

Impact Of Integration on the health of Asylum Seekers, Refugees and Migrant Populations & Humanitarian Champions Programme Launch

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Offering Practical Support And Friendship To Refugees And Asylum Seekers

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4.9 4.9 out of 5 - Based on the opinion of 21 people

A drop-in centre for Asylum Seekers and Refugees, primarily a safe place to meet and find out more about your circumstances and the place where you have been sent.

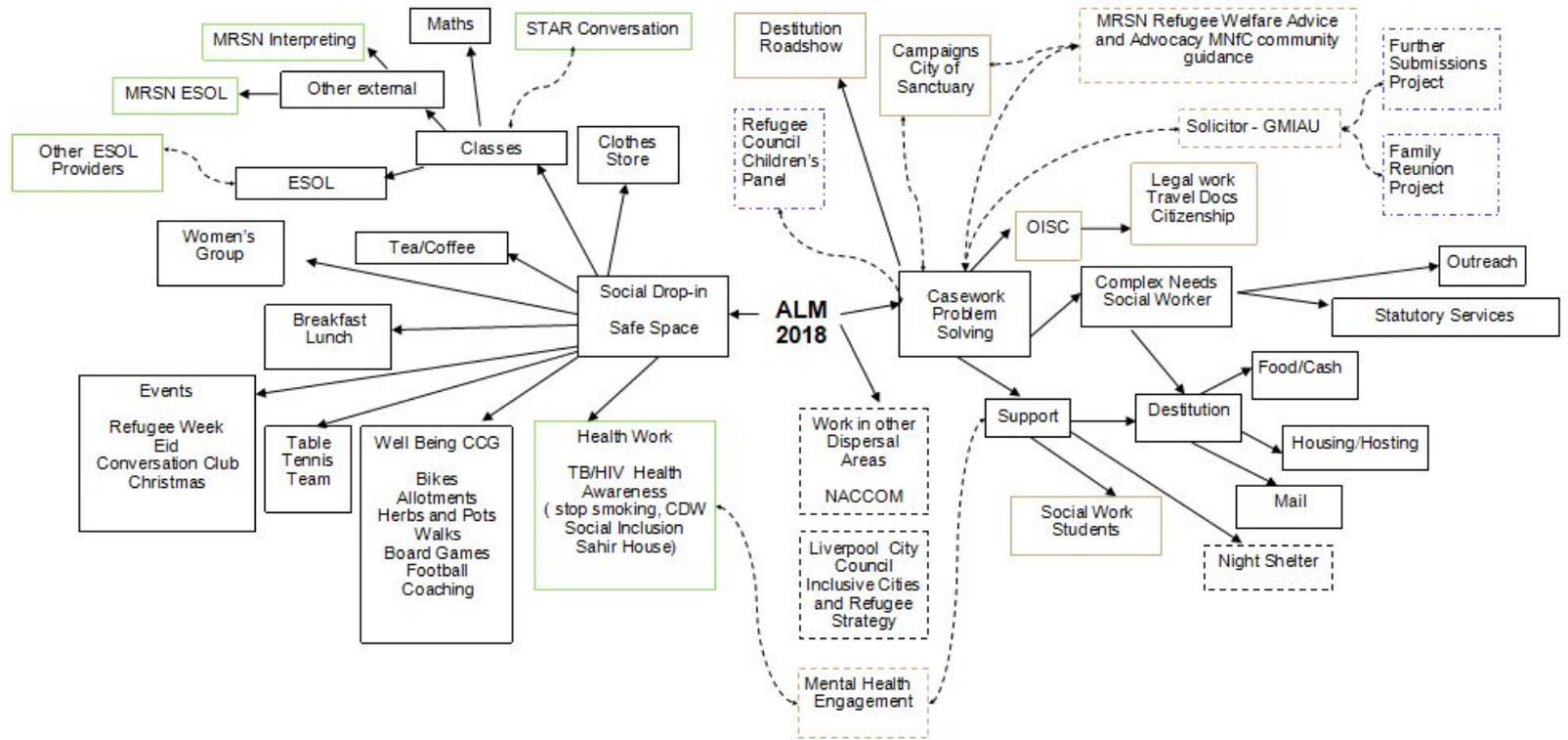
Core Services

- Currently 140 - 160 service users each day
- 750 people per year for casework (200 destitute)
- 200 meals per day
- 200 people accessing 85 ESOL places annually
- An estimated 3000 unique visitors per year

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Well Being

Problem Solving

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What activities do we provide?

Other activities include. Table Tennis, Football – 5 different sessions – Women’s Group and Choir, Gardening and Allotments, cooking demonstrations, conversation classes and a film club



Whether this acts as a distraction or as a way to spend time constructively, people are engaged and occupied. Something to do and somewhere to be

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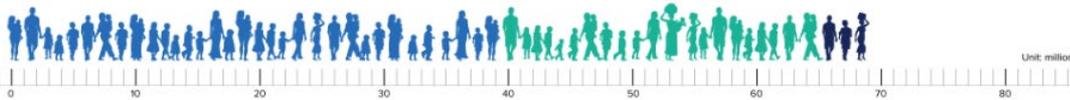
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68.5 million forcibly displaced people worldwide



Internally Displaced People
40 million

Refugees
25.4 million
19.9 million under UNHCR mandate
5.4 million Palestinian refugees registered by UNRWA

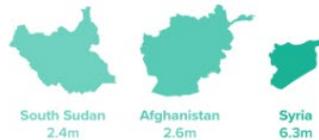
Asylum-seekers
3.1 million

Where the world's displaced people are being hosted

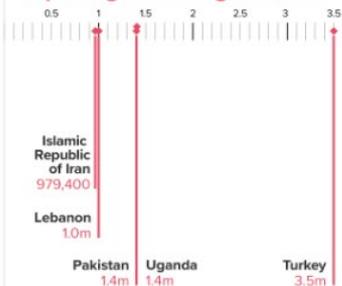


85 per cent of the world's displaced people are in developing countries

57% of refugees worldwide came from three countries



Top refugee-hosting countries



10 million stateless people



102,800 Refugees resettled

44,400 people
a day forced to flee their homes because of conflict and persecution

2018 (Nov17 to Oct18)

UNHCR - 68.5 million people at risk worldwide

Asylum claims in EU28 - 641,050

Asylum claims in UK – 30,664

<https://www.gov.uk/government/statistics/immigration-statistics-year-ending-september-2018-data-tables>

<http://appsso.eurostat.ec.europa.eu/>

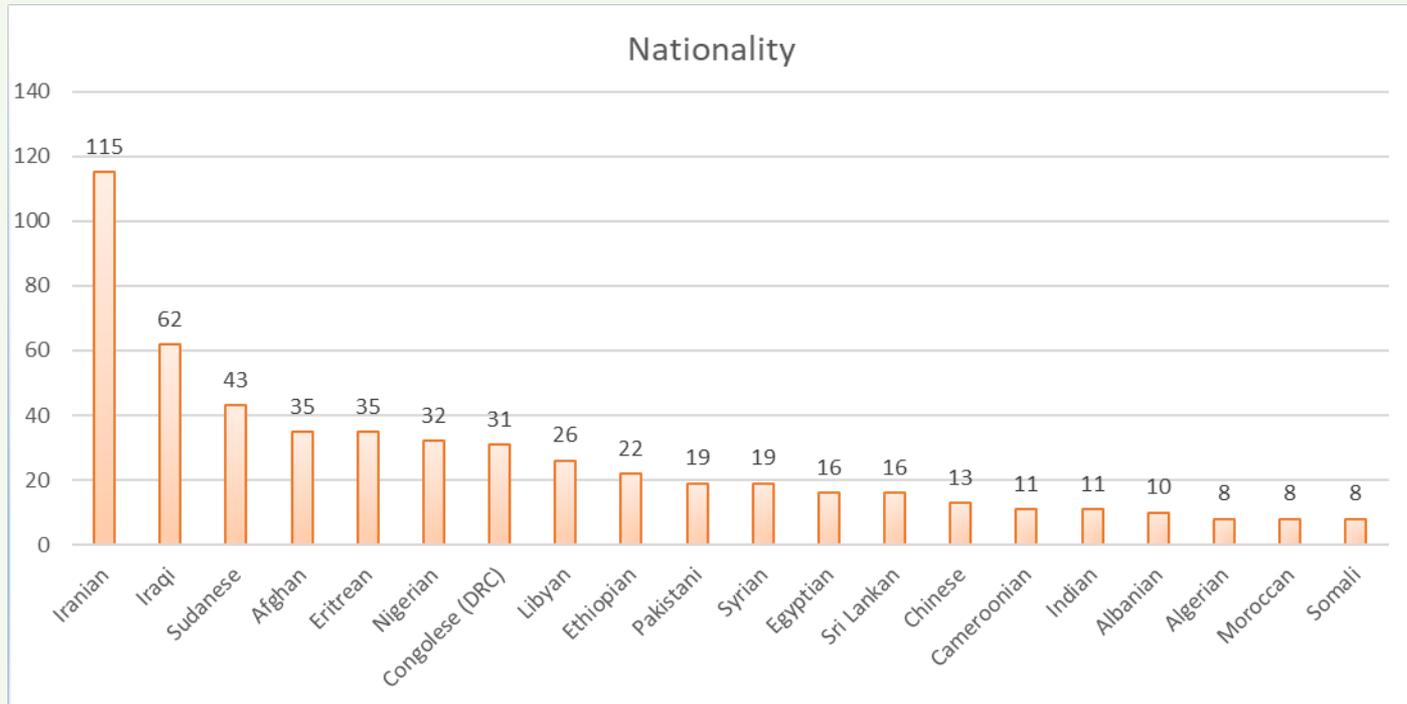
<https://www.unhcr.org/figures-at-a-glance.html>

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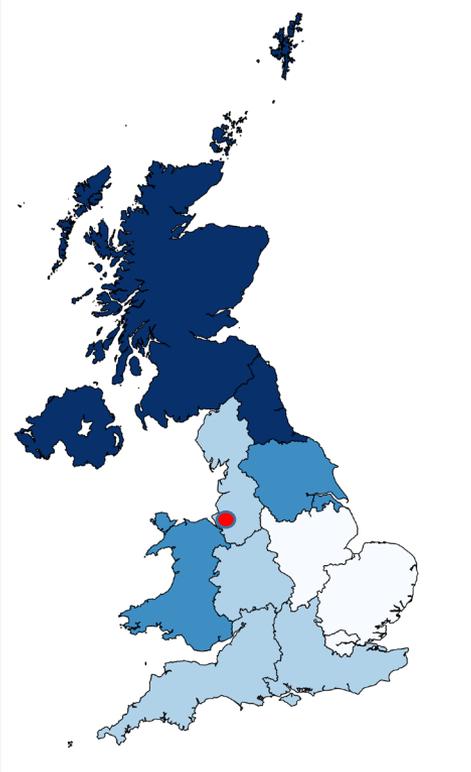
Top 20 Nationalities attending ALM



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The UK

The UK is divided into dispersal regions and in general we can say that Asylum Seekers are sent from the South of the Country to the North where it is cheaper to house them.

There are more Asylum Seekers in Liverpool or Manchester or Wigan, than in the entire South East Region.

The North West is the top dispersal area in England Wales and within the North West, Liverpool is the Local Authority with the largest group of Asylum Seekers, circa 1900

As the Initial Accommodation Centre (Birley Court) for the North West, is in Liverpool, thousands of Asylum Seekers pass through the city each year, although only around 2000 stay in the city during the life time of their claim.

Each of the boroughs around Liverpool will eventually have around 200 asylum seekers, not to be confused with the people who came through the Syrian Relocation programme

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How did ALM's Destitution Services Develop?

- Started in 2002/3 in response to people released from prison with no support, along with a small number of hosts and a food store.
- As time progressed, more people became homeless after refusal and we expanded provision, by 2007 acquiring 8 houses, for single male or single female occupants
- Since then we have had less finance and currently run 4 houses with capacity for 19 people. We no longer host. Around 40 people per week use the food store.

Providing physical support to a group which constantly renews itself means that to be effective, you need to have other solutions and so casework and legal routes were developed.

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Casework and Special Projects

- The General Casework Team - 800 people per year of whom $\frac{1}{4}$ are destitute. This is the gateway to destitution services.
- With such a small capacity for housing or food, other solutions are called for. Housing especially is in short supply and no one goes into the house without a plan for leaving it.
- In the past we have been reliant on people finding their own solicitors or ways forward. People were housed for years without progressing.
- 5 years ago we embarked on a new project with our own Social Worker through the Red Cross and Big Lottery, to explore the support available from Statutory Services for those Destitute+
- 2 years ago, the GMIAU, MRSN and ALM started a joint venture to work specifically with people in the houses to resolve their cases and put in further submissions

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What does this look like

General Casework Team

Assessment, s4 and other applications, HC1s, contact with Serco and Migrant Help. Referral to other agencies. Gateway to other ALM services

Complex Needs Social Worker

Interface between Asylum Seeker and Statutory Services. NRPF, Mental Health, Fee waivers, work with Social Services, NHS



Destitution Team

Access to Housing, Food Store, Postal Service, Monitoring Progress

GMIAU Solicitor

Oversee access to Further Submissions assisted by ALM Volunteers

Underpinning this is the Centre itself, providing Breakfast and Lunch 5 days per week, a place to go and meet others and a range of activities to try and make life a little bearable. Regular visits from NHS and MerseyCare personnel take place each week.

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What are the outcomes?

Of 226 people seen by the Social Worker during the past 5 years, 95 had a form of positive outcome:

- 45 obtained Leave to Remain (15 via the Parental Route)
- 37 had section4, section95 or Social Services Support (6 people)
- 11 people – removal of NRPF label

During the same period we have housed 48 people across 20 bedspaces

At least 500 different individuals have accessed the Food Store, taking 1 weeks worth of food at each visit. We have approximately 2000 visits per year.

GMIAU Solicitor – in 2 years, assessed 40 cases, obtained support for 10 and Leave to remain for 3

During the 5 year period, Asylum Link has had 145,000 pairs of feet through the door (including repeat visits) around 3000 individuals per year.

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What have we learned

It is not one individual, one organisation or one method that brings a positive outcome.

It is a range of different techniques and support, underpinned by a sense of partnership and common cause which brings results, but with dedicated and committed people driving things forward.

So work together, share ideas, think creatively and try different things.



How Asylum Seekers Access Services

- Referral by Housing Providers
- Referrals by Home Office
- Referrals by Voluntary Sector
- Referrals by legal Advisers
- Referrals by Friends
- In Person
- Referrals by concerned fellow asylum seekers
- Referrals by other Government departments eg Probation Services
- Referrals by Police

Key issues faced by Asylum seekers

<h2 style="color: red;">Causes</h2>	<h2 style="color: red;">Cumulative losses</h2>	<h2 style="color: red;">Post migration adversities</h2>
<ul style="list-style-type: none"> • War/Genocide • Human right abuses • Persecution on grounds of politics, Religion, gender or ethnicity • Detention • Torture • Physical and sexual violence <p style="color: red;">Defined by 1951 Geneva convention relating to the status of Refugees</p>	<ul style="list-style-type: none"> • Family • Friends • Country • Culture • Profession • Language • Plans for future, etc.... 	<ul style="list-style-type: none"> • Multiple changes • Psychological and Practical adjustment (cultural shock) • Uncertain future • Traumatic life events • Denial of right to work, health care • Delayed decisions • Racism • Detention • Destitution • Stereotyping by host community • Unknown cultural traditions • Language • Processing asylum claim (fear of negative decision) etc.....

Right to claim asylum – International Law

1951 Geneva convention relating to the status of Refugees	1950 European Convention Human Right	The European Union Asylum Qualification Directive (April 2004)
<p>(1.a) 1951 Geneva convention relating to the status of Refugees *Asylum seekers must show that they have a well founded fear of persecution due to their*:</p> <ol style="list-style-type: none"> 1. <i>Race</i> 2. <i>Religion</i> 3. <i>Nationality</i> 4. <i>Political opinion or membership of a particular social group.</i> <p>(1.b) Sur Place Claims - 1951 Geneva convention relating to the status of Refugees http://www.ukba.homeoffice.gov.uk/policyandlaw/immigrationlaw/immigrationrules/part1 <u>1/</u> more details -339P</p>	<p>A person can apply to remain in UK if removing him/her would be in breach of his /her rights.</p> <p>Articles 3&8 (ECHR)</p>	<p>The Qualification and the Procedures Directives are based on article 63 (1) © and (d) of the "<u>Treaty establishing the European Community</u>".</p> <p>The Directives are binding for current and new member States except <i>*Denmark*</i></p> <p>Adopted by the council of the EU Member States as part of establishing a common European Asylum system. http://www.ecre.org/topics/areas-of-work/protection-in-europe/92-qualification-directive.html</p>

The UK Asylum System - Adversarial

- ❖ Isolation - language, culture, weather, loss of friends and family
- ❖ Poor Housing - housed in areas with pre-existing problems
- ❖ Living in poverty - £37.75/week
- ❖ Education – restricted access, even for language courses
- ❖ Confusion – letters sent in English, the system kept obscure, a lack of information about where you are living.
- ❖ On refusal - homelessness

Any clinician will tell you that these circumstances are bad for peoples health. They actively promote depression, anxiety and mental ill health and will exacerbate any pre-existing condition.

There is no point fixing someone then returning to them to the system that broke them in the first place.

Everyone needs to feel useful & Everyone needs to feel loved

OTHER ASYLUM SEEKERS EXPERIENCES

- ❖ Weather
- ❖ Loss of family
- ❖ Cultural differences
- ❖ Pain in my leg
- ❖ Support – Vouchers – no cash
- ❖ Walking long distances whilst injured
- ❖ Isolation
- ❖ The long wait for decision
- ❖ The label of being an asylum seeker – how professional see you
- ❖ Not able to work – dependant on handouts
- ❖ De-skilling whilst waiting for decisions

EXPERIENCES CONT....

- ❖ Negative media coverage of asylum seekers
- ❖ Delays in asylum decisions
- ❖ The Asylum label – behind the label are teachers, mothers, engineers

PRESENT IMPACT OF CURRENT ASYLUM SYSTEM

- ❖ Cuts in legal aid
- ❖ Complex cases/No Recourse to Public funds
- ❖ No right to work
- ❖ No access to health care
- ❖ Confusion in regards to Home Office decisions
- ❖ Increase in mental health
- ❖ Length of asylum process
- ❖ Confusion with Home Office rules
- ❖ NHS Charges
- ❖ Apartheid Type of Asylum system – Them and Us Scenario
- ❖ Impact of the Immigration Act 2016

THE IMPACT OF CURRENT ASYLUM SYSTEM

- ❖ Pressure on social services resources to support vulnerable families
- ❖ Social and health workers slowly being turned into
- ❖ Immigration Officers
- ❖ Serious harm to health of asylum seekers eg mental health
- ❖ Destitution on increase, women more vulnerable
- ❖ Asylum seekers turning into prostitution and stealing as the
- ❖ last resort to survive
- ❖ Vulnerable adults scared to seek help and exploitation on
- ❖ increase, E.g. Slavery and sex work

CONT.....

- ❖ We cant send you home and we cant support you here dilemma.
- ❖ Obsession with numbers than needs of vulnerable people
- ❖ Detention of pregnant and vulnerable adults
- ❖ Control vs care – Social services/NASS
- ❖ Why not follow USA or Canadian model that allows asylum seekers to work
- ❖ Commonwealth nationals
- ❖ UK asylum system contributing to the deterioration of asylum seekers' mental health
- ❖ Current system not integrating asylum seekers in society

Cont...

- ❖ Criminalisation of asylum process
- ❖ Detention of those seeking sanctuary
- ❖ Hostile environment
- ❖ Social workers, landlords, police, Health staff, neighbours being turned into immigration officers
- ❖ The importance of universities, local authorities and voluntary sector to be a voice of the voiceless, be the challenge to the government

What's Going Wrong?



- ❖ Poor decision-making means that **many reach the end of the process without their protection needs being recognised.**



- ❖ People seeking asylum **cannot afford to meet their essential living needs** and are **not allowed to work.**



- ❖ People seeking asylum are often **deterred from accessing the healthcare** they are entitled to.

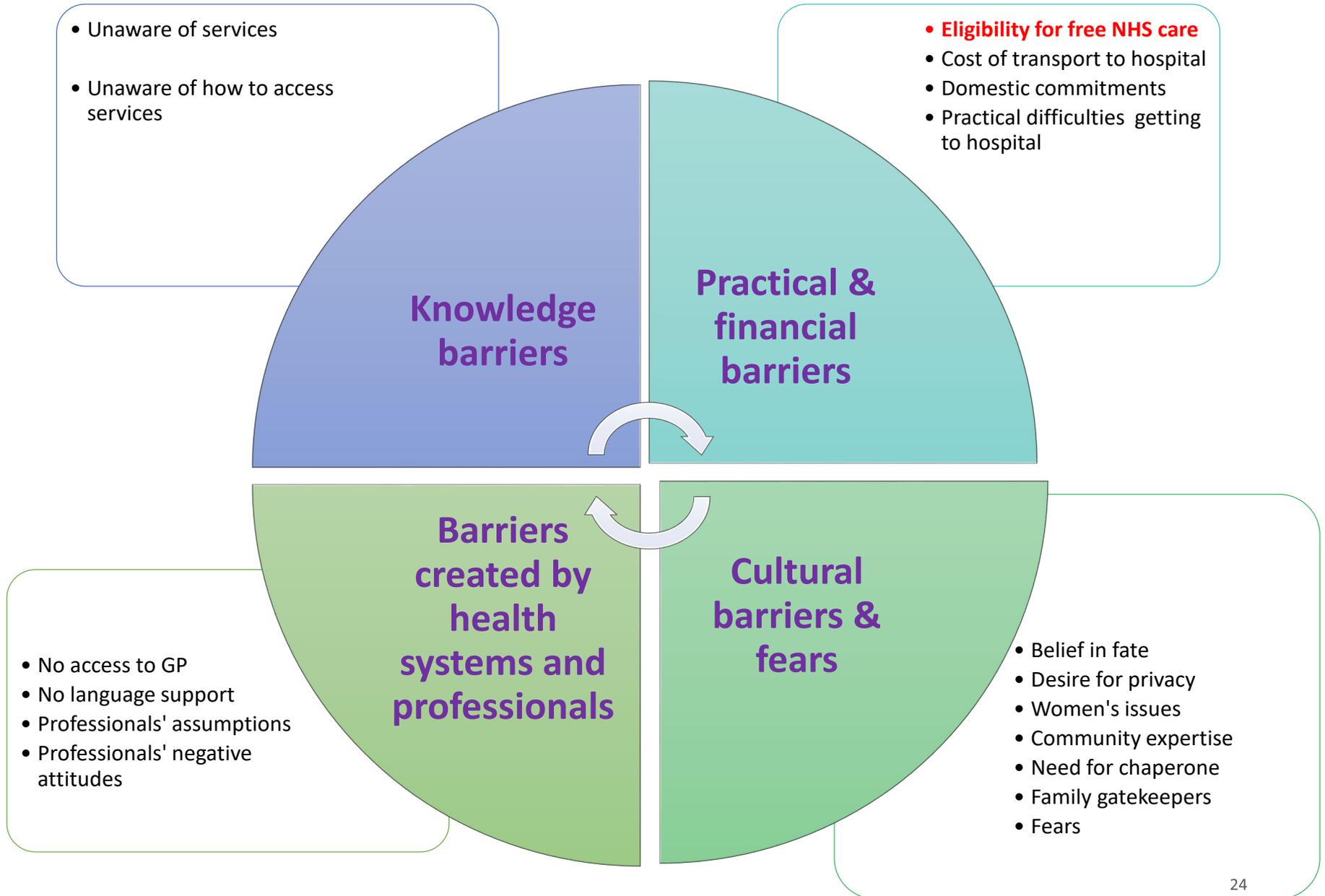


- ❖ People seeking asylum are **routinely made destitute** whilst stating their claim for a safe haven from persecution.



- ❖ People seeking asylum can be detained **indefinitely** and without charge.

Factors contributing to unequal access to services



Issues relating to supporting asylum seekers and refugees

Access to Services

- ❖ Difficulties in accessing and registration with GP services, interpretation & language services and maternity services
- ❖ Understanding of UK health system
- ❖ Professionals unequipped to signpost individuals correctly

Health

- ❖ Communicable Disease – TB and Immunisations
- ❖ Sexual Health – FGM, HIV and other STI's
- ❖ Women's Health – late stages of pregnancy and maternity care
- ❖ Long Term Conditions – Diabetes, Hypertension
- ❖ Health promotion for new migrant communities – Drugs and Alcohol
- ❖ Mental Health

Wider Impact

- ❖ Language
- ❖ Destitution and impact on health
- ❖ Dispersal of asylum seekers
- ❖ Lack of awareness on entitlements to health care

What are Complex Cases at ALM

- Domestic Violence/Abuse Cases
- Destitute families
- Clients with Severe mental health
- Families with No Recourse to Public Funds
- Trafficked Victims
- Un accompanied minors

What do we do?

- Assess Clients via Case Work Team
- Referral to Complex Needs Social Worker for further assessments
- Referrals and request for support from Social Services
- Challenges if support being denied
- Referral to other Agencies
- Fee Waiver applications for those eligible destitute families
- Removal of No Recourse To Public Funds Condition for those with families and destitute
- Court Challenges for eg S17 Support request refusals by LA
- Section 4 Appeals
- Link clients with GP/Social Inclusion Team/A&E, Crisis Team

Supporting people No Recourse to Public Funds (NRPF)

What is NRPF?

- ❖ No Recourse to Public Funds is a condition imposed by the Home Office on:
 - ❖ A person subject to immigration control; giving them no entitlement to welfare benefits or public housing.
- ❖ 'Subject to Immigration Control' – s.115 Immigration and Asylum Act 1999 =
 - ❖ Someone whose visa is subject to NRPF control or
 - ❖ Someone who would require leave to be in the UK and does not have it.

Who are the people subjected to NRPF?

- ❖ People with spousal visas (who may be allowed to work)
- ❖ People who have overstayed their visas
- ❖ Failed Asylum seekers
- ❖ People with leave to remain with NRPF provisions
- ❖ Foreign Students

What is the criteria for support?

- ❖ A local authority may **only help destitute applicants** who are in need of care and attention that will be provided in the accommodation they supply. This replaces the previous 'destitution plus' test.
- ❖ The **'care and attention'** means the applicant has a need to be 'looked after'. This means doing something for the person being cared for which **he/she cannot or should not be expected to do for her/himself**.

Assessments

Considerations in working with Asylum seekers and Refugees

- ❖ Current circumstances, particularly including **asylum process related/ legal and social problems** that may be having a major impact on mental health.
- ❖ Background information on person's **country of origin, culture and ethnicity**.
- ❖ **Family history**, including childhood experiences.
- ❖ **History of traumatic events and persecution** in country of origin (including arrests torture, sexual violence, war)
- ❖ **Booking interpreters** if required or providing information in the appropriate format as determined by the individual, ensuring gender specific interpreters are available if requested.

Assessments

Considerations in working with Asylum seekers and Refugees

- ❖ **Social and political experiences** relevant to the person's asylum claim.
- ❖ **Journey to exile** (when and how did they leave their country and how did they get here)
- ❖ Family **separation** and losses
- ❖ **Physical complaints** and injuries (including head injury sustained during torture or abuse)
- ❖ PTSD symptoms & **Mental health status** prior to traumatic events
- ❖ **Experiences** of isolation, hardship, racism
- ❖ **Caring responsibilities, e.g.** welfare of children in the family

Case Study : Lets Try it

- Case 1: DV Case

- Case 2: S17 Case

POSSIBLE SOLUTIONS FOR POLICY MAKERS

- ❖ Provide training to all frontline staff to ensure that they have a better understanding of health needs of asylum seekers and refugees. As well as other issues such as modern slavery and trafficking.
- ❖ Clear backlog by introducing a form of Amnesty or work permit system that can allow those waiting for decisions to work in farms, factories struggling to recruit personnel
- ❖ Allow legal aid back to the asylum system for fairness
- ❖ Stop private companies from providing accommodation for asylum seekers as they have failed to deliver, E.g. charging for services not provided
- ❖ Fund voluntary sector to be involved in provision of services of asylum seekers
- ❖ Stop politicisation of the plight of asylum seekers for political mileage.

The Importance of Online Hub

- ❖ To share information with students, professionals and refugees.
- ❖ Useful resources to educate students and professionals.
- ❖ Link with other professionals of different specialisms.
- ❖ Central point for update information(Asylum/Refugees).
- ❖ Portal with updated rights for asylum seekers and refugees.
- ❖ An information bank for asylum and refugee support services.
- ❖ Platform to information exchange and good practice guide for professionals supporting asylum seekers and refugees.
- ❖ Resources to advance the rights and well-being of asylum seekers and refugees.

Conclusion

Our Safeguarding responsibilities:

- ❖ As Health and Social Care Professionals we are the voice of the voiceless who are suffering or at risk of suffering.
- ❖ Upholding and promoting human dignity and well-being.
- ❖ Treating each person as a whole and being non judgemental.
- ❖ Empower service users and fight oppression.
- ❖ Using authority in accordance with human rights principles.

Thank you