

PAFRAS NEWSLETTER



Positive
Action
For
Refugees &
Asylum
Seekers

An Interview with Dzmitry Karpuk



Dzmitry joined PAFRAS in June as the Mental Health Worker. He has 15 years experience as a Counselling Psychologist, Gestalt Therapist, and Systemic Practitioner, as well as in Nursing. In this interview, he talks about his role and work in PAFRAS.

PAFRAS: Could you describe your role?

Dzmitry: My post as the mental health worker is in this context a bit different from other organisations because we are dealing with specific clients. First I screen and assess clients. Second, I refer clients and connect with any existing services. I would like to underline *existing* services because not many services exist for destitute asylum seekers. My role is to find and connect and link to services which they perhaps cannot access themselves. In some cases they don't know about the services but the second problem is they know,

but find it difficult to access them. So I assess, refer, and take people where they can try and access services. But the third aspect of my work is to provide short term counselling. Even where people can access services in some cases there may be a waiting list of up to four to six months. Some people cannot wait that long and if this is the case, or when there is an immediate need that is when I provide short term counselling. In my counselling I am dealing with people who are angry, they may be on the street and are frustrated.

...Continued on page 2

Newsletter 14

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Positive Action for Refugees and Asylum Seekers

Company No. 5751987

Registered Charity No. 1120950

Registered Address: Units 13-14, Chapeltown Enterprise Centre, 231-235 Chapeltown Road, Leeds, LS7 3DX

www.pafras.org.uk 0113 262 2163

Interview with Dzmitry Karpuk

PAFRAS: What is that you hope to achieve in your role?

I want to establish a service. I want to create an appropriate service. There are lots of different agencies working in this area, but we are not necessarily linked together as much as we could be. There is not one organisation that can provide all of the services that our clients need as the problems are so complex. The voluntary sector has a key role in this at the moment because there is a gap. The NHS does not provide all of the services that are required and, as I said, because there are so many complex issues there is not one service that has all of the necessary resources. In mental health you cannot work alone. It is necessary to coordinate work, to provide the correct support and supervision. In our work we need to be aware of the impacts of the asylum process on our clients.

PAFRAS: So would you say that the asylum process exacerbates mental health problems?

In my experience our clients are very traumatised by the asylum process. It is one of the reasons why we are limited in delivering mental health support. I have clients now who have been waiting to hear a decision on their claim for asylum for five, up to eight years. That is psychological torture. From my point of view the asylum process is damaging some people instead of helping those who, for

example, have survived serious issues and clearly have post-traumatic stress disorder. As a mental health professional I am limited as to how I can help people without resolution on their case. There is a limit, and it is limited by the decision.

PAFRAS: So to what extent is your work limited, ultimately, by the resolution of an asylum claim then?

I have a lot of clients in this situation I talked about above. This is wrong, it leads to mental health problems and we are not in a position to help them recover. In any first aid you take the victim from the situation and help; but how can you help if a person is still fighting for survival? It is the same with people who are victims of torture.

There is no recovery when the person remains in a similar situation. People want to know why they are being made to wait like this, they want to know why the asylum system is doing these things to them. As I said before, I deal with very frustrated clients who have been treated very badly since they have been here.

Dzmitry is actively looking to work in partnership with organisations working in this field. Particularly, he is looking to provide pathways for his clients to be referred for further support, and to provide links to other organisations, communities and agencies.

For further details Dzmitry can be contacted at PAFRAS on 0113 262 2163

Asylum seekers and the right to work

Asylum seekers in the UK were initially granted the right to work in 1986. However, in 2002 this right was withdrawn and since that point people have been able to apply if their initial claim for asylum has not been resolved within 12 months.

In May, a Court ruled that this 12 month rule should also apply for people who are pursuing a 'fresh claim' through submitting new evidence in support of their asylum case. The ruling was based on the case of three individuals who had submitted further evidence but were still left in a situation where they were unable to work whilst waiting the outcome. The court emphasised that by not being able to work, article of the European Convention on Human rights had been breached. For the thousands of refused asylum seekers in the UK who have had their claim for asylum initially refused, but have managed to gather enough evidence to submit, the ruling potentially provides a pathway into employment. The ruling only provides a right to apply to work, and does not mean this application will necessarily be accepted. For further information see Migrants Rights News – June 2009. http://www.migrantsrights.org.uk/downloads/newsletters/MRN_Newsletter_Jun09.pdf

PAFRAS is not qualified to give legal advice, and we recommend you contact a legal representative if this ruling may apply to you, or somebody that you know or work with.

PAFRAS Briefing Paper Number 11

PAFRAS Briefing Paper 11 – *Beyond the edges of healthcare provision* – examines the quality of medical services available to refused asylum seekers in the UK.

PAFRAS Briefing Paper 11 focuses on the provision of medical assistance available for refused asylum seekers. The level of medical care that refused asylum seekers are able to access has, for some years, been a source of contention. The present government has made clear that, where possible, access to medical support will be denied and the result has been an ongoing issue that has been brought before the courts on numerous occasions. At the same time, issues around access to medical support have caused debate, and in many cases protest, within the medical profession itself.

Beyond the edges of healthcare provision has been written in the wake of a number of relatively recent policy and legislative changes regarding the type of care that refused asylum seekers can access.

As such, as has been discussed elsewhere, as secondary care has been limited (for the time being at least) one of the impacts of these changes may well be that increased numbers of people in this situation become reliant on General Practitioners (GPs) and other forms of primary care in order to attempt to access medical support. GPs are unaffected by the Court of Appeal decision, and have discretion to 'register or refuse to register patients provided he or she does not discriminate in so doing'.

PAFRAS Briefing Paper 11 examines NHS care access for refused asylum seekers by way of focusing on GP, and dental care. For further information on this contact PAFRAS on 0113 262 2163 or at pafraemail@yahoo.co.uk

The destitution tally: scoping destitution among asylum seekers in the UK

In May, the Asylum Support Partnership (ASP) published the results of its second scoping exercise into the scale of destitution among UK asylum seekers.

The ASP is made up of agencies contracted by the UK Border Agency to deliver services to asylum seekers. These organisations are the Refugee Council, Refugee Action, the Scottish Refugee Council, the Welsh Refugee Council, and the North of England Refugee Service.

The exercise repeated a similar survey published in January 2008 where partner agencies collated the number of people accessing their services who had no support, and the length of time that they had been destitute. The second of these exercises surveyed organisations

between 1 October and 31 October 2008. At the time of this survey, the Migrant Helpline was also part of the ASP, but has since left.

Of the 4093 visits to ASP, 48% were from asylum seekers experiencing destitution, and of these people a further 48% had been destitute for over 6 months. The survey indicated that 44% of those who were destitute had had their claims processed through the New Asylum Model (NAM). Just under half, 49%, of those who were destitute had not applied for Section 4 support, and the report made clear that this form of support is not acting as a 'safety net' for refused asylum seekers. The survey indicated that 50% of those who were destitute came from just four

different countries: Iraq, Iran, Eritrea and Zimbabwe. It also noted that many people who were destitute were also suffering from poor health. Among the conclusions made by the ASP, they called for

The survey indicated that 50% of those who were destitute came from just four different countries...

the UK Border Agency to accept that destitution, in many cases, does not encourage people to leave the country and that destitution should not be part of the asylum system.

The Second Destitution Tally can be downloaded at http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/policy_responses/Second_Destitution_Tally.pdf

Mobile Phone Appeal

PAFRAS needs mobile phones to give to those who need them.

If you have any mobile phones that can be donated to PAFRAS, to be given to people without them then please get in touch. Phones are vital for people who need to maintain contact with solicitors and others services.

Food Appeal

PAFRAS is reliant on donations to provide food at our twice weekly drop-in. We have had support, in this way, for a number of years and it is testament to this generosity that we have been able to continue providing this food for as long as we have done so far.

Even with this support though, we still have to periodically issue food appeals when stocks of food run particularly low. Over these last few months, there have been times when we have physically run out of food provisions and have had nothing to make up food packs with. This has never happened, to the same extent, before at any point.

PAFRAS gives out increasing numbers of hot meals and food packs each year. Throughout 2009 we expect to give out over 6,000 food packs, and serve over 3,000 hot meals. In order to allow us to continue distributing food, we are asking for donations of:

Tins:

tomatoes, spaghetti, vegetables, fruit, fish, meat (not pork), beans

Dry food:

sugar, tea, rice, pasta, pulses, cereal, small jars of coffee (these are split down into portions, so catering size bags are useful)

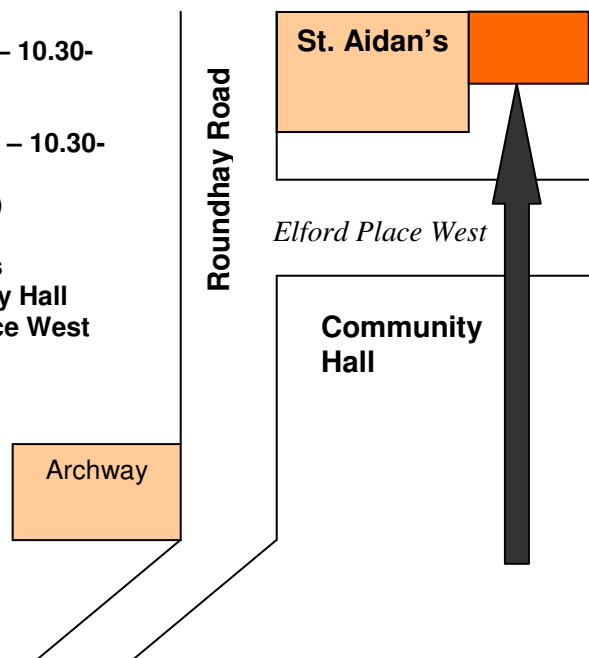
PAFRAS drop-in details

Drop-in times

Tuesdays – 10.30-12.30

**Thursdays – 10.30-12.30
(food only)**

**St. Aidan's
Community Hall
Elford Place West
Harehills
Leeds
LS8 5QD**



Sweets:

chocolate bars, chocolate biscuits

We also need:

long life milk, fruit juices, biscuits, nuts, and dried fruit,

Alternatively, PAFRAS accepts financial donations and if you would prefer to donate in this way then please follow the instructions on our website, or get in touch with us.

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If you can help distribute food appeals then please contact us and we will send you leaflets and appeals.

www.pafRAS.org.uk
0113 262 2163
pafRASemail@yahoo.co.uk