

# Scoping report on health and social care services to refugees and asylum seekers in Leeds

YHRMP ID

144

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## Aims

To provide an overview of issues for refugees and asylum seekers in Leeds to inform service developments and future commissioning of health and social care services.

## Methodology

Data was gathered by a small multiagency group on current services and demand, November 2007-October 2008. The report draws on monitoring data, issues raised through the regional health group and material from the Yorkshire and Humber integration strategy consultation.

## Key issues

The report provides an overview of definitions, the asylum process and resultant issues, entitlements and available statistics. National, regional and local organisational structures and agencies working with asylum seekers and refugees are described, mapped and level of service use indicated. Voluntary and statutory service providers in health with some focus on refugees and asylum seekers are listed. The report discusses demand for services and issues around service provision in primary care and related services, such as homelessness services. Key health issues outlined are destitution, access and communication, mental health, isolation and discrimination, physical health needs, and housing for single healthy men. Gaps in provision include interpretation, dental services, mental health, sexual health, and physical health. There had been some recent developments in guidelines and frameworks have local impact, suggesting improvements in monitoring and a need for strategic recognition of migrant health issues.

## Conclusions

The report offers conclusions relating to health services, based on the assertion that increasing number of refugees will settle in Leeds. These include: poor housing, low income and lack of employment are linked to health; subsequent social isolation affects mental health; destitution affects all health and social services and contributes to public health issues; the local Health

Access Team is recognised as a model of good practice; the local authority service [LRAS] provide a valuable coordination role.

## Recommendations

Recommendations are aimed at health services, partnerships and coordinating bodies, especially a need to refresh and improve working between local commissioning structures and national/ regional specialist policies and developments. Recommendations relate to interpreting services; training for generic staff to reduce discriminatory practice; recognition of the pressure of destitution on services; incorporation of refugee and asylum seeker needs in mainstream services; reviewing mental health services; commissioning research on health needs.

Migrant Group

Asylum seekers

Refugees

Topic

Access to healthcare

Health

Health needs

Place

Leeds

West Yorkshire

Year

2008

Resource Type

Report

Publisher

NHS Leeds

Published Location

Leeds

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**Source URL:** <https://www.migrationyorkshire.org.uk/research-entry/scoping-report-health-and-social-care-services-refugees-and-asylum-seekers-leeds>