



# The dispersal process for asylum seekers living with HIV

Advice for healthcare and voluntary sector professionals

## Key points

According to the Home Office's HIV Dispersal Guidelines:

- Asylum seekers living with HIV will not routinely be dispersed away from the area where they are receiving treatment. They should wherever possible be provided asylum support accommodation where they can reasonably be expected to access their existing HIV clinic.
- Where there is no available asylum support accommodation within a reasonable distance of their existing clinic, the asylum seeker's clinician must be consulted and given the opportunity to make preparations to ensure continuity of care for their patient prior to dispersal.
- The needs of pregnant women and children living with HIV should be given very careful consideration when allocating asylum support accommodation.

Source: Healthcare Needs and Pregnancy Dispersal Guidance, 2012.

## About dispersal

In the UK, asylum seekers who are homeless and/or do not have money to buy food can get support from the Home Office. The Home Office will provide a small amount of cash support to pay for food and other essentials. The Home Office can also provide accommodation, if the asylum seeker is homeless. This income and housing support is normally called 'section 95 support' or 'asylum support' and is not the same as the benefits and housing help which UK residents can access.

The housing which is provided by the Home Office is offered on a no-choice basis. This means that asylum seekers cannot choose in what part of the UK they will be living. The Home Office's public information about asylum support states that "we will not provide housing in London." Most of the housing which is available is in the North West, Midlands and North East of England, Wales and Scotland. A limited amount of housing is available in the South East of England. The practice of moving asylum seekers to available accommodation is known as 'dispersal'.

Asylum seekers who apply for help with accommodation soon after they arrive in the UK are normally placed in what is called 'initial accommodation', for the first few weeks. People who go into initial accommodation are normally given longer-term housing in the same area.

However, most asylum seekers do not claim asylum as soon as they arrive in the UK. In 2012, 88% of asylum claims were made in-country. In addition, there will be asylum seekers who made a claim at port of entry but did not immediately apply for help with housing.



## National AIDS Trust, *The dispersal process for asylum seekers living with HIV, September 2014*

---

This means that many asylum seekers living with HIV will already have a relationship with a particular HIV clinic prior to applying for asylum housing. Dispersal creates challenges for healthcare provision for this group, as asylum seekers can be moved away from their existing doctors without much prior warning or preparation for onwards treatment. This is especially dangerous in the case of HIV, where stable clinic relationships are crucial to maintaining good adherence to treatment.

### Dispersal and HIV

---

After learning of the impact of dispersal on the treatment and care of asylum seekers living with HIV, NAT successfully advocated for HIV specific advice to be included in the Home Office Policy Bulletin 85: Dispersing Asylum Seekers with Health Care Needs (no longer in place).

Policy Bulletin 85 put in place important protections to ensure that people living with HIV would not be dispersed away from their HIV clinic without appropriate safeguards in place (these are detailed in the next section).

Despite the positive impact of Policy Bulletin 85, asylum seekers living with HIV would still routinely be dispersed away from the area where they were attending clinic (once the checks and preparations were carried out). NAT worked with the British HIV Association (BHIVA) to advocate that dispersal for asylum seekers with HIV should not be the norm and that it should be assumed that wherever possible they would remain in the area where they were already accessing HIV care. Many of our proposals were included in a new UKBA 'asylum instruction' which was consulted upon in October 2010, but remained unpublished for some time.

In 2012, the Home Office released new instructions on healthcare in the dispersal process: The Healthcare Needs and Pregnancy Dispersal Guidance. This retains the existing protections from Policy Bulletin 85 and introduces new assurances that people living with HIV will not routinely be dispersed away from their existing clinic.

See the below checklist for a summary of the Home Office policy for the dispersal of asylum seekers with HIV.

### Current guidelines for dispersal of asylum seekers with HIV

---

If you have a patient who is involved in the asylum process it is a good idea to ask them for the contact details of their 'case owner'. This way you will have a point of contact in case your patient is dispersed without warning.

The following is drawn from the Home Office *Healthcare Needs and Pregnancy Dispersal Guidance*, which includes a specific section titled 'HIV Dispersal Guidelines'. These are the procedures which must be followed if an asylum seeker with diagnosed HIV applies for asylum support housing.

The full guidance contains more detail than is set out below and covers a full range of health needs in addition to HIV.

#### Asylum seekers not yet in the care of a UK HIV clinic

- Asylum seekers who arrive in initial accommodation will be given an HIV test if they ask for one.
- If a newly-arrived asylum seeker with diagnosed HIV applies for housing support and indicates that they

do not yet have an HIV clinic in the UK, they should be dispersed from initial accommodation to asylum support accommodation at the earliest opportunity to enable them to start treatment without delay.

#### Identifying appropriate accommodation for asylum seekers already in the care of a UK HIV clinic

- Where accommodation is available, applicants who are currently receiving treatment in the UK should be dispersed to an area where they can "reasonably be expected" to access their current treating facility.
- Asylum seekers living with HIV should be provided with their own room in any housing they are provided (but this may be within a multiple occupancy dwelling).

#### Ensuring continuity of care where dispersal is unavoidable

If, due to lack of asylum support housing, it is necessary to disperse an asylum seeker with HIV out of the area where they can reasonably be expected to access their



## National AIDS Trust, *The dispersal process for asylum seekers living with HIV, September 2014*

current treating facility, dispersal should only take place:

- » In consultation with the treating clinician. This should include advice about potential dispersal locations and confirmation that the applicant is medically stable and does not have any other active complication; **or**
  - » When this will not cause any harm to the individual or pose any risk to wider public health; **or**
  - » When applicant and clinicians have had time to adequately prepare for dispersal. The dispersal process for someone with HIV will normally be completed within four weeks, but it is accepted it may take longer if there are medical complications related to co-infection.
- Before any asylum seeker with HIV is dispersed, Home Office caseworkers are instructed to ensure that the treating clinician is:
    - » Notified of their patient's new address; **and**
    - » Satisfied that there are appropriate facilities (including suitable accommodation facilities) to ensure continuity of care; **and**
    - » Ready to discharge and transfer their patient's treatment to the NHS local area team; **and**
    - » Able to provide the applicant with sufficient medication to last the patient until their first consultation with their new treating clinician.
  - Asylum seekers with HIV may be given temporary accommodation near to their current treating facility, to give their treating clinicians enough time to make appropriate arrangements for onwards care before their dispersal elsewhere.
  - The provider of the dispersal accommodation also has a responsibility to take asylum seekers to register with a GP within five days of arrival, if the asylum seeker is known to have a pre-existing medical condition (this duty does not apply to HIV unless there has been a failure to make the agreed continuity of care arrangements with the clinic).

### Needs of pregnant women and children living with HIV

- The *Healthcare Needs and Pregnancy Dispersal Guidance* contains a section of detailed 'Pregnancy-New Mothers Dispersal Guidelines'. Amongst other

points, these guidelines outline a 'protected period' during which pregnant women and new mothers should not be dispersed.

- The needs of pregnant women living with HIV should be subject to very careful consideration, so that the risk of transmission before, during and after delivery can be kept to the absolute minimum. Wherever possible, housing should be found where they can reasonably be expected to access their current treating facility.
- If it is considered necessary to disperse a new mother living with HIV away from her current clinic soon after the birth of her child, it is essential that continuity of care is arranged as above so that the results of tests to establish the HIV status of the baby can be passed to the receiving clinician.
- Extra care should also be taken when finding accommodation for families with children living with HIV to ensure there are appropriate paediatric treatment units in the area.
- Caseworkers are also made aware of the fact that it should never be assumed that children know about their own or family members' HIV status.
- The dispersal provider's duty to take asylum seekers to register within five days of arrival in their accommodation applies to all pregnant women and children under nine months.

The full HIV Dispersal Guidelines include further information about HIV for use by Home Office officials. This includes instructions on the importance of ensuring asylum seekers "understand that disclosure of an HIV diagnosis will not have negative effect on their asylum application, but that it is essential in order for treatment to begin or continue."

Download the full guidelines: <https://www.gov.uk/immigration-operational-guidance/asylum-policy>.

Contact NAT about dispersal: [info@nat.org.uk](mailto:info@nat.org.uk).



**This advice is endorsed by the British HIV Association**