

A note on barriers experienced by refugees and people seeking asylum when accessing health services.

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About the Refugee Council

The Refugee Council is one of the leading organisations in the UK working with people seeking asylum and refugees. We provide a range of specialist services to adults and children, and also work with them to ensure their needs and concerns are addressed by decision-makers.

People seeking safety in the UK are often deeply traumatized and are faced with complex psychosocial challenges. In recognition of their health needs, we have been helping them to make sense of their experiences, drawing on their resilience and strength to recover and start rebuilding their lives. We provide psychosocial therapeutic support to men and women as well as psychosocial therapy to children. Our mental health support service consists of a range of projects including [support for women](#), [a dedicated service for men](#), specialist service for children ([MyView](#)), [therapeutic support for refugees who were resettled](#), as well as support for people who are destitute, [London Destitution Service](#).

In addition, our [Health Access for Refugees Programme](#) (HARP) provides support to refugees and people seeking asylum who have complex health needs. We help our clients access the support they need while ensuring health services are better equipped to support them, through individual as well as national advocacy work. We ensure we support people to understand the UK health system, their rights, and know how to manage their health. We provide support with the language, skills and confidence required to access services that are critical to people's wellbeing. We work with volunteer health befrienders and advocates who come from refugee and migrant communities and have a first-hand understanding of the cultural challenges people they are helping may be facing, provide peer support, advocacy and awareness-raising activities.

We also deliver training for the health sector to improve their understanding of the health needs of refugees and people seeking asylum and engage in policy, campaign and advocacy work on health issues.

Health access before the pandemic

Even before the pandemic, our clients have been experiencing significant barriers when accessing and seeking health support. Although access to the primary care should not be restricted based on a person's

immigration status,¹ many of our clients are incorrectly refused GP registration or not provided with interpreting when attending medical appointments. They are finding it extremely difficult to navigate health provisions on their own and are often too scared to access critical services, like A&E, because they fear they might be deported.²

Clients who are going through the asylum process, as well as newly-recognised refugees,³ are particularly vulnerable, they are destitute and many are homeless and rough-sleeping. People seeking asylum can, under strict conditions, receive asylum support⁴ from the Home Office. If found eligible, they are provided with housing and a little over £5 per day to meet their essential living needs. Miniscule levels of subsistence payments often force our clients to make impossible choices between buying food and paying for transport to a health appointment. Newly-recognised refugees have only 28-days to transition from the Home Office provided support into the mainstream welfare and housing support system. This is not enough time for those provisions to become available, in consequence, many are facing destitution and homelessness.⁵ Their health is rapidly deteriorating and they are facing complex risks, unable to seek medical support. In contrast, resettled refugees are provided with a far better support package and receive assistance with accessing health services.⁶

It is also important to mention the impact of the hostile environment on our clients and how it has further eroded their trust in health services.⁷ Our clients are worried that their data will be shared with the Home Office for enforcement purposes or that they will be expected to pay if they need medical assistance. Although refugees and people on asylum support are exempt from medical care charges, many of them don't know it and incorrectly think they cannot seek help.

Impact of Covid-19

The issues which existed before the pandemic became even more prominent and acute. With many charities having to close down their offices and moving to remote working, the majority of our clients

¹ <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/refugees-and-asylum-seekers-entitlement-to-nhs-care> (accessed 17/03/2021).

² C.Kang, L.Tomkow, R.Farrington, *Access to primary health care for asylum seekers and refugees: a qualitative study of service user experiences in the UK*, British Journal of General Practice 2019, available: <https://bjgp.org/content/69/685/e537> (accessed 17/03/2021).

³ A newly-recognised refugee is a person who claimed asylum in the UK and received a positive decision on their claim.

⁴ <https://www.gov.uk/asylum-support> (accessed 17/03/2021).

⁵ Refugee Council's reports: *Keys to the City: How the next Mayor of London can help end refugee homelessness* (2021), *A Journey Towards Safety. A report on the experiences of Eritrean refugees* (2018), *Refugees without refuge* (2017).

⁶ Refugee Council on resettlement: <https://www.refugeecouncil.org.uk/our-work/refugee-resettlement/>. Health support forms an integral part of the resettlement package and funding is provided to NHS Clinical Commissioning Groups at a fixed amount per refugee. For more information please refer to the ICIBI report: *An inspection of UK Refugee Resettlement Schemes* (2020) (accessed 17/03/2021).

⁷ Background information: <https://blogs.bmj.com/bmj/2019/07/23/the-uk-governments-hostile-environment-is-harming-public-health/>, <https://pubmed.ncbi.nlm.nih.gov/31544156/>, <https://www.libertyhumanrights.org.uk/issue/hostile-environment-risks-public-health-during-coronavirus-outbreak/> (accessed 17/03/2021).

struggle to access advice and support. Charities are overwhelmed by a volume of enquiries and a growing number of safeguarding requests. At the Refugee Council, we see unprecedented levels of self-harm and suicide ideations, not just amongst the adult population but also children. We are keen to ensure the barriers and needs of our clients are addressed in public discussion on health inclusion, access to vaccinations and Test and Trace. It is important to note that unless our clients are involved in health support programmes and vaccination rollout, it will be very difficult for the UK to successfully fight the Covid-19 pandemic.

Main barriers

The main barriers our clients are facing when accessing health services, testing and vaccinations are complex and intertwined and can be divided into the following areas:

1. Accessing health services

- Incorrect refusals when our clients try to register with a GP – people cannot access health services at the most basic level and are incorrectly asked to provide a form of ID in order to register.
- Perceived or real impact of healthcare charging - people feel stigmatised and are afraid they are going to be charged even though Covid-19 related medical care is provided free of charge regardless of the immigration status.
- Impact of people's past experiences – some of our clients are afraid and suspicious and will not trust professionals who work for the government, which for many would also include medical staff. Also, some were tortured by medical staff, and such awful experiences are further dissuading them from engaging with health services.
- Little knowledge and understanding about the importance of seeking medical help – although our client's behaviours and approaches to health vary, some groups are less likely to talk about their health and seek medical assistance, especially in relation to mental health.
- Information sharing – many of our clients fear their medical information will be shared with the Home Office for immigration control purposes. They don't feel confident that there is an effective firewall between the NHS/DHSC and the Home Office, thus they refuse to engage with vaccination rollout or testing unless there are stronger measures and assurances in place.

2. Living situation and immigration status

- Homelessness – it creates a significant barrier affecting mainly newly-recognised refugees as well as people who had their asylum claims refused. There is no safety net for people who have NRPF condition⁸ imposed on them. It is difficult for people to provide address and register with GP surgeries (although having an address is not a prerequisite for registration). Our clients are experiencing barriers and risks arising from living precariously, unable to stay safe during the pandemic, rapidly deteriorating mental health, difficulty engaging and staying engaged with support services.
- Asylum support – the arrangement of the asylum support system makes it difficult for other services to engage with people in asylum accommodation (especially contingency hotels and MOD barracks).

⁸ No Recourse to Public Funds (NRPF) condition is imposed on people who fall under the immigration control class defined at [section 115 of the Immigration and Asylum Act 1999](#). A person who is subject to immigration control cannot claim public funds (benefits and housing assistance), unless an exception applies.

People are being moved around asylum estate, have no control over where they live and when they are moved (and some are moved despite testing positive for Covid-19). Many accommodation sites are located far away from testing centres (asylum accommodation is often procured at the outskirts because it is cheaper). People get very little subsistence support, meaning they can't afford to travel to medical appointments, testing sites or vaccination appointments. In our opinion, the current set up of asylum accommodation is not safe because it makes it difficult for people to follow social distancing rules, there are outbreaks and sadly people have died in asylum accommodation after contracting Covid-19. We have also observed gaps in engagement on health between the Home Office, asylum support contractors and health services at a local and national level.

- Hostile environment - damage and the lack of trust created by the charging regulations and the hostile environment mean people don't trust health professionals and are afraid to approach health services. They fear immigration enforcement, being reported, detained and removed.

3. Digital exclusion and lack of skills

- Confiscated phones – many people seeking asylum had their phones confiscated at the border under the immigration powers.⁹ Those people are not allowed to work and rely upon asylum support (a little over £5 per day) they are unable to buy phones or afford credit for calls and internet data. Phones in asylum accommodation are not routinely provided and our clients find it very difficult to make and receive phone calls when using the provisions which are currently in place (a phone at the reception lobby or waiting to use the phone when the welfare adviser visits the accommodation site). Some clients have old phones which will not support any apps.
- Internet access – most of our clients don't have access to the internet. The Home Office is not providing access to the internet in dispersal accommodation and access in contingency accommodation (e.g. hotels) varies, in some places people have relatively good access but in the majority of cases, our clients either don't have on-line access at all or the strength of the signal is poor, meaning webpages would not open.
- Language – the majority of our clients don't speak the English language or are not well enough to be able to follow and understand official information and Covid-19 guidance. They are often incorrectly refused interpreting during GP or hospital appointments, meaning not only they cannot express their needs but won't understand the advice they are being given. It further erodes their trust in the health system as a whole and they are less likely to continue to engage.

4. Access to information and mobility

- Access to information – people either don't have the necessary means to engage with digital information or they are afraid that they will be surveilled by the state, e.g. if they use Test&Trace, which for many could be re-traumatising. Many of our clients struggle to navigate the app and understand information that is available on-line. In consequence, some would trust incorrect information and conspiracy theories that are spreading in their communities because they don't have

⁹ In our experience, those confiscations arise from the power in Section [48 of the Immigration Act 2016](#) which deals with seizure and retention in relation to immigration offences, such as crossing the border clandestinely.

access to reliable sources. It does not help that many messages from the government are confusing and rules are not easy to understand and follow. This adds to an overall confusion and lack of trust.

- Mobility – many of our clients are restricted in how much they can travel, especially if they live in asylum accommodation which is offered on a no-choice basis. Clients often cannot afford to pay for travel tickets in order to make the journey to the nearest testing site or to attend a medical appointment.

5. Existing health conditions

Many of our clients have experienced the most harrowing situations and are deeply traumatised because of what happened to them. They present with complex health needs and are vulnerable because of their circumstances and the barriers they are facing. Many have underlying health conditions which are not being addressed, they present with poor mental health, weakened immunity as a result of a poor diet and stress. They are getting very little specialist support and are often unable to navigate the health system on their own. Those experiences directly impact their ability to engage with Test and Trace and overall Covid-19 control measures.