



Access to healthcare for people seeking asylum in initial and contingency accommodation

TOOLKIT FOR PRIMARY CARE COMMISSIONERS & PROVIDERS



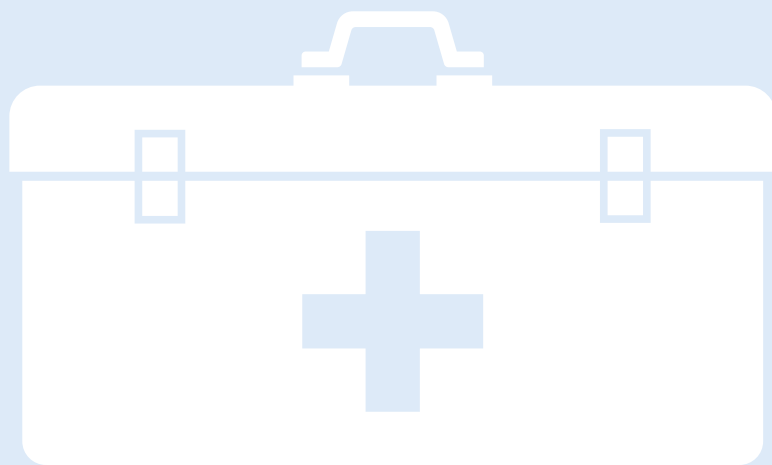
SAFE SURGERIES

PURPOSE

This toolkit summarises good practice for Integrated Care Boards (ICBs), primary care commissioners and providers in the provision of primary care services for people seeking asylum supported by the Home Office in initial and contingency accommodation. It aims to ensure equality in access to services and improved long-term health outcomes for residents in Home Office accommodation, minimising health inequalities and encouraging collaborative working with accommodation providers and other local stakeholders.

Contents

Background	3
Overview of the asylum process	3
Asylum accommodation	4
Entitlements to NHS care	5
Recommendations	6
1. Planning commissioning of services to meet the needs of residents	6
2. Facilitating long-term and meaningful access to healthcare	9
3. Conducting initial health assessment	13
Checklist for ICBs	16
Checklist for GP practices	17
Further information	18
Glossary	19



Overview of the asylum process

An **asylum seeker** is a person who has left their country of origin, seeking protection from persecution or human rights violations and applied for asylum in another country,

but is not legally recognised as a **refugee** and is waiting for a decision on their asylum claim. The Home Office has a statutory obligation to support destitute asylum

seekers while they are waiting for a decision, including with the provision of accommodation and financial support. More detail on the asylum process can be found [here](#).



Asylum accommodation

Accommodation providers (Serco, Clearsprings Ready Homes and Mears Group) are contracted by the Home Office to provide accommodation to asylum seekers under the Asylum Accommodation and Support Services Contracts (AASC):

- Serco: Midlands, East of England & North West
- Clearsprings Ready Homes: South & Wales
- Mears Group: North East, Yorkshire & Humberside, Northern Ireland & Scotland

The [statement of requirements](#) outlines the responsibilities of accommodation providers in relation to GP registration (in initial accommodation, this is only required if residents are in 'obvious and urgent need' of medical care (4.4.6).

[Migrant Help](#) is responsible for advice and guidance to people seeking asylum on the asylum process, their rights, signposting to services and reporting issues, including HC2 certificates and signposting residents to nearest GP practices (but not supporting with the registration process).

TYPES OF ASYLUM ACCOMMODATION

Initial accommodation centres (IACs) are usually the first accommodation for asylum seekers who ask for support; short term housing in a hostel-type environment which can be full-board, half-board or self-catering.

Dispersal accommodation is longer-term accommodation, often self-catered shared houses or flats in the community, which normally accommodates people seeking asylum until they receive a decision on their asylum claim.

Contingency accommodation includes use of hotels, repurposed Ministry of Defence (MoD) facilities, student and other self-contained accommodation. Contingency accommodation is procured by accommodation providers for asylum seekers who would otherwise reside in initial accommodation but availability is limited.

Due to delays in the asylum system and capacity issues in both initial and dispersal accommodation, there has been a significant increase in the both the use and length of residence in contingency accommodation to house asylum seekers. People seeking asylum are frequently accommodated in initial and contingency accommodation for many months and years.



Entitlements to NHS care

Everyone in England is entitled to register and consult with a GP without charge. Nationality and immigration status are not relevant.

- ▶ There is no requirement for proof of identity or address in order to register with a GP
- ▶ Asylum seekers are entitled to both primary and secondary healthcare services without charge
- ▶ This is outlined in NHS England guidance on GP registration from the [Primary Care Policy and Guidance Manual](#) (PGM).

“There is no set length of time that a patient must reside in the country in order to become eligible to receive primary care. Therefore all asylum-seekers and refugees, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice.”

- ▶ People seeking asylum should be registered in a GP practice as permanent patients, in line with NHS England guidance (4.4.9). This creates an NHS number and enables medical records to be transferred for better ongoing care and meeting longer term health needs, including in referral to secondary care. Residence in initial accommodation is likely to extend beyond the recommendation of 3 months for temporary registration, so full registration is more appropriate for asylum seekers in initial and contingency accommodation.

“In some cases a prospective patient may not know how long they will reside in an area, for example, destitute asylum seekers housed in temporary Home Office commissioned “initial” accommodation. Generally in such cases where there is uncertainty over the length of time that a patient may be residing in an area, but this is likely to be months rather than weeks, NHS England advises that the patient should be registered as a permanent patient.”

People seeking asylum may have similar [health needs](#) to the UK population, however, they may not be familiar with the NHS and experience barriers to accessing primary care services. Asylum seekers may also have experiences both during migration and following arrival in the UK during the asylum process that impact their mental and physical health, including experiences of war, conflict and torture and factors relating to the social determinants of health.

1

Planning commissioning of services to meet the needs of residents

On notification of the opening of a new initial or contingency accommodation site, Integrated Care Boards (ICBs) should respond and resource both initial health assessment and ongoing access to primary care, working closely with accommodation providers to meet the health and wellbeing needs of people seeking asylum.

Planning and delivering both initial health assessment and continuing primary care access will vary dependent on local context and may be achieved in a number of ways, for example:

- ▶ GP practice completing both initial health checks and registration of residents for ongoing primary care provision
- ▶ 3rd party provider or GP practice commissioned for health checks and ongoing primary care provision allocated to other local GP practice(s), with arrangements for GP registration considered

In addition to allocated funding available for health checks, ICBs may also want to consider financial support for providers involved in registration and meeting ongoing care needs of this population.

Decisions should be made in consultation with GP practices, considering existing list size, pressures and capacity. 3rd party providers may support in cases of issues with capacity. Doctors of the World UK has experience in providing initial health assessments – for more information, please get in touch via safesurgeries@doctorsoftheworld.org.uk

ICBs should also work in partnership with key stakeholders, including accommodation providers, local authorities and public health teams, voluntary organisations and neighbouring ICBs. Regular meetings with accommodation teams and local services should be established to ensure services are meeting the needs of residents.

- ▶ Locally commissioned interpreting services should be available for all patients in line with NHS England guidance – [NHS England Guidance for Commissioners: Interpreting and Translation Services in Primary Care.](#)

ICBs' baseline funding continues to be weighted to take account of and support measures to address health inequalities, with asylum seekers a recognised cohort within Core20PLUS5. In 2023/24, NHS England has been able to continue providing a contribution towards the costs of initial health assessment and to support GP registration for asylum seekers in contingent accommodation. Separate funding arrangements are being negotiated for the proposed large sites and vessels. The Home Office is also continuing to work with local authorities to increase dispersal accommodation for asylum seekers, which is likely to result in a stable cohort (i.e. numbers) in each system even after hotel use has come to an end. ICBs are therefore encouraged to set up services that are sustainable and may support other inclusion health groups in their access to primary care services.

ENSURE ALL LOCAL GP PRACTICES ARE ADOPTING INCLUSIVE REGISTRATION PROCESSES

All staff in GP practices should be trained and aware of:

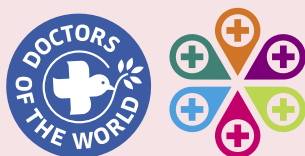
- ▶ **barriers** to accessing primary care services
- ▶ **universal entitlements** to primary care and entitlements to secondary care for asylum seekers
- ▶ limited circumstances in which registration can be refused
- ▶ **obligations** to register patients without requirement for proof of ID and address
- ▶ rights to **interpretation** and how to access professional interpreters, pro-actively identifying interpretation needs to ensure effective communication and understanding throughout the registration process
- ▶ patient confidentiality and the limited circumstances in which data can be shared in primary care



All GP practices in the area should be encouraged to sign up to the Safe Surgeries network, follow the recommended steps towards inclusive processes and review registration policies to ensure alignment with NHS England guidance (Box 1).

BOX 1: SAFE SURGERIES NETWORK

Joining the [Safe Surgeries network](#) supports practices to adapt their processes to ensure everyone is able to access primary care. Practices signed up to the network receive free resources in several languages and training on inclusive registration practices, including demonstrating the points above and aligning with the [CQC's monitoring questions](#), particularly in demonstrating 'Responsive' practice.



SAFE SURGERIES

How you can support GP practices in your area to become Safe Surgeries:

- ▶ Disseminate Safe Surgeries information across all GP practices and PCNs and encourage Safe Surgeries [registration](#)
- ▶ Host a free Safe Surgeries training session for practices in the area – contact safesurgeries@doctorsoftheworld.org.uk for information
- ▶ Review our Safe Surgeries [toolkit for commissioners](#) for more details on developing Safe Surgeries in your area.

WHAT CAN WE DO TO HELP?

GP practices can take concrete steps, both at reception and in consultations, to improve equity of access to their services.

- ✓ **1** Don't insist on proof of address documents
- ✓ **2** Don't insist on proof of identification
- ✓ **3** Never ask to see a visa or proof of immigration status
- ✓ **4** Make sure patients know that their personal information is safe
- ✓ **5** Use an interpreter, if needed
- ✓ **6** Display posters to reassure patients that your surgery is a safe space
- ✓ **7** Empower frontline staff with training and an inclusive registration policy

2

Facilitating long-term and meaningful access to healthcare

Access to healthcare for asylum seekers in initial and contingency accommodation should be facilitated from arrival in accommodation, on an opt-out basis. ICBs should identify local stakeholders and partners and agree roles and responsibilities in delivering this, in collaboration with accommodation providers.

PROVIDE ACCESSIBLE INFORMATION

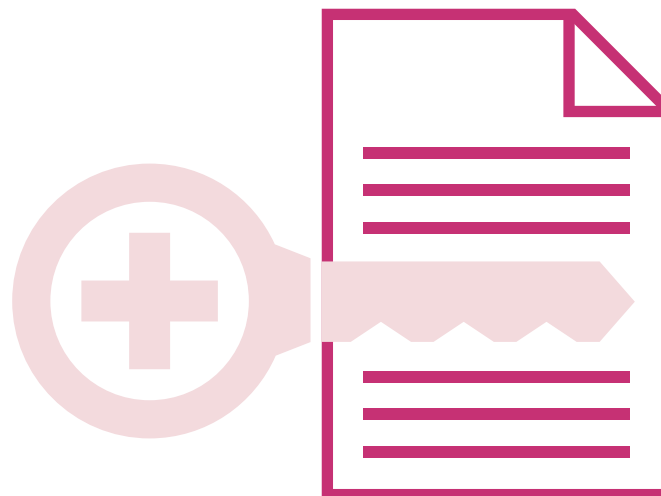
On arrival in initial or contingency accommodation, residents should be provided with information access to healthcare in a language they understand, including specific detail on:

- ▶ entitlements to NHS services
- ▶ [how to register with a GP](#)
- ▶ how to access initial health assessment
- ▶ how to access prescription medication and HC2 certificates (Box 2)
- ▶ how to navigate NHS services
- ▶ NHS England [GP access cards](#)

Create local resources, translated into relevant languages where possible, for example, leaflets signposting to local services from new hotels or accommodation to enable residents to use services appropriately, including local GP practices, pharmacy services, walk-in centres and A&E departments as well as voluntary sector organisations offering local support. Include opening hours, contact details and transport options in leaflets where possible

These resources can be shared with accommodation providers to distribute during the induction briefing or discussed with residents during initial health assessment.

Example: [DOTW translated resources hub](#)



[How the NHS works](#) leaflet – available in a variety of languages

How the NHS works: a guide for migrants

You can contact the 24-hour service **NHS free phone line** by dialling **111** to get free health information and advice. You can ask for an **interpreter in your language** by saying "interpreter please."

Pharmacy → **Basic medicines**
Pharmacists can offer clinical advice and medicines for a range of minor illnesses, such as coughs, colds, sore throats, tummy trouble and aches and pains. The pharmacist will let you know if you need to visit a doctor or direct you to other healthcare professionals to make sure you get the help you need. You can also buy medicines for minor illnesses or first-aid supplies in a pharmacy or supermarket; to find the nearest pharmacy, go to: www.nhs.uk/service-search/pharmacy/find-a-pharmacy

Dentists and Opticians → **Teeth and eye care**
• Find a dentist www.nhs.uk/service-search/find-a-dentist
• Find an optician www.nhs.uk/using-the-nhs/nhs-services/opticians/
If your tooth is painful you should call **111** for **Urgent Dental Care Services**

GP practice or medical centre → **Medical management, coordination of long term care and access to hospital specialists**
A GP can offer medical advice, provide a diagnosis and prescribe medicines. They might be your first point of contact for many physical and mental health concerns. The GP practice is also responsible for coordinating and managing your long term healthcare and they can refer you if you need more specialised hospital services. It is best to register with a GP practice to meet your ongoing health needs. www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/

Community health services → **Pregnancy, child health, contraception services**
Some health services are accessed in the community, and not in hospitals. These include mental health, child health and antenatal services and sexual health and family planning clinics.

Walk-in or Urgent Treatment centres → **Minor injuries or urgent medical advice**
If you need urgent medical care for minor injuries such as cuts, sprains and small fractures, or urgent medical advice, you can directly go to a walk-in or urgent care centre without an appointment. These centres are usually open during daytime hours.

Emergency services → **Medical emergency or life-threatening situation**
Call **999** if someone is seriously ill or injured and their life is at risk. The telephone operator will advise you what to do or where to go next. An ambulance may be sent to provide treatment or transport the patient to hospital. Hospital Accident and Emergency (A&E) departments are open 24 hours every day of the year. You can access these services directly and without an appointment. www.nhs.uk/nhs-services/urgent-and-emergency-care-services/urgent-care-call-999/

Emergency mental health → **Suicidal thoughts or serious self harm**
If you have seriously harmed yourself or are about to do so, call **999** for an ambulance or go straight to A&E. If you are thinking about suicide, talk to someone at the Samaritans by calling **116 123**.

BOX 2: HELP WITH HEALTH COSTS – HC2 CERTIFICATES AND ACCESS TO PRESCRIPTION MEDICATION

- ▶ [The NHS Low Income Scheme](#) is accessed through HC2 certificates for help with health costs including prescription, dental and optometry charges
- ▶ Asylum seekers eligible for **section 95** support are automatically issued with a HC2 certificate, regardless of the accommodation type, for help with health costs, including free NHS prescriptions, dental treatment and travel costs for NHS hospital appointments. This is valid for 6 months (rather than the usual 12 months for other applicants) and should be automatically renewed
- ▶ If residents are receiving **section 98** or **section 4** support, they will need to apply for a HC2 certificate by completing a HC1 form
- ▶ HC1 forms should be shared with patients if required during GP registration and referred to support for completion of forms, through [Migrant Help](#) or other local organisations
- ▶ HC1 forms are available [online](#) or can be ordered from the PCSE Online portal
- ▶ Information is available in different languages [here](#).
- ▶ [ICBs may also consider working with local pharmacy teams, including planning for prescribing or funding for minor ailments and over the counter medication](#)

SUPPORTING FULL GP REGISTRATION

- ▶ All residents in asylum accommodation should be supported to register with a GP practice and access appointments when needed, alongside initial health assessment
- ▶ People seeking asylum should be registered in a GP practice as **permanent** patients, in line with NHS England guidance ([4.4.9](#)) (see 'Entitlements to NHS care').
- ▶ Residents in initial and contingency accommodation may not be able to provide proof of ID or address during registration. Some may have Home Office documents, HC2 certificates or **application registration cards (ARC)** which can support with the administrative process, but registration can not be refused if documents cannot be provided.
- ▶ Patients should be supported during the registration process. This support may include:
 - GMS1 forms on site which are distributed to residents and collected to return to the GP practice
 - Hosting regular GP registration sessions onsite or at GP practices with receptionists from practices to support with registration
 - Health induction and information sharing sessions delivered by healthcare professionals as part of initial health assessments
 - Some practices may have a patient registration champion for assistance with completion of forms and referral to other organisations to support with wider health and wellbeing needs. This may be coordinated by social prescribers, care coordinators or members of the reception team and may require additional training
- ▶ ICBs and healthcare providers should make appropriate arrangements with accommodation providers to ensure hotel or accommodation staff are trained on entitlements to healthcare for asylum seekers. There should be a clear pathway in place for hotel staff to support residents to access primary care:
 - Information and support on how to access healthcare should be included in the health induction on arrival in accommodation delivered by accommodation staff
 - This should include information on how to register with a GP and signposting to the nearest GP practice and other local health services, with support to book GP appointments and arranging transport to appointments when required.
 - Interpreters should be available and accessible to facilitate this at the accommodation site
- ▶ There should be a pathway for continuity of care and ongoing access to mainstream primary care services once asylum seekers move to dispersal accommodation or are granted refugee status, particularly if registered with specialist services commissioned locally. Hand-held records from GP practices or following initial health assessments may be considered.

BOX 3: TRANSLATED PATIENT HEALTH QUESTIONNAIRES FOR PEOPLE SEEKING ASYLUM

These questionnaires, produced by DOTW and NHS England, are designed to be completed by newly registered refugees and people seeking asylum and cover questions related to personal demographics, acute and chronic health needs including those associated with their pre-migration and migration experiences, medication and vaccination requirements, family history and lifestyle.

We suggest that GP practices share the questionnaire with patients at the time of registration. The purpose of the questionnaires is to enable GP practices to have early access to information that will inform patient management

and prioritisation of their needs. It is not designed to replace in-person new patient health checks but as a tool to increase effectiveness and efficiency of consultations for improved health outcomes and patient experience.

The questionnaires have been translated into 12 languages: Albanian, Amharic, Arabic, Chinese Mandarin, Dari, French, Kurdish (Sorani), Pashto, Persian, Spanish, Ukrainian and Russian. It can be used to support completion of the National Vulnerable Migrant Enhanced Assessment template which is available on SystmOne.

CASE STUDY: SPECIALIST CARE FOR ASYLUM SEEKERS IN MERIDIAN PRACTICE, COVENTRY

Meridian Practice is a specialist practice in Coventry city centre which has been providing specialist care for asylum seekers and refugees for more than 20 years. It is an integrated primary care service to meet the immediate health needs of asylum seekers and support transition into mainstream practice if refugee status is awarded.

The practice has direct links with Home Office accommodation providers; patients are supported to electronically register with the practice in hotels and access transport to appointments. Nurse teams visit hotels weekly to conduct initial assessments with extended appointment times, covering history on patient's journey, trauma, mental health, TB status, immunisation history and other relevant information.

Catch-up immunisations are offered and follow-up GP appointments arranged if required. Mental health support and counselling is provided thorough Coventry Refugee Service, whilst medical treatment is provided at the practice for anxiety, depression and PTSD. Coventry Refugee and Migrant Centre, along with other voluntary organisations including Carriers of Hope and Coventry MIND, also play a key role in supporting patients, including in supporting patients to apply for HC2 certificates.

Offering ample time to listen the patient's story in a confidential and supportive manner, providing continuity of care when sensitive information is divulged and using appropriate interpreters are key to providing good care for newly arrived asylum seekers.

3

Conducting initial health assessment

All residents in initial and contingency accommodation should be offered health assessments to identify any immediate health needs, including long-term conditions, mental health needs or public health concerns, or safeguarding risks that have not yet been identified in initial healthcare access. Access to local primary care services should be encouraged during screening if residents are not already registered.

Health assessments should be commissioned by ICBs either directly from local GP practices or other providers, either on or off site, with templates and local pathways agreed to support this. Best practice in commissioning these services includes:

- ▶ Longer appointments
 - ▶ Continuity of GP where possible
 - ▶ Clear communication of clinic dates and timings in language residents understand
 - ▶ Clinics at same time each week where possible
 - ▶ Coding in electronic notes where appropriate (for example, victim of torture) and use of templates
 - ▶ Asymptomatic screening as agreed locally, including screening for infectious diseases such as latent TB and mental health assessment, considering commissioning specific mental health services for residents in accommodation
 - ▶ Holistic approach and referral to other local organisations – see [social prescribing toolkit](#) for link workers
- ▶ Provision of information on accessing mainstream primary care services and how the NHS works (see above section – Provide accessible information)
 - ▶ The OHID Migrant Health guide outlines a useful [checklist](#) on health assessment for migrants (also see [video](#) on entitlements to healthcare and assessing patients from overseas)



CASE STUDY: REFLECTIONS ON GP REGISTRATION AND INITIAL ASSESSMENT OUTREACH FOR CONTINGENCY ACCOMMODATION RESIDENTS IN DEVON AND CORNWALL

Health Point Clinic offers initial assessment outreach and registers residents in contingency hotel asylum accommodation with local GP practices. Some examples of good practice are summarised below. Setting aside specific time to register and do health check screening is important, for example, running clinics on a weekend ensured patients felt welcome and could orientate themselves with the building and local area.

Liaison with registered practices:

- ▶ Offer information leaflet to give to patients with details of local hospital, GP, optician, dentist, sexual health venues and how to get there
- ▶ Consider GP on site to answer urgent questions and organise urgent prescriptions during health assessment interviews
- ▶ Clear instructions on how to organise appointments with the practice if they will be required, with support from hotel staff
- ▶ Use of templates and coding directly in patient electronic notes
- ▶ Face to face translators when possible

Liaison with other bodies:

- ▶ Arrange outreach clinics in conjunction with body able to give immunisations (such as flu and COVID-19)
- ▶ Consider joint outreach with mental health resource and case work for legal/ social support
- ▶ Coordinate with local refugee support to address social needs
- ▶ Clear guidance for social prescribing pathway
- ▶ Arrangement for routine dental access

CASE STUDY: SUPPORTING ASYLUM SEEKERS IN NORWICH INTO MAINSTREAM HEALTHCARE SERVICES

The Asylum Seeker Healthcare Team is a team of registered healthcare professionals and support staff who provide a multi-dimensional specialist role offering an integrated approach to health and social care for asylum seekers, refugees and migrants in Norwich. The health team are co-located within Norfolk County Council's People from Abroad Team and are part of the Vulnerable Adult Service model.

The team provides support for clients to register with a local GP Practice, enabling them to access mainstream health care services. A specialist mental health service has also been developed alongside the Norfolk and Suffolk Foundation Trust. The service aims to provide any asylum seeker, refugee, or migrant, no matter their country of origin, with fair and equal access to General Medical and support services:

- ▶ Providing an **in-depth and comprehensive initial healthcare screening** to identify any health and social care needs. This information is shared with the registered GP to provide a history and baseline assessment for the medical practitioner.
- ▶ Offering **support and learning** for inclusion practices to assist with the clinical management of this client group
- ▶ **Integrated working** with other agencies who are part of the Inclusion Health model to ensure a joined-up approach, such as Voluntary Sector groups
- ▶ Promoting the use of **translation** services and assisting practices with any support they may require with this

The asylum seeker service is summarised in [this video](#).



Healthcare commissioning in initial and contingency accommodation

- ✓ Develop commissioned services that meet the needs of asylum seekers living in initial and contingency accommodation through permanent GP registration and initial health assessment
- ✓ Work with GP practices to support sign up to [Safe Surgeries](#) and ensure staff are trained on entitlements and inclusive GP registration processes
- ✓ Ensure interpreting services are easily accessible for residents and staff during registration and consultation, in line with [guidance](#)
- ✓ Provide residents with information on registering with a GP and accessing health services in a language they understand and in accessible formats during induction and initial assessment
- ✓ Work with accommodation providers to establish a pathway to ensure all residents are supported to register with a GP and access appointments

For GP practices supporting patients in initial and contingency accommodation

- ✓ [Sign up](#) to Safe Surgeries and ensure all staff receive [training](#) and [resources](#)
- ✓ Display [translated information](#) and Safe Surgeries posters for patients in practice waiting areas
- ✓ Share translated [health questionnaires](#) with patients during registration
- ✓ Keep copies of [HC1 forms](#) in the reception area and refer to support
- ✓ Access professional interpreters during registration process and consultation
- ✓ Use templates and coding in electronic notes

For more information on health needs and supporting access to healthcare for asylum seekers in initial and contingency accommodation, please explore the following resources:

- ▶ [Safe Surgeries network – sign up to the network, resources, posters and training](#)
- ▶ [NHS England Primary Medical Care Policy and Guidance Manual \(PGM\)](#)
- ▶ [BMA: Patient registration guidance](#)
- ▶ [BMA: refugee and asylum seeker patient health toolkit](#)
- ▶ [CQC: registration and treatment of asylum seekers, refugees and other migrants](#)
- ▶ [Office for Health Improvement and Disparities: Migrant Health guide, including language interpreting and translation guidance](#)
- ▶ [Patient health questionnaires for people seeking asylum and refugees](#)

Application Registration Card (ARC)

A credit card-sized plastic card issued by the Home Office to individuals who claim asylum with details of nationality, right to work and age.

Asylum seeker

A person who has left their country of origin, applied for asylum in another country and is waiting for a decision on their asylum claim.

Contingency accommodation

The use of hotels, repurposed MoD facilities, student and other self-contained accommodation while capacity in initial accommodation and dispersal is limited.

Dispersal accommodation

Longer-term accommodation, often self-catered shared houses or flats in the community, which normally accommodates people seeking asylum until they receive a decision on their asylum claim.

HC2 certificate

Certificate for help with health costs, including prescriptions, dental treatment and sight tests, obtained by applying to the NHS Low Income Scheme by completing a HC1 form.

Initial accommodation

Usually the first accommodation for asylum seekers; short term housing in a hostel-type environment which can be full-board, half-board or self-catering.

Refugee

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.

Screening interview

The first interview after claiming asylum which includes questions on background information on asylum claims.

Section 98 support

Temporary support provided whilst the Home Office makes a decision on eligibility for a claim for section 95 support.

Section 95 support

Housing and 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 until a decision is made on their claim, under the 1999 Immigration and Asylum Act.

Section 4 support

Housing and financial support to a person who becomes appeal rights exhausted (ARE) when their asylum claim is unsuccessful if they do not have accommodation and/ or cannot afford to meet their essential living needs and are unable to leave the country.

Substantive interview

Detailed interview conducted by the Home Office to inform decisions on asylum claims.



SAFE SURGERIES