

Asylum Seeker and Refugee Community Report



Report Published: March 2018

Report Authors:

**Saad Hashmi, Nancy Kinyanjui and Sharon Hardman,
Healthwatch Blackburn with Darwen**

Contents

About Healthwatch Blackburn with Darwen	3
Disclaimer	3
Acknowledgements.....	4
Executive Summary	5
Introduction	6
Aim of the volunteer led project.....	6
Statistics	7
Research methods	8
Engagement	8
Findings	9
Case study	19
Conclusion	21
Recommendations	22
References	22
Contact Details	23

About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created by Health and Social Care Act, 2012. We are part of a network of local Healthwatch which helps to ensure that the views and feedback from patients and carer are an integral part of the design and delivery of local services.

Every voice counts when it comes to shaping the future of health and social care, and when it comes to improving it for today. Everything that local Healthwatch does will bring the voice and influence of local people to the development and delivery of local services.

Find out more at: www.healthwatchblackburnwithdarwen.co.uk

Disclaimer

This volunteer led project engaged with **60** asylum seeker and refugees in total. This report relates to findings from questionnaires completed by **34** individuals from this community in Blackburn with Darwen. Our report is therefore not a representative portrayal of the experience and views of all those experiencing asylum seeker and refugee status in Blackburn with Darwen, only an account of what was represented at the time.

Acknowledgements

Those experiencing asylum seeker and refugee status who kindly shared their views and experiences with us, often sharing deeply personal stories for which we are grateful.

The following organisations for allowing us to engage with their clientele and support on this volunteer led project:

- **The ARC project, Wesley Hall, Blackburn**
- **Darwen Asylum & Refugee Enterprise (DARE), Darwen**

Healthwatch Blackburn with Darwen staff and volunteers for supporting the volunteer led project:

- **Ben Pearson**
- **Sharon Hardman**
- **Saad Hashmi**
- **Nancy Kinyanjui**
- **Madhu Pandya**
- **Fariah Ahmed**

Thank you to Ana Diaconu, work experience placement student from Darwen Academy Enterprise Studio for providing the graphic design throughout this report.

Executive Summary

Healthwatch Blackburn with Darwen has worked to find out the views and experiences of asylum seekers and refugees, which will allow us to influence local health and social care provision to best meet their needs.

The engagement took place over a 5-month period between **August 2017 and December 2017**, allowing us to engage with **60** individuals.

Key findings are:

- Whilst 94% of asylum seekers and refugees are registered with GP and 76% have a good or average experience at their GP surgery
- 18% have been referred/accessed mental health/counselling services, despite the fact that our findings show 76% had reported leaving their country of origin due to either state persecution, regional conflict or war.
- Language barriers and fear of stigma are factors in the reluctance of asylum seekers and refugees to share past and possibly traumatic experiences with health professionals.
- ‘Safe space’ environments such as the ARC and YMCA appear to be more conducive to asylum seekers and refugees sharing their experiences and stories.

Recommendations are:

Recommendation 1: Health and social care providers to utilise available translation services such as Language Line to meet the language needs of asylum seekers/refugees in order to meet the Public Sector Equality Duty of the Equality Act 2010.

Recommendation 2: Build on the ‘safe space’ atmosphere of organisations such as the ARC and YMCA to signpost asylum seekers and refugees to mental health/counselling (possibly self-referral)

Recommendation 3: To build evidence of best practice to share across the public sector for meeting the needs of asylum seekers/refugees.

Introduction

Aim of the volunteer led project

To gain a greater understanding of the experiences and needs of Asylum Seekers and Refugees in relation to health and social care services in Blackburn with Darwen.

Why the Asylum Seeker & Refugee Community?

Following on from our Asylum Seekers and Refugee engagement report in June 2015 we decided to revisit this community to explore further their circumstances and current views.

What do we mean by asylum seeker?

An asylum seeker is “someone who has applied for asylum and is waiting for a decision. In other words, in the UK an asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application. Someone who seeks asylum in the UK is asking for protection under well-established international law. If they are accepted they are granted refugee status” (Refugee Convention, 1951).

What do we mean by refugee?

According to Refugee Convention (1951) a refugee is “a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”

Statistics

England

The most recent national UK figures for asylum seekers is in 2016 with 30,603 asylum applications (Home Office National Statistics Asylum, 2018).

Lancashire

The most recent statistics on the number of asylum seekers in Lancashire according to the Home Office National Statistics Asylum (2017) are:

Blackburn with Darwen	344
Blackpool	5
Burnley	39
Chorley	34
Fylde	11
Hyndburn	27
Lancaster	120
Pendle	23
Preston	183
Ribble Valley	18
Rossendale	70
South Ribble	17
West Lancashire	115
Wyre	21

Blackburn with Darwen

Blackburn with Darwen Borough Council (2018) have an agreed ceiling to the number of asylum seekers that Serco can accommodate in the borough at any given time. The ceiling is 350. This remains fairly consistent. 350 is for adults and children in total. It does not include Refugees. Once an asylum seeker is granted refugee status they would no longer appear as a separate statistic from the general population.

Research methods

Due to the small sample size the research methodology was via semi-structured individual face to face interviews. This report therefore presents data that is both quantitative and qualitative.

Engagement

We carried out engagement on **15** occasions at Wesley Hall, Blackburn on Tuesday 11.30 am to 1.30 pm. We carried out engagement on **1** occasion at a client's home.

Who we spoke to?

- We engaged with **60** individuals over the course of the volunteer led project
- We completed **34** semi-structured in-depth interviews over the course of the volunteer led project



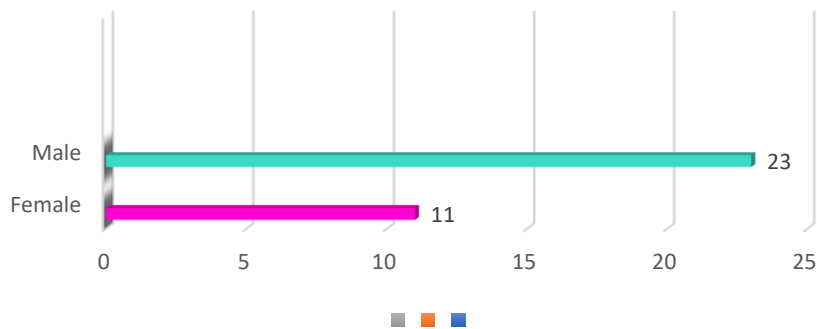
Findings

1. Age range of participants

No. of Participants	Age Group.
16	15-30
15	30-45
3	45-60

2. Sex/gender of participants

Number of participants according to sex/gender



3. Country of origin of participants

No. of Participants	Country of Origin.
5	Sudan
4	Afghanistan
4	Iran
4	Pakistan
3	Libya
3	Syria
2	Bangladesh
1	Albania
1	Burma
1	Egypt
1	Eritrea
1	Ghana
1	Guyana
1	Iraq
1	Kuwait
1	Did not disclose country of origin

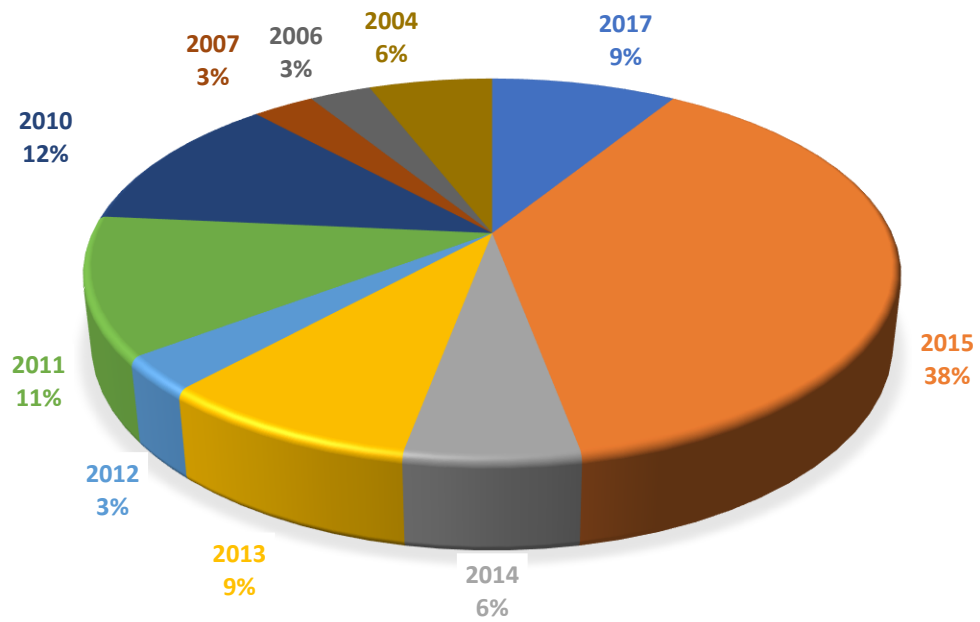
“I am from Sudan. I finished my degree in metallurgy before I had to leave my country.”

“I am from Iran. I was a fork lifter in a factory in Tehran. I had my own car. I was living a decent life there”.

“I am from Libya. I like going to Blackpool beach as it reminds me of my city back home. I feel strong when I see beach.”

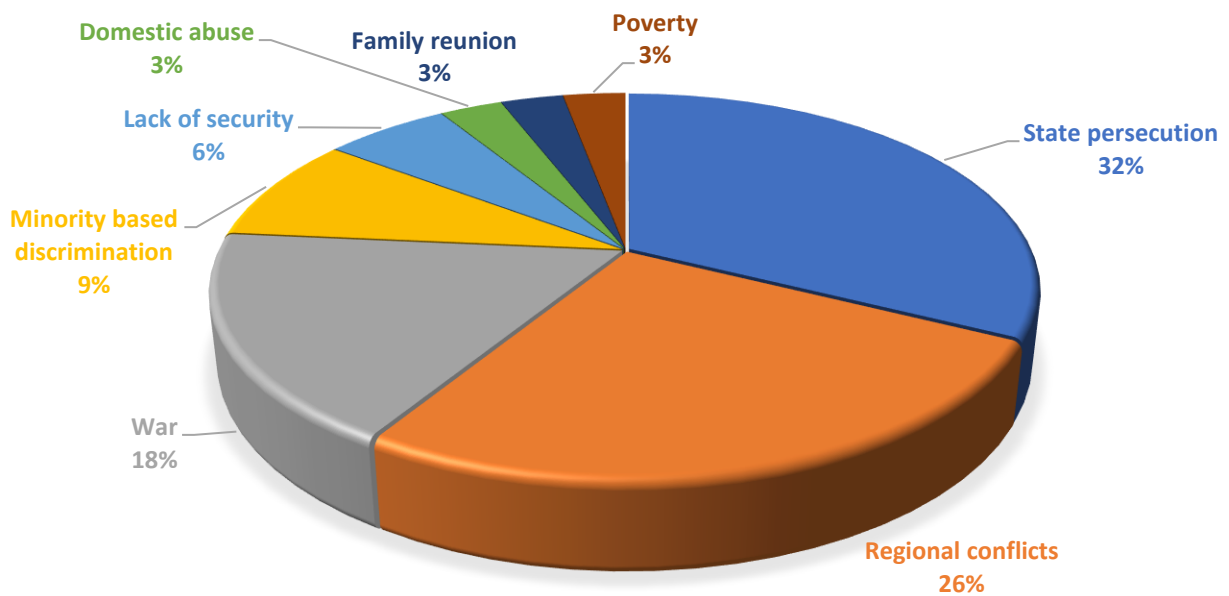
4. Arrival in UK of participants

WHEN DID YOU COME TO THE UK?



5. Circumstances leading to participants coming to the UK

CAN YOU TELL ME ABOUT THE CIRCUMSTANCES WHICH LED YOU TO COME TO THE UK?



“I was running a business in Jalalabad, Afghanistan. I used to sell green tea in my shop. I was frequently discriminated and threatened for my Sikh religion. I was also forced for extortion against a permission to continue my business in that city.”

“I was persecuted by the state for my association with liberation party in Azad Kashmir. I had a shop in my village but as a result of police raid I shut down my business and travelled to the U.K.”

“I escaped from the bomb shellings in Syria and fled from the country”

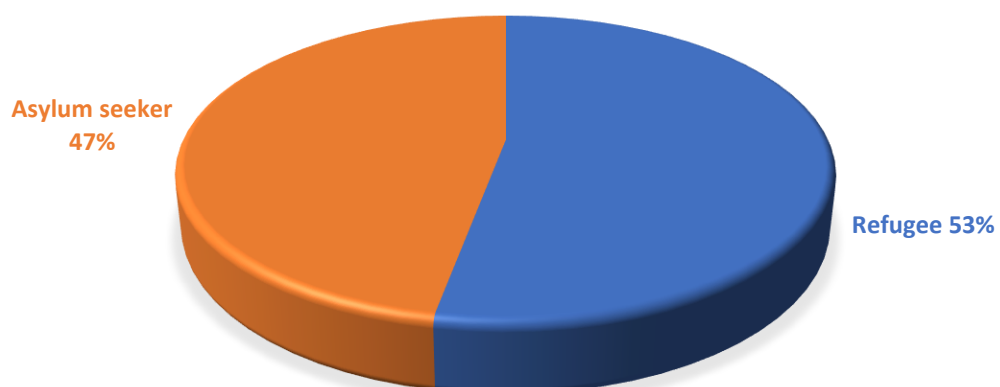
6. Status of participants: Asylum seeker or refugee

53% identified as refugee



47% identified as asylum seeker

WHAT IS YOUR STATUS?



“I am still an asylum seeker. My application got refused by home office.”

“I have recently got a refugee status for my whole family.”

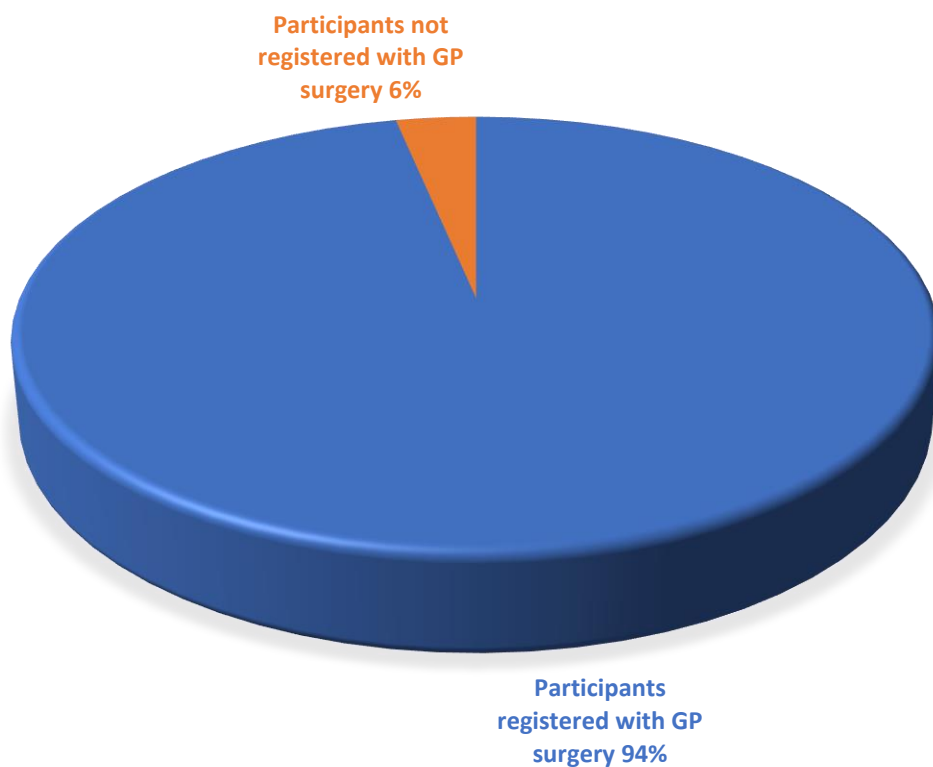
7. Participants registered with the GP surgery

94% of participants were registered with a GP surgery.

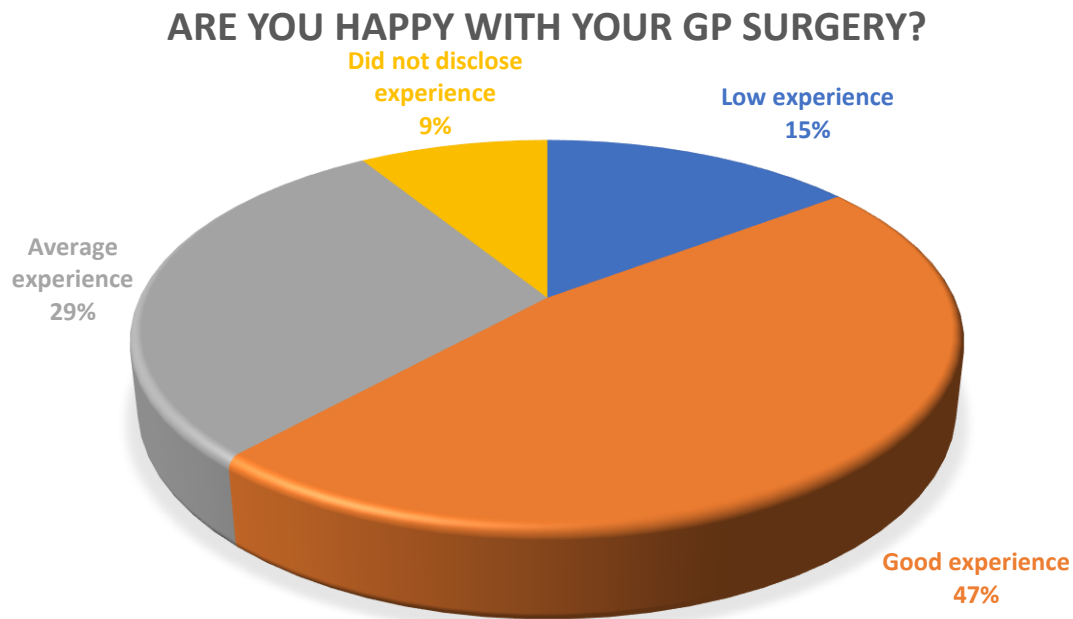
6% of participants were not registered with a GP surgery.

“I don’t need any GP doctor as I firmly believe in spirituality. I never get ill.”

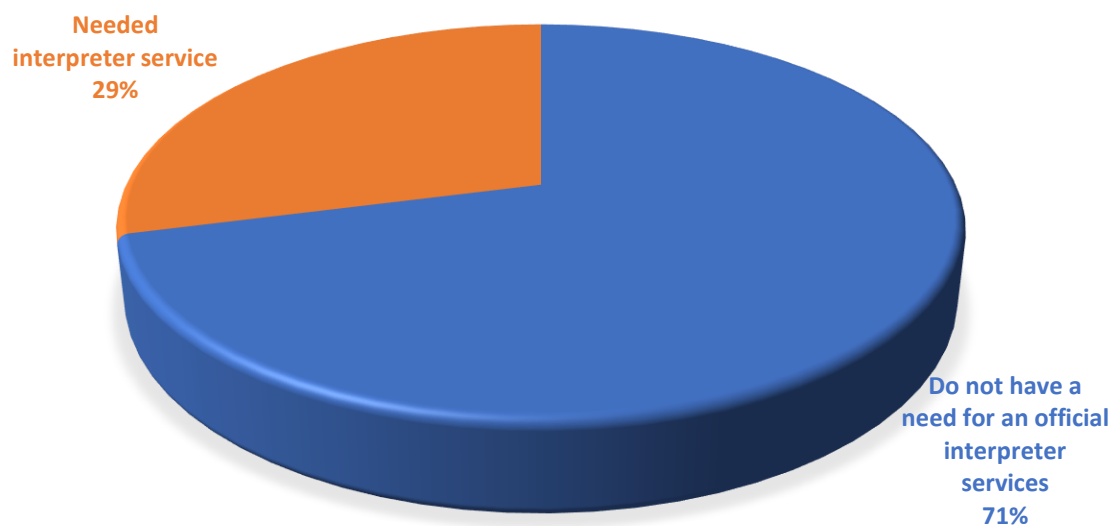
ARE YOU REGISTERED WITH THE GP SURGERY?



8. Participants views on their GP surgery



9. Participants experiences of interpreter



“I am really angry. My GP does not understand my problem. It is so frustrating as I can’t speak English properly. I always need someone to translate for me at GP surgery.”

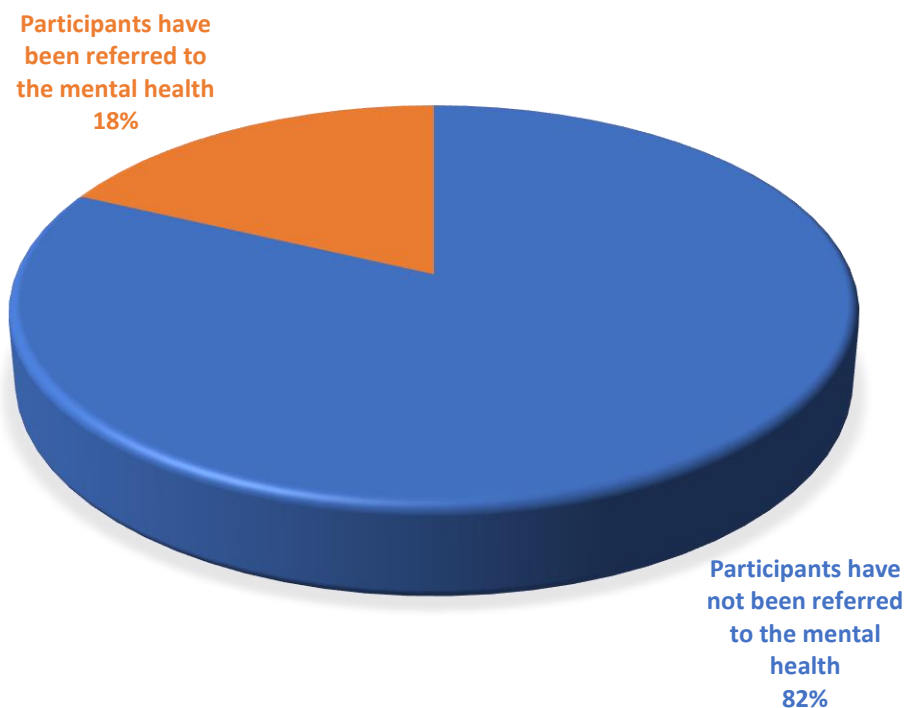
“I don’t get any interpreter there. I have to request my friend or Wesley Hall volunteers to accompany me at GP appointment.”

“My GP speaks my language as he is from Sudan. So I find it very easy to communicate with him. I am happy with my GP.”

Recommendation 1:

Health and social care providers to utilise available translation services such as Language Line to meet the language needs of asylum seekers/refugees in order to meet the Public Sector Equality Duty of the Equality Act 2010.

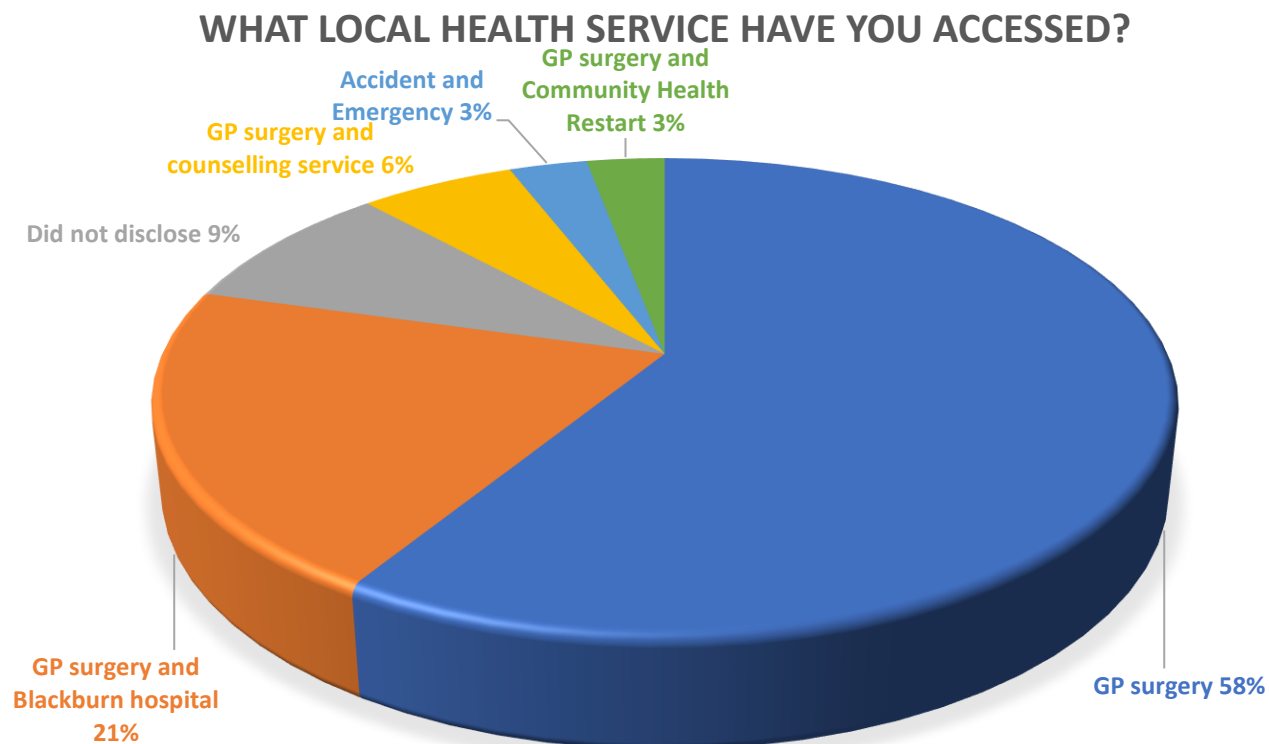
10. Participants experiences of referrals to the mental health services



“I was referred to a counselling service once by GP. It was a good experience.”

“I have never been referred. I need counselling more than a medication. My heart keeps sinking all the time.”

11. Participants experience of local health services



12. Other possible support received by participants

100% of participants had positive and helpful experiences at the ARC volunteer led project and felt they understood their problems/issues. 100% of participants regularly visit the drop-in at Wesley Hall with an aim to discuss their different issues with ARC volunteer led project staff and volunteers, to have a chat with friends, or to play table tennis and snooker.

“I always come to the ARC volunteer led project office for any issue I don’t understand well. They support me always whenever I need them for interpretation at GP surgery or Job Centre.”

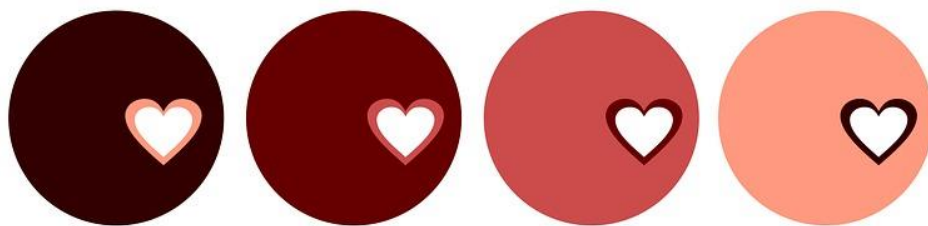
Good Practice Example: The ARC Volunteer led project

The ARC Volunteer led project is a West Pennine Moors Circuit mission volunteer led project based at Wesley Hall Methodist Church in Blackburn Town Centre which was founded in 2004. The ARC is well established with experience and a history of working with asylum seekers and refugees in the Blackburn with Darwen Borough.

The ARC Volunteer led project seeks to create a safe, welcoming space for those fleeing war, persecution and violence in their homelands. ARC provides the practical support asylum seekers and refugees need to start rebuilding their lives in the UK. The ARC is currently open five days a week and the Volunteer led project runs a number of different activities for service users to participate in.

Recommendation 2:

Build on the 'safe space' atmosphere of organisations such as the ARC and YMCA to signpost asylum seekers and refugees to mental health/counselling (possibly self-referral).



REFUGEES WELCOME

9 out of 34 participants are associated with the YMCA as volunteers and they actively participate in monthly engagement activities there.

Good Practice Example: Introduction of New Beginnings Volunteer led project / Blackburn YMCA

The New Beginnings Volunteer led project is managed by, and for, refugees and asylum seekers. It runs within a peer support model. Volunteer 'Community Champions' who are refugees and asylum seekers support other refugees and asylum seekers to help them settle into their new lives in the UK.

The objective of the volunteer led project is to help them the refugee community to integrate into the local society and empower the champions to help their own communities on day to day basis.

The Champions also work with the Volunteer led project Coordinator to arrange community events such as Christmas and Eid Parties, trips out to the seaside and countryside. They also go into schools and businesses so that people can understand more about why people seek refuge in the UK which helps to counter negative perceptions.

The champions meetings and community events are important the community's wellbeing and mental health. These also give a sense of empowerment to know they are a part of a wider community - there is a strength in numbers.

22. Participants first choice facility for support

100% of those we spoke to told us they depend on the ARC volunteer led project drop in service for support

Case study

Name: A Age: 31 Gender: Male

Country: African (country confidential)

Date of arrival in the UK: January 2009

Date of arrival in Blackburn: 2010

Current status: Failed asylum seeker (still on appeal but without recourse to any public funding)

Registered with GP: Yes

Saying in Africa “nobody leaves the house unless the house is the mouth of the snake” if the house is the mouth of the snake your gonna have to flee. Before 2002 I was living a comfortable life.

I was about 10 when my country got divided into north and south but you cannot tell a difference. The extreme radicals wanted a change in the south. The war started in 2002. The leader at Hague started xenophobia in the country - started to check who is really citizen with the right to vote. My father tried to stay neutral but government started pointing fingers at him. They were thinking ‘these rebels are very powerful and have clearly got good financial support’. So they were suspicious that this support was coming from the business community. Sadly my Dad’s name was flagged up. I was 13 nearly 14 - then 1st Oct. everything turned upside down. The military took my father away and killed him.

I think, to be honest, I wasn’t normal. In my mind I was ok. That’s the trouble people who are suffering from mental health disorders they think they are ok until the doctor says “no he is not ok” he thinks no he is ok, everyone else is wrong. When I saw the doctor in my country, he thought I was a very awkward case. He started with counselling, the first time I stopped after 15 mins because the problem with counselling is that they wake up all the pain that passed before, the flashbacks you have. I said no ... he said ...no, please... I said “don’t make me jump out of the window (we were on the 3rd floor) so he said ok and he rang my sister to pick me up.

I'm comfortable sitting here talking to you but if you ask me to see a mental health doctor or a psychiatrist I don't want to because I'm scared, I don't want to go back to 2002. At one point I could go 8 months feeling ok BUT the flashbacks come ..it all comes back ..if anything happens the pressure or something happens in the family or maybe I hear about the military bang, I can go back into depression and two weeks I can lock myself in my room.

How can young guys who are maybe not as smart as you be helped more - what is missing do you think?

I really think that they should be more encouraged to get into volunteering. You have no idea how much I have learned about the UK, of all the connections I have made which will help me once I am allowed to work or run a business. More work is needed in the area of helping young people in learning English language. At least 5 day courses will do better.

I found out about ARC just by accident through a friend.

ARC is unique - if anyone should appreciate ARC, it should be me.

They didn't just support me with the asylum support process but month by month they helped me change into a better person. I'm not saying I'm cured. I still have psychosis and some flashbacks but ARC has brought me back to my true nature.

Conclusion

Whilst 94% of asylum seekers and refugees are registered with GP and 76% have a good or average experience at their GP surgery only 18% have been referred/accessed mental health/counselling services.

Language barriers and fear of stigma are factors in the reluctance of asylum seekers and refugees to share past and possibly traumatic experiences. It is recognised that enabling asylum seekers and refugees to gain a basic command of English necessary for day to day interaction is desirable. However, the fluency necessary to express traumatic experiences in English to health professionals in order to access mental services is unrealistic for many asylum seekers and refugees. Our findings show that 71% of asylum seekers and refugees say they do not have need for an official interpreter service, language support may be provided informally by friends and family.

‘Safe space’ environments such as the ARC and YMCA appear to be more conducive to asylum seekers and refugees sharing their experiences and stories.

Research by Bracken et al (1997) shows that asylum seekers have experienced significant difficulties and traumatic experiences. Post-traumatic stress disorder (PTSD) is the main mental health condition affecting this group. Research by Crowley (2003) found asylum seekers are 10-20 times more likely to suffer PTSD compared with the general population. During initial health assessments asylum seekers may not present with any mental health issues, as this may occur at a later stage. Our research shows only a small percentage of asylum seekers and refugees in Blackburn with Darwen have accessed mental health services since arriving in this country despite the fact that our findings show 76% had reported leaving their country of origin due to either state persecution, regional conflict or war.

Recommendations

Recommendation 1:

Health and social care providers to utilise available translation services such as Language Line to meet the language needs of asylum seekers/refugees in order to meet the Public Sector Equality Duty of the Equality Act 2010.

Recommendation 2:

Build on the 'safe space' atmosphere of organisations such as the ARC and YMCA to signpost asylum seekers and refugees to mental health/counselling (possibly self-referral)

Recommendation 3:

To build evidence of best practice to share across the public sector for meeting the needs of asylum seekers/refugees.

References

Blackburn with Darwen Council (2018) Information provided by Mike Dawkins, Asylum , Refugee & CMF Co-ordination Officer, Blackburn with Darwen Borough Council on 14 March 2018

Bracken P et al (1997) Rethinking mental health: work with survivors of war-time violence and refugees. Journal of Refugee Studies 10 (4) 431-442

Crowley P (2003) An exploration of the mental health needs of asylum seekers in Newcastle Newcastle Upon Tyne: The Black Mental Health Forum, Newcastle Health Partnership

Home Office National Statistics Asylum (2017)
<https://www.gov.uk/government/statistics/immigration-statistics-october-to-december-2017-data-tables> Date accessed 27 March 2018

<https://www.gov.uk/government/publications/immigration-statistics-april-to-june-2016/asylum> Date accessed 15 February 2018

Refugee Convention (1951) <http://www.unhcr.org/1951-refugee-convention.html> Accessed 14 February 2018

Contact Details

If you would like more information about Healthwatch Blackburn with Darwen, a hard copy of this report or to find out how you can get involved in future volunteer led projects please get in touch.

Address:

Healthwatch Blackburn with Darwen,

Suite 17, Kings Court,

33 King Street,

Blackburn, BB2 2DH

Telephone:

01254 269080

Email:

info@healthwatchbwd.co.uk

Website:

www.healthwatchblackburnwithdarwen.co.uk