New arrivals, asylum seekers and refugees

Introduction

For the United Nations (UN) High Commission for Refugees, a migrant is someone who makes a conscious voluntary choice to leave their country of origin. Should they choose, they can safely return. Economic migrants leave their home country to seek work. The term is applied to new arrivals who obtain government work permits to fill UK labour shortages. Many ordinary residents live in the UK for a settled purpose, such as work or study.

An asylum seeker is a person aged 18 and over who has fled persecution and has made an asylum claim under the 1951 UN Convention on Refugees,¹ or against a breach of the European Convention on Human Rights. A refugee is someone whose claim to be at risk of persecution has been accepted. A failed asylum seeker has exhausted the available legal avenues, and has not met the legal criteria to become a refugee. Governments are obliged to provide protection to people who meet the criteria for asylum.

Dependents of asylum seekers are entitled to support regardless of immigration status. A dependent can be a husband, wife, civil partner, an unmarried couple (if living together for more than 2 of the last 3 years), a child under 18 or a member of the household who is over 18 and is in need of care and attention due to disability.

Although some asylum seekers might enter the UK illegally, once they have applied for asylum they are no longer considered illegal migrants. Anyone seeking protection is entitled to stay in the UK while awaiting a decision on their asylum claim.

Who’s at risk and why?

Migrant health problems are complex. People from the EU are generally younger, and may be healthier than the general population. However, in Leicester there are also more people who are from older, migrant populations.

As with the general population, migrants experience different physical health conditions. For people from African communities, there are health issues regarding diet, hypertension, diabetes, female genital mutilation, women not accessing antenatal and postnatal care, substance misuse and smoking. For people in the Roma community, there may be health and social care problems related to a reluctance of community members to engage with statutory service providers.

About this briefing

The briefing is part of the Leicester JSNA and is intended to give an overview, based on current available information, of the issues involved and links to further sources of information. This briefing will be reviewed at least annually and we welcome your comments and suggestions for improvement. Please send your comments to Sandie.Harwood@leicester.gov.uk or telephone 0116 454 2023.

If you would like to join the JSNA email group and be kept up to date with changes and additions to the JSNA webpages, please contact Sandie Harwood: Sandie.Harwood@leicester.gov.uk

This briefing is not statement of policy of either Leicester City Council or Leicester City Clinical Commissioning Group, nor the Leicester Health and Wellbeing Board.
With regard to economic migrants, most are young, fit and healthy, but their needs increase as they become settled. Volatility in the job market can put economic migrants at risk of homelessness. In the winter of 2011/12, half the homeless people in Leicester were EU economic migrants. By the time a person becomes homeless, there are often a number of issues which compound risk to physical health, including alcohol and drug dependency, smoking, poor diet, heart disease and mental illness.

The most common physical health problems affecting asylum seekers include:

- **Communicable diseases**: Immunisation coverage may be poor or non-existent for asylum seekers from countries lacking healthcare facilities. According to Public Health England (PHE), non-UK born migrants in Leicester had higher rates of tuberculosis (TB) than the East Midlands average. Rates are highest in people from Indian and Pakistani backgrounds and black Africans.

- **Sexual health needs**: UK surveillance programmes of sexually transmitted diseases (except HIV) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women.

- **Chronic diseases**: Diseases such as diabetes or hypertension may not have been diagnosed in the country of origin, perhaps due to lack of healthcare services.

- **Dental disorders**: Dental issues are commonly reported amongst refugees and asylum seekers.

- **Consequences of injury and torture**

- **Psychosomatic disorders**: Physical manifestations of mental illness, which may result from night terrors, sensitivity to noise, etc.

- **Women’s health**: Studies have shown poor antenatal care and pregnancy outcomes amongst refugees and asylum seekers. Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population. Uptake rates for cervical and breast cancer screening are typically very poor. Other concerns include female genital mutilation and domestic violence.

- **Disability**: Limited evidence exists on the prevalence of disability amongst refugees and asylum seekers, with estimates varying from 3–10%. There is little or no commissioning of services for asylum seekers with disabilities resulting from, for example, landmine injuries.

- **Irregular or undocumented migrants** (such as those who have failed to leave the UK once their asylum claim has been refused or those who have been illegally trafficked): These migrants also have significant health needs and are largely hidden from health services.

Navigating the UK process of seeking asylum is complex. A person claiming asylum will normally be given Section 95 support, whilst their application is considered. Those who have exhausted their appeal rights, but are unable to return home, can apply for Section 4 (hard case) support for full-board. During the application period, they have limited support, with high risk of destitution. Once they have been granted refugee status, they face the challenge of building new lives in unfamiliar circumstances, often facing hostility, housing difficulties, poverty and loss of choice and control.

Compared to the general population, the incidence of mental illness is higher among asylum seekers and refugees. The most frequently diagnosed conditions are related to trauma, psychological distress, depression and anxiety. However, these are not homogenous groups; some individuals may have normal reactions to abnormal events, for others reaching the UK may be indicative of resilience. Whilst mental illness may be associated with the circumstances surrounding the departure of some people from their country of origin, there is evidence that for others, mental
distress is associated with their circumstances in the UK,⁹ where policy has had a negative impact on their mental health and wellbeing.

Nottingham based research¹⁰ confirms these issues. By definition, seeking asylum negatively impacts on mental health. Many have post-traumatic stress disorders, having witnessed or experienced violence, murder, rape or torture. People come to the UK expecting to find a safe haven, but find a slow process with long delays and uncertainties, causing added stress and anxiety, impoverishment and destitution. In consequence, many have exacerbated mental health problems.

Asylum seekers have chaotic lives, which may prevent access to routine care. Healthcare staff may not be aware of an individual’s status or life experience. The Nottingham evidence shows that asylum seekers and refugees may be difficult patients, because they may miss appointments because of transport costs, may have been detained, have had to change accommodation, may not be able to speak English, as well as the other reasons which are linked to chaotic lifestyles.

The following issues have a detrimental impact on the mental health of asylum seekers and refugees:

- **The UK process for claiming asylum can cause stress and insecurity:** Application decisions can take a long time; people often live in fear of detention or deportation.¹¹ This makes it difficult for people to settle and plan for the future.
- **Dispersal:** Most asylum seekers have no choice as to where they live. Dispersal does not necessarily take into account community support, family or friends, although these support networks are important to integration and wellbeing.¹² Dispersal neighbourhoods are often deprived, with little experience of diverse communities, which can lead to social tension and racism.¹³
- **Accommodation:** Poor housing and overcrowding can have a negative impact on mental health.¹⁴
- **English Language Skills:** Language is important for integration and participation.¹⁵ People who cannot speak English face challenges with community engagement and accessing support. A shortage of English classes and rules excluding asylum seekers from free classes¹ can make learning English challenging.
- **Work and Benefits:** Asylum seekers are prohibited from working, an important opportunity for integration.¹⁶ As a result, many live in poverty, on £36.95 per week. Poverty and the inability to provide for themselves and their families or to contribute to society, impacts negatively on self-esteem, confidence and mental health.¹⁷
- **Failed asylum seekers:** Government policy is to withdraw housing and finance support from failed asylum seekers, whose only option is to apply for Section 4 support. This provides £35.39 weekly on a charge card, to be used in certain supermarkets, and basic accommodation on a no choice basis, which could be far from support networks. To qualify for Section 4, people must meet certain criteria, including a commitment to return to country of origin as soon as it is safe and practicable, requiring proof of travel arrangements, or that they are unable to return. Individuals with mental health problems are less likely to sign up to Section 4 support.
- **Destitution:** Those who do not meet Section 4 criteria, or who do not want to apply because for fear of persecution, find themselves without recourse to any benefits or the right to work. These people face destitution.¹⁸ In addition, some refugees and asylum seekers who

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¹ Asylum seekers may not be able to access English Language classes until they have been waiting for at least 6 months, or have been accepted as a refugee.
are entitled to support, including many children, are also destitute.\textsuperscript{19} Although many may have experienced mental distress before they became destitute, it is clear that destitution exacerbates mental illness.\textsuperscript{20}

- **Healthcare restrictions:** All asylum seekers and refugees are entitled to primary healthcare free of charge, although refused asylum seekers are registered at the discretion of the GP. In 2004, restrictions on free secondary healthcare were introduced. These meant that secondary care for destitute people is usually chargeable, unless it is for an emergency, family planning, compulsory mental health or for certain infectious diseases. As a result, many people have limited access to healthcare.

- **Detention:** Asylum seekers can be detained at any point in the process. At any time, about 3,000 people are held in detention centres around the UK. There is no time limit to detention. Amongst these people will be those with mental illness, physical disabilities, children and people who have been tortured. Cohen reported high levels of distress and self-harm among detainees.\textsuperscript{21}

- **Children and young people:** In 2007, 7,700 children arrived in the UK seeking asylum. Some of these children arrive with, or join, their family, though many arrive alone as unaccompanied asylum-seeking children. Without support, refugee children and young people are at risk of experiencing mental health problems.

**The level of need in the population**

PHE\textsuperscript{22} shows Leicester has the largest, long term, non-UK born population (18\% resident for more than 10 years) in the East Midlands. The city is becoming more diverse, thanks in part, to more inward migration. The main reasons for migration are family (41\%), employment (26\%), education (14\%) and refugees (5\%).

There are at least three different groups of recent, new arrivals. The first comprised people of Somali background who arrived from the Netherlands, Sweden and Denmark in the 2000s. Generally, these people gained asylum in Europe and became European Union (EU) nationals. The second group were economic migrants, originating mainly from Eastern Europe. Finally, there are asylum seekers and refugees who first began to arrive in the 1990s. This group has comprised people from the Balkans, Iraq, Iran, Afghanistan, Turkish Kurds and sub-Saharan Africa, such as Zimbabwe.

Although a high proportion of migrants become long term Leicester residents, there is a relatively high rate\textsuperscript{23} of short term migration and turnover among new arrivals.\textsuperscript{2} The proportion of non-UK born migrants who have been living in Leicester for less than 2 years is nearly 10\%; one of the highest in East Midlands. The majority of these migrants are from the Middle East or Asia. Migrants from these areas have an older age profile than EU migrants.

Compared to the East Midlands, Leicester has the smallest proportion of people aged 65 years and over (11\%) and the largest proportion aged 19 years and under (27\%). With regard to economic migrants, there are more than 6,000 applications for National Insurance Numbers (NINO) in Leicester; people from Poland and Portugal feature highest, although 5\% are people from Africa.

There are about 10,000 people from Somali background in Leicester, resident mainly in St Matthews, Highfields and Beaumont Leys.\textsuperscript{24} Most working age economic migrants are from Poland, with high proportions of people from Slovakia, Portugal, Latvia and Lithuania. Many people from Polish backgrounds live in the Evington and Narborough Road areas. The Slovak Roma community are mainly located in areas around Evington Road and East Park Road.

\textsuperscript{2} Leicester also has a relatively high short term migration. Regional average is 1.2 per 1,000 (highest is Boston 9 per 1,000, and Nottingham 6.7 per 1,000). Leicester has a rate of 2.3 per 1,000.
With regard to asylum seekers and refugees, Leicester is a National Asylum Seeker Service (NASS) designated dispersal city. Leicester is host to about 1,000 of the 2,500 asylum seekers resident in the East Midlands. These are mainly from the Middle East or Asia. At present, there is little information about trafficked and undocumented migrants.

Once asylum seekers are accepted as refugees, they are free to settle anywhere. A large recent refugee group in Leicester is people from Zimbabwe, estimated to number 2,000-3,000 people.

Leicester is known to be home to many failed asylum seekers and illegal immigrants. The details of these people are unknown, but could also include people who have been trafficked. Many people in this group survive by sofa surfing and by assistance from local charitable organisations. There could be as many as 3,000 ‘hidden people’ living in the city.

Of the issues which are known to have a detrimental impact on the mental health of asylum seekers and refugees, Leicester has particular issues with English language skills, as it has the highest regional proportion of people who could not speak English well or at all (7.5% of the population according to the 2011 census vs East Midlands average of 1.4%) and also has the highest proportion of pupils whose first language is not believed to be English; and that many of the 1,000 people seeking asylum and living in Leicester will be members of families with children.

Nearly 50% of Leicester births in 2013 were by non-UK born mothers, which is the highest proportion in the East Midlands.

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### Current services in relation to need

Timely access to appropriate health and social care for migrants depends on circumstances and need. Working economic migrants may find access to services to Leicester to be straightforward. However, meeting the health and social care needs of asylum seekers and refugees requires the input of different services and expertise.

Asylum seekers are eligible for legal aid to assist their claim. National helplines and regulated immigration advisers outline the support available. The regulated advisers listed for Leicester are Leicestershire Citizens Advice Bureau, Highfields Centre and Community Logg Sewa.

Leicester City Council funds the Citizens Advice Bureau support, as well as other voluntary and community sector organisations providing assistance to asylum seekers. For instance, the Race Equality Centre and the Lesbian, Gay, Bisexual and Transgender (LGBT) Centre both provide support to asylum seekers requiring assistance, based upon protected characteristic. The Leicestershire AIDS Support Service (LASS) provides support, information and advocacy to asylum seekers with, and affected by HIV.

The British Red Cross (BRC) offers emergency provision to people facing severe hardship and support for newly arrived asylum seekers. It co-ordinates the Leicestershire Refugee and Asylum Seeker Orientation and Support Service, a five year project mainly funded by the Big Lottery. The aim of the project is to mitigate destitution, and help asylum seekers and refugees to access services, volunteer, and improve their skills and employment prospects.

Since 2010, the total number of asylum seekers and refugees who have sought the support of the Red Cross is 2,850. Annual access has ranged from 668 to 765 per year, with an average of about 713

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[3] [https://www.gov.uk/find-an-immigration-adviser/search-for-an-adviser](https://www.gov.uk/find-an-immigration-adviser/search-for-an-adviser)
people per year. It is estimated that a further 650 will seek BRC support in 2014/15. About 75% of the 2,850 asylum seekers and refugees who have sought support from the BRC are destitute.

Table 1: Asylum Seekers and Refugees seeking British Red Cross support in Leicester 2010-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>739</td>
</tr>
<tr>
<td>2011-12</td>
<td>668</td>
</tr>
<tr>
<td>2012-13</td>
<td>765</td>
</tr>
<tr>
<td>2013-14</td>
<td>678</td>
</tr>
<tr>
<td>Total</td>
<td>2,850</td>
</tr>
</tbody>
</table>

Source: British Red Cross

All asylum seekers are at risk of destitution, but for most the risk is greatest at the end of the process when they no longer receive support. Research shows that those who seek Section 4 support, or are too afraid to seek it or have been refused it, are most likely to be seen by the BRC. For refugees, destitution usually arises because of bureaucratic delays in the issuing of national insurance numbers and bio-metric residency permits.

Asylum dispersal was introduced in 2000, in response to increasing pressures that were experienced by local authorities in the South East to house asylum seekers. Asylum support caseworkers must have regard to the desirability of providing accommodation in areas in which there is a ready supply of accommodation and as a general rule, this means outside London and the South East. In deciding whether it is reasonable to allocate dispersed accommodation, particular attention is given to: medical treatment; unaccompanied asylum seeking children who are leaving care; family ties; education; ethnic group; religion; employment; and legal advice. However, in general the guidance indicates that the need for dispersal takes precedence over other considerations, unless personal circumstances require otherwise.

Asylum seeker accommodation in Leicester is overseen by G4S Care and Justice Services, under the UK Border Agency COMPASS contracts. G4S have houses across the city,26 and they are responsible for the provision of dispersed accommodation across the region, offering full board initial accommodation (prior to dispersal into dispersed accommodation), and a transport service (between initial accommodation and dispersed accommodation).

Tables 2, 3 and 4 below sets out G4S figures on Section 4 and Section 95 support in the city.

Table 2: Section 4 and Section 95 support in Leicester by total numbers, September 2014 to September 2015

<table>
<thead>
<tr>
<th></th>
<th>Sec 4</th>
<th>Sec 95</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2014</td>
<td>187</td>
<td>802</td>
<td>1034</td>
</tr>
<tr>
<td>September 2015</td>
<td>170</td>
<td>843</td>
<td>1013</td>
</tr>
</tbody>
</table>

Source: G4S
Table 3: Section 4 and Section 95 support in Leicester by type of household, December 2015

<table>
<thead>
<tr>
<th></th>
<th>Sec 4</th>
<th>Sec 95</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
<td>120</td>
<td>599</td>
<td>719</td>
</tr>
<tr>
<td>Singles</td>
<td>42</td>
<td>259</td>
<td>301</td>
</tr>
<tr>
<td>Total</td>
<td>162</td>
<td>858</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** G4S

There are 305 properties managed by G4S in the city.

Table 4: G4S managed dispersal of properties and people housed across Leicester, September 2015

<table>
<thead>
<tr>
<th>Properties</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>LE5</td>
<td>21</td>
</tr>
<tr>
<td>LE4</td>
<td>41</td>
</tr>
<tr>
<td>LE3</td>
<td>152</td>
</tr>
<tr>
<td>LE2</td>
<td>84</td>
</tr>
<tr>
<td>LE1</td>
<td>4</td>
</tr>
</tbody>
</table>

**Source:** G4S

Leicester City of Sanctuary works to support asylum seekers by building a culture of hospitality and raising their profile. It offers practical support which includes: outings and social activities; classes and workshops; the New Evidence Support Team which helps to find evidence to support claims; a hosting scheme which supports temporarily homeless people; and a small hardship fund for people in crisis.

Some groups work with the Diocese of Leicester, such as the Leicester Faiths Support Group, to advocate on behalf of asylum seekers. The Welcome Project gives immediate, practical support to asylum seekers, with gifts of food, clothes and toiletries. The project also aims to help people when having difficulties, making phone calls, writing letters, advocating for them and referring them to appropriate organisations for advice and support.

The Open Hands Trust operates out of the Compassion Centre on Highfield Street, providing different activities, such as Open Hands Meals every Tuesday evening to those in need of a hot meal. A furniture restoration project restores donated furniture for use by people in need. Storehouse provides food hampers, baby hampers and new home hampers. There are courses ranging from learning English languages, women-focused initiatives such as Emerge, Acts of Kindness and Beauty for Ashes, which help women to develop friendships and confidence.

ASSIST (Leicester City Assist Practice) is commissioned by Leicester City Clinical Commissioning Group (LC CCG), and provided by Inclusion Healthcare to meet the healthcare needs of asylum seekers in the city. In addition to general health care, ASSIST provides a range of specialist care, advice and assistance for mental health issues, wellbeing, malnutrition, sexual health, infectious diseases, stress related problems and dermatological conditions. NHS helplines can be used by asylum seekers. Including the NHS 111 helpline, for help and advice with non-emergency health problems and the NHS Help with Health Costs helpline, for help with prescriptions for medicine, dental care, eyesight tests and buying glasses.
Under Section 21 of the National Assistance Act 1948, a local authority can accommodate people over the age of 18 whom, because of age, illness, disability or any other circumstances are in need of care and attention which they cannot access anywhere else. People subject to immigration control – asylum seekers and those refused asylum – are eligible for Section 21 support if they have these additional health needs.

Asylum seekers are required to enrol their children in local schools. The council facilitates these applications and schools accommodate children within their intake. Unaccompanied children seeking asylum are supported by the local authority under Section 20 of the Children Act 1989. They are treated in the same way as British children who have been taken into care. On leaving care, they may be entitled to continued local authority support until they reach 21 years of age.

Leicester City Council funds the After 18 project to provide support for young people (particularly unaccompanied young asylum seekers) and adults who are separated from their family. The Centre Project runs a Freedom Club, which is drop in sessions for unaccompanied young asylum seekers. The library service provides free internet access and access to other library resources and community information. The council operates the Pass it On Scheme, whereby bulky furniture and items in clean and working order are donated to people in crisis.

### Projected services use and outcomes in 3-5 years and 5-10 years

The chart below shows the volatility in the number of people claiming asylum in the UK. Leicester has been a NASS dispersal city since 2001. Although the peak years for asylum seekers were in the mid-2000s, recent net migration has been increasing and the trajectory is for more asylum seekers.

Asylum applications to the UK from main applicants increased by 29% to 32,414 in 2015, the highest number of applications since 2004 (33,960). The largest number of applications for asylum came from nationals of Eritrea (3,729), followed by Iran (3,248), Sudan (2,918) and Syria (2,609). Including dependents, the number of asylum applications increased by 20% from 32,344 in 2014 to 38,878 in 2015, and there were around 1 dependent for every 5 main applicants.

Numbers of individual asylum seekers in Leicester at any one time have ranged from 450 in 2011 to over 1,000 in 2007. In 2013, numbers began to increase once again; in January 2016 there were 1,023 asylum seekers in Leicester. Asylum seekers dispersal numbers do not include unaccompanied asylum seeker children, asylum seekers with negative decisions, those who are not supported, and those who’s appeal rights are exhausted.

The expectation is that whilst current non-dispersal areas will be expected to accommodate some asylum seekers, current dispersal areas will have a threshold which is beyond present numbers. The best estimate at the moment is that the number of asylum seekers will increase until they meet the Home Office formula of one asylum seeker for every 200 people, or about 1,650 people about 600 more people than presently accommodated in Leicester, an increase of 57%.

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4 NASS National Asylum Support Service. This is now known as Asylum Support but the common term is still NASS and is used in this report.
'Still Human, Still Here' provides Leicester City Council with updates of national asylum seeker numbers. These data show the complexity and volatility of the asylum seeker process. In 2015/16 quarter 3 (Q3), there were 10,156 asylum applications nationally, compared with 6,203 in quarter 2 (Q2); there were 6,755 initial decisions in Q3, of which 36% were grants of asylum (2,450).

There were 15,487 cases pending initial decision (of which 3,623 were over 6 months old). This compares with 12,368 cases pending initial decision at the end of Q2 (of which 3,606 were over 6 months old). In Q3, 3,055 appeals were received and 2,561 were determined, and 38% were allowed (971), this was slightly more than Q2.

Nationally people from some nationalities have high proportions of successful asylum applications: Eritrea: 86% (177 successful appeals); Afghanistan: 59% (83 successful appeals); Sudan: 50% (16 successful appeals); Libya: 44% (24 successful appeals); Iran: 42% (90 successful appeals); Iraq: 40% (28 successful appeals); Sri Lanka: 41% (144 successful appeals).

At the end of Q3, 31,896 were supported (3,276 subsistence only, 28,620 dispersed accommodation), compared with 30,457 in Q2 (3,473 subsistence only, 26,984 dispersed accommodation). At the end of Q3, 2,834 were receiving S4 support, compared with 3,318 at the end of Q2.

In Q3 2015, the UK received a total of 12,000 asylum applicants (including dependents) - 4% of the EU15 total. Germany, France, Italy, Sweden, Belgium, Netherlands and Austria all received more applications than the UK, with Germany receiving more than 10 times as many (108,300).

The Refugee Council provides the following profile of unaccompanied children seeking asylum in the UK in 2014:

- Total number of applications in 2014: 1,861
- 88% were male
- Age ranges were: 62% were 16-17; 28% were 14-15; 6% were under 14
- 17% of applications were age disputed cases
In 2013, 70% of grants of discretionary leave were to children aged 17 and under, although they accounted for less than 5% of decisions.

For decisions on children who have reached the age of 18, their refusal rate was 70% in 2013.

Table 5: Top six child asylum applicant countries 2012-14 (excluding dependents)

<table>
<thead>
<tr>
<th>Applicant Country</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>265</td>
<td>470</td>
<td>617</td>
</tr>
<tr>
<td>Eritrea</td>
<td>80</td>
<td>131</td>
<td>446</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>235</td>
<td>150</td>
<td>168</td>
</tr>
<tr>
<td>Syria</td>
<td>21</td>
<td>64</td>
<td>129</td>
</tr>
<tr>
<td>Vietnam</td>
<td>62</td>
<td>68</td>
<td>98</td>
</tr>
<tr>
<td>Iran</td>
<td>119</td>
<td>76</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: The Refugee Council

Tables 6 and 7 show that since 2012, the numbers of unaccompanied asylum seeker children aged 17 and under have increased from 594 to 992, a 67% increase. The number of children who were 18 years old has increased from 87 to 285, a rise of 327%.

Table 6: Initial asylum decisions on unaccompanied children aged 17 and under

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Refugee status</th>
<th>Humanitarian Protection</th>
<th>Discretionary Leave</th>
<th>UASC Leave</th>
<th>Family or private life</th>
<th>Refusals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>992</td>
<td>415</td>
<td>9</td>
<td>24</td>
<td>378</td>
<td>4</td>
<td>162</td>
</tr>
<tr>
<td>2013</td>
<td>936</td>
<td>237</td>
<td>4</td>
<td>380</td>
<td>119</td>
<td>18</td>
<td>178</td>
</tr>
<tr>
<td>2012</td>
<td>594</td>
<td>159</td>
<td>3</td>
<td>342</td>
<td>0</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

Source: The Refugee Council

Table 7: Initial asylum decisions on unaccompanied children who have reached the age of 18

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Refugee status</th>
<th>Humanitarian Protection</th>
<th>Discretionary Leave</th>
<th>UASC Leave</th>
<th>Family or private life</th>
<th>Refusals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>285</td>
<td>68</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>214</td>
</tr>
<tr>
<td>2013</td>
<td>176</td>
<td>50</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>121</td>
</tr>
<tr>
<td>2012</td>
<td>87</td>
<td>26</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>53</td>
</tr>
</tbody>
</table>

Source: The Refugee Council

Initial asylum decisions on unaccompanied children who have reached the age of 18, by country of origin: Albania 100 decisions, of which 99 were refusals, and 1 grant of asylum; Eritrea 34 decisions, of which 3 were refusals, and 31 grants of asylum; Afghanistan 25 decisions, of which 22 were refusals, and 2 grants of asylum; Iran 22 decisions, of which 16 were refusals and 6 grants of asylum.
Unmet needs and service gaps

The health needs of new arrivals in Leicester are varied. Economic migrants are generally younger and have fewer health needs. They may have infrequent contact with healthcare services, but may be users of emergency health care and/or may be vulnerable to issues such as unemployment, which in the past has been linked to an increase in homeless migrants in Leicester.

There has been volatility in the number of people seeking asylum who are based in Leicester. However, these are gradually increasing, such that in 2016 there are consistently more than 1,000 asylum seekers in the city. Meeting the needs of asylum seekers requires a co-ordinated approach.

Recommendations for consideration by commissioners

Establish effective multiagency partnership working through which
- A local strategy will be developed
- A health needs assessment focusing on asylum seekers will be carried out

Promote understanding of the diverse and complex needs of asylum seekers, particularly amongst health professionals and commissioners of services

Key contacts

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