Working with people seeking **Asylum** and **Refuge**

A Guide for Mental Health and Social Care Professionals in Merseyside

March 2016
This guide has been produced to support staff when assisting people seeking asylum and refugees and supporting access to the health services. It is important to note that the asylum process is under review and changes to the systems are likely. Information throughout this document may be subject to frequent change. Therefore:

- **check the date of this document as it will be updated as the processes change**
- **confirm the information**

If you have new information or any adjustment to this document, please contact:

**Mohammed Taher**  
Community Development Worker  
M.taherlcds@NHS.net  
0151 708 7414  

or  
**Meryl Cuzak**  
Meryl.Cuzak@merseycare.nhs.uk  
Equality and Human Rights Mersey Care  
0151 473 2749
1 Definitions

**Person Seeking Asylum** – a person who asks for protection but has not received a decision on their application to become a refugee or is waiting for the outcome of an appeal.

**Refugee Status** – the applicant is recognised as a refugee within the meaning of the 1951 Refugee Convention. The applicant is given permission to stay in the UK for up to five years which is reviewed after the five year period. Often the applicant is granted an indefinite permit to stay afterwards.

**Section 98** – people seeking asylum with temporary support who would otherwise be destitute, provided with initial assessment accommodation for up to 28 days prior to dispersal.

**Section 95** – people seeking asylum who have been dispersed from initial assessment accommodation, those who did not require accommodation on asylum application and are living with friends or family or those still under the old asylum claim model who are awaiting a decision on their asylum claim.

**Section 4 (2)** – people seeking asylum who have been refused leave to remain; they are solely supported by UK Visas and Immigration (UKVI). This includes those who are not able to travel outside the UK or are awaiting a judicial review, waiting for travel documents or if there is no safe route of return. The refused person seeking asylum has to demonstrate that he/she is cooperating with the UKVI.

There are four grounds for this type support;

- **No safe route of return** – i.e. no airport considered safe to travel through as determined by the UK Government
- **Medical Grounds** – i.e. late pregnancy
- **Voluntary Return** – signing to say you wish to return to your country of origin (you must show you are taking all steps to do so)
- **To avoid breach of human rights** – typically this is where an person seeking asylum submits fresh evidence or has a court hearing pending (see appendix on page 28)

There are two issues which you need to consider in this instance:

- Some people seeking asylum, who have been refused to leave to remain, are reluctant to apply for Section 4 (2) for fear of enforcement to return to their country of origin when it may not be safe to go back.
- Section 4 (2) application is a legal document. Health professionals and practitioners are strongly advised not to assist people seeking asylum in filling the form but to refer them to relevant agencies that have legal expertise to complete and submit the forms.

**Separated young people** (Unaccompanied Asylum Seeking Child/ren [UASC]) – the UKVI defines a separated young person as “… a person who, at the time of making the asylum application, is under 18 years-old or who, in the absence of documentary evidence, appears to be under that age, and who is applying for asylum in his/her own right and is without adult family member(s) or guardian(s) to turn to in this country.” This definition excludes children who are cared for by a distant relative, or a sibling who is also over the age of 18.

Separated young people seeking asylum are not supported in the same way as adult asylum applicants. **Under the Children Act 1989, support for separated young people is the responsibility of local authority social services departments, regardless of the child’s immigration status.**

Social services’ duty of care includes assessing the needs of the separated young person. Social services should meet the assessment deadlines, as defined by the Department of Health guidance. In the assessment process, Social Services will determine whether the child’s needs fall under Section 17 or Section 20 of the Children Act 1989. This is very important, as it will determine the level of support provided not only up to, but also immediately after the child turns 18.

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**Section 17 support** – Children supported under Section 17 will not necessarily receive any services other than payment for subsistence and basic accommodation. This may be in a bed and breakfast or hostel. Section 17 is designed to support children where there is already a carer, and should not be used to support separated young people who have greater needs than this.

**Section 20 support** – Section 20 of the Children Act 1989 places a duty on a local authority to ‘look after’ a child if they appear to be in need, by providing him/her with services and accommodation. Children should be cared for under Section 20 of the Children Act 1989 throughout the assessment process as stated in Local Authority Circular (LAC (2003) 13) issued by the Department of Health in June 2003.

**Destitute** – has no recourse to public funds (i.e. no access to benefits or social housing, UK Visas and Immigration (UKVI) support or income) they are either street homeless or staying with friends only temporarily.

**A person is destitute if...**
(a) They do not have adequate accommodation or any means of obtaining it (whether or not their essential living needs are met); or
(b) They have adequate accommodation or the means of obtaining it, but cannot meet their other essential living needs
(c) ‘Bogus’ or ‘Failed’ people seeking asylum are not appropriate terminology. ‘Refused’ or ‘Fully-determined’ are used instead.

**Health care entitlements of destitute people seeking asylum:**

**Primary care:**
Primary care, including GP and nurse consultations and treatment provided by a GP, is free of charge to all, regardless of immigration status.
Patients do not need to provide personal identification or proof of address and inability by a patient to provide these documents is not considered reasonable grounds to refuse to register a patient.

Normal charging rules for prescriptions would apply.

**Secondary care:**
Entitlement to free NHS hospital treatment is based on ‘ordinary residence’ in the UK. Non-European Economic Area (EEA) nationals who are subject to immigration control must have the immigration status of indefinite leave to remain (ILR) at the time of treatment and be properly settled in the UK to be considered ordinarily resident. The legal duty for making an assessment for eligibility for hospital treatment lies with the NHS body providing treatment. There are a number of exemptions which are outlined below.

Refused asylum seekers can continue, free of charge, with any course of treatment already underway before their application was refused. If the person seeking asylum is already in receipt of secondary care Mental Health Services, the care cannot be withdrawn when the person is destitute.

The following services in the NHS are currently free of charge irrespective of country of normal residence (as long as the overseas visitor hasn’t travelled to the UK for the purpose of seeking that treatment):

- Emergency treatment at any Accident & Emergency (A&E) department, walk in centre or elsewhere (but not further emergency treatment away from these locations e.g. operations, or subsequent outpatient appointments)
- Services provided for the diagnosis and treatment of a number of communicable diseases including HIV and TB (see Chapter 4 of the ‘Guidance on implementing the overseas visitor hospital charging regulations 2015’ for the exact list)
- Services provided for the diagnosis and treatment of sexually transmitted infections
- Family planning services (not including the termination of pregnancy)
- Services for the treatment of a physical or mental condition caused by the following: torture, female genital mutilation, domestic violence, sexual violence
- Services provided outside an NHS hospital, unless the staff providing the services are employed by, or working under the direction of an NHS hospital

The following groups are also exempt from charge:
- children looked after by a local authority
- victims, and suspected victims of human trafficking, as determined by the UK Human Trafficking Centre or the Home Office, plus their spouse/civil partner and any children under 18 provided they are lawfully present in the UK
• those receiving compulsory treatment under a court order or who is detained in an NHS hospital or deprived of their liberty (e.g. under the Mental Health Act 1983 or the Mental Capacity Act 2005) who are exempt from charge for all treatment provided, in accordance with the court order, or for the duration of their detention
• prisoners and immigration detainees
• Anyone whose case the Secretary of State for Health determines there to be exceptional humanitarian reasons to provide a free course of treatment.

See NHS choices for information on access to healthcare for EEA migrants with an European Health Insurance Card (EHIC).

Further information on exemptions is included in the ‘Guidance on implementing the overseas visitor hospital charging regulations 2015’ and NHS choices.

Note: the NHS entitlement for immigration under review and the entitlement may change in 2016.

Why do children seek asylum?

Young people may be separated from their families for a variety of reasons...
• They may have been sent out of their country by relatives for safety.
• They may be children of people seeking asylum who have died.
• Their parents may have died in their country of origin.
• They may have been dependants of asylum seeking parents who have abused him/her or been unable to care for him/her.
• They may be young people making their own way to seek asylum.
• They may be young people in search of lost parents or other relatives.

Children affected by war may experience a variety of signs of stress and trauma; including:
• Poor concentration
• Memory impairment
• Daydreaming
• Intrusive thoughts and ‘flashbacks’
• Irritability
• Tiredness or lethargy
• Sleep difficulties and nightmares
• Confusion
• Loss of interest and motivation
• Being withdrawn and isolated
• Not thriving
• Interrupted or uneven emotional or physical development
• Self-harm
• Unexplained headaches, stomach aches or other body pains.

As mentioned previously, under the Children Act 1989, support for separated young people is the responsibility of local authority social services departments, regardless of the child’s immigration status. In Liverpool, there is a specialist team which is responsible for the care and support of these young people. For children and young people who are being looked after by parents or adult carers in asylum seeking or refugee families, any need for services or safeguarding issues should be referred via city council Careline service in the normal way.

Contact details

Careline 0151 233 3800

Single Point of Access to Child and Adolescent Primary Mental Health Teams in Liverpool and Sefton

Following the restructuring of CAMH Services in Liverpool and Sefton by Alder Hey Children’s NHS Foundation Trust, the Haven Project as a specialist service for refugee and asylum seeking children, has been replaced by Primary Mental Health Teams. These teams cater for all children and young people resident in Liverpool or Sefton. They are accessible via the Single Point of Access, contact details below. Referrals can be made by any professional who has a concern about the mental wellbeing of a child or young person.

Primary Mental Health
Ground Floor
Mulberry House
Alder Hey Hospital
Eaton Road
Liverpool L12 2AP
0151 293 3594
2 Supporting people seeking asylum through the process

**Points to consider when supporting someone who is seeking asylum...**

- The service user may be extremely anxious about the security of personal information and who this will be shared with
- Issues of trust may be problematic, as some people have been abused by the authorities, which may include medical professionals, in their home country
- Never contact the local embassy of a person’s country of origin for information about a person
- Find out if there are issues around their accommodation which would require you to inform their landlord or any agencies or organisation
- Find out if it is required to contact a Case-owner at UKVI (this should be done with the legal representation of the person seeking asylum present)

**What might a person seeking asylum have experienced/be experiencing?**

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<td>The experiences through the journey from country of origin</td>
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**Torture and sexual abuse**

Many female and some male people seeking asylum are survivors of torture and sexual violence including rape, which has throughout history been used as a weapon of warfare to degrade and humiliate an enemy. In many cultures survivors may feel very uncomfortable discussing their experiences. Survivors of sexual violence should be able to choose the gender of the health care worker and interpreter. A relative should not be used to interpret. Persistent unexplained distress and anxiety might be due to a history of violation. There are added problems relating to possible testing and treatment for HIV, as those seeking help usually experience barriers regarding stigma and prejudice from within their own communities and some services. There may also be the perceived fear that HIV status could affect asylum and immigration claims. Treatment for HIV can be complex and issues such as poverty and poor diet affect the strict anti-retroviral treatment regimes. Torture and sexual abuse is not always disclosed by the victim.
**Freedom from Torture** (formerly known as Medical Foundation) provides counselling and therapy services to survivors of torture and organised violence aged 18+ in the North West. They also provide training, advice and supervision for services working with survivors. Freedom from Torture can provide you with medico-legal reports documenting evidence of torture but only on instruction from lawyers.

**UKVI support**

Individuals will be entitled to differing amounts of financial support dependant upon their ‘status’ within the asylum process as well as circumstances such as age and whether a person is single or part of a family.

**Cash and housing support**

The level of cash support provided for people seeking asylum takes into account the fact that asylum applicants have access to fully furnished and rent free accommodation with utilities (such as electricity, gas and water) included.

**The current rates of support are:**
- Qualifying couple: **£72.52**
- Lone-parent aged 18 or over: **£43.94**
- Single person aged 25 or over (where the decision to grant support was made prior to 5th October 2009 and the person reached age 25 prior to that date): **£42.62**
- Any other single person aged 18 or over: **£36.95**
- Person aged at least 16, but under 18 (except a member of a qualifying couple): **£39.80**
- Person aged under 16: **£52.96**

The rate for a single person aged 25 or over (excluding lone parent), where the decision to grant support was made prior to the 5 October 2009 and the person reached age 25 prior to that date, is £42.62. However, this rate will not be offered to any new applicant applying for support after 5th October 2009.

Pregnant women or women with children under three can receive extra money to help buy healthy food. A baby under the age of 12 months receives an extra £5 a week. Pregnant women and children aged between one and three years receive an extra £3 a week.

Pregnant women may be able to receive a £300 maternity payment, if certain requirements are met. This money is to help with the costs of having the baby. This can only be received once. The maternity payment must be claimed very close to the time when the baby is born. This must be less than a month before the baby is due to be born, or within two weeks after the birth. The application must include one of the following:
- Original, baby’s full birth certificate;
- Original MAT B1 form (ask your case owner about this – it is a form provided by a doctor or midwife as evidence of your baby’s birth or expected birth); or
- Other original, formal evidence of the birth.

**Legal support**

There will be specific requirements for the individual to ensure they comply with the system set by the UKVI. People seeking asylum are entitled to free legal representation by a qualified asylum lawyer or case worker. This will vary for each individual dependent on their ‘status’ within the asylum process.

**Immigration Solicitors in Liverpool** (publicly funded)

**Broudie Jackson & Canter**
Dale House
27 Dale Street
Liverpool L22HD
0151 282 1961
0333 321 4580

**Immigration Advice Service**
Beetham House
61 Tithebarn Street
Liverpool L2 2SB
0151 236 7760
info@iasservices.org.uk
Lei Dat & Baig  
56–58 Renshaw Street  
Liverpool L1 4EN  
0151 708 8787  
0151 708 8781 (fax)  
info@leidatbaig.co.uk

AJO Solicitors  
The Corn Exchange  
Fenwick Street  
Liverpool L2 7RB  
0151 225 0338  
07412 958 934  
info@ajosolicitors.co.uk

Great Manchester Immigration Unit  
Asylum Link  
7 Overbury Street  
Liverpool L7 3HJ  
0161 740 7722  
0161 709 1713

Christian Gottfried & Co.  
302 The Corn Exchange  
Fenwick Street  
Liverpool L2 7QL  
0151 225 0233  
0151 235 8778 (fax)

Housing support

All people seeking asylum who are in need of accommodation and meet the requirements of Section 98, Section 95 or Section 4 (2) support, will be provided with accommodation by:

Serco UK Central Government  
Rutherford House  
Warrington Road  
Birchwood  
Warrington WA3 6ZH  
01925 867 200

Area Managers for Liverpool  
Michelle McKeown 07738 895 090  
Lucy Worthington 07718 195 105

Relationship Manager for Liverpool  
Joe Collett 07824 305 148

Asylum/refugee process

Until the introduction by the UK Border Agency in 2007 of the New Asylum Model (NAM), asylum applicant used to wait for a long time before a decision was made regarding their application. The new model aims to process asylum application within six months of the date applicant lodging their asylum claim. The person seeking asylum is assigned a named Case Owner who manages the case from start to finish (Refugee Council, 2008). The case owner either refuses or grants the applicant permission to stay in the UK. A refused applicant has a right of appeal (Thomas, 2007) except in the circumstances detailed on page 28. As regards permission to stay, an applicant will be granted one of three options:

1. **Refugee status** is given permission to stay in the UK for up to five years, which is reviewed after the five-year period. Often the applicant is given an indefinite permit to stay afterwards.

2. **Humanitarian Protection** is permission to enter and stay in the UK for an initial period of five years. Any dependants will have the same permission to stay. The person who had been granted humanitarian protection need to apply for continuing protection before it expires.

3. **Discretionary Leave** – if the person seeking asylum has not been recognised as a refugee or has not qualified for humanitarian protection, and then he/she may be granted discretionary leave to remain. The length of stay will depend on the person’s circumstances but it is unlikely to be more than three years.
Application for asylum
Screening interview
Asylum interview
Decision

Status granted
(1) Refugee status
(2) Humanitarian protection
(3) Discretionary leave

Refusal
Appeal (Lower Tribunal)

Further appeal (Upper Tribunal)
Refusal

Removal/voluntary return

Fresh Claim/s (see notes on page 28)
NHS and Community Care Act 1990 Section 47(1). This imposes a duty on local authorities to carry out an assessment of need for community care services with people who appear to need such services and then, having regard to that assessment, decide whether those needs call for the provision of services. People seeking asylum who can be referred to social services for an assessment are:

- Elderly people
- Chronically Sick and Disabled Persons
- People with severe mental health issues
- People with HIV or AIDS (especially pregnant women or mothers with new born babies)

People seeking asylum can get information, advice and referrals for Community Care assessments through refugee advice agencies.

For people seeking asylum who are receiving mental health services from Mersey Care NHS Trust, including those whose asylum claims have been refused, access to Community Care Services and Section 117 provision is through the Community Care Funding Panel and/or the Liverpool City Council Social Worker for ‘failed people seeking asylum’.

Liverpool City Council Social Worker – People Seeking Asylum: No Recourse to Public Funds

**Definition:**
A person who has *No Recourse to Public Funds* (NRPF) is to be defined as:

- A person subject to immigration control.
- Someone who has no entitlement to welfare benefits, public housing or UKVI asylum support and does not have the right to work.
Who would come under the NRPF category?
• People who have been refused asylum
• People seeking asylum
• Visa over-stayers
• People on spousal visas
• People on student visas
• A8 and A2 migrants*
  who fall outside the EEA states

Who is eligible for support?
To be eligible for care services from Liverpool City Council, including accommodation and financial support, an individual with NRPF must be:
• An adult, including adults with responsibility for children.
• Ordinarily resident in the local authority area.
• Destitute.
• Assessed as having community care or mental health needs under the National Assistance Act 1948, or be someone whom there is a duty to support under the Children Act 1989.
• Eligible for support under immigration law (have an ongoing claim in with the UKVI).
• Someone who has to be supported to prevent a breach of their human rights, under the European Convention on Human Rights.

In addition, special concern should be given to people:
• with children and families;
• with physical health issues;
• with mental health issues;
• with domestic violence issues;
• in receipt of leaving care provisions.

* The A2 members are Bulgaria and Romania. A8 Migrant – A migrant from the A8 countries that joined the EU (European Union) in May 2004. These countries are: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia. Countries in the EEA are: Austria, Belgium, Bulgaria, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Spain and Sweden.

Who is not eligible?
There are four categories of people who are excluded from support by immigration law. Section 54 of the Nationality, Immigration and Asylum Act 2002 placed a duty on local authorities to withhold or withdraw support from the following people:
• Nationals of the European Economic Area (other than the UK).
• People with refugee status from an EEA state.
• People unlawfully present in the UK (including those whose visas have expired).
• Failed people seeking asylum who have refused to cooperate with removal directions who have exhausted all their claims in with the UKVI and should have signed up to voluntarily return home.

The exception to this – the term ‘destitute plus’ – is sometimes used as having a need for care and attention that does not solely arise from destitution. This can be applicable where withholding or withdrawing care support would result in a breach of an individual’s rights (Schedule 3 of the Nationality, Immigration and Asylum).

There is no one social worker In Liverpool leading on NRPF and each area or neighbourhood team may have a person dealing with it.
Care services

A specialist worker coordinates needs assessments/the provision of care services by:
• conducting immigration checks;
• assessing individuals for community care and mental health services;
• carrying out welfare benefit checks;
• deciding on NRPF eligibility;
• providing accommodation and financial or subsistence support;
• overseeing budget control on NRPF services.
• regularly reviewing cases;
• monitoring council expenditure on NRPF.

Referral for an assessment can be made by contacting Careline on:
0151 233 3800 (Adults)
0151 233 3700 (Children)
0151 225 2275 (fax)
Careline@liverpooldirectlimited.co.uk

Health

The National Health Service recommends that, on arrival in the UK, people seeking asylum should be provided with information in a language they understand about access to health care and other social services and how to register with a GP. Those disclosing torture may need information about how to contact a specialist torture survivor’s service. Early referral in such cases can be crucial to the patient’s claim for asylum, as well as providing specialist assessment of and treatment for mental health issues arising from the person’s experience of torture (see page 4).

People seeking asylum are entitled to all of these services **free of charge** with a HC2 Certificate. These are usually issued routinely following a claim for asylum being made, but if the person has not received one, to get a HC2 Certificate issued, the person need to complete a HC1 form, or contact a refugee agency for advice. HC1 forms are available in any health surgeries, Pharmacies, Job Centres and Citizen Advice Bureau.

The forms can be obtained by calling **0845 850 1166** or visiting **www.nhsbsa.nhs.uk**

A HC2 Certificates gives entitlement to free NHS services including:
• Prescriptions
• Dental treatment
• Eyesight tests
• Vouchers towards the cost of spectacles
• Refunds of necessary travel costs to and from hospital for NHS treatment

HIV positive pregnant women should be entitled to formula milk. This may be purchased by extra cash from the National Asylum Support Service (UKVI).

Access to Health Care: Social Inclusion Team

**This service provides:**
• Information about local health services
• Assist individuals with access to NHS care and GP registration
• Advocate for patients to ensure they are receiving their full entitlements
• Liaise quickly to address any concerns or difficulties with NHS care
• Advise and give support on health prevention initiatives or cultural appropriate care issues
• Assist with HC1 forms and HC2 certificates
Social Inclusion Team
Liverpool Community Health
Abercromby Health Centre
Grove Street
Liverpool L7 7HG
0151 296 7433
0151 296 7412 (fax)
siteam@liverpoolch@nhs.uk

Urgent Care 24

This service provides health care for people seeking asylum while in temporary accommodation. All Section 98 clients are given an appointment for a health assessment, this is optional and not compulsory, although they are encouraged to attend. The purpose of the appointment is to assess any acute health needs and to provide patients with a personal health record which is aimed at facilitating access to health care and providing a means of communication for other health professionals.

The UC24 Asylum Team consists of Practice Nurses, General Practitioners, Health Visitor, School Nurse, Community Midwives, and PSS Counselling service. We also have close links with Specialist Nurses and services such as, Community TB Nurses, Community HIV Nurses, and Sexual Health Advisors at the Genitourinary Medicine clinic.

Urgent Care 24 Asylum
Birley Court
Percy Street
Liverpool
L8 7SN

Psychological therapy session in a day unit. Mental health assessment and treatment.

4 People seeking asylum and refugees’ mental health

Mental health issues of refugees and people seeking asylum

The majority of refugees and people seeking asylum cope well with their experiences. However, as a group they have high indicators of mental health need.

A wide range of factors affect their wellbeing. These include:

• the asylum process, especially negative decisions and a prolonged asylum process (causing daily anxiety and uncertainty about the future, fear of deportation and future safety)
• multiple losses and bereavement (including loss of family, home, culture, professional and social roles and status)
• past extreme suffering and traumatic experiences in home country or during flight to safety (such as torture, sexual violence, war, persecution)
• social disadvantage and material circumstances (poor housing, lack of employment, poverty, difficulty in meeting basic needs)
• social isolation and support networks (lack of contact with own culture and community, lack of English and unfamiliarity with British culture and society)
• barriers to accessing essential services such as health care and education (language and communication issues, lack of information, not knowing about their rights and entitlements to services)
• discrimination and racism (stigmatisation, hostility from local or wider community, racial abuse and hate crime)
People seeking asylum and refugees can experience the whole range of mental health problems. They often have complex and multiple needs, which may change over time, often in response to the progress of their asylum claim. Negative asylum decisions and the threat of imminent deportation in particular can provoke mental health crises. Even for those who are granted leave to remain, continuing significant stresses may substantially affect their functioning and integration and make them more vulnerable to experiencing psychiatric problems.

The effects of trauma

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

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

It is thought that previous trauma may cause some individuals to be more vulnerable to the effects of current stressors, which can result in the development of mental health problems. The most common diagnoses for people seeking asylum and refugees are depression, Post Traumatic Stress Disorder (PTSD) and trauma-related problems. It may be that the more severe and numerous the traumatic experiences, and the greater the current adversity and social isolation, then the more likely it is that an individual will have one or more diagnosable disorders which are unlikely to ‘go away with time’.

Mental health assessment

For people seeking asylum, important information to obtain as part of the mental health assessment includes:

- Current circumstances, particularly including asylum process related/legal and social problems that may be having a major impact on mental health
- Background information on person’s country of origin, culture and ethnicity
- Family history, including childhood experiences
- History of traumatic events and persecution in country of origin (including arrests, torture, sexual violence, war)
- Social and political experiences relevant to the person’s asylum claim
- Journey to exile (when and how did they leave their country and how did they get here)
- Family separation and losses
- Physical complaints and injuries (including head injury sustained during torture or abuse)
- PTSD symptoms
- Mental health status prior to traumatic events
- Experiences of isolation, hardship, racism in this country
- Caring responsibilities needs and welfare of children in the family
- Booking interpreters if required or providing information in the appropriate format as determined by the individual, ensuring gender specific interpreters are available if requested.
- Also note limitation of telephone interpreting within mental health setting.
When making an assessment and diagnosis some factors to consider include:

- Psychological symptoms that people may be experiencing are not always described, either due to a lack of appropriate language or cultural equivalents, or due to the stigma or shame that is associated with mental health problems in many cultures.
- Health professionals may be viewed with mistrust due to individuals’ past experiences.
- Even with relatively severe symptomatology, it can be difficult to decide what is ‘normal’ and what is ‘appropriate’ distress, and what is abnormal, especially when an individual has suffered many past traumatic experiences.
- This is even truer when it is taken into account that individuals from different cultures and countries express distress in different ways, and may have differing expectations of services.

Treatment and recovery

For people seeking asylum and refugees, mental health interventions need to be holistic and should always aim to reduce significant asylum related and social stressors. The approach taken needs to be flexible and should fit with each individual’s needs, strengths, and cultural understandings. Flexibility in how and where the service is provided is also needed so as to allow for the demands of the asylum process itself on the individual.

Some important areas for care planning and recovery are likely to include:

- Build a trusting and collaborative relationship by explaining rights and creating clear and safe boundaries
- Provide relevant information on mental health grounds to UKVI, solicitors and other agencies in relation to asylum applications, asylum support entitlements and so on, especially when these issues are of primary concern to the service user. If the patient does not want staff to liaise with the UKVI this should be respected.
- Provide human rights advocacy e.g. access to adequate health care and other services
- Validate and demonstrate genuine interest in service user’s experiences and background
- Refer to appropriate statutory and refugee sector services for help with legal, social and practical issues
- Help to link the person to community organisations and networks to encourage cultural and social inclusion
- Encourage and practically support the use of cultural and faith based help-seeking behaviours, coping strategies and personal resources
- Encourage service users to resume everyday activities and to build relationships or family bonds
- Provide information/ educate about British culture and society
- Help to link the person with ESOL and other educational opportunities to promote development of skills, self esteem, goals and aspirations
- Promote routes into study or work where possible (the options for this are significantly more limited for people seeking asylum than for those with refugee status)
- Medication should be used as appropriate but with care, as prescribing in primary care may be discontinuous due to factors associated with the asylum process (such as changes of accommodation and GP registration). The rationale and expected effects of medication should be carefully explained and discussed.
People seeking asylum mental health pathway

UKVI (involved all through process)

People seeking asylum

Initial accommodation
1 General health-screen UC24
   Birley Court
2 Crisis counselling UC24/
   Spinning World

Social Work People Seeking Asylum Specialist
(assessment under 1948 National Assistance Act, Mental Health Act 1983, 1990 NHS and Community Care Act)

Mental Health Services

4 GP Practice

Primary Care Services
Talk Liverpool
(common mental health problems)
- Health Trainers
- Social Prescribing
- Mainstream/Imagine

Secondary Care Services
Mersey Care NHS
(serious mental illness/accessed via Acute Care Team)
- Holistic assessment of need
- Agreed cost/treatment
- Care plan addressing clinical and social care

Social Inclusion Team

3 Liverpool Dispersed Accommodation
- SERCO COMPASS

Asylum Services

6 Advice/support groups
- Practical advice and legal support
- Specialist counselling
- Social and group support

7 Freedom from Torture
(may get referral through whole process)
Purpose of the Pathway Map

The process map is a simplification of the starting points for people seeking asylum, ‘navigators’, support workers and practitioners in clinical and other services which can be accessed by asylum seekers in Liverpool. The following refer to numbered boxes or lines on the pathway map.

1. All people seeking asylum seekers who come to Liverpool will be housed in initial accommodation (Birley Court) while waiting to be dispersed to other suitable accommodation in the North West. Their stay at initial accommodation is not for more than four weeks. During this time, the people seeking asylum will be given an initial health assessment on site at Initial Accommodation (Birley Court), at which they:
   - may be assessed under the Mental Health Act;
   - may be referred to a social worker for a care package assessment (or an onward referral to other services if non-eligible);
   - may be referred to Mersey Care NHS Trust directly if found to have severe mental health Problems.

2. The people seeking asylum may receive some Crisis Counselling services while in initial accommodation if the need is identified in their assessment. The counselling service is usually no more than two or three sessions. Those who have used the UC24/PSS Crisis Counselling will be at risk or more vulnerable than most of developing a mental health problem. The nurse in UC24 will ensure these people are registered with a GP and booked in for a further appointment concerning mental health support and/or treatment. There is one-to-one counselling available for young people seeking asylum (under 25 years) with Spinning World.

3. The Liverpool Dispersed Accommodation service provides accommodation for people seeking asylum once they leave their initial accommodation. They are also responsible for registering those people seeking asylum not previously referred, with a GP. This is usually done with support from the Social Inclusion Team (see page 10). The skills and knowledge of support workers in dispersed accommodation and legal advocates (solicitors) are essential because they are in frequent contact with people seeking asylum and will often be the first to identify distress.

   People seeking asylum who have managed the transition into initial accommodation have been identified as being less likely to see a GP at the early stages of potentially serious health problems. This risk is highest within the first three months of arrival in the UK. Therefore, housing support workers are the best people to support early attendance with a GP or primary care service.

4. The GP/Primary Care role is central in:
   - Assessment and diagnosis;
   - Monitoring progress after first presentation;
   - Treating directly;
   - Referring on to other treatment.

   If the person is presenting with a common or general mental health condition (anxiety/depression) the referral will be to Talk Liverpool.

   The services Talk Liverpool offers will depend on the severity of the person’s condition; the best treatment will be worked out following initial assessment. They can also access social inclusion services – such as individual support to get people into education, leisure and other social activities – from other agencies. Talk Liverpool mainly get referral from GPs however they accept self referral as well as long the patient has a GP.
People with more serious conditions (such as psychotic illnesses, serious depression or bipolar disorder) would be referred to Mersey Care NHS Trust. This is the specialist mental health trust which covers the whole of Liverpool.

Referrals will be assessed initially by the mental health liaison Team and if a service is needed the person will be directed to one or more specialists or neighbourhood teams. Both specialist clinical mental health services in Liverpool are continuously developing their capacity to work with people seeking asylum, refugees, people from other cultures and people who need interpreting and translating services.

5 Social Inclusion - see the information in the directory.

6 Advice and support groups offer people seeking asylum a range of non-clinical services. Detailed descriptions of what each organisation provides are in the guidelines for practitioner’s directory.

The advice and support groups are involved with individual people seeking asylum all through the process. These will also act as ‘navigators’ and sign-post people to GPs whenever needed.

Some of these groups – Spinning World, Sola arts and Family Refugee Support Project – offer therapeutic support to asylum seekers and often they fill the gap between Talk Liverpool and Liverpool NHS Mersey Care for those cases which can not receive help from either.

7 The Freedom from Torture Centre is based in Manchester and covers the North West region. They offer counselling and therapeutic group work for adult survivors of torture aged 18 and over. Survivors can self-refer or be referred by a statutory or voluntary sector organisation and will be seen within eight weeks of referral. Referral must be made by completing a referral form. Freedom from Torture also has a medico legal report (MLR) writing service. Lawyers must instruct in writing to the MLR Team at Freedom from Torture for a report. In addition Freedom from Torture offers training, supervision and advice to practitioners and agencies supporting survivors of torture in the region.

People seeking asylum support/advice groups

Social and group support
Merseyside Refugee Support Network
Merseyside Refugee and People Seeking Asylum Pre and Postnatal Support Group
Sahir House
Asylum Link
Imagine/mainstream
British Red Cross

Practical advice and legal support
Refugee Action
Asylum Link
Jackson and Canters Solicitors
Lei Dat Baig Solicitors
Citizens’ Advice Bureau

Specialist counselling
Spinning World
Family Refugee Support Project
Talk Liverpool
SOLA ARTS
5 Interpreting

Working with an interpreter

Dos

• Explain to the interpreter and client the principles you wish to work by (simply/explaining your practice)
• Ask the interpreter to interpret everything that is said – you can explain that this will be the case to the client at the start
• Speak directly to the client
• Ask the interpreter to use the first person and try to match tone
• Remember you skills and experience-speak in small chunks
• Remember to empathise with the client
• Be aware of the interpreter’s task

Don’ts

• Discuss the client with the interpreter
• Allow conversations between the interpreter and client - remember you are clinically/ethically responsible for any advice/information given - it’s your session
• Criticise the interpreter in front of the client or client in front of the interpreter
• Use local/cultural terms, slang or complicated metaphors without explaining them simply
• Lose control of the session/hand power to the interpreter
• Ignore difficulties you sense are there

It is important to always use qualified interpreters because it is important that accurate information is relayed between the patient and the professional. Also NHS trusts could be challenged in a court of law, if they failed to use a qualified interpreter and relied on unqualified or informal interpretation.
The benefits of using a qualified interpreter through an approved interpreting provider guarantees assurances in terms of quality, qualification and professionalism. These interpreters will also be working within policies regarding confidentiality.

Should there by any queries in the future, the interpreting provider will also be able to contact the interpreter through their records. If the patient is likely to be seen on more than one occasion, they have the right to request the same interpreter, if they are available.

This reduces the potential frustration of having to start every consultation as if it is the first and helps to ensure accurate communication and confidentiality. In some instances people seeking asylum or refugees may choose to bring a family member or friend and refuse a qualified interpreter. In this case we would advise that this is documented within the patient notes and a disclaimer obtained. Each hospital or trust, authority will have their own policy to be adhered to. Also be aware if the family members are used that in this situation it may be difficult to discuss issues such as torture, rape, psychological, domestic issues, violence, abuse, and gynaecological or sexual health problems and it is likely to have adverse impact in collecting an accurate health assessment. In some communities, expectations are that family members are included in consultations. Under no circumstances should children be used for interpreting or translation purposes.

It cannot be assumed that individuals are willing to have their mental health issues discussed with relatives.

It should be made clear to service users that they can always see a mental health practitioner alone if they prefer, and that information will not normally be passed on without their consent. If there are language barriers for the person to see the practitioner then an interpreter should be provided.

Where family members or friends do accompany service users they should not be used as interpreters.

People seeking asylum are entitled to the same high degree of confidentiality as other service users. They often have significant concerns about the confidentiality of both service providers and interpreters. It is therefore important to give them accurate information about the professional confidentiality of interpreters.

People seeking asylum should also be consulted as to their preferred gender of interpreter where possible and any other specific requirement that they may have, such as dialect spoken. For example it is not enough to request a Chinese interpreter, you would need to specify, Mandarin, Cantonese or Hakka.

Where urgent issues arise and there is not time to arrange a face-to-face interpreter, telephone interpreting should be used to respond to immediate needs. More frequently services are seeing an increase in rare languages, (languages not spoken locally or no qualified interpreters in the UK) therefore the only option maybe to use telephone interpreting. Amharic, Tigrinean, Tamil, Tagalog, Korean, are amongst recent request for rare languages being requested in Liverpool. Interpreting providers will continue to ensure their interpreter pool represents the language spoken in the city.

Please refer to ‘Communicating in a Diverse Society’ on the Mersey Care NHS Trust website for further information and guidance on the use of interpreters and the translation of written information.
6 Advice and support agencies

Agencies are presented in alphabetical order.

**Active8 Support Service**  
125–127 High Street  
Liverpool L15 8JS  
0151 703 1860  
asylum@active8supportservices.co.uk

Provide Housing for separated young people seeking asylum. Also support disabled children and provide contact centre.

**Amadudu**  
P.O. Box 252  
Liverpool  
0151 734 0083

Amadudu prioritizes the needs of Black and Racial Minority women to access family support, health and education. Empowering all women using the service to live a life free from domestic violence.

**Asylum Link Merseyside**  
7 Overbury Street  
Liverpool L7 3HJ  
0151 709 1713  
info@asylumlink.org.uk  
www.asylumlink.org.uk

Asylum Link is a drop-in centre for people seeking asylum and refugees providing tea, coffee and a place to meet. We aim to give a warm welcome, friendship, help and advice to people seeking asylum and refugees in the city. We encourage the participation of people seeking asylum and refugees in the service we provide and the centre is run by a small number of paid staff and around 90 volunteers.
Family Refugee Support Project
Toxteth Town Hall
15 High Park Street
Liverpool L8 8DX
0151 728 9340

FRSP is a service for people seeking asylum and refugees living in exile having survived trauma and persecution. It provides therapeutic work with families – adults and children. Work in a garden is integral to our therapeutic work. Clients find healing through the therapeutic use of horticulture. Practical support and signposting to other services helps clients gain independence through engagement in education, employment and integration with the host community.

4Wings
Floor 2 Gostin Buildings
32–36 Hanover Street
Liverpool L1 4LN
0151 306 6524
info@4wings.co.uk

4Wings is a future-facing service to help women who have suffered abuse or trauma move forward with their lives. We currently offer a drop in service every Monday and Thursday 12–3, all are welcome to pop in or please feel free to call or email. Additionally we also deliver a Creative English Programme with male and female refugees aged 18–24 in conjunction with Merseyside Youth Association. The programme looks at improving practical English, meeting new people and integration into Liverpool communities. If you are interested in this programme please email e.hulme@4wings.co.uk or call on the number provided.

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

A counselling and therapy service to survivors of torture and organised violence aged 18+. We also provide psychological therapy to children; young people and families affected by torture as well as adults both services are available in the North West. When the service is full, we also offer assessment-only service to help survivor’s access appropriate support in the region. We provide training, advice and supervision for services working with survivors. Medico-legal reports documenting evidence of torture, instruction via lawyers.

Healthwatch Liverpool
LCVS Building
151 Dale Street
Liverpool L2 2AH
0300 7777 007

Healthwatch Liverpool provides free information and signposting to members of the public and professionals about local health and wellbeing services city.
Whether it’s diabetes or depression, whatever your condition, we’re a small friendly team who will listen to you and use our up to date local knowledge to; explain your options, help you find the right support, listen to your experiences to make services better. We act as a ‘patient voice’ to take feedback about local health and care services (both good and bad) with a view to passing this feedback onto the people that matter and influence change.

Hope +
Liverpool Cathedral Office
St James Place
20 St James House
Liverpool L1 7BY
0151 702 7237
foodback@liverpoolcathedral.org.uk

Hope+ provides specialist service to people seeking asylum and refugees. Hope+ have also used partnership with Central Liverpool Credit Union to provide basic bank accounts for those unable to obtain them elsewhere, and fully accredited debt counselling. Hope+ use specialist in house volunteers to advice on benefit matters, and their aim is to try and provide practical assistance at our pantry sessions, rather than signposting. Hope+ operates two pantries every week on Tuesday and Thursdays from 12:30 to 2:30. For more information regarding the venue please contact them.

Liverpool Community Development Service
Kuumba Imani Millennium Centre
7 Prince Road
Liverpool L8 1TH
0151 708 7414
info.lcds@nhs.net

Liverpool Community Development Services (LCDS) has been established to support Black Minority Ethnic (BME) communities understand issues relating to mental health.

In doing this, we also work closely with health service providers advising them on the appropriateness of their services, ensuring that they are flexible enough to meet the needs of diverse communities.

Working in partnership we identify and encourage the removal of any barriers that may prevent equitable access to service provision by the communities we are working with. LCDS have a specialist focus on: older people and dementia, people seeking asylum and refugees, women, children, young people and families.

LCDS provide the following support to both communities and service providers:

- We provide community development support to grass root organisations, encouraging them to talk about mental health and engage their communities in projects and initiatives designed to improve services.
- We have a key role in signposting and facilitating community access to statutory and voluntary organisations providing mental health services.
- We have a particular focus on supporting BME communities to be better connected and understand mental health services, social care provision, and community organisations where they can receive support from.
- We have a lead role in providing cultural competency training to service providers, enabling staff to be more sensitive and aware of diverse health needs.
- LCDS is organised to work alongside Clinical Commissioning Neighbourhoods, supporting community Primary Care.
- In delivering our work we have a specialist focus of the following topics: older people and dementia, people seeking asylum and refugees, women, children young people and families along with providing one-to-one issue based advocacy support.
Liverpool Domestic Abuse Service (LDAS)
72–74 Durning Road
Liverpool L7 5NG
0151 263 7474
paulanolan@heatkensington.org.uk
www.liverpooldomesticabuseservice.co.uk
LDAS aim is to protect, support and empower all women who suffer from domestic abuse to live safe independent lives. The service is completely free, and is open to all women, regardless of age, sexual preference, social, religious or cultural background. Experienced, diverse, multi-lingual staff will address any additional barriers, including language (written and spoken), no recourse to public funds, oppression as cultural norms, lack of awareness that domestic abuse is a crime and forced marriage.

Mainstream
140 Salisbury Road
Liverpool L15 2HU
0151 281 2088/7306
cgarrigos@imaginementalhealth.org.uk
We work with anyone over the age of 18 who either uses mental health services (Secondary Care) or sees their G.P for a mental health related issue (Primary Care). Our clients must reside within Liverpool City Council Boundaries. We work one-to-one basis in the areas of healthy Living, Sports and Leisure, Education, Volunteering and Employment. Mainstream is a bridge builder service, bridging the gap between community and the person.

Mary Seacole House
91 Upper Parliament Street
Liverpool L8 7LB
0151 707 0319
0151 709 6661 (fax)
info@maryseacolehouse.com
Mary Seacole House was primarily set up to meet the needs of Black and racial minorities.

Mary Seacole House was primarily set up to meet the needs of Black and racial minorities. The centre was established to provide a meeting place where primarily black and racial minorities could come together to discuss their problems and fears in a sympathetic environment. It also represents the interests of its service users to the health sector, social services and other agencies.

Merseyside Refugee and Asylum-seeker Pre/Postnatal Support Group (MRANG)
MRANG
Second Floor Silkhouse Court
Tithebarn Street
Liverpool L2 2LZ
07875 530 673
info@mrang.org.uk
MRANG provides emotional and practical support for women seeking asylum or who have refugee status. The charity undertakes casework support, accompaniment to appointments, support to child protection cases and advocacy and referral to specialist services. We also offer weekly outreach activities including two drop-ins where women and children can get a hot meal, secondhand clothes, peer-support and professional support in a friendly and relaxed environment.

Merseyside Refugee Support Network
7 Overbury Street
Liverpool L7 3HJ
0151 707 0566
0151 707 9168 (fax)
www.merseysidenetworkforchange.org
Along with our partner Liverpool Asylum Seeker and Refugee Partnership, we provide a range of services to both refugees and people seeking asylum, and to the organisations who serve them. We have a membership of around 100 local refugee support organisations.
• Information, advice and signposting (rights, services, support, training and more)
• Refugee employment support and signposting
• ESOL for Integration/IT classes and computer access
• Networking and information sharing through partnership meetings, an email newsgroup, and an on-line directory of local support.

Migrant Help
Birley Court
39 Percy Street
Liverpool L8 7LT
Office: 0151 556 0475
Access to help and Support is through our National Advice line: 0808 8000 630/631
Migrant Help is a national Charity delivery the Home office contract Asylum support applications and asylum advice and guidance in Liverpool.

PSS – Spinning World
18 Seel Street
Liverpool L1 4BF
0151 702 5527
0151 702 5566 (fax)
spinningworld@pss.org.uk
Spinning World (PSS) is a specialist psychological therapy service. The aim of the service is to improve the mental and emotional well being of migrant and refugee people who have experienced human rights abuses and trauma or the impact of traumatic events that may have happened to other members of their family. We can offer a variety of psychological interventions that address the cognitive, physical, emotional and behavioral reactions to trauma, including talking therapies, expressive arts therapy, CBT, EMDR and psycho-education. We specialise in psychological therapies that are sensitive to differences in culture and diversity and the majority of oursessions include trained interpreters. We provide training for therapists and associated professionals, including Interpreters.

Our projects include:
• Crisis Counselling at UC24 for newly arrived people seeking asylum.
• Services for Children and Young People (including separated young people) up to the age of 25 and families. We also see young people who use English as an additional language.
• Services for Adult women.

We are a British Association of Counselling and Psychotherapy (BACP)accredited service.

Rape and sexual advice service (RASA)
60 Duke Street
Liverpool L1 5AA
0151 558 1801
rasaliverpool@btconnect.com
www.rasamerseyside.org
Work with men and women. Face-to-face counselling and one-off sessions available. Also run survivor groups. Plus, support with police, clinics etc.

British Red Cross International Tracing and Messages Services
UK Office
44 Moorfields
London EC2Y 9AL
0870 170 7000
www.redcross.org.uk
Delivers family news and traces family members internationally where normal means of communication have broken down or the family has been separated due to armed conflict or natural disaster.
British Red Cross
Refugee and Migrants Project (RAMP)
ramp@redcross.org.uk
0151 702 5067

Provides short term orientation support to newly arrived people seeking asylum in Liverpool and refugees who require assistance moving on from UKVI support to mainstream benefits and housing. We provide this on a one-to-one casework basis through a team of volunteers. We also provide one-off emergency provisions for individuals who do not receive any support from elsewhere. These come in the form of maternity packs, food vouchers, and clothing vouchers. Emergency provisions are assessed on an individual basis and are limited. RAMP also holds a weekly drop-in from St Brides Church Percy Street. This runs be every Friday from 10am–12pm and is a welcoming space for any people seeking asylum or refugees to socialise and request information or advice if needed. The Red Cross office does not provide a drop-in service so please refer clients through phone or email.

Refugee Action
C/O British Red Cross
Bradbury House
Tower Street
Liverpool L3 4BJ
07917 093 159
www.refugee-action.org.uk

Refugee Action is working in partnership with the British Red Cross and Asylum Lin k Merseyside to deliver the Liverpool Asylum Outreach and Support Project. Refugee Action’s element of the project is to provide information sessions for asylum seekers’ recently dispersed to Liverpool, who are awaiting their asylum decision; are in the middle of the appeals process or have recently been granted Refugee status. The sessions provide advice, guidance and information to help people prepare for what they may face along their asylum journey.

Refugee Action also operates on a national level running a range of projects supporting Asylum seekers and Refugees. Our aim is to deliver locally and advocate nationally increasing the justice people get from the asylum system and reduce the poverty. Ultimately helping people to rebuild their lives.

Refugee Action contact in Liverpool:
Philip Clarke (Mon, Tue, Wed, Fri)
philipc@refugee-action.org.uk

Sahir House
LCVS 151 Dale Street
Liverpool L2 2AH
0151 237 3989
0151 237 3991 (fax)
info@sahir.uk.com
www.sahir.uk.com

Support for people living with HIV or affected by HIV. Counselling and complementary therapies. Training and information. A range of support services, information, access to other related service – for example asylum issues, social work, welfare rights.

Social Inclusion Team
Liverpool Community Health
Abercromby Health Centre
Grove Street
Liverpool L7 7HG
0151 296 7433
0151 296 7412 (fax)
siteam@liverpoolch.nhs.uk

The Social Inclusion Team ensures asylum seekers, refugees and migrant workers have equal access to healthcare, provide individuals support and promote awareness of the needs of BME community members that affects them and service providers.

The Social Inclusion Team has got and shares its extensive knowledge of health & social care issues affecting certain communities. The service is designed to broadly deliver the following:
• To undertake brief advice around health protection issues to support the delivery of key messages to target communities
• Outreach work for people having difficulties accessing primary care
• Health Link / Advocacy Workers service engages with individuals and shares knowledge on local services
• Advising, training and guiding health professionals
• Acting as advocates for individual patients
• Partnership working with other agencies
• Signposting patients and health professionals to appropriate services
• Providing a core of expertise to support professionals, individuals, communities and organisations
• Advising on culturally sensitive service delivery aided by team representation from Arabic, Bulgarian, Bangladeshi, Chinese, Polish, Pakistani, Russian, Somali, Yemeni and the Deaf community.

We support access, advice, refer, signpost to primary or secondary care and a range of health initiatives, also cascade health promoting and health protection messages and information to target communities

**SOLA ARTS**
Adele Spiers
Toxteth Town Hall Community Resource Centre
15 High Park Street
Toxteth
Liverpool L8 8DX
sola_arts@yahoo.co.uk

SOLA is a community arts project which specialises in supporting people from the BME community who are vulnerable to or experience mental health problems, yet also work with all marginalised groups and individuals using the arts to empower and bring communities together. It is the Lead Refugee Arts Agency in Liverpool and Merseyside.

They use a wide range of arts techniques from traditional to digital and work with professional film-makers, painters, graphic artists and sculptors, actors, singers and musicians.

They also provide basic befriending, emotional and holistic support to people from the BME and refugee communities who are involved in other opportunities in the project.

**Talk Liverpool**
Mersey Care NHS Trust
7 Newhall
Longmoor Lane
Liverpool L10 1LD
0151 228 2300

Talk Liverpool is an Improving Access to Psychological Therapies (IAPT) service and our aim is to provide psychological treatments, sometimes called talking treatments, to help people who have common mental health problems such as feeling stressed, feeling low in mood (depressed) or very nervous (anxiety).

**UK Visas and Immigration (UKVI)** (Liverpool)
The Capital Building
6 Union Street
Liverpool L3 9AF
0151 237 0012 / 0444 / 0263 or 0870 606 7766

The UKVI is responsible for securing the UK border and controlling migration in the UK. They manage border control for the UK, enforcing immigration and customs regulations. They also consider applications for permission to enter or stay in the UK, and for citizenship and asylum.
7 Useful web-links

www.liverpoolasyluminfo.org.uk
This directory was created by Liverpool Cathedral with the aim of equipping churches who want to help people seeking asylum by signposting organisations that offer practical help, advice and expertise.

www.refugeecouncil.org.uk
The Refugee Council is the largest organisation in the UK working with people seeking asylum and refugees. It provides direct help and support to people seeking asylum and refugees, campaigns and lobbies on asylum issues and provides support to other organisations and communities who work with people seeking asylum and refugees.

www.freedomfromtorture.org
Freedom from Torture offer counselling and therapeutic group work for adult survivors of torture aged 18 and over. Survivors can self-refer or be referred by a statutory or voluntary sector organisations and will be seen within eight weeks of referral. Referral must be made by referral form. They also have a medico-legal report (MLR) writing service. Lawyers must instruct in writing to the MLR Team for a report. In addition, they offer training, supervision and advice to practitioners and agencies supporting survivors of torture in the region.

www.multikulti.org.uk
Multikulti provides accessible accurately translated advice and information in community languages. Translations are available in 12 languages – Albanian, Arabic, Bengali, Chinese, Farsi, French, Gujarati, Portuguese, Somali, Spanish, Turkish and Urdu. They are currently translating new material in three subject areas – immigration, health, discrimination and racism.

www.harpweb.org.uk
Health for Asylum seekers and Refugees Portal (HARP) provides social inclusion research and on-line health information for health professionals and voluntary agencies working with minority communities. We are public-sector researchers. HARP has completed 13 government reports and developed websites for the Department of Health. Specific areas of expertise are BME and health, with a special interest in people seeking asylum and refugees.

www.icar.org.uk
Information Centre about Asylum and Refugees in the UK (ICAR) is an academic research and information organisation situated in the School of Social Sciences.

www.independentasylumcommission.org.uk
Independent Asylum Commission (IAC) aims to take a fresh and impartial look at the system and make credible recommendations for reform that will ensure that we continue our proud history of sanctuary while restoring public confidence in the system.

www.dh.gov.uk
The aim of the Department of Health (DH) is to improve the health and wellbeing of people in England. Fact sheet has been written to explain the role of UK health services, the National Health Service (NHS), to newly-arrived individuals seeking asylum. It covers issues such as the role of GPs, their function as gatekeepers to the health services, how to register and how to access emergency services. It can be viewed on this link: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122587 available in different languages.
Also Patient-held record for asylum-seekers and refugees information in different language see link: www.dh.gov.uk/en/PolicyAndGuidance/International/AsylumSeekersAndRefugees/DH_4080751

Consent forms – translations please see link: www.dh.gov.uk/en/PolicyAndGuidance/HealthAndSocialCareTopics/Consent/ConsentGeneralInformation/DH_4001986

www.practicebasedlearning.org/resources/diversity/intro.htm
For health and social care professionals: defining diversity; ethnicity and culture; religion and spirituality; disability, sexuality, gender, age and generation, class and socio-economic status.

www.rcn.org.uk/resources/transcultural/index.php
An educational resource for nurses and health practitioners: transcultural health care, race equality and diversity.

http://cecp.air.org/cultural/default.htm
Cultural competence.

www.dh.gov.uk
Department of Health Equality and Diversity Resources and Information

www.raceforhealth.org
Race for Health Programme enables PCTs to make the Health Service in their areas significantly fairer for black and minority ethnic communities.

www.cre.gov.uk
Commission for Racial Equality
http://www.blackhealthagency.org.uk
The BHA (Black Health Agency) is a charity dedicated to improving the lives and changing the futures of Black and Minority Ethnic and other marginalised communities. They support and enable people to improve their health and well being through a range of unique services.

www.ethnicityonline.net
This online resource is intended to help broaden awareness of the needs of ethnic groups using healthcare services as well as the needs of healthcare staff from ethnic minorities.

www.ght.org.uk/ght/index.php
George House Trust is the HIV voluntary organisation for the Northwest of England. They support people living with and affected by HIV and campaign for the best quality of life for all people with HIV.

www.forcedmigration.org
Forced Migration Online (FMO) provides instant access to a wide variety of online resources dealing with the situation of forced migrants worldwide. Designed for use by practitioners, policy makers, researchers, students or anyone interested in the field, FMO aims to give comprehensive information in an impartial environment and to promote increased awareness of human displacement issues to an international community of users. We have prepared an introductory guide to forced migration for visitors who are new to the subject.

www.womensaid.org.uk
Women’s Aid – Domestic Violence information in various languages. Women’s Aid is the key national charity working to end domestic violence against women and children. We support a network of over 500 domestic and sexual violence services across the UK.

www.unhcr.org
The United Nations High Commission for Refugees, (Please visit this website, you will find very useful information and improve your understanding of Refugees and Asylum seekers Health needs.)
The Refugee Studies Centre (RSC) was established in 1982 as part of Queen Elizabeth House, the University of Oxford’s Centre for Development Studies. It has since won an international reputation as the leading multidisciplinary centre for research and teaching on the causes and consequences of forced migration.

Merseyside Refugee Support Network Along with our partner Liverpool Asylum Seeker and Refugee Partnership, we provide a range of services to both refugees and people seeking asylum, and to the organisations who serve them. They have a membership of around 100 local refugee support organisations.

Sahir house Support for people living with HIV or affected by HIV. Counselling and complementary therapies. Training and information. A range of support services, information, access to other related service - for example asylum issues, social work, welfare rights.

Refugee Action is a national charity providing development and advice and support services to people seeking asylum and refugees in 11 regions across England.

If you find any information which needs to be updated please contact:

Mohammed Taher
Community Development Worker
0151 708 7414
m.taherlcds@nhs.net
or
Meryl Cuzak
Mersey Care NHS team
0151 473 0303
Meryl.Cuzak@merseycare.nhs.uk

This resource aims to assist primary health care practitioners to look after people who have come to live in the UK from abroad. It is organised on a country-specific basis and outlines a range of health issues that might affect someone coming from each country, making their health care needs different to that of the UK born population. It also provides practical guidance and resources to assess and manage a wide range of health needs. The resource has been developed in consultation with users and is endorsed by both the Royal College of General Practitioners and the Royal College of Nursing.
Fresh Claim/s

See ‘Application for Asylum’ chart on page 7

Paragraph 353 UKVI Immigration Rules
When a human rights or asylum claim has been refused and any appeal relating to that claim is no longer pending, the decision maker will consider any further submissions and, if rejected, will then determine whether they amount to a fresh claim. The submissions will amount to a fresh claim if they are significantly different from the material that has previously been considered. The submissions will only be significantly different if the content:

(i) had not already been considered; and

(ii) taken together with the previously considered material, created a realistic prospect of success, notwithstanding its rejection.

This paragraph does not apply to claims made overseas.

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Consideration of further submissions shall be subject to the procedures set out in these Rules. An applicant who has made further submissions shall not be removed before the Secretary of State has considered the submissions under paragraph 353 or otherwise.

This paragraph does not apply to submissions made overseas.

The simple Fresh Claim test

To be able to make a fresh claim, the refused person seeking asylum needs to show two things:

1. That there is some new evidence or change in circumstances, which has not been considered by the Home Office.

2. That this new evidence will make a difference to the outcome of your case – that is, that there is some chance that the new evidence/change in circumstances will show that you would be at risk of persecution in your own country.

Appeal exceptions

The Secretary of State can certify a claim under section 94 or 96 of the Nationality, Immigration and Asylum Act 2002. If a claim is certified, there will be no right of appeal. A right of appeal is also not generated if the Secretary of State refuses to vary leave [for example a student with leave applies for asylum, this is refused and still qualifies for their student leave]. In this case, a right of appeal is not generated under Section 82 or 83 of the Nationality, Immigration and Asylum Act 2002.
Details of Immigration Removal Centres

Brook House immigration removal centre
Perimeter Road South
London Gatwick Airport
Gatwick RH6 0PQ
Tel: 01293 566500
Tel: 01293 566559 (to arrange visits)
Fax: 01293 566590

Campsfield House immigration removal centre
Langford Lane
Kidlington
Oxfordshire OX5 1RE
Tel: 01865 233600
Fax: 01865 233723

Colnbrook immigration removal centre
Colnbrook Bypass
Harmondsworth
West Drayton
Middlesex UB7 0FX
Tel: 020 8607 5200
Fax: 020 8759 7996

Dungavel immigration removal centre
Strathaven
South Lanarkshire ML10 6RF
Tel: 01698 395 000
This number has a menu system which gives various options for information on the centre.
Fax: 01698 395 067

Harmondsworth immigration removal centre
Colnbrook-by-pass
Harmondsworth
West Drayton UB7 0HB
Tel: 020 8283 3850
Fax: 020 8283 3851

Haslar immigration removal centre
2 Dolphin Way
Gosport
Hampshire PO12 2AW
Tel: 023 9260 4000
Fax: 023 9260 4001
Fax: case working 023 9260 4580

Lindholme immigration removal centre
Bawtry Road
Hatfield Woodhouse
Doncaster
South Yorkshire DN7 6EE
Tel: 01302 524700
Fax: 01302 524620

Morton Hall immigration removal centre
Swinderby
Lincolnshire LN6 9PT
Tel: 015 2266 6700
Fax: 01522 666850

Tinsley House immigration removal centre
Perimeter Road South
Gatwick Airport
Gatwick
West Sussex RH6 0PQ
Tel: 01293 434800
Fax: 01293 434846

Yarl’s Wood immigration removal centre
Twinwoods Business Park
Thurleigh Road
Clapham
Bedfordshire MK41 6HL
Tel: 01234 821000 (main switchboard)
Fax: 01234 821096 (centre)
01234 271349 (UK Border Agency)
Countries of origin and languages spoken

**Afghanistan**
Dari Persian, Pashtu (both official), other Turkic and minor languages

**China**
Standard Chinese (Mandarin/Putonghua), Yue (Cantonese), Wu (Shanghaiese), Minbei (Fuzhou), Minnan (Hokkien-Taiwanese), Xiang, Gan, Hakka dialects, minority languages

**Iraq**
Arabic (official), Kurdish (official in Kurdish regions), Assyrian, Armenian

**Iran**
Farsi/Persian and Persian dialects 58%, Turkic and Turkic dialects 26%, Kurdish 9%, Luri 2%, Balochi 1%, Arabic 1%, Turkish 1%, other 2%

**Eritrea**
Afar, Arabic, Tigre and Kunama, Tigrinya, other Cushitic languages

**Congo/DRC**
French (official), Lingala, Monokutuba, Kikongo, many local languages and dialects

**Somalia**
Somali (official), Arabic, English, Italian

**Sudan**
Arabic (official), Nubian, Ta Bedawie, diverse dialects of Nilotic, Nilo-Hamitic, Sudanic languages, English

**Estonia**
Estonian 67% (official), Russian 30%, other (2000)

**Zimbabwe**
English (official), Shona, Ndebele (Sindebele), numerous minor tribal dialects

**Palestine**
Arabic, Hebrew, English

**Ethiopia**
Amharif, Tigrinya

**Rwanda**
French, English, Kinyarwanda
‘My perfect house’ by Bachir – made in Stage 1 of the ‘Lifelines’ mens’ art and mental health project.