

Writing supporting letters for newly-granted refugees

Healthcare practitioners and other professionals working with refugees can play a pivotal role in supporting them to access the safe housing they need. People are usually housed in Home Office accommodation while they wait for a decision on their claim. Once they are granted status and recognised as a refugee – often after years of waiting for a decision – they are evicted from their asylum accommodation and must find alternative housing within weeks.

At this point, many face the risk of becoming homeless. Newly-granted refugees are not deemed to be in priority need by default, although they often face many additional barriers to accessing private rented accommodation, such challenges may include language barriers, literacy, lack of knowledge or experience in the UK system, lack of any social support network, experience of trauma and challenges securing paid employment.

Healthcare practitioners and other professionals can support refugees at risk of homelessness by writing priority needs letters, where appropriate, to the housing department of the local authority. These letters of support are requested by housing officers, who assess applications to determine who is in priority need of housing, but are also sometimes requested by individuals, local organisations or solicitors. Housing officers will then use these letters and other evidence to determine whether the person would be “significantly more vulnerable than an ordinary person would be if they became homeless.”

The below is a suggested template letter for healthcare practitioners and other professionals, to help them write effective supporting letters for individuals in their care. Please fill in the relevant details below, with reference to the accompanying notes.

To whom it may concern,

I write as a [insert profession], based at [insert practice / organisation name]. I am currently supporting [insert name of individual] in this capacity.

I am writing today to support [individual's name]'s application for housing in the local area. [Individual's name] is seen by me [insert frequency of meetings], and I believe they are in priority need for safe, secure housing in the local area.

[Name] has been diagnosed with [insert diagnosis/es]. This would make them much more vulnerable if they were to become homeless.

[Note: some key diagnoses to look out for and include if present are: depression; HIV; cancer; multiple sclerosis; learning needs; pulmonary TB and latent TB. If latent TB is identified, please include the following: [name] has been diagnosed with latent tuberculosis, which requires regular medical intervention in order to prevent it from developing into pulmonary tuberculosis and becoming infectious. As such, they should not be moved from the local area, where they are currently receiving regular medical treatment.]

[Note: PTSD is also a common condition to flag – if no diagnosis has been made, professionals can run through the questions on this [Trauma Screening Questionnaire](#) with the individual.]

This condition affects [insert name] in the following ways: [insert details]. This condition is treated with [insert details of treatment including name of medication if relevant]. This medication must be taken [insert frequency], and must be stored [insert details of how medication must be stored]. If [name] is unable to access consistent treatment for this condition, [insert consequences].

Other key information to include if identified:

- The person or their partner is pregnant
- They have dependent children living with them
- You believe they are at risk of domestic abuse, even if it's not from someone they live with
- They have served a custodial sentence, have been convicted of contempt of court or have been remanded in custody
- They are vulnerable due to old age

Please find below some examples of sample text to include addressing other barriers the individual may be facing:

Literacy

Their current limited capacity of English could lead to increased marginalisation and lack of knowledge of and engagement with support structures.

Difficulty navigating the system

As they are relatively new to the area, their understanding of local/national support structures and the normal processes for accessing them are very limited. They do not have any social support network in terms of family or friends that could help them navigate this process at this time.

Reflecting on the grounds for their successful claim to seek refuge in the UK, I would be concerned for their mental health were they to become homeless and would also be mindful, given their previous experiences, of their suspicion of people in authority that could lead to further disengagement and further destitution.

Financial difficulties

Given that they have only been granted refugee status in the last few days, and that many people seeking asylum have to live off an allowance of £9 per week, they have not had any

capacity to save. They would thus not have capacity to save sufficient for a deposit etc to enable them to seek private rental accommodation at this stage. This is compounded by the delay in receiving first universal credit payments.

PTSD

They suffer from symptoms of Post Traumatic Stress Disorder, describing flashbacks, nightmares, intense fear, memory loss, confusion and disorientation. Despite taking regular prescribed medication for the disorder, their symptoms are significantly worse at times of stress, and can become overwhelming. When this occurs they have to go home and stay quietly in their room until the symptoms subside. This can take over an hour.

During these periods, they feel disconnected from their surroundings and instead feel as if they are reliving a traumatic experience from their past. If they were made homeless without a safe place to retreat to, they would be forced to experience such intense symptoms on the street. It is my strong opinion that in such a situation they would not be able to react to unsafe situations in the way that an ordinary person would, because their symptoms disconnect them from the world around them. They would therefore be significantly more vulnerable to harm than an ordinary person would be when homeless.

I am also very concerned that they would be unable to attend regular appointments for talking therapy for the PTSD as they would be too disoriented and adversely affected by their PTSD symptoms to maintain a routine or to engage in the treatment.