



A study of asylum seekers with special needs

Refugee Council

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Executive summary

This study looks at the experiences of asylum seekers with special needs staying in emergency accommodation in London. 50 asylum seekers (26 women and 24 men) were interviewed between June and August 2004. Participants were identified with the help of NHS nurses providing services to asylum seekers housed in PB House London, the Refugee Council's Housing Allocation Team and the Refugee Council's women's group.

Participants in the study presented with a wide range of impairments giving rise to a broad spectrum of social care needs. Even though all of the participants in this survey qualified for a community care assessment, only a third had received one. The average waiting time for an assessment was four weeks, in some cases twice as long. Half of those who had received an assessment were still waiting for service provision. The most common cause of delay in this area was disagreement between the National Asylum Support Service (NASS) and the local authority about who should take responsibility for the social care needs of the individual concerned. In some cases, the dispute had reached a deadlock.

Significantly, many of the participants in this study were victims of rape or torture. Their most common unmet need was for counselling. Many had not declared this need to NASS (34%) because they felt shame or stigma or feared being disbelieved, or simply because they had not been asked to.

Notwithstanding the clear distress experienced from unmet social care needs, participants said that their asylum claim and the resolution of education or housing problems were some of their biggest concerns.

Complaints about accommodation ranged from overcrowding, to poor bathroom, toilet and cooking facilities. General disrepair was the most common complaint amongst men, whilst women cited lack of privacy. Many of the problems arose from the fact that the accommodation procured was inappropriate for long-term use. Even though emergency accommodation is supposed to house asylum seekers for just a few weeks while they wait to be dispersed, the average length of stay for participants in this study was 12 months. A third of respondents had been in their accommodation for over a year.

Whilst most of the participants had been registered with health services they talked about the difficulties they had faced when trying to register, such as language, the cost of travelling to appointments and not understanding the health system in the UK. The study confirmed the importance of language in the lives of people with special needs and as a key factor in their experiences with service providers. Almost half of those interviewed felt they needed English language support. 77 per cent of all female participants said they needed an interpreter in order to communicate.

This report concludes with a number of recommendations for improved provision of services for asylum seekers with special needs in the asylum support system, including the following:

- All health and social care practitioners should receive training to increase their knowledge of social care and welfare entitlements, and awareness of the experiences and needs of asylum seekers with special needs.
- Induction centre processes including the one-day induction process should include screening, advice and referral arrangements for asylum seekers with extra needs.
- Referrals for community care assessments should be made at the first available opportunity and should not be deferred until the asylum seeker has been dispersed.
- Joint NASS and Department of Health guidance should be issued to NASS, Social Services, and Reception Assistant caseworkers setting out roles and responsibilities with regard to community care assessments and services.
- The Sunrise Programme and personal integration plans for refugees with extra needs should include advice and referral to health and social care services.

1. Introduction

1.1 Background

April 2000 heralded a major change in support arrangements for asylum seekers in the UK. Asylum seekers ceased to be eligible for mainstream welfare support and became the responsibility of the newly created National Asylum Support Service (NASS). NASS became the first port of call for newly arrived destitute asylum seekers including those with special needs. In the months that followed, it became apparent to the reception agencies (of which Refugee Council is one) that the new provisions were inadequate for meeting needs, other than basic destitution needs. This view was further reinforced by the experience of asylum seekers remaining in emergency accommodation for much longer than the projected seven to ten days.

A legal challenge by NASS led to a House of Lords ruling that despite NASS's overall responsibility towards destitute asylum seekers, local authorities retained a duty to meet the social care and support needs of asylum seekers with needs other than basic needs arising out of destitution. Despite this ruling, in practice, disputes with local authorities over community care assessments and services have continued.

During the study, NASS issued long awaited guidance to caseworkers. High-level discussions between the Department of Health and NASS have taken place in order to reach a common position. In January 2005, a report commissioned by NASS and written by Dr Hilary Scott, was published making a number of helpful recommendations. Despite these welcome developments, the Refugee Council remains concerned that the current policy, and practice frameworks are still failing to meet the needs of asylum seekers with special needs.

1.2 Context

The National Asylum Support Service (NASS) provides support and accommodation to newly arrived asylum seekers awaiting a decision on their asylum application from the Home Office. Asylum seekers, like anyone, are entitled to free health and social care services in addition to the housing and subsistence support from NASS. Those with special needs can request a community care assessment from their local authority social services department. They will assess the asylum seeker's needs and, if he or she is found eligible, will design services to meet them.

At the Refugee Council's One Stop Service, asylum seekers present with a wide range of special needs that are unique and relate to their particular circumstances. These needs do not always meet the local authority social services eligibility criteria, yet they carry enough importance to affect the quality of their daily life if not addressed. Others with clear special needs are not receiving the support they are entitled to because they are unaware of their entitlements, unsure of how to claim them or because they need help communicating with service providers.

An increasing number of asylum seekers presenting with special needs are made to live in NASS emergency accommodation for extended periods of time, even though the temporary nature of their accommodation is inappropriate for their needs. In summer 2004, the Refugee Council carried out a study to try to find out some of the issues facing asylum seekers with special needs. A total of 50 asylum seekers were interviewed between June and August 2004. Most of them were living in NASS emergency accommodation in London at the time. The overall aim of the study was to find out about their general health status, any special needs, and highlight the range of issues that are not being addressed by the current support system.

1.3 Methodology

The individuals who participated in the study were identified with the help of NHS nurses providing services to asylum seekers housed in emergency accommodation in PB House, London, the Refugee Council's Housing Allocation Team and the Refugee Council women's group. All those selected were known to have a range of special needs. The questionnaire was designed to establish the conditions, problems and needs of asylum seekers in short-term housing¹, in particular with regard to health issues.

Participants were mainly asked multiple-choice questions but were also given the option of providing other answers not offered as well as additional information or more detail. Issues covered in the questioning fell broadly into the areas of communication, accommodation, medical and social services, health and dietary issues, as well as the asylum seekers' experience of the available help.

¹ NASS emergency accommodation, local authority housing and NASS dispersal accommodation.

This is a small study, the findings of which cannot claim to be representative of the asylum seeker population at large, or even those with special needs. Such data would require another much larger study. What this report does reveal, however, is some of the particular issues and problems arising for asylum seekers with special needs.

For clarity and comparability, graphs give the relative values in percentage. (The number of men, and respectively women, is also each set at 100 per cent). In the text, the numbers are rounded, reflecting the small sample size.

2. Sample

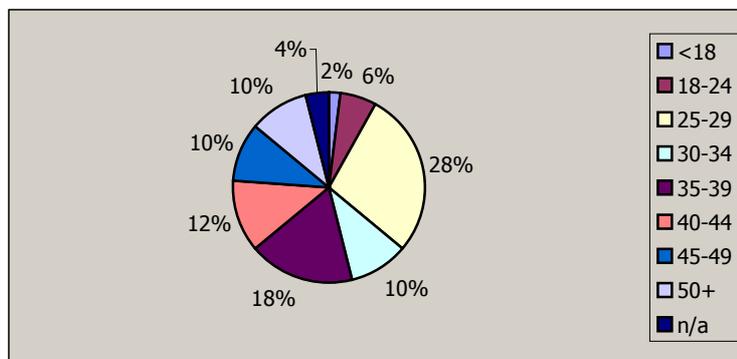
Asylum seekers selected for the study were known to have a range of special needs. The questionnaire was designed to establish the conditions, problems and needs of asylum seekers in short-term housing, in particular with regard to health issues.

50 asylum seekers were interviewed in total. 26 were women and 24 men.

2.1 Age

The sample contained a range of ages. The majority of participants (68 per cent) was between 25 and 44 years old. (Graph A)

Graph A: Age



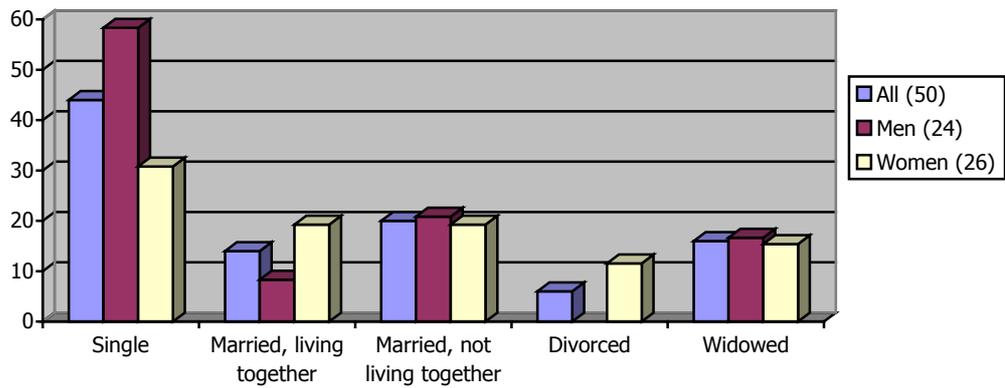
2.2 Country of origin

The survey respondents came from 20 different countries: Afghanistan, Albania (Kosovo), Angola, Burundi, Croatia, the Democratic Republic of Congo, Eritrea, Iran, Jamaica, Kenya, Malawi, Palestine, Somalia, South Africa, Sri Lanka, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe. 20 per cent came from the Democratic Republic of Congo, 16 per cent from Eritrea (16%).

2.3 Marital status

44 per cent of participants were single. 14 per cent had lost their partners through death, while 20 per cent left a partner behind. The majority of men, 58 per cent, who took part, had arrived alone, while 19 per cent of the women interviewed came with their spouse. (Graph B)

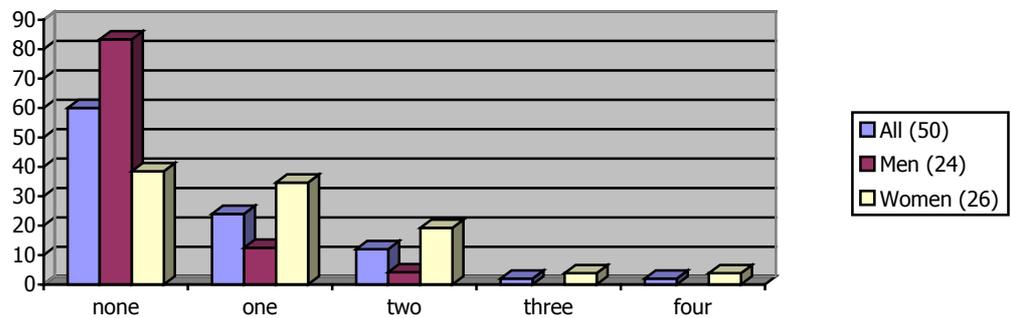
Graph B: Marital status



2.4 Dependants

40 per cent of asylum seekers interviewed came to England with one or more children, while most of the women, 62 per cent, had brought dependants. The majority of men came alone (83%). (Graph C)

Graph C: Children



3. Communication

3.1 Languages

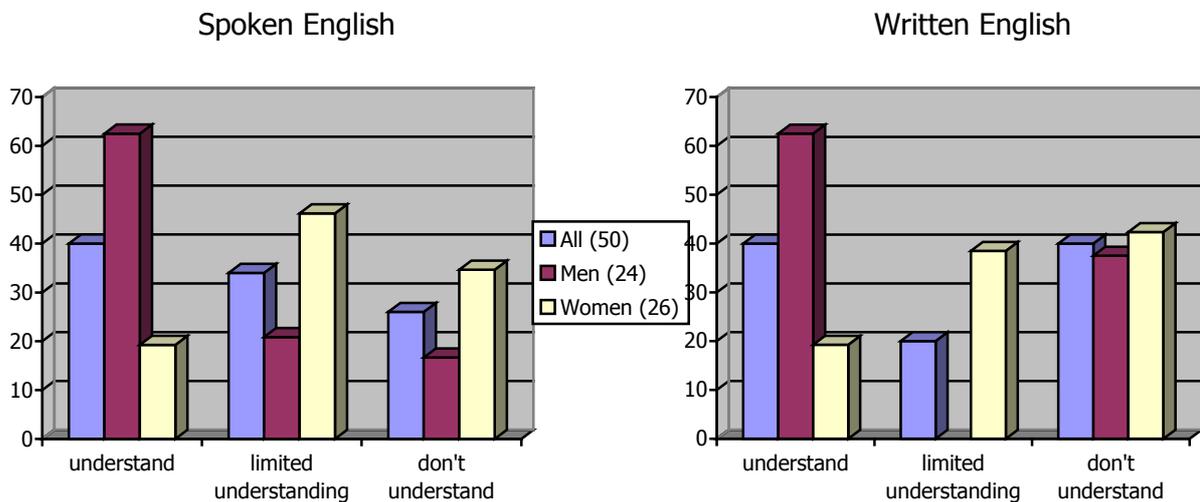
The respondents spoke 19 different languages besides English: Acholi, Afghan, Albanian, Amharic, Arabic, Farsi, French, Kiganda, Kirundi, Lingala, Luganda, Pashtu, Portuguese, Serbo-Croatian, Shona, Somali, Swahili, Tamil, and Tigrinya. The most common languages amongst respondents were Lingala (16%), Tigrinya (16%) and French (14%).

3.2 English language skills

While many asylum seekers said that they understood spoken and written English (each 40%), there seemed to be a big gender gap. Nearly two thirds of men claimed to be proficient in both spoken and written English (each 63%). The majority of women, however, stated that they either did not understand spoken or written English at all, or were not fluent in spoken or written English. (Graph D)

It was, therefore, not surprising that 77 per cent of women claimed to need an interpreter, compared to 38 per cent of men. This is likely to be an issue when trying to access services. For example, trying to organise doctor's appointments and trying to communicate problems to health practitioners.

Graph D: Understanding of English

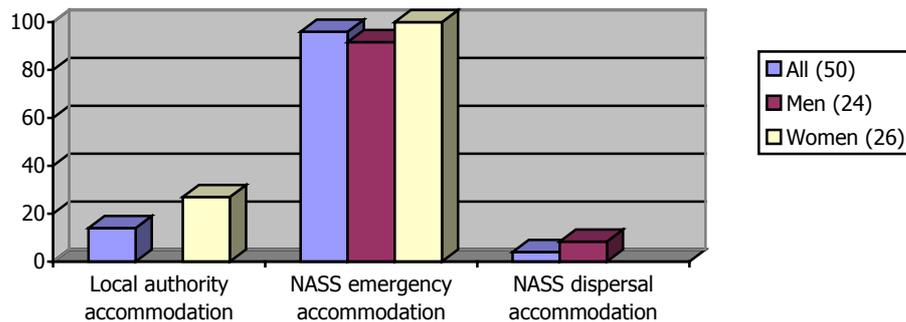


4. Accommodation

4.1 Type of accommodation

86 per cent of respondents lived in emergency accommodation provided by NASS. However, 27 per cent of women interviewed lived in emergency accommodation not provided by NASS (27%), such as local authority accommodation. Only 8 per cent of men lived in NASS dispersal accommodation. (Graph E)

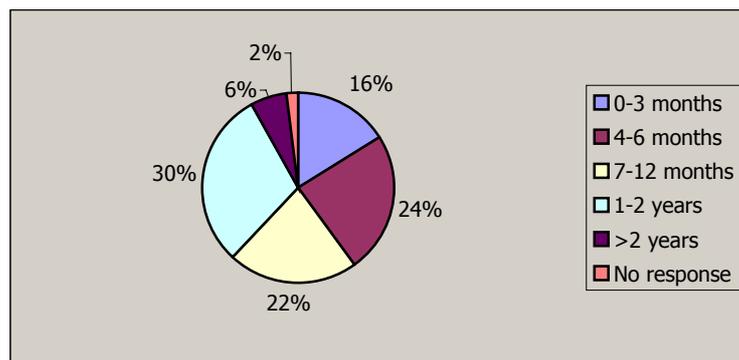
Graph E: Type of accommodation



4.2 Duration of stay

The average length of time participants had spent in their accommodation was 12 months. But more than a third of participants had been in their accommodation for more than a year. (Graph F)

Graph F: Duration of stay



4.3 Problems with accommodation

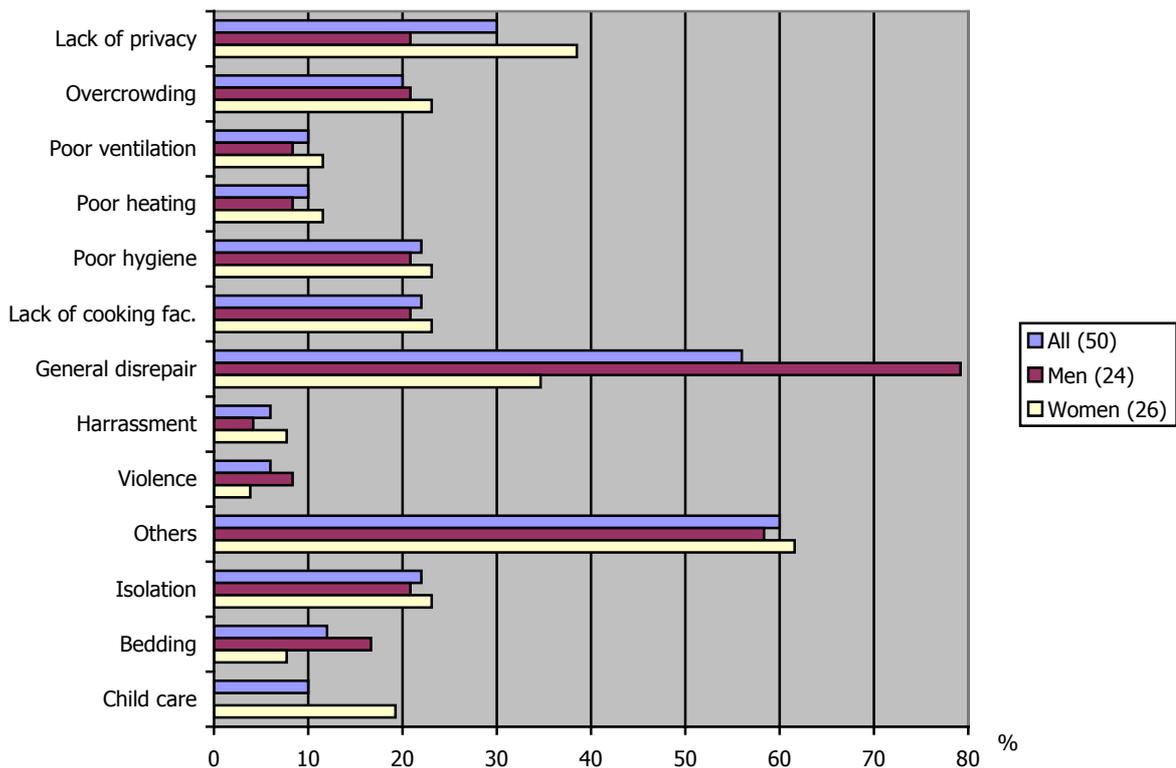
Many of the properties used for emergency accommodation are rented from private landlords. The use of emergency accommodation was originally designed to house asylum seekers for just a few weeks while they waited to be dispersed to the regions. However, due to massive backlogs in the dispersal

system, many asylum seekers have had their dispersal delayed and ended up staying in their emergency accommodation for several months and sometimes even more than a year.

People needing additional services such as medical or social care services will generally need to access these before being dispersed. Once these links are established, individuals are reluctant to move. Such individuals are more likely to put up with inappropriate accommodation rather than make a complaint and risk being dispersed away from their local services. In any case, if asylum seekers complain, they risk being transferred to more equally inadequate property.

Emergency accommodation in London is generally of a very poor standard. Buildings tend to be in a poor state of repair. Structural damage, poor heating and infestation with insects and rats are common. As asylum seekers are only meant to be in emergency accommodation for a short period of time, little attention is put towards repair. Asylum seekers who access services in London do not as a matter of routine request dispersal once they are out of the loop because they prefer to be in London.

Graph G: Problems with accommodation



When asked about the problems experienced in their accommodation, most respondents criticised the general disrepair of their housing (56%), the lack of privacy (30%) and overcrowding (20%), lack of hygiene (22%) and lack of cooking facilities (22%). Many other reasons were given (60%) such as lack of

a lift, marital troubles, fear of dispersal or racial abuse, no prayer space, but the ones most often mentioned were isolation (22%), no change of bedding (12%), and lack of childcare facilities (10%). (Graph G)

Of those who had spent more than a year in their accommodation, 40% reported living in overcrowded conditions, 40% complained of poor hygiene and all said that their accommodation was in a state of disrepair.

Case study

Seraphina from Tanzania came to the Refugee Council One Stop Service in tears because her young son had to share a bed with her. She is HIV positive and has /TB, and fears he will be infected. She requested a separate room for her son who is five years old, but this was not available.

79 per cent of men were most concerned about the disrepair of their accommodation, while for 39 per cent of women, of the main concern was lack of privacy. Mixed accommodation can create problems for women who may have been a victim of rape or who come from a culture where it is considered inappropriate to mix with men outside of the family. This restricts their daily activities and routine considerably, which can be very distressing. Women are also more often responsible for childcare than men and many mothers have to share a room with their child. This would also explain why the need for childcare facilities was voiced only by mothers.

Case study

Suha is a 28 year-old asylum seeker from Eritrea. She is a single mother with a 6 year-old daughter. Both live in a bed-sit with a shared bathroom and toilets. The child is too scared to visit the toilets and started to wet their bed at night. Suha reported it to the hotel management. They responded only when the Refugee Council accommodation officer inspected the premises.

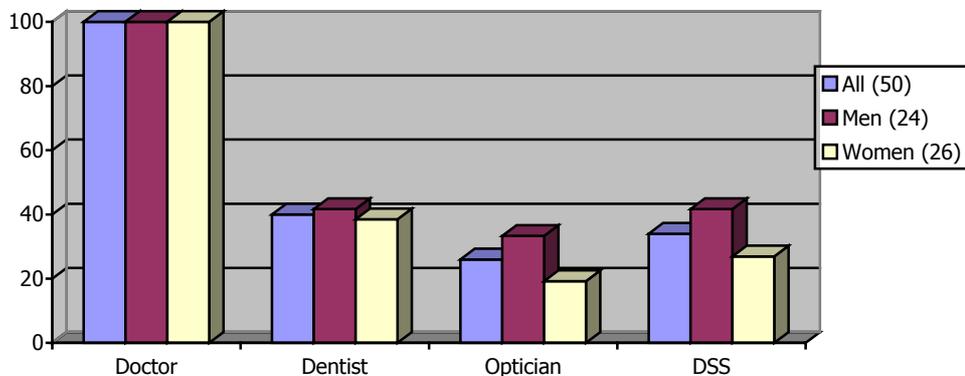
5. Access to services

5.1 Registration with medical and social services

At the time of the survey, all respondents were registered with a doctor. Some, but not all were also registered with a dentist (40%), an optician (26%), and more than a third had been referred for community care assessment at the social service unit (36%). (Graph H)

However, 50 per cent reported difficulty registering for these services, mainly because of full GP lists or long waiting times and identification requests from GP reception staff.

Graph H: Registration with services



Case study

Filex, a 32-year-old single mother from Angola, was discharged from hospital following the birth of her twins by caesarean. Although she was registered with a GP initially, as she had moved to a different area she had to re-register. She was unable to get registered with a GP until her housing provider helped her. As a result, she and her two babies did not have a post-natal check up for seven weeks.

Although 100 per cent of the respondents were registered at GP surgeries, they were unaware of the distinction between temporary and permanent registration. Many asylum seekers had been offered temporary registration, but this does not entitle them to a full medical screening.

When asked about other problems encountered with health and social services, respondents mentioned many other concerns. Among these were language problems at their GP surgery (22%), difficulty meeting the cost of travel to appointments (14%), lack of understanding of the health system (8%), and the inability to pay for optical treatment (6%).

5.2 Knowledge of services

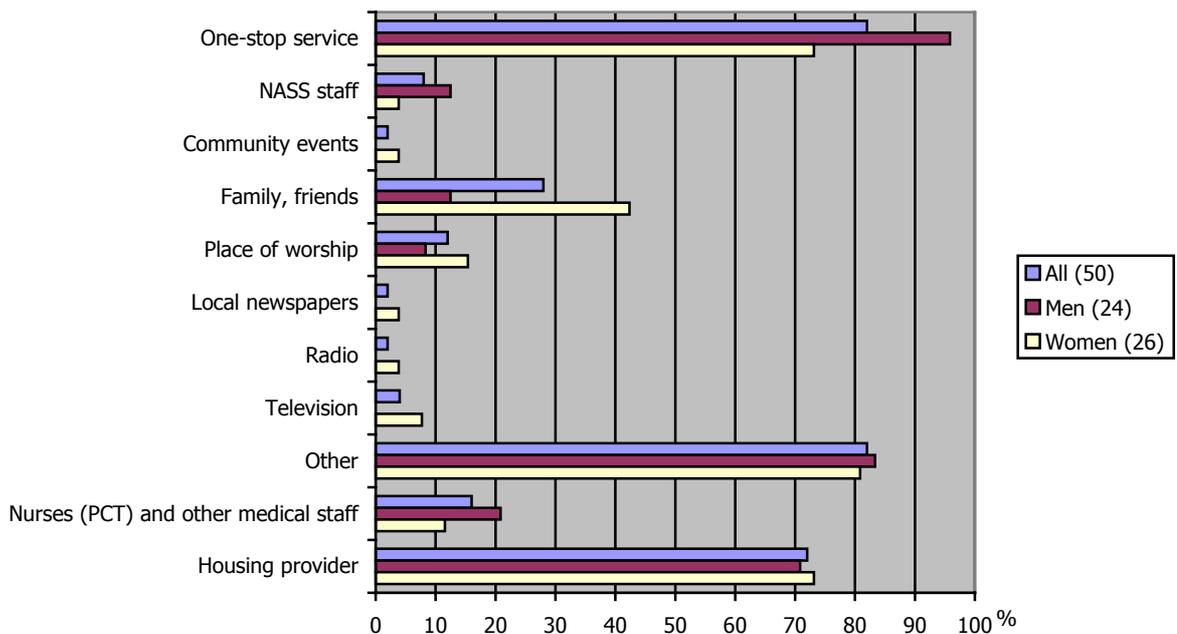
New arrivals are often unaware of their entitlements to free health services.

Case study

Nihad from Algeria is aware that she has some sight problems but kept putting off treatment because she had no money to pay for an eye test. She and her baby were nearly knocked over because she did not see a car coming from the left side. She went to the Refugee Council for help with arranging an eye test. The test has shown that she is partially blind in her left eye.

82 per cent of respondents learnt about the medical and social services available to them through the Refugee Council's One Stop Service. Some were also informed by their housing provider (72%), family or friends (28%) or medical outreach staff like Primary Care Trust nurses (16%). It is interesting to note that, especially for women, social contacts like family and friends (42%) or the place of worship (15%) were important sources of information. (Graph I)

Graph I: Sources of information about services



6. Health

6.1 Special health problems

The health problems faced by the respondents are manifold but mostly of a psychological nature. One of the multiple-choice answers provided in the questionnaire was 'mental health issues,' which 82 per cent of asylum seekers ticked. 70 per cent also specified their mental health problems under the 'other problems' category, 40 percent ticked depression, 22 per cent insomnia, 30 per cent mentioned anxiety, fears and worries, and 16 per cent mentioned flashbacks as their uppermost concerns. (Graph J)

Case study

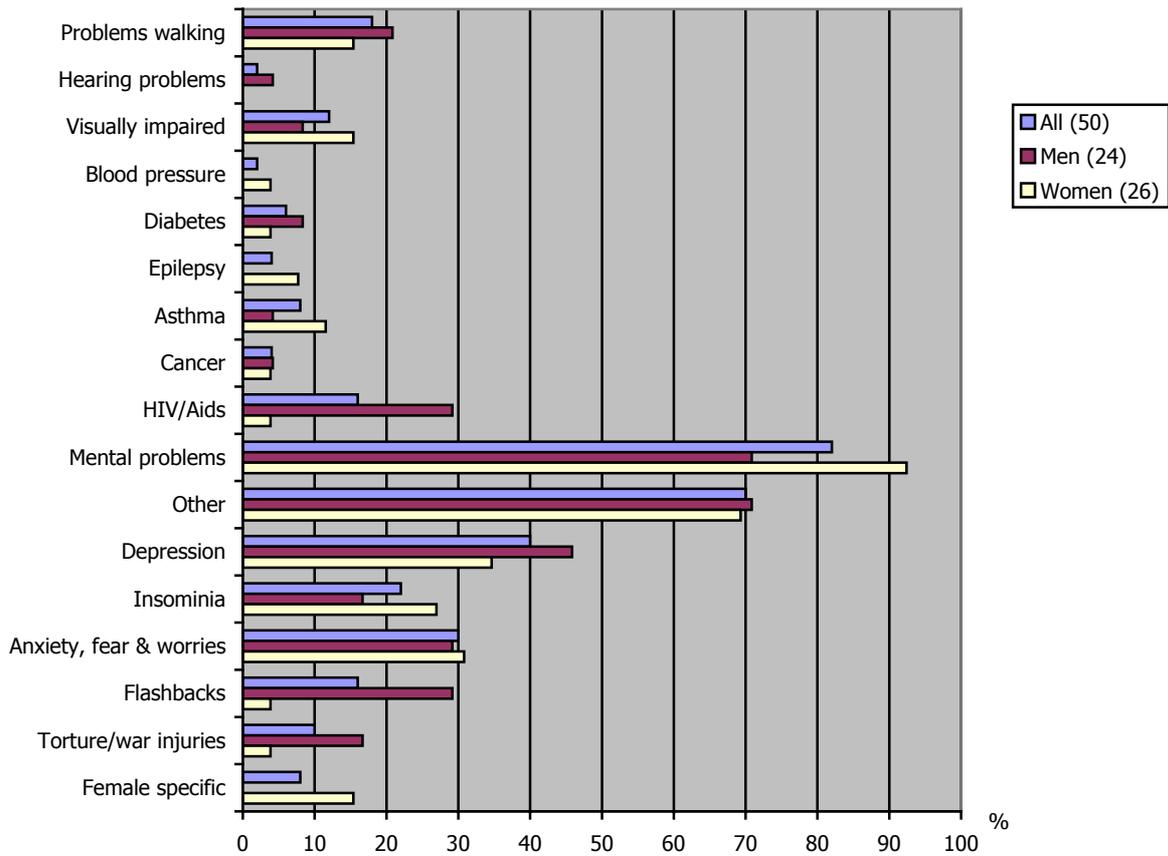
Eaman is a 16 year-old asylum seeker recovering from a liver transplant. She lives with her parents who have marital problems and argue continuously. She is very depressed and has attempted suicide twice because she feels unable to cope. Eaman would like to move out but this would be considered inappropriate for her in her culture.

Physical problems identified as the most pressing by men were HIV/Aids (29%), walking difficulties (21%) and the consequences of war and injuries resulting from torture (17%). (Graph J)

Case study

Pemba is 32 years old and from Zaire. He arrived two years after his wife and daughter came to the UK. He requested to be dispersed to Birmingham to be with them. In the meantime, he travelled up independently. On hearing that her husband had contracted HIV, Pemba's wife ended the relationship assuming he had been unfaithful. Pemba was devastated and returned to emergency accommodation in London. He feels rejected and socially isolated.

Graph J: Special health problems

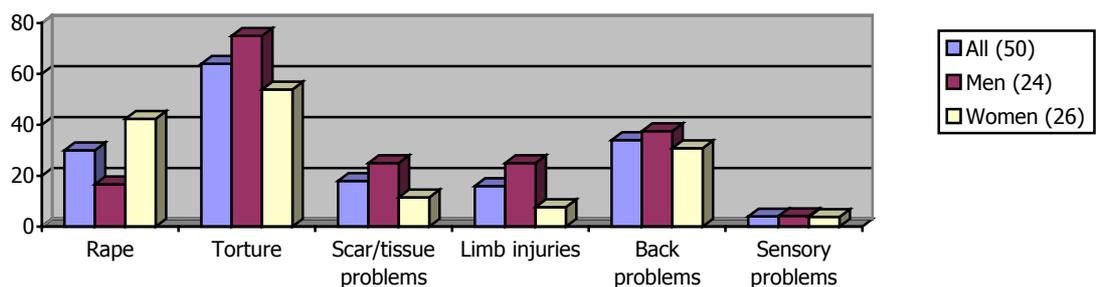


Women reported suffering from female specific problems (such as FGM related problems, pregnancy due to rape and issues around termination (15%), visual impairment (15%) and asthma (12%). (Graph J)

6.2 Victims of rape and torture

30 per cent of respondents were victims of rape and 64 per cent suffered torture with resulting health problems, such as scar tissue, limb injuries, back problems and loss of sensation. (Graph K)

Graph K: Rape, torture and related health problems



Torture was very prevalent amongst both sexes (75% men, 54% women). But it is also important to note that men had also suffered rape (17%) albeit to a lesser degree than women (42%). As a result of both rape and torture, many asylum seekers suffer from back problems (34%), scars (18%), and limb injuries (16%), not to mention emotional trauma. (Graph K)

64% of victims of torture and/or rape mentioned counselling as one of their unmet needs (75% of men and 54% of women). This suggests that they are either not getting enough or not receiving any counselling at all. A third of respondents had appointments with the Medical Foundation for the Care of Victims of Torture,² and others were accessing services such as GP or hospital appointments.

Walk-in counselling services, which might be useful to some of them are not available. Asylum seekers requiring counselling services need a referral and may have to wait a long time because services are not readily available. By the time they do become available, the asylum seeker could have been dispersed or relocated. In addition, local services need to book for appropriate interpreters and often this cause delay and long waiting times.

Case study

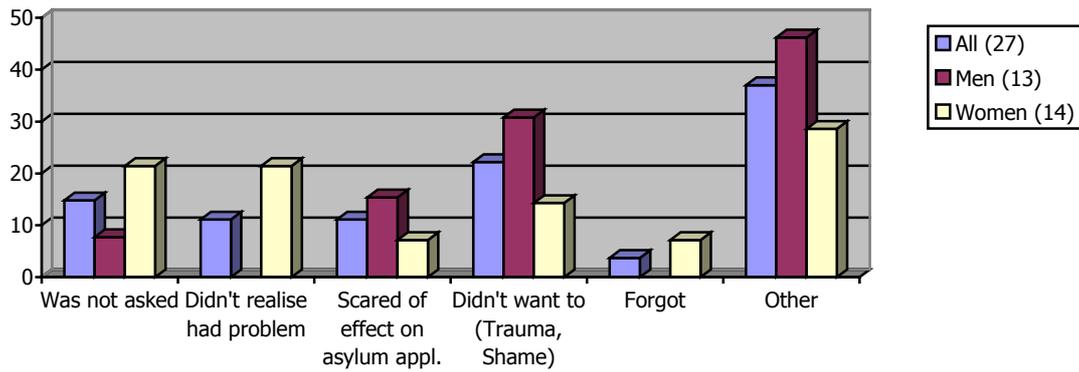
Abdul is a victim of torture from Iran. He has been self-medicating with Diazepam for two years for depression and insomnia. He ran out of tablets on arrival and sought help from chemist and GP because he was unable to sleep. He was unable to buy them over the counter and the GP would not automatically re-prescribe medication. He became irritable and aggressive to staff because he was unable to access this medication.

6.3 Failure to report special needs

66 per cent of respondents mentioned their special problems to NASS but those who did not failed to do so for a variety of reasons. 22 per cent did not want to discuss the matter as they felt shame and stigma or were still traumatised from their experiences. 15 per cent did not mention that they had special needs because they were not specifically asked to. (Graph L (Please note: n=27, 13, and 14!))

² The Medical Foundation provides survivors of torture with medical treatment, practical assistance and psychotherapeutic support. See www.torturecare.org.uk for more details.

Graph L: Reasons for not informing NASS about special needs



A variety of other individual reasons were given including communication problems, the fear of disbelief, and the lack of opportunity to speak to a female advisor.

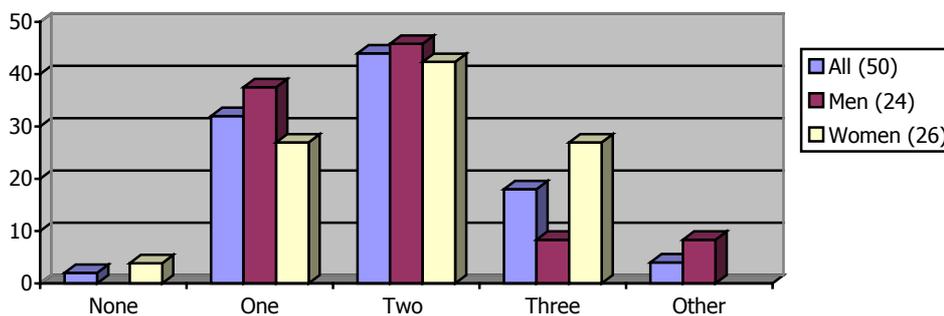
Interestingly, more than twice the number of men than women did not wish to disclose details of their special needs, either because they were traumatised or ashamed. This is perhaps not very surprising as this is a very common tendency amongst men across many cultures.

7. Diet

7.1 Regularity of meals

Most asylum seekers in the survey make do with two or less meals a day. A third of respondents said they only ate one meal each day (33%). Only 36% said they eat three times a day. It is, however, noticeable that women eat more regularly than men, possibly because of the regularity with which many of the women have to feed their children. [Graph M]

Graph M: Meals per day



7.2 Quality of diet

It is no surprise then, that the majority of respondents say that they don't have a balanced diet (60%). Among the reasons given was the high cost of food in general and especially food from their countries of origin or for special diets (32%). Some participants also mentioned a general disinterest in eating (16%) – a lack of appetite due to depression perhaps, as well as the low quality and poor variety of food in hostels (6%).

8. Help with problems

8.1 Addressing special needs

Three quarters of respondents said were receiving partial (10%) or complete (66%) help with their special needs. But one in five claimed to not have received any help at all (20%).³ [Graph N]

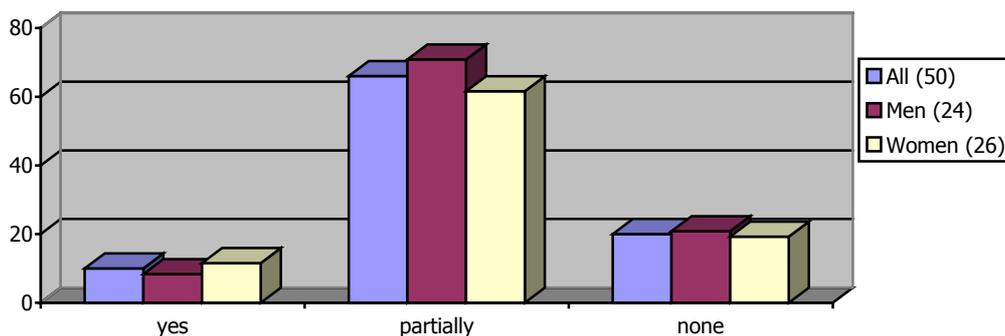
Case study

Osman, seven year-old asylum seeker from the Ivory Coast, complained of a fever. His mother brought him to the Refugee Council One Stop Service and mother and child were referred to a GP. He was prescribed children's medicine to lower the fever. There was no improvement. On the second visit to the GP, they were referred to the hospital's Accident and Emergency unit. The child was prescribed the same medication. After five days the symptoms had not subsided. He was referred to the hospital for tropical diseases and found to have malaria.

8.2 Help being received

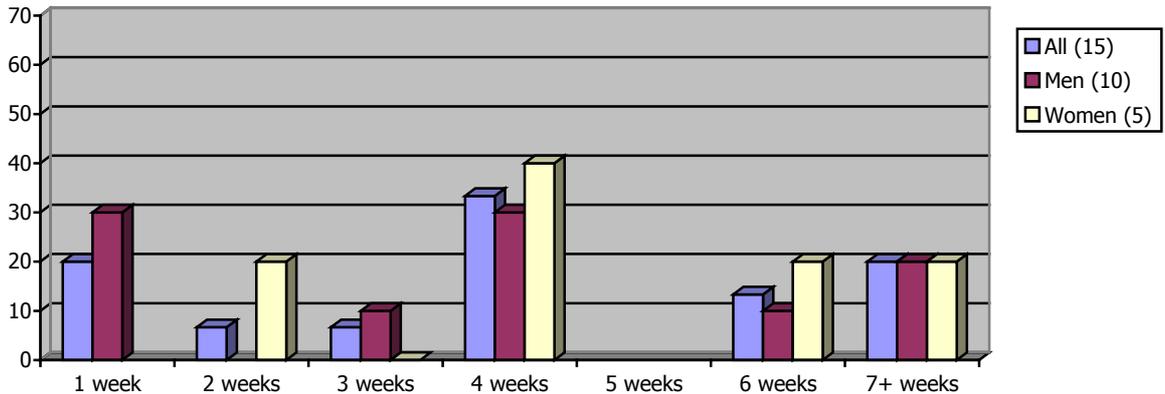
Asylum seekers with special needs have the right to a community care assessment. This is carried out by the social services. All the asylum seekers taking part in our survey had special needs that warranted an assessment. However, just a third of respondents had such an assessment (34%). It is noticeable that a greater proportion of men (46%) had received community care assessments than women (23%). [Graph N]

Graph N: Help being received



³ Interviewer made a judgement based on broadly accepted standards of care expected for certain conditions/needs.

Graph O: Community care assessment waiting times

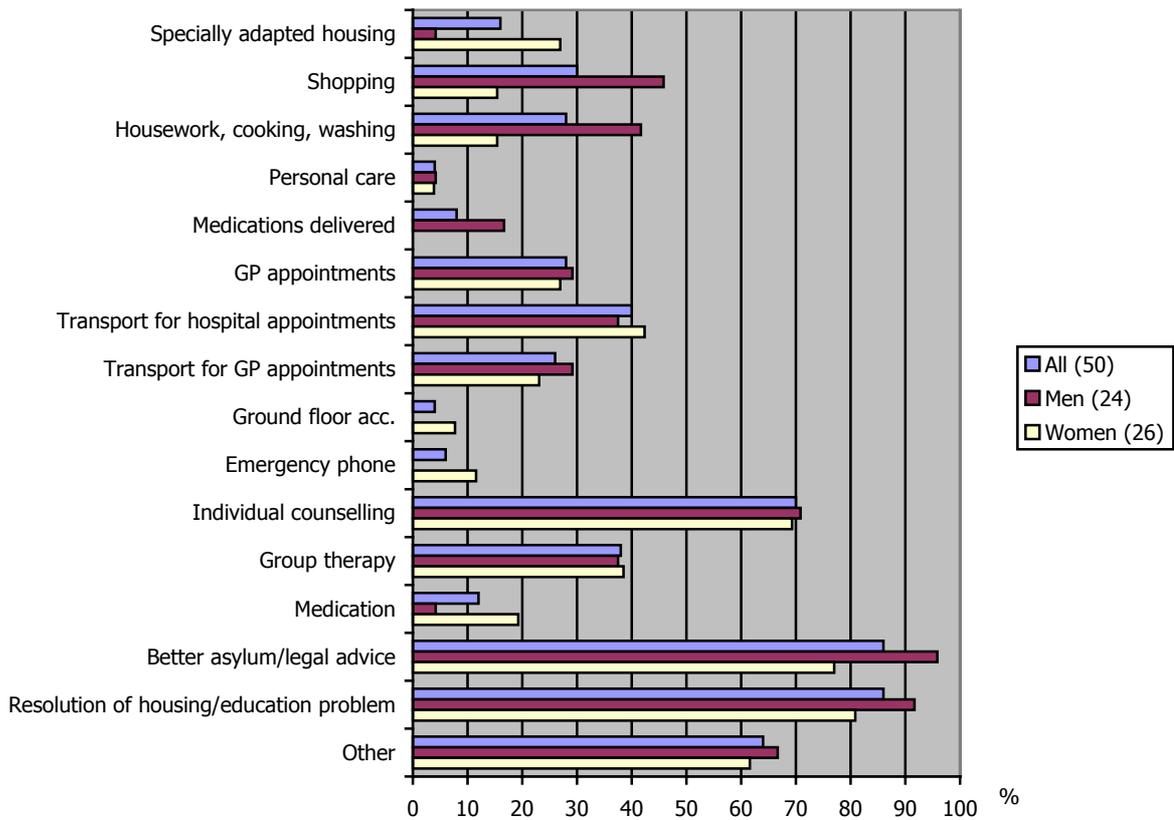


The average amount of time participants had to wait for a community care assessment was four weeks. Some had to wait for up to twice that time. 34 per cent of respondents had received a community care assessment. Of those, 47 per cent were still waiting for the provision of services. Generally, applicants have to wait longer for the provision of services than for their assessment. Delays can be for a number of reasons but in the case of asylum seekers, this is often due to a dispute between NASS and the local authority over who should provide the services. Asylum seekers in desperate need of services can end up being denied them completely because a dispute is never resolved.

Case study

Ms A from Kosovo is a single mother. She has a child with multiple disabilities, a growth disorder and numerous related medical conditions. The child requires constant care, frequent visits to the hospital and is confined to a wheelchair. A community care assessment confirmed various entitlements to help meet her daughters special needs, but a dispute between NASS and the local authority over who should provide those services meant that Ms A has still received nothing.

Graph P: Additional help wanted



When asked what, if any, additional help they would like to address their special needs, the respondents were most concerned about the issues relating to their asylum claim, such as getting better legal advice (86%) and the resolution of their housing or education problems (86%). However, the need for counselling for their specific problems followed closely behind (70%). (Graph P)

For women the most common things mentioned were additional help with getting to and from the hospital (42%), group therapy (39%) and specially adapted housing (27%). (Graph P)

Case study

Lydia lives alone with her son. He is five years old and suffers from leukaemia. He goes to hospital frequently to receive treatment for his condition. Lydia feels lonely and misses her husband. She has no other support and feels depressed and unable to sleep. She has a few friends but doesn't see them very often because her time is taken caring for her son.

She says she would love to have some help so that she could have some time to herself. She would also like help with transport. She keeps some money aside to call a taxi to take her son to hospital in case of an emergency.

60 per cent of people with HIV/Aids said they wanted home help, such as help with shopping, cleaning, washing and cooking. 55 per cent said they needed help organising GP and hospital appointments. Others wanted help getting to and from appointments and to have their medication delivered. Of those who had difficulty walking, 50 per cent said they needed home help or help with transport.

64 per cent of respondents mentioned other types of help they would like to receive in addition to the ones listed. Among those were social activities to combat isolation, help with travel expenses, and English lessons (10%). Several also said they would like help with childcare and with finding and contacting family left behind.

Asylum seekers with HIV/Aids are not automatically entitled to social services. The criteria are tight and they will only qualify for social services support if they are unable to care for themselves and have no other friends or immediate family members to help them. Asylum seekers living with HIV often find themselves in shared accommodation provided by NASS. People learning to live with HIV/Aids also need privacy to cope in such trying times.

When a patient starts HIV treatment, they may develop side effects while adjusting to the regime. Individuals are affected differently and advocating for better facilities, therefore, is done on individual basis. A person living with HIV will not know how they are going to react until they start treatment. Possible side effects include diarrhoea and vomiting in which case a private toilet and bathroom would be appropriate.

Others loose out because they are put up with conditions that are unacceptable if they are unaware of better services that may be available to them. If they do not complain or disclose their status it is very difficult to advocate on their behalf. Outside London, services are scarce, while in London asylum seekers who are HIV positive or have Aids can choose to remain where they are known and comfortable with NHS staff. This becomes a problem when applicants are to be dispersed.

Case study

Peter is HIV positive. He was accessing HIV services in London before being dispersed by NASS to the Midlands. Peter believed he would continue his treatment in the Midlands but was unable to do so. He had to return to London to continue his care where he already had an established support services and community network.

Diet is usually funded by the small amount of cash provided by NASS. Many save money from their weekly allowance for night emergency travel to the hospital if they are unwell.

Case study

Khalid is HIV positive. He has a loaf of bread, a litre of milk and jam in the fridge for his meals and saves his remaining money for hospital travel and a phone card to speak to his mother in Africa.

9. Conclusions

Many reports and studies on asylum seekers have identified specific aspects of mental and physical health and how poor access to services impacts on the health and general wellbeing of this group. Few have looked at the multiple needs that impact on asylum seekers' daily lives. This report shows that there is a range of improvements necessary in services provided to asylum seekers with special needs.

All asylum seekers who took part in this study had clear special needs. But our findings show that they are not being met by the current support systems. People with physical disabilities are going without the help they need to carry out every day tasks like cooking and cleaning. People with serious medical conditions requiring a strict treatment regime such as those with HIV/Aids and diabetes, are being forced to share accommodation with strangers with little regard for their privacy, hygiene or the sensitivity of their condition. Victims of rape or torture are not getting the essential counselling and therapy services they need to overcome the emotional and physical trauma they have suffered. Whilst highlighting where some of these gaps are, this report also indicates some of the reasons for these failings.

A state of uncertainty

All the asylum seekers who took part in this study were registered with one or more of the primary health services available to them. There are, nevertheless, still problems with GP registration and with access to free additional healthcare like a dentist or an optician. There are also difficulties in presenting mental and physical health problems after support applications have been submitted to NASS.

While asylum seekers are safe from the threats in their home country, the process of asylum and anxiety about the unpredictable future, fear of detention, deportation, poverty, homelessness, cultural shock, language barrier, racism, isolation, boredom, homesickness and anxiety about those left behind begin to surface.

Flashbacks to war or torture are commonly experienced by asylum seekers and made worse by daily challenges such as racism, employment difficulties and cultural conflicts. The experience of isolation can also result in depression, insomnia and anxiety. Asylum seekers may spend sleepless nights suffering and worrying about dispersal or deportation.

The nature of emergency accommodation

Asylum seekers are meant to be in emergency accommodation for no longer than three to four weeks before they are dispersed to longer-term housing, often in the regions. However, the vast majority of respondents in this study have lived in emergency accommodation for longer than three months (86%). Even some asylum seekers given indefinite leave to remain are still in

emergency accommodation awaiting the NASS letter to access public housing and other local authority services.

Very little attention is given to the state of emergency accommodation because there is a perception that asylum seekers would soon be dispersed. The properties are generally in a poor state; there is lack of adequate bathroom facilities, toilets and kitchen facilities. The meals provided in full-board accommodation are often monotonous and of low quality. The living conditions are often overcrowded. In particular women - many mothers - lack privacy (38%). Such living conditions are unacceptable for people with acute medical or emotional conditions.

The biggest fear of all

Accessing the right support for special needs from either Social Services or NASS is usually problematic and requires a lot of time and effort. Asylum seekers may not be able to identify their own needs nor be aware of what services are available, how to access these, or they may have language difficulties. Their needs might also not meet the specific social services eligibility criteria. It is inevitable, therefore, that once asylum seekers are able to access services, they are particularly anxious to have to start all over again if they end up being dispersed.

Many asylum seekers are putting up with the poor living conditions in emergency accommodation just to continue to have access to services they believe may not be as readily available in the regions. It is up to the asylum seeker to look into getting on the waiting list for local authority housing, which many do not want to do for fear of losing any services they might already be receiving.

Streamlining services

Reinforcing this 'fear of dispersal' is the knowledge that there is no uniformity of services between boroughs. A service provided by one borough will never be the same as one provided (or not) by another. This confusion is reflected in the action of social workers who are clearly unaware of many of their duties towards asylum seekers. This would include getting a community care assessment report that would facilitate provision of services by NASS.

10. Recommendations

The following recommendations are directed at NASS, the Department of Health and the Home Office.

- The Sunrise Programme and Personal Integration Plans for refugees with extra needs should include advice and referral to social care services.
- Induction centre processes including the one-day induction process should include screening, advice and referral arrangements for asylum seekers with extra needs. Community care referrals should be made at the first available opportunity.
- Joint NASS and Department of Health guidance should be issued to NASS and social services caseworkers setting out roles and responsibilities with regard to community care assessments and services.
- Asylum reception, Social Services and NASS accommodation support staff should receive awareness training about the experiences and needs of asylum seekers and refugees with special needs.

Appendix A

SPECIAL NEEDS QUESTIONNAIRE



1. Personal data

Male Female

Age Country of origin

Are you:

- Single
- Married, living together
- Married, not living together
- Living with a partner
- In a relationship (not living together)
- Separated
- Divorced
- Widowed

Do you have any children living with you? Yes No

If yes, how many children?

2. Communication

What language(s) do you speak?

Can you speak in English? Yes Yes, but not fluent No

Can you understand written English/write in English?
Yes Yes, but not fluent No

Do you need an interpreter? Yes No

3. Accommodation

Are you living in NASS accommodation? Yes No

If yes, is this:
emergency accommodation? dispersal accommodation?

How long have you been here?

Are any of the following causing problems with your accommodation? (*Ask each in turn. More than one may apply.*)

- Homeless: lack of private accommodation, living with other people
- Street homeless: no accommodation, living on streets
- Overcrowding
- Poor ventilation
- Poor heating
- Poor hygiene
- Lack of cooking facilities
- General disrepair
- Harassment (from neighbours or others)
- Violence (from neighbours or others)

___ Other (*please specify*) _____

4. Services

Are you registered with a doctor? Yes ___ No ___

Are you registered with a dentist? Yes ___ No ___

Have you had contact with an optician? Yes ___ No ___

Have you had contact with social services? Yes ___ No ___

Did you have any problems making contact/registering? Yes ___ No ___

If yes, please give details: _____

Any other problems relating to these services? Yes ___ No ___

If yes, please give details: _____

How did you first find out about these services?

___ One-stop service (Refugee Council or other voluntary organisation)

___ NASS staff

___ Cultural/community events or local community organisations

___ Family, friends, neighbours

___ Place of worship

___ Leaflets

___ Local newspapers

___ Posters

___ Radio

___ Television

___ Other (*please specify*) _____

___ Can't remember

5. Health

Please tell us about any special problems you have (*prompt if necessary*)

___ Difficulties in walking

___ Problems with hearing

___ Problems with seeing

___ High blood pressure

___ Diabetes

___ Epilepsy

___ Asthma

___ Cancer

___ HIV/AIDS

___ Mental problems

___ Other (*please specify*) _____

Are you a victim of rape? Yes ___ No ___

Are you a victim of torture Yes ___ No ___

If yes, do you have:

- Scar/tissue problems
- Limb injuries
- Back problems
- Sensory problems resulting from head injuries

If you have any physical disabilities, did these occur:

- At birth
- After disease
- As a result of torture
- As a result of war
- As a result of home or transport accident

Did you mention any of these special problems when completing your NASS application form?

Yes ___ No ___

If no, why not?

- Wasn't asked about them
- Didn't realise I had special problems
- Was scared that mentioning them would adversely affect my asylum application
- Didn't want to discuss the matter at that time (shame, stigma, trauma)
- Forgot to mention
- Other reason (*please specify*) _____

6. Diet

On average, how many meals do you have a day?

- None
- One
- Two
- Three
- Other

Do you think you are getting a healthy balanced diet? Yes ___ No ___

If no, why is this? (*please give details*) _____

7. Help with problems

Are you getting help to deal with your problems?

Yes, completely ___ Partially ___ Not at all ___

Has the social services department arranged a community care assessment for you?

Yes ___ No ___

If yes, how long did you have to wait for this? _____

Following the assessment, have services been provided? Yes ___ No ___

If yes, what are these services? _____

What additional help would you like to deal with these problems?

- Specially adapted housing
- Help with shopping
- Help with housework, cooking, washing clothes, cleaning flat
- Personal care
- Medications delivered
- GP appointments
- Transport for hospital appointments
- Transport for GP appointments
- Ground floor accommodation with front door ramp
- Emergency phone to central care service office
- Individual counselling
- Group therapy
- Medication
- Better asylum/legal advice
- Resolution of housing or education problem
- Other (*please specify*) _____

Appendix B

Tables

Table A: Age

AGE	<18	18-24	25-29	30-34	35-39	40-44	45-49	50+	n/a
All (50)	2	6	28	10	18	12	10	10	4
Men (24)			29	17	17	13	13	8	4
Women (26)	4	12	27	4	19	12	8	12	4

Table B: Marital status

MARITAL STATUS	Single	Married, live together	Married, not live together	Co-habiting	In relationship	Separated	Divorced	Widowed
All (50)	44	14	20				6	16
Men (24)	58	8	21					17
Women (26)	31	19	19				12	15

Table C: Children

CHILDREN	none	one	two	Three	four
All (50)	60	24	12	2	2
Men (24)	83	13	4		
Women (26)	39	35	19	4	4

Table D: Understanding of English:

ENGLISH SPOKEN	yes	not fluent	no
All (50)	40	34	26
Men (24)	63	21	17
Women (26)	19	46	35

ENGLISH WRITTEN	yes	not fluent	no
All (50)	40	20	40
Men (24)	63		38
Women (26)	19	39	42

NEED INTERPRETER	yes	no
All (50)	78	42
Men (24)	38	63
Women (26)	77	23

Table E: Kind of accommodation

ACCOMODATION	NASS	No NASS	Emergency	Dispersal
All (50)	86	14	96	4
Men (24)	100		92	8
Women (26)	73	27	100	

Table F: Length of stay

HOW LONG	0-3 months	4-6 months	7-12 months	1-2 years	>2 years	n/a
All (50)	16	24	22	30	6	2
Men (24)	13	25	29	29		4
Women (26)	19	23	15	31	12	

Table G: Problems with accommodation

PROBLEMS	Lack of privacy	Street homeless	Over-crowding	Poor ventilation	Poor heating	Poor hygiene	Lack of cooking fac.	General disrepair
All (50)	30		20	10	10	22	22	56
Men (24)	21		21	8	8	21	21	79
Women (26)	39		23	12	12	23	23	35

Harassment	Violence	Others	Isolation	Bedding	Childcare
6	6	60	22	12	10
4	8	58	21	17	
8	4	62	23	8	19

Table H: Registration with services

REGISTERED	Doctor	Dentist	Optician	DSS	Problems	Other problems
All (50)	100	40	26	34	50	64
Men (24)	100	42	33	42	50	75
Women (26)	100	39	19	27	50	54

Table I: Source of information about services

SERVICE INFO	One-stop service	NASS staff	Community events	Family, friends	Place of worship	Leaflets	Local newspapers	Posters
All (50)	82	8	2	28	12		2	
Men (24)	96	13		13	8			
Women (26)	73	4	4	42	15		4	

Radio	Television	Other	Nurses (PCT) and other medical staff	Housing provider
2	4	82	16	72
		83	21	71
4	8	81	12	73

Table J: Special health problems

PROBLEMS	Walking	Hearing	Seeing	Blood pressure	Diabetes	Epilepsy	Asthma	Cancer	HIV/Aids
All (50)	18	2	12	2	6	4	8	4	16
Men (24)	21	4	8		8		4	4	29
Women (26)	15		15	4	4	8	12	4	4

Mental problems	Other	Depression	Insomnia	Anxiety, fear & worries	Flash-backs	Torture&war injuries	Female specific
82	70	40	22	30	16	10	8
71	71	46	17	29	29	17	
92	69	35	27	31	4	4	15

Table K: Rape, torture & related health problems

VICTIM OF	Rape	Torture	INJURIES	Scar/tissue problems	Limb injuries	Back problems	Sensory problems
All (50)	30	64		18	16	34	4
Men (24)	17	75		25	25	38	4
Women (26)	42	54		12	8	31	4

Table L: Reasons for not informing NASS about special problems

MENTIONED TO NASS	yes	no
All (50)	66	34
Men (24)	71	29
Women (26)	62	39

WHY NOT	Wasn't asked	Didn't realise	Was scared	Didn't want to	Forgot	Other
All (27)	15	11	11	22	4	37
Men (13)	8		15	31		46
Women (14)	21	21	7	14	7	29

Table M: Meals per day

MEALS PER DAY	None	One	Two	Three	Other	BALANCED DIET	yes	no	n/a
All (50)	2	32	44	18	4		26	60	14
Men (24)		38	46	8	8		33	63	4
Women (26)	4	27	42	27			19	58	23

Table N: Help with problems & Community Care Assessment (CCA)

GETTING HELP	yes	partially	none	n/a	COMMUNITY CARE ASSESSMENT	yes	no	n/a
All (50)	10	66	20	4		34	52	14
Men (24)	8	71	21			46	38	17
Women (26)	12	62	19	8		23	65	12

Table O: Waiting for Community care assessment & Service provision

WEEKS WAITED	one	two	three	four	five	six	seven+
All (15)	20	7	7	33		13	20
Men (10)	30		10	30		10	20
Women (5)		20	0	40		20	20

HAS SERVICE BEEN PROVIDED AFTER ASSESSMENT	yes	no	n/a
All (15)	47	47	7
Men (10)	40	60	
Women (5)	60	20	20

Table P: Additional help wanted

ADDITIONAL HELP WANTED	Specially adapted housing	Shopping	Housework, cooking, washing	Personal care	Medication delivered	GP appointment	Transport for hospital
All (50)	16	30	28	4	8	28	40
Men (24)	4	46	42	4	17	29	38
Women (26)	27	15	15	4		27	42

Transport for GP	Ground floor acc.	Emergency phone	Individual counselling	Group therapy	Medication	Better asylum / legal advice	Resolution of housing / education problem	Other
26	4	6	70	38	12	86	86	64
29			71	38	4	96	92	67
23	8	12	69	39	19	77	81	62

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