Policy Briefing on New Plan for Immigration and the Nationality and Borders Bill 2021

The UK Government introduced a New Plan for Immigration[1] in July 2021, following a six-week consultation. Subsequently, the Nationality and Borders Bill 2021[2] was introduced to Parliament on 6 July to implement the changes outlined in the Plan.

The Bill, if passed, will introduce a range of restrictions to the way protection is provided to refugees, establishing a two-tiered asylum system depending on the way a refugee entered the UK.

Those who arrive through a resettlement programme will continue to be given refugee protection as provided for by the 1951 Refugee Convention. However, refugees who reach the country without a place on a resettlement programme may be considered **"inadmissible" to the UK asylum procedure** and be expelled to another country.

Those whose claims are successful will be given **a temporary protection status which expires every 30 months** with **restricted rights to financial support** and they will be **accommodated in large reception centres**.

The United Nations Refugee Agency (UNHCR) described these changes as inconsistent with the 1951 Refugee Convention and **"a recipe for mental and physical ill health"[3].**

The proposed changes to the asylum system will have a **significant and negative bearing on the health and wellbeing of people in need of refugee protection** and make it harder for them to access the UK healthcare system. By excluding people from NHS services, the proposed changes **present a very real risk to public health** and will **widen health inequalities**, which the Secretary of State for Health is under a legal duty to reduce. For these reasons, Doctors of the World (DOTW) opposes the New Plan for Immigration and the Nationality and Borders Bill.

This briefing outlines the impact that the Plan and the Bill will have on health, wellbeing, and access to NHS services, and provides recommendations to ensure everyone making a claim for protection has meaningful access to appropriate healthcare.

Increase in temporary immigration status

The Bill creates a new temporary protection status for refugees who have not come to the UK through a resettlement programme which will expire after 30 months. Those with temporary status will be subject to No Recourse to Public Funds (NRPF) conditions and have restricted rights to family reunification and to settle in the UK.

Temporary immigration status leads to poor health access and outcomes

Whilst most people who seek asylum in the UK arrive in relatively good health, it is not uncommon for their health to deteriorate upon arrival[4]. Evidence shows people seeking asylum have higher

[1] The New Plan for Immigration: Government Response, (2021)

[2] Nationality and Borders Bill 2021

[3] UNHCR, Observations on the Nationality and Borders Bill, Bill 141, 2021-22 (2021)

[4] 'Poor health, no wealth, no home: a case study of destitution' British Red Cross, 2015; Sophie Haroon, *The Health Care Needs of Asylum Seekers*, Faculty of Public Health, Briefing Statement, May 2008; Megan Waugh, The mothers in Exile project, *Women Asylum Seekers' and Refugees' Experiences of Pregnancy and Childbirth in Leeds*, Women's Health Matters, March 2010.

prevalence of chronic diseases[5], and worse physical and mental health than the general population[6]. Suicidal ideation, chronic stress, insomnia, anxiety, and depression[7], is documented in people seeking asylum. Children, victims of torture, women, LGBTQ asylum seekers and pregnant women are particularly affected[8].

This picture of poor health is seen in DOTW's clinic where 70% of patients with an outstanding asylum claim have at least one chronic medical condition, 30% have a psychological condition, almost a quarter (23%) present with an acute condition, and over 40% report their health as 'bad' or 'very bad'[9].

The asylum system itself contributes to poor health and wellbeing. The Equality and Human Rights Commission (EHRC) found the asylum and dispersal system "conflicts with, and takes priority over, healthcare needs and access to services"[10]. Poor health is often attributed to spending long periods of time in a state of uncertainty in relation to an asylum decision, and the constant fear of being returned to an unsafe country.[11]

There is also evidence that asylum accommodation has a negative impact on health and wellbeing, with those accommodated in remote or unfamiliar locations most effected[12]. Ninety-five people have died in asylum accommodation since April 2016, including three babies, four people who have died of suicide and three people who have died as a result of COVID-19[13].

People with insecure or temporary immigration status have poor access to health services. The UN Committee on Economic, Social and Cultural Rights observed that asylum seekers and temporary migrants in the UK faced discrimination when accessing healthcare services[14]. EHRC research evidenced the wide range of barriers people seeking asylum experience when accessing NHS services. These included immigration proceedings and dispersal taking precedence over access to medical care and lack of money to access services[15]. Without paperwork that clearly demonstrates legal entitlement to live in the UK, and a residential address, people in the asylum system are routinely refused GP registration[16]. During the pandemic COVID-19 testing and vaccination services have been inaccessible to many asylum seekers because they were not integrated into the healthcare system. For example, they were not registered with a GP or allocated an NHS number[17].

---

[5] Sophie Haroon, *The Health Care Needs of Asylum Seekers', Faculty of Public Health, Briefing Statement* (2008)

[6] British Red Cross, *Poor health, no wealth, no home: a case study of destitution* (2015)

[7] British Red Cross, *Can't stay. Can't go. Refused asylum seekers who cannot be returned* (2017); Peter J Aspinall, *Hidden Needs, Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People, and Sex Workers* (2014)

[8] Maternity Action and Refugee Council, *When maternity Doesn't matter: dispersing pregnant women seeking asylum* (2013)

[9] Unpublished data collected from people claiming asylum accessing DOTW's services in 2017 and 2018.

[10] The Equality and Human Rights Commission, *The lived experiences of access to healthcare for people seeking and refused asylum* (2018).

[11] Haroon (2008); Scottish Refugee Council, *In Search of Normality, Refugee Integration in Scotland* (2013); British Red Cross, *A healthy start? Experiences of pregnant refugee and asylum seeking women in Scotland* (2016).

[12] The Equality and Human Rights Commission, *The lived experiences of access to healthcare for people seeking and refused asylum* (2018); Maternity Action and Refugee Council, *When maternity Doesn't matter: dispersing pregnant women seeking asylum* (2013)

[13] The Guardian, 'More than 50 died in Home Office asylum seeker accommodation in past five years', 25 July 2021; The Guardian, 'Asylum accommodation deaths 'twice as high' as Home Office admitted', 24 October 2021.

[14] UN Economic and Social Council, Concluding observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland (2016)

[15] The Equality and Human Rights Commission, *The lived experiences of access to healthcare for people seeking and refused asylum* (2018).

[16] The Equality and Human Rights Commission, *The lived experiences of access to healthcare for people seeking and refused asylum* (2018).

[17] Doctors of the World UK, COVID-19 Vaccine Briefing: Tailored outreach vaccination delivery services for socially excluded groups in the UK (2021)

Due to the negative impact of temporary immigrations status on health and wellbeing, DOTW believe any changes to the asylum system should prioritise the swift resolution of asylum claims and improving routes to long term protection and status for all refugees. The proposed changes to the asylum system in the Bill will achieve the opposite, trapping refugees in a cycle of temporary status, making it harder to make a successful asylum claim, and increasing both the number of people with temporary status and the length of time people spend with temporary status.

> **Case study:** Esther applied for asylum, which was refused and her country of origin does not recognise her -so she is currently 'stateless'. She has been relocated five times across Britain, during the course of the asylum process. Esther also described the numerous health needs she had – including mental health and disability related needs – and her frustration with the Home Office, both with regards to the number of forced relocations, and the impact this had on continuity of healthcare. To illustrate this she gave an example of a cardiologist petitioning to keep her housed locally as she had recently had extensive heart surgery, and so the local teams who had experience with her care and case were best situated to continue her care. However, the Home Office refused, and relocated her, saying there were enough cardiologists in other parts of the country. She voiced her concern about the inequality of healthcare that individuals in her position receive, and that while she understands the need for immigration processes, this shouldn't come at the expense of healthcare.
>
> She cited many instances where she had decided not to attend hospital – because of the fear of being refused access to services, and beyond that, the humiliation at being refused. "I have fear about whether I will be treated or not at a GP or the hospital … I don't want this asthma attack because I don't know what I'll find at the hospital. I'm living in fear … I now feel I need a case worker with me because I don't know what I'll find when I get there, but I need these procedures."

No Recourse to Public Funds condition creates destitution and homelessness

By reducing access to welfare and benefits for refugees granted temporary protection, the Bill will negatively impact on the health and wellbeing of individuals, and it will negatively impact on public health. A wealth of evidence shows NRPF conditions prevent individuals from receiving adequate income and housing[18], both of which are wider determinants of health and impact on access to health services and medication[19].

DOTW's COVID-19 Rapid Needs Assessment showed that those with NRPF were particularly impacted by destitution and homelessness, and at increased risk of exposure to the virus[20]. Similarly, research by the Joint Council for the Welfare of Immigrants found the NRPF policy is a public health risk and increases the risk of destitution amongst migrant families[21].

Recommendation: Scrap discriminatory 'temporary protection' status and establish a fair, equal, and effective asylum system for all applicants regardless of method of arrival in the UK.

Recommendation: Scrap NRPF condition.

---

[18] Doctors of the World, 'A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic', (2020); The Joint Council for the Welfare of Immigrants, 'Migrants with No Recourse to Public Funds' Experiences During the COVID-19 Pandemic' (2021).
[19] The Kings Fund, 'What are health inequalities?' (2020).
[20] Doctors of the World UK, 'A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic', (2020).
[21] The Joint Council for the Welfare of Immigrants, 'Migrants with No Recourse to Public Funds' Experiences During the COVID-19 Pandemic' (2021).

Worsening accommodation conditions

The New Plan for Immigration includes a new reception centre model[22], and the Bill will give enable the Home Office "to use certain types of accommodation to house certain cohorts of asylum seekers and failed asylum seekers in order to increase efficiencies within the system and increase compliance"[23].

The Home Office is seeking contractors to build a 'national portfolio' of reception centres to provide accommodation and other services for up to 8,000 people for periods of up to six months.[24] Whilst the proposed reception centres would provide basic accommodation and services including healthcare services[25], the purpose of the centres are to facilitate the monitoring of residents and removal of people with unsuccessful claims. However, the proposals do not include details of how the aforementioned meaningful access to appropriate healthcare services will be provided for residents in accommodation centres of this size.

It is likely the new reception centres will operate in a similar way to the current institutional accommodation model of initial accommodation and contingency accommodation in hotels and disused Ministry of Defence (MOD) barracks, but on a larger scale. The Home Office has described the accommodation of over 400 asylums seekers at a MOD barracks in Napier in Kent as a 'prototype' for the proposed reception centres.[26] This is in spite of the widespread condemnation of these centres from healthcare professionals throughout the UK[27].

The institutional accommodation model undermines access to medical care

Refugees and people claiming asylum are entitled to receive all NHS services free of charge, however initial and contingency asylum accommodation often prevents people from being able to access NHS services.

The COVID-19 pandemic has highlighted the importance of GP registration as the only mechanism by which people born outside of the UK can receive an NHS number and be meaningfully integrated into the healthcare system. People in the asylum system who are not registered with a GP have been unable to book a COVID-19 vaccination and have struggled to access free COVID-19 testing.

The vast majority of people in asylum accommodation are not registered with a GP and do not have an NHS number which makes them unable to access most NHS services[28]. Asylum accommodation providers offer health screening to residents on arrival, but they do not provide direct support to access healthcare or register with a GP unless the person is in "obvious and urgent" need of medical care[29]. For example, in the event of heavy blood loss, severe chest pain, pregnancy complications or a suicide attempt. Migrant Help, the Home Office's Advice, Issue Reporting and Eligibility (AIRE) contract holder, do not provide support with GP registration. Some initial asylum accommodation sites have onsite healthcare services that provide ad hoc primary care to residents, however, accessing GP services is particularly difficult for people in accommodation in remote locations without public transport, such as the former MOD barracks, as people are unable to find and register with a GP themselves.

In 2019 and 2020, DOTW provided healthcare services at an initial accommodation centre in the West Midlands. Of the patients seen, none were registered with a GP, and none understood that

---

[22] The New Plan for Immigration, Home Office consultation, (2021)
[23] Nationality and Borders Bill: factsheet, Home Office, July 2021
[24] 'Accommodation Centres' Early Engagement procurement GOV.UK
[25] The New Plan for Immigration: Government Response, (2021)
[26] Home Office letter re: Extension of Home Office's tenure of the Napier Barracks, 27 August 2021
[27] Joint letter on the use of MoD sites as accommodation (2020)
[28] Written evidence submitted to Home Affairs Committee by Doctors of the World UK, the Helen Bamber Foundation, Forrest Medico-Legal Services and Freedom from Torture, available at https://committees.parliament.uk/writtenevidence/22982/html/
[29] Statement of Requirements, Asylum Accommodation and Support Contract (AASC)

they were entitled to access NHS services. Every patient had unmet healthcare needs and 22% needed an urgent GP appointment based on their clinical condition. We saw patients with chronic chest pain and chronic digestion conditions, and ongoing, eye, kidney and mental health conditions who had been living in the accommodation centre for months and had not been supported to register with a GP.

Since April 2020, DOTW's national helpline have received calls from 51 patients who are housed at initial accommodation centres and hotels, presenting with clinical concerns including mental health needs and suspected cancers, and regular medications that had run out (including HIV antiretroviral treatment). All had experienced difficulty accessing healthcare and none were registered with a GP.

In 2021, DOTW conducted medical assessments for people accommodated at Napier Barracks who presented with psychological, musculoskeletal, neurological, respiratory, urological, eye, skin and digestive conditions. The majority (77%) did not know if they were registered with a GP. The Independent Chief Inspector of Borders (ICIBI) and Her Majesty's Inspectorate of Prisons (HMIP) have raised "serious safeguarding concerns" at the barracks[30].

Institutional accommodation is a risk to public health

During the COVID-19 pandemic, institutional asylum accommodation has presented a risk to public health by creating conditions which facilitates the spread of COVID-19. Overcrowded shared accommodation has prevented people from following social distancing and self-care guidance and there have been numerous cases of COVID-19 outbreaks in asylum accommodation sites, most notably the Napier Barracks where an outbreak of over 197 positive cases of COVID-19 occurred in February 2021[31] followed by another outbreak in August 2021[32].

Public Health England (PHE) advised against using Napier Barracks as asylum accommodation because of the coronavirus pandemic[33], Public Health Wales raised similar concerns about the suitability of an MOD barracks used to accommodate asylum seekers in Penally[34] and medical organisations including the British Medical Association and the Faculty of Public Health warned against the use of large-scale accommodation during the pandemic.[35] An inspection by the ICIBI reported that Napier Barracks were "filthy" and "unfit for habitation"[36], and in June 2021 a High Court judgment found it was "inevitable" that there would be a major outbreak of COVID-19 infections at the Napier Barracks[37].

Plans to establish larger scale accommodation sites for refugees and asylum seekers in shared, institutional settings puts residents and staff at an unacceptable level of avoidable risk, creating an increased risk of virus transmission and mutation.

Institutional accommodation places unnecessary pressures on local healthcare services

Throughout the pandemic, DOTW has provided services in a hotel used as contingency accommodation for around 300 people. We have seen first-hand the difficulties the local GP practice experienced registering and screening this number of people in a short period of time as well as providing ongoing healthcare services.

---

[30] Independent Chief Inspector of Borders and Immigration, 'An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks' (2021)
[31] Oral evidence session on the work of the Home Secretary HC 561, Home Affairs Committee, February 2021
[32] 'Covid outbreak at controversial camp housing hundreds of asylum seekers' The Independent, 11 August 2021
[33] Napier Barracks Approved Judgement CO/312/329/354/397 & 402/2021
[34] Independent Chief Inspector of Borders and Immigration, 'An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks' (2021)
[35] Joint letter on the use of MoD sites as accommodation (2020)
[36] Independent Chief Inspector of Borders and Immigration, 'An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks' (2021)
[37] Napier Barracks Approved Judgement CO/312/329/354/397 & 402/2021

The plan for new reception centres, which would accommodate up to 8,000 people for six months at a time, will unnecessarily create a situation where local health services are placed under immense pressure. The expectation that one GP practice (or even several GP practices) could support reception centres on this scale is both unrealistic and unacceptable at a time when the NHS is under unprecedented levels of pressure.

Recommendation: Introduce a centrally funded system that houses asylum seekers in communities across the country and enables meaningful access to local health services.