part of family	94	10.2%
Women applying as part of family	244	26.5%
Total	922	100%

Figures 15-18 show age and sex characteristics of dispersed people seeking asylum in Liverpool in September 2013. The majority of people seeking asylum in Liverpool were young adults aged between 26 and 30 years, with relatively few older adults. Single men had a slightly younger age profile than women. Men and women applying for asylum with a family were older than single men and women respectively.

Figure 14: Total number of adult dispersed asylum seekers in Liverpool by age group: Sept 2013

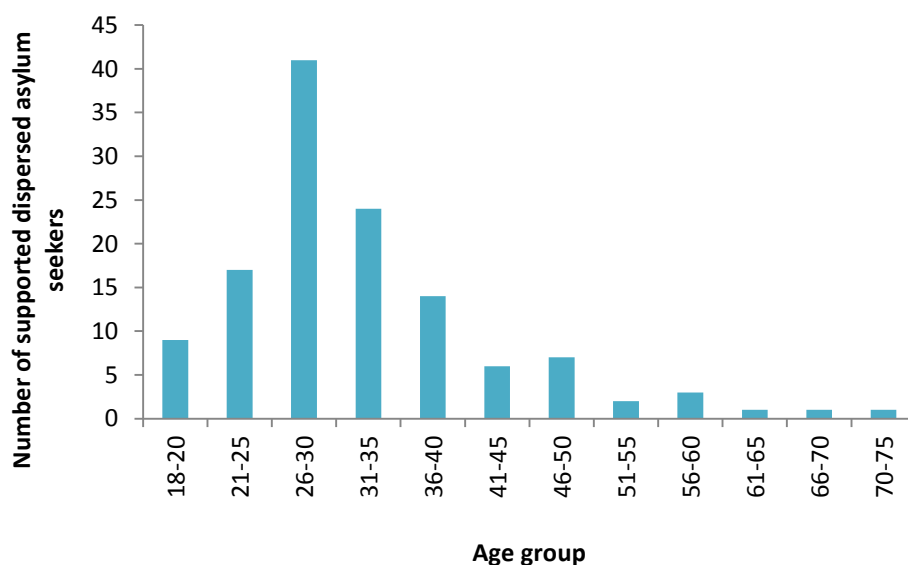


Figure 15: Age group of single male people seeking asylum in Liverpool: Sept 2013

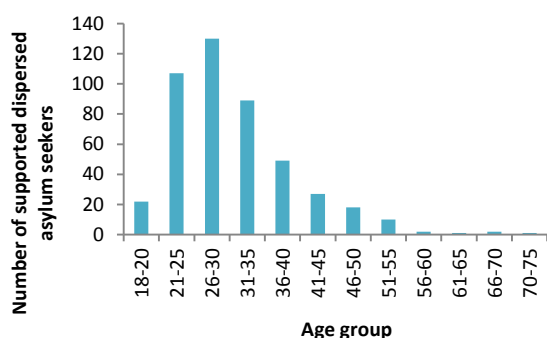


Figure 17: Age group of single female people seeking asylum in Liverpool: Sept 2013

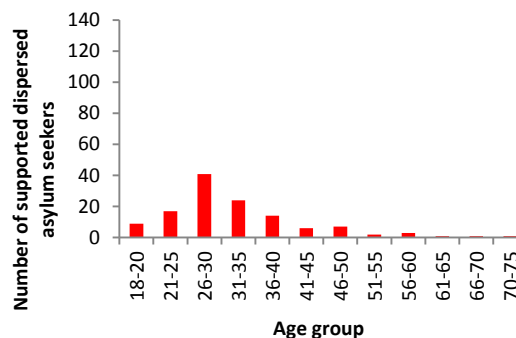


Figure 16: Age group of male people seeking asylum applying with a family: Sept 2013

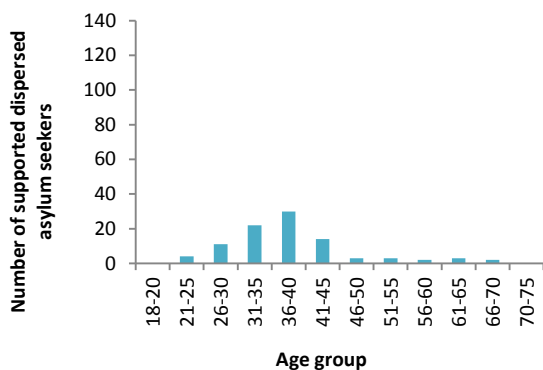
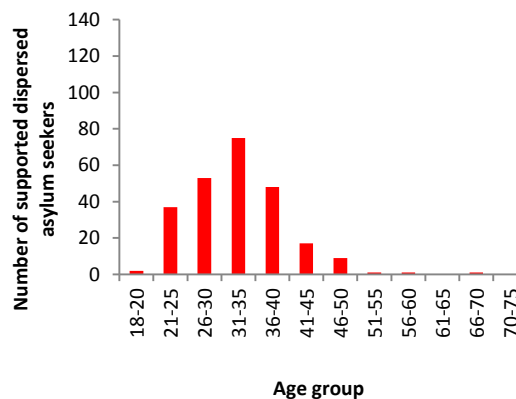


Figure 18: Age group of female people seeking asylum applying with a family: Sept 2013



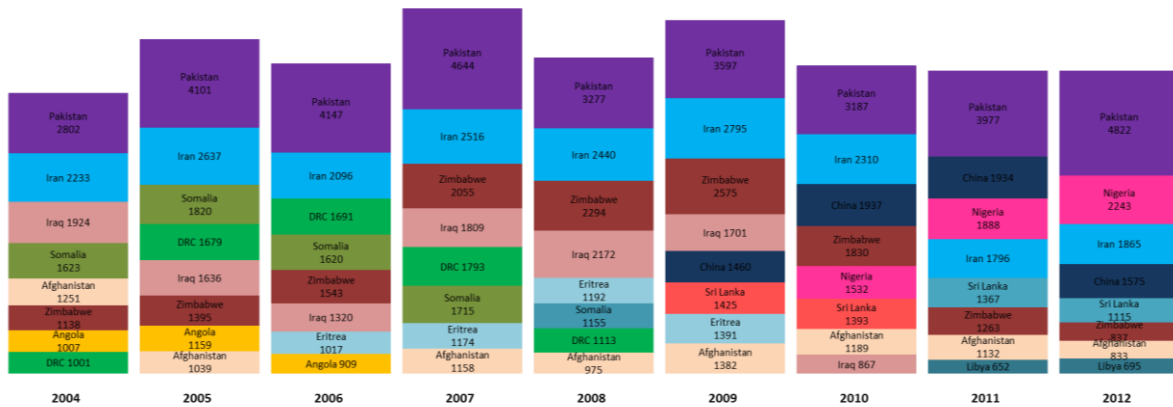
Nationality of people seeking asylum

The nationality of people seeking asylum can have important implications for health and health services. In particular, prevalent patterns of disease, social conditions and environment (including war and natural disasters) in their home country could influence patterns of illness and healthcare requirements. Additionally, differences in health systems between the people seeking asylum' home country and the city in which they are dispersed may act as a substantial barrier to accessing appropriate care and services.

It is important to remember that people seeking asylum may have passed through a number of countries prior to their arrival in the UK. In this section, "home country" refers to the country of which the asylum-seeker is a citizen.

Figure 19 shows time-trends in the top 10 home countries for people seeking asylum dispersed in the North West of England between 2004 and 2012. Within each year, home countries are ranked in ascending order, with the home country having the greatest number of people seeking asylum dispersed to the North West of England at the top of the column. The relative height of the column is proportional to the total number of people seeking asylum dispersed in the North West of England.

Figure 19: Top 10 home countries of people seeking asylum dispersed to North West of England: 2004 to 2012



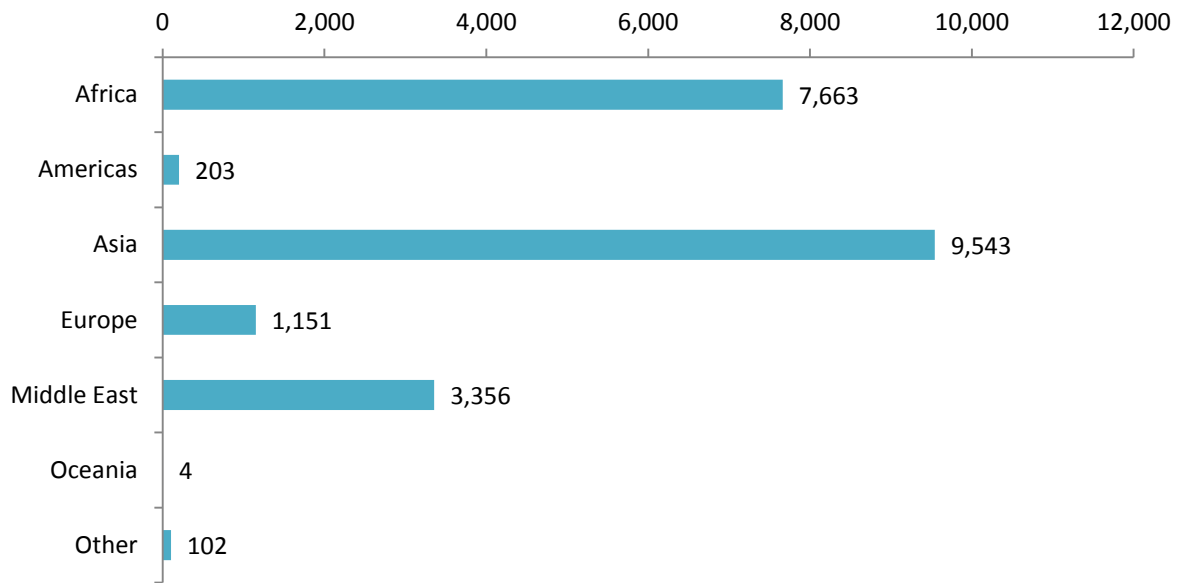
Home countries ranked outside the top 10 for each year are not shown

A number of trends are apparent and reflect global geopolitical unrest and occurrence of events that may trigger greater numbers of asylum requests such as natural disasters and war. Pakistan is ranked highest in every year and comprises largest single home country proportion (37,714/712,908; 5.2%) of all asylum requests in the North West between 2004 and 2012. In 2012, there was the highest recorded absolute number of asylum requests from individuals whose home country was Pakistan.

Between 2004 and 2010, Iran was ranked second every year, however numbers of asylum requests have declined in 2011 and 2012. Similarly, numbers of asylum requests from Zimbabwe, Somalia, Eritrea, Afghanistan, Democratic Republic of Congo and Iraq have declined in recent years. In contrast, there have been increases in numbers of asylum requests from individuals whose home countries are China, Nigeria and Sri Lanka.

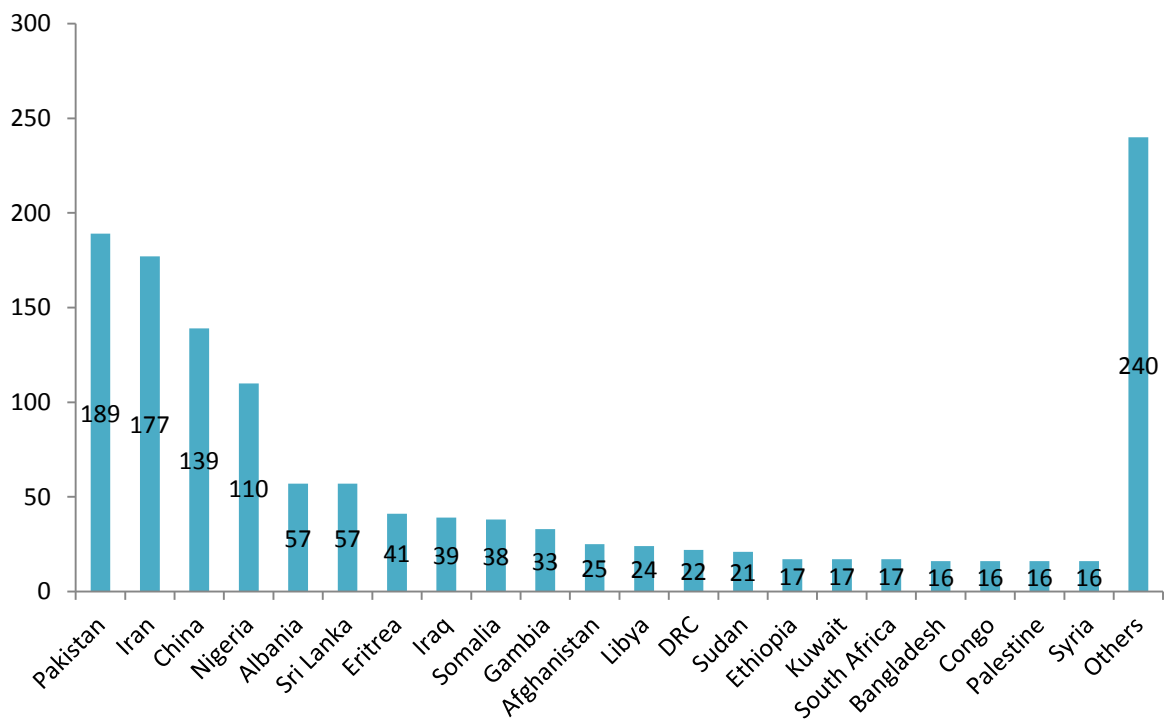
In Q3 of 2013, the greatest number of asylum requests came from individuals whose home country was in Asia (9,543) or Africa (7,663) – Figure 20.

Figure 20: Region of home country of dispersed people seeking asylum in the North West of England: Q3, 2013



Distribution of home countries of people seeking asylum dispersed to Liverpool were similar to that of the North West of England (Figure 21 and [Appendix 1: Additional data](#)). As noted above, we were unable to access data to allow estimation of time-trends.

Figure 21: Home country of people seeking asylum in dispersed accommodation in Liverpool: Q3, 2013



It is notable that, in Liverpool, the pattern of people seeking asylum' home country follows a "long tail" distribution; that is, there are a large number of home countries each with few (15 or less in Q3 2013) dispersed people seeking asylum. Whilst in planning health services it will be important to recognise that the greatest number of people seeking asylum come from a small number of countries, there are substantial numbers of individuals who do not fit this pattern. This distribution lends strength to a combined public health and individualised approach to commissioning and delivery of health services.

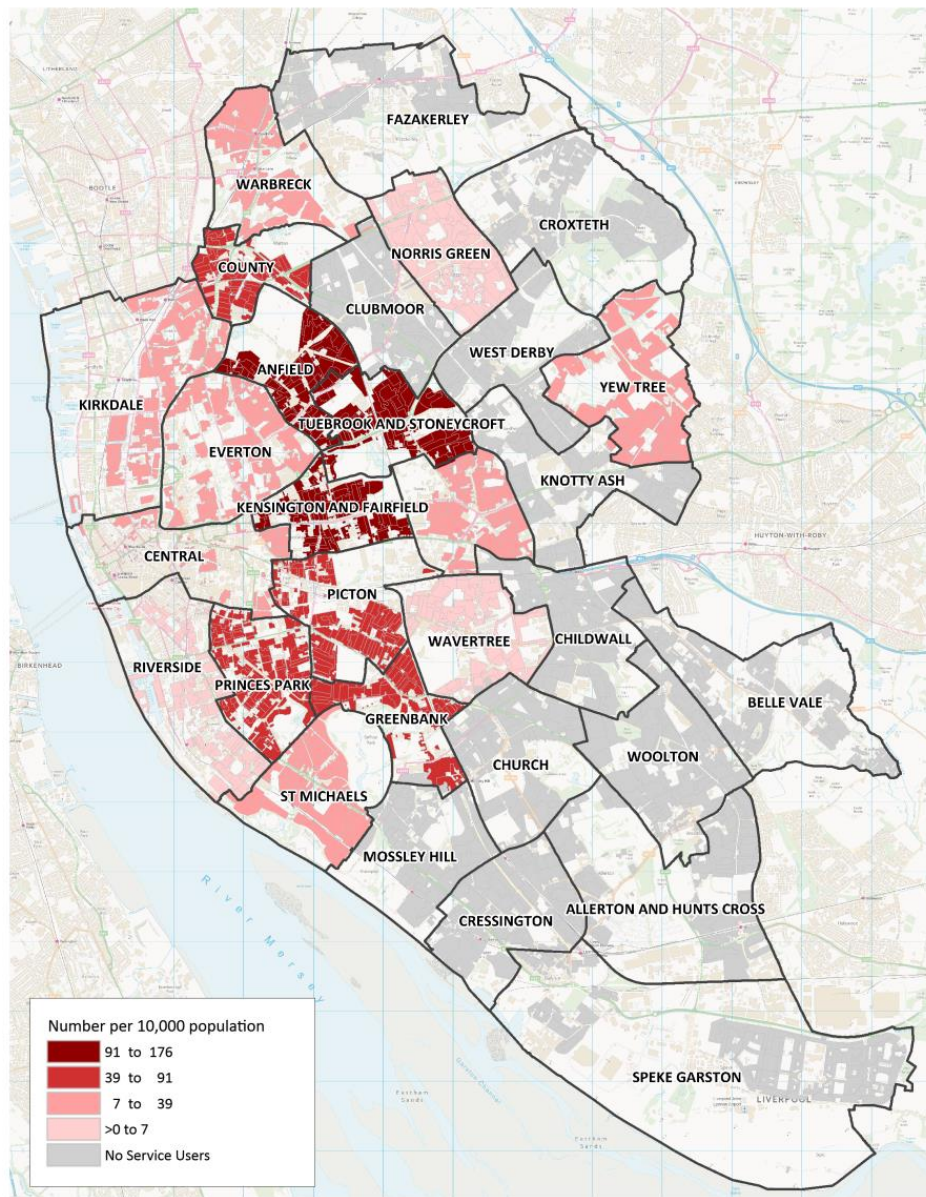
Serco Ltd manages dispersed accommodation for people seeking asylum in Liverpool, with a portfolio of approximately 450 properties in which dispersed people seeking asylum may be placed. These properties comprise of a mixture of small (1-2 bedroom flats and houses), medium (3-5 bedroom houses) and large (>5 bedroom houses) properties, with the largest able to accommodate 15 individuals. Properties are usually leased by Serco from private landlords, but may be purchased. The Home Office has defined "cluster-limits" for the numbers of people seeking asylum dispersed to particular locations:

"Dispersal accommodation is located in particular areas in the community where the local authority has agreed to take asylum seekers up to a defined cluster limit (defined as an assumption that there will be no more than one asylum seeker per 200 residents, based on the 2001 census figures for population)."

Among the 12 core cities, none currently exceeds this 0.5% cluster-limit. Liverpool however has the greater number of dispersed people seeking asylum relative to population compared to the other core cities.

Dispersal properties are located throughout the city. However, certain wards have a significantly higher numbers of dispersed people seeking asylum than others. Figures 22 and 23 below show the numbers of Section 95 and Section 4 recipient people seeking asylum in dispersed accommodation per 10,000 population by postcode and ward in Liverpool. Darker coloured areas have a greater relative proportion of total population who are dispersed people seeking asylum.

Figure 22: Section 95 recipient people seeking asylum in dispersed accommodation in Liverpool Q3 2013 per 10,000 population



Section 95 service users per 10,000 resident population

Date created: March 2014

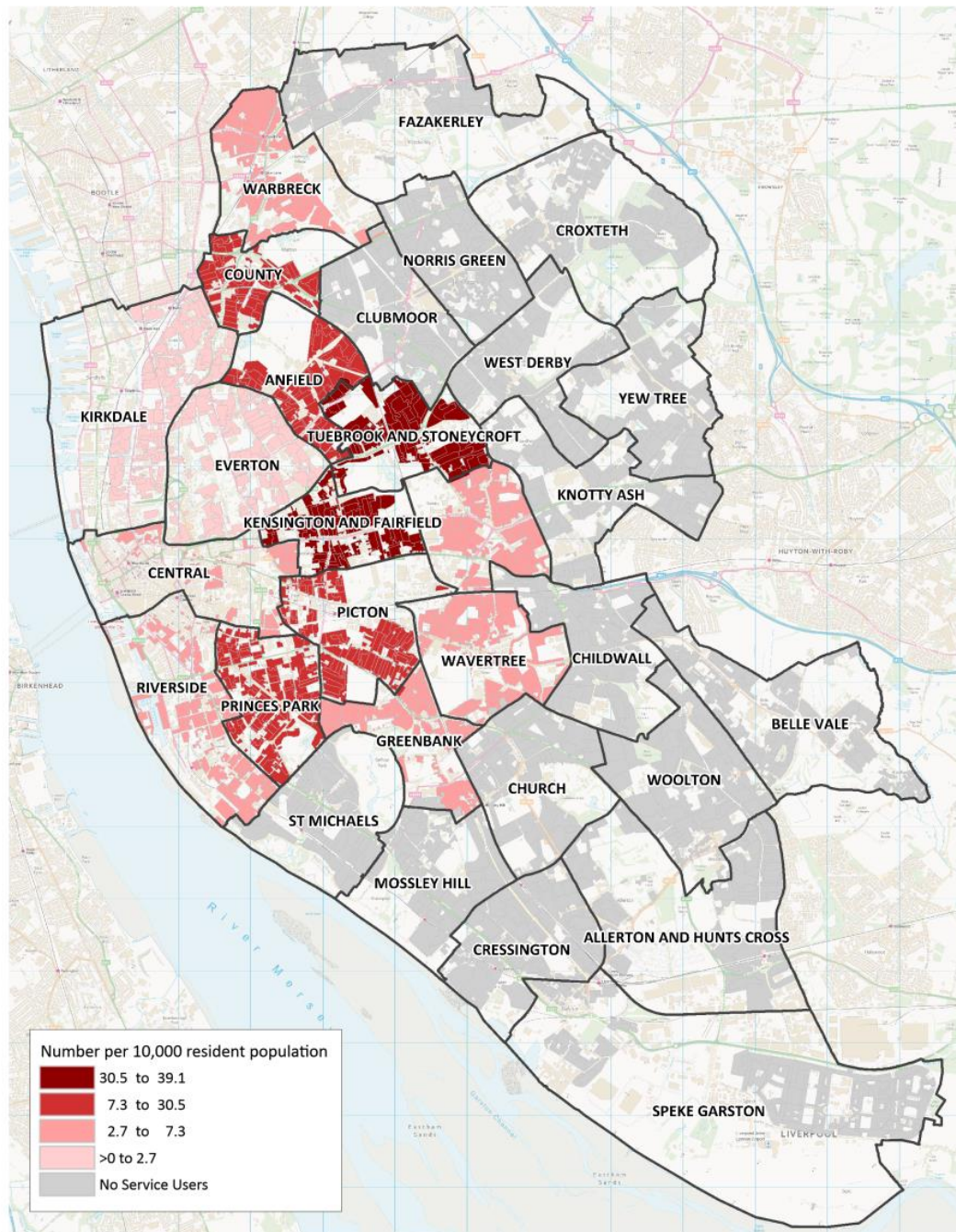
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Figure 23: Section 4 recipient people seeking asylum in dispersed accommodation in Liverpool Q3 2013 per 10,000 population



Section 4 service users per 10,000 resident population

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A number of patterns are clearly apparent. Firstly, dispersed people seeking asylum are concentrated in the North and Centre of the city, with no people seeking asylum resident in the South of the city. Additionally, certain wards, including Kensington and Fairfield, Tuebrook and

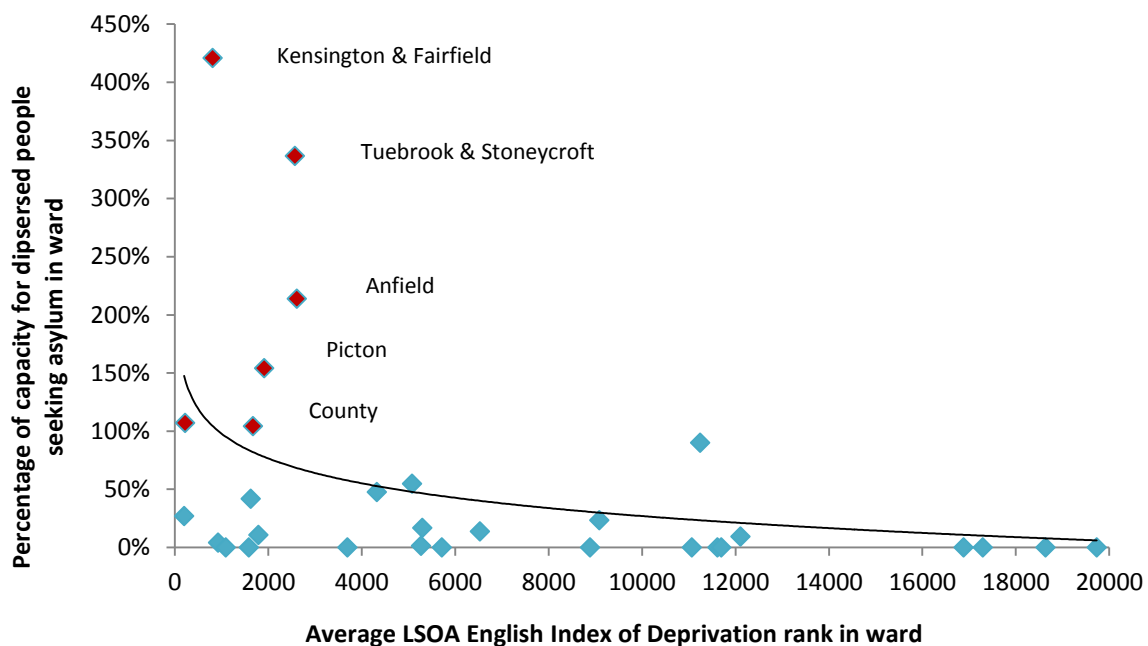
Stoneycroft, Picton, Princes Park, Anfield and County have substantially higher rates of dispersed people seeking asylum compared to other wards. Within wards, there is substantial variation in postcode location of dispersed accommodation, with some areas having substantially greater proportions of the population who are dispersed people seeking asylum than others.

It is notable that wards that have the highest rates of asylum-seeker dispersals tend to be among the most deprived in the city, and indeed the country. Data in [Appendix 1](#) shows the numbers of people seeking asylum by ward in Liverpool in April 2013. Additionally, the degree to which the ward capacity for dispersed people seeking asylum against the government target (0.5% of total population) is provided.

These data shows that there is considerable inequality in distribution of dispersed people seeking asylum throughout the city, with some wards having no people seeking asylum, or being substantially below capacity, whereas other are higher than the target figure.

When plotted against ward-averaged English Index of Deprivation Score (Figure 24 – where greater value means less deprivation), there is a clear trend. Wards with the highest levels of deprivation are substantially more likely to exceed their capacity, whereas the least deprived wards are all below capacity. Moreover, the relationship is logarithmic, showing substantially greater impact on the most deprived wards. Highlighted in red are wards where asylum-seeker dispersal capacity is exceeded.

Figure 24: Relationship between ward deprivation and dispersed asylum-seeker capacity in Liverpool, April 2013



The concentration of dispersed people seeking asylum in a small number of relatively poor areas of the city has potential to increase community tensions.

A separate investigation in March 2014 found that some dispersed people seeking asylum were living in substandard and potentially harmful accommodation.

(<http://www.liverpoolecho.co.uk/news/liverpool-news/sunday-echo-investigation-people-seeking-asylum-6838538>).

Access to health care for people seeking asylum in dispersed accommodation in Liverpool

Individuals in dispersed accommodation and awaiting an asylum-decision (or appealing a failed asylum decision) are entitled to register with a GP and access free NHS services. As people seeking asylum in Liverpool tend to be concentrated in certain areas of the city, the number of GP practices who will potentially register them as patients is small. GP practices are responsible for commissioning their own translation and interpreting services.

No routinely-collected sources of data about the experiences or health outcomes of dispersed people seeking asylum at GP practices in the city were available. Routine collection of indicator data could help identify previously unrecognised issues for this group, and potentially improve care.

Third sector organisations provided substantial amounts of anecdotal evidence about the experiences of asylum-seekers seeking care at GP practices in Liverpool. While a number of anecdotes about excellent and supportive care were reported, some challenges that were frequently encountered included:

- Difficulties in registering at the GP practice, particularly where registration forms were not available in English
- Misunderstandings of the entitlements of people seeking asylum, including requests for payment at private GP rates for consultations that dispersed people seeking asylum are entitled to for free
- Dismissive or rude attitudes
- Difficulties in accessing timely or appropriate translation and interpreting services

Third sector support for people seeking asylum and refugees in Liverpool

A large number of local and national third sector organisations provide support to people seeking asylum and refugees in Liverpool. Details of these organisations are compiled in Table 7 below. In addition, regular meetings are held between organisations to raise emerging issues, support new projects and initiatives, undertake continuing professional development activities.

Table 6: Third sector organizations in Liverpool supporting people seeking asylum and refugees

Organization	Organization type	Description	Selected Asylum-related activities
Asylum Link Merseyside	Charity	Drop-in centre for people seeking asylum and refugees	<ul style="list-style-type: none"> • Immigration support and case work • Destitution support • Signposting • Provision of food, furniture, clothing, children’s equipment and toys • Activities and groups (e.g. bicycle repair, gardening, women’s’ group)
Family refugee support project	Charity	Provides holistic support to refugee and asylum-seeking families with mental health issues. Accessed by referral. Capacity for 14 families	<ul style="list-style-type: none"> • Long term trauma therapy • Activities (e.g. gardening) • Support with accessing benefits, housing and education • Peer mentorship programme
Liverpool Mental Health Consortium	Charity	Service user and carer-led advocacy group with focus on improving mental health services	<ul style="list-style-type: none"> • Development of collective voice • Advocacy for improvement of mental health services
Merseyside Refugee and People seeking asylum Pre- and Post-Natal Support Group	Charity	Provides practical and holistic support to refugee and asylum-seeking women, particularly pre- and post-natal, victims of sexual violence, trafficking and slavery	<ul style="list-style-type: none"> • Drop in groups in safe environment • Counselling • Casework • Provision of clothing and toys
Merseyside Refugee Support Network	Charity	Aims to relieve poverty and unite refugees and asylum groups.	<ul style="list-style-type: none"> • Advocacy and awareness raising • Support for welfare and housing access and job searching • Interpreting and English classes • Group activities and mentorship • Internet access
British Red Cross	Charity	Relief for vulnerable people in crisis	<ul style="list-style-type: none"> • Case work support • Emergency provision for destitution • Advocacy • Family reunion travel assistance • Family tracing • Welcome centre for new arrivals • Skills building project
Refugee Action	Charity	National charity offering support and advocacy	<ul style="list-style-type: none"> • Support to prevent homelessness • Enhancing legal support • Information sessions • Community awareness raising • Youth wellbeing sessions

Sahir House	Charity	Provide information and advice to people living with and affected by HIV	<ul style="list-style-type: none"> • Training and awareness raising sessions • Offers volunteering opportunities • Advocacy
SOLA Arts	Charity	Community arts charity working with all groups, especially BME, refugees and people with mental health issues	<ul style="list-style-type: none"> • Art psychotherapy • Integration and social action activities • Advocacy • Resettlement support, • Development of professional artistic opportunities • Court representation • Expert witness reports and medico legal representation
Student Action for Refugees	Charity	National student charity volunteering and campaign to improve the lives of refugees	<ul style="list-style-type: none"> • English conversation clubs • Drop ins • Homework clubs • Campaigning and advocacy
Liverpool Asylum and Refugee Association	Refugee community organisation	Asylum-seeker and refugee-led group aiming to support and improve wellbeing	<ul style="list-style-type: none"> • Peer support • Skills sharing • Information provision • Campaigning and lobbying
Regional Asylum Activism Project	Refugee community organisation	Activism partnership between various refugee and asylum-seeker groups	<ul style="list-style-type: none"> • Building voice • Shifting attitudes • Effecting policy change •
Freedom from Torture	Charity	National charity with regional office in Manchester. Providing clinical services to victims of torture	<ul style="list-style-type: none"> • Documentation and preparation of medico-legal reports • Rehabilitation • Advocacy and influencing policy
			<ul style="list-style-type: none"> •

At regular network meetings and in discussions with key informants, it was apparent that third sector organisations play a vital role in Liverpool is supporting people seeking asylum and refugees during traumatic and difficult times and that this support was greatly appreciated. Specific activities to support access to legal support and casework, and to health services when required were particularly valued. Additionally, because of difficulties in accessing mental health services, the counselling and support sessions offered by some organisations were highly valued.

However, all third sector groups noted that because of reductions in funding , they were finding it increasingly difficult to continue to offer services.

Discussion

Current Picture in Liverpool

- People seeking asylum in Liverpool are predominantly young adults and a substantial majority are male. However a significant number of women, children and older people seeking asylum are assessed and dispersed to Liverpool. Although the most common country of origin of people seeking asylum in Liverpool is Pakistan, a large number of countries from nearly all regions of the world are represented. Therefore, in commissioning health and social care services, a “one-size fits all” approach will not be appropriate. Instead, as currently organised, access to a full range of clinical services determined by individualised assessments is required.
- The health needs of asylum-seekers are mostly well met within Liverpool, with particular strengths in during the initial assessment period and in the support provided by third sector organisations. However, a number of areas of potential improvement were identified.
- During the initial assessment period, universal screening for active TB disease and targeted testing for HIV (on basis of clinical history, history of recent exposure, clinical judgement) need to be strengthened.
- Similarly, following placement in dispersed accommodation, those individuals seeking asylum, who are at increased risk of HIV and tuberculosis, are not proactively identified by general practitioners and invited for screening and testing.
- For people seeking asylum who are not registered with a GP, or who wish to seek screening/testing elsewhere, there is a lack of effective signposting to available services in the city.
- A number of third sector organisations in Liverpool provide substantial care and support to people seeking asylum, covering a range of services including emergency food and clothing, peer mentorship activities, counselling and support, and legal and casework support. A number of organisations reported severe difficulties with capacity and funding in recent months and years.
- People seeking asylum placed in dispersed accommodation in Liverpool are entitled to register with a local GP near to the area where they are housed. There are no routinely collected data sources describing the uptake, experiences or outcomes of people seeking asylum who are dispersed to Liverpool and register at a GP practice. On the basis of anecdotal evidence, greater efforts are needed to ensure that GP services are accessible, respectful and appropriate. This should include review of how translation and interpreting services are provided

Key gaps in provision identified by this assessment

Improve access to mental health services

- Access to mental health services was noted to be poor by a number of informants, with some individuals under the misconception that individuals had to be granted refugee status before they could be referred for assessment and care. Access to mental health services are particularly important for people seeking asylum who may have experienced war, violence, torture or

bereavement. Instead, third sector organisations provided substantial assessment, counselling and support interventions, but face substantial funding challenges.

Improving screening, testing and diagnosis of tuberculosis and HIV infection

- During the asylum process, there are a number of missed opportunities for offering appropriate screening and diagnosis for tuberculosis and HIV. Universal screening for symptoms and signs of active TB should be strengthened during the initial 2 to 3 week assessment stage. During this initial period, the offer of HIV testing to those with clinical symptoms suggestive of HIV or with history of recent potential exposure or on the basis of clinical judgement needs to be strengthened, as there is a risk that some people who would benefit from urgent testing may miss out. This could be facilitated by the use of near patient screening tests, or by strengthening referral and linkage systems to other providers. Following placement in dispersed accommodation in Liverpool, a substantial gap in provision was identified. In conjunction with strengthening systems for ensuring universal registration with a general practitioner (see below), GP surgeries should proactively identify asylum-seekers coming from countries with a high prevalence of HIV or tuberculosis, or who may have other clinical or social risk factors, and routinely offer screening during the registration process. There is a pressing need to improve signposting of asylum-seekers towards other providers in the city that offer screening, diagnosis and treatment of HIV, tuberculosis and sexually transmitted diseases.

Improving equitable access to GP care and strengthening reporting of outcomes

- Dispersed people seeking asylum registering with GPs in the city report occasionally facing difficulties in completing registration procedures and sometimes experiencing suboptimal access to translation and interpreting services. GP surgeries registering a larger number of people seeking asylum should strengthening systems for routine collection of data pertaining to people seeking asylum and refugees where possible. They should also consider proactively inviting people seeking asylum to assessment appointment where their particular health needs could be identified and addressed. An emphasis should be placed on screening for and management of mental health problems. Additionally, GP practices registering a larger number of people seeking asylum should consider reviewing their procurement of translation and interpreting services to ensure these are effective and acceptable.

Further assessment of intelligence around quality of housing for dispersed people seeking asylum

- Housing is a key determinant of health. The Home Office has contracted Serco Ltd to provide housing services for dispersed people seeking asylum in Liverpool. Key informants (in addition to newspaper investigations) have raised concerns that the standard of housing available to dispersed people seeking asylum is not always of suitably high standard. This issue has not been explored in depth as part of this needs assessment and further investigation of housing issues should be considered.

Summary

The health and social care needs of people seeking asylum are complex and challenging. Liverpool City Council has committed the City of Sanctuary pledge, endeavouring to recognise the positive contributions brought to the city by migrants and welcoming everyone with tolerance and support. People seeking asylum and refugees may have considerable and varying health and social needs. Given their diverse backgrounds and experiences prior to entering the UK, a **“one size fits all”**

approach to provision of health and social care services for people seeking asylum and refugees is likely to be insufficient.

The health needs of asylum-seekers are mostly well met within Liverpool, with particular strengths in during the initial assessment period and in the support provided by third sector organisations. Strengthening of the areas where gaps were identified could further enhance delivery of effective, acceptability and equitable services for people seeking asylum and refugees in Liverpool.

Appendix 1:

Figure 25: Numbers of UK people seeking asylum by sex, 2008-2013

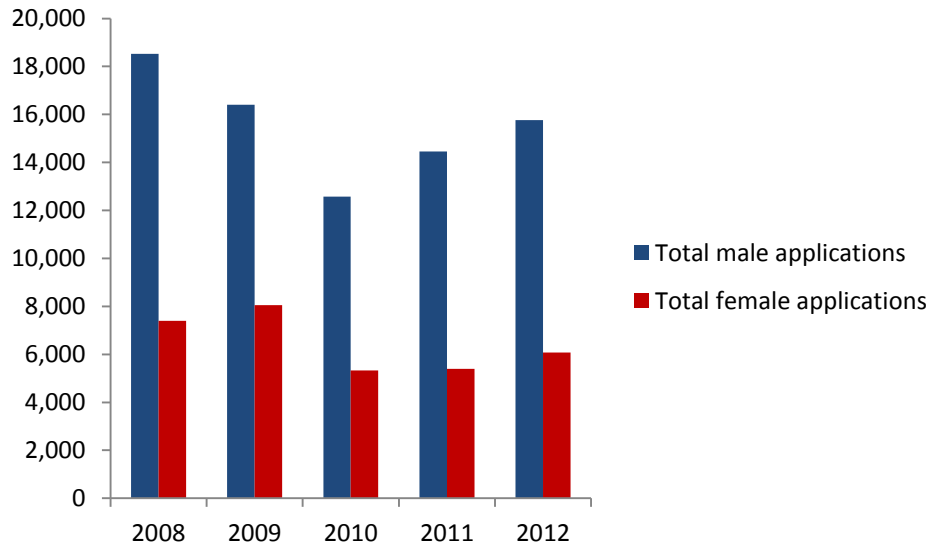
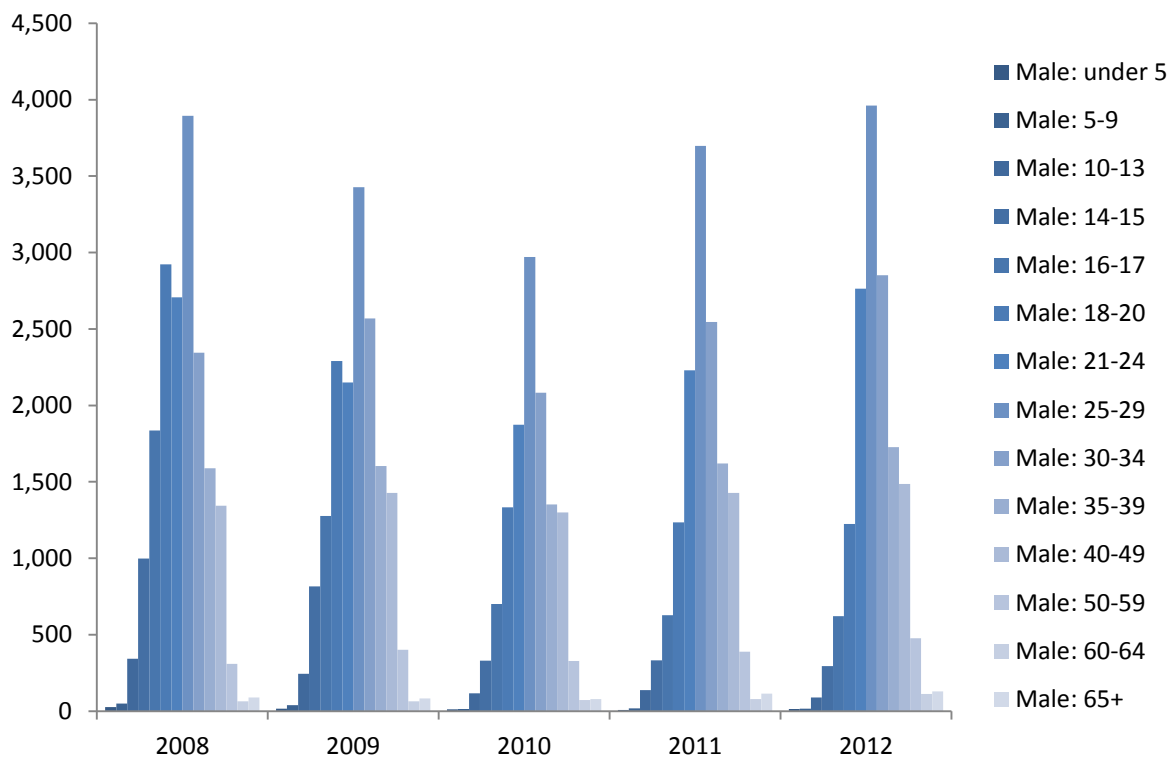


Figure 26: UK male and female asylum requests by age group, 2008-2013



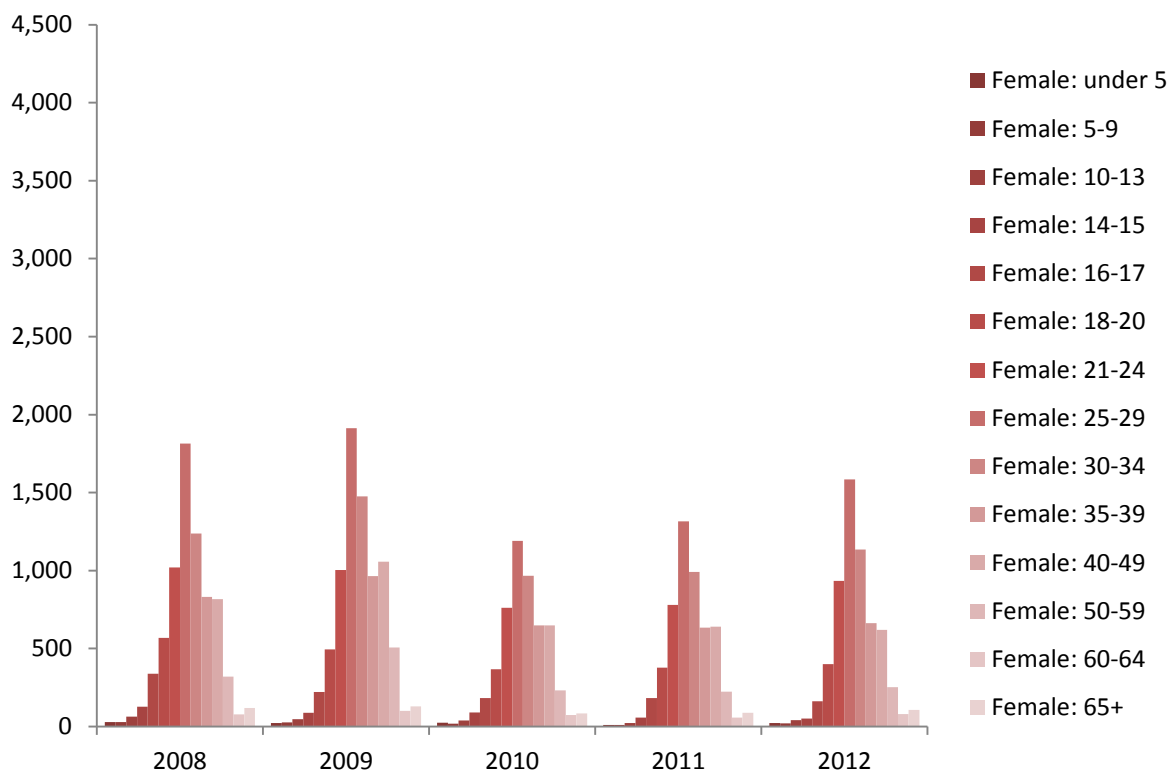


Figure 27: Outcomes of initial UK asylum application, 2004-2012

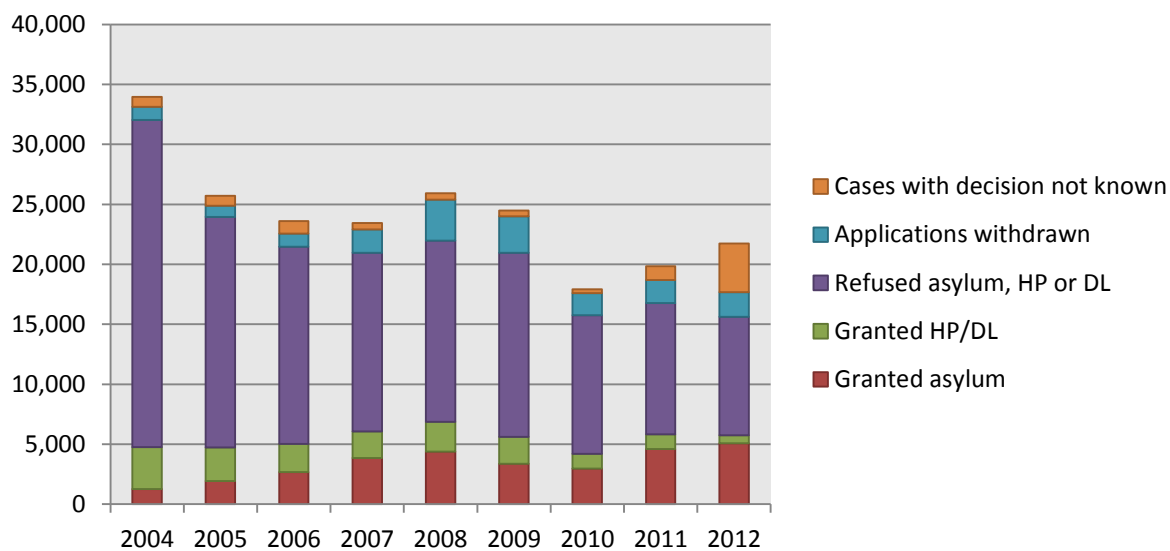


Figure 28: Appeals against initial refusal of UK asylum request, 2008-2012

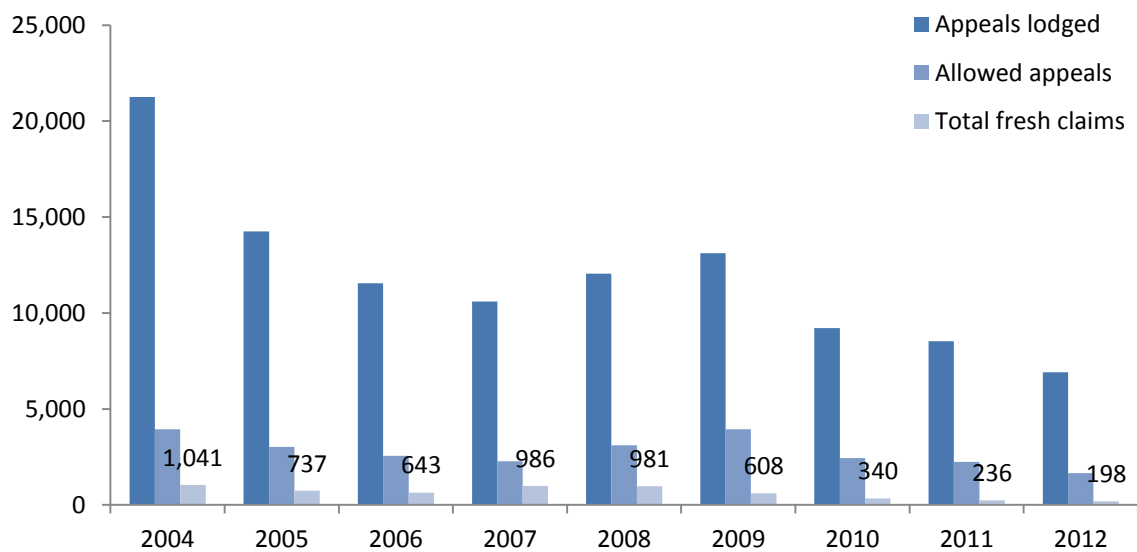


Figure 29: Final outcomes for people seeking asylum refused leave to remain in the UK

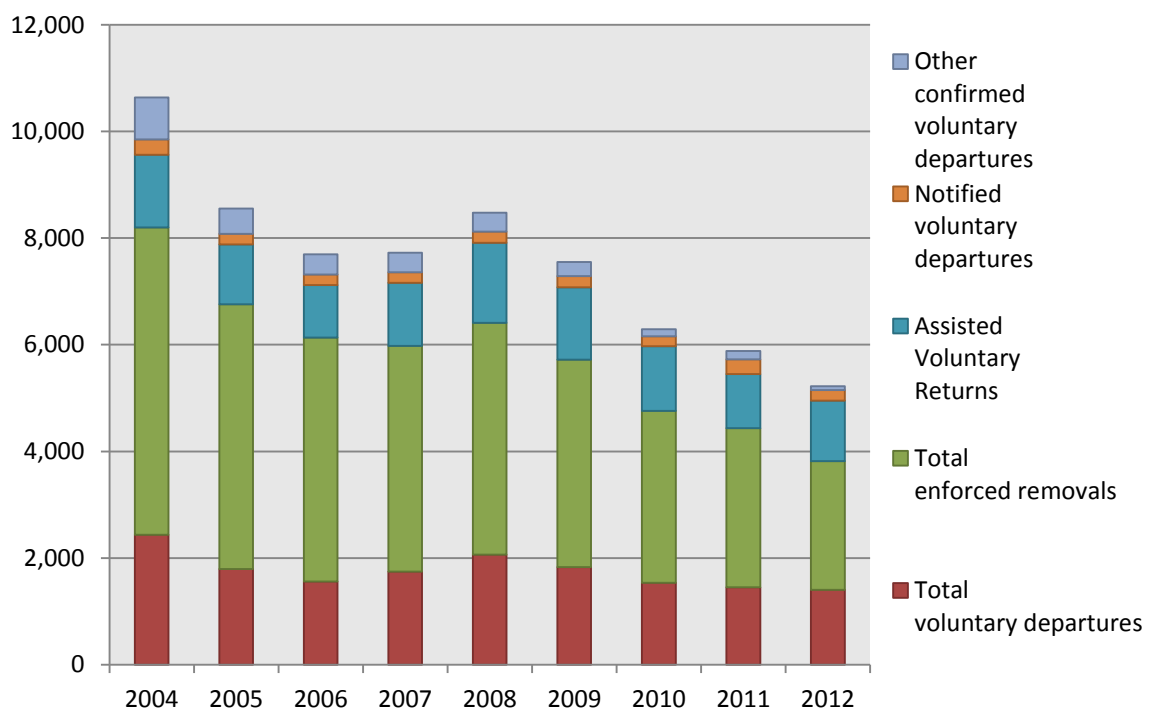


Figure 30: Numbers of UK asylum requests from unaccompanied minors by sex, 2006-2013

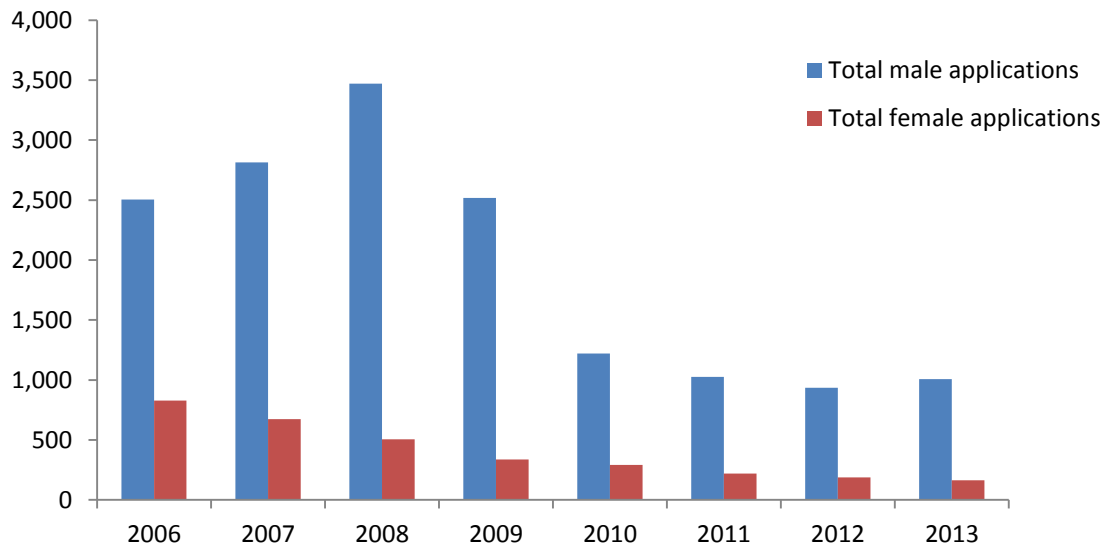


Figure 31: Numbers of UK male unaccompanied children asylum requests by age group, 2006-2013

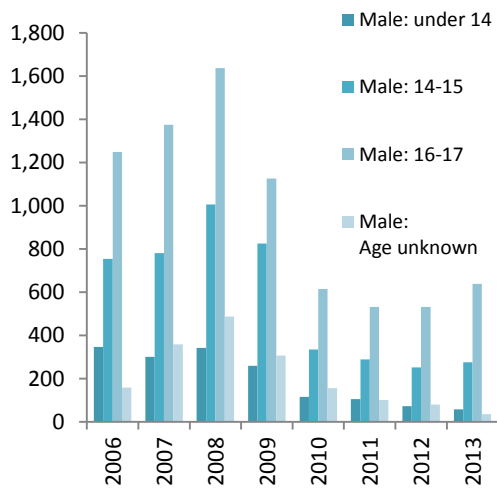


Figure 32: Numbers of UK female unaccompanied children asylum requests by age group, 2006-2013

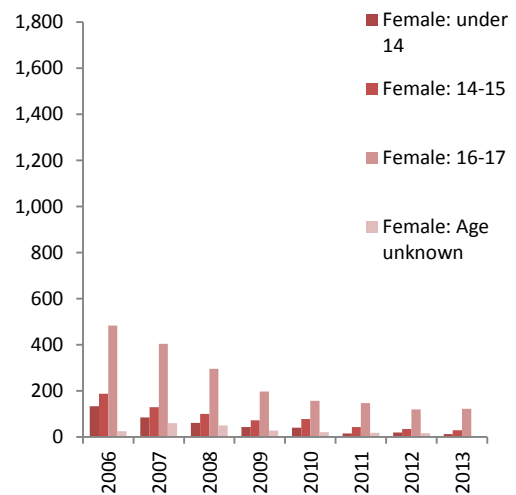


Figure 33: Resolution in cases where age of unaccompanied minor is disputed, 2006-2013

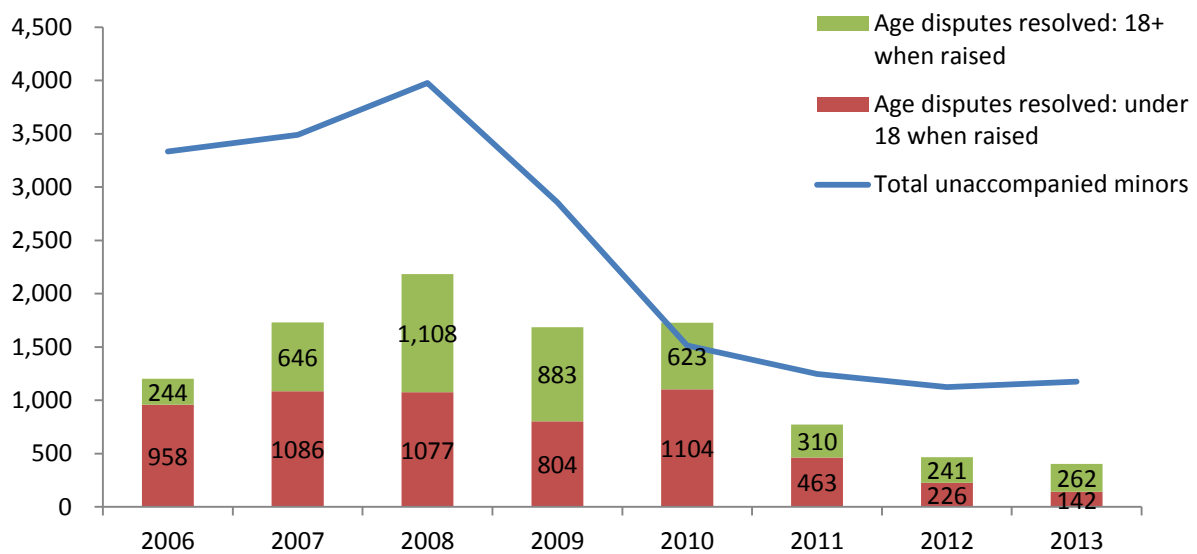


Figure 34: Region of origin of unaccompanied children making UK asylum requests, 2006-2013

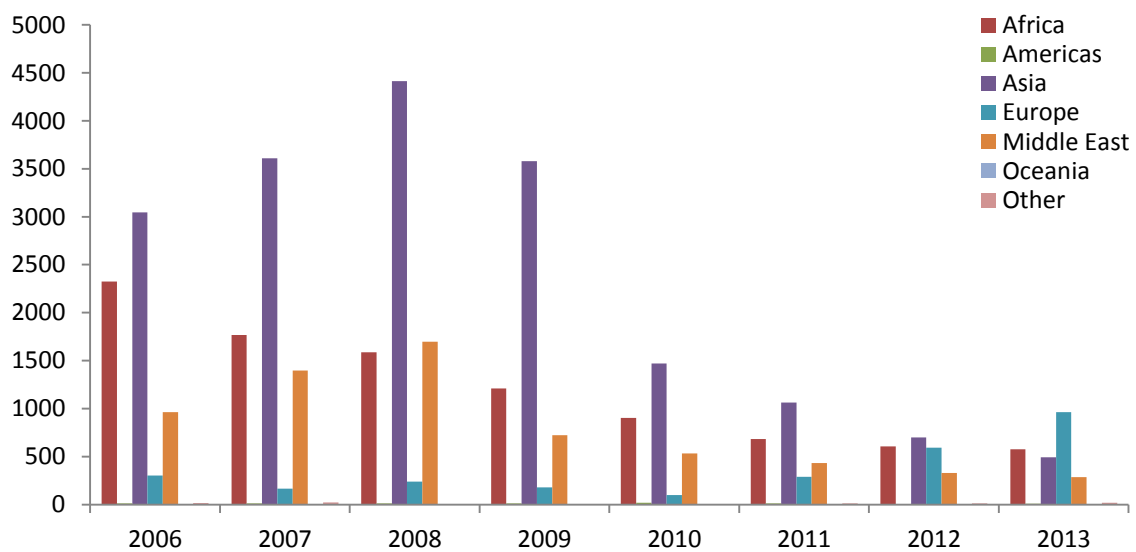


Figure 35: Quarterly trends in numbers of people seeking asylum assessed by Practice Nurses at UC24, 2009-2013

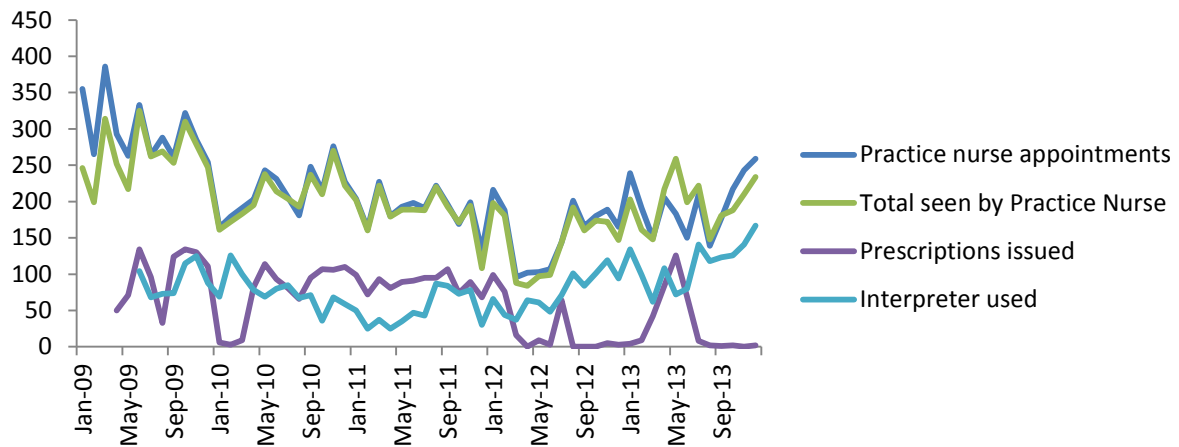


Figure 36: Quarterly trends in asylum-seeker GP appointments at UC24, 2009-2013

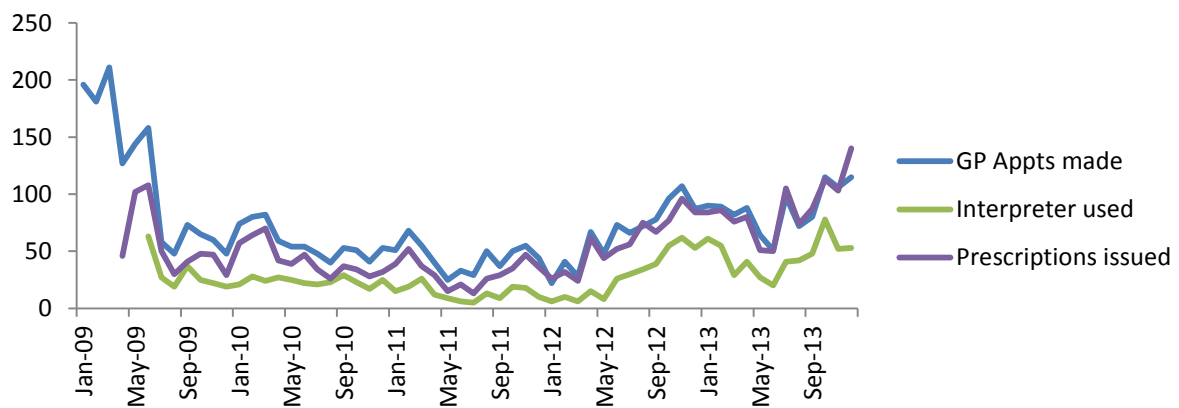


Figure 37: Quarterly trends in asylum-seeker health visitor appointments at UC24, 2009-2013

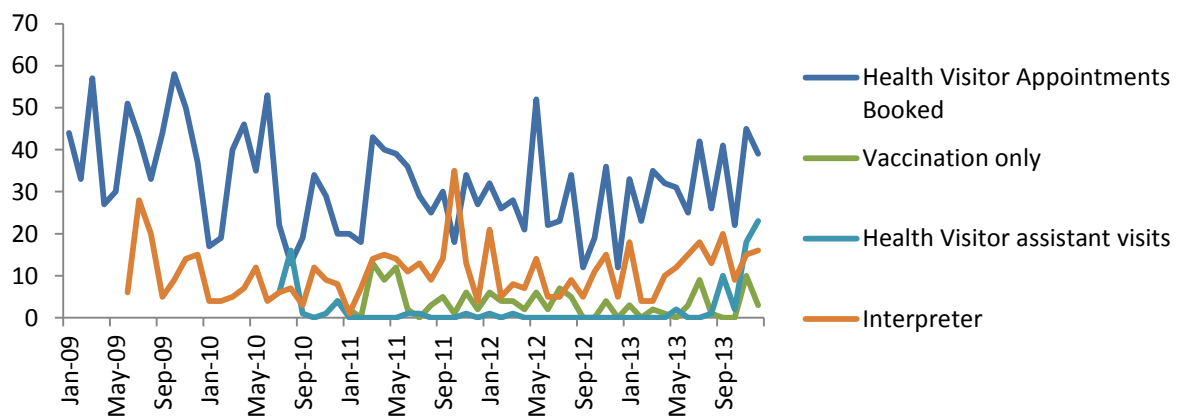


Figure 38: Quarterly trends in asylum-seeker school nurse appointments at UC24 Asylum, 2009-2013

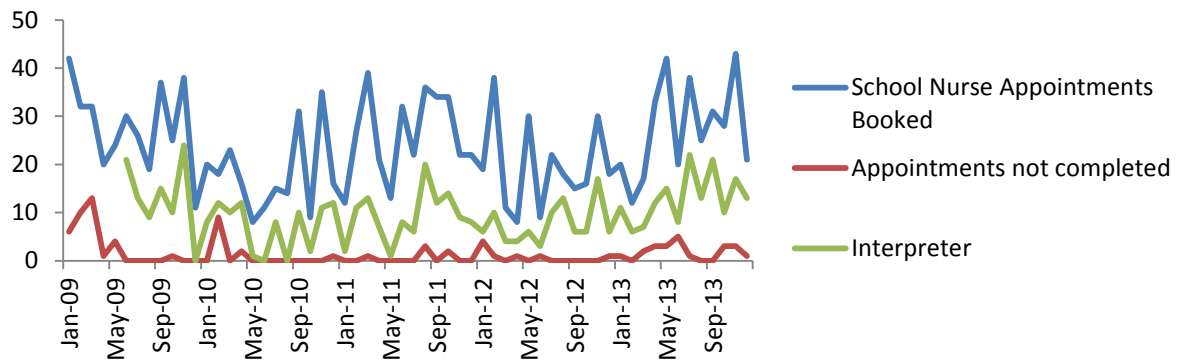


Figure 39: Quarterly trends in Community Midwife Assessments at UC24 Asylum, 2009-2013

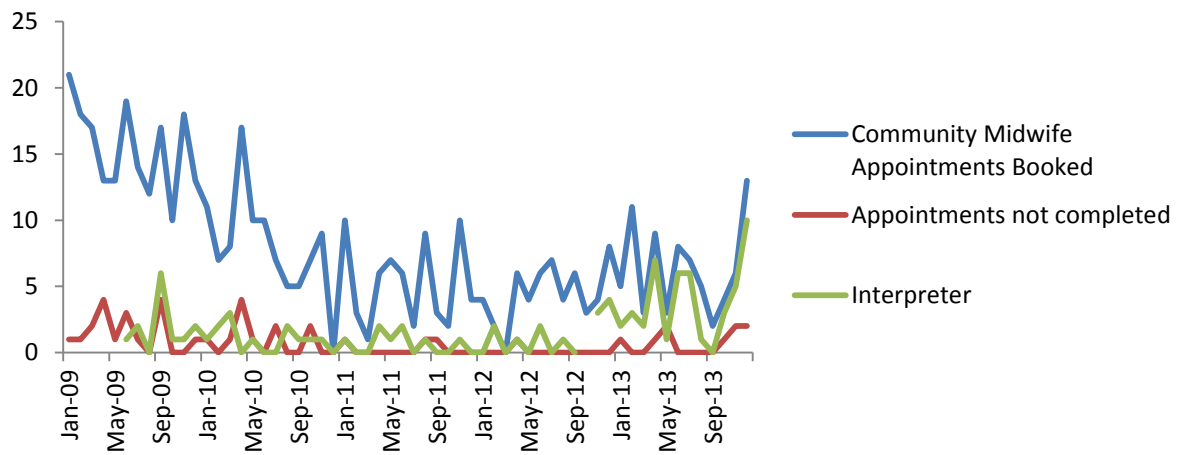


Figure 40: Quarterly trends in referral from UC24 Asylum to GUM clinics, 2009-2013

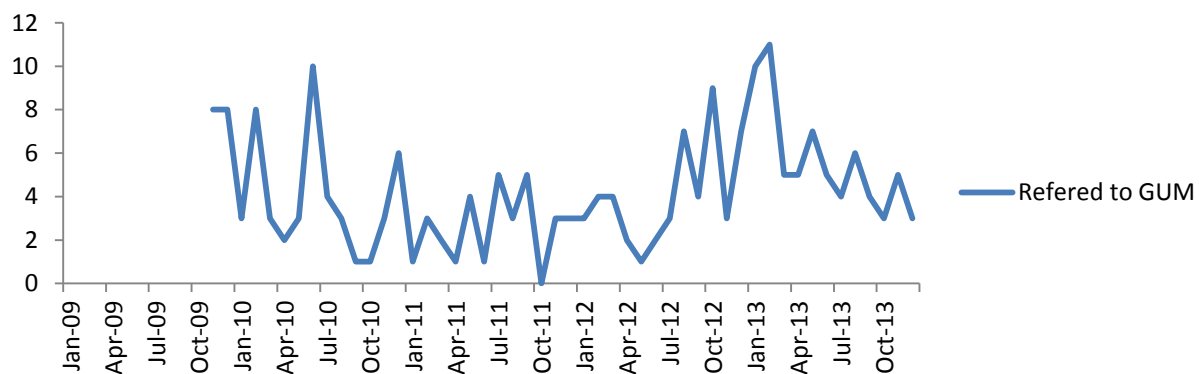


Figure 41: Quarterly trends in numbers of people seeking asylum undergoing symptom screening for TB at UC24 Asylum, 2009-2013

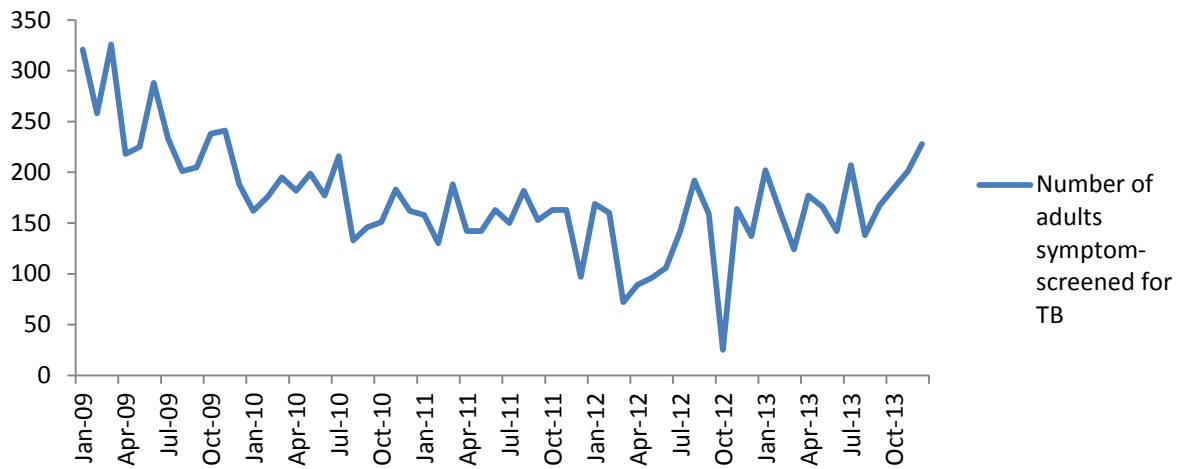


Figure 42: Quarterly trends in numbers of emergency and non-emergency referrals made for people seeking asylum from UC24 Asylum, 2009-2013

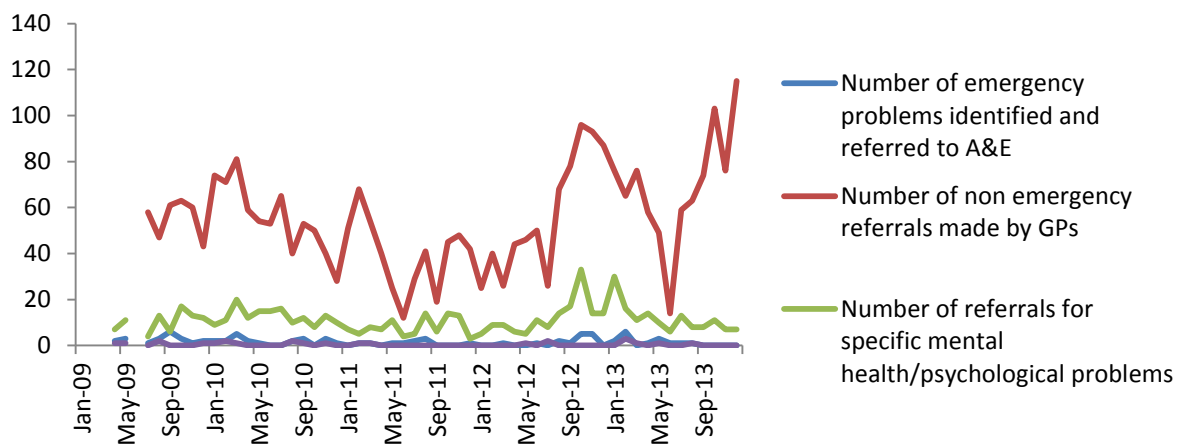


Figure 43: People seeking asylum in receipt of Local Authority Support: Liverpool, 2003-2013

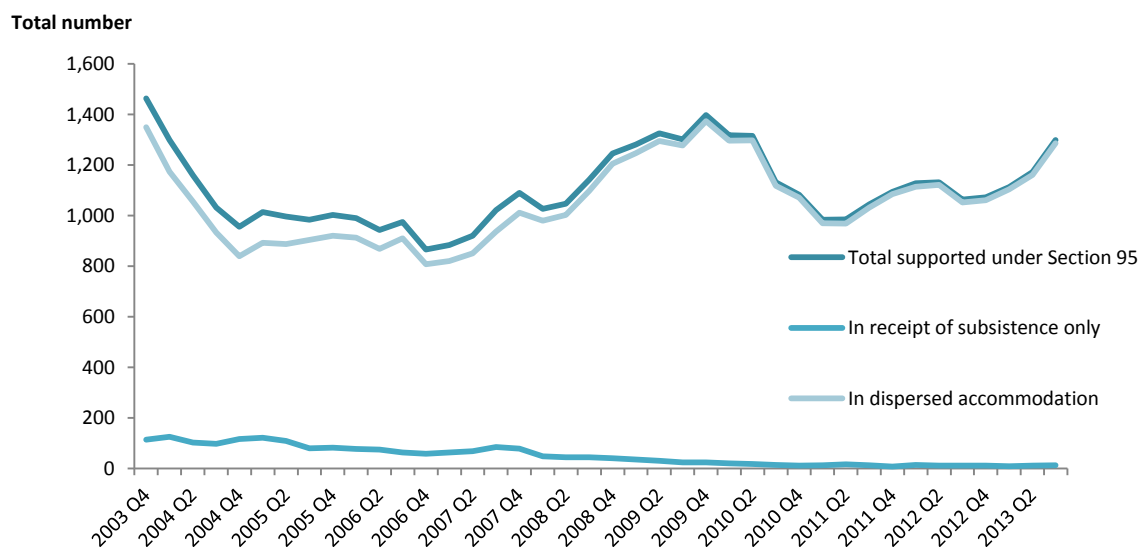


Figure 44: Numbers of dispersed people seeking asylum in Liverpool by home country: Q3, 2013

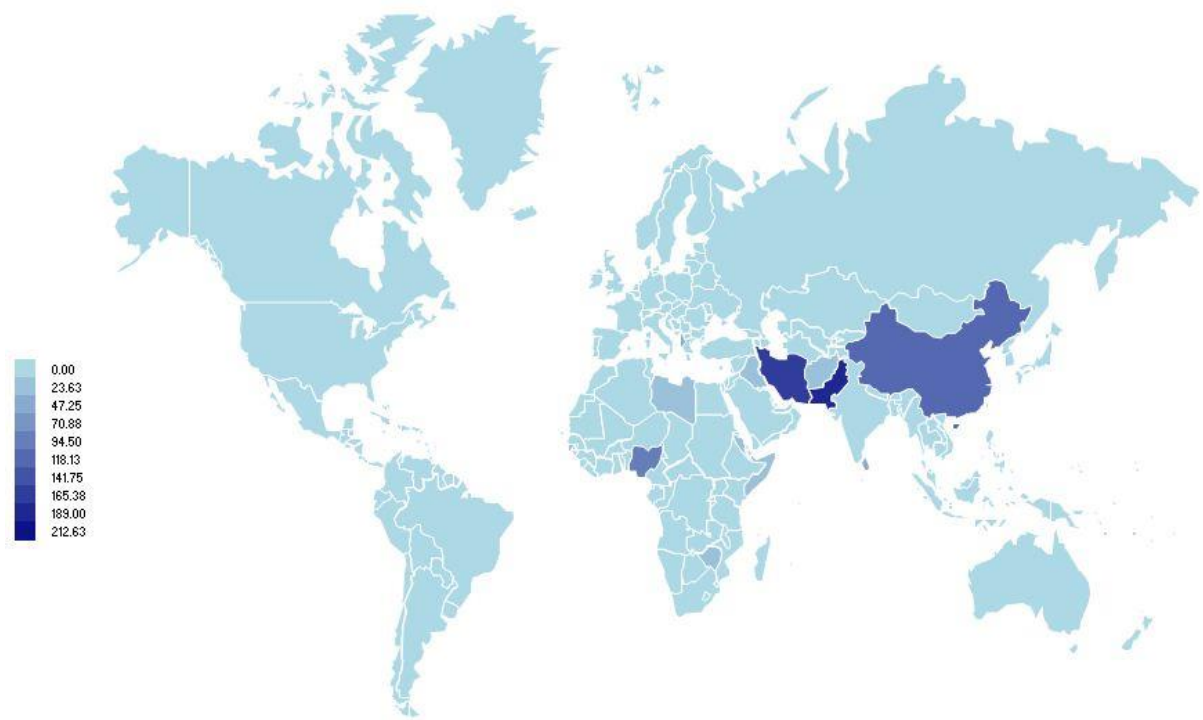


Table 7: Number of dispersed people seeking asylum and ward capacity (0.5% of population), April 2013

Ward	Population	No of dispersed people seeking asylum	Maximum asylum capacity (based on cluster limit of 0.5% of 2011 population)	% of capacity
Allerton and Hunts Cross	14,853	0	74	0%
Anfield	14,510	156	73	214%
Belle Vale	15,004	0	75	0%
Central	20,340	24	102	24%
Childwall	13,908	0	70	0%
Church	13,974	0	70	0%
Clubmoor	15,272	0	76	0%
County	14,045	73	70	104%
Cressington	14,503	0	73	0%
Croxtheth	14,561	0	73	0%
Everton	14,782	20	74	27%
Fazakerley	16,786	0	84	0%
Greenbank	16,132	73	81	90%
Kensington and Fairfield	15,377	324	77	421%
Kirkdale	16,115	34	81	42%
Knotty Ash	13,312	1	67	1%
Mossley Hill	13,816	0	69	0%
Norris Green	15,047	3	75	4%
Old Swan	16,461	39	82	48%
Picton	17,009	131	85	154%
Princes Park	17,104	92	86	107%
Riverside	18,422	10	92	11%
Speke-Garston	20,300	0	102	0%
St Michael's	12,991	9	65	14%
Tuebrook and Stoneycroft	16,489	276	82	337%
Warbreck	16,481	45	82	55%
Wavertree	14,772	7	74	9%
West Derby	14,382	0	72	0%
Woolton	12,921	0	65	0%
Yew Tree	16,746	14	84	17%
TOTAL	466,415	1,331	2,335	57%

