

## 6.3 ASYLUM SEEKERS AND REFUGEES

**Refugees are defined in international law under the 1951 United Nations Convention Relating to Refugees. Some refugees have fled from countries where they may have been persecuted simply for being a member of a religious or ethnic group. Some have taken a deliberate stand against an oppressive government; others have already been in the UK as visitors or students when political changes in their home country made it extremely dangerous for them to return.<sup>1</sup>**

Whilst someone is waiting for their application to stay in Britain to be considered by the Government, they are known as an 'asylum seeker'. An asylum seeker who receives "leave to remain" from the Home Office becomes a refugee with the right to access mainstream services in whichever local authority area they choose.

The Immigration and Asylum Act 1999 introduced a policy of dispersal of asylum seekers under a regional quota system to relieve pressure on the south east of England. Cardiff Council has a contract with the National Asylum Seekers Service (NASS) to provide accommodation and support to dispersed asylum seekers. NASS also has a contract with a private organisation in Cardiff, and some emergency accommodation is provided by the Welsh Refugee Council. A proportion of the dispersed asylum seekers choose to remain in the Cardiff area when they have been granted leave to remain. Cardiff Council's responsibility ends when leave to remain is granted. However, all people with leave to remain, that have left the scheme, can still access mainstream services and benefits.

### DEMOGRAPHY

Asylum seekers started to arrive in Cardiff under the contract with NASS in April 2001. Numbers were expected to rise to 900, and it was originally believed that a large number of these would be single people. However, it became apparent very quickly that this was not the case and increasing numbers of families started to arrive. Table 1 illustrates the number of asylum seekers and dependants dispersed to Cardiff by 07/07/2003.

**Table 1 Number of Asylum Seekers and dependants dispersed to Cardiff by 07/07/03**

Single Males	258
Single Females	53
Total Number of People in Families with Male as Head	499
Total Number of Families with Female as Head	403

---

<sup>1</sup> Refugee Council

<b>Total</b>	<b>1,213</b>
Total Number of Families	233
Total Number of dependents	669

Source: NASS

1213 asylum seekers and dependants had been dispersed to Cardiff as at 07/07/03. Cardiff's Asylum Seekers Service supported 911 of these individuals. The majority of the supported asylum seekers and their dependants were housed in Adamsdown (262) and Grangetown (140) followed by Splott (101) and Plasnewydd (100). Table 2 reports on the numbers of asylum seekers supported by Cardiff Council's Asylum Seekers Service by electoral ward.

**Table 2: Supported by the Council Asylum Seekers Service under contract by Electoral Division up to June 2003**

<b>Adamsdown</b>	<b>262</b>
Butetown	37
Canton	54
Cathays	49
Fairwater	13
Gabalfa	30
<b>Grangetown</b>	<b>140</b>
Heath	22
Llandaff	4
Pentwyn	10
Riverside	89
<b>Plasnewydd</b>	<b>100</b>
<b>Splott</b>	<b>101</b>
Total	911

Source: Asylum Seekers Service

Of the above 911 asylum seekers, 397 were children under the age of 18 years. The Asylum Seekers Service reported difficulties in monitoring this group effectively.

Cardiff Health Access Team updated the figures in September 2003 and reported that 1473 asylum seekers and their dependants were occupying bed spaces as of 09/09/2003.

The country of origin of the asylum seekers in Cardiff is very diverse, as shown in Table 3. These areas are areas of conflict and political instability. This has a considerable impact on the provision of appropriate and acceptable health, social care and educational services that are culturally sensitive and that overcome language and communication barriers.

**Table 3 Country of origin and number of asylum seekers dispersed to Cardiff, at07/07/03**

Country of origin	Number of asylum seekers
Afghanistan	61
Albania	5
Algeria	34
Angola	17
Azerbaijan	10
Burma	5
Burundi	22
Cameroon	10
Chad	4
China	6
Columbia	3
Congo	42
Congo(Dem. Rep.)	27
Cyprus	5
Czech Republic	106
Czechoslovakia	2
Equatorial Guinea	2
Eritrea	6
Estonia	2
Ethopia	5
Ghan	2
Guinea	1
Guinea-Bissau	3
Iran	118
Iraq	140
Ivory Coast	12
Jamaica	5
Jordan	8
Kazakstan	3
Kenya	3
Kosova	5
Kuwait	8
Latvia	3
Lebanon	11
Liberia	1
Libya	1
Lithuania	1
Macedonia	4
Moldova	5
Montenegro	3
Nigeria	2
Pakistan	54
Palestine	34
Poland	1
Romania	20

Country of origin	Number of asylum seekers
Russia	5
Rwanda	12
Sierra Leone	9
Slovakia	3
Somalia	248
South Africa	13
Sri Lanka	4
Stateless	3
Sudan	35
Togo	2
Tunisia	1
Turkey	5
Uganda	7
Yemen	25
Zimbabwe	19
Total	1213

The pattern of new arrivals supported by the Cardiff Asylum Seekers Service during January – June 2003 is highlighted in Table 4.

**Table 4 Pattern of new arrivals, January – June 2003**

	January	February	March	April	May	June
<b>TOTAL</b>	36	43	41	43	30	30
<b>Single people</b>	14	16	14	11	7	8
<b>Families</b>	9	8	8	13	5	5
<b>Couples</b>	0	0	0	0	0	2

Source: Asylum Seekers Service

For the same time period, the number of refugees who remained in Cardiff following a decision by the Home Office to grant them leave to remain varied month by month. Table 5 illustrates that the number of refugees remaining in Cardiff after a Home Office decision is often less than half of those who arrived in the city.

**Table 5 Number of refugees remaining in Cardiff, January – June 2003**

	January	February	March	April	May	June
<b>Total number of people leaving accommodation</b>	50	43	47	33	36	50
<b>Total number of refugees opting to remain in Cardiff</b>	10	7	24	16	1	11
<b>Total number of asylum seekers granted leave to remain in UK</b>	22	20	33	19	7	23

Source: Asylum Seekers Service

The above table reports on the pattern of “discharge” from NASS contracted property during January – June 2003. Cardiff Health Access Team estimated in September 2003 that 194 refugees were living in Cardiff in temporary council accommodation. This figure estimates the number of refugees who decide to remain in Cardiff, those who move to Cardiff after being granted leave to remain and those involved in family reunions after the head of the family has been granted leave to remain. The figures are estimates as neither NASS nor the Welsh Refugee Council collates figures for refugees. The figures do not include those whose asylum claims have been disallowed but who cannot be deported. These individuals become destitute, homeless, have no access to support and do not appear in official figures.

## NEEDS OF ASYLUM SEEKERS AND REFUGEES

Once asylum seekers are granted leave to remain as refugees, they are advised to register with a general practitioner and are recorded on the NHS central register and the Census in the same way as any other resident. They may continue to have special health, social care and housing needs.

### Health and Social Care Needs of Asylum Seekers and Refugees

David Woodhead, in his paper for the Kings Fund<sup>2</sup>, suggested a broad working concept in considering the health and well-being of asylum seekers. Asylum seekers and refugees expect to find security and come to the UK ready to contribute to society in the hope of securing better lives for themselves and their families. Woodhead (2000) reported that most asylum seekers and refugees arrive well and in apparent good health. However, Cardiff's experience is that this diverse group has multiple and complex health needs related to the circumstances in their mother country and their current experience of homelessness, poverty and uncertainty regarding their asylum claim. An important number of asylum seekers arrive in considerable distress. Some are victims of torture, seeking safety and security for their families in the aftermath of conflict or war. Many refugees have been exposed to years of repression, trauma and/or torture. Some asylum seekers have been imprisoned and families detained. They often have strong cultural family relationships and a sense of responsibility towards their community.<sup>3</sup> Against this background, physical and mental health problems are common as a result of severe trauma<sup>4</sup> (for example, amputation, bullet wounds, trauma or depression). Asylum seekers and refugees in the UK often come from areas with high incidence of infectious diseases including tuberculosis.<sup>5</sup> Poor nutrition both in the mother country and in transit may have been experienced. There may be little or no previous access to health care and no documentation on health issues (immunisations are particularly highlighted as it is not possible to know what a child or adult has previously been given). Health might not be the first priority upon arrival – housing, asylum, security, food and warmth are more likely to be needed. However, serious ill health is likely to appear as a pressing concern later on.

### Mental Health

Some asylum seekers<sup>2</sup> and refugees arrive in considerable ill health with extant mental health needs as a result of torture, conflict and war. They often show signs of post-traumatic stress disorder (PTSD). These symptoms can worsen certain physical conditions, for example, intestinal problems (including dyspepsia and ulcers), hair loss, skin complaints and malnutrition. Some asylum seekers have needs that cannot be contained by GPs but do not meet established criteria for psychiatric intervention. Unofficial self-medication (e.g. through alcohol and street drugs) often helps victims cope with the psychological effects of torture and war. Occasionally, prescribed medical responses 'at home' (e.g. large doses of prescribed tranquillisers and anti-depressants for victims of torture) are not continued here. Diagnosis of mental ill health is inconsistent in its quality. Cultural differences and language problems hamper the understanding of ill health. Many asylum seekers and refugees experience improvement in their health after arrival because the situations they find themselves in now are better than those they left. However, asylum seekers and refugees often experience new types of problems, for example reductions in their self-confidence and sense of self-worth.

---

<sup>2</sup> Kings Fund (2000) *The Health and Well Being of Asylum Seekers and Refugees*

<sup>3</sup> Sally Hargreaves, Alison Holmes and John S. Freedland. "Healthcare Provision for Asylum Seekers in the United Kingdom". *Lancet* Vol 353; No.9163, 1<sup>st</sup> May 1999

<sup>4</sup> Gorst Unsworth C, Goldenburgh E.. "Psychological Sequery of Torture and Organised Violence suffered by Refugees Br. Journal of Psychiatry 1988; 173: 90-94

<sup>5</sup> .Watson JM "Tuberculosis in Britain Today". *BMJ* 1993;306:221-222

## **Physical health**

The physical health of asylum seekers and refugees is a complex issue<sup>2</sup>. Woodhead (2000) reported that many arrive in good health. Some asylum seekers and refugees arrive with long-standing illnesses and physical disabilities; some arrive with newly acquired problems. They might well be receiving medication for the former; they may have received little medical attention for the latter. Asylum seekers and refugees who are fleeing for their safety may arrive with physical disabilities as a result of torture and/or conflict, e.g. with amputations, broken bones, neurological damage. Asylum seekers and refugees often experience continuous minor health problems as a result of debilitation, e.g. coughs and colds. However, there are also more serious complaints, some of which are thought to arise as a result of the conditions in which they are forced to live in the UK, e.g. TB. The issue of HIV is one of considerable personal and political importance. Most asylum seekers and refugees have not been tested and do not know their antibody status.

## **Children's Health**

Refugee children have complex needs<sup>2</sup>. Many have suffered the same trauma and distress as their parents, who, due to their own frailty, are unable to provide the much needed parental support, leaving the children in a fragile and vulnerable state. Consequently, they are damaged both psychologically and physically. There are growing concerns about trafficking in children. The Climbie report (as cited in Woodhead 2000) has emphasised the vulnerability of children being trafficked into the country and the need to ensure adequate care and provision are in place to protect newly arrived children. The number of referrals to the Children's Intake and Assessment team is growing. Referrals are for a range of issues, including child protection, concerns around private fostering arrangements (where children arrive with adults who are not their parents), children in need and concern about the effects of removal of families from the country.

Different cultural norms, for example in the supervision and parenting of children, can make it difficult to assess and support families. Families can find themselves without subsistence as the result of complex personal circumstances. Approximately 10% of children have Special Educational Needs (SEN) or emotional and/or behavioural needs of significant concern. In addition, the inappropriate dispersal of children with special needs has caused distress to the families<sup>6</sup>. Assessments re-commence on arrival in, for example, Cardiff. The children are required to wait for services, although may have been near the top of a waiting list in their pre-dispersal area.

## **Language and communication**

The CHAT estimates that approximately thirty languages are spoken across this diverse group. This presents the service providers with the challenge of ensuring that its practitioners are able to communicate effectively with its clients to meet their complex needs. Informed consent is a prerequisite within the Race Relations (Amendment) Act 2000. Services are required to be acceptable and accessible and clients informed of the provision of services to meet their needs.

## **Provision of Services in Cardiff**

### **Cardiff Asylum Seekers Team**

Support and accommodation to asylum seekers in Cardiff is provided under contract to the National Asylum Support Services (NASS). Cardiff Council is contracted to provide the following services:

- provision of accommodation and 'tenancy support'

<sup>6</sup> Compiled from briefings and reports by the Asylum Seekers Service

- basic social care support, helping asylum seekers access mainstream services, including legal services if required
- dealing with specific incidents of harassment/intimidation/community tension
- arranging language support
- ensuring access to local schools; building adult education opportunities (including English language classes); liaising with a range of education providers
- the Refugee Support Team, set up in December 2002 under the ‘Supporting People’ scheme, provides support to refugees in their tenancies.

The Scheme commenced on 9th April 2001 and will operate for a period of 5 years. Since the start of the contract in April 2001, Cardiff has made significant progress in both the delivery of direct services and the development of its enabling role.

Asylum seekers who are given leave to remain and choose to settle in Cardiff are assessed by Homelessness Services. Those that are assessed as being vulnerable and in priority need become the responsibility of the local authority. They should be moved out of NASS accommodation but there is a shortage of available temporary and permanent accommodation for people (particularly large families) to whom the authority has a housing duty.

### **Cardiff Health Access Team**

In November 2002, the Cardiff Health Access Team (CHAT) was established following a recommendation by Cardiff and Vale NHS Trust, who were commissioned by Cardiff Local Health Group, to review the health of vulnerable groups. The aim of CHAT is to break down structural and personal barriers to health and empower the groups to access holistic healthcare on an equitable level with the local population. CHAT works with asylum seekers and refugees, homeless and vulnerably housed groups, gypsies and travellers. These groups share commonalities in the problematic access to health services and uptake of services. However, the groups themselves are very different from each other, and there are complex issues within each group. Health may not be the top priority for people living on the margins of society in very poor conditions.

The service is not registered as a practice and is not sited in surgery premises. Services provided by the Cardiff Health Access Team include:

- dedicated Medical Officer (as most asylum seekers are unregistered with a GP) providing a full range of medical services
- Schools Liaison Officer
- Mental Health Nurse
- Specialist Nurse
- Health Visitor

### **Language and communication**

CHAT employs two part-time health access workers for interpreting and translating and accesses additional interpreting services from the local authority’s interpretation service. Primary care services use a mixture of interpreting systems for asylum seekers including face-to-face interpreters and telephone interpreting.

Within Cardiff, a Language and Communication Strategy is being developed on behalf of the Cardiff Health Alliance following the identification of the need for language and communication support and the lack of co-ordination of interpretation services across agencies. A strategic framework sets out strategic principles to which organisations which commission and provide

services can subscribe in order to establish a consistency of approach that can eventually lead to more integrated, effective and efficient communication support. The framework aims to improve collaboration in the area of language and communication support between public sector agencies; improve services for minority ethnic groups through better communication between service providers, service users and carers; develop a better 'cultural' understanding of and sensitivity to minority ethnic communities by service providers; establish recognised levels of commitment and support to appropriate levels of service provision in the area of language and communication support; and facilitate wide spread acceptance of the concept that communicating properly with people who require or prefer to use other languages is their fundamental right.