Working with Asylum Seekers and Refugees

A Guide for Mental Health and Social Care Professionals in Merseyside

November 2011
This guide has been produced to support staff when assisting asylum seekers and refugees and supporting access to the health services. It is important to note that the asylum process is under review and changes to the systems are likely. Information throughout this document may be subject to frequent change. Therefore:

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

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1 Definitions

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

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

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

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

**Section 4** – asylum seekers who have been refused leave to remain; they are solely supported by the UK Border Agency. This includes those who are not able to travel outside the UK or are awaiting a judicial review, waiting for travel documents or if there is no safe route of return. The refused asylum seeker has to demonstrate that he/she is cooperating with the UK Border Agency and willing to return to country of origin when possible and safe. There are two issues which you need to consider in this instance:

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

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

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

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

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

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

Young people may be separated from their families for a variety of reasons...

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

Children affected by war may experience a variety of signs of stress and trauma; these may include:

- Poor concentration
- Memory impairment
- Daydreaming
- Intrusive thoughts and ‘flashbacks’
- Irritability
- Tiredness or lethargy
- Sleep difficulties and nightmares
- Confusion
- Loss of interest and motivation
- Being withdrawn and isolated
- Not thriving
- Interrupted or uneven emotional or physical development
- Self-harm
- Unexplained headaches, stomach aches or other body pains.

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

Contact details

**Careline for Children**
0151 233 3700

**Careline for Adults**
0151 233 3800

Both located at:
First Floor Venture Place
Sir Thomas Street
Liverpool L1 6BW
**Destitute** – currently with no access to benefits or social housing, UK Border Agency (UKBA) support or income, they are either street homeless or staying with friends only temporarily.

**A person is destitute if...**

(a) They do not have adequate accommodation or any means of obtaining it (whether or not their essential living needs are met); or

(b) They have adequate accommodation or the means of obtaining it, but cannot meet their other essential living needs

**Destitute asylum seekers health care entitlements:**

- NHS Trusts discretion to provide or withhold treatment.

- Liverpool PCT: ‘Decision was made that all who need access to primary care in Liverpool will receive it, regardless of immigration status’. Those seeking protection at all stages of the process (destitute or not) are entitled to primary care.

- However, the above is not extended to secondary care and each case in secondary care will be judged on its own merit.

- If an asylum seeker is already in receipt of secondary care Mental Health Services, the care cannot be withdrawn when the person is destitute.
2 Supporting asylum seekers through the process

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

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

What might an asylum seeker have experienced/be experiencing?

<table>
<thead>
<tr>
<th>Causes</th>
<th>Resultant losses</th>
<th>Issues in country of exile</th>
</tr>
</thead>
<tbody>
<tr>
<td>War, Human right abuses, Persecution on grounds of politics, religion, race, gender, sexuality or ethnicity, Detention, Torture, Human trafficking, Sexual slavery, Physical and sexual violence, Gender-based abuses, The experiences through the journey from country of origin</td>
<td>Family, Friends, Country, Culture, Profession/role, Language, Plans for future</td>
<td>Asylum claim process, fear of negative decision, Multiple changes, Psychological and practical adjustment (cultural shock), Uncertain future, Traumatic life events, Social disadvantage/exclusion, Racism, Stereotyping by host community, Unknown cultural traditions, Language</td>
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Torture and sexual abuse

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

UKBA support

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

Cash and housing support

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

The current rates of support are:

- Qualifying couple (married or in a civil partnership): £70.34
- Lone-parent aged 18 or over: £42.62
- Single person aged 18 or over, excluding lone parent: £35.52
- Person aged at least 16, but under 18 (except a member of a qualifying couple): £38.60
- Person aged under 16: £51.37

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

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

Pregnant women may be able to receive a £300 maternity payment, if certain requirements are met. This money is to help with the costs of having the baby. This can only be received once.

The maternity payment must be claimed very close to the time when the baby is born. This must be less than a month before the baby is due to be born, or within two weeks after the birth. The application must include one of the following:

- Original, baby’s full birth certificate;
- Original MAT B1 form (ask your case owner about this – it is a form provided by a doctor or midwife as evidence of your baby’s birth or expected birth); or
- Other original, formal evidence of the birth.

Legal support

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

Jackson and Canters Solicitors
88 Church Street
Liverpool L1 3HD
0151 282 1700

Asylum Link
St Anne’s Centre
7 Overbury Street
Liverpool L7 3HJ
0151 709 1713
info@asylumlink.org.uk

Immigration Law Practitioners’ Association
www.ilpa.org.uk
Housing support

All asylum seekers, except those who are on section 95, will be provided with accommodation while waiting for a decision from the UKBA. See list for contacts:

Happy Homes
1548 Ashton Old Road
Manchester M11 1HW
0161 438 4710

Priority Properties
294 Littleton Road
Manchester M7 3QG
0161 708 0370

UPM
Riverside building
123 Collyhurst Road
Manchester M40 7RT
0161 202 0201

Bedspace Resource Ltd.
G38 and G42 Parliament Business Park
Commence Way
Liverpool L8 7BA
0151 702 6010
0151 702 6025 (fax)
Liverpool@bedspace.co.uk

Housing for separated young people:

Active 8 Support Service
High Street
Wavertree
Liverpool L15 8JS
0151 737 4360

Bedspace Resource Ltd. (see above)

Asylum/refugee process

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

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

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

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

Screening interview

Asylum interview

Decision

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

Refusal

Appeal

Further appeal (Upper Tribunal)

Refusal

Removal/voluntary return

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

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

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

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

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

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

- A person subject to immigration control.
- Someone who has no entitlement to welfare benefits, public housing or UKBA asylum support and does not have the right to work.
Who would come under the NRPF category?

- People who have been refused asylum
- Asylum seekers
- Visa over-stayers
- People on spousal visas
- People on student visas
- A8 and A2 migrants who fall outside the EEA states

Who is eligible for support?

To be eligible for care services from Liverpool City Council, including accommodation and financial support, an individual with NRPF must be:

- An adult, including adults with responsibility for children.
- Ordinarily resident in the local authority area.
- Destitute.
- Assessed as having community care or mental health needs under the National Assistance Act 1948, or be someone whom there is a duty to support under the Children Act 1989.
- Eligible for support under immigration law (have an ongoing claim in with the UKBA).
- Someone who has to be supported to prevent a breach of their human rights, under the European Convention on Human Rights.

In addition, special concern should be given to people:

- with children and families;
- with physical health issues;
- with mental health issues;
- with domestic violence issues;
- in receipt of leaving care provisions.

Who is not eligible?

There are four categories of people who are excluded from support by immigration law. Section 54 of the Nationality, Immigration and Asylum Act 2002 placed a duty on local authorities to withhold or withdraw support from the following people:

- Nationals of the European Economic Area (other than the UK).
- People with refugee status from an EEA state.
- People unlawfully present in the UK (including those whose visas have expired).
- Failed asylum seekers who have refused to cooperate with removal directions who have exhausted all their claims in with the UKBA and should have signed up to voluntarily return home.

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

Liverpool City Council has specialist workers whose role is to provide advice and information services to the person by:

- explaining their situation and possible options;
- giving access to practical and emotional support from a qualified worker;
- assisting in obtaining Section 4 support from the Immigration and Nationality Directorate (IND) or from other sources of financial help. NB: Section 4 or ‘hard cases’ support is available from NASS for refused asylum seekers who meet strict criteria;
- referring and signposting to agencies that assist with voluntary return to country of origin;
- helping with and advising on health care;
- assisting with accessing other services, such as local schools and English for Speakers of Other Languages (ESOL) classes;
- providing information about local community organisations.
Care services

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

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

Social Worker Asylum Seekers and others who have No Recourse to Public Funds
Sefton Grange
Liverpool L17 3EZ
0151 233 1818

Health

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

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

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

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

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

Access to Health Care:
Liverpool PCT
Social Inclusion Team

This service provides:
- Information about local health services
- Assist individuals with access to NHS care and GP registration
- Advocate for patients to ensure they are receiving their full entitlements
- Liaise quickly to address any concerns or difficulties with NHS care
- Advise and give support on health prevention initiatives or cultural appropriate care issues
- Assist with HC1 forms and HC2 certificates
Liverpool PCT Social Inclusion Team
Kuumba Imani Millennium Centre
4 Princes Road
Liverpool L8 1TH
0151 296 7433
0151 296 7411 (fax)

Urgent Care 24

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

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

Urgent Care 24 Asylum
28 Argyle street
1st floor Ropewalks
Liverpool L1 5DL
0151 230 5550

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

4 Asylum seekers and refugees’ mental health

Mental health issues of refugees and people seeking asylum

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

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

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

The effects of trauma

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

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

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

Mental health assessment

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

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

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

Treatment and recovery

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

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

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

UKBA (involved all through process)

Asylum Seekers

Initial accommodation
1 General health-screen UC24 Ropewalks General Practice
2 Crisis counselling UC24/Spinning World

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

4 GP Practice

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

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

5 Social Inclusion Team

3 Liverpool Dispersed Accommodation
- Happy Homes
- UPM
- Priority Properties

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

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

The process map is a simplification of the starting points for asylum seekers, ‘navigators’, support workers and practitioners in clinical and other services which can be accessed by asylum seekers in Liverpool.

The following refer to numbered boxes or lines on the pathway map.

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

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

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

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

4
The GP/Primary Care role is central in:
• assessment and diagnosis;
• monitoring progress after first presentation;
• treating directly;
• referring on to other treatment.

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

The services IML offers will depend on the severity of the person’s condition; the best treatment will be worked out following initial assessment. They can also access social inclusion services – such as individual support to get people into education, leisure and other social activities – from other agencies.

People with more serious conditions (such as psychotic illnesses, serious depression or bipolar disorder) would be referred to Mersey Care NHS Trust. This is the specialist mental health trust which covers the whole of Liverpool.
Referrals will be assessed initially by the Acute Care Team and if a service is needed the person will be directed to one or more specialists or neighbourhood teams.

Both specialist clinical mental health services in Liverpool are continuously developing their capacity to work with asylum seekers, refugees, people from other cultures and people who need interpreting and translating services.

Mersey Care NHS Trust employs a specialist development worker for asylum seekers and this person is available to support these teams and to advise asylum seeker organisations.

Inclusion Matters Liverpool has also offered support and training sessions to staff and volunteers at Asylum Link Merseyside. Both organisations recognise the need to continually develop their capacity and skills in working with these groups.

Advice and support groups offer asylum seekers a range of non-clinical services. Detailed descriptions of what each organisation provides are in the guidelines for practitioner’s directory. The advice and support groups are involved with individual asylum seekers all through the process. These will also act as ‘navigators’ and sign-post people to GPs whenever needed. Some of these groups – Spinning World, The Haven Project, Sahir House and Family Refugee Support Project – offer therapeutic support to asylum seekers and often they fill the gap between Inclusion Matters and Liverpool NHS Mersey Care for those cases which can not receive help from either.

The Freedom from Torture Centre is based in Manchester and covers the north west region. They offer counselling and therapeutic group work for adult survivors of torture aged 18 and over. Survivors can self-refer or be referred by a statutory or voluntary sector organisation and will be seen within eight weeks of referral.

Referral must be made by completing a referral form. Freedom from Torture also has a medico-legal report (MLR) writing service. Lawyers must instruct in writing to the MLR Team at Freedom from Torture for a report. In addition Freedom from Torture offers training, supervision and advice to practitioners and agencies supporting survivors of torture in the region.

Asylum seekers support/advice groups

Social and group support
SOLA ARTS
Merseyside Refugee Support Network
Merseyside Refugee and Asylum Seekers Pre and Postnatal Support Group
SAHIR House
Asylum link
Imagine/mainstream
British Red Cross

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

Specialist counselling
Spinning World
Haven Project
Family Refugee Support Project
Inclusion Matters
SAHIR House
5 Interpreting

Working with an interpreter

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

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

This reduces the potential frustration of having to start every consultation as if it is the first and helps to ensure accurate communication and confidentiality. In some instances asylum seekers or refugees may choose to bring a family member or friend and refuse a qualified interpreter. In this case we would advise that this is documented within the patient notes and a disclaimer obtained. Each hospital or trust, authority will have their own policy to be adhered to. Also be aware if the family members are used that in this situation it may be difficult to discuss issues such as torture, rape, psychological, domestic issues, violence, abuse, and gynaecological or sexual health problems and it is likely to have adverse impact in collecting an accurate health assessment. In some communities, expectations are that family members are included in consultations. Under no circumstances should children be used for interpreting or translation purposes. It cannot be assumed that individuals are willing to have their mental health issues discussed with relatives.
It should be made clear to service users that they can always see a mental health practitioner alone if they prefer, and that information will not normally be passed on without their consent. If there are language barriers for the person to see the practitioner then an interpreter should be provided. Where family members or friends do accompany service users they should not be used as interpreters.

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

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

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

When working with an interpreter:

- Allow extra time for appointments (aim for double the time if possible)
- Spend a few minutes explaining and discussing with the interpreter both of your ways of working, so that each of you is clear (although the first two and the last recommendation may be difficult to achieve in many healthcare settings where time is pressing, they may in the long run save time, as a more accurate assessment of the issues may be made)
- Arrange seating appropriately in a triangle
- Maintain eye contact with the patient rather than with the interpreter
- Address the patient directly as ‘you’ rather than speaking to the interpreter and referring to the patient as ‘she’ or ‘he’.
- Speak slowly and clearly, using straight-forward language and avoiding jargon, one or two sentences at a time, so that they can be interpreted accurately
- Ensure that everything you say to the interpreter in front of the patient is interpreted
- Try to have a short de-briefing with the interpreter after the session

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

Agencies are presented in alphabetical order.

**Active8 Support Service**
125–127 High Street
Liverpool L15 8JS
0151 737 4360
0151 722 4255 (fax)
admin@active8supportservices.co.uk

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

**Advocacy Project**
91 Upper Parliament Street
Liverpool L8 7LB
0151 709 0449
0151 709 0004 (fax)
office@advocacyproject.co.uk

Operational since 22 February 1993, the Advocacy Project has developed since those early days and continues to provide independent advocacy to service users of the Mary Seacole House (our sister organisation) and the local Black community experiencing mental ill-health. Using a ‘formal model’ of advocacy the Advocacy Project is independent of any agencies, and its constitution reflects the importance of maintaining its autonomy.

**Advocacy Rights Hub**
Gostins Building
Unit 13, seventh floor
32–36 Hanover Street
Liverpool L1 4LN
0151 707 1900
sarah@advocacyrightshub.co.uk
www.advocacyrightshub.co.uk

The Advocacy Rights Hub is a service to help people access advocacy, advice, support or activities. Advocacy provides information about the services or activities that might be of help or interest and helps clients make contact with those services. They also take referrals concerning asylum seekers.
Amadudu
P.O. Box 252
Liverpool
0151 734 0083

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

Ann Conway House
CDS Housing
1 Garmoyle Close
Liverpool L15 0DW
0151 733 4746
0151 733 4746 (fax)

Provides short-term accommodation and support for young black people aged 16–25.

Asylum Link Merseyside
7 Overbury Street
Liverpool L7 3HJ
0151 709 1713
0151 709 1734 (fax)
info@asylumlink.org.uk
www.asylumlink.org.uk

Asylum Link is a drop-in centre for asylum seekers and refugees providing tea, coffee and a place to meet. We aim to give a warm welcome, friendship, help and advice to Asylum Seekers and Refugees in the city. We encourage the participation of asylum seekers and refugees in the service we provide and the centre is run by a small number of paid staff and around 60 volunteers.

The Community Development Workers team support the delivery of the Delivering Race Equality program which aims to improve access to mental heath services, improve patient experience and outcomes for people from BME Communities. The work will also support local NHS progress under The Single Equality legislation. The team aims to do this by:

- strengthening communication and two-way learning between mental health services and the Black and Minority Ethnics (BME) communities in Liverpool;
- strengthening effective community involvement in planning and delivering mental health services;
- promoting and increasing community confidence in mental health services;
- facilitating community support for local mental health strategies.

English for Speakers of other Language (ESOL)

Liverpool Community College
0151 252 3500

Liverpool Adult Learning Service
0151 233 2405/2400

Family Refugee Support Project
Toxteth Town Hall
15 High Park Street
Liverpool L8 8DX
0151 728 9340

FRSP is a service for asylum seekers and refugees living in exile having survived trauma and persecution. It provides therapeutic work with families – adults and children. Work in a garden is integral to our therapeutic work. Clients find healing through the therapeutic use of horticulture.

The Social Inclusion Team ensures asylum seekers have access to healthcare, provide individuals support and promote awareness of the needs of asylum seekers and issues that effect them and service providers.
Practical support and signposting to other services helps clients gain independence through engagement in education, employment and integration with the host community.

**Freedom from Torture**  
First floor North Square  
11–13 Spear Street  
Manchester M1 1JU  
0161 236 5744  
0161 244 5577 (fax)  
jboyles@freedomfromtorture.org  
www.freedomfromtorture.org

A counselling and therapy service to survivors of torture and organised violence aged 18+ in the North West. When the service is full, we also offer assessment-only to help survivor’s access appropriate support in the region. Training, advice and supervision for services working with survivors. Medico-legal reports documenting evidence of torture. Instruction via lawyers.

**Haven Project, The**  
First Floor John Archer Hall  
68 Upper Hill Street  
Liverpool L8 1YR  
0151 709 6126  
0151 709 5486 (fax)  
Anne-Marie.Constantine@alderhey.nhs.uk

This is an early intervention and preventative project offering mental health intervention in seven schools, though we can offer consultation to other schools and some work with separated young people. Referrals are via schools or colleges. We work closely with PSS with children identified as having been through traumatic experiences and showing symptoms of Post Traumatic Stress Disorder (PTSD).

**Inclusion Matters**  
28 Faraday Road  
Wavertree Technology Park  
Liverpool L13 1EH  
0151 228 2300  
0151 254 2848 (fax)  
http://inclusionuk.org/html/inclusion-matters

Inclusion Matters Liverpool offers talking therapy interventions to individuals who are experiencing problems with common mental health issues such as depression, anxiety and/or alcohol use. Access to our service is through referrals from Liverpool GPs.

**MAAN Liverpool Somali Healthy Mind Project**  
26 Princes Avenue  
Liverpool L8 8DX  
0151 728 7789

An independent voluntary organisation established by the Somali community. Open Monday–Friday. Services provided include:

- Help for individuals with mental health problems and issues relating to mental health. This includes acting as a first point of contact in crisis situations and giving assistance in accessing other services.
- Informing other service providers about the cultural and religious beliefs of the Somali community, and working to reduce stigma and taboo around mental illness through the dissemination of information.
- Developing community awareness of the need for help and treatment with mental health problems.

**Mainstream**  
140 Salisbury Road  
Liverpool L15 2HU  
0151 280 9943  
0151 281 0660 (fax)  
ecornnell@imaginementalhealth.org.uk

We work one-to-one with asylum seekers/refugees aiming to find any support, help, activities, courses, accessing mainstream services that will encourage and bolster them while going through the uncertain period of waiting for the result of their application. We are respectful of customs, and work in a culturally sensitive way.
Mary Seacole House
91 Upper Parliament Street
Liverpool L8 7LB
0151 707 0319
0151 709 6661 (fax)
info@maryseacolehouse.com

Mary Seacole House is a mental health drop-in day centre primarily for the black and minority ethnic communities of Liverpool 8, although open to all, offering support and advice in emotional and practical matters. Mary Seacole House was primarily set up to meet the needs of Black and racial minorities. The centre was established to provide a meeting place where primarily black and racial minorities could come together to discuss their problems and fears in a sympathetic environment. It also represents the interests of its service users to the health sector, social services and other agencies.

Merseyside Refugee and Asylum Seekers Pre/Postnatal Support Group
Louise Massamba
36 Windsor Street
Liverpool L8 1XE
0151 708 6316 or 07904 831 620
Louisemassamba@btinternet.com

Provide advocacy, support around pregnancy issues, a bag to go into hospital with basic provisions, form-filling help, referral to psychological services, clothes recycling for mothers and children, a weekly session on a Friday afternoon for peer-support and to give children the opportunity to play together – toys and a play area are available.

Merseyside Refugee Support Network
Fourth Floor
35 Bold Street
Liverpool L1 4DN
0151 707 0566
0151 707 9168 (fax)
www.merseysidenetworkforchange.org

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

- Information, advice and signposting (rights, services, support, training and more)
- Refugee employment support and signposting
- ESOL for Integration/IT classes and computer access
- Networking and information sharing through partnership meetings, an email newsgroup, and an on-line directory of local support.

PSS – Spinning World
18 Seel Street
Liverpool L1 4BF
0151 702 5527
0151 702 5566 (fax)
spinningworld@pss.org.uk

Spinning World (PSS) is a specialist psychological therapy service. The aim of the service is to improve the mental and emotional well being of migrant and refugee people who have experienced human rights abuses and trauma or the impact of traumatic events that may have happened to other members of their family.

We can offer a variety of psychological interventions that address the cognitive, physical, emotional and behavioral reactions to trauma, including talking therapies, expressive arts therapy, CBT, EMDR and psycho-education. We specialise in psychological therapies that are sensitive to differences in culture and diversity and the majority of our sessions include trained interpreters. We provide training for therapists and associated professionals, including Interpreters.
Our projects include:

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

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

**Rape and sexual advice service (RASA)**
60 Duke Street
Liverpool L1 5AA
0151 707 4327
rasaliverpool@btconnect.com
www.rasamerseyside.org

Work with men and women. Face-to-face counselling and one-off sessions available. Also run survivor groups. Plus, support with police, clinics etc.

**British Red Cross International Tracing and Messages Services**
UK Office
44 Moorfields
London EC2Y 9AL
0870 170 7000
www.redcross.org.uk

Delivers family news and traces family members internationally where normal means of communication have broken down or the family has been separated due to armed conflict or natural disaster.

**British Red Cross Refugee and Migrants Project (RAMP)**
ramp@redcross.org.uk
0151 702 5072

Provides short term orientation support to newly arrived asylum seekers in Liverpool and refugees who require assistance moving on from NASS support to mainstream benefits and housing.

We provide this on a one-to-one casework basis through a team of volunteers. We also provide one-off emergency provisions for individuals who do not receive any support from elsewhere. These come in the form of maternity packs, food vouchers, and clothing vouchers. Emergency provisions are assessed on an individual basis and are limited. RAMP will also be holding a weekly drop-in from Toxteth Town Hall from 19th October 2011. This will be every Wednesday from 12pm to 4pm and is a welcoming space for any asylum seekers or refugees to socialise and request information or advice if needed. The Red Cross office does not provide a drop-in service so please refer clients through phone or email.

**Refugee Action**
64 Mount Pleasant
Liverpool L3 5SD
0151 702 6300
0151 709 6684 (fax)
www.refugee-action.org.uk

Refugee Action provides advice, support, and training and development services across the North West. The One Stop Shop provides direct advice services, in addition to second tier and capacity building support. The Development and Integration Team works to develop and empower Refugee Community organisations and support constructive engagement with local communities. We provide a wide range of other services including Training and Awareness Raising, Move-on Advocacy, Parent Support, Youth Mentoring and services to separated young people.

Since 2010, they provide advice mainly through their telephone services:

- **Asylum Advice Line:** 0800 116 4350
daily from 9.45am–12.30pm
- **The Refugee Integration and Employment Service (RIES) Advice Line:** 0151 702 6422
available (to RIES clients only) 9.45am–4pm every day except Wednesday.

The Refugee Action Wrap-around Service is based at initial accommodation.
**Refugee Advice Service – Plus Dane Group**

Baltimore Building 13–15 Rodney Street
Liverpool L1 9EF
**0800 169 2988**

Provides a floating housing support service to refugee households (those with leave to remain only) in Liverpool. Helps people to set up and maintain tenancies and settle into the local community.

**Sahir House**

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

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

**SOLA ARTS**

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

SOLA is a community arts project which specialises in supporting people from the BME community who are vulnerable to or experience mental health problems, yet also work with all marginalised groups and individuals using the arts to empower and bring communities together. It is the Lead Refugee Arts Agency in Liverpool and Merseyside. SOLA is predominantly volunteer run and is participant led. They use a wide range of arts techniques from traditional to digital and work with professional film-makers, painters, graphic artists and sculptors, actors, singers and musicians.

SOLA takes on a range of commissions for partnership and project-based delivery focused on creativity and personal development. They also provide basic befriending, emotional and holistic support to people from the BME and refugee communities who are involved in other opportunities in the project.

**UK Border Agency** (Liverpool)

The Capital Building
6 Union Street
Liverpool L3 9AF
0151 **237 0012/0444/0263**
or **0870 606 7766**

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

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

www.refugee-action.org.uk
Refugee Action is a national charity providing development and advice and support services to asylum seekers and refugees in 11 regions across England.

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

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

www.harpweb.org.uk
Health for Asylum seekers and Refugees Portal (HARP) provides social inclusion research and on-line health information for health professionals and voluntary agencies working with minority communities.

We are public-sector researchers. HARP has completed 13 government reports and developed websites for the Department of Health. Specific areas of expertise are BME and health, with a special interest in asylum seekers and refugees.

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

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

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

Also Patient-held record for asylum-seekers and refugees information in different language see link: www.dh.gov.uk/en/PolicyAndGuidance/International/AsylumSeekersAndRefugees/DH_4080751

Consent forms – translations please see link: www.dh.gov.uk/en/PolicyAndGuidance/HealthAndSocialCareTopics/Consent/ConsentGeneralInformation/DH_4001986
For health and social care professionals: defining diversity; ethnicity and culture; religion and spirituality; disability, sexuality, gender, age and generation, class and socio-economic status.

An educational resource for nurses and health practitioners: transcultural health care, race equality and diversity.

Cultural competence.

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

Commission for Racial Equality

The BHA (Black Health Agency) is a charity dedicated to improving the lives and changing the futures of Black and Minority Ethnic and other marginalised communities. They support and enable people to improve their health and well being through a range of unique services.

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

George House Trust is the HIV voluntary organisation for the Northwest of England. They support people living with and affected by HIV and campaign for the best quality of life for all people with HIV.

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

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

The United Nations High Commission for Refugees, (Please visit this website, you will find very useful information and improve your understanding of Refugees and Asylum seekers Health needs.

The Refugee Studies Centre (RSC) was established in 1982 as part of Queen Elizabeth House, the University of Oxford’s Centre for Development Studies. It has since won an international reputation as the leading multidisciplinary centre for research and teaching on the causes and consequences of forced migration.
Merseyside Refugee Support Network Along with our partner Liverpool Asylum Seeker and Refugee Partnership, we provide a range of services to both refugees and asylum seekers, and to the organisations who serve them. They have a membership of around 100 local refugee support organisations.

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

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

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

Mohammed Taher
Community Development Worker
0151 296 7413
Mohammed.Taher@liverpoolpct.nhs.uk

Meryl Cuzak
Mersey Care NHS team
0151 473 0303
Meryl.Cuzak@merseycare.nhs.uk
Fresh Claim/s

See ‘Application for Asylum’ chart on page 7

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

(i) had not already been considered; and

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

This paragraph does not apply to claims made overseas.

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

This paragraph does not apply to submissions made overseas.

The simple Fresh Claim test

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

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

2. That this new evidence will make a difference to the outcome of your case – that is, that there is some chance that the new evidence/change in circumstances will show that you would be at risk of persecution in your own country.
‘My perfect house’ by Bachir – made in Stage 1 of the ‘Lifelines’ mens’ art and mental health project.