

*ARC EU response to the Home Office consultation on the
implementation of Council Directive 2003/9/EC of 27 January 2003
laying down minimum standards for the reception of asylum seekers*

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The ARC EU and international working group is a sub-group of the Asylum Rights Campaign. It is a focused working group for UK organisations working on EU asylum and international protection issues. Members of the group seek to promote fair and efficient EU asylum policies, to monitor and influence the UK Government's role in EU and international protection debates, to influence international protection developments and to safeguard the right to seek and enjoy asylum from persecution.

Introduction

1. The Asylum Rights Campaign EU and International Working Group (“the Working Group”) welcomes this opportunity to respond to the Home Office’s consultation on the implementation of Council Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum Seekers (“the Directive”).

General provisions on reception conditions

Requirement to provide support (Article 13)

2. Article 13(2) provides general rules on material reception conditions and health care. Persons with special needs require an individual assessment of their material reception conditions that must be adequate to their particular needs. For example, with regard to torture survivors: single rooms, gender separation, noise free environment, self-catering where personal circumstances permit (to allow for special diets and to enhance self esteem) and consideration of the extent to which any institution mirrors institutions in which they were ill-treated (uniforms, locks, bars etc.)
3. Article 13(3) provides for health care subject to means. ARC considers that means tests should not be applied to withhold or limit health care pending investigation of means abroad. Whilst the UK currently grants access to the NHS for asylum seekers, means testing may impact on asylum seekers ability to obtain medication through prescriptions.
4. The Working Group shares with its constituent organisations grave concerns with regards to the operation of section 55 of the Nationality Immigration and Asylum Act 2002 which allows for support to be denied to single asylum seekers who are regarded as not having made an asylum claim “as soon as reasonably practicable after arrival in the UK”. It is regretted that this restriction is allowed for under

Article 16 of the Directive¹. It has been held by the Court of Appeal (*Limbuela and others*²) that key aspects of section 55 may breach Article 3 of the European Convention on Human Rights (ECHR). This matter will shortly be brought before the House of Lords. In the view of the ARC, section 55 defeats one of the prime purposes of the Directive and is likely to add to rather than reduce the discrepancies which exist in provision between European States and hence increase secondary movement. Implementation of the Directive in February 2005 is, in our view; likely to be hampered by section 55, notwithstanding that Article 16 gives the Government the authority to act as it has.

5. The Working Group welcomes the proposal to convert the discretionary power established under section 98 of the Immigration and Asylum Act 1999 into a duty.

Accommodation (Article 14)

6. Article 14(7) states that “legal advisors or counsellors of asylum seekers and representatives of UNHCR ... shall be granted access to accommodation centres ... in order to assist the said asylum seekers.” We are concerned that the consultation paper does not reaffirm that access will be given to legal advisors etc. Asylum seekers need legal advice in order to make a full statement of their claim. Legal representatives have a crucial role in ensuring that asylum seekers are able to make a full presentation of their claim for refugee status. We recommend that the initial decision making on asylum claims should be "front-loaded" which means that resources should be focused on good quality defensible decisions early in the decision making process. "Front-loading" enhances efficiency by ensuring that the initial Home Office decision is based on a full understanding of the applicant's case and is therefore reliable.
7. An essential component of such an approach is that asylum seekers should have early access to early provision of good quality legal advice so that the individual may make a full statement of all the relevant elements of their claim for refugee status. Early access to legal advice also enhances the quality of the initial decision, and so avoids wasting valuable public funds on unnecessary appeals against ill-founded refusals. We are gravely concerned that there is unequal provision of good quality legal representation around the UK and with the restrictions to publicly funded immigration and asylum work some established solicitors have withdrawn from this area of work.
8. Every asylum seeker housed in an accommodation centre should be ensured access to legal advice and representation to assist in the preparation of their asylum claim.

¹ Article 16 of the Directive was a relatively late addition inserted at the behest of the UK in order to permit the domestic legislation which became section 55.

² R (Limbuela) v Secretary of State for the Home Department, R (Tesema) v Same, R (Adam) v Same: [2004] EWCA Civ 540

9. The Working Group understands that large collective centres such as Accommodation Centres are included within the ambit of Article 14. We agree with organisations such as the Medical Foundation for the Care of Victims of Torture, that Accommodation Centres can ever provide for the special needs (within the meaning of the Directive) of torture survivors. We understand that the Government's declared intention is not, for the time being, to house torture survivors in Accommodation Centres. We welcome this and would expect to be fully consulted in the event that this approach were to change.

Information (Article 5)

10. The Working Group welcomes proposed changes to the Immigration Rules that will go some way towards fulfilling the requirements of this article of the Directive. The Directive requires that "Member States shall ensure that information [including information on health care] is in writing and, as far as possible, *in a language that the applicants may reasonably be supposed to understand*. Where appropriate this information may also be provided orally." (Emphasis added.) We are encouraged that IND intends to work to "expand, amend and improve the information provided to applicants" and to "amend the Immigration Rules accordingly." However, we regret that no reference is made to providing as broad a range of languages as possible in order to fulfil the spirit of this Article. We draw your attention to UNHCR's comment³ on this Article, "UNHCR generally welcomes this provision, however, considers it necessary to provide information to an asylum-seeker in a language he or she understands." The Working Group agrees that this should be the default standard and, as the Directive states, (preamble paragraph 15) "Member States have the power to introduce more favourable conditions for third country nationals and stateless persons who ask for international protection."
11. Through the work of member organisations such as the Medical Foundation the Working Group recognises that persons under a disability (for example, through stress and anxiety related problems) will require different ways of delivering information and that information will need to be repeated/reinforced throughout any process.

Documentation (Article 6)

12. The Working Group welcomes the proposal to add an obligation to provide information into the Immigration Rules. We note that there are no plans to issue documents for applicants who are in detention. We ask the UK Government to

³ References to UNHCR throughout this document refer to: *UNHCR annotated comments on COUNCIL DIRECTIVE 2003/9/EC of January 2003 laying down minimum standards for the reception of asylum seekers* (Undated.)

ensure that all asylum applicants are issued with Application Registration Cards at the time they are released from detention.

13. The Working Group is concerned that the UK does not plan to implement the optional provision of the Directive which allows asylum seekers to be issued with travel documents when serious humanitarian reasons arise that require their presence in another State. We are aware that circumstances can arise where family members may become separated and find themselves obliged to seek asylum in different countries. Compassionate circumstances will inevitably arise where it becomes necessary for individuals to visit relatives in other countries, for example when relatives are seriously ill or to attend funerals.

Residence and Freedom of Movement (Article 7)

14. The Working Groups is concerned that any proposed changes to the Immigration Rules placing an obligation on applicants to notify IND of a change of address should not be so onerous as to unfairly penalise the applicant. We understand the need to maintain contact but situations should not arise where a genuine refugee is refused asylum simply because they have not notified IND that they have moved accommodation.
15. We note the Directive's instructions that "The applicant shall not require permission [to leave accommodation] to keep appointments with authorities and courts if his or her appearance is necessary". To comply with this point, NASS would need to reconsider their policy on withdrawing support from people who are absent, miss a reporting requirement or fail to travel as a result of a court hearing, even where the applicant has not told IND of this prior to the hearing. We suggest that IND implement a new procedure for allowing applicants to leave allocated dispersal accommodation without penalties in certain situations and with permission (point 5 of the Directive).

Families (Article 8)

16. Any progressive measures which recognise the importance of the family unit are broadly welcomed by the Working Group.
17. The Working Group commends the approach taken to apply the wider definition of family as found in the Asylum Support Regulations 2000 rather than the definition in the Directive.

Medical Screening (Article 9)

18. The Working Group welcomes, in principal, the decision not to introduce compulsory health screening in induction centres but notes the retention of the power for "an Immigration Officer to refer any individual subject to immigration control to a doctor for a medical examination." We recognise that this power may be necessary in the interests of public health but would point out UNHCR's

comment that, “In UNHCR’s view such medical screening should not include mandatory HIV screening of applicants.” For public health policy reasons too complex to go into here but well rehearsed elsewhere⁴, we support this view. We would ask that this remains Government policy.

19. The Working Group regrets that the consultation paper does not take the opportunity to review the Government’s policies on detention with regard to health care. Whilst detention is not substantively covered within the Directive, it cannot have been the drafters’ intention to omit detention as a mode of reception. This is supported by reference to detention at Article 2(k), 13(2) and 14(1)(a). In the circumstances, it is recommended that the Detention Centre Rules 2001 and Operating Standards be audited to ensure compliance with the Directive.
20. The Working Group notes the intention not to make medical screening compulsory in induction centres but would point out that, in our view, mental health assessments within a screening framework will be required (but not mandatory) in order to comply with Article 17(2). Health screening programmes require comprehensive training in mental health problems following torture, rape and other serious acts of violence.
21. Furthermore, any health screening for children must include comprehensive child centred training in needs⁵ arising out of any form of abuse, neglect, exploitation, torture or cruel inhuman and degrading treatment or who have suffered from armed conflicts in order to comply with Article 18(2).

Education (Article 10)

22. The Working Group fully supports the Government’s commitment to ensuring access to education for children of compulsory school age. Education is best carried out within the mainstream and segregation will almost certainly disadvantage refugee integration into society. Segregation also serves to isolate the host population from refugees and asylum seekers to the detriment of both.

Employment (Article 11)

23. The Working Group regrets that the bar on joining the labour market has been set as high as 12 months. This does nothing to disabuse the British public that asylum seekers are here to receive rather than to contribute. ARC is of the view that if processing times for asylum applications can routinely be brought down to a matter of months then *any* departure from application processing targets should lead to the bar on work permission being lifted. The Working Group also notes the Medical Foundation’s view that work can have enormous therapeutic value.

⁴For example, *Migration, public health and compulsory screening for TB and HIV*, Richard Coker, Asylum and Migration Working Paper 1, Institute for Public Policy Research, November 2003.

⁵“Rehabilitation services” and “Qualified counselling”.

Vocational Training (Article 12)

24. In Working Group's view vocational training should be open to all asylum seekers. This prepares for integration and better equips those whose applications fail and who will return to their countries of origin.

Health Care (Article 15 and Article 20)

25. The Working Group considers that essential treatment must include mental health treatment. We also consider that treatment concluded too early can result in emergency situations and would therefore suggest that Article 15(1) must always be read with Article 15(2) below.
26. Article 15(2) requires that "Member States shall provide necessary medical or other assistance to applicants who have special needs." Persons having special needs are defined by Article 17(1). The issues raised by persons having special needs and, in particular torture survivors and other victims of violence are dealt with in detail in the response to the consultation by the Medical Foundation. We do not propose to repeat them here.
27. The Working Group agrees with the Medical Foundation that NASS Policy Bulletin 31 will require revision in light of the above authoritative statements from the Department of Health as to the paucity of mental health care services for asylum seekers if Articles 17 and 20 are to be complied with. In the experience of member organisation such as the Medical Foundation, NASS make insufficient or no real effort to determine, as precisely as the spirit of the Directive requires, *whether* medical treatment *is* available in the dispersal area. We are aware through anecdotal evidence that NASS' enquiries currently often amount to merely naming a hospital or Trust in an area without determining any real capacity to treat in terms of both expertise and waiting lists.
28. Paragraph 4.38 of the consultation paper states that "[i]t is not the intention of the Directive that an individual health evaluation should take place for each and every asylum applicant on arrival. ... [An] increasing proportion who go through induction centres (where the anticipated length of stay is 7 to 14 days), are offered a general health assessment to identify and assess health needs. This also helps to facilitate prompt access to health services where needed within the induction process, and can lead to further health investigations if appropriate." Article 17(2) of the Directive requires that an "evaluation" of the situation of persons claiming to have special needs shall take place in order to give effect to the special needs of a list of groups in Article 17(1). Whilst the ARC accepts that it is not necessary for "each and every" asylum applicant should have a health evaluation and that compulsion is to be avoided, "*a general health assessment to identify and assess health needs*" will, in our opinion, be inadequate for the identification of those with special needs. Furthermore, for the reasons explained above, such special needs can only be assessed after an evaluation and that

evaluation should be carried out at the earliest opportunity in order to match need to available services in dispersal areas.

Reduction or Withdrawal of Reception Conditions (Article 16)

29. The Working Group is concerned that implementation of the directive by the UK will lead in most circumstances laid down in Article 16 to a lowering of standards in which access to reception conditions can be reduced or withdrawn. Breach of conditions or negative behaviour on the part of asylum seekers may have numerous practical reasons, which the domestic provisions should be able to reflect. As a minimum, therefore, regulations allowing for suspension and discontinuation of support should be qualified by reference to a 'reasonable excuse' and the ECHR requirements should explicitly be applied to all decisions, which remove or reduce benefits from asylum seekers and render them destitute. Regulations should also make any withdrawal of support for a breach of conditions subject to conditions being properly notified to the supported person, i.e. they must be set out in writing and translated or interpreted to asylum seekers, as appropriate.
30. Moreover, we recommend that general guidance be given on the approach which NASS (or a local authority) should take before deciding to end support where there is an allegation of breach of conditions or other fault on the part of the asylum seeker: firstly, a fair and thorough investigation must be carried out, taking account of the asylum seeker's current needs before ending assistance. This investigation should allow the asylum seeker to respond to the allegations. Second, a refusal to comply with requirements of support must be 'persistent and unequivocal'. Third, the case needs to be reconsidered if the asylum seeker has been persuaded to comply with conditions of support.⁶
31. The specific instances dealt with by the consultation document in which support may be withdrawn or reduced are the following:

a) Temporary or permanent absence from the authorised address

Currently, under reg.20 (1)(d) and (e) of the Asylum Support Regulations (ASR) 2000, NASS may suspend or discontinue support if a person ceases to reside at his/her authorised address or is absent from the authorised address for more than seven consecutive days or 14 days in a six-month period. The consultation document proposes to amend subparagraph (e) of the regulation so as to allow support to be withdraw if an asylum seeker abandons, rather than is absent from, his/her accommodation.

We welcome this amendment. While we would recommend that guidance be given on what 'abandon' means, we agree that the term 'implies something more than simply being absent from accommodation for a given number of days'

⁶ *R v Kensington and Chelsea RLBC ex p Kujtim* [1999] 4 All ER 161.

(para.5.6). Particularly, we believe that it involves an element of intention on the part of the asylum seeker, which would have to be weighted in NASS's decision to withdraw or reduce support. The asylum seeker's behaviour should be qualified with a reference, in reg. 20(1)(d) and (e), to a 'reasonable excuse' for temporarily or permanently leaving accommodation. This would be in line with reg. 20(1)(a), dealing with suspected breach of conditions, and would also reflect the approach taken by Asylum Support Adjudicators when deciding on relevant cases.⁷

Moreover, the directive does not require that temporary absence be defined by reference to a reasonable period laid down by law. The consultation document is not clear on this point. If reference to a period is to be maintained in the regulations, we consider the current provision of seven consecutive days or 14 days over six months to be too short and recommend that these periods be extended.

b) Non-compliance with requests to provide information or to appear for interviews

Under current provisions (s57 of the Nationality, Immigration and Asylum Act (NIA) 2002 and reg.3 (4) ASR), an application for support may not be entertained where the asylum seeker fails to satisfy the Secretary of State that the information they have provided is complete and accurate and is co-operating with the Secretary of State's enquiries. In such cases, the application would be deemed not to have been made. There is no right of appeal to an Asylum Support Adjudicator and challenge is by way of judicial review.

While these provisions have rarely been relied upon to date, they amount to a kind of 'non-compliance refusal' of support and should be mitigated. There is nothing, for instance, to prevent them from being applied to asylum seekers who have minor dependent children, to minors or to persons with special needs. This seems to contravene the requirements of the directive whereby 'decisions shall be based on the particular situation of the persons concerned, especially with regard to [vulnerable] persons covered by Article 17.'⁸

We recommend that the relevant provisions in domestic law be qualified so to ensure that the circumstances of non-compliance or non-appearance can be properly investigated and support is not terminated or suspended where there are valid reasons for such behaviour. In the event that a decision not to entertain an application is made, a breach to the ECHR must also be considered. The proposed amended to the ASR that would allow s98 (emergency) support to be terminated while eligibility to support under s95 is assessed is particularly harsh and, in our view, not justified by the requirement to make domestic provisions compliant with the Directive.

⁷ ASA 02/08/3979; ASA 02/12/5224; ASA 02/06/3555.

⁸ See Article 16.4.

c) Concealment of financial resources

Under s112 of the 1999 Act, where an asylum seeker has unduly benefited from support due to misrepresentation or a failure to notify a change of circumstances, the Home Secretary may obtain an order for recovery by the court even if there is no finding of fraud. There may, in fact, be circumstances where the overpayment is due to an innocent error on the part of the applicant. As it appears that recovery is subject to prosecution, NASS support should not be discontinued or suspended until after court proceedings. We would welcome information on how many prosecutions there have been under Part VI of the 1999 Act in circumstances in which NASS support was terminated due to alleged offences under Part VI of the 1999 Act.

It would also be helpful to have clear guidance in the Regulations as to the level of income and assets that would constitute ‘sufficient means’ and, in respect of the financial resources concealed, whether these are to be such as to take the asylum seeker over the threshold of NASS support.

We also recommend that Part VI of the 1999 Act be amended so to provide for a corresponding requirement to explain to every applicant his/her duties and potential liability in ordinary language. The case law of ASA shows that the absence of warnings may preclude liability.⁹

d) Sanctions for breaches of accommodation rules and violent behaviour

In our view it is entirely unacceptable to withdraw basic needs from individuals on the basis of their negative behaviour leaving open the possibility of destitution. Asylum seekers actions may give rise to questions about his/her mental health. There have been cases where ASA remitted the case back to NASS for further consideration with a direction that a psychiatric report should be provided.¹⁰ Accordingly, domestic provisions should enable the various circumstances of violent behaviour to be investigated. In such cases, asylum seekers should be subject to the same measures as similarly situated nationals and legally resident immigrants.

Provisions for Persons with Special Needs

General Principle (Article 17)

32. The issues raised by persons having special needs and, in particular torture survivors and other victims of violence are dealt with in detail in the response to the consultation by the Medical Foundation. We do not propose to repeat them here.

⁹ ASA 00/09/0061.

¹⁰ ASA 01/01/0107.

Minors and Unaccompanied Minors (Article 18 and Article 19)

33. Article 18(1) of the Directive requires that “[t]he best interests of the child shall be a primary consideration of Member States when implementing the provisions of this Directive that involve minors.” We note that “best interests” is not defined in the Directive and we therefore welcome paragraph 6.6 of the consultation paper which confirms our previously expressed hope that “the best interest of the child [derives as] an underpinning principal” from the Children Act 1989. Troublingly, the consultation paper suggests however that the Children Act 1989 (and therefore the best interests of the child) “is relevant to *some* provisions of the Directive.” We do not understand what aspects of the Directive are exempt from the best interests principal? We do not consider this to be a proper construction of the Directive. We trust it can be established that best interests shall be the “primary consideration” when implementing the provisions of the Directive that may affect minors whether or not a direct reference is made in the Article to minors.
34. An important question arises as to how the Government will ensure the best interests of a child if immigration law and practice procedures deny that the individual is a child? Irrespective of any age assessment procedures established for the purposes of immigration control and/or asylum determination, age assessment is a risk assessment process and has important child protection implications.
35. The Working Group is of the view that age assessment requires a multi-disciplinary approach to be carried out over a period of time and that an individual should be treated as a child¹¹ until the assessment is concluded.
36. In respect of Article 18(2) the issues raised by such children listed in this article, in particular torture survivors and other victims of violence are dealt with in detail in the response to the consultation by the Medical Foundation. We do not propose to repeat them here.

Unaccompanied minors (Article 19(1))

37. The issues of unaccompanied minors are dealt with in detail in the response to the consultation by the Medical Foundation. We do not propose to repeat them here.
38. The Working Group refers the reader to UNHCR’s comment: “UNHCR welcomes this provision. When dealing with separated children, authorities in Member States should endeavour to be guided by the 1997 UNHCR Guidelines on Policies and Procedures in Dealing with Unaccompanied Minors Seeking Asylum.”

Victims of Torture and Violence (Article 20)

¹¹ This may be subject to the assessment of any risk to others.

39. The issues raised by torture survivors and other victims of violence are dealt with in detail in the response to the consultation by the Medical Foundation. We do not propose to repeat them here save to say that the Working group welcomes and endorses UNHCR's comment that: "Mechanisms to identify survivors of torture and violence are required at the earliest possible stage of an asylum procedure, including – where appropriate and feasible – at entry points. Treatment of such persons should be entrusted to specialist medical personnel and institutions." In our opinion this serves to underline many of the points made above and, in addition, gives due recognition to the work of organisations like the Medical Foundation which the consultation document regrettably omits.

Appeals– Article 21

40. In the Working Group's view there is limited scope in the UK for asylum support appeals. Appeals are currently restricted to any decision that the claimant is ineligible for support, or a decision to stop support before it would otherwise end.¹² A new right of appeal was introduced by s9 of the Asylum and Immigration (Treatment of Claimants, etc) Act 2004 for failed asylum-seeker families refused support on grounds that they have failed to voluntarily leave the UK.¹³ Excluded from appeal is a determination for the purpose of s55 of the 2002 NIA Act (i.e. against refusals to provide support due to an asylum claim not being made as soon as reasonably practicable after the person's arrival in the UK) or when there is a change in the form of support being provided. Thus decisions relating to the type of accommodation given, or its location (something highly contentious given the quality of accommodation under the dispersal regime) are immune from appeal. The only way of challenging such decisions is by way of judicial review – a rather resource-intensive remedy that, unlike ASA, does not involve any fact-finding.
41. A serious obstacle to asylum seekers wishing to exercise their appeal rights or attend an oral hearing is that there is no statutory provision for emergency or other support while the appeal is being decided. Again, it may be possible to apply separately for interim relief by judicial review.
42. In the Working Group's view the Directive should be implemented in a way that facilitates access to the court to challenge a decision to withdraw or reduce material reception conditions, bearing in mind the devastating consequences of prolonged withdrawal of such conditions. It is essential that an adequate and effective avenue is provided to deal with changing circumstances and needs, hearing evidence, and culminating in a full power to replace decisions. ASA jurisdiction should be extended to appeals against a decision by NASS in relation to the type, level or adequacy of support.

¹² 1999 Act s 103(1) to be substituted by 2002 Act s 53 when accommodation centres become operational.

¹³ S10 further introduces a right of appeal to the ASA in relation to withdrawal or refusal of hard case support. A commencement order is needed before this becomes law, amending 1999 Act s103.

43. A serious concern about the appeals regime is that legal aid is not available for attendance at hearings. The majority of appellants are, therefore, unrepresented – a matter over which concern has been expressed by the Chief Asylum Support Adjudicator herself. The consequence is that significant numbers of individuals do not exercise their rights of appeal and may have their NASS support wrongly terminated. The importance of redressing serious errors by NASS that may lead to asylum seekers' destitution is demonstrated by the fact that, in 2003, out of 2093 appeals to ASA, NASS withdrew its decision in 575 (28 per cent) of cases.

Miscellaneous Articles- Scope (Article 3)

44. The directive provides only for a non-mandatory application of its provisions to persons seeking the protection of a member state on grounds not related to the 1951 Convention. We regret that member states are not required as a matter of community law to ensure minimum standards of reception of all asylum seekers, whether or not their protection claims are based on the 1951 Convention. The question of what basic rights and benefits asylum seekers deserve in order to live in dignity while they are awaiting the determination of their protection claims should be based on their needs rather than on the grounds on which their claims are based.
45. Surprisingly, given the single procedure operated in the UK, the consultation document states that there are no plans to apply the scope of the directive to other requests for protection. We would welcome, therefore, clarification as to the practical implications of the proposal in the consultation paper to include in the ECA order a definition of an application for asylum for the purposes of the directive that is restricted to claims for protection under the Geneva Convention (see para.8.2).
46. Currently, in relation to such matters as eligibility for support, a claim for asylum is defined as 'a claim that it would be contrary to the United Kingdom's obligations under the Refugee Convention or under Article 3 of the Human Rights Convention, for the claimant to be removed from, or require to leave, the United Kingdom'.¹⁴ Accordingly, under current policy instructions an Article 3 ECHR claim can be deemed to have been made simply by the applicant having claimed to fear persecution in their country of origin.¹⁵ A statement that discloses an Article 3 claim makes a claimant an asylum seeker for support purposes.
47. Moreover, under the single procedure operated within the UK system human rights issues can be raised alongside an asylum claim or are inherent in that

¹⁴ Immigration and Asylum Act 1999, s 94(1), providing for the interpretation of terms used in the 1999 Act, Part IV which deals with 'support for asylum seekers'. A similar definition, including reference to the Human Rights Convention, article 3, is provided by the Nationality, Immigration and Asylum Act 2002, s 18(3) in relation to 'accommodation centres'.

¹⁵ API, *Assessing a claim*, para.2.1.

claim. The policy instructions recognise that ECHR rights most likely to be raised alongside an asylum claim or inherent in such a claim are Articles 2, 3, 8 and 14. Examples are applications raising Article 3 medical grounds; Article 8 mental health cases or where removal would interfere with family life.

48. It is not clear to us how the procedures for asylum claims raising 1951 Convention grounds and those raising human rights issues are to be separated for support purposes. We believe that implementation of the Directive should explicitly cover all asylum-related claims that raise human rights issues.