








A review of the health needs of asylum seekers and refugees residing in Bristol

March 2024

Contents

List of abbreviations

ACRS	Afghan Citizens Resettlement Scheme
ARAP	Afghan Relocations and Assistance Policy
ARC	Asylum Seeker and Refugee Clinic
ASR	asylum seeker/s and refugee/s
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BCC	Bristol City Council
BMA	British Medical Association
BRASP	Bristol Refugee & Asylum Seeker Partnership
BRI	Bristol Royal Infirmary
BRR	Bristol Refugee Rights
BRRT	Bristol Refugee Resettlement Team
BNO	British Nationals (Overseas)
BNSSG	Bristol, North Somerset and South Gloucestershire
CAMHS	Child and Adolescent Mental Health Services
CCG	clinical commissioning group
COVID-19	Coronavirus disease 2019
CQC	Care Quality Commission
CPTSD	complex post-traumatic stress disorder
CRH	Clearsprings Ready Homes
CYP	children and young people
DLUHC	Department for Levelling Up, Housing and Communities
DoW	Doctors of the World
DWP	Department of Work and Pensions
ESOL	English for Speakers of Other Languages
FBO	faith based organisation
GP	general practitioner (doctor)
HPT	health protection teams
HIV	human immunodeficiency virus
IA	initial accommodation
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	infection prevention and control
ICS	Integrated Care System
LES	Local Enhanced Service
MECC	Making Every Contact Count
MRSA	Methicillin-resistant staphylococcus aureus
NCS	North Somerset Council
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Care Excellence
NRPF	no recourse to public funds
NTS	National Transfer Scheme
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PCN	Primary Care Network
PTSD	post-traumatic stress disorder
ROADS	Recovery Orientated Alcohol and Drugs Service
SGC	South Gloucestershire Council
SW SMP	South West Strategic Migration Partnership
STI	sexually transmitted infection
TB	tuberculosis
UASC	unaccompanied asylum-seeking children
UKHSA	UK Health Security Agency
UKRS	UK Resettlement Scheme
VCSE	voluntary, community and social enterprise
WHO	World Health Organisation

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1. Introduction

The **purpose** of this desk-based review is to better understand the health profile and health needs of asylum seekers and refugees (ASRs) [1] residing in Bristol so that commissioners can consider provision.

The review seeks to collate a picture from existing information on characteristics, population demographics and health system information.

Timeframe. Data gathering took place between May 2022 and September 2023. During this time many global events and policy changes caused rapid changes in the nature and size of the ASR population nationally as well as in Bristol specifically. This rapid rate of change is expected to continue to be the case for the foreseeable future and therefore any figures in this report are likely to become quickly out of date. Wherever possible sources and e-links have been stated to enable a reader to search for updates.

Methodology and limitations. The review is based on existing secondary data sources only. This has helped to identify both what is known, and where data gaps are. As no primary data was gathered, the report provides only a partial picture. More comprehensive and detailed data would be needed to undertake a full health needs assessment.

Definitions. This review considers the health needs of both asylum seekers and refugees. While their health needs may be similar, their status is different. (See details on entitlement to healthcare in section 3.1 and Appendix 3). The following definitions of asylum seekers and refugees are set out in the 1951 Refugee Convention (see Appendix 1 for details):

> An ***asylum seeker*** is a person seeking asylum who has left their country of origin and has formally applied for protection from persecution in another country and is awaiting a decision on their application (from the Home Office if in the UK). Each asylum claim must be properly investigated.
>
> *A* ***refugee*** is someone whose asylum application has been successful; the Government recognises they are unable to return to their country of origin owing to a well-founded fear of being persecuted for reasons provided for in the Refugee Convention 1951 or European Convention on Human Rights.

The focus of this report is on those asylum seekers and refugees (ASRs) who are known to the Bristol local authorities either through Home Office figures derived from the various formal government schemes, or because they have registered with a GP through The Haven health[2]. Due to data limitations, this report does *not* include: i) undocumented migrants living in the community with no recourse to public funds or ii) migrants who are recently established in the UK and living as refugees/new citizens in BNSSG communities. More extensive studies would be needed to provide this more comprehensive picture of migrant health.

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[1] Who are refugees or asylum seekers? - Refugee and asylum seeker patient health toolkit - BMA

[2] The Haven is the specialist service for refugees and asylum seekers and serves the whole of BNSSG. See Annex 4 for details.

2. Demographics – the asylum seekers and refugees in Bristol

The following section provides an approximate idea of the profile, location and numbers of ASR service users in Bristol and the wider BNSSG. It is important to note that this is a highly mobile population, with many individuals living for short periods in temporary accommodation. Asylum applicants may be moved by the Home Office to another location in the UK without warning, so tracking their location and health records can be especially challenging, while undocumented migrants are likely to seek to be as invisible as possible.

Changes in government policy can also make the data out of date abruptly. For example, the closure of the ARAP hotels in August 2023 caused the data on hotel service users to reduce dramatically overnight, even though most of the individuals involved continued to reside in Bristol. Likewise, room sharing and expediting the processing of asylum claims will cause IA hotel numbers to suddenly change. The increasingly familiar 'summer spike', where good weather leads to more boat crossings and thus more arrivals of asylum seekers, also brings sudden increases in numbers that can be difficult for service providers to process quickly and accurately.

Securing accurate current data for ASR health is thus challenging, all the more so because it is held by different organisations, as well as by different teams within organisations. The South West regional offices of the Office for Health Improvement and Disparities (OHID), the UK Health Security Agency (UKHSA) and the South West Migration Partnership (SMP)[3] have assembled data on ASRs but this is not a systematic process. Integrated care boards (ICBs) and local authorities seek to keep abreast of numbers for planning purposes. The national Office for National Statistics (ONS) and Home Office data sets are also available in the public domain. The data in this section therefore is an attempt to assemble a picture of what is currently available. There are inevitably inconsistencies and gaps.

2.1 Sources of data to assist health planning for ASRs

The following is a summary of where different types of data can be sourced for BNSSG as at September 2023:

Table 1: Sources of data to assist health planning for ASRs

Source	Data type
BNSSG ICS and regional SW OHID and UKHSA	The data teams within these bodies can generate analysis of local health data on ASR-related health topics.
NHS/Sirona, including The Haven and HOPE ASR specialised services	As the holders of confidential individual patient records, these bodies have potential to produce valuable *anonymised* population health data e.g. using Power Bi. Great care is needed with data protection here

[3] See Annex 9 for details of these organisations.

Home Office	National immigration system statistics in the public domain are produced by the ONS. These can be filtered by area and group. Immigration statistics are updated quarterly in March, June, September and December. At points therefore they are 3 months behind the current situation on the ground. https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-june-2023
Local authorities	Data on service provision such as education (e.g. school places and ESOL provision) and the ASR accommodation that local authorities are responsible for e.g., Homes for Ukraine, former ARAP hotels.
Strategic Migration Partnerships (e.g. South West SMP)	The SMPs provide periodic compilations of figures using data provided by the Home Office and its contracted partners. E.g. who is here, trend analysis, regional and national comparisons such as in the South West.
Companies sub-contracted by the Home Office to manage ASR hotels	In BNSSG, Clearsprings Ready Homes (CRH) holds data on the individuals staying in IA hotel accommodation and in dispersed accommodation.
VCSE organisations	Some VCSE organisations who assist ASRs keep records of their advice and support work. This includes support with health system navigation.
Office for National Statistics	National Census data on migration and other topics can help to provide a broader contextual view. International migration, England and Wales – Office for National Statistics (ons.gov.uk) This can be filtered down to locality level. Local authorities sometimes show useful links within their websites to these, e.g.: Census 2021 (bristol.gov.uk) Census and mid-year population estimates | North Somerset Council (n-somerset.gov.uk) Census | BETA – South Gloucestershire Council (southglos.gov.uk)

2.2 Known asylum seeker and refugee populations in Bristol and BNSSG

Refugees in Bristol through UK Government Schemes

The following UK government resettlement and relocation schemes are administered or have been supported in the BNSSG area as at September 2023. A summary of the terms and conditions of each of these schemes, including those relating to healthcare, can be found in Appendix 3:

- UK Resettlement Scheme (UKRS)[4]
- Afghan Relocations and Assistance Policy (ARAP)
- Afghan Citizens Resettlement Scheme (ACRS)
- Ukraine Family Scheme
- Ukraine Sponsorship Scheme (Homes for Ukraine)

[4] This scheme replaces the Vulnerable Persons Resettlement Scheme 2016 to 2021, and the Resettlement of Vulnerable Children Scheme 2017 to 2021.

- Ukraine Paediatric Oncology
- Unaccompanied asylum-seeking children UASC
- Hong Kong British Nationals (Overseas) BNO - Welcome Programme

Asylum seekers in Bristol through UK Government Schemes

In addition to the above resettlement and relocation schemes, accommodation and support for people seeking asylum is provided through the Home Office asylum dispersal system. This is for people who are fleeing persecution and who have travelled to the UK to claim asylum, frequently via small boats, inside lorries etc. An initial claim for asylum is made at arrival centres. Applicants are then transferred to asylum dispersal accommodation located around the UK while they await the outcome of their asylum claim. A description of asylum routes can be found in Appendix 2.

Unaccompanied asylum-seeking children (UASC)

If a person is declared a child on arrival in the UK they are taken to a safe location/care home and then sent to be in the care of a local authority which is responsible for making foster care arrangements. The National Transfer Scheme (NTS)[5] was set up to enable the distribution of UASCs to local authorities across the country to help eliminate pressure in port/arrival local authorities. The NTS was previously voluntary, but it has been mandated for all local authorities to participate. According to the SWSMP, the South West was hosting nearly 700 UASCs as at October 2023.

If a person is declared a child when they have already arrived in BNSSG, social care is contacted. The Royal College of Paediatrics and Child Health has developed resources to support access to healthcare for migrant and/or undocumented children[6]. The Refugee Council also offers support.[7]

Undocumented ASRs in the community

It is widely assumed by health professionals supporting ASRs that there are undocumented migrants living in the Bristol area, and that they may be especially vulnerable. Those arriving outside formal schemes or who overstay their visa can be afraid to make themselves known, and have significant health needs and may need health care when in crisis. This category includes such groups as foreign students who became homeless during the Covid pandemic; unable to continue their studies, unable to go home and unable to find work to fund their living costs due to lockdown.[8] Their health may also impact on others, for instance if they have an infectious disease. Only minimal data from voluntary sector and faith-based organisations working with refugees and homeless people could be gathered on this group for this review.

Recently settled refugees

Gathering and analysing data on the health needs of recently settled refugees, such

[5] Unaccompanied asylum seeking children: national transfer scheme - GOV.UK (www.gov.uk)

[6] Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH

[7] Children and young people - Refugee Council

[8] https://www.hepi.ac.uk/wp-content/uploads/2022/07/Could-universities-do-more-to-end-homelessness.pdf

as those arriving through the ARAP scheme, and asylum seekers whose applications have been recently accepted, is also important for planning their on-going care, especially those with chronic conditions such as high blood pressure and asthma. A recent (September 2023) UK parliamentary briefing paper offers some contextual figures[9]. Some of their health needs and the barriers that prevent them from accessing services, are likely to persist beyond their official change in immigration status.

2.3 Language and culture of service users in Bristol

Successful health provision depends on appropriate communication. ASRs in Bristol speak over 25 different languages and have been raised within an equally diverse number of different cultural settings. In August 2023 the following languages were some of those spoken by the service users in the Bristol IA hotels: Afrikaans, Albanian, Amharic, Arabic, Balochi, Bengali, Dari, English, French, Farsi, Hindi Georgian, Kirundi, Kurdish-Sorani, Kurdish-Kurmanji, Lingala, Luganda, Oromo, Pashto. Portuguese, Punjabi, Russian, Somali, Spanish, Swahili, Tamil, Thái, Tigrinya, Turkish, Urdu.

The 2021 census data shows the main languages widely spoken within Bristol apart from English[10].

2.4 Location of service users

Knowing where ASRs are located is important for health provision. Health providers need to know the best way of contacting people to provide the range of health services available. As at September 2023, the ASRs in BNSSG fall into 3 main categories in terms of residential location type as shown in Figure 1:

- interim accommodation – mostly hotels paid for by the Home Office as part of a formal scheme. (See Appendix 3 for a summary of hotel accommodation types, some of which are determined by immigration status). This population is mostly known and can be easily reached by health providers as a group. In September 2023 there were 7 hotels in BNSSG: 3 in Bristol City (BCC), 3 in North Somerset (NSC) 1 in South Gloucestershire (SGC). Dispersed accommodation for asylum seekers is also interim though harder for service providers to cover.
- private accommodation – where families and individuals who arrived through resettlement schemes such as ARAP, ACRS, Homes for Ukraine and BNO live, as well as successful asylum applicants. Most are registered with a GP practice and can be reached through these, although not as a group.
- Homelessness or vulnerably housed – some with ‘no recourse to public funds’ (NRPF). These individuals are often highly vulnerable and typically harder to reach.

[9] Asylum statistics - House of Commons Library (parliament.uk)

[10] In the BCC area, the main languages widely spoken other than English are: Polish, Spanish, Somali, Romanian, Arabic and Italian. Details can be found here: Census 2021 (bristol.gov.uk)

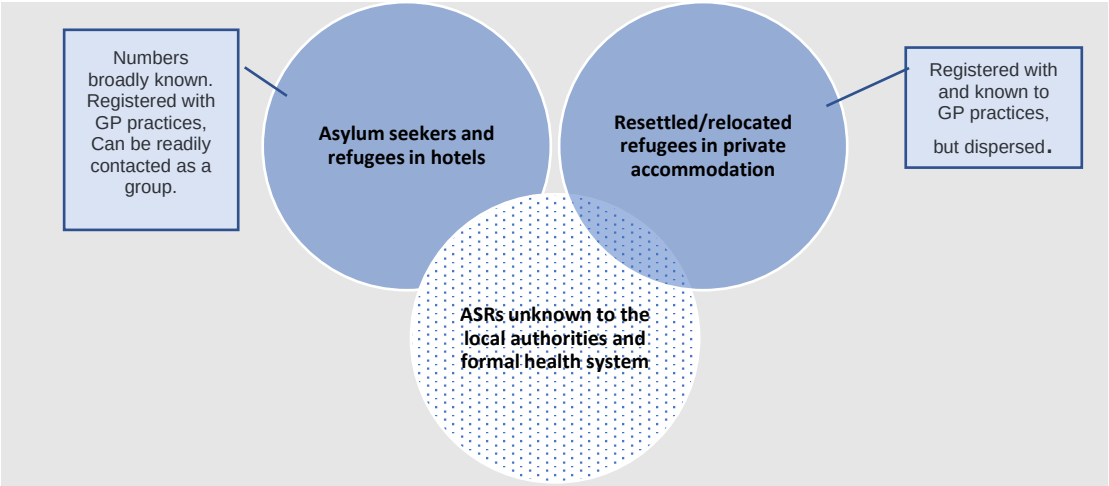

Figure 1. Residential status of ASRs living in Bristol.

Beyond accommodation, health providers such as mass vaccination teams also reach patients through schools and the welcome hubs that are based in community centres and churches.

The 2021 Census dataset, which provides detailed local data on the BNSSG population including population and migration, country of birth, ethnicity, religion and language and health, can help to estimate local need.

2.5 Numbers of service users

The following provides a collection of available data as at the end of Quarter 2 – June 2023. For the reasons outlined in the introduction to this section, the data presentation is inconsistent and incomplete as it comes from organisations playing different roles and some data is not shared.

i) National / South West region

Table 2 below provides national contextual information about the total numbers of service users across the country and where they are located regionally. As noted above, this data is in the public domain and only published quarterly, so can be quickly out of step with local realities. It shows that there were approximately 17,775 ASRs living across the South West in Q2 of 2023, which is about 0.31% of the region's population, a similar figure to most regions and under the national average of 0.40% and England's average of 0.38%.

Table 2 Immigration groups in the UK, by Region and Devolved Administration, as at 30/06/2023

Location	Homes for Ukraine (arrivals)	Afghan Resettlement Programme (population)	Supported Asylum (population)	All 3 pathways (total)	Population	Per capita
England – total	**93,679**	**15,611**	**105,256**	**214,546**	**56,536,419**	**0.38%**
England – East Midlands	7,091	855	7,090	15,036	4,880,094	0.31%
England – East of England	11,012	1,723	7,750	20,485	6,348,096	0.32%
England – London	19,126	1,938	25,160	46,224	8,796,628	0.53%
England – North East	2,644	623	7,165	10,432	2,646,772	0.39%
England – North West	7,727	2,192	20,462	30,381	7,422,295	0.41%
England – South East	21,672	3,633	8,810	34,115	9,294,023	0.37%
England – South West	**11,553**	**1,395**	**4,827**	**17,775**	**5,712,840**	**0.31%**
England – West Midlands	6,918	1,596	13,380	21,894	5,954,240	0.37%
England – Yorkshire and The Humber	5,936	1,656	10,612	18,204	5,481,431	0.33%
Northern Ireland – total	**1,117**	**77**	**3,348**	**4,542**	**1,904,578**	**0.24%**
Scotland – total	**24,910**	**910**	**5,323**	**31,143**	**5,479,900**	**0.57%**
Scotland	4,907	910	5,323	11,140	5,479,900	0.20%
Scotland – sponsored by the Scottish government	20,003	0	0	20,003	5,479,900	0.37%
Wales – total	**6,831**	**811**	**3,358**	**11,000**	**3,105,410**	**0.35%**
Wales	3,678	811	3,358	7,847	3,105,410	0.25%
Wales – sponsored by the Welsh government	3,153	0	0	3,153	3,105,410	0.10%
Region not available	**0**	**4,117**	**165**	4,282	**-**	**-**
United Kingdom – total	**126,537**	**21,526**	**117,450**	**265,513**	**67,026,307**	**0.40%**

Source: Immigration system statistics, year ending June 2023 – GOV.UK (www.gov.uk)

ii) Bristol, North Somerset, South Gloucestershire (BNSSG)

Table 3 below shows that as at June 2023, BNSSG was host to approximately 3789 asylum seekers and refugees from all the schemes listed, with BCC hosting approximately 53%, NSC 23%, and SGC 24%.

Table 3: Number of asylum seekers and refugees in BNSSG by scheme as at June 2023

	Bristol City Council	North Somerset Council	South Glos Council	All BNSSG
Homes for Ukraine – not including super sponsors (arrivals)	**750**	**564**	**470**	**1784**
Afghan Resettlement Programme (total) (population)	**535**	**53**	**35**	**623**
of which, Afghan Resettlement Programme – bridging (population)	281	0	0	281
of which, Afghan Resettlement Programme – settled in LA housing (population)	232	53	35	320
of which, Afghan Resettlement Programme – settled in PRS housing (population)	22	0	0	22
Supported Asylum (total) (population)	**725**	**240**	**417**	1382
of which, Supported Asylum – Dispersed Accommodation (population)	277	3	157	437
of which, Supported Asylum – Contingency Accommodation (population)	414	233	251	898
of which, Subsistence only (population)	34	4	9	47
All 3 pathways (total)	**2,010**	**857**	**922**	**3,789**
Per cent	**53**	**23**	**24**	**100**
Population	471,117	217,399	290,736	979,252
Per capita (%)	0.43%	0.39%	0.32%	

Source: Immigration system statistics, year ending June 2023 – GOV.UK (www.gov.uk)

iii) Numbers of service users in BNSSG through resettlement and relocation schemes

ARAP and ACRS

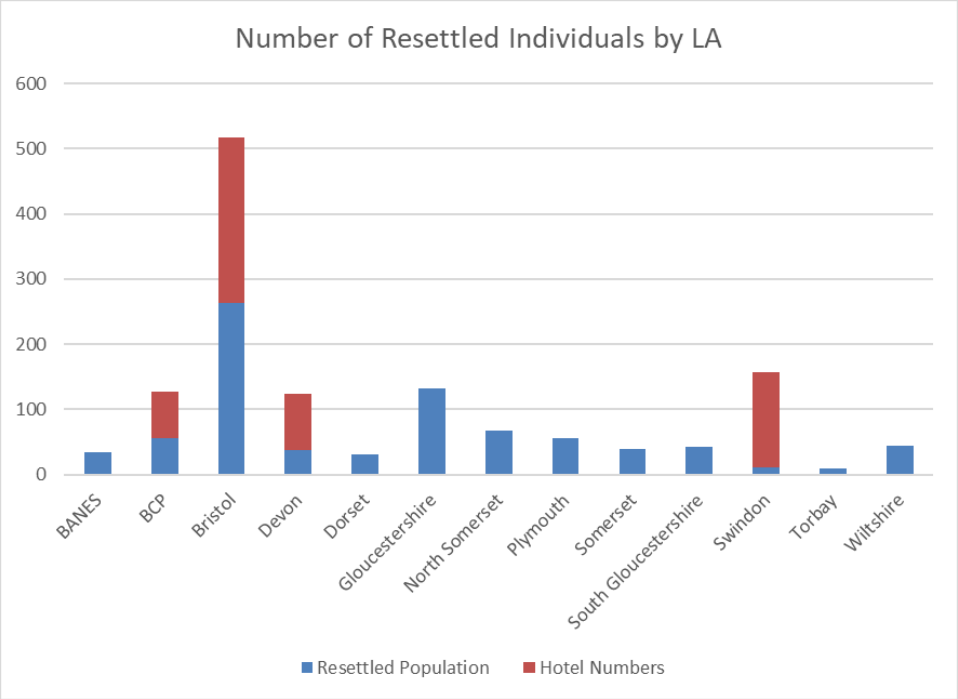

Figure 2: Number of resettled individuals in South West by local authority.

Source: South West SMP presentation, June 2023

As at June 2023 the UK had resettled 21,526 people on the ACRS and ARAP schemes. The South West accounted for 6.2% of this total and BNSSG is home to the majority of Afghans who have been resettled in the South West since August 2021. The local authority with the highest population in the South West is Bristol which makes up 37% of the region's total. The SW SMP graph above shows data up to the end of 2023-24 Q2 data on ARAP and ACRS Afghan resettlement schemes in the South West.

In July 2023, the Home Office resumed issuing visas at a rate of around 100 a week to those on ARAP and ACRS in third countries. Around 4,300 people overseas have been found eligible on the ARAP scheme and 2,000 of those are in Pakistan. In June 2023, approximately 1,500 were being housed in hotels in Pakistan funded by the UK government.

Ukraine schemes

People fleeing the war in Ukraine since February 2022 have arrived in BNSSG under several schemes that were rapidly developed to respond to a fast paced and unplanned emergency situation. These include the UK government's:

- Homes for Ukraine scheme,
- Family Visa system and

- Via third party organisations for those with specific needs, including children and young people requiring medical intervention such as cancer treatment (see Appendix 3 for scheme details).

As people have arrived via a number of different routes, data on the numbers of people in Bristol has to be assembled from several different sources. Even then, it is likely to be incomplete and quickly out of date.

Primary care is provided by many local GPs (not the Haven). No collated health-related data could be found for this group.

i) National and regional data

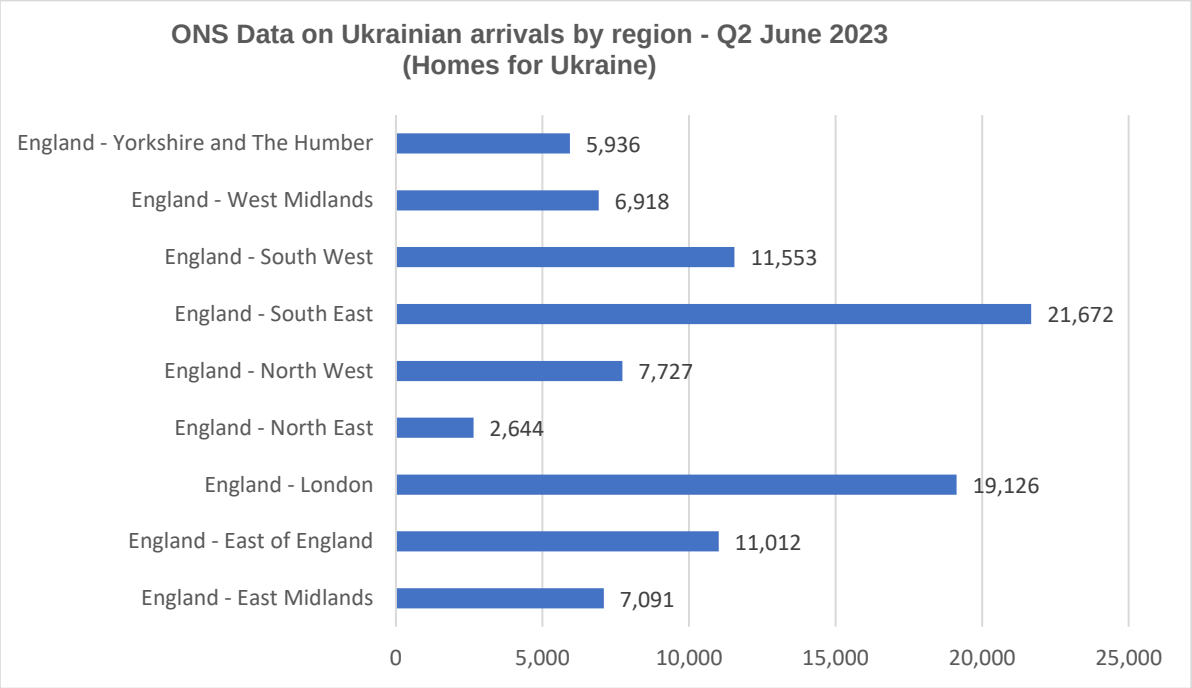

Figure 3 Ukrainian Arrivals in England by Region

Table 4: Data on Homes for Ukraine scheme – South West Region (SMP presentation, Sept. 2023 Q2 data)

Local authority	No. visa applications	No. visas issued	No. arrivals in UK by sponsor location
Bath and North East Somerset	501	438	387
Bristol, City of	1056	975	781
Cornwall	1487	1218	1031
Devon	2,842	2,309	1,970
Dorset	1204	1066	895
Gloucestershire	2264	1827	1563
Isles of Scilly	5	-	-
North Somerset	809	689	578
Plymouth	345	266	238
Somerset	2241	1846	1523
South Gloucestershire	669	559	490
Swindon	360	302	257
Torbay	262	230	191
Wiltshire	1880	1650	1395
Bournemouth, Christchurch and Poole	873	731	625

ii) BNSSG data

Table 5: ONS data on Ukrainian arrivals in BNSSG, Q2 June 2023			
Bristol City Council	North Somerset Council	South Glos Council	All BNSSG
750	**564**	**470**	**1,784**

The local authority resettlement teams collate data on the Homes for Ukraine scheme (only). The following figures are held by the BCC Resettlement team for the BCC area:

A total of 510 households (816 people) have arrived in the BCC area since March 2022. As at September 2023 there are:

- 202 households (groups) remaining in host/guest arrangements (233 adults, 54 children)
- 119 households have been supported into rented accommodation in Bristol (170 adults, 102 children)
- 8 adults remain in accommodation in Bristol they arranged without HFU move-on support (rented or with friends)
- 4 households remain in temporary accommodation in Bristol (6 adults, 4 children)

Hong Kong (BNO status)

This immigration route opened on 31 January 2021, and provides British National (Overseas) (BN(O)) status holders from Hong Kong and their dependants with the opportunity to come to the UK to live, study and work, on a pathway to citizenship. Under this scheme they can access the NHS once an Immigration Health Surcharge is paid as part of their visa application, but they still pay for prescriptions, eye care and dental treatment as ordinary citizens do.

Since this visa route opened, there have been 182,600 BN(O)s visa applications up to June 2023(ONS data), of which 176,407 were granted. BN(O) visa holders can choose which location to live in the UK. They do not need to report their address to Home Office and Local Authorities.

SW SMP estimates approximately 9,000 are in South West. Using the results of its survey in February 2022 and school census data, the following is their estimation of the number of BN(O) visa holders in each unitary and county council in the South West in Q2 2023. The total for BNSSG combined is 4,495 visa holders:

Table 6: Estimated Hong Kong BN(O) visa holders up to Q2 2023			
Local authority	No. of visa holders	Local authority	No. of visa holders
Bath and North East Somerset	351	**North Somerset**	**372**
Bournemouth, Christchurch and Poole	240	Plymouth	169
Bristol	**2,244**	Somerset	324
Cornwall	75	**South**	**1,879**
Devon County	1,451	**Gloucestershire**	552
Dorset	19	Swindon	45
Gloucestershire County	615	Torbay	528
		Wiltshire	
Source: SW SMP estimates			

2.6 Examples of local data on ASRs

The following shows three examples of data kept by service providers working at local level. Other data on health needs and conditions can be found in section 4.

Hotels

Table 7 below was compiled from data provided by hotel managers for the BCC area weekly multi-agency meetings (both asylum (majority) and resettlement (small number, due to close end September) hotels over a 3-month period. It shows the fast-changing reality for hotels in Bristol, and the health and other public and voluntary organisations that support them.

Table 7: Hotel capacity and service user numbers in City of Bristol ASR hotels in a 3-month period (July-September 2023)

	27/07/23	31/08/23	21/09/23
Total hotel capacity for ASRs	860	1146	1201
Total number service users	**668**	**674**	**928**
No. of single adult males	74	63	107
No. of single adult females	47	65	67
No. in families	516	289	530
Total children	241	216	336
• Age 0-4	90	97	121
• Age 5-11	108	85	142
• Age 12-17	43	34	73
Pregnant women	9	8	10
Known vulnerable	4	1	2

Haven Health

The Haven Health specialist primary healthcare service (see details in Appendix 4) provides an initial service for asylum seekers and some refugees (ARAP and ARCS, not Ukrainians or BNO) before they are referred to and registered with a local GP practice. It keeps individual clinical health data on many of the ASRs in BNSSG. While out of date, Figure 4 below is an example of the data analysis possible. During the 1-year period between April 2021 and March 2022 there were 1338 referrals to the Haven specialised GP practice. Of these, 73% were recorded as male and 27% as female. Disaggregated data by age, sex and condition is needed to ensure well targeted health provision. The Ukraine population (not part of Haven cohort) is conversely more female than male (see section above).

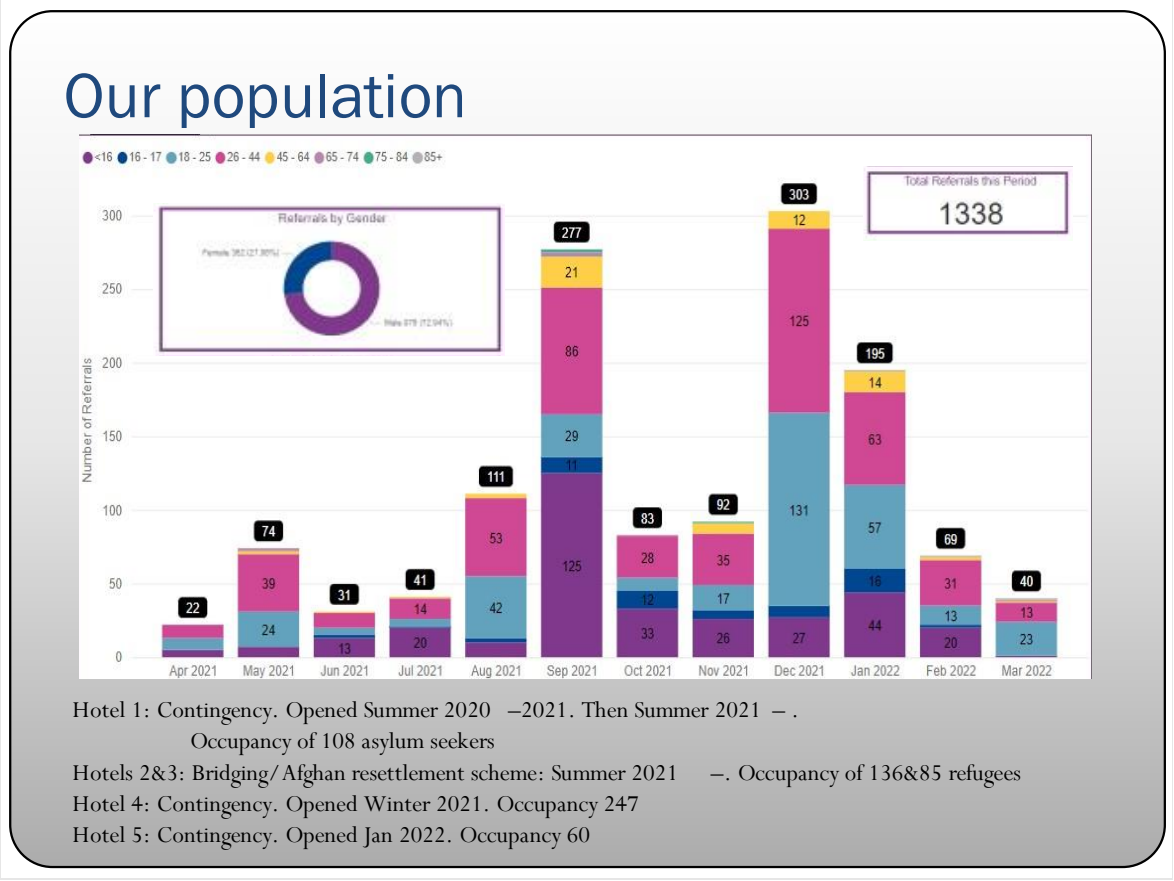

Figure 4 From BNSSG ASR Healthcare Access Survey, UoB/ Haven et al, April 2022

Bristol Refugee Rights (BRR) Members in 2021

BRR keeps records of its service users' countries of origin:

Table 8: Countries of origin of BRR members	
Afghanistan	21%
Iran	9%
Iraq	9%
Bangladesh and Sudan	7%
Pakistan, Syria	5%
Somalia	4% each
Eritrea, Albania	3% each
Nigeria, Egypt, Kuwait	2% each
China, Kenya, Senegal, Algeria, Sri Lanka, Yemen, Gambia, Ethiopia, Turkey, Cameroon, India, Morocco, Uganda, Russia, Vietnam	=15%
Palestine, Myanmar (Burma), Ghana, Guinea, Jamaica, Libya, Malaysia, South Africa, Tanzania, Congo DRC, Cuba, Malawi, Trinidad, Zimbabwe, Belarus, Burundi, Cambodia, Chad, Congo Brazzaville, El Salvador, Hong Kong, Ivory Coast, Mauritania, Mauritius, Nepal, Sierra Leone, Tunisia, Zambia	Less than 1% each

3. Overview of policy and strategy frameworks and national guidance in support of ASR health

The following section outlines some of the main policies, strategies and guidance that shape and influence BNSSG's health provision for asylum seekers and refugees.

3.1 National guidance on ASR health

UKHSA, OHID and NHS Guidance

The UK government's comprehensive Migrant Health Guide (overseen by OHID) outlines the health services that different types and groups of migrants in the UK are entitled to, with information to guide both health providers and service users. Its main sections cover the following areas:

- Access to healthcare
- Assessing and treating patients
- Vulnerable migrant groups
- Communicable diseases
- Non-communicable diseases
- Nutrition

It also includes advice on immunisation and screening, Covid-19, dental care, common infectious diseases in different countries, language and translation, and dealing with mental health and human trafficking issues.

More specific national government public health and clinical guidance generally follows the arrival of larger groups, such as the officially supported evacuees from Afghanistan in August 2021 and Ukraine in 2022. This is normally comprised of:

- **Health profiles** outlining the main health concerns and the differences between the country of origin and the host country. Common differences often lie in immunisation schedules and the incidence of communicable and non-communicable diseases.
- **Guidance** on how to provide care. These are two examples:
  Afghanistan: migrant health guide – GOV.UK (www.gov.uk)
  Ukraine: migrant health guide – GOV.UK (www.gov.uk)
- **Consensus statements** may also be produced nationally and locally where clarity on a single approach is needed, such as the one on screening Ukrainian children for paediatric TB.

Work on developing national guidance on ASR health needs is frequently on-going and iterative, with updates written as needed. Country groups are comparatively well-monitored, and guidelines provided when particular health conditions are detected as significant.

National guidance for health organisations is often available after the arrival of ASRs due to rapidly changing international situations. National health bodies (e.g. UKHSA) and primary care providers have to respond on the ground while waiting for national policy to be defined. One example of this is the guidance for refugees who were part of the Afghan relocation and settlement schemes. This was published in September

2021 following their sudden arrival in August 2021[11], leaving a month of uncertainty for health practitioners.

National Institute for Care Excellence (NICE) Guidelines

Guidelines issued by the National Institute for Care Excellence (NICE)[12] generally classify ASRs as a 'vulnerable group'. Their needs are specifically mentioned in 14 of their guidelines, which are mostly developed by health condition or concern including: care before, during and after pregnancy, mental health including post-traumatic stress disorder (PTSD), vaccine uptake, sexual health and contraception, and managing latent and active tuberculosis (TB). ASRs are also mentioned in planning, delivery and review of social work interventions for adults with complex needs, and in responding to abuse and neglect in children and young people aged under 18.

Specialist guidelines by professional bodies

Professional bodies periodically produce guidance to help their members to manage challenging situations they encounter in caring for ASRs. For example, the Royal College of Paediatrics and Child Health, the membership body for paediatricians, updated its guidance in September 2022 to support paediatricians in the assessment and care of ASR children, both when accompanied by parents and carers and when unaccompanied[13]. The British Medical Association (BMA)[14] and the Royal College of Psychiatrists[15] have also developed specialist guidelines. Such bodies also provide expert or specialist advice in support of consensus statements such as the recent contribution by the British Association of Paediatric Tuberculosis to the consensus statement on TB screening for children arriving from Ukraine.

Laws on entitlement to healthcare

Entitlement to healthcare varies according to immigration status. In summary:
"GP and nurse consultations in primary care[16], treatment provided by a GP and other primary care services are free of charge to all. For secondary care [17]services, the UK's healthcare system is residence-based. This means that you must be living lawfully in the UK on a properly settled basis to be entitled to free healthcare." NHS entitlements: migrant health guide - GOV.UK (www.gov.uk).

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[11] Afghan relocation and resettlement schemes: advice for primary care (publishing.service.gov.uk)

[12] NICE "provides national guidance and advice to improve health and social care". https://www.nice.org.uk/

[13] Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH

[14] Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA

[15] Asylum seeker and refugee mental health | Royal College of Psychiatrists (rcpsych.ac.uk)

[16] "Primary Healthcare" means healthcare provided by a General Practitioner, practice nurse or similar professional who acts as the initial principal point of consultation and who may co-ordinate any other specialist(s) healthcare a Beneficiary might need.

[17] 'Secondary healthcare' means healthcare other than primary healthcare, including admission to hospital, treatment for acute conditions, support for mental health conditions, and specialist (e.g. oncological, coronary, or psychiatric) treatment.

The measure of residence that the UK uses to determine whether someone is entitled to free NHS healthcare is known as 'ordinary residence'. People who are not ordinarily resident in the UK may be required to pay for their care when they are in England. However, some services and some individuals are exempt from payment. Exempt services include accident and emergency services, diagnosis and treatment of some communicable diseases, family planning services, palliative care services and NHS 111 telephone advice service.

Groups that are exempt from charge include refugees and their dependents, asylum seekers and their dependents, people receiving section 95 support, victims of modern slavery or human trafficking. (See Appendix 3 for details; full list of exemptions and details are available in the Migrant Health Guide[18]).

The complex regulations cause many challenges for both service users and health providers, and in practice, many migrant populations experience limited access to health services[19]. Achieving actual access involves a number of steps, as outlined by a recent (April 2022) Bristol study[20] which lists the various barriers that ASR service users in the South West said they routinely experienced in an August 2021 survey. The key barriers identified related to: language, cultural differences in health beliefs and health behaviours, confusion about different systems of health care (the role of a UK GP, entitlement), fear and mistrust (confidentiality), as well as hostility and racism.

Recognising these barriers as a nationwide issue, the Refugee Council provides further information about the difficulties many ASR service users in the UK experience in practice and how to overcome them[21]. They have set up the Health Access to Refugees Programme (HARP) project to "*empower people we work with to access the UK health system while also ensuring health services are better equipped to support them*".

For health providers, the Migrant Health Guide and CQC guidance[22] provide information on what can be offered. The difference in immigration status may create stressful ethical and professional challenges, with people they treat entitled to different levels of care.

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[18] NHS entitlements: migrant health guide - GOV.UK (www.gov.uk)

[19] 'Inhumane' NHS fees left more than 900 migrants without treatment | Immigration and asylum | The Guardian

[20] Access to Healthcare for Asylum Seekers and Refugees, April 2022
Dr Caroline Crentsil, BNSSG Population Health Fellow
Joanne Long, Evidence and Evaluation Support Officer - Public Health, South Glos Council
Loubaba Mamluk, Senior Research Associate, University of Bristol
Professor Sarah Weld FFPH, Deputy Director/Consultant in Public Health South Glos Council

[21] Healthcare for refugees: Where are the gaps and how do we help? - Refugee Council

[22] GP mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants - Care Quality Commission (cqc.org.uk)

3.2 Schemes and frameworks to address the vulnerability and inequalities ASRs face

Vulnerable migrants as an Inclusion Health group

As described by the Fairhealth group[23]:

> "*Inclusion health groups such as vulnerable migrants generally carry a very high burden of disease. They often develop common physical health problems earlier and die prematurely. Their health needs are often complex, combining the tri-morbidities of physical mental illness and substance use disorders*."

The experience of the Haven team in BNSSG verifies this and is described in the Access to Healthcare report mentioned above.

Supporting inclusion health groups such as vulnerable migrants is therefore a key focus of the UK government. 'All Our Health[24]' is a national resource that helps health and care professionals prevent ill health and promote wellbeing as part of their everyday practice. It recommends:

> *"Health and care professionals should ensure that socially excluded people can access and benefit from the services they need. The basis to this is an understanding of inclusion health and social exclusion, how they influence people's health and access to care, and what professionals can do to include and support people."*

The national framework for NHS action on Inclusion Health[25] has also been recently published (autumn 2023).

The Office for Health Improvement and Disparities (OHID)[26]

One of the core national public health organisations, OHID focuses on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life. OHID has responsibility for "*building the scientific evidence, leading and developing the policy, and delivering core services around… the health of vulnerable groups*". It maintains Fingertips profiles[27].

An example of OHID's work locally is the rapid regional assessment of the immediate health needs of ASRs in temporary accommodation in the South West of England, which was undertaken by a regional South West OHID team led by Dr

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[23] Fairhealth

[24] Inclusion Health: applying All Our Health - GOV.UK (www.gov.uk)

[25] NHS England » A national framework for NHS – action on inclusion health

[26] About us - Office for Health Improvement and Disparities - GOV.UK (www.gov.uk)

[27] Fingertips profiles are a source of data across a range of health and wellbeing themes. They are designed to support Joint Strategic Needs Assessment (JSNA) and commissioning to improve health and wellbeing and reduce inequalities. Public health profiles - OHID (phe.org.uk)

Rachel Marsh in October 2021[28] to help assess the situation following the sudden arrival of close to 2000 ASR service users in the South West in August 2021. This is a useful reference for primary care and public health practitioners in particular, giving recommendations for this population in the SW region at that time.

Core20PLUS5

'Vulnerable migrants' have been identified as one of the inclusion health groups as part of Core20PLUS5[29], which is a national NHS England approach to supporting the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement and PLUS groups based on local population need.

Making Every Contact Count (MECC)[30]

MECC is a national initiative to reach Inclusion Health groups more effectively. National MECC guidance encourages primary care providers to use the opportunities arising during their routine interactions with patients. Inspired by the landmark Marmot Review[31], MECC and MECC plus approaches tackle health inequalities by supporting individual behaviour change and addressing wider determinants of health at the individual level. An example is that it can be used to improve uptake of immunisation by vulnerable migrants[32].

The Safe Surgeries scheme

Doctors of the World (DoW) launched its Safe Surgeries scheme[33] in November 2018 to broaden the capacity of all health providers to respond to the needs of ASRs. The initiative is on-going. "*A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring your practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration*." (DoW website).

In 2023, The Right to Care report was published by DoW and partners[34] to share the experiences of the Right to Care project which aimed to improve access to primary care for inclusion health groups, including ASRs, by developing and testing new interventions for GP registration.

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[28] Rapid Health Needs Assessment for migrants in temporary accommodation in the South West, October 2021, compiled by Rachael Marsh, Consultant in Public Health, Office for Health Improvement and Disparities South West.

[29] NHS England » Core20PLUS5 – An approach to reducing health inequalities

[30] Making Every Contact Count (MECC): practical resources - GOV.UK (www.gov.uk)

[31] Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK (www.gov.uk)

[32] Presentation to the SW Migrant Health Network by Lisa Harrison and Mina Fatemi in November 2022 on MECC and Improving Immunisation Uptake for Vulnerable Migrants

[33] Safe Surgeries - Doctors of the World

[34] Reports & Publications Archive - Doctors of the World

Local policy and strategy frameworks and partnerships in Bristol/BNSSG/SW

Several local frameworks, partnerships, policies and strategies guide also the work in support of asylum seekers and refugees in the South West and BNSSG. These include:

The South West Strategic Migrant Partnership (SMP) [35]

South West SMP is part of South West Councils. One of 12 in the UK, its role is "*to coordinate and support the delivery of national programmes in asylum and refugee schemes as well as agreed regional and devolved migration priorities. SMPs work with stakeholders in the statutory, voluntary, private and community sectors to provide a strategic leadership, advisory and coordination function on migration in their regions and nations, ensuring a coordinated approach to migration and the sharing of relevant information and good practice*".

The South West Health Protection Team at UKHSA[36]

Local health protection teams (HPT) provide specialist public health advice and operational support to NHS, local authorities and other agencies and lead the UK Health Security Agency (UKHSA)'s response to all health-related incidents. They support the teams responsible for managing ASR health in BNSSG and provide specialist support to prevent and reduce the impact of infectious diseases and major emergencies. HPTs help with local disease surveillance, investigating and managing health protection incidents and outbreaks and implementing and monitoring national action plans for infectious diseases at local level.

Bristol City of Sanctuary

Bristol became a City of Sanctuary in 2010[37]. City of Sanctuary is: "*a dedicated charity with a huge vision that every person seeking sanctuary feels welcomed and safe and that their contribution to the community is valued*.

- *We **raise awareness** of what it means to seek sanctuary in Bristol, challenging misconceptions and celebrating the immense contributions that people seeking sanctuary make to our city.*
- *We **advocate** for a fair and humane asylum system, a system which protects rather than punishes*
- *We work to **embed welcome** in Bristol's businesses and institutions, running initiatives like our Schools of Sanctuary award."*

In Bristol City (only) there is thus a policy to support ASRs through the creation of the Bristol City of Sanctuary. An application for Bristol's status as a City of Sanctuary to be renewed was submitted in early 2024.

The 2019 Bristol City Council Refugee and Asylum Seeker Inclusion Strategy[38]

This came out of the City of Sanctuary and outlined the multiple reasons why all need to work together to support and empower ASRs. It is currently being updated. It built on:

- Bristol's City of Sanctuary commitment,

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[35] Policy - SWSMP - South West Councils (swcouncils.gov.uk)

[36] Contacts: UKHSA health protection teams - GOV.UK (www.gov.uk)

[37] Bristol City of Sanctuary | Building a culture of hospitality for people seeking sanctuary

[38] Refugee and Asylum Seeker Strategy (bristol.gov.uk)

- its One City Approach which focuses on underserved populations, and the need to work in strategic partnership across sectors, systems and service areas.

More specifically on page 4 it states:

> *"Asylum seekers and refugees are often some of the most vulnerable people in our community, and can have a range of different and complex needs. Primary amongst these are housing, education, safety and healthcare. In seeking to meet these needs the Council is of course bound by restrictions of funding and also by national laws and regulations, many of which are profoundly flawed. Nonetheless, in living out our Corporate Strategy themes of 'empowering and caring' and 'wellbeing' we should be constantly striving for excellence and best practice in our service delivery and partnership working, seeking to uphold the dignity and worth of every asylum seeker and refugee in the city."*

Asylum seekers (and others) with no recourse to public funds (NRPF)

Bristol is currently developing a local policy and response to provide support for people with NRPF, some of whom are asylum seekers. The vision described in its recent NRPF Briefing Paper is of a: "*city where no one, irrespective of their immigration status, has to live without access to the basic necessities including shelter, food, toiletries, phone data and the ability to travel round the city to access appointments*". It outlines The Bristol Model developed with BRR and the Refugee, Asylum and Migration Policy (RAMP) project, which is based on 4 key principles:

- *Design-out Destitution* – access to basic goods needed to survive and thrive. This includes food, medicine, sanitary and washing facilities, the means to connect with people digitally and access to public transport.
- *A Safe Place to Stay* – access to accommodation which is safe and secure, and which provides them with privacy and dignity.
- *Informed and Supported* – access to appropriate and specialist legal advice, access to holistic social and welfare support where needed, and support into employment where they are legally allowed to work.
- *Included and Involved* – people must have the opportunity to tell their story where they choose to, and to be actively involved in the design of relevant support services and advocacy activity.

Supporting asylum seekers who have had their applications rejected and thus have NRPF can be especially important when seeking to uphold protocols around the control of infectious diseases such as TB. These protocols require people who are infected to follow and complete a course of treatment. Remaining in the care of the same health provider helps with monitoring and providing the patient with the support they need. In terms of housing while in treatment, everybody is covered by the Care Act and should be housed by the local authority if they are homeless. The NRPF Network[39] also provides advice and guidance for local authorities.

[39] NRPF Network | Assessing and supporting adults who have no recourse to public funds (England)

4. ASR health needs and conditions

4.1 Overview

Individual differences

The health needs of ASRs vary widely. Different people experience different journeys to the UK, and have previously lived in different health and social contexts, and with different individual health needs and profiles. Many ASRs are resilient and healthy individuals who are inherently highly motivated to have successfully arrived in the UK. Some ASRs are unwell before they leave their country of origin. Some experience uncomplicated journeys while others are left traumatised by what they have seen and experienced. Some rapidly adapt to the changes they face in the host country, while others take a long time to come to terms with the multiple losses they face and to learn to navigate new cultural norms, language and systems (see Appendix 6).

Whatever their background however, prolonged journeys and the use of shared facilities increases the risk of infections and outbreaks. Also, many of the ASRs arriving in the UK have come from countries with disrupted health services, low vaccination rates and a high prevalence of infectious diseases such as TB, measles and diphtheria. Confirmed infections associated with asylum seeker accommodation over the past year have included diphtheria, shigella, Group A strep, MRSA, varicella zoster, COVID, flu, scabies and TB.

Despite these variations, some basic ASR health and health protection needs can be predicted and planned for with the help of global, national and local public health data, and the experience of frontline health practitioners, key workers and volunteers. Also, the UK has public health standards and healthcare systems in place that ASRs can benefit from and must comply with.

The OHID Migrant Health Guide outlined in section 3.1 provides advice and guidance on the health needs of migrant patients for healthcare practitioners. The guide supports the idea that a public health approach is needed to address how wider determinants of health such as wellbeing and resilience can be improved, as well as how healthcare can be provided, and health protection assured.

Figure 5 from the BMA summarises the most common health challenges of ASRs:

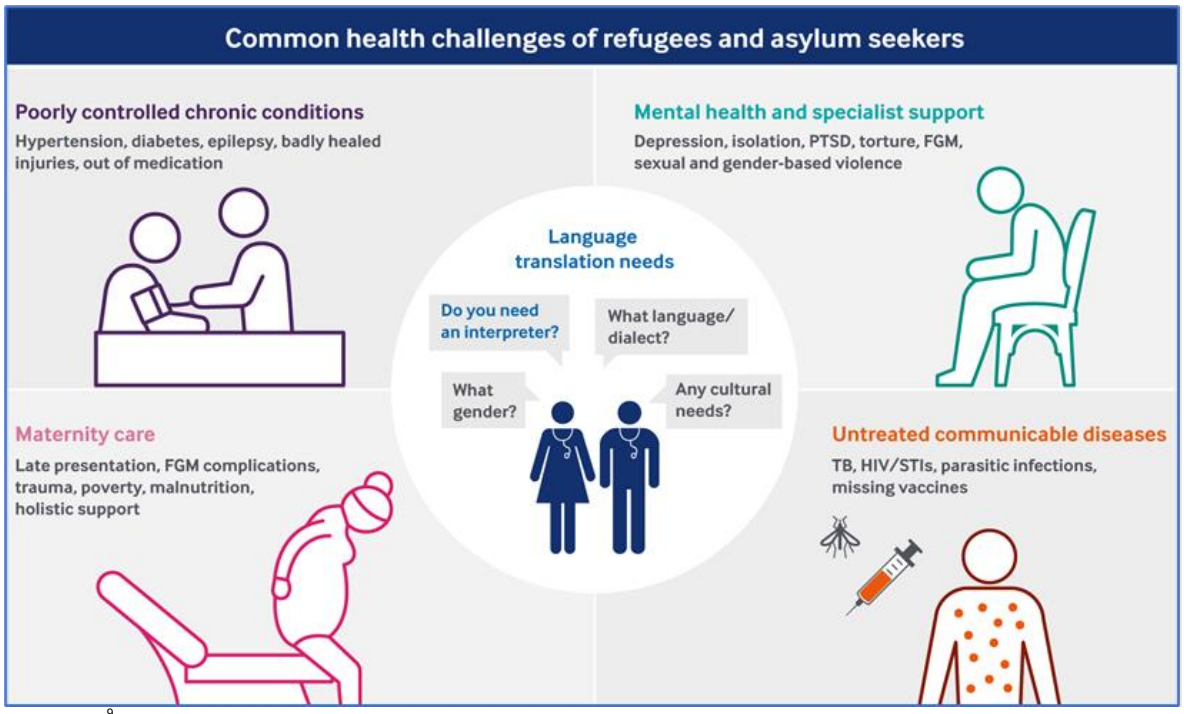


Image Source[9] : https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers

Differences between country of origin and host country

The health services and protocols in someone's country of origin may be different from those in the UK. This brings both the need to screen for infectious diseases, offer timely vaccines, and ensure good communication with and among primary care givers and service users. Nuanced and accurate translation is a vital element of this.

Finding out the typical (high/low) incidence of both communicable and non-communicable diseases in home countries compared with the UK is an important starting point. Specific country guidance is usually developed by UKHSA when many people from a particular country arrive at once – such as the refugees from Afghanistan and evacuees from Ukraine. Asylum seekers residing in Bristol are from over 25 countries, so health providers may need to research a country independently. As well as the OHID Migrant Health Guide[40], the WHO's Global Health Observatory[41] is also a source of reliable information on health systems in other countries. The BNSSG ICB has also developed Remedy, a web page[42] that brings together much of this data in one place to assist clinicians.

4.2 Common health and health protection needs on arrival

The following table describes the main health-related needs of ASRs when they first arrive in the UK as identified by a number of BNSSG sources, each with their own responsibilities and thus emphasis. As noted in section 3, the different levels of

[40] Migrant health guide - GOV.UK (www.gov.uk)

[41] Ukraine (who.int); Afghanistan (who.int)

[42] Asylum Seeker and Refugee Health (Remedy BNSSG ICB)

access to public funds means that there are inequalities among service users, with different rights to and levels of care. This results in them being more vulnerable overall, though not necessarily having the most complex health needs.

Table 9: The main health-related needs of ASRs in Bristol from a health and public health provider perspective

Sources. This table has been compiled from conversations with and presentations from: the Haven health team (GP and nurses), HOPE service (AWP), SW UKHSA, SW OHID, BNSSG-ICB, Project Mama and BRR.

Need	Details
1) Immediately on arrival	
Emergency care – treatment for burns, life-threatening injuries and conditions.	First aid and emergency paramedic care is often needed for asylum seekers who have travelled in perilous conditions. Hot drinks and blankets are needed to protect against cold and shock. The physical/health needs of refugees arriving through organised and planned UK government schemes for refugees are usually less acute, although the mass evacuation of Afghan refugees from Kabul airport in 2022 meant that many arrived traumatised, without documents and with very few belongings.
Food, clothing, accommodation	For asylum seekers especially, basic needs are often a priority, with some losing all possessions during their journey or having been forced to leave possessions behind due to unplanned displacement or being required to move accommodation with little warning.
2. On arrival at contingency/ interim accommodation (hotels etc) – immediate needs	
Primary care registration, initial health assessments and access to primary care	• All ASRs can and should be registered with a GP practice who will carry out an initial health assessment and provide on-going primary care, although there can be many barriers to this (see section 6). In BNSSG, the Haven supports GP registration for all service users in hotels and coordinates the triage of all new arrivals. BRR and other voluntary sector organisations and hotel management also support service users to access the care they need. • To access help with health costs ASRs must have an HC2 certificate (See Appendix 14). Many need translation and other support to

	apply for these. This is often provided by The Haven, hotel staff and VCSEs.
Immunisation	• Many asylum seekers arrive with no health or immunisation records or are uncertain of their immunisation history. • Country of origin immunisation schedules usually differ from the UK ones. • Sorting out who needs which vaccine and the sequencing and spacing of doses requires a lot of health staff, as well as translator and volunteer time initially and then GP practice time after that. • Mass vaccinations at ASR hotels can reach many people quickly, but ASRs who are dispersed around the city, such as those arriving through the Homes for Ukraine scheme, need to be assessed for vaccination by GPs. • Some ASRs are mistrustful of vaccinations; some require gelatine-free vaccines for religious reasons. • Some people's mistrust of the Covid-19 vaccine has expanded to include other vaccines.
Screening	All new arrivals are screened for active and latent TB, vitamin D deficiency, HIV, Hepatitis B&C, Covid-19 and more recently diphtheria. Treatment or prophylaxis is provided where needed and deworming treatment given. Follow-up and communication can be challenging and time-consuming. Latent TB screening in particular is a major task for healthcare providers who normally offer screening for small numbers only and involves the coordination of multidisciplinary teams of busy clinicians, as well as translation and transport services. The Haven does initial assessments and screening for temporary accommodation (hotel) residents. Some screening is done by GPs as part of initial health assessments (Ukraine schemes).
Treatment for communicable/infectious diseases	Treatment is needed for both the diseases people arrive with such as TB, and those contracted during the journey or after arrival such as scabies, giardia, Covid, chicken pox.

	Exposure to infectious diseases may be in home countries, on the journey to the UK, in detention centres or hotel accommodation.
	Respiratory infections – such as Covid-19, TB • ASRs are especially vulnerable to respiratory infections and there is generally low vaccine uptake. • Notification of unwell residents/hotel staff is made to UKHSA • Cases need to be tested and isolated – access to testing, achieving isolation can be challenging. Masks, ventilation, cleaning, and isolation all need to be organised.
	Parasitic infestations, such as scabies, involve a lot of logistics as: • Cases need to be identified, and sometimes involve dermatology and managing stigma • Treatment cohorts need to be organised (residents and hotel staff) including the pre-treatment preparation (clothes, translated fact sheets and information), organising medication (Permethrin lotion, Ivermectin) and activities to increase compliance (explaining the rationale, doing demonstrations) and keeping records. • Non-pharmaceutical infection prevention and control (IPC) needs to be organised: bed linen, laundry, cleaning, vacuuming, bagging. • Follow-ups must take place after 1 week to confirm eradication and screening new admissions to prevent further outbreaks.
	Gastrointestinal (GI) infections – such as giardia. The same symptoms may have several potential causes, but transmission is normally through the faecal-oral route. • The Haven team work out what to test for – with microbiology advice and then notify GPs and UKHSA • ASRs are often in high-risk settings – recognition of this is key, as ways of working need to be adapted. • GI management involves whole system, multi-agency cooperation, thinking beyond the setting and cultural competence.
Mental health support and care	• Many new arrivals are recovering from traumatic experiences, interaction with hostile services and facing multiple losses including

	bereavement as well as loneliness and separation – see section below for details. • Common conditions are post-traumatic stress disorder (PTSD), anxiety, and depression and a small number of psychotic disorders. See section on mental health below for details. • Staff mental health support is also a key concern.
Maternity care – including ante and post-natal care	• Most ASR women have left behind their trusted support networks and face pregnancy and giving birth in an unfamiliar cultural environment. • Single asylum seekers are especially alone and vulnerable and some are under 18. • Some are not aware of the importance of antenatal and post-natal care and how these work, including in the UK. • Pregnant women are supported by The Haven to register with a midwife, but they do not have time to provide day to day support before and after delivery and may not understand the trauma they have experienced and its impacts on the body. Project Mama assumes all pregnant women may have PTSD.
Health records/ continuity of care	• Many ASRs arrive without health records from home. Some may have been registered elsewhere in the UK enroute or received health care before they arrive in BNSSG. • Once registered with an NHS number, acute and secondary records will be same as any other UK resident. • The Haven sends any initial assessment records to the new GP practices once registered. • Some people require specialised translation services to enable on-going care and understand complex health information. • Health records need to follow a person when they move from BNSSG to help ensure communication and continuity of care between health providers.
Medications and management of long-term conditions	• Long term conditions (e.g. high blood pressure, diabetes, asthma, cancer, heart disease) may not be as well controlled in a service user's home country as the UK. • Many arrive without sufficient medication to manage long-term conditions and need an urgent prescription – common requirements are

	anti-hypertensives, antidepressants, stroke prevention and asthma and type I and II diabetes medications. • To avoid delays the Haven created a stamp to enable pharmacists to dispense medications while patients await their NHS number.
Access to secondary and acute care	• An NHS number is needed to access acute and secondary care and it can take up to 2 weeks to get this, making timely referrals challenging. • Main needs for the service users in SW hotels in 2021 were mental health, antenatal and wound care. Other conditions included asthma and fevers (OHID report Marsh et al .2021). • All ASR are eligible for free NHS services including secondary care. There is misinformation about eligibility and complex guidance for certain exempt groups which can make health provision decisions challenging and results in vulnerability and disadvantage for those without access. See notes in Appendix 3.
Food and nutrition	Food and nutrition is central to ASR health, especially for those who have suffered perilous journeys, previous food insecurity or poor quality food. Many arrive with vitamin deficiency or have additional nutritional needs, such as women who are pregnant and breastfeeding. Some need special diets such as those with diabetes or allergies. In most ASR hotels menus are devised and commissioned at national level and food then delivered to site by external caterers. They are assessed to be nutritionally sufficient by the provider. Special diets are catered for – including halal, or as required by a doctor's letter. Residents are not allowed to cook on site. Problems can occur with these arrangements. Complaints centre around: • food being distributed in plastic containers, sometimes still frozen, • loss of control over what you eat, which can impact on mental health significantly, • culturally inappropriate food, • no where to sit and eat together,

	• different ways of weaning children, mothers unable to wean and feed their children as they have been brought up to, • safety issues – hotel staff having to prevent service users from cooking in their room, • the £9+/week given to asylum seekers for incidentals is insufficient for them to increase their food choices. Hotels with a chef on site have fewer complaints. In many of these hotels, parents work with health visitors and staff to resolve issues.
Safeguarding and safety	Pressurised ASR facilities and crowded hotels can be unsafe environments, with physical and sexual violence an issue and no known and trusted person to turn to for help. Fire risks increase and anti-migrant protests focused on hotels can also be frightening. Human trafficking can also be a threat for vulnerable, newly arrived asylum seekers.
Oral health and dentistry	• With few dentists taking on new NHS patients across the UK, most ASRs can only access emergency dental treatment through a hospital or 111[43]. • This is an area of urgent health need with many having poor oral health including: extreme tooth decay in children, abscesses, gum disease and other infections, and the need for false teeth damaged and lost on journeys to be repaired or replaced. • Dental treatment can be especially distressing for some ASRs.
Optometry and audiology	Replacing lost or damaged glasses and hearing aids can be an urgent need.
Help to understand the UK health system	• Structure of/access to health systems is usually different to a person's home country. • Guidance in using the right services is vital for both user and provider.
Translation	• Translation takes time, making *all* interactions last longer than average. Medical records as well as in-person and virtual appointments all need translation services and can be difficult to coordinate.

[43] Oral healthcare: model for asylum seekers and refugees - GOV.UK (www.gov.uk)

	• Making sure the right language is available when needed is challenging as well as ensuring cover for multiple languages from one country (e.g. both Dari and Pashto for Afghanistan) and the availability of women/men translators for women/men patients where needed. • Accuracy and nuance can be of variable quality in translation and can lead to misunderstanding.
Sexual health	Most common immediate needs are for contraceptive supplies and advice on contraception and treatment for STIs. On-going awareness raising about contraceptive options, treatment and how to access services are needed, often in separate sessions in different languages for women and for men.
Vulnerable and more complex needs	Includes children and adults with learning disabilities and patients with both physical and mental health conditions.
Transport	Help is needed with using the various transport systems to get to health and other wellbeing related appointments, e.g. managing ticket types and bus passes. Translation and affording fares can also be barriers. While the IA hotels can arrange taxis, challenges often occur.
Digital inclusion	A phone and connection to the Internet is vital for the wellbeing of those who have lost their phone during the journey. BRRT and Migrant Help assist with this.
Communication and culture	Connection with home and loved ones left behind is vital for wellbeing, as are friendships and social relationships in the host community. Home life and family are also vital for children's wellbeing in particular. Healthier tends to mean happier. Adults in happy partner relationships generally have higher wellbeing. Language and cultural translation are both vital for wellbeing. Understanding and supportive neighbours, social support, volunteering, and social connectedness to reduce loneliness all help to play a part in wellbeing.

3.) During resettlement/while awaiting result of asylum application – wider determinants of health	
Physical exercise	This is especially important for service users in temporary accommodation. Some hotels have no communal spaces or very limited places to walk around and minimal, if any, sports provision. VCSEs help coordinate some activities (see Appendix 11)
Other health improvement considerations	Support is needed for some ASRs with: • managing addictions (smoking, alcohol, prescription and illicit drugs), • maintaining a healthy diet and exercise on a budget, • healthy relationships and family planning.
Wider support services	Service users in the Resettlement and Ukraine schemes expect to settle as soon as possible and need support with finding housing, places to continue learning or education, employment and maintaining wellbeing at work. See section on Bristol Refugee Resettlement Team in Appendix 10. For asylum seekers, support is needed with immigration advice and keeping active and mentally healthy as they await the outcome of their applications for asylum. Migrant Help provides support with this. Legal aid availability in Bristol is minimal and the application process and waiting can be stressful.
A place to call home	All ASRs want to feel settled in a physical home – a new home that is tailored to the individual. They also yearn for the smells and tastes of home and connectivity with others from same or similar cultural background. The stress of living in bridging and contingency hotels, with their attendant lack of communal spaces, places to cook food at home and take regular exercise, together with the overall uncertainty are increasingly well documented. Some Bristol residents cook food and take this to the Bristol home of newly arrived families. VSCEs also help coordinate opportunities for hotel residents to cook food from home in community centres etc. See Refugee Council hotels reports: “I Sat Watching Life Go By My Window For So Long: The experiences of people seeking asylum living in

	hotel accommodation" April 2021[44] and "Lives On Hold: Experiences of people living in hotel asylum accommodation." A follow-up report July 2022[45] As the July 2023 ceasing Section 95 policy[46] is implemented homelessness, with its attendant health risks is widely expected to increasingly become a problem.
Chance to learn English and continue or improve education	Learning English is key to making progress with adaptation and settling as well as having agency in asylum processes. Women can be especially isolated if they stay inside while their children go to school and male relatives go out to work.
Money/poverty/unemployment	Most ASRs feel economically disempowered which affects their mental wellbeing in particular. Women especially. There can be delays while new refugee arrivals are processed for benefits, meaning lack of access to everything beyond basic needs (food and accommodation) that are provided. Aspen cards provided for asylum seekers can also be delayed. When processed, the £9.58/week (as at August 2023) given to those with meals provided in hotels is only enough for a few incidentals. A reliable source of income can take months or years to secure, often due to language constraints.

Screening and immunisation

Vaccination policy for ASRs

- Many ASRs are susceptible to and at an increased risk of vaccine preventable diseases. For example, the Ukrainian population in general has low immunisation rates. Contributing factors include lack of availability and a distrust of vaccines and health professionals.
- Individuals should be informed that vaccination is free in England.

[44] https://media.refugeecouncil.org.uk/wp-content/uploads/2021/04/22152856/I-sat-watching-my-life-go-by-my-window-for-so-long-23rd-April-2021.pdf
[45] Lives on Hold: The Experiences of People in Hotel Asylum Accommodation - Refugee Council
[46] Ceasing Section 95 Support Instruction (publishing.service.gov.uk)

- Priorities are: Td/IPV + MenACWY* + MMR, plus Covid (Tetanus, Diphtheria, Meningitis ACWY, Measles, Mumps, Rubella, Covid (for vulnerable and eligible groups)
- Unless there is a documented or reliable verbal vaccine history, individuals are assumed to be unimmunised, and a full course of immunisations planned
- Individuals who arrive in the UK part way through their immunisation schedule should be transferred onto the UK vaccination schedule and immunised as appropriate for their age.
- If a primary course of immunisation has been started but not completed, continue from where it was interrupted there is no need to repeat doses or restart the course.
- A catch-up immunisation schedule should be planned with minimum number of visits and within a minimum possible timescale – aiming to protect the individual in shortest time possible

See the immunisation algorithm for advice on immunising individuals with uncertain or incomplete immunisation status.
All people coming to the UK from Ukraine should be shown Moved to the UK: migrant immunisation guidance. Paper copies are also available to order.

Screening for tuberculosis (TB) and other diseases

Adult and children asylum seekers are screened on arrival in Bristol for TB, hepatitis B and C, HIV/AIDS, vitamin D deficiency. Previously those arriving through the ARAP scheme were also dewormed. The screening in ASR hotels is done by The Haven team. BNSSG has developed a 'go-to' web page[47] to support clinicians with screening checklists by country of origin/journey. It also provides links to information to help them meet all the patients' needs, including social prescribing and translation.

TB services in Bristol, North Somerset and South Gloucestershire are provided in partnership with the Bristol Royal Infirmary, Bristol Children's Hospital and Southmead Hospital. Clinics operate at all hospitals, supported by a multidisciplinary team of specialist TB nurses and a pharmacist. The adult latent TB service is provided by the Bristol Royal Infirmary (BRI) and Southmead Hospital, while children's latent TB screening is provided by Bristol Children's Hospital.

As TB is a notifiable disease in the UK, many ASRs who arrive must be screened for TB if they come from a country with high rates of TB and poor immunisation programmes.
The National Institute for Health and Clinical Excellence (NICE) recommendations for BCG vaccination and screening in England and Wales[48], advises that countries and territories with an estimated incidence rate of 40 per 100,000 or greater are considered to have a high incidence of TB. Afghanistan's estimated incidence rate in 2020 was 193/100K and Ukraine's was 73/100K.[49]

[47] Asylum Seeker and Refugee Health (Remedy BNSSG ICB)

[48] Screening | Diagnosis | Tuberculosis | CKS | NICE

[49] WHO estimates of tuberculosis incidence by country and territory, 2020 (accessible text version) - GOV.UK (www.gov.uk)

Pre-entry screening does not test for latent tuberculosis infection (LTBI) or for extra-pulmonary disease. Migrants from high-incidence countries remain at a higher risk for TB for many years after arrival in the UK. Primary care practitioners must therefore remain alert to the signs and symptoms of TB among migrants.[50]

Latent TB – The higher the incidence rate in the country of origin and the more recent the individual's arrival in England, the higher the risk of TB re-activation. Individuals should be tested for LTBI if they are aged 16 to 35 years, entered the UK from a high incidence country (≥150/100,000 or Sub-Saharan Africa) within the last five years and been previously living in that high incidence country for six months or longer, or if there is a national instruction in the UK to undertake screening.[51]
Active TB – Pre-entry screening for active pulmonary TB is a requirement for migrants who apply for a visa to the UK, intend to stay for longer than 6 months and who reside in a high TB incidence country (more than 40 cases per 100,000 population). The pre-entry screening programme only covers a subset of migrants who arrive via a formal visa route and stay in the country for more than 6 months.

Migrants who arrive by unofficial routes are not covered by the pre-entry screening programme. Such people may be from high incidence countries and/or experience complex risk factors relating to their trajectory of migration, further increasing their risk of TB. Further guidance on TB screening and treatment for ASRs can be found in the Migrant Health Guide[52].

Dental health

There is limited clinical information on the oral health and dental care needs of migrants who have resettled across the region. A study of ASR oral health in the South West published in July 2022[53] suggested there was a high proportion of adults (22%) and children (13%) needing urgent dental treatment on arrival in the 7 bridging hotels screened at the time compared to the host population. The study identified the following aspects of ASR dental experience:

- Dental anxiety
- Poor dental health
- Complex dental needs
- Embarrassment around oral/dental condition
- Limited previous dental experience
- Recreation of past traumatic experiences deterring access to care

Securing routine dental care is challenging due to:

- lack of places available dental practices offering care through the NHS, and

[50] TB Action Plan 2021-26 for England; TB incidence and epidemiology in England, 2021
[51] Latent TB Testing and Treatment for Migrants A practical guide for commissioners and practitioners Main heading (publishing.service.gov.uk)

[52] Tuberculosis (TB): migrant health guide - GOV.UK (www.gov.uk)

[53] A Scoping Review of the Oral Health and Dental Care Needs of Asylum Seekers and Refugees Resettling in South West England, Aruche-A-Noor Hamid, July 2022 Office of the Regional Director of Public Health, South West England.

- long waiting lists for all following the Covid-19 pandemic.

Like the host population, ASRs are advised to use 111 to access urgent dental care.

The barriers ASRs experience in accessing other forms of health care are similar for dental care including translation, transport to appointments, cultural differences in expectations and types of care.

Guidance on ASR dental health can be found in the OHID Migrant Health Guide[54]

4.3 Local insights/overviews of ASR health needs from BNSSG providers

The following section summarises some of most pressing/significant health needs shared by service providers working directly with ASRs in BNSSG.

The Haven – specialist primary healthcare service for asylum seekers and refugees

An overview of common needs and conditions from the clinical experience of the lead GP at The Haven:

- **Mental health**: PTSD (above local population average), Depression (approx. population average), Anxiety (approx. population average), psychotic disorders (very small numbers, unable to compare with local population average). Mental health associated physical symptoms: in adults – sleep disturbance, headache, memory loss, dizziness; in children – bedwetting, reduced appetite.
- **Infectious diseases**: latent tuberculosis, Hepatitis B, gastrointestinal infections & parasitic infections (Helicobacter pylori >>> schistosomiasis > giardiasis), Scabies, low numbers of HIV and Hep C (typically <5 per year combined). Risk of 1st line antibiotic resistance is increased due to easy access to antibiotics and common use in certain countries of origin.
- **Screening outcomes**: vitamin D deficiency (extremely common), haemoglobinopathies, elevated liver enzymes requiring further screening.
- **Musculoskeletal disorders**: back pain, previous untreated injuries (can be from journey or previous assault/torture including sprains, fractures, gunshot wounds and shrapnel injuries), very small numbers of inflammatory conditions (gout, ankylosing spondylitis)
- **Abuse** – victims of torture / modern slavery / human trafficking / rape and sexual assault (men and women disclosing)
- **Chronic diseases (older adults**): hypertension, diabetes (majority Type 2 but some newly diagnosed Type 1) and other endocrine disorders (thyroid disease), history of stroke
- **Skin/hair conditions:** high rates of scabies in hotel residents particularly, hair loss (most commonly telogen effluvium),
- **Sexual health**: sporadic cases of syphilis, genital warts, chlamydia
- **Vulnerable children scheme arrivals** can have complex health needs e.g. congenital abnormalities such as heart defects or genetic disorders.

[54] Dental health: migrant health guide - GOV.UK (www.gov.uk)

From The Haven's experience, the most vulnerable ASRs, or those who have the most complex needs, across all age groups are:

- those with **complex mental health problems**, particularly complex PTSD as its presentations can be varied and poorly understood. This often limits their ability to engage with their physical health and they are more likely to have concomitant alcohol and drug use.
- **IA hotel residents** (asylum seekers) have very low disposable income, may be subject to more social isolation and at higher risk of communicable diseases such as scabies and respiratory illness, including COVID-19.
- Some patients are voluntarily **homeless** or 'sofa-surfing' and thus at increased risk of exploitation.
- **Victims of trafficking** remain at risk of further exploitation.
- **Looked-after-children** transitioning to adult services are vulnerable.
- **Single pregnant women and single mothers** – who can be subject to being moved by the Home Office in late pregnancy/ have very young children without the necessary social support.

The Haven's access study (2022) (see section 6.1 and Appendix 13 for details) notes that it is likely that the most vulnerable of all are **undocumented migrants or refused asylum seekers,** whom the Haven is not commissioned to see. Also, all the barriers identified by this study do not suddenly go away, and some service users will need continued support to access the mainstream health system for some time before they can manage unaided. As an identified Inclusion health group they need consistent monitoring and support.

Bristol Refugee Rights (BRR)[55]

As at August 2022, BRR estimated that 1 in 4 of BRR's advice clients came with a health advice need. The following were the most prevalent conditions or health related problems they saw:

- Mental health assessment (largest need)
- Recovery from traumatic experiences and interaction with services impacted
- Dental health abscesses, gum disease etc
- Headaches/stress/
- Gastro-intestinal issues/ underweight
- TB (often inactive)
- Coughs and respiratory symptoms
- Skin conditions untreated
- Eye problems, lack of glasses etc.
- Back problems
- Injuries, mobility issues
- Diabetes
- HIV
- Disruption to prescriptions

BRR volunteers assisted service users with:

- Health navigation – GP registration, getting to and making appointments.

[55] About Us - Bristol Refugee Rights

- Understanding systems and who has the power to do what e.g., confusion over the relationship between health services and the Home Office
- Interpreter use in all areas of the health service to overcome barriers faced e.g., calling GPs and understanding appointment letters.

The data from BRR below gives some insight into the scale of need among asylum seekers and new refugees (both documented and undocumented) for health services in the Bristol area. The figures are taken from (BRR)'s 2021/22 Impact Report[56].

- 1 in 4 of BRR's advice clients (600 per year) have a health-related advice need,
- BRR supported 1,120 people seeking asylum and refugees during the year, including 381 who contacted them for the first time. They were from over 56 different countries and spoke at least 29 different languages.
- Male 72%; Female 28%; Gender fluid/non-binary/transgender/other Less than 1%
- Age of members: Under 18 4%; 18-25 20%; 26-49 68%; 50+ 8%
- Disability: 4% identified as having a disability

Table 10: Immigration status (from BRR member survey)	
Asylum seeker waiting for a decision	72%
Refused asylum seeker	9%
Refugee status/other leave to remain	19%
Members with refugee status when they first accessed BRR services.	5%
UASC / Age disputed young people – in the past year	46

Mental health

The HOPE Service

The 'Hope: Asylum seeker & Refugee Trauma Service' ('Hope Service') sits within the AWP Traumatic Stress Service and offers a PTSD pathway to asylum seekers and refugees (ASR) across BNSSG. The Consultant Clinical Psychologist and Manager at HOPE service notes:

- Research suggests ASRs are five times more likely to have mental health needs than the general population and 61% will experience serious mental distress.
- Post-traumatic stress disorder (PTSD) is experienced by 19-53% of young ASR (Kien et. al, 2018) and according to different studies, between 3-88% of adults (Morina et al., 2018).
- In addition to trauma in their home country, many describe a re-traumatising journey to the UK, poverty, loss of role, status, community.
- People seeking asylum and refugees, while a diverse group of service users, often have histories of multiple and severe trauma including persecution, torture, and sexual violence (e.g., Carswell et al., 2011; Robertson et al., 2013)
- This may be more likely to contribute to complex post-traumatic stress disorder (CPTSD), thought to be particularly high in this service user group.

[56] Impact & Accounts - Bristol Refugee Rights

Common presentations of mental health needs at The Hope are:

- PTSD
- anxiety
- depression
- self-harm/suicidal ideation
- sleep avoidance/nightmares
- frequent attendance
- somatisation/unexplained physical symptoms
- drug/alcohol misuse?
- anger

Profile of HOPE Service users – monthly report, August 2022

As shown in Figure 6, there were 107 referrals to the HOPE Service in August 2022. They came from 33 countries. Over half were in the 18-29 age group. Sixteen (16) were female, ninety-one (91) male and 0 gender non-conforming.

HOPE service users by age group, Aug 22	
<= 18	2
18 – 29	48
30 – 39	42
40 – 49	7
50 – 59	5
60 – 69	3
70+	0
Total	**107**

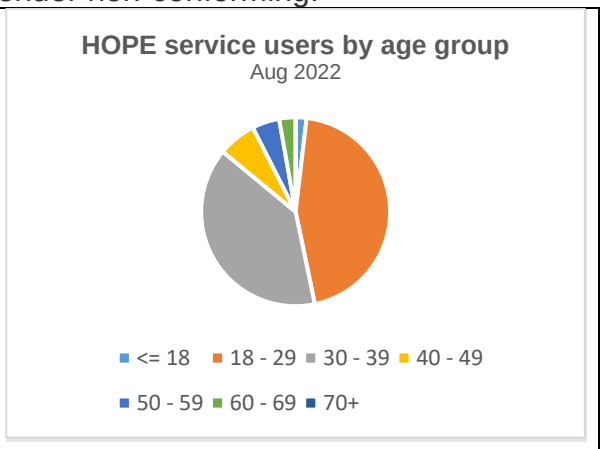


Figure 6: HOPE Service users in August 2022 by ages group

Language and culture in wellbeing and mental health provision

- There can be significant cultural differences in people's relationship to help. How people talk/don't talk when they are stressed can vary and so the routes to connection and relationship-building need to be user-led as much as possible.
- Language may not be the best way of expressing or communicating. For some, music sports or arts can be the most helpful.
- Timing and when help is offered and provided can be important. For many ASRs, it is some time after the initial 'storm' of arrival that problems emerge and help is most needed (see cultural adaption curve in Appendix 6).
- It can take time for a person to know/accept that they need help, or to understand and trust the UK systems. How they work and which type of help can best meet their needs has to be explained and translated if needed. Mental health labelling and terminology can also be intimidating or stigmatising.
- For many, talking therapies are unfamiliar and appear unnecessary or risky, especially when a translator needs to be present. It can take time before a person is ready to trust that a process with a professional will be confidential. Many will be concerned about confiding in strangers or others in the community finding out about their private business.

ICB Commissioning

The Deputy Director of Commissioning (Primary Care), at the BNSSG ICB summarised the mental health needs of service users at IA hotels in a March 2023 presentation:

- Mental health needs are high and are negatively affected by the isolated location of some of the hotels at which they are likely to spend a considerable length of time.
- There are frequently safeguarding concerns here which are being managed via local authorities, but overall wellbeing remains a concern.
- Specialist trauma informed mental health support is provided via the specialised HOPE service within AWP. While additional capacity been commissioned within HOPE service and the clinical pathways refined, services are still stretched.
- Wrap around support is mobilised especially from the voluntary sector to promote wellbeing and thus help to prevent mental health deterioration. However, the isolated location of some of the hotels affects the availability of resources locally.
- Having access to shared space is also important as there are limited opportunities for activities to occupy residents. It has been noted that shared space inside gives more socialisation all year round and contributes to a settled community atmosphere in the hotels where this is available, which helps support the well-being of residents. Without communal areas, or somewhere to eat their meals, residents spend most of the time alone in their rooms, which has a negative impact on mental wellbeing.
- The system has noted that particular groups are likely to be of higher risk for increased anxiety. These include those who are LGBTQ+ who often may not feel able to disclose their status, from the negative stigmatisation and behaviour of fellow hotel residents.
- Clinical colleagues have become aware that the news of some asylum seekers being deported to Rwanda is having a negative impact on some residents.

5. Provision of ASR health services

This section outlines the health services provided for ASRs in BNSSG. More detailed information about the commissioners of health and others who help to support ASR health can be found in Appendices 9, 10 and 11. A visual map of all these can be found in Appendix 8.

5.1 Primary Care

The following is summary of ASR primary care[57] provision (based on a recent (2022) BNSSG ICB presentation). Mental health provision is outlined in section 5.3 below:

Summary of ASR Primary Care Provision in BNSSG

Initial triage and assessment:

- The Haven (at Sirona) manages initial triage and enhanced health assessments for arrivals – working to establish resourcing needs.

General practices and NHS registration

As at March 2023, ASRs are registered with one of at least 8 GP practices who take up their primary care (see section 3 and Appendix 3 for access to care details)

Pharmacies and medication

- Over 10 community pharmacies are contracted under Local Enhanced Service (LES) for provision of meds and prescriptions[58] in BNSSG

Midwifery

- Midwives work with the Haven team to support pregnant women and offer post-natal care.

Health visiting and school nursing

- In Bristol, health visiting and school nursing teams (Sirona) run a clinic to assess children, working with The Haven. Health visitors and school nurse services are commissioned by BCC PH, currently BCC (BRRT) pays for an extension to the service to provide 2 health visitors and 1 school nurse for ASRs.

Dental

- There is a national shortage of dental provision. OHID has outlined how ASRs can be supported with dental care. Service users can register with any dentist if they accept new NHS patients, but spaces are rare across the population. For urgent situations they can call 111 and be referred to a duty dentist. Previously, dental nurses have provided occasional oral hygiene talks in ARAP hotels as part of regular health promotion programmes. For 2024-25, the BNSSG ICB will commission Dentaid to provide a mobile dental service to the hotel residents who are most in need of a dentist.

[57] Primary care consists of general practitioners, pharmacists and dentists.

[58] The Haven Pharmacy Voucher Scheme allows asylum seekers to access some over the counter medications for free, after having a pharmacist consultation. The medication list is limited and the scheme has only been set up with some nominated pharmacies. Details of the scheme including a list of nominated pharmacies and available medication can be found on the BNSSG Remedy site. Asylum Seeker and Refugee Health (Remedy BNSSG ICB)

Sexual health

- Sexual health services are commissioned by BCC (PH) for BNSSG – the BNSSG sexual health services (Unity[59]), are commissioned to provide sexual health services for asylum seekers and refugees.

Drug and alcohol services

- Bristol drug and alcohol services are commissioned by PH (ROADS service[60]), are commissioned to provide services to ASR.

The Haven – specialist ASR primary healthcare care service

The Haven[61] is a specialist primary healthcare care service for asylum seekers and refugees who are new to BNSSG. It is commissioned by the ICB and provides a comprehensive health assessment for those who have not yet registered with a GP. This includes access to the Haven GP, public health screening and immunisations, some through outreach clinics at locations such as the local hotels where ASRs are based. The Haven also facilitates registration with primary care practices. As at September 2023 the service was staffed by 1 Service Lead, 2 GPs, 1 clinical lead, 7 nurses, 1 children's nurse and 1 administrator. Recruitment was underway for a phlebotomist and a 'health navigator' to support service users to access the health system more effectively and optimise clinician time.

People fleeing Ukraine register with primary providers according to the normal GP registration process. GP practices will register a person residing in their practice boundary area and undertake an initial health check along with ongoing primary medical provision such as vaccination in line with the usual UK protocols.

The Haven works closely with the local authority public health and other teams responsible for ASRs, as well as VCSE and faith-based organisations and hotel staff to provide accessible health information, support with GP registration, vaccination and screening, safeguarding and ESOL for health.

5.2 Urgent/secondary care

Secondary care

The migrant health guide outlines who has access to secondary care and on what terms. As at March 2023, the NHS services that are free of charge irrespective of an overseas visitor's country of normal residence include:

- Accident and emergency
- Urgent secondary care
- Some infectious diseases including TB and Covid-19
- Midwifery and family planning
- Palliative care
- NHS 111 telephone advice line

Also see Appendix 3 for details on eligibility.

[59] Welcome to Unity Sexual Health | Unity Sexual Health

[60] Bristol ROADS | DHI (dhi-online.org.uk)

[61] The Haven – Sirona care & health NHS services (sirona-cic.org.uk)

Urgent and Emergency Care for ASRs in BNSSG (ICB summary)
With considerable pressure facing urgent and emergency care, the following is in place to try to prevent inappropriate contacts with urgent and emergency care services:

- Accessing the NHS – information has been translated into multiple languages and is available in rooms and communal areas of hotels.
- The Haven conducts an in-reach model at the hotels to provide initial triage and assessment.
- Hotel teams conduct welfare checks and support residents when calling 111 for medical advice.
- A Local Enhanced Service (LES) is in place to support community pharmacy provision for hotel residents.
- Hotel residents have access to the AWP crisis team.

5.3 Mental health services in BNSSG – primary and secondary

Services for adults[62]

- **The Haven** (GP) https://www.sirona-cic.org.uk/nhsservices/services/the-haven/ works with people who have experienced traumatic events and sign-posts ASRs to other helpful services such as counselling and refugee support organisations.

- **Vita Health Group** Bristol Mental Health Services – North Somerset & South Gloucestershire (vitahealthgroup.co.uk) Vita and AWP provide screening and trauma pathways. Vita currently offers NHS Talking Therapies to adults aged 16 and over, who live and are registered with a GP in BNSSG.

- **Hope Service** – awp.TraumaticStressService@nhs.net is a specialist trauma informed[63] mental health support for ASRs within the Avon and Wiltshire Mental Health Partnership (AWP). *The "HOPE service helps asylum seekers, refugees and victims of trafficking who have experienced trauma in adulthood and have a primary diagnosis of post-traumatic stress disorder (PTSD)."* The care pathway service involves:
    - Moving On After Trauma (MOAT) groups,
    - one-to-one specialist trauma-focused psychological support, and
    - wellbeing initiatives run by recovery coordinators, working with voluntary sector partners where possible.

[62] Someone To Talk To 2021 No Subtitles - YouTube. This short (8-min) October 2021 film by the AWP Communications team is a summary of mental health services available for asylum seeker and refugees in the Bristol area. It outlines the organisations that can help people to deal with past traumatic experiences or cope with the challenge of the asylum experience, explains the services available, how they may help and how to access them.

[63] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

HOPE works closely with VCSE organisations to ensure service users receive specialist support across their different needs[64].

- **Womankind Bristol** supports women in the Bristol area with professional counselling, group psychotherapy, befriending and a helpline service. Womankind is an established charity run by women for women and provides services to refugee, asylum seeking and trafficked women. Home – Womankind Bristol

- **Bristol Mind** – Mind Bristol – Mind Without Borders: Refugee Services (bristolmind.org.uk) have a number of projects working specifically with refugees including counselling and activity groups in the ASR hotels

Services for children

There are a variety of mental health and wellbeing services in place for children and young people in BNSSG, some of which specialise in particular areas. A directory is available on the BNSSG ICS website.[65]

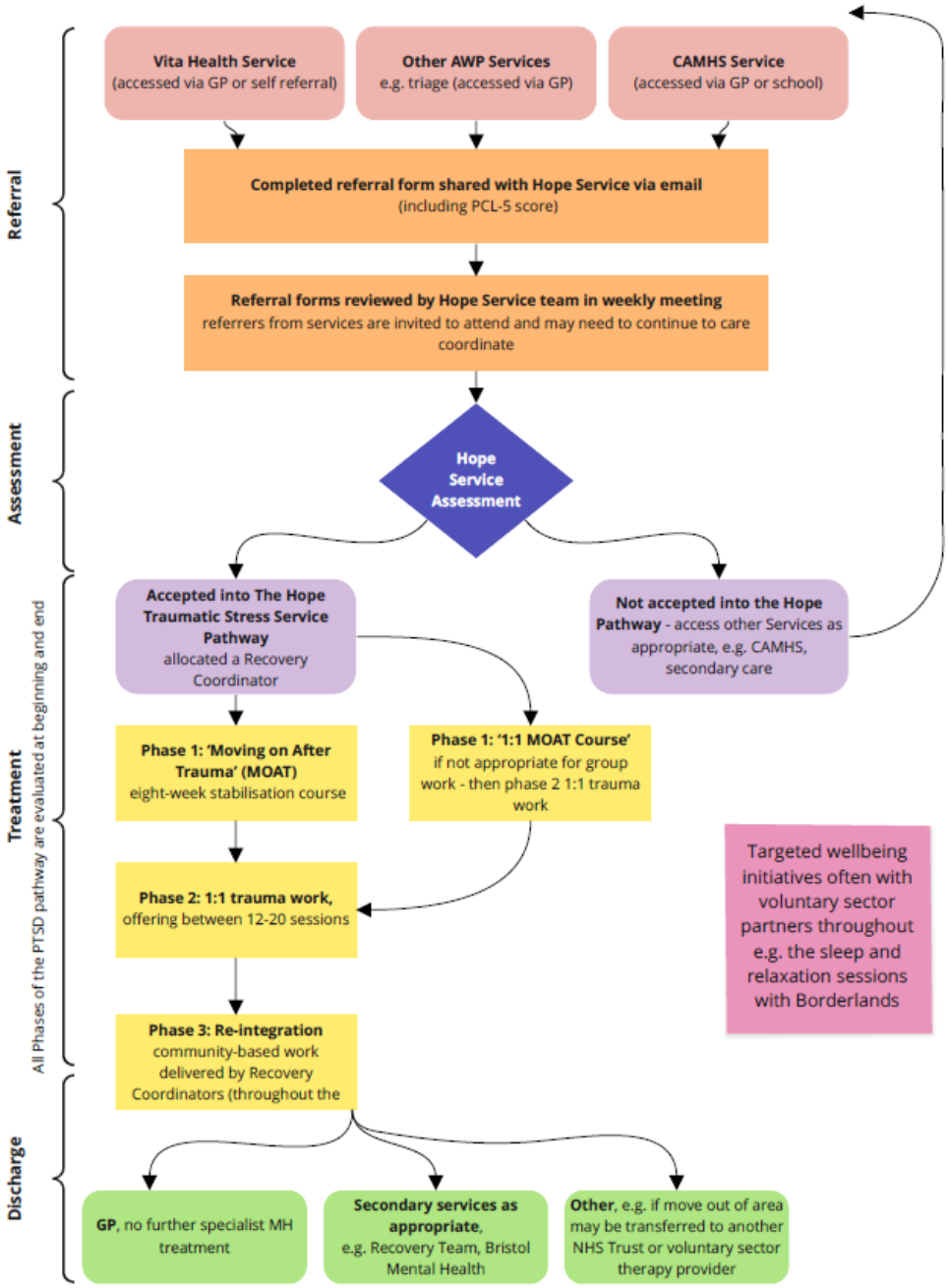
The Asylum Seeker and Refugee Clinic (ARC) within CAMHS[66] is a trauma service that supports this group. It specifically works with young people who have symptoms of PTSD. It works across BNSSG with children and young people (CYP) who are seeking asylum or have refugee status. CYP can be unaccompanied or with families.

[64] Organisations offering mental health support to ASRs in Bristol include: Bristol Mind, B-Friend, Borderlands, Art Refuge, Brigstowe Project, Bristol Refugee Rights, Unseen, Project Mama, Red Cross, Womankind, Trauma Foundation South West, Refugee Women of Bristol.

[65] Bristol-CYP-Directory-July-2023.pdf (icb.nhs.uk)

[66] Asylum and Refugee Clinic (ARC) :: Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)

Figure 7: Diagram of the HOPE service care pathway:



As outlined in section 4.3, many ASRs experience some form of mental distress, with all services reporting that demand exceeds capacity, and waiting lists are long.

5.4 Safeguarding

Responses to ASR safeguarding concerns span several systems, with primary care health providers such as the Haven and HOPE teams and GPs often flagging up initial concerns. In BNSSG, ClearSprings Ready Homes, who are commissioned by the Home Office to subcontract the provision of asylum hotels and dispersed accommodation, has a safeguarding team who work with the local safeguarding system, and they chair a weekly safeguarding meeting. The Home Office also has a

safeguarding team for oversight and complex cases. Depending on the safeguarding issues identified the report may come to the council adult or child safeguarding teams[67] or to the police safeguarding team.

5.5 Provision of wider health and wellbeing needs

The Home Office, as the primary authority responsible for ASRs, commissions other organisations to provide services for wrap around care in support of their health and wellbeing. Those available in Bristol/BNSSG are described in detail in Appendix 11.

The Home Office-contracted private sector organisations Clear Springs Ready Homes (and its subcontractors SBHL/Fine Fair/SOS) and Migrant Help are responsible for providing wrap-around care for asylum seekers residing in the IA hotels.

Local authorities provide the wrap around services for refugees who are in the UK through resettlement schemes. Local authorities in BNSSG also commission VCSEs and faith-based organisations to provide some additional wrap- around support for asylum seekers in hotels which includes welcome sessions, activities to promote mental and physical health, support with health system navigation and provide public health messages.

[67] The BCC safeguarding website can be found here: Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org); a flow diagram of the Think Family approach to safeguarding can be found here: tf-flowchart.pdf (bristolsafeguarding.org)

6. Barriers, assets and gaps in ASR service provision

6.1 Barriers to accessing healthcare

ASRs face numerous barriers to accessing health. These are widely described and documented, albeit in a scattered and largely topic-based way[68]. Robust data providing a comprehensive picture of these barriers and how they are changing is still lacking. The WHO Refugee and Migrant Health Toolkit is one attempt to outline how to address this[69].

The final report (Aldridge 2023 et. Al.) from the Right to Care project[70], a recent Doctors of the World/UCL/NHS/NHIR project seeking to improve 'access to primary care for inclusion health groups in the UK', revealed similar barriers. It particularly stressed the need to tackle the variable support to GP registration, multi-level support to increase access to primary care, and both individual and service level intervention.

Following their ASR Access to Healthcare Survey, personnel from South Gloucestershire Council, the University of Bristol and The Haven, produced a summary document in 2022 to provide an overview of the barriers in BNSSG. This offered suggestions for how these areas could be improved locally. The survey identified that significant barriers have to be overcome at *each stage* of the journey to accessing healthcare (Figure 8), implying that a service user has to be consistently determined to overcome these at each point:

Figure 8: Common barriers for ASRs in accessing healthcare. Source: UOB/Haven, Access to Healthcare Survey, 2022

[68] Supporting healthcare access for refugees and migrants - The Lancet Infectious Diseases; Refugee and Migrant Health Toolkit (who.int)

[69] Refugee and Migrant Health Toolkit (who.int)

[70] Right to Care | UCL Institute of Health Informatics - UCL – University College London

The **main** barriers it found were associated with:

- language
- cultural differences in health beliefs and health behaviours
- understanding different systems of health care – e.g. the role of a UK GP surgery
- clinical complexity
- confusion about entitlement to the healthcare system
- fear and mistrust – confidentiality
- hostility/racism

Among the barriers described at each stage were:
1 – Recognition of a health problem – 52% of respondents reported having to encourage a member/service user to seek help for an issue that the individual had not recognised as a health problem
2 – Deciding to seek help – included uncertainty about entitlement, lack of knowledge about the NHS, the role of a GP, concern about privacy
3 – Actively seeking help – daunting paperwork, inability to apply online, language, unable to provide requested documents such as proof of address, unable to complete the HC2 form[71] needed to access healthcare, and refusal for no reason. See Appendix 14
4 – Getting an appointment – difficulties navigating the appointment system (phone systems/online forms), phone hung up by receptionist because couldn't speak English.
5 – Getting there – difficulty with transport, lack of resources to book or attend an appointment.
6 – General Practice interaction – negative experiences within the GP practice, lack of or poor interpreter provisions, feeling disbelieved, discrimination re religion, race or immigration status.
7 – Continuity of care – understanding how follow up appointments are made, needing support to do this, unclear how to obtain repeat medication, unable to locate pharmacy, unable to read prescription and medication instructions.

These same barriers are commonly expressed by others who work with ASRs. A **nurse with The Haven** described some of the communication barriers she experienced:

- **Translation** – Haven staff are used to using a phone translation service, but most staff in GP practices are not. This can be stressful for all parties in a number of ways. E.g., There may be delays with availability within time-pressured GP practices, or unavailability of someone with the right dialect to communicate with the patient accurately[72].
- **Communication for appointments** – sometimes service users have no phone, are unable to text, cannot read English or have no phone credit – all of which are critical for making and keeping appointments.
- **Low levels of literacy** – some service users have low literacy levels in their own language as well as in English.

[71] NHS Low Income Scheme | NHSBSA

[72] The Haven uses DA languages Award Winning Translation Agency | DA Languages

A member of SW UKHSA staff, a former nurse with lived experience as a refugee, describes the following barriers:

- **Impacts of trauma, feelings of loss, dislocation and separation and 'culture shock'** can all be barriers to seeking healthcare.
- **Understanding and managing systems/processes**, e.g.: Universal Credit, bus passes, different parts of the UK health system and how they connect – GPs with specialists and pharmacists, primary with secondary care.
- **Language and culture** – both language translation and cultural translation. Many services claiming lack of access to interpreters.
- **Accessing and navigating services** – e.g. knowing what is there to ask for, learning how to make GP appointments, not being deterred by the unpleasant response of some surgeries.
- **Rights and responsibilities** – some services do not understand clients' immigration status and their associated rights.

Inequalities among ASRs and ASR schemes

A key barrier, for both service users themselves and those trying to enable and assist them, can be the different budgets and resources available for different schemes, as outlined in section 2 and Appendix 3. In particular, this can affect the quality and quantity of healthcare offered to asylum seekers, including those in the IA hotels, as opposed to those entering BNSSG through the resettlement schemes. For instance, the latter schemes are allocated resources to organise support, ranging from play and library schemes for children in hotels, to employment advice, to funding VCSEs to provide services for mental health support. Asylum seekers depend on charitable offers to a greater extent, the consistency and quality of which can vary according to the availability of volunteers. Undocumented migrants are likely to be even more vulnerable and isolated, as well as the least visible to those who offer support.

In addition, service users from the same country come from different situations and backgrounds. This affects health and wider life chances in numerous ways, including levels of literacy (and thus access), living standards, nutrition, prevalence of disease and protected characteristics such as LGBTQ+.

6.2 Assets in Bristol

The following is an outline of some of the assets in BNSSG in relation to the task of providing good quality and timely health care for ASRs:

Specialist knowledge and expertise on ASR health

The crucial role played by the ASR-specialist Haven service and the AWP HOPE service in BNSSG (see section 5) is widely recognised locally and regionally. They have built strong relationships with those who can help, are adaptable, skilled, knowledgeable and award winning[73]. Both have established and refined their support processes over some years, and retained skilled and experienced staff.

[73] Anne Gachango | NHS Parliamentary Awards

The latent TB screening service in Bristol is also a key asset, and the only one in the South West region. However, its capacity is challenged by the large numbers of people requiring screening.

Cooperative and collaborative relationships within and across sectors

There are good working relationships between the primary care providers and voluntary sector organisations. Organisations such as CaafiHealth, BRR, Borderlands, Red Cross, Mind and Project Mama all relate regularly with health staff to get advice, who in turn depend on the VCSEs to help them manage their increasing caseloads.

The Asylum Seeker and Refugee Wellbeing Forum (ASRWF) hosted by the HOPE Service brings together a range of service providers in support of ASR wellbeing. It includes regular e-bulletins, periodic meetings and what may become an annual conference in January hosted by UWE.

There are also good working relationships among VCSE groups and organisations, some of which work across BNSSG. Since 2019, these have been coordinated by BRASP in Bristol, hosted by VOSCUR. BRASP is a partnership of 15 Bristol organisations[74] that was set up to strengthen strategic leadership and coordination within the ASR support sector and provide greater voice for/by ASRs in the city. It seeks to increase understanding and visibility of ASR work outside the sector and strengthen links with those working in other areas, such as housing and homelessness, disability, LGBTQ+ and business. It is currently developing a website to support coordination and signposting, optimise the use of resources and minimise duplication of effort.

Dynamic and cooperative government multiagency links

Several multiagency groups exist to both routinely monitor the hotels and stand-up ad hoc groups to respond to specific issues such as the sudden arrival of a large group of ASRs or the threat of an infectious disease such as diphtheria or measles. These have included the links and meetings between:

- SW UKHSA and BNSSG local authority public health staff
- Public health leads in local authorities on migrant health
- Health practitioners – such as those mobilised to offer mass or rapid immunisations and TB screening.
- ICB and local authority public health, and care staff planning the optimum use of resources together.

Rapid and cooperative local response

Delivery at the local level sometimes needs to happen ahead of centrally developed policy, which is a credit to the local health system and its partnerships. Some recent examples in BNSSG include:

- the joined-up response to welcome, support and treat Ukrainian children receiving cancer treatment and their families in March 2022 by oncology

[74] The partnership comprises: Aid Box Community, Ashley Community Housing, Borderlands, Bridges for Communities, Bristol City of Sanctuary, Bristol Hospitality Network, Bristol Refugee Festival, Bristol Refugee Rights, Bristol Signing Support Group, British Red Cross, The Haven, Project Mama, Refugee Council, Refugee Women of Bristol, Southern Brooks, and Trauma Foundation South West.

clinicians, hospital administration, the local authority public health and resettlement teams, and VSCEs,
- the delivery of prophylactic diphtheria vaccines and anti-biotics at speed in October 2022 when service users were sent to BNSSG locations with very little warning,
- health assessments and screening rolled out ahead of health funding decisions in the rapidly opened 'spot purchase' hotels for dispersed asylum seekers in autumn 2022.

Asset-based initiatives – embracing the knowledge, skills and lived experience of ASRs

All ASRs arrive with talents, knowledge and skills. Sometimes these assets are overlooked as the mainstream media narrative is one of helpless, displaced, faceless groups of people. However, for example, most service users are able to use a smartphone within their language and culture, and some are educated to a high level, including health professionals.

One Bristol example, is where an Afghan service user who is a radiologist, was able to support a mass TB screening process by explaining the process to his fellow users, allay concerns and mobilise people so that forms could be processed, and tests done as fast as possible. His role was invaluable. Other service users have analysed the health-related problems they and other ASRs face and set up businesses to respond. These include translation and transport (taxi) services, which help service users attend health appointments successfully.

There are also various initiatives seeking to build around the needs and perspectives as expressed by ASRs themselves. The Routes to Wellness mental wellbeing peer-support project is one example[75].

6.3 Gaps in health service provision

While the biggest gaps in health service provision in BNSSG (and nationally) are widely thought to be currently in the areas of mental and dental care in terms of the gap in supply meeting demand, this review has also:

i) revealed the breadth and depth of ASR health needs and conditions that need urgent and consistent attention, as shown in the table in section 4, and
ii) highlighted several less visible elements which are needed to meet these needs.

The following is a summary.

Mental health

The shortage of mental health support for ASRs and those who care for them is being felt across the UK. This has been noted by national research (Pollard and

[75] Routes to Wellness: New project to support the mental health of people affected by displacement - University of Plymouth

Howard, 2021)[76], which recommends:

- UK-wide assessment of access and delivery of mental healthcare for ASR in the UK.
- ASR-specific mental health services and support, with time sensitive and culturally appropriate approaches, and greater funding and resource support
- research to monitor the implementation of guidelines across the UK.

In BNSSG, although additional capacity has been commissioned within AWP and the HOPE service, and the clinical pathways refined, services remain stretched, and demand exceeds capacity. Care for those with PTSD and complex PTSD is thus below what clinicians would like and recommend. The HOPE service observes that many service users experience an unhelpful number of appointments and the requirement to retell their story (often traumatic) or delays to treatment. For example, a pathway currently may involve an NHS Talking Therapy assessment, the service user presents as too risky and is referred to crisis teams; they no longer need crisis support and so are referred back to their GP. The GP then re-refer the service user to NHS TT (if they accept a referral) where they then might be assessed and referred to Hope/ TFSW/ Womankind etc, where they are then assessed again.

Within children's mental health services clinicians are also seeing a significant gap. While primary care (IAPT) and secondary care (CAMHS) services are in place for children, there can be a gap between primary and secondary care for children with issues that are too complex for IAPT and thus need a place to be treated, but do not reach the threshold for secondary care (CAMHS).

Social activities and wrap around support can have a significant positive impact by promoting wellbeing and thus helping to prevent mental health deterioration. This has been organised around most ASR hotels, but the isolated location of some hotels can affect the availability of resources and volunteers locally. Lack of access to communal spaces in hotels also limits opportunities for activities to occupy residents and the socialisation all year round that contributes to a settled community atmosphere (see Appendix 12). Without communal areas, or somewhere to eat their meals, residents can spend most of their time alone in their rooms, which has a negative impact on mental wellbeing and manifests in different ways ranging from aggression to depression. Where residents are sharing a hotel room with a stranger, language barriers and cultural differences can also bring additional stress.

Particular groups are likely to be at higher risk of increased anxiety. These include LGBTQ+ service users who may not feel able to disclose their status, or be experiencing negative stigmatisation and behaviour from fellow residents in their hotel or other accommodation.

Delays in the processing of asylum applications means that asylum seekers live with on-going uncertainty and the possibility that they may be moved elsewhere with little warning. Clinicians have become aware that the news that some asylum seekers

[76] Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers | International Journal of Mental Health Systems | Full Text (biomedcentral.com)

may be deported to Rwanda or to the barge Bibby Stockholm is having a negative impact on some residents.

Trauma support for professionals and volunteers giving support to ASRs is also necessary and in short supply.

Oral and dental health

There is a national shortage of NHS dental provision[77]. The extent and types of need in the South West have been researched and analysed by OHID in a scoping review of the oral health and dental care needs of asylum seekers and refugees resettling in South West England.[78]

The Haven reports that many service users suffer from both acute and chronic dental problems and find it difficult to get NHS dental care. This major gap in provision has been partially addressed by organising small-scale interim actions such as one-off sessions on oral hygiene as part of the health promotion sessions held in the ARAP hotels. For 2024-25, BNSSG ICB plans to commission Dentaid[79] to visit the hotels to provide some dental cover for those most in need.

Continuity of care

Several factors hinder continuity of care for ASRs. This is particularly challenging for the more vulnerable and mobile asylum seekers. These factors include:

- **Lost or inaccessible medical records** (not available, or in a foreign language)
- **Lack of advance warning about arrivals and departures** to local health and refugee teams from the Home Office resulting in a scramble to register/re-register, take patient history and put a healthcare plan in place where needed. Haven staff sometimes find out later that people have departed – making a systematic discharge process and safe handover to another health provider difficult. CRH which holds Home Office data on service users (and hotel management) are not allowed to say where a service user has gone, so health staff are unable to communicate swiftly with a service user's destination GP practice to check they are cared for there. If time is available, a letter to outline the treatment plan can be written, but this is not possible if departure occurs without warning. Meanwhile, new people keep arriving and requiring attention.
- **Service users are moved from other locations in the UK**; arrivals do not see a doctor on arrival in the UK. All health needs need to be assessed on arrival in BNSSG.
- **Staff travel time and disrupted plans** - Haven staff aim to minimise their hotel-based work, as it is more efficient to run clinics from their specialised GP practice on Montpelier, where all the needed equipment and records are in one place. If there are new arrivals each week, staff are compelled to spend time travelling, sometimes for an hour (x2 return) to cross BNSSG (e.g. Montpelier to Weston).

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[77] Full extent of NHS dentistry shortage revealed by far-reaching BBC research - BBC News; Patients in pain as many struggle to find dental care - BBC News

[78] A Scoping Review of the Oral Health and Dental Care Needs of Asylum Seekers and Refugees Resettling in South West England, Aruche-A-Noor Hamid, July 2022 Office of the Regional Director of Public Health, South West England.

[79] Welcome to Dentaid The Dental Charity - Dentaid

Increasingly, the GP practices where service users are registered are assisting in joining the Haven at the hotels to triage and meet the immediate needs of new arrivals. This is more time-efficient but exerts more pressure on already stretched GP practices.

- **Local communication between health providers to get feedback and track patients** can be time consuming, with each GP practice having different systems and preferences. E.g. picking up TB or HIV treatment half-way through is time consuming for health providers.
- **Ensuring medication is provided by a clinician, and then taken properly** can be challenging, involving a complex system with many stages and translation. Where Haven staff realise the final stage of distribution is at risk they sometimes go and collect it for the patient.
- **Obtaining some medications and vaccines in large numbers** without prior warning can be challenging – e.g. for a sudden scabies or diphtheria outbreak, or when a new hotel opens up with large numbers of arrivals.
- Rapid patient turnover makes it harder to **fulfil the full vaccine schedule.** Each vaccine needs planning (cold chain, sequencing etc), and so many opportunities can be missed if service users move without warning.

For refugees, such as those arriving through the ARAP and Ukraine schemes and settling into BNSSG communities, there are other challenges to continuity of care/access:

- When service users move out of temporary accommodation and into private accommodation, the task of handing over records from one GP to another requires clear and consistent communication from all parties. Hard pressed GP practices may not have the admin staff needed to follow up and service users may have to learn the system used by a practice they move to.
- Some GP practices may be working with the ASR population for the first time and not be aware of how to meet their needs.

6.4 Gaps in ASR health data availability and use

BNSSG data on ASRs and their physical and mental health is scattered and held by different departments and organisations including:

- the ICB (formerly CCG),
- the Haven, GP practices, Sirona, AWP-HOPE Service, A&E, secondary care.
- hotel management companies - ClearSprings Ready Homes/ SBHL/ Finefair/ SOS
- Strategic Migration Partnership at SW Councils
- SW UKHSA and OHID
- local authority departments such BCC’s Refugee Resettlement, Information Analysis, Attendance and Belonging, Safeguarding and No Recourse to Public Funds teams,
- voluntary sector organisations such as the 16 member organisations of BRASP including the Red Cross, Bristol Refugee Rights, Borderlands, the Bristol Hospitality Network and Project Mama.
- the Home Office, police and criminal justice, and immigration systems.

The data often does not clearly identify the service user as an asylum seeker or refugee.

Data on undocumented and newly settled ASRs in the community is not readily available from any of the organisations contacted. The BNSSG Population Health Management Academy at the ICB believes that this data may be on record, partially at least, and could be collated once data sharing permissions such as from GP practices and A&E departments are obtained. This could be important for planning service provision.

Voluntary organisations keep some health-related data. BRR, Bristol Mind and Project Mama are three examples. While incomplete in terms of showing scale and frequency, this can provide vital frontline insights into ASR health needs.

Data flow from the Home Office to local authorities and others responsible for managing ASR care and support has presented on-going challenges, with many ASRs arriving in local authority areas with no or very little notice. This affects the ability of service providers to provide and plan their care, especially for those with long-term and complex health conditions. It also results in health providers' time being spent compiling basic data on who is present (age, sex, nationality, language, occupation, friends/family in the UK, mobility and medical issues), before actual health assessments can be undertaken. This situation has persisted across the UK and South West. The sudden departure/transfer of asylum seekers from hotels can also make planning their care difficult, resulting in interrupted treatment and wasted professional time among already stretched nurses, pharmacists, GP practices, specialist clinics and others. The Office of National Statistics is working on longer term projections, which could help BNSSG commissioners with long term planning[80].

Data on who is here becomes quickly out of date, particularly for large groups who are evacuated with little warning, such as the service users fleeing Afghanistan in August 2021 and Ukraine in February 2022 (see section 2). This makes planning difficult and the service reactive.

Data regulation can be an obstacle to open and timely sharing. Shared dashboards and data sharing could help provide a better service, but regulations around the security of personal identifiable data currently prevent timely data sharing, especially among service providers and between health providers and others who assist.[81] Aside from GDPR concerns, distrust among healthcare providers and service users about how sharing healthcare data could negatively affect immigration status/decisions leads to cautiousness about data sharing.

Data use (evaluation). Without adequate data, decision making can be challenging, and it is also more likely that ASRs' needs will go unnoticed.

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[80] International migration hits new high in 2022 but there are signs of change | National Statistical (ons.gov.uk)

[81] Dr Chris Pawson, UWE presented findings at the annual ASR Wellbeing Conference in January 2024 on work done by UWE and BCC on how to overcome data protection barriers in support of homeless people. These approaches could also be applied to ASRs.

- The Haven and BRRT have requested that nationality/first language is flagged up in the EMIS system so that more and better data is available to guide proper care and support for ASRs in future.
- Monitoring BNSSG ASR data as part of Core20Plus5[82], where vulnerable migrants are one of the inclusion health groups identified, is also lacking.

Once available, data needs to be analysed, and then used in both formative and summative ways to provide insights and assist decision making. Currently, this does not happen systematically for this population.

Rapidly developing situations need both live and snapshot data. BCC was able to deploy its Information Analysis team to produce weekly updates on visa applications at the beginning of the Ukraine crisis. This enabled all departments to follow the scale of services needed and see where people were located to some extent. It was partial however and delays in receiving Home Office/Borderforce data still hindered service preparation. In December 2022 the Home Office pledged to give 24 hours' notice prior to the arrival of new ASRs [83]

Periodic evaluation of ASR data as a regular practice to take stock and assess change in health provision and outcomes rarely happens among practitioners working with ASRs, either separately or together. This is starting to happen reactively as a response to the larger numbers of arrivals in BNSSG. However, proactive data analysis and longer range forecasting will become increasingly important for planning the successful integration of these new citizens into on-going health provision.

Patient voice has not been a key feature of service provision to date. This is unsurprising given that the ASR population is highly mobile, initially vulnerable, constantly changing, and culturally and linguistically diverse. Patient participation has repeatedly been shown to be vital for the effectiveness of health programmes. Just like any other citizens, ASRs can articulate their needs and should be able to access opportunities. Initiatives to reach out to newly settled citizens, and ensure they are part of decision making on the priorities and approach to health provision will become increasingly important. Several UK cities including Bristol are giving the active citizenship of migrants more attention[84]. ACH, which has a Bristol office is a leading organisation in this area.

6.5 Communication gaps in healthcare provision

As described in section 6.1, there is frequently a **communication gap between health service users and providers.** Many more people, systems and resources are needed to facilitate communication and explain how things work, or what to do. These include people to help with:

- **Translation** – this is critical in all areas of the health service and currently varies in availability and quality. Some service providers (such as mainstream

[82] NHS England » Core20PLUS5 – An approach to reducing health inequalities

[83] Letter to DPHs from Simon Ridley Second Permanent Secretary, Home Office and Department for Levelling Up, Housing & Communities 09/12/22.

[84] Home - MiFriendly Cities;

GP practices) may not be familiar with the translation system.
- **Navigation** - volunteers are needed to help with: supporting clinicians in hotel clinics, GP registration, getting to and making appointments, interpreting letters and other messages from the health system.
- Understanding systems and who has the power to do what e.g. confusion over the relationship between health services and Home Office

While the **relationships between key actors in health provision** within BNSSG is overall an asset, as described in section 6.2 above, there are nevertheless gaps in communication as health and other service providers cope with the overall health and local authority resource pressures. Some of these have been identified and addressed, such as the convening of new regular meetings of health protection leaders from UKHSA, NHS and local authorities across the South West, and need for those with safeguarding responsibilities to ensure that individual service users do not 'disappear' between systems.

The **ESOL provision** needed in BNSSG to enable ASRs to communicate in English on health issues for themselves, is much less than the demand. BRRT is leading the bridging of this gap to help empower ASRs to speak for themselves and get what they need directly. In the meantime, many translators are needed.

Barriers to mental health services – a view from the Bristol Hospitality Network - 'in solidarity with asylum seekers experiencing destitution'[85]

"The existence and excellent practice of the Haven has meant that we don't have the NHS access problems we used to. The main gap is access to mental health services. There's some really excellent practice in the city (Moving On After Trauma groups and HOPE Service are outstanding) but outside of these it's very complex. People don't understand what's happening and if they're being assessed or not. They miss a huge proportion of phone appointments from VitaMinds as they don't recognise the number, don't know who the caller is or why they're calling, or that they're supposed to do something to follow it up.

One of the issues is that whilst people know they want help to deal with their mental health, the concept of lots of talking appointments (instead of 'medicine') is unfamiliar to many asylum seekers, and there isn't a place in the system where this is fully explained. The other is simply literacy - people get a text saying call to make an appointment, but many of our service users aren't literate in any language, and don't show the message to anyone as it may just be junk! Then they get taken off the list and have to start all over again, and their mental health gets worse all the time.

Since 2023, the BNSSG ICB has commissioned AWP to provide Recovery Coordinators to help hotel residents improve their mental wellbeing and navigate the system.

[85] Bristol Hospitality Network | Bristol | BHN

6.6 Other health-related gaps

Housing shortages and the stresses of temporary accommodation

Hotels are not designed for long-term living. The overall national shortage of affordable housing has resulted in many ASRs spending months or even years living in hotels, as local authorities struggle to find accommodation for those in refugee schemes and the Home Office processes asylum claims.

Many professionals working with ASRs in BNSSG and beyond[86] have observed that living in temporary accommodation, often a hotel room, for many months is detrimental to physical and mental health and wellbeing. See section 4 and Appendix 12 for details. The health challenges are especially severe in IA hotels where multiple languages, multiple cultures, multiple traumas and multiple priorities all under one roof, lead to many stresses and strains for residents, hotel staff and health providers.

One of the advantages of a longer duration of stay is for asylum seekers who need extended health treatment. It is easier for health staff to mobilise this and follow through when someone remains in one location for some time (build records, arrange GP registration, medication from a pharmacy, specialist appointments, and monitor progress). Another advantage is the hotels enable health providers to meet with many patients at once to provide services such as immunisation and health information and advice.

Those in the temporary Homes for Ukraine scheme depend on their hosts to choose to continue hosting and await the end of the war in Ukraine (or the expiry of their visa). The dispersed nature of this scheme can make monitoring their health as a group more challenging and dependent on accessing and collating data from the various GPs and schools they attend.

Access to hotel and local physical exercise provision

This is generally insufficient. Service users residing in hotels in remote locations, or with no/few communal spaces or sports facilities are especially affected. Women whose partners are at work and children in school confine themselves to hotel rooms for long periods and feel insecure about going outside alone. Voluntary organisations help coordinate sport and leisure activities periodically, but supply does not meet need in many cases.

Consistent funding

The funding for the health needs of ASR is complex. Ringfenced funding for resettlement and Ukrainian residents comes from central government to local government. Funding for asylum seekers is included in the ICB baseline budget, which may already be committed. This situation can lead to the use of temporary funding and short-term planning which does not lend itself to strategic long-term planning. The ICB has mainstreamed some budgets for ASR health in its medium term financial plan which has enabled services to retain specialist ASR personnel across the health system and its VCSE partners, thereby building expertise and

[86] Lives on Hold: The Experiences of People in Hotel Asylum Accommodation - Refugee Council

delivering a reliable service. However the volatility of ASR numbers means that the situation does need to be kept under review to meet their needs.

Mainstreaming ASRs within all systems

Having a specialist ASR health service (The Haven) may result in other health providers assuming ASRs are not their concern even though their role is to undertake initial triage and then register service users with GP practices. Widespread knowledge about the different aspects of ASR health may be wanting in some GP and clinical care spaces. The health service as a whole needs to be able to respond to ASR health needs in future, especially with the government's current/proposed dispersal policy. The Doctors of the World Safe Surgeries scheme (see section 3 above) seeks to address this, as does The Haven by coordinating direct contact between staff from GP practices and ASRs in the hotels when they first arrive.

Health promotion and health system awareness among ASRs

These elements can save significant clinical time through prevention. However, culturally sensitive and translated resources are often unavailable. Ideally staff who deliver health promotion messages (e.g. oral health, sexual health, healthy eating, substance use) need to know the common practices in, and if possible speak the language of, the service users and thus know the best approach to presenting information. Communication gaps can occur between the service users and health providers and uptake/changes in practices need to be carefully monitored so that improvements can be made. For example, Haven staff giving sexual health talks to predominantly male service users in an IA hotel had to stop giving out free condoms as they normally would, as it proved inappropriate. Talks on family planning and healthy relationships needed to be delivered separately, with groups for women and for men.

Evolution of the Integrated Care System (ICS) – working as BNSSG

Since in July 2022, changes are being made to work more effectively as an Integrated Care System[87], unifying health and social care, and bringing together public, voluntary and private sector effort in support of health.

With these systemic changes, and the new potential for partnership and intersectoral collaboration, health and care gaps in ASR provision across BNSSG can be assessed and responded to. For example, ASR health needs could be met by the health service in tandem with volunteer/paid service users and people with lived experience, as well as voluntary sector organisations. VCSEs may have immediate knowledge of certain areas of service user needs, especially of those who are least visible to formal systems.

System pressure

The current multiple pressures on the UK health system are well documented. All services including GP practices are challenged and can struggle to meet targets amid increased demand. This means that the gap between official guidance and actual service provision for ASRs may remain. Rapid expansion in the number of

[87] Homepage - BNSSG Healthier Together

service users in any one location, as happens when a large hotel is stood up, or hotel capacity is increased through room sharing, also brings health and other welfare and safeguarding risks.

BNSSG health providers serving ASRs have seen this pressure manifest in several ways, including the following:

- **Insufficient system capacity and funds in relation to the increasing numbers of ASRs** affected the ability to provide services. This shortfall in capacity can affect almost all areas of health provision from GPs and clinical psychologists to health visitors, school nurses, phlebotomists and the administrators who support them.

- **Refugee schemes such as UKRS and ARAP have set a standard** for both refugees and asylum seekers. This relates to the government's statutory obligations. It becomes morally and emotionally challenging for health and other providers when they can only offer a lesser standard to asylum seekers.

- **Sudden arrivals of large groups of ASRs requires health providers to adopt a rapid approach to triage and initial health assessment**, such as addressing groups of people rather than individuals, and organising triage days in hotels that focus on serious and evident conditions in order to process new arrivals sufficiently rapidly. In August 2022 a Haven nurse estimated that the time spent on an initial health assessment for a person had roughly halved in the last year (from 60-90 mins to 30 mins) and some of the individualised advice offered to service users in one-on-one sessions previously were being replaced by group talks. Previously Haven staff could find out more about a patient's story and assess them not only for health risks but also detect safety issues such as human trafficking. This reduction in service quality is frustrating for health professionals and has the potential to lead to errors and omissions.

- **Health workers and volunteers, as frontline workers, see and hear stories of rights abuses**, including trafficking, fights and rape which can cause intense emotional and mental pressure. They also have to deal with administration-heavy processes, such as safeguarding referrals for unaccompanied underage children which often take up scarce clinical time. Newly arrived patients invariably have multiple worries and needs beyond their presenting medical issue. Clinicians need a circle of support around them to quickly help signpost service users to the things they need.

- **The role of VSCEs** (such as BRASP's member organisations – see Appendix 11) has **become critical for providing the human resources needed** to respond quickly to new arrivals and continuously as their needs evolve (see section 4). Innovations and partnerships, such as training service users with health backgrounds and security staff in hotels as health champions is one way of responding to the need for health system navigation and awareness.

The barriers, assets and gaps in ASR service provision identified by the review resonate closely with those of the study on Barriers to Access undertaken by the Haven in 2022 (see Appendix 13).

7. Recommendations

The following steps are recommended for the consideration of health system commissioners and its partners in Bristol based on the health needs, barriers, assets and gaps identified in this report. Some of these actions require urgency, while others need partnership to take a longer-term view and undertake research, evaluation and collaborative planning to meet the needs of both current and future ASR service users.

7.1 Expand the scale and quality of specialist ASR healthcare capacity

Increased *specialist* knowledge is needed among professionals in all the systems responsible for meeting ASR health needs. At the same time, widespread knowledge such as that promoted by the DOW Safe Surgeries scheme (see section 3.1 above) is also needed to reduce pressure on specialist services like the HOPE, Haven and VCSE organisations to ensure that increasingly services are available wherever ASRs are.

Specific areas for commissioners to consider are to:

Remove language and cultural barriers
Support and resource agencies to make communication with ASRs as smooth and clear as possible by improving translation processes, increasing cultural awareness and working with service users to overcome barriers. Agencies could consider routinely translate health information into the most common service user languages, increase the use of visual resources, and support providers to use translation services seamlessly and effectively.

Support health <u>providers</u> to increase their ability to recognise and respond to ASR health needs, including:

- strengthening the knowledge and skills of health providers to deal with the clinical complexity and common health issues experienced by ASRs,
- developing and improving pathways to resolve physical and mental health conditions. E.g. a pathway from GPs into mental health support with specialised knowledge to reduce the number of appointments/ retelling of story or delays to treatment,
- enabling The Haven team to lead good practice, such as providing training and support to other primary care clinicians/practitioners,
- actively monitoring the health conditions and behaviours of ASRs in their care, analysing trends and identifying actions to address ASR health needs.

- encouraging primary care providers to take advantage of DoW and Right to Care[88] training resources, in particular all clinical and administrative staff in GP practices and A&E departments,
- recognising and eliminating racism and other forms of discrimination.

Provide service users with good quality, timely and accessible health and health services information, and support them to access and shape these services. Agencies could consider:

- offering service users improved health system navigation support and health promotion information during and after their arrival induction,
- resourcing sufficient translators,
- facilitating access to reliable and accurate digital health information for service users (e.g. pregnant women) in their first language (that is culturally acceptable to both UK standards and values, and those of the service user (e.g., religion, culture))
- involving service users and ex-service users in service design, research, delivery and evaluation.

Increase specific areas of health service provision to meet the current urgent level of need.
To address the specific and currently most pressing needs of the ASR population, commissioners can consider:

- **increasing mental health services** to address the current shortage of specialist mental health support for adults and children – prevention, treatment and support. Also providing strong community support to prevent mental health conditions worsening,
- **providing dental health services** – both for prevention and treatment
- **strengthening screening services** such as Hep B, Hep C, HIV and Vit D deficiency and latent TB screening provision,
- undertaking an **assessment of the risks likely to be associated with the changes** in provision of ASR hotels and the turnover of residents of hotels.
- ensuring **procurement processes can adapt to rapid change**.

7.2 Support continuity of care for asylum seekers, and for refugees

Lack of continuity of care contributes to both poor health outcomes and poor value for money. Some steps have already been taken towards these recommendations:

National recommendations include:

- asking the Home Office to:
  - give more warning to contracted service providers (health and non-health) of service user movements and health needs to enable them to prepare adequately,

[88] Right to Care project https://www.ucl.ac.uk/health-informatics/research/right-care

    - give adequate warning to service users before they are moved to minimise mental distress and uncertainty and interruptions in medical/health care,
    - improve health record keeping from arrival (and pre-arrival) to optimise the use of primary care provider/clinician time,
- asking the Department of Health to work with the Home Office to ensure timely and adequate resources are identified for ASR health needs.

Local recommendations include:

- commissioners in local authorities and health could consider giving longer term commitment to funding VSCEs and FBOs to provide consistent services in support of primary care and service user welfare.
- health and local authority commissioners could work with service providers (public, private and voluntary sectors) to enable integrated planning and service delivery and thus avoid duplication,
- specialist ASR services such as the Haven and HOPE could train and support generalists such as other GP practices and frontline health care providers.
- service users with health backgrounds could be enabled to volunteer in health settings by NHS organisations,
- considering developing health promotion activities. As shown in section 4, once the crisis of arrival is over, the needs of ASRs become many and varied; health promotion and awareness becomes important for keeping service users healthy and avoiding pressure on health services. Frontline health providers in Bristol advise that this is a priority. Previous experience has shown that 'health champions' (e.g. from within the ASR community) can play a vital part.

7.3 Improve data gathering, sharing and analysis processes to inform the provision of health services for ASRs in Bristol

Reliable and accurate data on the health of ASRs in hotel and dispersed accommodation, and on refugees living in Bristol communities is needed to guide evidence-based decision making by service commissioners and practitioners alike. Commissioners could consider:

Gathering data to enable oversight of the outcomes for ASRs across the health and social care system,

- GP data could identify migrants by identifying 'country last lived in' for new registrants.
- Agencies could use digital platforms to involve service users in giving data and expressing their health needs on their terms.

Using existing data and datasets more effectively to:

- interrogate the data that is available, such as Haven, GP and A&E records and use it to inform decision making and provide assurance on public health concerns such as the delivery of screening and immunisation,
- incorporate data reviews within routine PH/ASR/service provider meetings e.g., multi-agency meetings,
- create dashboards for use across BNSSG to collate data on current issues and service provision.

- find ways of making data more accessible and user-friendly to those who can use it to improve health outcomes.

Initiating ASR and/or migrant health research

- work with partners to apply for research funds to enable research, including health and care providers, public health practitioners, academics and people with lived experience.
- involve service users with research backgrounds as researchers/peer researchers.

7.4 Prepare a local health strategy, and agency funding plans, for ASR services in the medium term future

With the likelihood of people continuing to be on the move globally, it is important that capacity to support the ASR population matches their needs. A strategic approach and an evidence-based business case to support the case for sufficient resources, is recommended. This includes optimising cooperation and gradually enabling a larger number of people to contribute to ASR health as part of their work and equipping them to do so. Activities towards enhancing the scale and depth of this capacity might include:

- organising activities to take a regular whole-system view – through online interaction, web pages, digital platforms, presentations, ASR dashboard and periodic reports like this one to help everyone see the wider picture.
- enabling and encouraging relationship-building to avoid people working in 'silos' and duplicating effort – e.g. building on the existing strong relationships in BNSSG (see section 6.2) between voluntary organisations, local authority staff and primary care providers,
- making information more open and available where possible. Sharing anonymised information into live dashboards, cooperating over research to cover more topics and achieve better data sets,
- ensuring service users are involved in service provision development to increase effectiveness.

In conclusion, asylum seekers and refugees are a population with significant and distinct health needs. Vulnerable migrants are formally regarded as an Inclusion Health group and yet there is poor data identification in the main NHS systems to help service providers meet their needs. ASRs are also a diverse group, with different entitlements and different funding depending on their route of entry to the UK. Many also have complex needs spanning many health conditions, as well as housing, education etc. This implies attention to wider determinants of health as well as clinical aspects. This report offers a broad overview of existing data to assist service providers to appreciate the needs of service users in Bristol. The BNSSG ICB will soon be producing a BNSSG strategic ASR needs assessment which will be a welcome addition to assist longer-term strategic planning and provision.

8. List of references and useful links

List of references and useful links	
Aruche-A-Noor Hamid	A Scoping Review of the Oral Health and Dental Care Needs of Asylum Seekers and Refugees Resettling in South West England, Office of the Regional Director of Public Health, South West England. July 2022
Avon and Wiltshire Mental Health Partnership	Asylum and Refugee Clinic (ARC): Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk) - website
AWP Communications	Someone To Talk To 2021 No Subtitles - YouTube. This short (8-min) October 2021 film by the AWP Communications team is a summary of mental health services available for asylum seeker and refugees in the Bristol area. It outlines the organisations that can help people to deal with past traumatic experiences or cope with the challenge of the asylum experience, explains the services available, how they may help and how to access them.
BBC News	Full extent of NHS dentistry shortage revealed by far-reaching BBC research - BBC News; Patients in pain as many struggle to find dental care - BBC News
British Assoc for Behavioural & Cognitive Psychotherapies	IAPT Black Asian and Minority Ethnic Service User Positive Practice Guide, 2019 BABCP | British Association for Behavioural & Cognitive Psychotherapies > Therapists > BAME Positive Practice Guide
BNSSG ICB/BCC/AWP	Bristol Mental Health and Wellbeing - Directory of Services for Children and Young People Bristol-CYP-Directory-July-2023.pdf (icb.nhs.uk)
BNSSG/The Haven	REMEDY: BNSSG referral pathways & joint formulary. Asylum Seeker and Refugee Health. (Webpage of The Haven for practitioners) Asylum Seeker and Refugee Health (Remedy BNSSG ICB)
Bristol City Council	Refugee and Asylum Seeker Strategy (bristol.gov.uk)
Bristol City of Sanctuary	Bristol City of Sanctuary | Building a culture of hospitality for people seeking sanctuary website
Bristol ROADS	ROADS - Recovery Orientated Alcohol and Drugs Service. Bristol ROADS | DHI (dhi-online.org.uk)
British Medical Association	Who are refugees or asylum seekers? - Refugee and asylum seeker patient health toolkit - BMA

British Medical Association	Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA
British Medical Association	Refugee and Asylum Seeker Patient Health Toolkit Refugee and asylum seeker health toolkit (bma.org.uk)
Care Quality Commission	GP mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants - Care Quality Commission (cqc.org.uk)
GOV.UK	Migrant Health Guide: advice and guidance on the health needs of migrant patients for healthcare practitioners. Migrant health guide: countries A to Z - GOV.UK (www.gov.uk)
Crentsil et al.	Access to Healthcare for Asylum Seekers and Refugees. Dr Caroline Crentsil, BNSSG Population Health Fellow Joanne Long, Evidence and Evaluation Support Officer - Public Health, South Glos Council Loubaba Mamluk, Senior Research Associate, University of Bristol Professor Sarah Weld FFPH, Deputy Director/Consultant in Public Health South Glos Council, April 2022
Doctors of the World	Safe Surgeries Scheme - a Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. Safe Surgeries - Doctors of the World
Doctors of the World	Right to Care Final Report, 2023 Reports & Publications Archive - Doctors of the World
Doctors of the World	Main website: https://www.doctorsoftheworld.org.uk/ Translated information. https://www.doctorsoftheworld.org.uk/translated-health-information/
Doctors of the World	Access to healthcare for people seeking asylum in initial and contingency accommodation Toolkit-for-ICBs-and-PC-commissioners-access-to-healthcare-for-asylum-accommodation-DOTW-2023.pdf (doctorsoftheworld.org.uk)
GOV.UK - Home Office	Ceasing Section 95 Support instruction, July 2023 Ceasing Section 95 Support Instruction (publishing.service.gov.uk)
GOV.UK	Unaccompanied asylum seeking children: national transfer scheme - GOV.UK (www.gov.uk)

GOV.UK	Advice and guidance on the health needs of migrant patients for healthcare practitioners https://www.gov.uk/government/collections/migrant-health-guide
GOV.UK	Assessing new patients from overseas: migrant health guide https: //www.gov.uk/guidance/assessing-new-patients-from-overseas-migrant-health-guide
GOV.UK	Complete routine immunisation schedule - GOV.UK (www.gov.uk) Immunisation information for migrants - GOV.UK (www.gov.uk)
GOV.UK	Immigration Health Surcharge
GOV.UK	Inclusion Health: applying All Our Health - GOV.UK (www.gov.uk)
GOV.UK	Making Every Contact Count (MECC): practical resources - GOV.UK (www.gov.uk)
GOV.UK	Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK (www.gov.uk)
GOV.UK	UKHSA Contact details Contacts: UKHSA health protection teams - GOV.UK (www.gov.uk)
GOV.UK	Oral healthcare: model for asylum seekers and refugees - provides professionals with guidance to support access to NHS dentists. Oral healthcare: model for asylum seekers and refugees - GOV.UK (www.gov.uk)
GOV.UK	Tuberculosis by country: rates per 100,000 people - GOV.UK (www.gov.uk)
GOV.UK	Tuberculosis (TB): migrant health guide - GOV.UK (www.gov.uk)
GOV.UK	Dental health: migrant health guide - GOV.UK (www.gov.uk)
Gov.uk	Mental Health https://www.gov.uk/guidance/mental-health-migrant-health-guide
Guardian	'Inhumane' NHS fees left more than 900 migrants without treatment | Immigration and asylum | The Guardian
Haven, The	Website The Haven – Sirona care & health NHS services (sirona-cic.org.uk)
Higher Education Policy Institute	Could universities do more to end homelessness? Debate paper. Includes student ASRs https://www.hepi.ac.uk/wp-content/uploads/2022/07/Could-universities-do-more-to-end-homelessness.pdf

Maternity Action	Maternity Health: exploring the lived experiences of pregnant women seeking asylum https://maternityaction.org.uk/lived-experiences-of-pregnant-women-seeking-asylum/
MiFriendly Cities project	Website of the MiFriendly Cities project in West Midlands, ending May 2021 Home - MiFriendly Cities
MILE Project	MILE – Migrant Integration through Locally designed Experiences (mile-project.eu), web page MILE – Migrant Integration through Locally designed Experiences (mile-project.eu)
Mina Fatemi and Lisa Harrison	Presentation to the SW Migrant Health Network on MECC and Improving Immunisation Uptake for Vulnerable Migrants - November 2022
Modern Slavery Helpline	https://www.modernslaveryhelpline.org/ (24hr, 365 days) on 08000 121 700. Trained Advisors can help support with all types of exploitation linked to modern slavery including domestic servitude.
National Institute for Care Excellence (NICE)	NICE guidance - evidence-based recommendations for the health and social care sector, developed by independent committees, including professionals and lay members, and consulted on by stakeholders. National Institute for Care Excellence (NICE)
National Referral Mechanism (child trafficking)	The National Referral Mechanism: Every Child Protected Against Trafficking UK - is a process set up by the Government to identify and support victims of trafficking in the UK. https://www.ecpat.org.uk/national-referral-mechanism
NHSE	Safeguarding App. A comprehensive resource for healthcare professionals, carers and citizens, providing 24-hour, mobile access on up-to-date legislation and guidance across the safeguarding life course. https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/
NHS	NHS Low Income Scheme | NHSBSA
NHSE	Inclusion health framework - video on reducing health inequalities for people experiencing homelessness Reducing health inequalities for people experiencing homelessness - YouTube
NHSE	TB Action Plan 2021-26 for England; TB incidence and epidemiology in England, 2021

NHSE	NHS England » A national framework for NHS – action on inclusion health
NHSE	NHS England » Core20PLUS5 – An approach to reducing health inequalities
NHSE	NHS England » Core20PLUS5 – An approach to reducing health inequalities
NRPF Network	NRPF Network | Assessing and supporting adults who have no recourse to public funds (England)
Office for Health Improvement and Disparities (OHID)	Rapid Health Needs Assessment for migrants in temporary accommodation in the South West, October 2021, compiled by Rachael Marsh, Consultant in Public Health, Office for Health Improvement and Disparities South West.
Office for Health Improvement and Disparities (OHID)	Public health profiles – known as "Fingertips" is a large public health data collection. Data is organised into themed profiles.
Office for National Statistics (ONS)	National immigration system statistics in the public domain https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-june-2023
Office for National Statistics	National Census data on migration and other topics can help to provide a broader contextual view. International migration, England and Wales – Office for National Statistics (ons.gov.uk) This can be filtered down to locality level. Local authorities sometimes show useful links within their websites to these, e.g.: Census 2021 (bristol.gov.uk) Census and mid-year population estimates | North Somerset Council (n-somerset.gov.uk) Census | BETA – South Gloucestershire Council (southglos.gov.uk)
Parliament UK, House of Commons Library	Asylum Statistics Research Briefing, 12 September, 2023 Asylum statistics - House of Commons Library (parliament.uk)
Pollard T. and Howard N.	Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers. 2021 Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers | International Journal of Mental Health Systems | Full Text (biomedcentral.com)

Refugee Council	"I Sat Watching Life Go by My Window for So Long" The experiences of people seeking asylum living in hotel accommodation, April 2021 Hotels Report (refugeecouncil.org.uk)
Refugee Council	Helping refugees and asylum seekers to find healthcare Helping refugees and asylum seekers to find healthcare - Refugee Council
Refugee Council	National service offering support to all unaccompanied refugee children who arrive alone seeking safety in England. Children and young people - Refugee Council
Refugee Council	Lives on Hold: The Experiences of People in Hotel Asylum Accommodation - Refugee Council
Refugee Council	Information, facts and guides: https://www.refugeecouncil.org.uk/
Royal College of Psychiatrists	Asylum seeker and refugee mental health | Royal College of Psychiatrists (rcpsych.ac.uk)
South West Migration Partnership	Policy - SWSMP - South West Councils (swcouncils.gov.uk)
Streetlink	Caring in Bristol Handbook - Services and support available to people experiencing homelessness or crisis in Bristol 2022 – 2023 CIB_Handbook_2022_DIGITAL.pdf (caringinbristol.co.uk)
The Royal College of Paediatrics and Child Health (RCPCH)	Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH
The SEREDA Project – Institute for Research into Superdiversity, University of Birmingham:	Sexual and Gender-based violence in the refugee crisis: from displacement to arrival. https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx
University of Bristol (Dr Natalia Lewis)	Trauma-informed approaches in healthcare: piecemeal implementation needs UK-wide leadership, strategy and evidence. Policy report 88, October 2023 PolicyReport88_Lewis_trauma_informed_healthcare.pdf (bristol.ac.uk)
Unity Sexual Health	Unity Sexual Health website Welcome to Unity Sexual Health | Unity Sexual Health

University College London	Right to Care project https://www.ucl.ac.uk/health-informatics/research/right-care
University of Plymouth	Routes to Wellness: New project to support the mental health of people affected by displacement - University of Plymouth 2022
World Health Organisation	Refugee and Migrant Health Toolkit (who.int)
World Health Organisation	The Global Health Observatory - Explore a world of health data - Ukraine Ukraine (who.int); Afghanistan (who.int)
World Health Organisation/The Lancet	Supporting healthcare access for refugees and migrants - The Lancet Infectious Diseases
World Health Organisation	Psychological first aid principles: manual designed to orient helpers to offer psychological first aid (PFA) to people following a serious crisis event. https://www.who.int/publications/i/item/psychological-first-aid

9. Appendices

Appendix 1 Definitions

The **1951 Refugee Convention** can be found here: UNHCR - The 1951 Refugee Convention

The following is an excerpt from The Refugee Council's website[89]:

> **Refugee**
> The definition of a refugee according to **The 1951 United Nations Convention Relating to the Status of Refugees** is:
>
> > "A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."
>
> In the UK, a person becomes a refugee when government agrees that an individual who has applied for asylum meets the definition in the Refugee Convention they will 'recognise' that person as a refugee and issue them with refugee status documentation. Usually refugees in the UK are given five years' leave to remain as a refugee. They must then apply for further leave, although their status as a refugee is not limited to five years.
>
> **Person seeking asylum**
> A person who has left their country of origin and has formally applied for asylum in another country but whose application has not yet been concluded. Wherever possible, we prefer to describe someone as a person seeking asylum as we feel that the term asylum seeker is dehumanising.
>
> **Refused asylum applicant**
> A person whose asylum application has been unsuccessful and who has no other claim for protection awaiting a decision. Some people who have their case refused voluntarily return home, others are forcibly returned. For some, it is not safe or practical to return until conditions in their country change.
>
> **Migrant**
> Someone who has moved from one place to another for a variety of different reasons, such as to study, live with family or find work.

[89] The truth about asylum - Refugee Council

Appendix 2 Summary of Migration Routes to the UK

by South West Strategic Migration Partnership[90], May 2023

To those who are claiming international protection, there are two main routes available for them to stay in the UK legally. The distinction to access either of these routes is as follows:

- those seeking asylum in the UK and apply for Refugee Status or Humanitarian Protection on entrance to the UK;
- and those who have been granted Refugee Status by the UN and enter the UK under a resettlement scheme.

In the asylum process, people must apply for asylum from the Home Office whilst in the UK; it is not possible for them to apply for refugee resettlement. In contrast, refugees are selected by the UN for resettlement, and transferred to the UK with the agreement of the Home Office, where they receive refugee status on arrival. For the sake of simplicity, we will define the former route as the Asylum Route and the latter as the Resettlement Route.

Asylum Route

The purpose of applying for asylum is to obtain refugee status, a form of international protection. It's important to note that this is distinct from refugee resettlement, which involves the transfer of individuals (who already have this status) from other countries under an official program. Individuals who are resettled in the UK do not have to go through the process of seeking asylum.

It is not possible to claim asylum from outside of the UK and there is no visa to allow people to come to the UK to claim asylum; therefore, asylum seekers will enter the UK illegally to claim asylum.

When people enter the UK and claim asylum, they will then have an initial interview which is undertaken with immediacy (or within a day). This is the Screening Interview. The person is then sent an Application Registration Card or ARC card. Within weeks, months or years, there is an Asylum Substantive interview in which evidence must be provided to show why they are claiming asylum.

If the Home Office accept the evidence and agree the individual needs protection in the UK, they make a positive decision on the asylum claim and they will be granted Leave to Remain (LR) in the UK. After five years of Refugee Status, they can apply for Indefinite Leave to Remain (ILR), and after a year of ILR they can apply for British citizenship.

Individuals accessing this route into the UK have no recourse to public funds. NRPF is an immigration restriction which prevents people from accessing welfare benefits and supports, such as Universal Credit. The Home Office can provide housing and some financial support to a person who has claimed asylum if they do not have accommodation and/ or cannot afford to meet their essential living needs – this is

[90] The SW SMP is a Home Office grant-funded organisation, which acts as the link between central and local government to support the delivery of migration across the region. The SW SMP is hosted by South West Councils and currently supports the delivery of the following schemes:

- Resettlement (UK Resettlement Scheme and Afghan Resettlement Scheme's including bridging hotels)
- Asylum Dispersal including Contingency Hotels
- English for speakers of other languages (ESOL)
- Unaccompanied Asylum Seeking Children
- Hong Kong BNO(Overseas)

Section 98/95 support. Support will be withdrawn if a person is successful in their asylum application; they can then claim for benefits and access housing assistance from their local council.

Initial/Contingency Accommodation (IA/CA) is short-term housing that can be full-board, half-board or self-catering. It is usually in a hostel-type environment, used whilst longer-term accommodation is arranged. Dispersal Accommodation (DA) is longer-term temporary accommodation managed by accommodation providers on behalf of the Home Office. Asylum seekers will normally be able to stay in dispersal accommodation until their asylum claim has been fully determined. Due to a backlog in asylum claims and a lack of dispersal accommodation, IA has often been used for much longer than intended by asylum seekers.

When a refusal is given, asylum seekers may make appeals to the Home Office until they are "appeal rights exhausted" and their asylum support will be stopped. They may then be at risk of detention, and the Home Office can try to remove them from the UK.

When a positive decision is given, and the Leave To Remain is granted, individuals will be eligible to work, claim mainstream benefits, look for housing and be assisted with this in the same ways as other UK residents. At this point, they will be asked to leave their DA (or IA) accommodation as the Home Office support will stop and the responsibility will fall to the Local Authority.

Unaccompanied asylum-seeking children (UASC) who arrive in the UK can apply for UASC leave. This provides them with temporary permission to remain in the UK until they turn 18, at which point they may be able to apply for other forms of immigration permission. UASC leave is intended to provide protection for children who have arrived in the UK without a parent or guardian. It allows them to access education and other services, and provides them with support to help them transition into adulthood.

Resettlement Route

The UK currently operates three refugee resettlement schemes:

• UK Resettlement Scheme (UKRS) —for vulnerable refugees in refugee camps neighbouring countries with conflicts and/or instability. Participating local authorities in the UK lead on providing practical integration support upon arrival in the UK (accommodation, access to services, etc).
• Community Sponsorship — uses the same criteria as the UKRS, although participants are counted separately. Resettled refugees are matched with a local community group that has volunteered to provide integration support in the UK.
• Mandate Resettlement Scheme — a longstanding but little-used scheme for refugees who have a close family member in the UK who is willing to accommodate them and has permanent permission to stay or temporary permission with a route to permanent status.

The UKRS is the main resettlement scheme in the UK. Under the UKRS, refugees are identified and referred by the UNHCR or other international organizations, and the UK government determines whether to offer them resettlement in the UK. People who come through a resettlement scheme have usually already been recognised as refugees under the 1951 Refugee Convention.

Within the UKRS, there are nationality specific schemes:

- The Afghan Relocations and Assistance Policy (ARAP) and ex gratia scheme. This scheme caters for former locally employed civilians in Afghanistan. Eligibility is based on the primary applicant's

previous employment in Afghanistan with the UK Government and related risks they may now face. People who come to the UK under these schemes are immediately given indefinite leave (permission to stay in the UK permanently). They are not recognised refugees.

- The Afghan Citizens Resettlement Scheme (ACRS). This scheme is available to some Afghan nationals and dependant relatives who are in Afghanistan or neighbouring countries (or who have already been evacuated to the UK) and are at risk due to the situation in Afghanistan.
- Ukraine Family Scheme. The Ukraine Family Scheme visa route is for Ukrainians (and their family) who have a UK-based family member with a qualifying immigration status. Eligibility is based on family ties in the UK.
- Ukraine Sponsorship Scheme ('Homes for Ukraine'). The Ukraine Sponsorship Scheme is for Ukrainians who have a sponsor in the UK willing to provide them accommodation for at least six months.
- The Hong Kong BN(O) scheme. This scheme was developed following concerns about erosion of human rights protections in Hong Kong, but it is not an explicitly protection-based scheme. Eligibility is not based on the person's risk of persecution in Hong Kong. Rather, it is a way of making it easier for Hong Kong BN(O) status holders to migrate to the UK compared to the general work, study, and family visa rules.
- The refugee family reunion route. This is available to close relatives of people who have already been granted protection in the UK through claiming asylum or being resettled in the UK.

Individuals accessing these routes into the UK have recourse to public funds, with the exception of the BN(O) route.

Most Frequently Misinterpreted Information Fact Check

by South West Strategic Migration Partnership, May 2023

What kind of support do asylum seekers receive in the UK?
Asylum seekers in the UK are entitled to housing and a cash allowance to cover their basic needs until their asylum claim is granted or refused. They cannot choose where they live and usually receive £45 per person per week for food, clothing, and toiletries, although this amount is reduced to less than £9.10 when food is provided in their accommodation.

What benefits do resettled refugees get in the UK?
Refugees who are resettled in the UK can access public funds such as Universal Credit, housing support, council tax benefit, and housing benefit.

What is the success rate for asylum claims in the UK?
In 2022, 75% of initial decisions made on asylum claims in the UK resulted in a grant of asylum or humanitarian protection.

Which nationalities make up the top 5 for asylum seekers in the UK?
The top five countries of origin for asylum seekers in the UK in 2022 were Albania, Afghanistan, Iran, Iraq, and Syria.

Is there a backlog of asylum cases waiting to be decided in the UK?
As of the end of 2022, there were 160,919 people waiting for an initial decision on their asylum claim in the UK, with 109,641 of them waiting for more than 6 months.

How much does the UK spend on hotel accommodation for asylum seekers?
The UK government currently spends approximately £5.6 million per day on hotel accommodation for asylum seekers.

What happens to asylum seekers in contingency accommodation who are granted Refugee Status?
Asylum seekers who are granted Refugee Status in the UK will receive a letter from the Home Office informing them of their status and telling them that they need to leave their current accommodation within 28 days. They may then approach their local authority for housing and access public funds, including Universal Credit.

What happens to asylum seekers in contingency accommodation who are refused Refugee Status?
Asylum seekers who are refused Refugee Status in the UK will receive a letter from the Home Office telling them that they need to leave the country. If they are single with no dependent children, any support they have been receiving from the Home Office will stop 21 days after their claim has been fully refused.

What proportion of immigrants to the UK are asylum seekers?
Asylum seekers and refugees made up approximately 18% of immigrants to the UK in the year ending June 2022. This includes arrivals under various humanitarian schemes, such as the Ukraine schemes, the Afghan relocation and resettlement schemes, arrivals in small boats, other resettled persons, and arrivals on family reunion visas.

How does the UK compare to other countries in terms of the number of people it gives protection to?
In 2021, the UK ranked 6th among EU+ countries in terms of the absolute number of people to whom it granted protection, including asylum seekers and resettled refugees.

Migration Route	Type	Recourse To Public Funds	Contingency Hotels	Bridging Hotels	Home Office Responsibility	DLUHC Responsibility	Legal or Illegal Arrival	Right to Work	Eligible for Family Reunion*	ESOL Funding
Asylum	**Adults**	No	Yes	No	Yes	No	Illegal	No*[1]	Yes*[2]	0 – 6 months eligible, but have to pay part.
	Children (UASC)	No	No	No	Yes *[6]	No	Illegal	No	Yes	EAL – in school.
Resettlement	**ARAP**	Yes	No	Yes	Yes	Yes	Legal	Yes	Yes	Yes
	ACRS	Yes	No	Yes	Yes	Yes	Legal	Yes	Yes	Yes
	Ukrainian	Yes	No	Yes *[3]	No	Yes	Legal	Yes	Yes	Yes
	Hong Kong BN(O)	No*[5]	No	No	No	Yes	Legal	Yes	Yes	Yes
	UKRS	Yes	No	Yes	Yes	No	Legal	Yes	Yes	Yes

Appendix 3 Details of current UK schemes and support for asylum seekers and refugees

Scheme (please click on the links for the most recent updates.)	**Access to NHS health care**	**Recourse to Public Funds/ Funding**
Asylum seekers		
• People usually arrive in the UK via small boats, back of lorries etc. • An initial claim is made whilst being accommodated in initial arrival centres (contingency hotels currently being used) • Service users are then transferred to asylum dispersal accommodation around the UK whilst they await the outcome of their asylum claim • **Interim Accommodation (IA) or 'contingency hotels'** provide temporary accommodation for people seeking asylum under Section 98 of the Asylum and Immigration Act. This gives people a room, food and toiletries while they wait for their application for Section 95 support to be processed. • The Home Office-contracted accommodation provider for the South West is Clearsprings Ready Homes. They sub-contract to local providers including SBHL, Fine Fair and SOS. • Service users in **dispersed accommodation** are given £45 per person per week, whilst all bills and property maintenance costs are covered. • Those being accommodated in contingency hotels and on section 95 support receive £9.58 per week (food is provided by the hotels) • **Migrant Help** are the Advice, Issue Reporting and Eligibility (AIRE) providers contracted by the Home Office to provide advice and support to service users, which is a telephone/online service. They are a charity separate from the Home Office offering independent advice. • **Voluntary sector organisations** are relied upon to provide additional wrap around support.	Asylum seekers whose claims, including appeals, have not yet been determined are eligible for free NHS care. NHS entitlements: migrant health guide - GOV.UK (www.gov.uk) Also: • free prescriptions for medicine, • free dental care, • free eyesight tests, • help paying for glasses, • maternity and early years grants	£49.18/week on debit (ASPEN card) is given for food, clothing and toiletries. (or £8.86 per person if your accommodation provides your meals). Free education for 5-17s

Scheme (please click on the links for the most recent updates.)	**Access to NHS health care**	**Recourse to Public Funds/ Funding**
Refused asylum seekers		
Section 4 support: this form of support is available to refused asylum seekers who are destitute and meet certain criteria where they are unable to leave the country at present. It is named after Section 4 of the Immigration and Asylum Act 1999. This is cash-less support and is available as a package with accommodation. Asylum support under section 4(2) policy: caseworker guidance - GOV.UK (www.gov.uk)	Primary care and A&E are always free. Other services may be chargeable: NHS entitlements: migrant health guide - GOV.UK (www.gov.uk)	No
Resettlement schemes		
• The **UK Resettlement Scheme** remains in operation. Refugees who have been identified by IOM are matched to accommodation provided by Local Authorities and then brought to the UK. • Local Authorities are provided with funding to support refugees under this scheme • The **Afghan resettlement schemes** work in a similar way. However, the majority of refugees are already here and being accommodated in **bridging hotels**. Local Authorities are offering properties and Home Office are matching families to this accommodation and moving people out of hotels.	Full access to the NHS	Yes - all refugees under these schemes receive Universal Credit
UK Resettlement Scheme (UKRS)[91]		
The UK Resettlement Scheme (UKRS) started in March 2021 to resettle vulnerable refugees in need of protection from a range of regions of conflict and instability across the globe. Numbers resettled under it are based on local	Yes	Yes

[91] The Home Office established the UKRS to identify the most vulnerable refugees assessed for resettlement by the United Nations mainly from the Middle East and North Africa, but also from refugee camps in other areas. Many are Syrians. This scheme replaces the: Vulnerable Persons Resettlement Scheme 2016 to 2021, which resettled 20,000 people in the UK, 328 of whom were resettled in Bristol, and the Resettlement of Vulnerable Children Scheme 2017 to 2021, which resettled 3,000 people in the UK, 106 of whom were resettled in Bristol. (BRRT presentation June 2022)

Scheme (please click on the links for the most recent updates.)	**Access to NHS health care**	**Recourse to Public Funds/ Funding**
authority capacity, and recovery from the COVID-19 pandemic. The government makes funding available to allow local authorities, healthcare providers and community sponsors to support refugees for the duration of the scheme (currently up to 5 years).		
Afghan Relocations and Assistance Policy (ARAP)		
A bespoke resettlement scheme established by the Home Office and Ministry of Defence for current and former Locally Employed Staff and their families in Afghanistan assessed to be under serious threat to life, launched on 01April2021. While awaiting resettlement with a local authority, the HO provides them with hotel accommodation. Receive indefinite leave to remain and have access to benefits and services.	Yes	Yes
Afghan Citizens Resettlement Scheme (ACRS)		
The ACRS scheme prioritises: i) those who have assisted the UK efforts in Afghanistan and stood up for values such as democracy, women's rights, freedom of speech, and rule of law and ii) vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBT+). Set up on 06/01/22. Service users receive indefinite leave to enter or remain (ILR) in the UK, and can apply for British citizenship after 5 years.	Yes	Yes
Ukraine schemes		
Ukraine Family Scheme		
The Ukraine Family Scheme allows applicants to join family members, or extend their stay, in the UK. The UK-based family member must be a British national or someone settled in the UK. Applicants can live, work and study in the UK and access public funds.	Yes	Yes
Ukraine Sponsorship Scheme (Homes for Ukraine)		
The Homes for Ukraine Scheme, launched on 14/03/22 by the Secretary of State for Levelling Up, Housing and Communities, is open to Ukrainian nationals who were residents in Ukraine prior to 1 January 2022. Also to their immediate family members (for example	Yes	Yes, plus Payments for hosts

Scheme (please click on the links for the most recent updates.)	**Access to NHS health care**	**Recourse to Public Funds/ Funding**
spouse/partner and children under 18) who may be of other nationalities, to be sponsored to come to the UK. Applicants can apply from Ukraine or from any other third country. The scheme allows Ukrainians to live and work in the UK for up to 3 years.		
Hong Kong Welcome Programme		
A new immigration route opened on 31/01/21, providing BritishNational (Overseas) (BN(O)) sta tus holders from Hong Kong and their dependants with the opportunity to come to the UK to live, study and work, on a pathway to citizenship. This new route reflected the UK's historic and moral commitment to those people of Hong Kong who chose to retain their ties to the UK by taking up BN(O) status at the point of Hong Kong's handover to China in 1997. The Department for Levelling Up Housing, Communities (DLUHC) is leading delivery of a £43.1 million HMG funded national 'Welcome Programme' to support BN(O) status holders and their families to help them to successfully settle into their new communities.	Can access NHS once Immigration Health Surcharge is paid as part of the visa application. Still pay for prescriptions, eye care and dental as citizens do.	No, unless apply to be considered due to hardship.
Unaccompanied Asylum-Seeking Children		
• The National Transfer Scheme (NTS) was set up to enable the distribution of UASC to local authorities across the country to help eliminate pressure in port/arrival Local Authorities • The NTS was previously voluntary but has been mandated for all Local Authorities to participate.	Children looked after by a local council are exempt from NHS charges	UASCs will not be subject to NRPF Nationality and Borders Bill: children factsheet - GOV.UK (www.gov.uk)
ESOL		
• Funding is provided to support the promotion and delivery of ESOL in the region via networks and partnership working.	•	•

Appendix 4 Summary of services provided by The Haven

The Haven – Sirona care & health NHS services (sirona-cic.org.uk)

Excerpt from The Haven's website

Who is this service for?
The Haven is a service for asylum seekers and refugees who:

- are in the Bristol, North Somerset and South Gloucestershire area
- are newly arrived in the UK and seeking asylum, or have recently gained refugee status
- have come to join a refugee family member as part of the 'family reunion' immigration scheme
- asylum seekers who have been transferred to Bristol from elsewhere in the country and have complex health problems

People should bring proof of their asylum application, this can be either their letter from the Home Office or their Asylum Registration Card (ARC).

What we do
The Haven is a specialist primary healthcare service for asylum seekers and refugees who are new to Bristol, North Somerset and South Gloucestershire. Our team of staff consists of a GP and nurses who will assess and meet the initial health needs of asylum seekers and new refugees. We also help people to access health services and other services they need.

The Haven can offer:

- comprehensive and holistic health assessments
- medical management of current health problems
- vaccinations and screening for transmittable diseases
- help to register with a local GP practice
- information about how to use the NHS
- confidential interpreting during consultations

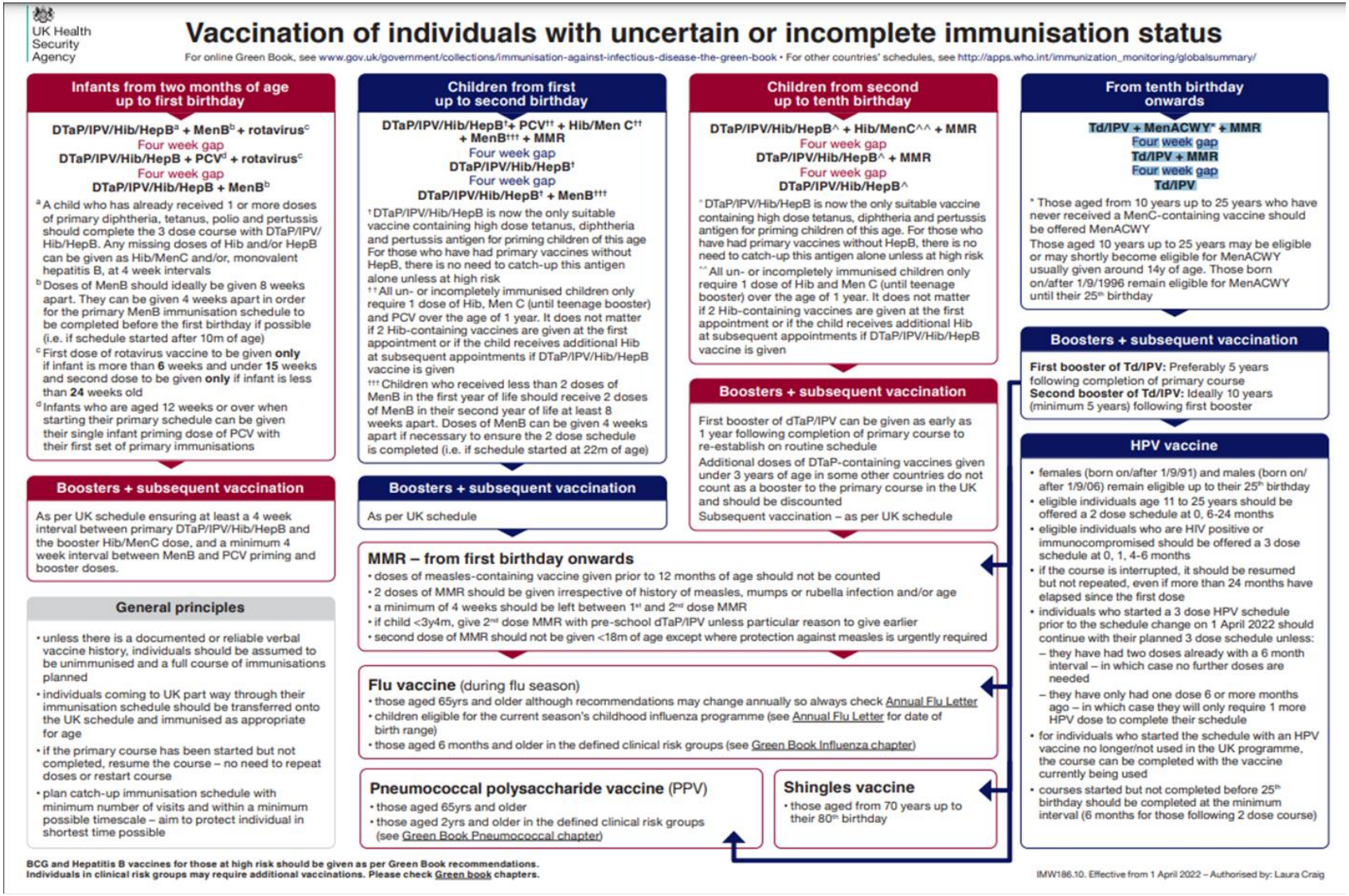
We regularly work with people who have experienced traumatic events. We have pathways and can sign-post to other helpful services such as counselling and refugee support organisations.

Our appointments are long enough to give us time to respond to complex needs. We are able to work with people over several appointments according to their individual needs before discharging them to the care of a GP practice.

How do I access this service?
Access to our service is by referral. Referrals are accepted from health practitioners, housing providers, social workers and agencies working with asylum seekers and refugees.

Self-referrals can also be made, either by visiting our reception desk at Montpelier Health Centre and leaving your contact details, or by phoning us on 0117 970 3887 – if we are not available to take your call please leave us an answerphone message. We can reply by phone using an interpreter if necessary and we will send you a letter to confirm your appointment details with a map of where we are located. We hold clinics on Monday, Tuesday, Thursday and Friday mornings between 8.30am and 12.30pm.

Appendix 5 Algorithm for people with uncertain or incomplete immunisation status



Appendix 6 Different needs at different stages of adjustment

Sverre Lysgaard's 1955 'culture shock curve' with its 'honeymoon, culture shock, adjustment and adaptation' phases has been widely shared and adapted. At each stage of this process a person's health needs may vary greatly from medication to mental health support.

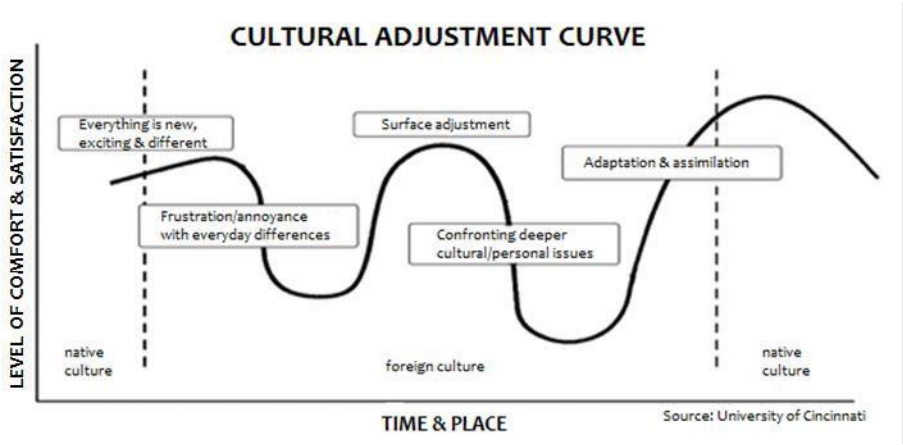


Figure 9: Lysgard 1955 Cultural Adjustment Curve

From a presentation to SW Migrant Health Network by Lisa Harrison and Mina Fatemi, November 2022 on MECC and Improving Immunisation Uptake for Vulnerable Migrants.

Journey to the UK

During a person's journey, they may have experienced significant periods of deprivation with little to no healthcare access for example, living within an overcrowded refugee camp.

People's physical and mental health will likely have been affected by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic and person-centred care is essential to support their resilience.

Periods of increased risk

- **Waiting for asylum status**: During this time asylum seekers are at risk of health problems linked to poverty, such as malnutrition. Extended periods of stress and uncertainty can also lead to declines in mental health.
- **After granted asylum or leave to remain status**: Organisations that support refugees say their mental health often gets worse after their application is approved. Home Office accommodation and financial support ends 28 days after a claim is approved. Local authorities are responsible for housing new refugees. However, there are often delays linked with a high risk of homelessness. Refugees can have difficulty getting back to work in the UK and may experience a level of poverty which is detrimental to their health. Recently arrived migrants are also at risk of digital exclusion.

Appendix 7 Triage processes

The different schemes outlined Appendix 3 have developed different triage processes for arrival depending on the level of urgency. ASRs who have been displaced without warning or who have had long dangerous journeys may arrive without clothes, basic possessions, ID and health records. Refugees arriving through government schemes may have all of these things in place. Some arrivals in BNSSG have already been in the UK for some time and are simply moving from another UK location. This affects the complexity of the triage task on arrival in BNSSG

Triage on arrival in the UK

When service users arriving by boat set foot in England they give up their possessions and clothes. They are checked by two paramedics who deal with burns and immediate health issues, which takes 45 seconds to 1 minute per person. They are then coached to immigration centres to process. If these are full, they are coached to other temporary accommodation including hotels in BNSSG.

Triage on arrival in BNSSG

When asylum seekers and refugees staying at hotels arrive in BNSSG they are seen by ABC who will provide clothing and shoes to those who need it.

Once the arrivals have had their immediate human needs met, their health care is addressed.

A risk-based approach is used to reduce clinical risk by holding health triage days. This enables the team to meet the most urgent needs when many people arrive all at once. The triage days are delivered by a partnership of providers – The Haven team, the hotel management team and voluntary sector organisations that provide clothes and other basic supplies, as well as phones.

Several stations are set up in a large room to:

- Gather information to understand the cohort
- Carry out health assessments (families are seen in a group to optimise the use of time)
- Provide group health promotion messages
- Run an admin desk staffed by Haven Health and the GP practices to register people aid health information between the person, the practices and Haven.
- Undertake initial health assessment
- Carry out blood screening for viruses
- Administer COVID AND Diphtheria vaccination
- Take height, weight and blood pressure {H&W is relevant when looking for longstanding TB)
- Provide access to the Hope Service (MH trauma service for torture victims etc) as well as social support from Vita Minds and the Red Cross .

If large numbers of people arrive at the same time, then Haven split the triage days in two, dealing with urgent health issues first and picking up screening at a later date.

Appendix 8 System map of providers of ASR health services and support in BNSSG

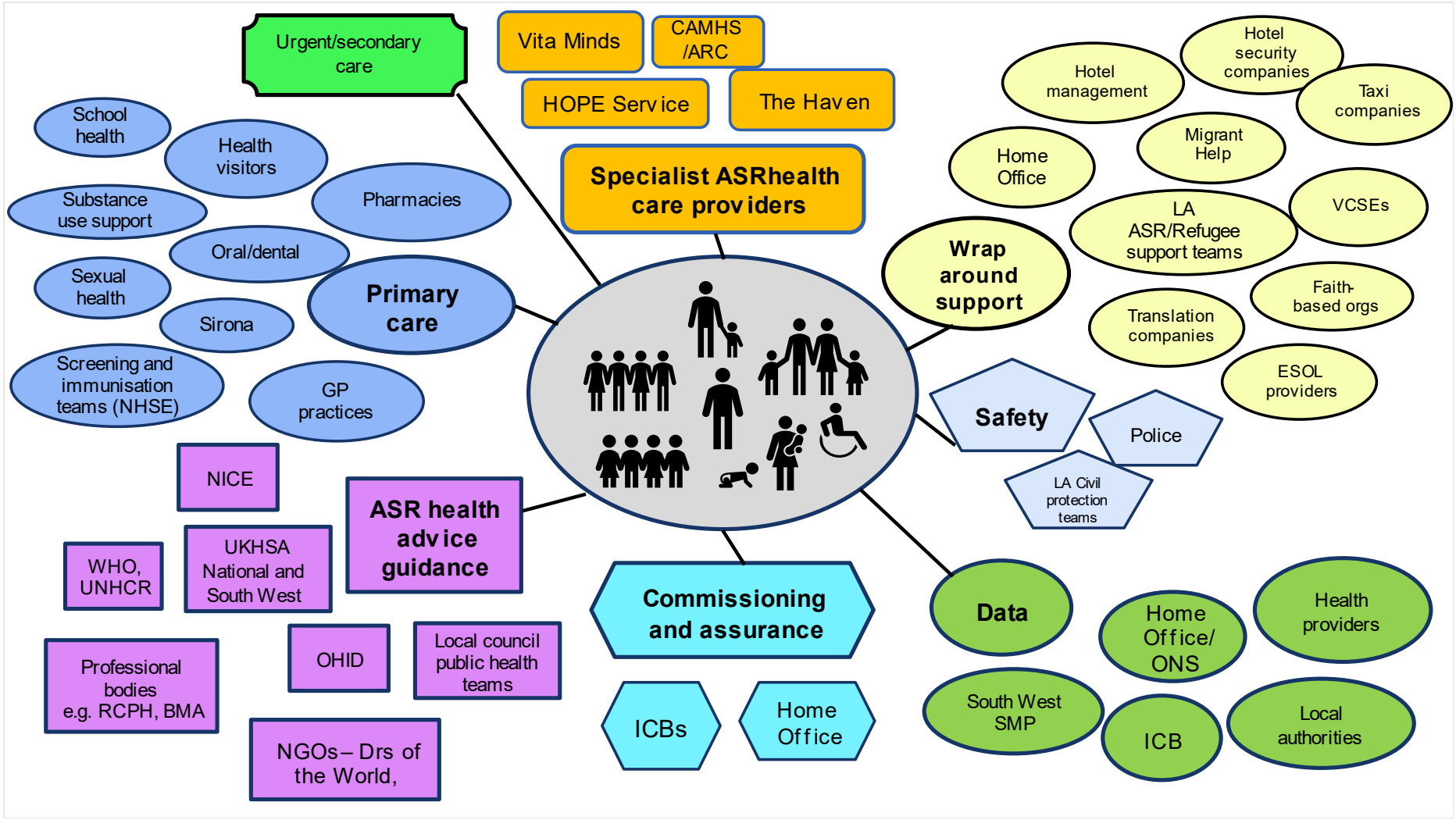


Figure 10 System map of ASR health service and support in BNSSG

Appendix 9 Public sector ASR-related health services

i) Commissioners of public sector ASR-related health services providing health oversight and assurance

BNSSG Integrated Care Board and system

The health of ASRs in Bristol is overseen by the NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB)[92] https://bnssg.icb.nhs.uk/, the organisation responsible for the day-to-day running of the NHS. The ICB takes account of population needs, arranges for the provision of services and manages the NHS budget. It is part of the new The Integrated Care System (ICS), otherwise known as Healthier Together which is made up of an Integrated Care Partnership (ICP), an Integrated Care Board (ICB) and six Locality Partnerships. It works to: "improve health and wellbeing, reduce inequalities, and provide integrated services for the one million people living in Bristol, North Somerset and South Gloucestershire" (ICS website). The ICB commissions The Haven and HOPE Service.

Regional office of UKHSA – South West

The Consultants in Public Health with a regional remit liaise with national teams on migrant health work, offering periodic advice and updates on migrant health to local authority leads. The UKHSA leads disease outbreak management of notifiable diseases such as diphtheria and giardia, undertaking risk assessments of diseases when they are reported. Protocols are in place that all follow, including the local authority public health and Haven (Sirona) teams.

ii) Specialist NHS ASR Services

The Haven – a specialist clinic run by GPs and nurses who offer a service adjusted to better meet the needs of asylum seekers and refugees, joining families and unaccompanied asylum-seeking children and victims of human trafficking. They operate in a holistic way, dealing with all health needs – physical, psychological and social. The Haven facilitates registration with local GPs and offer a comprehensive health assessment including appropriate public health screenings and updating immunisations. The lead nurse liaises on people's behalf with relevant services, developing pathways and systems for improved provision. There is close liaison with other people working in the sector and GP practices. The Haven manages people within their service for as long as the refugee or asylum seeker needs to be supported within a specialist service.

The HOPE asylum seekers and refugee trauma service helps asylum seekers, refugees and victims of trafficking who have experienced trauma in adulthood and have a primary diagnosis of post-traumatic stress disorder (PTSD). It is a specialist service within the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). The care pathway within the service involves Moving On After Trauma (MOAT)

[92] The NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) was dissolved on 01/07/22 and replaced by the BNSSG ICB.

groups and one-to-one specialist trauma-focused psychological support. They also provide wellbeing initiatives, such as a walking group and art group. These are run by our recovery coordinators, working with voluntary sector partners where possible. They work closely with Bristol Refugee Rights, Borderlands, Mind and Unseen to ensure service users receive specialist support across their different needs.

iii) Local authority Public Health specialists

In BCC, a Consultant in Public Health within the Communities and Public Health Division of the People Directorate leads the public health work on migrant health.

Bristol ASR Hotel Multi-Agency Review Meetings. A multi-agency group of statutory, community and voluntary partners was set up in August 2021 by Bristol City Council (BCC) to coordinate and facilitate the care of those arriving through the Home Office-organised initial accommodation hotel for ASRs. In September 2021, two further hotels were opened for people resettled from Afghanistan. Other hotels have closed and opened since then. This group continues to meet regularly to focus on the health and wider needs of ASRs in the ARAP and IA (bridging) hotels in Bristol and hold the BRRT and Clearsprings ReadyHomes to account. It is chaired by the BCC Consultant in Public Health responsible for migrant health and attended by representatives from:

- BCC (Mayors Office, Refugee Resettlement, Education - Attendance and Belonging, Public Health, Safeguarding, Communications),
- ICB/NHS/Sirona (asylum seeker and refugee health, child safeguarding, immunisation and screening),
- Also civil contingencies bodies Avon and Somerset Police, the Ministry of Defence, the Home Office, Migrant Help, South West Councils, Bristol Refugee and Asylum Seeker Partnership (BRASP) (representing its voluntary sector member organisations).

iv) Other working groups and ‘sitrep’ (situation report) meetings

are convened as the need arises. A recent example is the local response (sitreps) to the outbreak of diphtheria at the Manston reception centre for asylum seekers in Kent in November 2022 and the concern about transmission in the wider community, necessitating rapid vaccination and prophylactic treatment. Other examples are:

- **A Ukraine Immunisation and Screening group** was set up in late March 2022 to mobilise service providers around putting in place a pathway for immunisation and screening, identifying differences between the Ukraine and UK immunisation schedules and how to organise to offer vaccines where needed. The group no longer meets but the members are now connected and it could be reconvened as needed.
- **Working group to support Ukrainian children needing cancer treatment.** In March 2022, several children and their families arrived in Bristol to receive only-going treatment at the Bristol Children’s Hospital. A working group comprised of representatives from BCC public health, the hospital, BRRT and Bridges for Communities was set up to support them to settle and secure the services they needed.

v) The Home Office

The Home Office is responsible for asylum seekers. Recent examples of its role in BNSSG includes moving abusive male service users to alternative accommodation and finding rehabilitation and support places for those with addiction issues.

The Home Office-contracted accommodation provider for the South West is Clearsprings Ready Homes (CRH). CRH sub-contracts to other companies to fulfil their role, including SBHL, Fine Fair and SOS.

vi) Government funded partner organisations

The SW Strategic Migration Partnership (SWSMP) is hosted by South West Councils. SMPs are local government-led partnerships funded by, but independent of the Home Office. Their role is to coordinate and support the delivery of national programmes in asylum and refugee schemes as well as agreed regional and devolved migration priorities.

> *"SMPs work with stakeholders in the statutory, voluntary, private and community sectors to provide a strategic leadership, advisory and coordination function on migration in their regions and nations, ensuring a coordinated approach to migration and the sharing of relevant information and good practice. SMPs facilitate and enable collaboration and act as a conduit for the sharing of information and evidence between central Government and local authorities and local partners*.". (From SMP website.)

Migrant Help[93] holds the contract for the Advice, Issue Reporting and Eligibility Assistance services (AIRE). It is contracted by the government to provide asylum seekers and refugees with support, information and guidance – both with immigration issues and access to services more broadly. It is not an advice service however. Their services are provided through a telephone helpline or via the internet and requires people to be able to email/fax documents to them. A support application requires completion of a 30-page form, in English, plus evidence to prove that the applicant is destitute. The Home Office generally ask for further information after the application is submitted, with strict deadlines.

[93] Asylum advice and guidance | Migrant Help (migranthelpuk.org)

Appendix 10 Local authority support for ASRs in Bristol

The BCC's Bristol Refugee Resettlement Team (BRRT), (previously called the Syrian Resettlement Team), was established in January 2016 to provide support to refugee families assessed by the United Nations as particularly vulnerable and therefore eligible for formal resettlement. It has since expanded to provide a local response to vulnerable refugees following further crises and now supports refugee families under three formal UK resettlement schemes, established and funded by the Home Office[94].

All refugee families supported by the team arrive in the UK with refugee status, and thus have National Insurance numbers, recourse to public funds including benefits and the right to rent and work. The BRRT provides wrap around support which helps to address some of the wider determinants of health including loneliness, exclusion and employment. Each family has an allocated Support Worker who helps them to readjust, orientate and understand UK systems and services, offer practical support with day-to-day living, and deal with safeguarding and welfare concerns. Support is usually over 5 years, starting intensively and tapering towards the end as families become increasingly independent. Families supported by BRRT live in private sector housing provided by landlords working in partnership with the team.

The BRRT works closely with The Haven and BCC PH teams to provide accessible health information, support with GP registration, vaccination and screening. It also commissions resources for mental and other wider health support. It provides welcome sessions for all refugees living in temporary accommodation in Bristol which include information on how to use the NHS, public health messages and ESOL for health.

The BRRT reports to the Director of Adult Social Care, which includes a PH representative, and the BCC Health and Wellbeing Board. The health needs of ASRs can thus be addressed through these channels.

BCC Asylum Team are a casework team. Their main duties are statutory assessments and payments, and they work closely with the UK Border Agency. The Asylum Team are a specialised team and can offer training on legislation and issues for UASC, and vulnerable asylum seekers and their families.

No Recourse to Public Funds (NRPF)
While refugees arriving through Home Office schemes have recourse to public funds, many of the most vulnerable migrants, including most asylum seekers and those who have become homeless, do not. The BCC Adult Social Care team provides some support to foreign nationals with NRPF in line within the guidance for local authorities[95]. The Haven also provides support to asylum seekers in IA hotels, alongside voluntary and community organisations including the members of BRASP (see section 3.2, and Appendix 11 for information on the voluntary sector and the recent work of the Red Cross[96]). Bristol Hospitality Network (BHN) works alongside

[94] UKRS, ARAP, Homes for Ukraine

[95] NRPF Network | Assessing and supporting adults who have no recourse to public funds (England)

[96] How will we survive? Preventing destitution in the UK asylum system (redcross.org.uk)

people seeking asylum who are facing destitution in Bristol. They source hosted accommodation and support creative community engagement across the city.

Safeguarding
Safeguarding in the IA hotels is the responsibility of the Home Office, delegated to Clearsprings Ready Homes who in turn work with hotel management, local authority safeguarding, police safeguarding, health safeguarding and the Home Office [97]. Dedicated CRH personnel are in place to provide training for all staff. The Home Office has published (May22) its Asylum Support contracts safeguarding framework. The Home Office and each of its providers works to four standards: Policy/Strategy, Procedures, Education and Training and Implementation and Monitoring. Each provider is required to have a clear and accessible safeguarding strategy. The ICB and ICS ensure these safeguarding strategies are aligned to local BNSSG safeguarding policy and strategy.

Education – the BCC Attendance and Belonging Team works with hotel management, BRRT and the multisector review group to ensure that children and young people in hotels and other refugees living in the city have access to education, including school/college places, ESOL, play and library services. This makes a difference to the mental health of both the children and young people and their parents.

BCC Community Learning Team: Provide conversation clubs and introduction to ESOL, Read Easy scheme, Adult basic skills English classes, intensive tenancy courses to sustain tenancy, introduction into world of work.

The HOPE is the name of Bristol's virtual school for children in care and is a structure to improve the education of Children in Care. Unaccompanied Asylum Seeking Children aged 16 and under are registered with the Hope.

All round wellbeing - harnessing the skills and talent of ASRs
In December 2022, BCC teamed up with the Mayors Migration Council to host an international event[98] looking at how cities can more effectively create the conditions for refugees to learn, lead and contribute to their city, thereby harnessing the human assets they bring for the benefit of the host community. This offered the vision of cities as dynamic places supporting people on the move, especially those who are forcibly displaced, in an organised and welcoming way. The focus was on enabling their wellbeing and helping them to thrive and on removing rather than putting up barriers.

[97] Stay Belvedere Hotels - SBHL

[98] https://phap.org/7dec2022-watch Bristol's branch of ACH were a presenting organization.

Appendix 11 Voluntary, Faith-based and Private sector Providers of Services to Asylum Seekers and Refugees in BNSSG

Many voluntary, faith-based and private sector organisations help to provide wrap around care for ASRs in Bristol. Some focus on health and some on the wider determinants of health. This collective effort is widely acknowledged to make a huge difference to maintaining the overall health of ASRs. **Please note**: this data is likely to become out of date rapidly so please check the web links for updates.

Bristol Refugee and Asylum Seeker Partnership (BRASP). BRASP is a partnership of 15 Bristol organisations[99] that was set up in 2019 to strengthen strategic leadership within the ASR support sector, and provide greater voice for/by ASRs in the city. It seeks to increase understanding and visibility of ASR work outside the sector and strengthen links with those working in other areas, such as housing and homelessness, disability, LGBT+ and business. BRASP is supported by: Bristol City Council Impact Fund; National Lottery Community Fund; Quartet Community Foundation; Refugee Action Explore Adapt Renew. Bristol Refugee Forum meets bimonthly and is convened by BRASP. BRASP is currently developing a website to support coordination and signposting and minimise duplication of effort and resources.

The BCC BRRT commissions support for service users in the ARAP hotels including activities to support their physical and mental health, social interaction, ESOL classes, understanding UK systems and finding the housing and employment so essential for peace of mind, self-esteem and overall wellbeing. Many of the same organisations are funded by other sources to provide these for asylum seekers in hotels and in the community as well.

Voluntary, Community and Social Enterprise (VCSE) organisations

The following is a list of some of the organisations that provide an array of services to ASRs living in the Bristol area**.**

1625 Independent People house homeless young people aged 16 to 25 offering safety and support and enabling young people to achieve their aspirations. 1625 currently support nine UASC offering 7.5 hours support a week per child. All young people are 16 and over. The young people need an initial health assessment with the Haven health centre for refugees and asylum seekers for vaccinations and registering with GP, and also a Looked After Children health assessment. Out of Hours support is provided through 1625ip other homeless projects, which is important as trauma symptoms may manifest in the quiet hours of the night rather than during the day when there are more distractions.

Aid Box Community – ABC provides support, supplies, and sanctuary for ASRs in Bristol. They provide practical aid and community to people who have been forcibly

[99] The partnership comprises: Aid Box Community, Ashley Community Housing, Borderlands, Bridges for Communities, Bristol City of Sanctuary, Bristol Hospitality Network, Bristol Refugee Festival, Bristol Refugee Rights, Bristol Signing Support Group, British Red Cross, The Haven, Project Mama, Refugee Council, Refugee Women of Bristol, Southern Brooks, and Trauma Foundation South West.

displaced. They have a free shop in Bristol for refugees and asylum seekers which is also a community hub.

Ashley Community Housing – ACH is a registered housing association offering a holistic wrap-around service for people who have recently received status including housing, training, budgeting, advice guidance and employment support. ACH is the Careers National Service for employment for BME people in the city.

Barnardo's provide a Friday evening Youth Provision focussing on participation, voice and influence for children in care which is attended by unaccompanied asylum seeking young people.

Borderlands Bristol – Borderlands offers a drop in for two days a week offering a safe space with a focus on welfare and listening. Borderlands work with people seeking asylum in the UK and people who have recently become a refugee, including people who have been trafficked. Borderlands offer hot food, advice, access to mentors and courses to assist people to manage their money.

Bridges for Communities and B.Friend – Bridges offers a befriending service to provide social support and meet individual needs for vulnerable refugee and asylum seeking adults who can't access the drop ins. Bridges also provide cross cultural understanding courses, trips and multi-cultural meals.

Brigstowe Project support many refugees and asylum seekers as part of its work which aims to improve the quality of life for people living with HIV to ensure people living with HIV live long, healthy lives; building resilience and reducing their inequalities and disadvantages in poverty, stigma, prejudice and discrimination.

Bristol Hospitality Network BHN predominantly supports people who are refused asylum. BHN co-ordinates a hosting network to offer accommodation for free on a full board basis and a Solidarity Fund of £10 a week for the most vulnerable members. They also offer volunteering opportunities and involvement in a catering business and run a drop in centre on a Monday at Easton Christian Family Centre and which is open to all, offering a hot lunch and support from an advocacy team for destitute asylum seekers, they offer English classes at 3 levels, games, art therapy, barbers shop, and choir. Advocacy is most the important service because destitution is a temporary state between claims. BHN can't support families as infrastructure does not allow supported lodgings to host children.

Bristol Law Centre BLC Professional legal advice capacity is significantly constrained by cuts and changes to legal aid policy over the last decade. Bristol Law Centre do support some people to make fresh asylum claims/appeals, and Bristol Refugee Rights also run an advice project helping support and signpost people with regards to their legal status.

Bristol Refugee Rights – BRR provides a welcome hub three days a week, offering a safe supportive place where refugees and asylum seekers can receive hot food, ESOL with a creche, advice, advocacy, clothing. Peer support enables dignity and solidarity and mobilising around Action for Change. Other agencies also support the Welcome Centre e.g. education, welfare, MIND, the Haven, SARI. The Asylum Support Service is now based at the centre. In April 2023 BRR was commissioned by BCC to provide support within a new ASR hotel.

CaafiHealth CaafiHealth is a community interest company helping communities in BNSSG to overcome health barriers. It works in communities to address health

inequalities and find ways that health services can be shaped to become inclusive and accessible for all. It supports under-served communities by sharing good practice and exploring ideas to help educate and empower people to access mainstream and specialist health services.

Calais Refugee Solidarity Bristol is a grassroots organisation which provided humanitarian assistance to the Calais camp known as the Jungle. The organisation aims to raise funds for medicine and to meet essential needs for shelter and safety for children. The project also campaigns for the rights of refugees and their safe passage through Europe.

Can Do – Can do Bristol coordinates volunteering around the Bristol area, linking volunteers with volunteering opportunities. It now has 'ASR Friendly' badge that helps to highlight the need for host organisations to make sure that ASR volunteers are welcomed and supported.

Citizens UK – Co-ordinates the will, skills and experience of Bristol Citizens to benefit refugees in the city and to lobby local and national Government to improve provision for resettlement.

City of Bristol College ESOL - 932 places are available on part-time ESOL courses for adult learners at the College. Classes are held in the mornings, afternoons and evenings enabling learners to fit their courses around their work and family commitments. Courses are divided into two 18-week semesters, Sept to Feb and Feb to July. Extra Skills classes are also available in addition to the part-time courses to support development of specific skills (i.e. Maths, Writing and Speaking & Listening)

170 places are available on full-time courses for students aged 16-18, ranging from Entry 1 to GCSE. The GCSE/ESOL course is run over 2 years. Year 1 includes functional skills English, maths GCSE and core science GCSE. Year 2 includes GCSEs in English, sociology and additional science.

City of Sanctuary Bristol was officially recognised as a City of Sanctuary in 2010. This status is due to be reviewed and renewed in 2024. BCoS focuses on supporting asylum seekers and refugees who have been recently awarded status, and creating.a welcoming environment for asylum seekers in the city. BCoS:

- supports local organisations to deliver services for refugees and asylum seekers. A joint services leaflet in different languages can be found on its website.
- Works with local schools and colleges to help them become places of welcome for those seeking sanctuary.
- organises events and conferences, celebrating sanctuary within the city whilst also looking at ways to tackle the injustice that can be faced by refugees and asylum seekers.
- raises funds for its Bristol City of Sanctuary Transport Fund, which provides bus tickets for destitute asylum seekers and vulnerable refugees.
- works with local businesses, helping them to explore ways that they can harness the gifts and talents of sanctuary seekers.

English for Speakers of Other Languages ESOL classes are promoted on www.LEB.Community.Some asylum seekers can access free language classes and conversation clubs run by voluntary sector organisations. ACH, BRR, Beacon

Centre. City of Bristol College provides English for asylum seekers aged 16-19 and for adults aged 20 and above. Bristol City Council Community Education offer ESOL and conversation classes.

Good Faith Partnership organises Welcome Hubs to provide a wrap-around community response for Ukrainians and ASRs coming to the UK. The Welcome Hubs are designed to link local, volunteer-led groups to each other as well as to the corresponding Local Authority and the wider VCSE sector.

Home for Good is a charity which aims to make adoption and fostering a significant part of the life and ministry of the Church in the UK and promote fostering and adoption in places of worship, referring interested carers to register with the local authority.

Knightstone Housing are providing support for the Syrian VPR scheme in South Glos.

Nightstop provides supported lodgings for young people aged 18-25. 15% of people using Night Stop are asylum seekers, refugees or refused asylum seekers. In 1st 8 months provided 408 bed nights. 30 families offer their spare rooms for one or two nights or longer.

Project Mama offers pregnant asylum seekers and refugees pre-birth and post maternity support. Volunteers can provide support during the birthing process for women who don't have other support. Our Story – Project MAMA

Pride Without Borders – a new service supporting LGBTI refugees and asylum seekers with practical and emotional support as well as representation and advocacy Pride Without Borders - Bristol Refugee Rights

Quartet Community Foundation. As a local community foundation, Quartet raises funds from a variety of philanthropic sources to provide support to organisations and projects supporting ASRs in BNSSG. These include BRR, Borderlands and BRASP.

Red Cross offer 'Move On' advice and advocacy for people newly granted Leave to Remain. Destitution support to destitute asylum seekers and new refugees: £10 per week per person in family, for up to 8 weeks, + 4 weeks in exceptional circumstances, sleeping bags for street homeless clients, food vouchers for food banks, toiletries, and clothes vouchers to be used in Red Cross charity shops. International Family Tracing for people to try and re-establish contact with family after separation due to war, conflict, disaster or migration. Training and talks for other organisations on refugees' experiences and needs.

Refugee Women of Bristol is a safe space for women to share their experiences. RWOB help women to learn English, communicate with people around them, to begin a new life and learn how systems work in the UK. They also support more settled communities who have less immediate needs and can focus on preventative awareness such as health and safeguarding issues. They provide a drop in with ESOL with crèche and computer club, which works for women whose busy lives make it hard to get ongoing commitment to ESOL.

Right to Remain – a guide to what happens after you receive refugee status.

Refugee Welcome Homes provide accommodation for single male refugees who are under 35 who are applicable for HB but not for home choice. Currently have 8

bedspaces. The organisation is run by volunteers. RWH is in discussion with JRF to persuade JRF to invest in Bristol to try to attract social entrepreneur funding to buy 50 houses for RWH.

SARI – Stand up Against Racism and Inequality provides support for refugees who are victims of racist and religious hate crimes, and can act as a referrer into specialist support for victims of disablist, homophobic and transphobic hate crime.

The HOPE is the name of Bristol's virtual school for children in care and is a structure to improve the education of Children in Care. Unaccompanied Asylum Seeking Children aged 16 and under are registered with the Hope.

Trauma Foundation South West – TFSW one to one counselling for asylum seekers and refugees. Also professional supervision for staff working with traumatised clients. Also PTSD recovery group for Afghan asylum seekers.

University of Bristol – Provides 5 scholarship places for refugee students.

University of the West of England – Providing in depth advice on transferable qualifications

Unseen - Unseen provides specialist accommodation and outreach support for victims of human trafficking and modern slavery across the South West of England, many of whom are asylum seekers, refugees or have been refused asylum.

We Care Too – Fund raising charity with strong links into Muslim community, providing aid abroad and household goods and practical support locally

Welcome Committees – Membership includes the Red Cross, B-Friend and Bridges for Communities, local Syrian activists, We Care Too, Severn Vineyard and Brighter Bristol Storehouse, and Westbury On Trym Baptist Church, but has a much wider e-membership who can be called upon for donations. Established to provide wrap around support for Syrian Refugees with strong links into Christian and Muslim communities providing household goods and practical support locally. An additional group has formed to provide wrap around support for UASC.

Welcome Wednesdays – Creative Youth Network provides a youth club for unaccompanied asylum-seeking children who meet at the Station on Wednesdays at 6pm.

Womankind - Safer Women's Project (based at Bristol Women's Therapy Centre)– offers free specialist counselling for refugee, trafficked and asylum-seeking women. Based in central Bristol, all the counsellors are female, qualified and have specialist experience in working with trauma. For women who do not speak English, trusted and confidential interpreters can support the counselling sessions.

Faith-based organisations

In 2022 Bristol City Council joined with Christian Action Bristol, Bristol churches and the Good Faith Partnership to create a network of Welcome Hubs. There are currently (Dec 22) 15 Welcome Hubs[100], set up by churches around Bristol at the beginning of the Ukrainian crisis to provide a focal point for Ukrainians living in the city to meet and find support. They also serve as a location where health personnel can meet several people at once. Some are now open to a broader group of refugees and service users from the South Gloucestershire Council area are directed to these.

Several other ASR support and advocacy organisations are supported by FBOs. For example, Borderlands[101] operates with support and funding from St. Nicholas of Tolentino RC church and provides a range of support to ASRs and those with insecure immigration status. Bristol Hospitality Network, Bridges for Communities, and Refugee Women of Bristol all operate out of Easton Christian Family Centre. The Bristol Multi-Faith Forum[102] campaigns for better understanding about and among different faiths and among other things draws attention to the health and other needs of ASRs.

Bristol City of Sanctuary has also connected various faith leaders and groups in the city[103].

[100] www.christianactionbristol.org.uk/ukraineresponsebristol

[101] About Us | Borderlands

[102] Our Work | Bristol Multi Faith Forum

[103] Faith groups listed on the City of Sanctuary website: Bedminster Quaker Meeting, Churches Together in Greater Bristol, Clifton Diocese, Easton Christian Family Centre, FaithNet Southwest, John Wesley's Chapel, Kingswood Methodist Church, Redland Park Church, Redland Quaker Meeting, Saint Bonaventure's Roman Catholic Parish, St Gregory's Church, Staple Hill Methodist Church, Trinity Henleaze, United Reformed Church, Tyndale Baptist Church, Westbury-on-Trym Methodist Church.

Private sector organisations

These generally offer their support in the form of free or discounted services, donations or offers of training and employment and work in tandem with voluntary organisations. Most employment offers are organised by the BRRT with the DWP.

Among the offers are:

- Befriending schemes – such as walking volunteers, sewing groups.
- Language support - ESOL classes and interpreters
- Active partnership with DWP for skills training and employment opportunities
- Opportunities to volunteer and gain employment and language experience
- Clothing and household goods and school equipment, weekly drop in, registering people in college
- Trips to places of interest in Bristol and South West
- Holiday club and leisure activities – circus skills, arts and crafts, music
- Sports activities – cricket, football, yoga,
- Tickets - to the cinema, museums, Bristol landmarks.
- Christmas and other presents

Examples of #WeAreBristol donations in 2022

- Household goods & school equipment from Wilko
- family residential camping trips
- 200 bus passes from FirstBus
- Dental care products
- School bus Volunteers
- Walk with me volunteers
- Befriending volunteers
- Gloucestershire Cricket Club
- Arnofini cinema night
- Fund raising activities from Wotton under Edge Lions, Bristol Brunel Lions, Thornbury Lions and Dursley Lions
- Holiday Club activities
- School uniforms and presents
- Christmas presents from Bristol Lions
- School uniform donations
- laundry service
- 50 handmade quilts given to refugee families
- Tours of The Matthew
- Bristol City Robins Foundation – Bristol City Football tickets
- Welcome Bristol Library
- Tickets to We the Curious
- Tours at M-Shed
- Circus workshops
- Arts and crafts workshops
- X church Stay and Play group
- Tobacco Factory Theatre tickets
- Black to Nature Chew Valley visit
- Introduction to local mosques
- Baggator Christmas Holiday scheme

Appendix 12 Lack of housing and the stresses of temporary accommodation

Hotels are not designed for long term living. The overall national shortage of affordable housing has resulted in many ASRs spending months or even years living in hotels, as local authorities seek acceptable accommodation for those in refugee schemes and the Home Office processes asylum claims.

Many professionals working with ASRs in Bristol and beyond[104] have observed that living in a hotel room for many months is detrimental to physical and mental health and wellbeing. Women's health is of particular concern as they are culturally less likely to get out and about and become isolated.

Once the relief of arrival is over, these settings can be very challenging to live in in several ways:

- Service users need a place to cook familiar food, take exercise and generally live as they would at home.
- In some hotels there is no communal living space apart from the car park so service users cannot eat and talk together. Most do not have access to the hotel gym and other facilities. Some hotels provide food pre-cooked off site with limited menus, although individual dietary needs are met. There have been instances when food has not been properly heated.
- The service users staying in hotels located in Bristol city centre centres can walk around lively and stimulating surroundings and are markedly more at ease than those in remote and inaccessible locations.
- Some hotels have only male residents. High levels of boredom, frustration, anxiety loneliness as well as complex PTSD can result in fighting.
- The criteria for having one's own room is based on medical grounds and reaching thresholds for 'complex PTSD'. Nursing staff can end up having to play a decision-making role beyond their official remit.
- Room sharing with a stranger from another country and no common language can bring many challenges and risks.
- Safeguarding is challenging to achieve with unaccompanied children and young people, victims of modern-day slavery and lone women being especially vulnerable.
- There is multi-layered accountability and management of the hotels including Home Office, Clearsprings/Ready Homes, sub-contracted locally to SBHL/Finefair/SOS, while the ICB and DPHs are accountable for the health of the population.
- Multiple languages, multiple cultures, multiple traumas and multiple priorities all under one roof can lead to many stresses and strains.

One of the few advantages of a longer duration of stay in an asylum hotel is that if a person needs extended health treatment it is easier for health staff to mobilise this and follow it through (build records, arrange GP registration, medication from a pharmacy, specialist appointments, and monitor progress). Hotels also mean that health providers can meet with many patients at once to provide services such as immunisation and health information and advice.

[104] Lives on Hold: The Experiences of People in Hotel Asylum Accommodation - Refugee Council

Those in the temporary Homes for Ukraine scheme also face limbo and living constraints as they depend on their hosts to choose to continue hosting, and await the outcomes of the war in Ukraine. The dispersed nature of this scheme can make monitoring their health as a group more challenging and dependent on collating data from GPs and schools.

Duration of stay

The Bristol Multi-Agency Review meetings monitored the duration of stay of ARAP service users, which, despite being 'temporary accommodation' could exceed a year. From September 2022 the BCC BRRT were responding to this situation for service users in the ARAP scheme by giving each person a housing officer and running workshops to guide people on how to look for their own housing.

Larger families tend to have to stay longer in hotels as it can be difficult to find suitably large enough homes.

Appendix 13: Recommendations from the Haven study on Barriers to Access

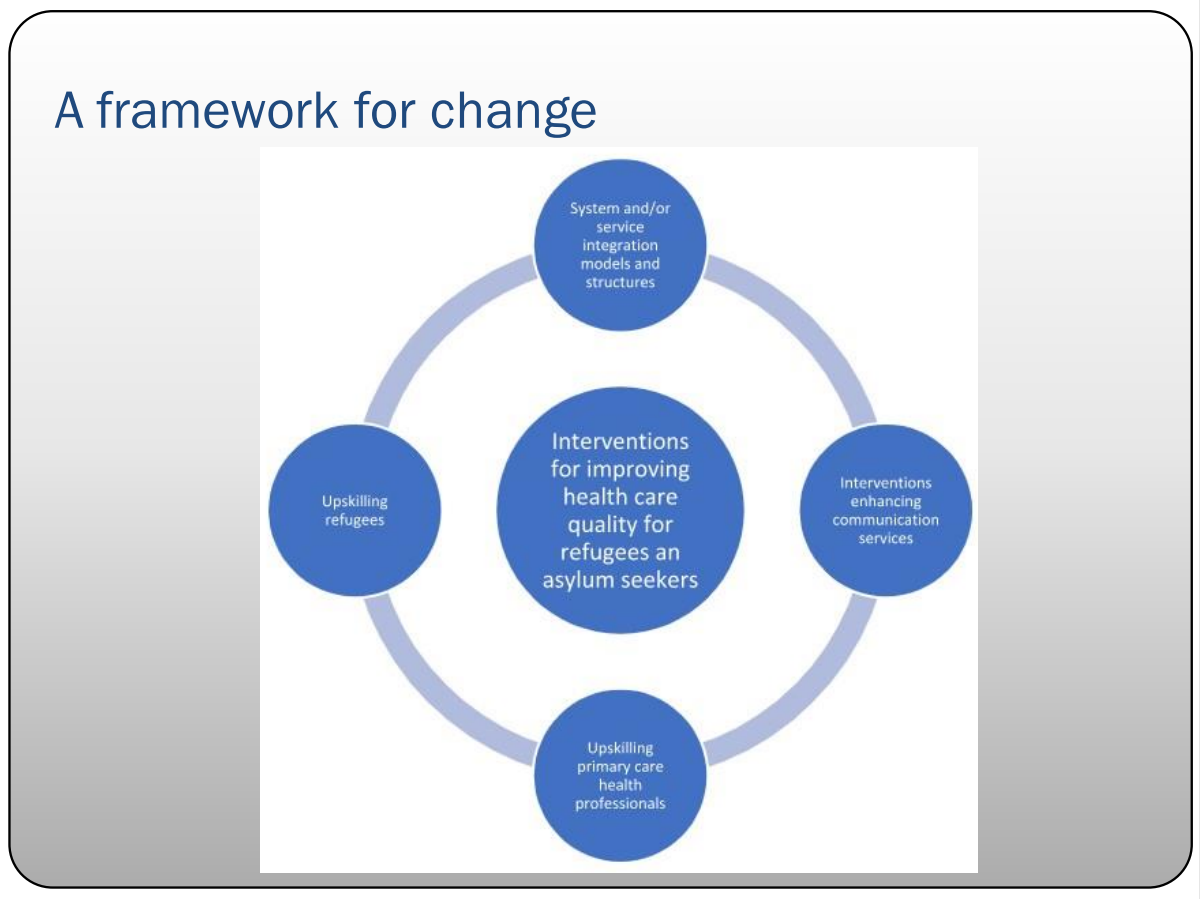


Figure 11: Interventions for improving ASR healthcare quality. Source UoB/Haven, 2022

Recognition of a health problem

- Targeted health promotion / health education sessions for common health conditions (e.g. mental health conditions, hepatitis B, vitamin D deficiency)
- Sessions delivered by existing 3rd sector organisations +/- training of community champions and peer educators

Deciding to seek help

- ESOL for health
- Collation and further development of multi-media translated information resources re access and entitlement to healthcare

Actively seeking help

- Promotion of the Safe Surgeries Initiative (Doctors of the World)
- ICS standardised registration policy with monitoring of refused registrations

Getting an Appointment

- A central support line +/- website for help navigating GP systems
- Use of social prescribers with specialist training

- Mandatory translation option for practice websites and availability of translation services at reception

Getting there

- Increased accommodation for face to face consultations
- Text reminders for appointments booked in advance
- Subsidised bus tickets for travel to pre-booked appointments

GP Interaction

Promotion of the Safe Surgeries Initiative (Doctors of the World) +/- additional cultural competency training

- Standardised practice / PCN use of interpreters and extended appointment time
- An accessible and clearly advertised complaints system

Continuity

Increasing primary care knowledge and awareness

PCNs to complete the Inclusion Health Self-Assessment Tool

Training of inclusion health champions within surgeries or PCNs

More collaborative working

Acute services – A&E liaison and resource pack

Planned care bookings - removal of 'opt-in' requirements for inclusion health groups

Development of a 'Safe Pharmacies Initiative' for improved access to medications

Closer interaction between health and 3rd sector – PCN community link workers

Improve Data to Improve Equity

Further qualitative data including co-production of information resources

Improved coding inc. use of a EMIS template for asylum seeker and refugee health assessment

EMIS alerts for inclusion health groups with additional support needs

Use of PHM for measuring and monitoring health outcomes

Whole system change is required to make our ICS accessible to migrant populations and inevitably this change will take time. In the meantime however, there remains an urgent and immediate need to facilitate healthcare access for undocumented migrants, asylum seekers and refugees. The system therefore needs to act urgently and immediately to support access to healthcare via existing resources and networks.

Appendix 14: HC2 Certificates

An HC2 certificate gives people on a low-income access to:

- free prescriptions,
- free dental check-ups and treatment
- free eyesight checks and vouchers for glasses or contact lenses
- travel costs to hospital (in form of refunds)
- free NHS wigs and fabric supports

The HC2 certificate is available to anyone on a low income and does not take into account immigration status BUT once someone has been granted leave to remain in the UK they should not need a HC2 certificate if they are claiming benefits as they are automatically entitled to full help with health costs.

All asylum seekers supported by NASS S95 should be given a HC2 certificate upon dispersal to Bristol, but may need help renewing them (they are valid for 6 months).

In other cases, people will need to apply for new HC2 certificates themselves, this is if they are:

- Refused asylum seekers
- Asylum seekers not on S95 (those living with friends/family who have been refused subs-only)
- People on S4 support

In order to apply for a HC2 certificate, they will need to complete an **HC1 form,** found online.

NHS Low Income Scheme | NHSBSA

The forms are fairly self-explanatory, the most important part for refused asylum seekers is **section 9** – 'other information' in which they must explain how they are being supported (for example wholly by charities/friends). **Forms should take around 20 minutes to complete and the certificates take a few weeks to arrive.**