### General Points:

- An **asylum seeker** is a person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been decided.
- A **refugee** is someone whose asylum application has been successful and who has permission to stay in another country having proved he or she would face persecution at home.
- A 'Failed' asylum seeker is a person whose asylum application has been completed but failed and who has no other protection claim awaiting a decision. Some failed (refused) asylum seekers voluntarily return home, the Government forcibly returns other. Some are unwilling or unable to return because it is not safe or practical for them to do so.
- An 'Illegal Immigrant' is someone whose entry or presence in a country contravenes immigration laws. There is no such thing as an illegal asylum seeker - the UK has signed the 1951 Convention on Refugees, which means that anyone has the right to apply for asylum in the UK.
- Asylum numbers are fluid with cases being resolved and statuses changing all of the time.
- Newcastle hosts the most Asylum seekers of all North East local authorities - 3% of all dispersed asylum seekers in the UK.
- In August 2008 the number was 1421 but calculating how many people remain in Newcastle when they are no longer in contact with the asylum system is a challenging task.
- Research by *Open Door*, a regional charity, estimates that in 2006 there were more than 300 'failed' asylum seekers living destitute in Newcastle.
- The UK Border Agency (UKBA) data shows that current asylum seekers come from many different counties but the largest national groupings are from Iran, Iraq and Zimbabwe. The experience in Newcastle (2001 to 2007) is that the most typical age is 25-34 with very few people over 60.
- Trends lead the LA to expect the number of new asylum cases dispersed to the city will remain steady at around 300 - 350 each year.

### Heath needs include

- Mental Health issues, including post traumatic stress disorder (PTSD), the consequences of trauma and rape, and isolation.
- Sexual Health issues, including Sexually Transmitted Infections (STIs),
HIV and unwanted pregnancies. At least one specialised practice, Arrival, make condoms available

- Lack of, or incomplete, screening and immunisations - covering a wide variety of checks from communicable disease, cervical smears, breast screening, hearing, eye checks
- Dental Health - poor dental health and accessing dental care was an issue noted directly in at least four responses.
- Poor nutrition and consequences such as vitamin deficiencies
- Skin diseases and parasitic diseases
- Musculoskeletal problems, particularly of the feet - sometimes from travelling
- Behavioural health problems - opium use, domestic violence, alcohol use, tobacco and smoking
- Hypertension, H. pylori and diabetes - Sunderland’s Health Needs Assessment work has found higher frequencies and earlier onset of these conditions
- As an example, the NEPHO report highlights that in a recent analysis of case records by the liaison psychiatry team at the Royal Victoria Infirmary in Newcastle found that they had seen 50 cases of self-harm in asylum seekers and refugees between 1998 and 2007.
- In addition, Newcastle PCT highlight a number of areas that are of particular concern in Newcastle, notably sexual health and mental health issues, many of which are the consequence of torture or abuse. Dental problems were also highlighted by Newcastle PCT as was the fact that many people also require catch up immunisations and cervical smears. The other major issue highlighted in Newcastle was the task of ensuring access to healthcare:
  - Access to appropriate services including GP registration and secondary care services, particularly in relation to sexual and mental health and appropriate initial assessment, clear explanation and discussion with patients.
  - Destitute asylum seekers being denied access to secondary care except A&E treatment, proposals to restrict primary care to this group too which has public health implications.
  - Those on Section 4 support having vouchers rather than cash which can mean that they must travel long distances to spend them; having less to spend than those on income support and often not being able to buy appropriate provisions for babies.
  - Some asylum seekers and refugees come from parts of the world that have high rates of certain diseases. Authorities need to be aware of what these diseases are, who may need to be screened and arrangements for proper control - the Health Protection Agency has responsibility in this area. Infectious diseases that are significant are Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hepatitis and Malaria. There are some concerns that not all cases of HIV are being picked up. For example, in the Black African population in the North East living with HIV (290 of the total number of 868), there are 213 women and only 77 men. This is much more likely to represent the ways in which HIV is detected in antenatal settings than the incidence of HIV (NEPHO 2008)

(Information above taken from JSNA www.newcastlejsna.org.uk)
### Points related to Age

- Newcastle City Council supports some failed asylum seekers under **Section 21 of the National Assistance Act 1948**. This act says that a local authority has a duty to provide support for people aged eighteen or over who because of age, illness, disability or any other circumstances are in need of care and attention, which is not otherwise available to them. However, the Immigration and Asylum Act 1999 amended this in order to disqualify those who are destitute because of a failed asylum claim.

- The **Children Act 1989** says that a local authority has a duty of care to offer support to anyone under the age of 18, regardless of their immigration status.

- Failed Asylum Seekers can have their financial support and accommodation removed if they 'fail to take reasonable steps' to leave the UK. In the event that families are made destitute, they can face having their children removed and taken into the care of social services.

- Children may be trafficked for the purposes of domestic servitude, exploitable labour, sexual exploitation, benefit fraud and work in cannabis factories. Even though a child may have been trafficked for a purpose other than sexual exploitation, they become highly vulnerable to physical and sexual abuse once they have been trafficked. (Report into Child Trafficking in the North West of England. Commissioned by Government Office North West. Michael Lay PML (UK) Ltd)

### Points related to Disability

- Newcastle City Council supports some failed asylum seekers under **Section 21 of the National Assistance Act 1948**. This act says that a local authority has a duty to provide support for people aged eighteen or over who because of age, illness, disability or any other circumstances are in need of care and attention, which is not otherwise available to them. However, the Immigration and Asylum Act 1999 amended this in order to disqualify those who are destitute because of a failed asylum claim.

### Points related to Religion and Belief

- Religion and belief may be very important to some refugees and people seeking asylum, staff need to be aware of religious beliefs of patients and service users. (Religion and Belief Factfile 2010)

### Points related to Marriage and Civil Partnership

- No relevant information found

### Points related to Pregnancy and Maternity

- Women refugees and people seeking asylum have many needs when they are pregnant. If they are ‘Failed ‘ asylum seekers they may be homeless and the service has no where to discharge the women to.

- Women may discharge themselves if they think they are going to be removed by the UKBA (Discussion with Women’s services 2011)

- Most migrant women had a positive birth experience and felt well informed throughout the birth. However a number reported that their
language, pain relief and cultural and religious needs had not been met.
- (Delivering in an age of super-diversity west midlands review of maternity services for migrant women 2010)

### Points related to Sex (Male/Female)

**Women trafficked for prostitution**

Female Genital Mutilation FGM is practised in 28 African countries, in some communities in the Middle East and Asia, and increasingly among migrant communities in Europe, New Zealand, Australia, the United States, and Canada. Currently, it is estimated that over 24,000 girls aged under 16 years could be at risk of FGM in England and Wales. (The Foundation for Women’s Health Research and Development 2009)

### Points related to Sexual Orientation

Being LGBT is less acceptable in some cultures; refugees and people seeking asylum may be isolated from people of their own culture.

### Points related to Transgender

As above

### Current activity across the city

- Managing housing for asylum seekers in the city
- Providing ongoing support as households establish themselves in the community - including registering people with health services
- Working to raise awareness throughout the city in order to tackle misconceptions, misinformation and half-truths that are often exist about people seeking asylum.
- Many third sector agencies in the city provide advice and material support to asylum seekers and refugees including specific projects around employment, integration etc. In addition, many agencies campaign and lobbying in an effort to influence national asylum policy
- Local voluntary sector agencies are attempting to support destitute failed asylum seekers with the support of the local authority and statutory agencies where appropriate and within the law. We have three distinct work streams around ‘failed’ asylum seekers - providing housing & subsistence, legal services and campaigning.

### Examples of how we contribute

- CQC evidence in relation to quality services for all
- Health Improvement Service for Minority Ethnic people makes a home visit to each asylum seeker referred to them by the UK Border Authority. At this visit, they ensure that asylum seeker is able to register with a GP practice as well as offering advice on accessing other services and on lifestyle changes such as giving up smoking.
- Developing work across midwifery, health visiting and services to better meet the needs of destitute women.
- Community Development Workers working with BME people and Mental Health have a number of projects to support this group of people
• Public Health Improvement Team and sexual Health Services working with refugees and people seeking asylum
• Access to all services within framework of legislation regarding costs

Examples of what else we could do

Make sure staff are aware of the health and social needs of refugees and people seeking asylum, particularly in areas where they are more likely to meet destitute asylum seekers.
Make sure staff are aware of resources to support this group of people
One plus One; Women’s Resource Centre 2010 recomends:
• Resist labelling when working with refugees
• Reject direct discrimination of all kinds, which must include tackling asylum-hate
• Promote understanding of the multiple inequalities faced by refugees
• Reduce risk of indirect discrimination by improving understanding of the distinct and shared needs, experiences and entitlements of asylum seekers, refugees, migrants and other equalities populations
• Improve communication so we are better able to reach and engage directly with refugees

Delivering in an age of super-diversity west midlands review of maternity services for migrant women 2010 recommends:

• Provision of translated materials
• Longer appointments where English is not the first language
• Assessment of financial situation
• Support for recognition of women in abusive relationships
• Catering for diets, particularly in recognition of culture and religious needs
• Provision of sleeping facilities following the birth for other members of the family
• Improved postnatal checks on the mothers health
• Help and understanding with postnatal depression