

People Seeking Asylum & Refugees Health Needs Assessment

March 2026

Developed and Produced by members of Wirral Council's Public Health Team namely, Public Health Intelligence Team, Qualitative Insights Team and Healthy Communities, Wirral Council

Special thanks to Wirral Resettlement and Housing teams, Wirral Change and Wirral Multicultural Organisation, Migrant Health Partnership Group and everyone who took part in the focus groups and co-design workshops.

Introduction

Why is this important, Aims and Objectives, Scope

Aims and Objectives

This needs assessment aimed to:

- Quantify the scale and characteristics of the migrant population locally, contextualised within national trends. (see next slides)
- Examine health and wellbeing outcomes across the six Marmot policy domains:
 - Give every child the best start in life
 - Enable all to maximise capabilities and have control over their lives
 - Create fair employment and good work
 - Ensure a healthy standard of living
 - Create healthy and sustainable communities
 - Strengthen the role of ill-health prevention
- Identify how housing instability, immigration status, language barriers and system design interact to influence health outcomes.
- Highlight areas where local provision is working well and where improvement is required.
- Provide evidence-based recommendations to reduce avoidable inequalities and strengthen coordinated system response.



Scope - Included

- Individuals currently seeking asylum and residing in Home Office accommodation within Wirral.
- Individuals receiving Home Office asylum support.
- Refugees granted protection through the UK asylum system.
- Individuals resettled via recognised humanitarian schemes
 - Ukraine Scheme visas (Homes for Ukraine, Ukraine Permission Extension Scheme): introduced in 2022 following the Russian invasion to support those affected by the war (schemes recently changed).
 - Refugee resettlement schemes: facilitating the transfer of refugees from other countries to the UK (e.g. Afghan Resettlement Programme (ARP) covering - the Afghan Relocations and Assistance Policy (ARAP), the Afghan Citizens Resettlement Scheme (ACRS), Afghanistan Response Route (ARR).
 - Refugee Family Reunion visas: allowing partners and children of refugees in the UK to join them.
 - Unaccompanied asylum-seeking children (UASC) are considered separately due to distinct statutory responsibilities.



Why is this important

Collectively, these groups represent some of the most structurally vulnerable populations, often arriving with experiences of conflict, displacement, trauma and uncertainty.

For people in the asylum system, additional barriers such as housing instability, frequent moves, restricted employment and difficulties navigating services can disrupt access to care and support.

While individuals arriving through planned resettlement, Ukraine schemes or family reunion pathways may have more stable arrangements, they may still experience challenges related to language, integration and access to services.

Across all groups, these factors interact with wider social determinants of health, increasing the risk of poor health outcomes, social exclusion and long-term inequality.

Local need is complex and dynamic, shaped by national policy, dispersal arrangements and evolving migration pathways. Strong local intelligence and coordinated system working are essential to anticipate demand and ensure equitable access to services.

HNA Approach

A mixed-methods approach was adopted, combining:

- Review of national and local quantitative datasets
- Analysis of GP registration and demographic data
- Review of relevant policy, guidance and literature
- Qualitative insight gathered from:
 - o Professionals supporting asylum seekers and refugees
 - o People seeking asylum and refugees themselves

This dual perspective ensures that both system-level data and lived experience are reflected. It enables identification of gaps that may not be visible through quantitative data alone.

Data collection for qualitative insight took place between August and September 2025, including focus groups, mini-professional group discussions and a co-design workshop.

Summary of evidence presented in this needs assessment

1. Wirral supports a relatively high number of asylum seekers compared to the national average.
2. The population is young and highly diverse, with significant language support needs
3. Housing instability and system processes are key drivers of inequality (particularly for asylum seekers)
4. Access to services is affected by language, digital barriers and system navigation
5. Community and voluntary sector organisations play a critical role
6. Addressing need requires coordinated system-wide action and stronger local intelligence

Understanding the pathways

Different pathway – different focus

Safe and legal routes (Resettled refugees)

- Managed by Council-Resettlement Team
- Planned arrivals
- Accommodation secured in advance
- Intensive support on arrival
- Ongoing wraparound support

Focus: Integration and independence

Homes for Ukraine

- Hosted by Wirral residence
- Wirral Council Provides support to:
 - Guests
 - Host families
- Ongoing wraparound support
- Support with move to independent housing

Focus: Transition to independence

Asylum system

- Accommodation via Home Office (Serco)
- Not locally controlled
- Frequent moves possible
- Disruption to care and support
- Council and Voluntary sector supports access

Asylum granted

- Becomes refugee
- Moves to mainstream housing and other systems
- Short move on period
- Increased demand on services

Refused asylum

- Support withdrawn
- Risk of homelessness
- May seek LA support
- Ongoing uncertainty

Focus: Stability and Access

Facts and figures: Wirral and Beyond

Asylum seekers

Asylum seeking population – Wirral Overall scale (GP data)

GP registered Asylum seeker population (self-identified)

- 864 GP registered asylum seekers

Age and Sex profile

- 70% male equating to 620 asylum seekers.
- Very young age profile, mean age of 29 vs Wirral's 43.
- 16% children aged 0-17 years.

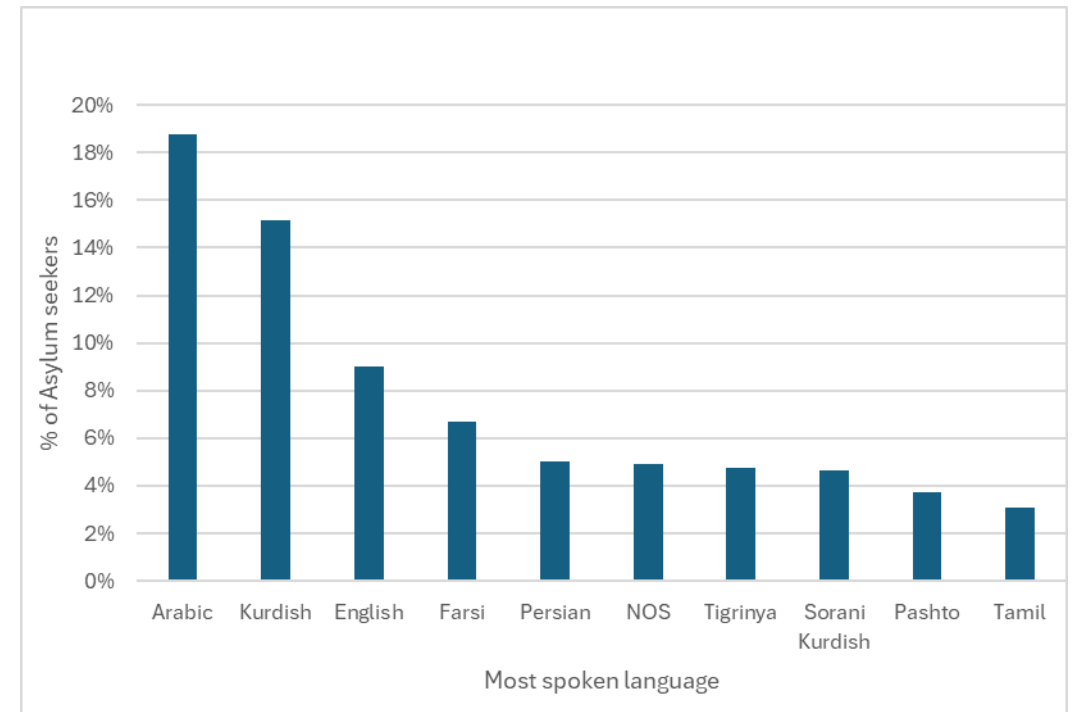
Nationality and country of birth profile

- 64 nationalities recorded, largest Iran – 17%

Language profile

- 42 Languages recorded – most common language is Arabic.
- 45% of those registered with the GP require interpreter supports
- 32 languages represented within interpreter requests

Figure 1: Most common languages among GP-Registered asylum seekers in Wirral, October 2025

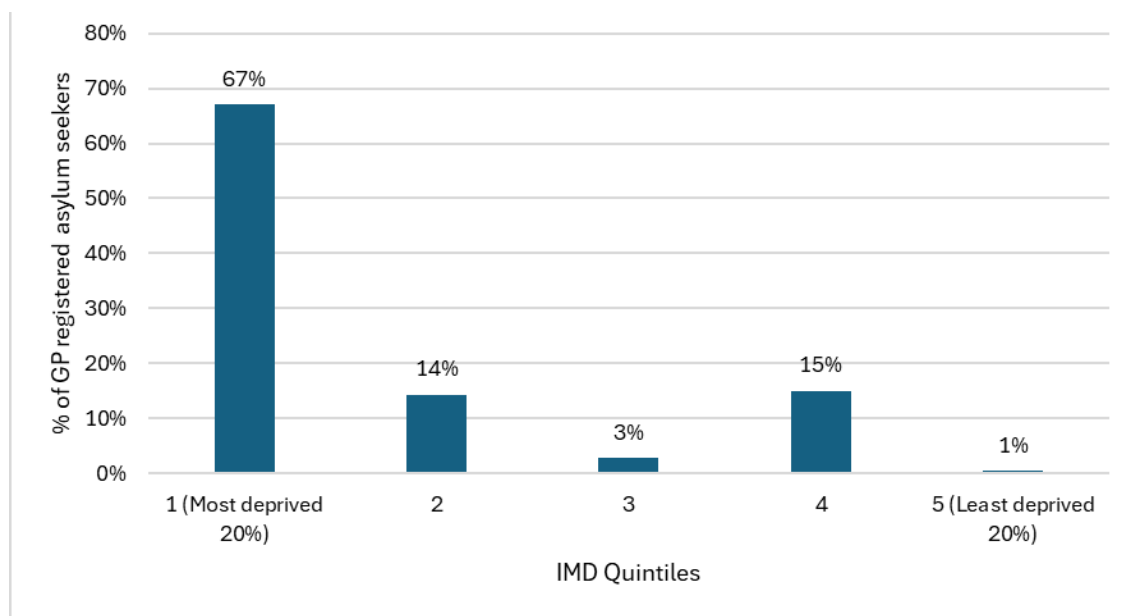


Source: Wirral ICB Business Intelligence Team, (unpublished internal data)

NOS – Not on the system

Asylum seeking population – Wirral Overall scale

Figure 2: Distribution of GP registered asylum seekers by residence deprivation quintile, October 2025



Source: Wirral ICB Business Intelligence Team, (unpublished internal data)

Geography and Deprivation

- Majority of GP registered asylum-seeking people live in the most deprived quintiles (67% = 580 people).
- There are slightly elevated numbers in the fourth quintile due to hotel location. (See **Figure 2**)

Asylum seekers receiving Home Office support

- 789 asylum seekers were in receipt of home office support
- 24.0 per 10,000 population, a rate higher than UK average of 15.4 per 10,000

Accommodation

- SERCO mainly uses community-based housing, with only a small number placed in hotels (693 vs 91) (September 2025).

Source: Immigration system statistics, [Home Office](#)

Facts and figures: Wirral and Beyond (1)

Unaccompanied asylum-seeking children

Unaccompanied asylum-seeking children

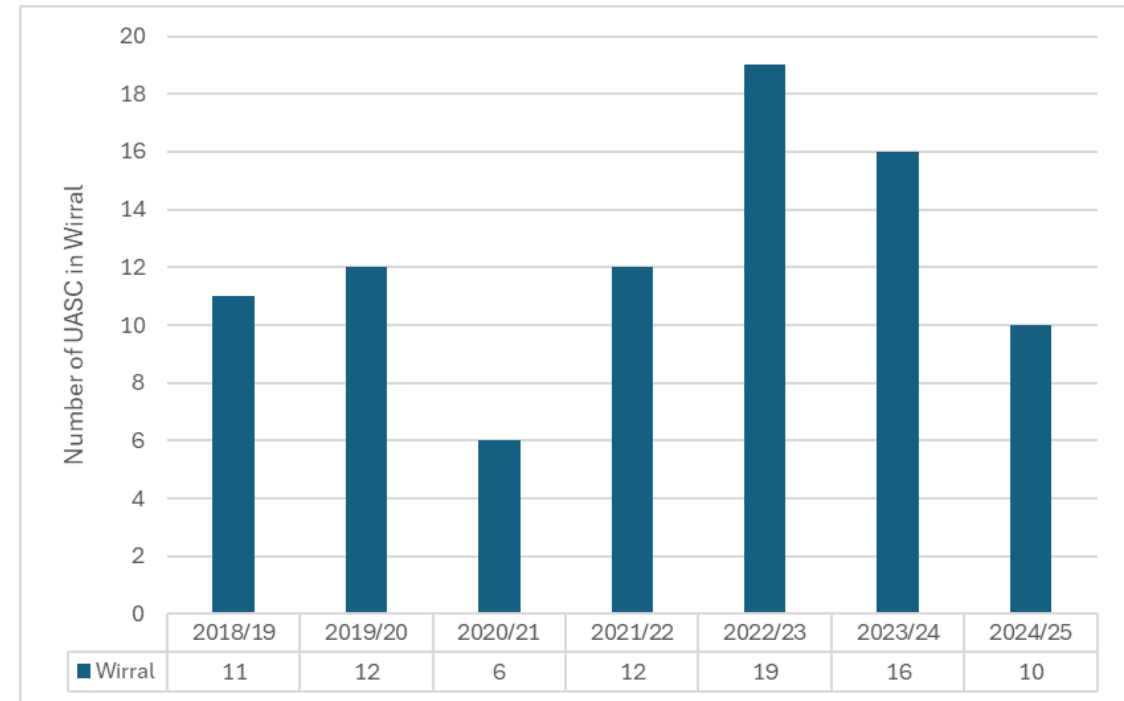
Unaccompanied asylum-seeking children are individuals under 18 who:

- Have applied for asylum in the UK
- Are separated from both parents
- Are not being cared for by a legal guardian

Under the Children Act 1989, they are the responsibility of the local authority and are treated as “looked after children”.

- The most recent data, 2024/25, show that nationally, the number of UASC has gone up from 2010 (n=1,513) to 2024 (n=4,104), an increase of 170%.
- There were 10 UASC in Wirral in the latest available data (2024/25), the lowest number of UASC since 2020/21 (**Figure 3**)

Figure 3: Number of unaccompanied asylum-seeking children looked after for Wirral, 2018/19 to 2024/25

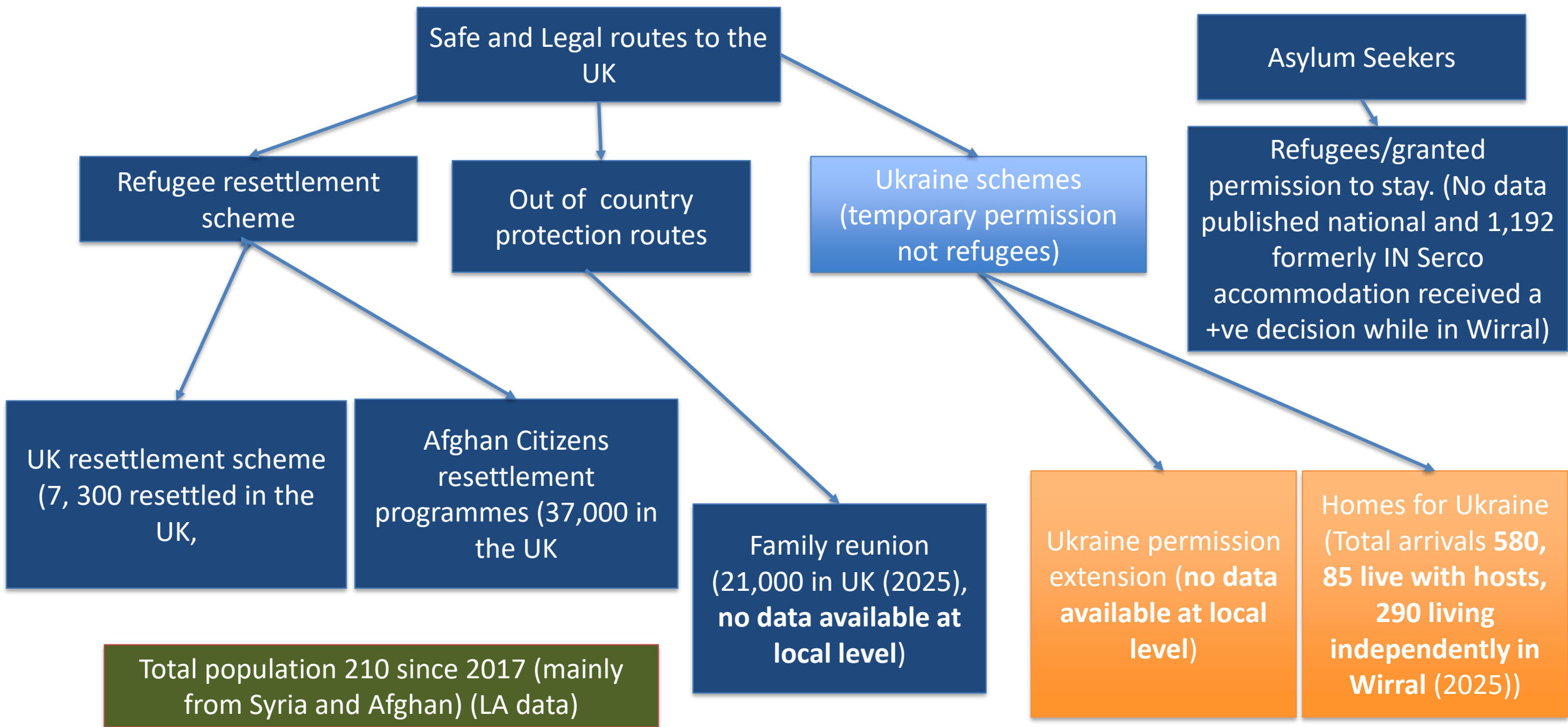


Source: Children looked after by Local Authorities: [Department of Education](#)

Facts and figures: Wirral and Beyond (2)

Refugee resettlement schemes, Out of Country grants, Ukraine Schemes and Refugees granted permission

Refugee population - Overview



Refugee population – Wirral Overall scale (Based on GP data)

GP registered refugee population (self-identified, unclear of route to status)

- 192 GP registered refugees

Age and Sex profile

- 54% male equating to 103 refugees.
- Very young age profile, mean age of 30 vs Wirral's 43.
- 27% children aged 0-17 years.

Nationality and country of birth profile

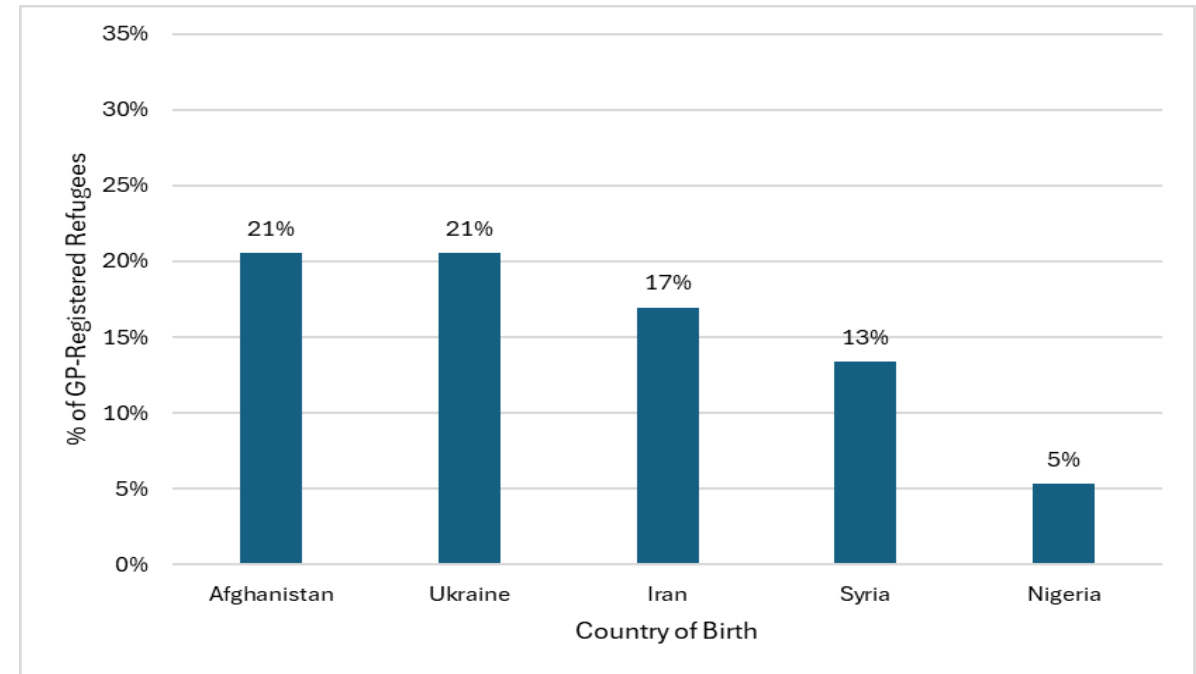
- 24 nationalities recorded, largest Afghanistan and Ukraine – 21% respectively

Language profile

- 20 languages recorded – most common language is Arabic.
- 49% of those registered with the GP require interpreter supports
- 15 languages represented within interpreter requests

Wirral Council UK Resettlement Team report 1,192 people residing in the Serco accommodation have received positive decisions since 2023 to date. These 1,192 are from forty-two different countries, with the highest number from Iran (17%), Eritrea (14%), and Iraq (13%).

Figure 4: Top 5 countries of birth among GP-Registered refugees in Wirral, October 2025



Source: Wirral ICB Business Intelligence Team, (unpublished internal data)

Local, Community and Stakeholder views

Using Marmot indicators to understand the inequalities.

Local, Community and Stakeholder views (2)

- Health outcomes are shaped by a wide range of social, economic and environmental factors known as the social determinants of health.
- Evidence from the [World Health Organisation](#) suggests that, for people seeking asylum and refugees, these determinants are often compounded by displacement, trauma, immigration processes and structural barriers to services.
- This section draws on both quantitative data and qualitative insights gathered from people seeking asylum and refugees and professionals working with and supporting people seeking asylum and refugees.
- The findings are presented using the six Marmot policy domains, which provide a framework for understanding and addressing health inequalities.

1. Give every child the best start in life

Early childhood experiences strongly influence long-term health, educational attainment and life opportunities

Early Years and Health Visiting

- Joint home visits (midwifery + community teams) help families overcome barriers to maternity and child health services.
- Frequent moves lead to missed immunisations and disrupted health-visitor checks (e.g., missed 8-week vaccinations).

"Sometimes families are moved before the child can even have the first [vaccinations], for example eight-week vaccinations."

Education

- Children experience delays in securing school places, especially older pupils and those with additional needs.
- Relocations interrupt learning, routines and peer relationships.

One professional explained, "...especially with young children, who obviously need them nutrients, we do find that a lot of families say the children become constipated, or they're not eating because they don't like the foods that the mum and dad are able to provide through no fault of their own, it's just that they don't have access to cooking facilities."

Nutrition and Early Development

- Families in hotel accommodation lack cooking facilities, affecting children's diet and health (e.g., constipation, refusal to eat unfamiliar foods).

Qualitative Insights, 2025

2. Enable all to maximise capabilities and have control over their lives

Education, language skills and the ability to navigate services are key determinants of health. For many asylum seekers and refugees, unfamiliarity with UK systems combined with language barriers can limit independence and access to services.

Language	Strong need for practical ESOL to help with real-life tasks (booking GP appointments, understanding letters, communicating in school).
Digital Inclusion	Online GP triage systems (PATCHS), NHS App and digital forms are challenging; many people need one-to-one support.
Understanding the System	UK health and public-service systems feel unfamiliar and complex. Some rely on urgent care or doctors in their home countries when unsure how to access NHS services.

45% of GP registered asylum seekers and refugees required an interpreter

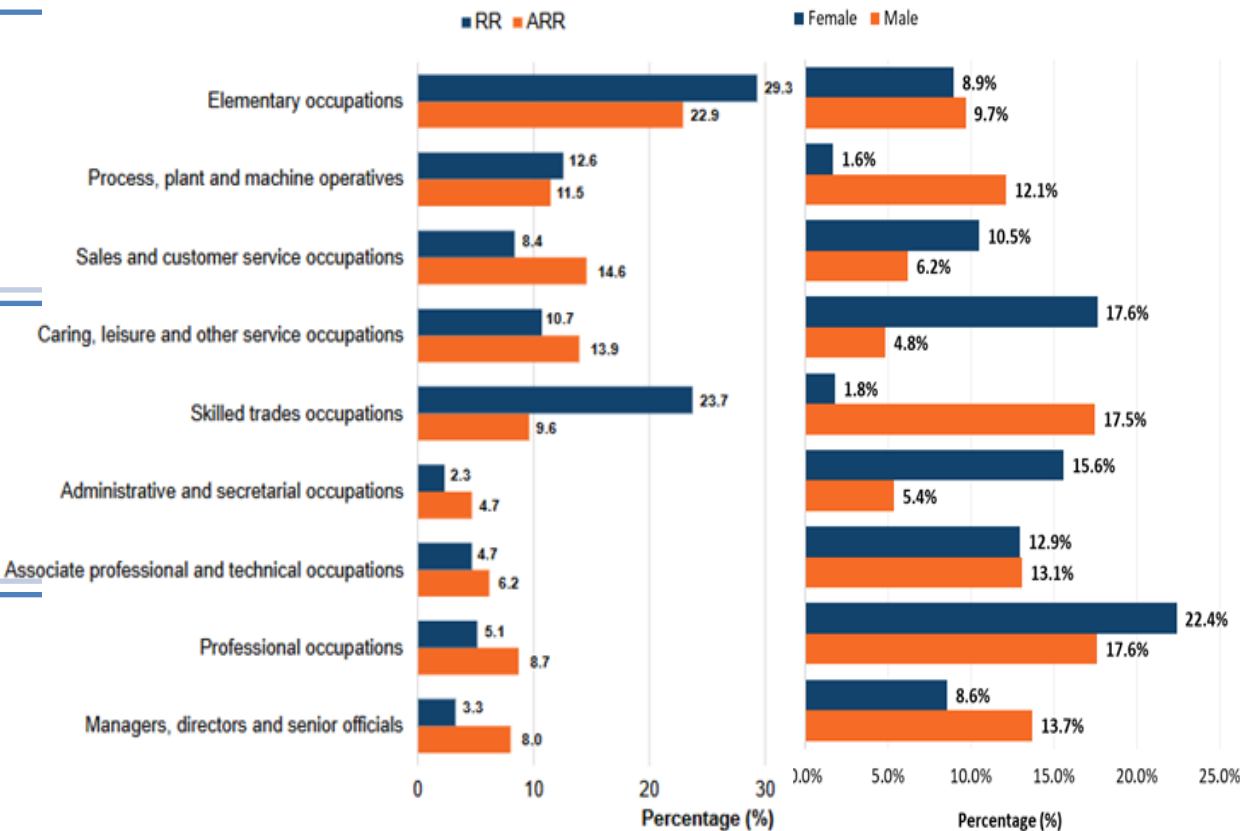
“People with the language barrier, they can’t talk proper through PATCHs because you have to explain what’s your problem and write a brief summary about your condition.”

Qualitative Insights, 2025

3. Create fair employment and good work for all

Employment is a key determinant of health and wellbeing. Secure work supports financial stability, social inclusion and mental wellbeing. However, immigration policy places restrictions on employment for people seeking asylum.

Employment Restrictions (Asylum Seekers)	People seeking asylum generally cannot work; volunteering provides structure, purpose and connection.
Underemployment (Refugees)	After gaining status, many face barriers entering suitable work due to non-recognition of qualifications language barriers limited networks in the UK
Workplace Inequality	Stakeholders report barriers, discrimination and unequal access to job opportunities.



4. Ensure a healthy standard of living for all

Housing Instability	Short-notice moves disrupt GP registration, prescriptions, benefits paperwork and children's schooling.
	Moves following grant of refugee status can cause significant anxiety and undo progress made with support services.
Post-Status Transition	Refugees face a short period to secure housing and income, creating a high risk of homelessness.
Financial Hardship	Asylum support covers only basic needs; families rely on foodbanks, community meals and charity support.

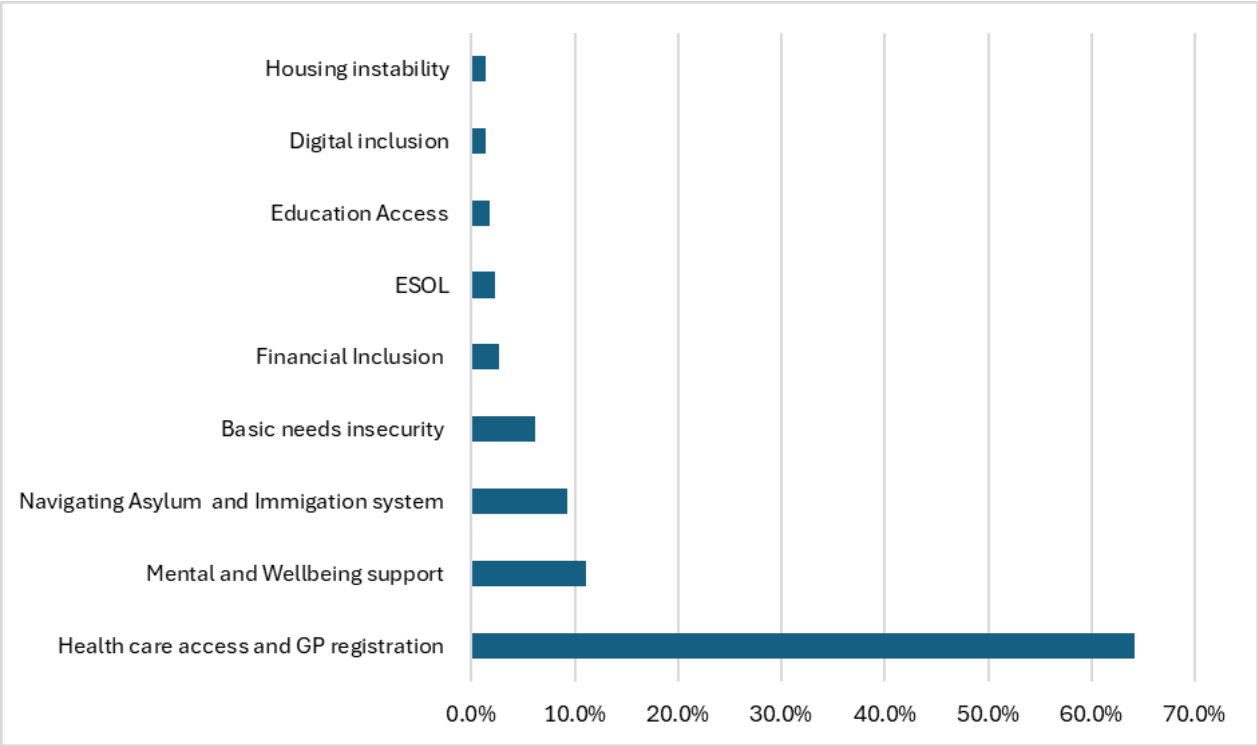
Qualitative Insights, 2025

Reflection from a support worker who works with asylum seekers families:

"They were living in another area, and I think they lived there for about two weeks, and they put in the request for the HC2 certificate so they could access free healthcare. But before the certificate could be delivered, they were then moved to Wirral and so they never actually got the certificate. Mum then went and got a prescription, and then a couple of weeks later she's received a fine because she's not kind of shown the proof so... because a family's been moved on so quickly, them kind of processes haven't followed through with them as well."

5. Create and develop healthy and sustainable places and communities

Figure 6: Support provided to asylum seekers, WMO, 2025



Source: Wirral Multicultural Organisation, (unpublished internal data)

Community Support

VCFSE organisations (WMO, Wirral Change, Hearts4Refugees) are trusted entry points helping with GP registration, navigation, ESOL, social connection and practical items.

These settings reduce isolation and support wellbeing.

Transport & Location

Distance, poor transport links and travel costs limit access to appointments and school.

Qualitative Insights, 2025

6. Strengthen the role and impact of ill-health prevention

Preventive healthcare reduces long-term health risks and pressure on acute services.

Access to Primary Care	Barriers include appointment systems, long waits, language challenges and lack of clarity about entitlements.
	People often turn to A&E/111 when they cannot navigate GP systems.
Interpreting	Issues with interpreter availability, gender and dialect matching, and limited urgent-care interpreter support.
	Repeated retelling of trauma without consistent interpreters causes distress.
Navigation of Healthcare	Complexity leads many to need help booking appointments, understanding results and managing prescriptions.

One participant said ... *“In our country there's no like GP at all. We have some clinic, so when you feel sick, when you have symptoms of an infection, you will go directly. There's no appointment needed. You will face-to-face go there. As a walk-in, wait for it, see a doctor, and when you see the doctor, you will talk about your issue. We should pay for the medication... and everything is paid”.*

What is this telling us

Using Marmot indicators to understand the inequalities.

Key Issues and Challenges: Synthesis of Key determinants

Housing Instability	Frequent Home Office moves (for people going through the asylum system) disrupt healthcare, education, medication continuity, and mental wellbeing.
	Post-status “move-on” period increases risk of homelessness, especially for single adults.
Barriers to Healthcare Access	Complex GP systems, digital tools (PATCHS/NHS App) and unclear entitlements make navigation difficult.
	Interpreter shortages, dialect mismatches, and lack of urgent-care interpreting create safety risks.
Disruption for Children & Families	Delays securing school places, especially KS4; interrupted learning due to relocations.
	Missed immunisations and health-visiting checks common when families are moved at short notice.
Language, Digital & System Navigation Challenges	High interpreter demand across many languages; many unable to understand written health information.
	Low digital literacy limits the ability to access appointments, benefits, and key services.
Trauma, Uncertainty & Mental Health Needs	Pre-arrival trauma combined with ongoing uncertainty, financial hardship and instability impedes recovery.
	Limited timely access to trauma-informed support.
Dependence on VCFSE Support	Voluntary and community organisations play a critical role in meeting basic needs, navigating services and reducing isolation. Demand on these organisations is high and growing.

Current activity and services

Across sectors in Wirral, - what are we doing and why?

Current activity and services-Summary

Primary Care

- Dedicated GP support for asylum-hotel residents, including initial health checks and rapid GP registration.
- Close collaboration with VCFSE partners to ensure access and continuity of care.

Voluntary, Community, Faith and Social Enterprise (VCFSE) Services

- Wirral Change: practical support, GP/school registrations, ESOL, translation, welfare advice.
- WMO: health navigation, interpreting, housing/financial support, wellbeing guidance.
- Hearts4Refugees: community meals, ESOL, wellbeing activities, practical items, early-years support.
- Wirral Met College: ESOL and inclusive learning pathways.

Education Support

- MEAS and WMO help children secure school places quickly and provide language and wellbeing support.

Housing Support

- Resettlement Team & Housing Options assist with accommodation, benefits guidance, tenancy support and transitions into mainstream housing.

Basic Needs & Integration

- Food provision, clothing, digital support, and community-based activities reduce isolation and meet essential needs.

Partnership Working

- Strong multi-agency coordination across LA Resettlement Team and Housing, PH, NHS, UKHSA, Serco and VCFSE groups.
- Effective examples include outbreak management and on-site TB screening clinics.

Key Considerations for future support and service provision

What are the challenges, the gaps, the needs identified.

Key Considerations for future support and service provision (2)

Theme	Identified Need / Gap
1. Access and Navigation of NHS Services	Confusion around GP registration, PATCHS, urgent vs routine care; poor understanding of NHS processes
	Barriers due to digital exclusion
	Limited awareness of entitlements
2. Language and Communication	Inconsistent interpreter provision; gender/dialect issues
	High interpreter demand in deprived practices
3. Primary Care Access and Continuity	GP burden concentrated in deprived areas
	Relocations causing loss of continuity and medication issues
4. Mental Health and Trauma-Informed Care	Trauma not well understood across services
	Long waits & fragmented support
5. Children and Young People	School placement delays (up to 18 months), especially KS4
	Immunisation gaps and disrupted health checks
	Children affected by hotel living conditions
6. Housing Stability and Health Impact	Frequent moves disrupt care, medication, mental health
	Asylum seeker route “move-on” risk leading to homelessness
7. ESOL and Integration	Long ESOL waits; need for practical English for health
	Limited confidence navigating systems
8. Partnership and System Coordination	Fragmented system responses
	Voluntary groups are critical but under-resourced
9. Data and Intelligence	Fragmented datasets; no single picture of asylum seekers and refugees
	Poor coding of language and nationality
10. Strategic / Policy-Level	Home Office moves undermine health outcomes
	Asylum seekers and refugees not consistently embedded in inclusion frameworks

Recommendations

Recommendations (2)



The development of specific actions and responsible leads will be undertaken collaboratively with relevant services and partners following publication of the needs assessment.



This approach ensures recommendations are operationally realistic and aligned with existing service responsibilities across local system.

References

Data Sources

- **Home Office** statistics on migration and border control from Home Office administrative systems [Migration statistics – GOV.UK \(www.gov.uk\)](https://www.gov.uk/migration-statistics)
- **Home Office** [How many people do we grant protection to? – GOV.UK \(www.gov.uk\)](https://www.gov.uk/how-many-people-do-we-grant-protection-to)
- **Home Office** asylum and resettlement datasets [Asylum and resettlement datasets – GOV.UK \(www.gov.uk\)](https://www.gov.uk/asylum-and-resettlement-datasets)
- **Home Office** statistics on Ukrainians in the UK [Statistics on Ukrainians in the UK – GOV.UK \(www.gov.uk\)](https://www.gov.uk/statistics-on-ukrainians-in-the-uk)
- **Home Office** management information on homelessness duties owed to Ukrainian nationals – for England, by lower tier local authority Homelessness [management information – Ukrainian nationals: England – GOV.UK \(www.gov.uk\)](https://www.gov.uk/homelessness-management-information-ukrainian-nationals-england)
- **Home Office** statistics on irregular migration to the UK, including small boats [Irregular migration to the UK, year ending September 2022 – GOV.UK \(www.gov.uk\)](https://www.gov.uk/irregular-migration-to-the-uk-year-ending-september-2022)
- **Cheshire and Merseyside ICB** - GP registered population
- **Resettlement and Housing Team Wirral Council** – Locally supported population
- **WMO and Wirral Change** – service use demand

Thank you

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