

## **King's Fund response to Asylum and Immigration Bill**

### **Background information**

The King's Fund is an independent health charity. Among our other health and social care research and development work, we fund a number of health advocacy projects among refugee communities in London. We also support work by the Medical Foundation for the Care of Victims of Torture and the Refugee Council. From our experience of working with refugee communities, we have a number of concerns about the health impact of the Asylum and Immigration Bill.

*We are concerned about plans to disperse asylum seekers to 'reception zones' outside London and the South East and to remove the rights of refugees to receive cash benefits.*

Refugees have health needs which reflect the traumas they experienced in their countries of origin, the difficult journeys they may have made, and the exclusion they experience on arrival in the UK. Projects supported by the King's Fund have found that refugees often have problems with physical health, such as the injuries sustained after torture or the lack of immunisations among young children; or with mental health, particularly stress and anxiety. A significant number have also been found to suffer from post-traumatic stress disorder.

It is often hard for refugees to access the health services they need. This is because they may not be aware of the services that are available or because health services are not geared up to meeting their needs. It can be difficult to register with a GP, or interpreting services may not be available. Many of the health issues facing refugees, such as mental illness and female circumcision, need to be treated sensitively by health workers with experience of working with them.

In some parts of London, refugee communities and health services have made progress in meeting their specific needs. Many communities have organised themselves to provide health advocacy services which inform refugees about health matters and refer them to appropriate health services. The Tamil Relief Centre in Edmonton, for example, employs a women and children's health worker whose role is to educate and inform both women and local health professionals. Several London health authorities and trusts have set up specialist services to meet refugees' needs. Camden and Islington Community Health, for instance, has a stress trauma clinic for Bosnian refugees who have experienced atrocities in their former homes. Both of these have received funding from the King's Fund.

### **Response to the Bill**

*Dispersal around the country will take asylum seekers away from the communities which do much to support them.* The Government has done much to promote social inclusion and revive communities in other policy areas. By supporting refugee communities to look after new entrants, it could save money, promote social networks and prevent ill health. Community groups support not just health but education, information, cultural activities and housing. Communities also provide access to food with which asylum seekers are used to cooking – a system which may be damaged by

the removal of cash benefits. By forcing people to disperse, the Government will increase their isolation and reduce access to specialist services. The expertise that now exists in London will be lost, putting a new burden on health professionals in other areas who have no experience of working with refugees and no support from community groups. This will cost the NHS extra money.

The Bill appears to be predicated on an assumption that refugees are a burden on public services and a threat to the wellbeing of Londoners. We reject this assumption and believe such messages will only increase the discrimination and harassment experienced by both refugees in particular and people from minority ethnic groups in general.

Refugees are not simply a burden on the taxpayer. They can play an important part in British life. The NHS, for example, can benefit from the expertise of refugee health workers at a time of staff shortages and low morale. Refugees can bring a wealth of experience in all areas of life. The Government should recognise this.

We welcome, however, moves to end the 'white list' of countries from which asylum seekers are assumed to be bogus, and to establish a 'one stop' appeal procedure and the faster processing of applications. Speeding up the process is clearly beneficial because of the anxiety asylum seekers experience, which can often exacerbate the mental health problems they may have. The abolition of the 'white list' should also allow people who have a humanitarian reason to become refugees, from whatever country, to stay in the UK.

## **Recommendations**

The Bill should include:

**1. Provision for supporting refugee health.** Areas in which refugees live should have proper provision for the kind of health services that meet their needs. Whether in London or 'reception zones', investing in culturally competent health care will save money in the long run by ensuring health needs are met before they become too severe. We also support the call by the Medical Foundation for the Care of Victims of Torture for torture victims to be identified quickly and given proper support.

As an infrastructure for such services is now beginning to emerge in London, it would appear sensible to help them to develop further rather than trying to re-create them in other regions. If the Bill does go ahead with creating reception zones, existing community groups should be assisted in providing support networks there.

**2. Decent housing.** Refugees must have access to housing which supports rather than damages their health. This should be within reach of the most important amenities, such as culturally competent primary health care, religious observance, children's and adults' education. Not only would this improve the health of refugees, it would facilitate their inclusion in society so that those whose applications are passed can begin ordinary lives as quickly as possible.

**3. Public information.** Recent press coverage has aroused widespread suspicions about refugees and refugee communities, eg Somalis and Kosovans. The Government

should take a lead in educating the public about the contribution refugees make to British life and countering racist discrimination and harassment against asylum seekers.

*Concentrating investment in support for refugees in the areas they want to live is a rational use of money. It allows for genuine partnership between local authorities, the NHS and voluntary and community groups to provide comprehensive support to some of the most vulnerable people in Britain.*

#### **Further information**

The King's Fund is currently supporting:

- Al-Hasaniya Moroccan Women's Centre: health policy officer
- Camden and Islington Community NHS Trust: Bosnian trauma stress clinic
- Centre for Armenian Information and Advice: advocacy worker
- Evelyn Oldfield Unit: training and support to refugee community groups
- Haringey Somali Community and Cultural Association: outreach and health advocacy services
- Kurdish Cultural Centre: community health development project
- Latin American Elderly Group: healthy lifestyles project
- Medical Foundation for the Care of Victims of Torture: training scheme for health professionals
- Refugee Council: one-stop referral and advice service for refugees in London
- Tamil Relief Centre: women and children's health worker
- Tawakal Somali Women's Group: rehabilitation, counselling and alleviation of the suffering of Somali men from the effects of Khat.

If you would like to follow up any of the issues contained in this briefing, please contact Rabbi Julia Neuberger, King's Fund chief executive, on 0171 307 2487.

For more information on our work with refugee communities, please contact Susan Elizabeth, King's Fund grants director, on 0171 307 2493 or Andrew Bell, press and information officer, on 0171 307 2585.

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