Safe Surgeries toolkit for clinicians

SUPPORTING REFUGEES AND PEOPLE SEEKING ASYLUM IN PRIMARY CARE



DOCTORS OF THE WORLD

SAFE SURGERIES

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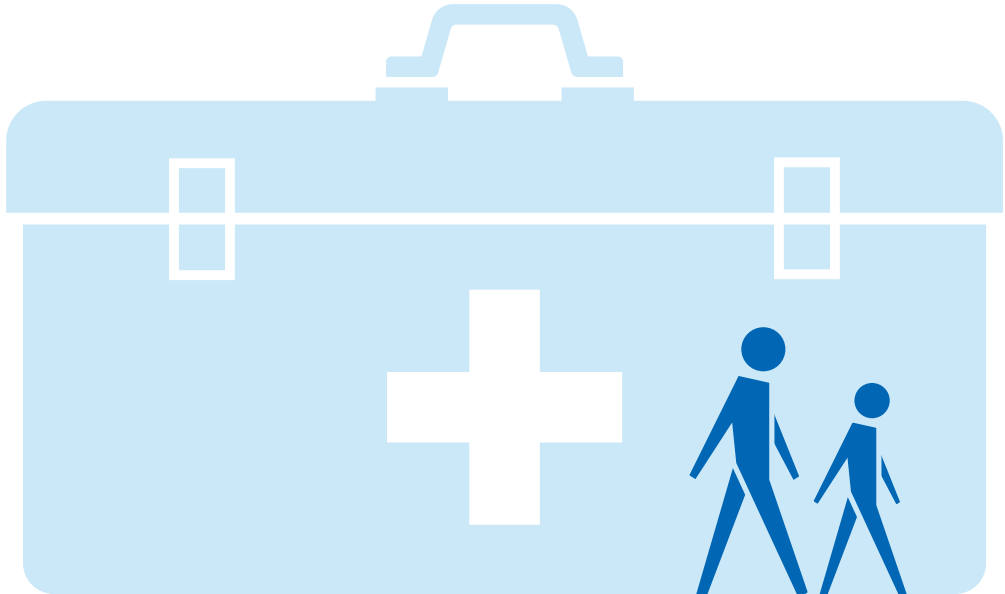
Doctors of the World UK (DOTWUK) is the UK chapter of the global Médecins du Monde network, an international human rights organisation made up of 17 chapters around the world working on both domestic and international health projects.

Our UK services include our clinic, adviceline, and outreach work offering primary care and health and social advice from volunteer doctors, nurses and support workers for excluded people. We have over fifteen years of experience in providing support to refugees, asylum seekers and migrants in the UK and advocating for systemic change that addresses the root causes of health inequalities.

People seeking asylum often face complex and unmet health and social needs. Many have experienced trauma, violence, persecution, and prolonged periods with little or no access to healthcare. Once in the UK, they may continue to face significant challenges navigating an unfamiliar and complex healthcare system. These factors can lead to poor health outcomes.

Clinicians play a vital role in supporting people seeking asylum and refugees. Providing person-centred care is however often difficult due to system-level pressures on the NHS, including funding constraints and workforce shortages. These present as barriers such as limited appointment times, limited availability of appropriate interpreting and specialised services, and other challenges in healthcare encounters.

This toolkit has been developed to support clinicians in England, Scotland, and Wales who are caring for people seeking asylum and refugees in primary care. It offers practical information, useful tips, and signposts to additional resources to help clinicians navigate the realities of a resource-constrained healthcare system. Our aim is to make it easier to provide informed, compassionate, and person-centred care to those navigating the asylum process.



DEFINITIONS

Asylum seeker: a person who has left their home country due to fear of persecution or harm but has not yet received official refugee status. They have applied for asylum in the UK and are awaiting a decision from the Home Office on their application.

Refugee: someone who has been granted protection in the UK after proving they face persecution in their home country due to race, religion, nationality, political opinion, or membership in a particular social group. Refugees are granted protection and legal status in the UK once their claim is recognised.

Humanitarian protection: a person who is recognised as facing a real risk of serious harm in their country of origin but does not qualify for refugee protection because the risk is not of persecution for a reason covered by the **Refugee Convention**. The person is granted humanitarian protection and permission to stay in the UK.

The process once a person has claimed asylum is complex and challenging. Due to the current backlog of cases, it can take years for an asylum decision to be reached. While waiting for the decision from the Home Office, people can be living in asylum accommodation with poor and unsafe conditions. This can have further health implications which can be compounded by being unable to work, isolation, discrimination, long periods of uncertainty and lack of agency, no recourse to public funds and surviving on limited financial support. Reports from our work in **Home Office initial accommodation sites** and in **Wethersfield**, a mass containment site, highlight the issues relating to access to healthcare and worsening physical and mental health for people accommodated in these conditions. Large sites like Wethersfield are usually managed by contracted on-site primary care services and are not the responsibility for local GP surgeries.

The figure below summarises the main stages of the asylum process. **Right to Remain's toolkit** provides further information about the asylum process in accessible formats and different languages.

CLAIM ASYLUM
Enter UK and claim asylum

→

SCREENING INTERVIEW
To collect basic information about a person's background, journey to the UK and why they are claiming asylum. A person can request subsistence support and accommodation if they are destitute.

→

SUBSTANTIVE INTERVIEW
A person is interviewed in detail about their reasons for claiming asylum in the UK. A person may need to provide evidence of medical or psychological problems at this interview.

→

WAIT
for decision on asylum claim (months to years)

↓

SUBSTANTIVE DECISION

↙ **POSITIVE**
Granted refugee status, humanitarian protection or other leave to remain, 5 years limited leave to remain and can access mainstream benefits or find work

↘ **NEGATIVE**
Refusal, possible appeal to asylum tribunal

Risk of homelessness at point of substantive decision. Individuals lose access to asylum support and accommodation

Positive decision: often delayed Biometric Residence Permits (BRP) and lengthy process to find accommodation, access mainstream benefits and find a job

Negative decision: Refused asylum seekers are expected to leave the UK but often experience barriers to removal. Some may be entitled to support from Home Office, or may submit further asylum claims. Some refused asylum seekers may become undocumented if they do not receive Home Office support and face further barriers to accessing services, and may be at risk of detention and deportation.

TYPES OF ASYLUM ACCOMMODATION

- **Initial accommodation centres (IACs)** pre-pandemic were 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
- **Contingency accommodation** includes use of hotels, repurposed Ministry of Defence (MoD) facilities, student and other self-contained accommodation, procured by accommodation providers due to limited availability of initial accommodation. *In recent years, due to increased use of contingency accommodation and limited dispersal accommodation, the vast majority of people are accommodated in contingency accommodation sites for the entirety of their asylum claim)*
- **Dispersal accommodation** is longer-term accommodation, often self-catered shared houses or flats in the community and come under the responsibilities of local authorities

Some people going through the asylum system have family or friends they can stay with so do not require Home Office accommodation. In this case the Home Office provide the substance element of section 95 only in order to cover basic living expenses.

Asylum support

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 until they receive a decision on their claim:

- **Section 98 emergency support** (usually full board accommodation and cash): provided to a person who has claimed asylum and appears to be destitute whilst they await a decision on their application for section 95 support.
- **Section 95 support:** via Aspen card. An Aspen card is given to people seeking asylum with weekly payments paid onto the card. The **amount paid weekly will vary** depending on whether people are in catered or non-catered accommodation. A person will receive £8.86 per week if their accommodation provides their meals and £49.18 in self-catered 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). The AASC statement of requirements outlines the responsibilities of accommodation providers in relation to supporting access to NHS services and GP registration. In initial accommodation, accommodation providers are only required to provide direct support if residents are in 'obvious and urgent need' of medical care at a minimum (section 4.4.6) which includes critical events such as heavy blood loss and loss of consciousness. As a result, residents with diverse and significant unmet health needs who fall outside these criteria are often left without any support in accessing healthcare services. Collaboration with accommodation providers is essential to bridge this gap and ensure all residents are registered with GP practices, enabling them to access the care they need.

Migrant Help is responsible for providing 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 do not support with registration).

Any issue can be logged as a complaint through the **Migrant Help AIRE Helpline**, accessible to all asylum seekers in the UK **24 hours a day on 0808 8010 503**. With individual's consent, issues can be logged by a third party on their behalf.

www.migranthelpuk.org

Access to primary care and GP registration

In line with **NHS England Guidance on Primary Care** and the GMS contract, nationality and immigration status are not relevant to GP registration. Anybody in England, Scotland and Wales may register and consult with a GP **without charge** – this includes all asylum seekers and refugees, refused asylum seekers, people who are undocumented – whether lawfully in the UK or not. A patient does not need to be 'ordinarily resident' to be eligible for NHS primary medical care. There is no set length of time that a patient must reside in the country to become eligible to receive primary care.

Proof of ID, address or NHS numbers are not required to register with a GP practice in England, Scotland and Wales (see the **Safe Surgeries toolkit** for more detail). Residents in initial and contingency accommodation may have Home Office documents, HC2 certificates or application registration cards (ARC) which can support with the administrative process, but registration cannot be refused if any documents cannot be provided.

DATA SHARING AND PATIENT CONFIDENTIALITY

People with insecure immigration status may fear sharing personal information when registering with a GP, worried it could be used for immigration enforcement—a concern rooted in past data-sharing practices. Although the policy has changed and primary care data is not shared with the Home Office for immigration purposes, information about patients who are chargeable in secondary care can still be shared with the Home Office. If the Home Office contacts you about a patient, you are under no legal obligations to share information. You should only do so if there is a court order, a public health risk or it's in relation to a serious crime (immigration offences aren't serious crimes) – in alignment with confidentiality guidelines.

People seeking asylum should be registered in a GP practice as **permanent** (rather than temporary) patients, in line with NHS England guidance (4.4.9). This ensures any clinical intervention is recorded against their NHS number and enables medical records to be transferred for better ongoing care and meeting longer term health needs, including via referral to secondary care and other services.

SAFE SURGERIES

Safe Surgeries is a DOTWUK initiative which has established a network of GP practices across the UK and support for staff working to improve registration processes and reduce health inequalities in access to primary care. For more information and resources (including form to sign up) visit our website **doctorsoftheworld.org.uk/safesurgeries**

Referring patients for secondary care services

Refugees and people seeking asylum (and their dependents) are **exempt from charges** for secondary care services, as well as victims of modern slavery and survivors of torture, FGM, domestic or sexual violence (for treatment needed as a result of their experience of violence). In England, refused asylum seekers who are receiving section 95 support, section 4 support or support under the Care Act are exempt. In Scotland and Wales, this exemption includes all refused asylum seekers who have previously made a claim for asylum.

Patients who are not 'ordinarily resident' in the UK are not exempt for other reasons may be charged for some hospital services. However**, referrals to secondary care services should be made on clinical grounds alone**, as stated in the NHS England policy and guidance manual (4.4.2). It is the responsibility of Overseas visitors teams in hospital trusts to establish patient entitlement to secondary care services after the referral has been made.

The charging regulations are complex and patients may be exempt for specific services or because of their circumstances, or may require urgent or immediately necessary care which cannot be withheld or delayed, even if patients cannot pay. Maternity services are always immediately necessary.

> **"4.4.2 Where a GP refers a patient for secondary services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care will be assessed by the receiving organisation."**
> NHS England, Policy and Guidance manual



If your patient is refused treatment you can refer them to DOTW's casework team **doctorsoftheworld.org.uk/patient-clinic**

Supporting patients who are in the asylum system or who have been granted refugee or humanitarian protection to access secondary care services:

- It can be useful for your patient to know that they are entitled to all NHS services free of charge so that they are not discouraged from accessing treatment if they face queries from the Overseas visitor team in a hospital.
- If known, in In your referral letter you could state that you patient has an active asylum claim or has been granted refugee or humanitarian protection and is therefore exempt from secondary care charges to ensure the patient is not incorrectly charged. It is also recommended to include interpreting needs or any other access needs of the patient in this letter.

More information on the charging rules and exemptions can be found **here** and in the **Migrant Health guide**.

Help with health costs: HC2 certificates

The NHS Low Income Scheme is accessed through HC2 certificates for help with health costs including prescription, dental and optometry charges. Those who have low or no income are eligible to apply for an HC2 certificate by completing a HC1 form. **Anyone, regardless of their immigration status, can apply for this.**

Asylum seekers in receipt of section 95 support should automatically receive a HC2 certificate and do not need to apply. This is valid for 6 months (rather than the usual 12 months for other applicants) and should be automatically renewed. If they haven't received it within 21 days, they can contact the Migrant Help helpline for it to be followed up.

Asylum seekers on section 98 support will need to complete a HC1 form. However, those receiving section 98 support should be encouraged to make their asylum support claim as soon as possible (this will be assessed by the Home Office within 10 days of receiving the application) as if this is granted they will automatically be sent their HC2 certificate (within 21 days).

HC1 forms should be shared with patients if required and they should be referred to support for completion of forms, through **Migrant Help** or other local organisations.

FURTHER SUPPORT

- Guidance on supporting HC2 application for people seeking asylum can be found **here**.
- HC1 forms are available **online** or can be ordered from the PCSE Online portal
- Information is available in different languages **here**.
- There is also help available with transport costs to some hospital appointments using the **Healthcare travel costs scheme (HTCS)**

SOCIAL PRESCRIBING

Social prescribers and care coordinators play a vital role in helping patients navigate the complex and often unfamiliar healthcare system, connecting them to local organisations that can offer support, community, and services that address both physical and mental health needs. Given the isolation many people seeking asylum face, these roles can be crucial in reducing barriers to care and ensuring that individuals receive the holistic support they require.

See our **toolkit for social prescribers** for more information

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. It should also provide people with knowledge and support to facilitate long-term access to NHS services.

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. It is a contractual requirement that once registered all patients must be invited to participate in a new patient check. ICBs could also commission an appropriate variation of the new patient health checks by providing top-up funding to GP practices or commissioning other primary care organisations to meet the additional needs of vulnerable migrants.

See our **toolkit for commissioners on supporting access to healthcare for people in initial and contingency accommodation** for more detail.

- Initial health assessment should be prompt after arrival in accommodation
- Give an overview of how the NHS works and the person's entitlement to healthcare (see **translated resources**)
- Take a holistic, person-centred and trauma informed approach, and signpost patients to services and voluntary support
- Consider screening for communicable diseases (including active and latent TB, hepatitis B/C, HIV, and parasitic infections), and offer catch-up immunisations if required required (see Catch-up vaccinations section). More information on the latent TB screening programme and eligibility criteria can be found **here**.
- Review medication supplies for non-communicable diseases that may be undiagnosed or poorly controlled following disrupted healthcare access
- Consider nutritional deficiency, oral health, pregnancy and contraception
- Conduct mental health screening including asking about traumatic experiences, noting signs of PTSD, and completing a **trauma screening questionnaire (TSQ)**. Consider using the Refugee-Health 15 (RH-15) mental health screening tool.

More information on initial health assessment can be found **here** and guidance with a checklist for assessing migrant patients from the **Office for Health Improvement and Disparities Migrant Health guide**. Country specific guides, including information on health conditions in countries of origin such as prevalence of infectious and genetic diseases, screening and vaccination programmes, can be found **here**.

TRANSLATED PATIENT QUESTIONNAIRES FOR NEW MIGRANT PATIENTS

These questionnaires, produced by DOTW and NHS England, and translated into over 30 languages 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.

Two new SNOMED codes have been released to record that an Initial Health Assessment for newly arrived migrants has been undertaken using these questionnaires:

- 1874651000000105 | Initial health assessment using New Patient Questionnaire for newly arrived migrants in the United Kingdom (procedure)
- 1874641000000107 | Initial health assessment using New Patient Questionnaire for newly arrived migrants in the United Kingdom declined (situation)

The questionnaires can be used to support completion of the National Vulnerable Migrant Enhanced Assessment template available on SystmOne

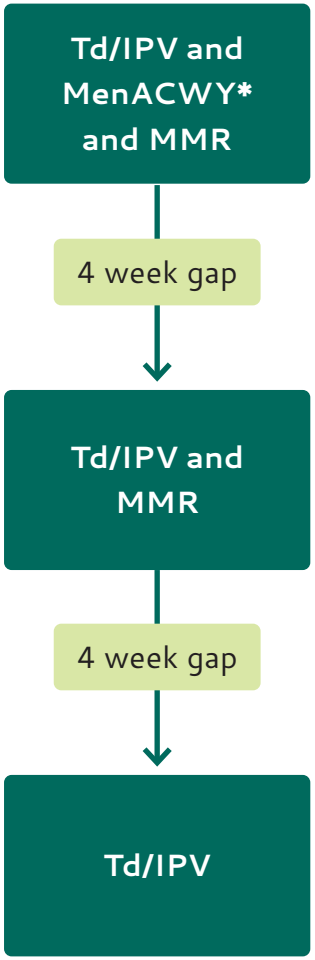


In recent years, vaccination coverage in the UK has declined, heightening the risk of vaccine-preventable diseases and outbreaks, particularly within under-immunised communities. People seeking asylum and refugees may have had disrupted access to healthcare in their home countries, resulting in missed vaccinations or boosters during childhood. These individuals are often marginalised from health and vaccination services on arrival to the UK and may present as adolescents and adults to GP practices with no childhood immunisation records and uncertain vaccination status, requiring catch-up vaccination.

Consider prioritising catch up vaccinations for infants if capacity is limited, particularly polio containing vaccine, and vaccines for pregnant women such as pertussis and RSV.

People seeking asylum are also considered a priority group for Hepatitis B vaccination due to high risk of exposure.

VACCINATION OF INDIVIDUALS WITH UNCERTAIN OR INCOMPLETE IMMUNISATION STATUS (FROM 10TH BIRTHDAY ONWARDS)



MMR
Measles, mumps, rubella

Td/IPV
Tetanus, Diphtheria, Polio

MenACWY
Meningococcal Conjugate Vaccine – Those aged from 10 years up to 25 years who have never received a MenC-containing vaccine should be offered MenACWY. Those aged 10 years up to 25 years may be eligible or may shortly become eligible for MenACWY usually given around 14 years of age. Those born on or after 1 September 1996 remain eligible for MenACWY until their 25th birthday.

- Boosters:
  - 1st booster of Td/IPV ideally 5 years following completion of primary course
  - 2nd booster of Td/IPV ideally 10 years (minimum 5 years) following 1st booster
- Human papillomavirus (HPV) – is recommended for all girls and boys from age 11 to 25 years – usually offered in Year 8 – and GBMSM up to 45 years of age.
- Additionally, RSV, COVID-19, flu, shingles, Pneumococcal vaccine (PPV) – if eligible according to UK schedule

Tips for primary care professionals to support catch-up immunisation for migrants

1. Anyone who is uncertain about their vaccination status should be **offered vaccines to align with the UK vaccination schedule**. Assume they are unimmunised if no history is available. Individuals who have started a vaccine schedule abroad should continue with the UK schedule where it was interrupted and as appropriate for their age—there's no need to repeat or restart doses.
2. Book new migrant patients for **immunisation reviews during registration**. Proactively identify and schedule patients for catch-up immunisations, including during new patient checks.
3. Designate **staff champions** to lead and motivate the team in delivering catch-up vaccinations.
4. Provide **accessible written and visual information** in patients' preferred languages.
5. Ensure patients are aware that vaccination is provided **free of charge.**
6. Offer support to overcome **vaccine hesitancy**, creating a safe space to address concerns. Use longer appointments and professional interpreters to aid informed decision-making.
7. Use **data** to identify eligible individuals and understand demographics for tailoring vaccination services.
8. Provide **training** across the practice (both clinical and non-clinical staff) on migrant health and vaccination needs, and the process for providing catch-up immunisations.
9. Consider different **models of vaccine service delivery**, such as out-of-hours services or community outreach, to meet patient needs.
10. Share **good practice** across your Primary Care Network (PCN) and the Safe Surgeries network.

RESOURCES AND GUIDANCE

UKHSA guidance on vaccination of individuals with uncertain or incomplete immunisation status

Information for patients on immunisation

UKHSA translated resources

Immunisations for migrants in vulnerable circumstances

Ongoing developments in the asylum system have resulted in increasing need for medical evidence for people seeking asylum to **inform or challenge Home Office decisions and accommodation placements**. When an individual's health is impacted by their accommodation and other situations, a letter from their GP or information from their GP records can make a very significant difference and be an effective health intervention. For many, their GP will be the only option to access some form of medical evidence for asylum claims as full medico-legal reports can be challenging to obtain (see section below on '**Medical evidence to support asylum claims'**).

Home Office accommodation

The Home Office outlines who different types of accommodation are suitable for in their suitability criteria. Individuals may challenge a decision to place them in a certain type of accommodation. The criteria outlines the circumstances in which an individual is not suitable to be accommodated in certain conditions, including people who may be vulnerable or people with complex health needs.

There are several instances where medical evidence can be provided to patients to be shared with agencies including the Home Office or local authorities:

- In some cases, **a particular room may not be suitable for individuals**, for example, if wheelchair user is put in a hotel room with inadequate wheelchair access
- For some people, **sharing a room with other individuals** (who are not family members) may not be suitable, for example, if a person has been subjected to torture, rape or other forms of serious violence and has special needs.
- Sometimes **accommodation in former military sites**, such as RAF Wethersfield or Napier barracks may not be suitable for an individual, for example is a person has a disability or serious mental health issues
- Some **accommodation moves may be inappropriate and disrupt continuity of care**, particularly if individuals are receiving treatment that is not available elsewhere or the move disrupts specialist or intensive treatments
- Following an asylum decision (positive or negative), a person with medical needs or disability may need to provide **evidence to the local authority to demonstrate their need for housing** or to challenge the housing they have been allocated

People seeking asylum often require letters and evidence in short time frames to challenge Home Office decisions. Newly recognised refugees may also need letters to assist with council housing priority. To support GP practices in offering letters and increasing efficiency, a **set of templates (available here)** have been produced that can be adapted to respond to requests. Templates include requests for changes in accommodation including room sharing and inappropriate moves, and letters for local authorities about housing need priority to ensure people are recognised as eligible for support. These materials have been designed to make process as efficient as possible, recognising the absence of funding for these letters and the severe strain and lack of resources in general practice.

It is useful to include the following information in these letters:

- Generalised recommendations, e.g. 'In my clinical opinion large sites and multi-occupancy rooms are not suitable for this individual because...' . This means a letter can be used to appeal potential future requests for transfer.
- Previous experience of difficult or traumatic events and any related injuries/scars, e.g. trafficking, modern slavery, torture, false imprisonment, experience of any form of physical, psychological or sexual violence
- Any physical or mental health problems and the impact of these on daily activities e.g. TB, HIV, low mood, stress, flashbacks, nightmares, suicidal thoughts, previous mental health problems
- Any potentially negative impact of the accommodation, e.g. worsen mental health, re-traumatisation, poor sleep, feeling unsafe
- If the individual is under 18 years old, older than 65 years old, and/or self-identifies as LGBTQ+

For more information and useful resources, visit tortureid.org/resources-for-clinicians

Whilst GP practices normally charge patients for medical evidence and letters that are non-NHS services, asylum support rates are insufficient to cover these costs. **Doctors of the World UK strongly encourage GP practices not to charge people seeking asylum for these letters** and to use the resources mentioned above to make this work as efficiently as possible.

Safe use of GP records

Care should be taken to ensure the accuracy of medical letters and records and to consider any unintended consequences of sharing medical records. There is a risk that information in medical letters or records contradicts information on Home Office records and create confusion and further difficulties for the person's asylum claim.

Providing copies of GP records presents a particular risk. GP records may be unclear, inaccurate, incomplete and have missing information, particularly due to data entry from multiple services and variation in quality of interpreting. Patients may not be able to disclose details of any past abuse due to the impact of trauma on memory, shame, fear, mistrust and other cultural or situational barriers.

Providing a letter or consultation print outs which contain only relevant information on a patient's history and the impact of their current circumstances (or proposed accommodation) on their physical and mental health, can help to mitigate this risk. If full records are released instead, then a covering letter should be included which has a disclaimer about why there may be contradictions. Patients should also be advised to ideally share records with a lawyer, if they have one, prior to sharing with Home Office.

MEDICAL EVIDENCE TO SUPPORT ASYLUM CLAIMS

A person may need medical evidence to **support an asylum claim** (rather than to challenge an accommodation decision). The normal standard of evidence for an asylum claim is a **medico-legal report.**

A medico-legal report is a formal document prepared by a qualified healthcare professional that provides an expert opinion and detailed medical evidence in a format suitable for use in legal contexts. These reports are designed to present an objective assessment of a person's medical condition, often in relation to allegations of trauma, abuse, or ill-treatment, and they typically adhere to recognised legal and ethical standards.

Preparing medico-legal reports is not typically the role of a GP – legal representatives will usually commission a report by clinicians or experts trained in documenting and presenting evidence for legal use. However, a person's legal representative may request medical evidence from their client's GP whilst in the early stages of preparing the person's asylum claim. In this situation**, it can be useful for GPs to provide basic factual information about a patient's medical history** (such as copies of records). Patients should also be advised to share medical letters or records with their legal representative if they have one, prior to sharing with the Home Office.

People seeking sanctuary in the UK often come from countries where English is not used as a main language and may therefore have limited proficiency in English. They may find it difficult to engage with healthcare services, leading to poorer health access, experience and/or outcomes. General Medical Council guidance states that **"all possible efforts must be made to ensure effective communication with patients."**

- Interpretation and translation services are locally commissioned by Integrated Care Boards (ICBs). Familiarise yourself with local arrangements and ensure all relevant languages in your practice area are available
- **Family and friends should not be used to interpret, especially children** due to concerns over accuracy, confidentiality and safeguarding. Interpreting in health-related contexts requires specialist expertise, as many medical terms do not have direct equivalents in other languages
- Use a **language identification chart** to identify the patient's preferred language. Ensure both language and dialect are documented in patient health records
- Promote the use of professional interpreters, allocate **double time for appointments** and document patient communication preferences on electronic records
- Avoid using online translation systems like Google Translate in clinical consultations if you can due to inconsistent quality. If used, document that it was used.
- Use **translated resources** (see below for some examples) and offer any patient information in their native language where possible and visual aids for people who are unable to read, such as **this picture communication tool** Find out from patients what they use to help with interpreting and translation. Keep messages short, clear and use simple language
- When working with interpreters, ideally confirm that the language and dialect is correct and consider patient preference for gender and cultural background
- Communicate directly with the patient, making eye-contact. Use short sentences, and allow time for interpretation. Afterwards, debrief with the interpreter and document the interpreting service details in the patient's record.
- More guidance on working with an interpreter can be found **here**

FURTHER SUPPORT AND TRANSLATED RESOURCES

DOTW translated information hub, including resources on **navigating NHS services**

Trauma tapping exercises in different languages

Wellbeing guidance in 36 languages – Thrive LDN. Self-referral leaflets available in a range of languages NHS translated **guidance on how to use the NHS** and **health information in other languages**

Solace: videos for refugees and people seeking safety

Royal College of Psychiatrists **translated information on mental health conditions** (and in **English**)

Refugee Council therapeutic wellbeing resources

Refugees and people seeking asylum can have increased **risk of mental distress** and mental illness which can be caused or exacerbated by their experiences both during their journey and in the UK. It is important to be aware that people from different cultural backgrounds may also present or express psychological distress in different ways, like talking about physical rather than mental health symptoms. Mental health support and medication may be stigmatised in certain cultures and may require further explanation

People in the asylum system can also be at **increased risk of exploitation**. Shared accommodation and shared rooms can put adults and children at risk of abuse. Lack of safe social networks and support and limited financial resources increase the risk of exploitative relationships, trafficking and modern slavery (see section 'Risk of exploitation, trafficking, and modern slavery').

A **safeguarding referral** may be needed in cases where there are significant concerns about a risk of harm to an individual's physical and/or mental health, or where a person has care and support needs. Ensure familiarity with referral pathways to appropriate services including those who are acutely mentally unwell and need prompt referral into crisis care.

Safeguarding is a statutory function set out in legislation and referrals to the local authority adult or children's social care must follow local policies and procedures found on their websites. Procedures vary by accommodation provider but typically include raising concerns with the accommodation provider, Migrant Help, the Home Office and referrals to the Local Authority

A local authority safeguarding referral is needed for at risk adults with care and support needs, for example those with factors impacting on their ability to care for themselves or preventing them from protecting themselves from abuse. Factors which would increase someone's risk include language barriers, lack of support network, social isolation, mental and physical health issues and disabilities. Individuals may be experiencing discriminatory abuse, for example different factors may impact on their ability to respect their religious requirement, or neglect by an accommodation provider including harm and distress as a result of their accommodation.

For more information on safeguarding and contact details for local authorities across England see the **NHS Safeguarding guide**.

Unaccompanied minors

An unaccompanied asylum seeking child (UASC) is a child or young person (under 18 years of age) seeking asylum who is separated from both parents and not being cared for by an adult or legal guardian. Some UASCs are 'age-disputed' – they have not had their claimed date of birth accepted by the Home Office or supporting local authority. This is normally people who claim to be children but are treated as adults. If an unaccompanied child is not previously known to social services, an immediate referral needs to be made to the local authority children's social care.

Further support

- British Red Cross Young Refugee Service
- Refugee Council Age Dispute project
- NSPCC helpline
- Barnardo's support for children seeking asylum

Risk of exploitation, trafficking, and modern slavery

People seeking sanctuary may have history of or be at risk of exploitation, trafficking, and modern slavery while in the UK. It is important to know the signs to look out for and the referral process.

Human trafficking involves the recruitment, transportation, transfer, harbouring, or receipt of people through force, coercion, fraud, or deception for the purpose of exploitation. This exploitation can take various forms, including forced labour, sexual exploitation, organ removal, criminal activity, or detention to extort money from the victim or their family. Trafficking often targets vulnerable individuals and violates their fundamental human rights.

The **National Referral Mechanism (NRM)** is a framework used in the UK to identify and support potential victims of modern slavery, including human trafficking. It ensures individuals are safeguarded and connected to specialist support services. Referrals to the NRM can be made by first responders, such as the police, social workers, or designated NGOs, and victims can also self-refer.

- Importantly, people seeking asylum or others identified as having experienced modern slavery before arriving in the UK are eligible for referral, providing access to vital protection and assistance. For guidance and referrals, organisations like Unseen UK offer practical support.

For more information on trafficking and modern slavery:

- Right to Remain toolkit on modern slavery and trafficking
- Government guide for healthcare care on identifying and supporting victims of modern slavery
- National reference mechanism for potential victims of modern slavery/ human trafficking
- Identifying and supporting victims of modern slavery – Guidance for health staff
- NHS England eLearning safeguarding adult victims of modern slavery human trafficking and exploitation

Supporting survivors of torture

People seeking sanctuary may have experienced torture. Torture is the intentional infliction of severe physical or mental suffering for purposes like punishment or intimidation, typically by or with the consent of authorities (as defined by the United Nations). Ill-treatment includes acts causing significant harm, such as inhumane or degrading treatment, that may not meet the full definition of torture but still undermine dignity and cause suffering.

The assessment and documentation of the sequelae of torture should ideally be undertaken by experienced health professionals, but healthcare consultations can be a critical opportunity for evidence collection and referral. Clinicians can support by starting analgesia, conducting investigations, referring to specialists or psychological support, and providing medical documentation. Screening for and identifying torture and documenting human rights abuses (HRAs) can make a real difference. The Istanbul Protocol stresses that failing to document HRAs is a form of complicity.

Documentation of HRAs may include history, physical examination, recording signs of torture such as scars, psychological assessment and documenting results of relevant investigations. Torture ID has created materials such as **templates and letters to help GPs** and other clinicians ask about and document HRAs. Organisations offering specialist psychological therapy and expert assessment for medical reports:

- **Freedom from Torture** (and online free training for clinicians **here**)
- **Helen Bamber Foundation**

Female Genital Mutilation (FGM)

Consider female genital mutilation (FGM), particularly if the patient is from a region where it is known to be practised, if they have a family history of FGM, or if they present with genitourinary symptoms. Discussion about FGM must be approached sensitively – see **RCGP advice from women with FGM**.

The legal implications of FGM are summarised in the **legal statement opposing FGM**, which includes how to seek support if an individual or family member is at risk.

- If FGM is identified it must be recorded in the patient's health records
- Remind the person that they are not in trouble with authorities if they have been subjected to FGM and they can access **FGM support clinics** free of charge when or if they are ready
- If the person is under 18, regulated health and care professionals in England and Wales must report this to the police, alongside following safeguarding processes; if the person is over 18, follow local safeguarding processes if there are safeguarding concerns
- The NSPCC have an **FGM helpline** where concerns that someone is at risk of FGM can be raised
- See also the **Migrant Health guide**

Consider domestic abuse and sexual assault or abuse. Survivors of domestic abuse and sexual violence with insecure immigration status often face barriers to accessing support. Translated guidance on sexual assault and sexual abuse can be found **here**.

Migrants, especially those in vulnerable situations, often face trauma before, during, and after their migration journeys. A trauma-informed approach to care recognises the profound impact trauma can have on an individual's biological, psychological, and social well-being.

Implementing trauma-informed care involves acknowledging that many individuals may have experienced trauma, which can affect their sense of safety and their ability to form trusting relationships with healthcare providers. It's important to note that trauma-informed practice does not aim to treat trauma-related issues; instead, it seeks to lower the barriers to accessing services for those affected by trauma. Continuity of care is particularly crucial for people seeking asylum and refugees, as repeatedly recounting traumatic experiences to multiple providers can be emotionally exhausting and retraumatising. A consistent relationship with a trusted provider allows time to build rapport, foster trust, and provide effective support.

Research shows that fostering a safe environment helps individuals feel secure and build trust, which is inherently therapeutic. This process begins the moment a patient enters your practice.

PRINCIPLES OF TRAUMA-INFORMED CARE

- Safety – Physical and psychological
- Trustworthiness and transparency
- Peer support
- Collaboration
- Empowerment
- Cultural and historical awareness

WHAT THIS COULD LOOK LIKE IN PRACTICE:

- Ensure a welcoming, respectful, and non-judgmental atmosphere
- Provide training for staff on identifying signs of trauma, torture, and trafficking, and how to refer patients to additional support.
- Use inclusive, trauma-informed language that avoids shaming or blaming survivors
- Be aware of potential triggers in your language or actions that may cause distress
- Ask open-ended questions to explore any concerns. Do not be afraid to ask about trauma but be conscious of potential re-traumatisation. Make patients aware that they do not have to answer questions, and go with their pace
- Involve patients in decision-making regarding their care
- Identify organisations that support people seeking asylum and refugees and refer to social prescribers. Ensure this information is readily available in the practice

USEFUL RESOURCES AND GUIDANCE

- NHS Scotland's **Trauma-Informed Practice Toolkit**
- **Core intercultural concepts and principles toolkit for those working with asylum seekers and migrants**

- [ ] Ensure practice registration processes are inclusive. Share relevant training and resources (and **sign up as a Safe Surgery**).
- [ ] Promote the use of professional interpreters and allow double time for appointments.
- [ ] Explain how the NHS works and entitlement to healthcare. Provide accessible translated information in patients' languages (see our **translated resources hub** for leaflets on navigating the NHS and other health topics).
- [ ] Provide holistic screening and health assessment to understand both social and health needs. Use **translated patient questionnaires** to prioritise health needs following registration.
- [ ] Refer to social prescribers to enable access to support such as immigration related support, community participation and voluntary services. Be aware of local organisations and support for patients.
- [ ] Proactively identify and schedule patients for catch-up immunisations in line with the UK immunisation schedule, including during new patient checks.
- [ ] Provide letters for people seeking asylum free of charge when required, using templates **here**.
- [ ] Offer handheld records for patients who may have frequent accommodation moves. Share **GP transfer cards** with patients to support re-registration and improve continuity of care.
- [ ] Offer reflective sessions and peer support to staff to manage vicarious trauma, moral injury, and burnout.

- BMA guidance: Refugee and asylum seeker patient health toolkit
- Safe Surgeries toolkit for commissioners and providers supporting people in asylum accommodation
- Guidelines on charging in secondary care
- Migrant health guide
- CQC guidance: Registration and treatment of asylum seekers, refugees and other migrants
- Medical Letter and Report requests
- UKHSA guidance on vaccination of individuals with uncertain or incomplete immunisation status
- NHS Safeguarding guide

RESOURCES FOR PATIENTS

- Translated resources hub
- Translated patient questionnaires and health guidance
- NHS England GP registration transfer cards

To join our growing network of Safe Surgeries, or for more information and resources, visit our website:

doctorsoftheworld.org.uk/safe-surgeries

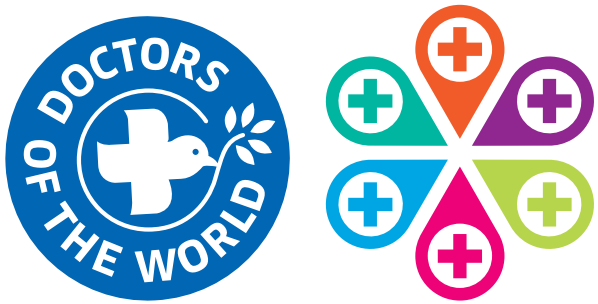
or email:

safesurgeries@doctorsoftheworld.org.uk

Please get in touch if you have any questions about becoming a Safe Surgery or want to support promotion of Safe Surgeries in your area.

Conflict of interests: none
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Please share any feedback on the toolkit at safesurgeries@doctorsoftheworld.org.uk



SAFE SURGERIES