

Dynamic Resilience:

A Strategic Needs Assessment of Asylum Seekers and Refugees in Bristol, North Somerset and South Gloucestershire (BNSSG)

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Table of Contents

Introduction	4
Executive Summary	5
Key Themes identified from Needs Assessment	5
Increasing demand, reduced provision	5
Barriers at every stage	5
System navigation and co-ordination	5
Building services around people	6
Health: Complex needs, holistic solutions	6
Housing: A place to call home	6
Education and Employment: A gateway to integration	7
Community: Connected and safe	7
Call to action	7
What can the system do?	8
Introduction	11
Background	12
Who is currently here and what might this look like in the future?	16
Definitions	16
Data on Asylum Seekers and Refugees	17
Variation by Area	18
Trends over time	19
Summary	22
Social and Cultural Connectedness in BNSSG	24
Housing in BNSSG	32
Health and social care	41
Specialist Services for Healthcare in BNSSG	51
What services exist in BNSSG?	51
The Haven	52
TB Nursing Service	56
Dentistry: DentAID Van – Triage	56
Maternity	58
Health Visiting Service	59
Secondary Care	61
Barriers to Healthcare	63
What works	67
Resources for delivering healthcare services for Asylum Seeker and Refugee Communities	67
Specialist Support for Mental Health in BNSSG – Adults	70

Specialist Support for Mental Health in BNSSG – Children	77
Education in BNSSG.....	82
Employment and skills in BNSSG	87
Community Safety.....	92
Legal Support in BNSSG	96
Appendices	98
Appendix 1: Background to Resettlement Programmes.....	99
Appendix 2: Safe and Legal Routes for Refugees to come to the UK	101
Appendix 3: Vitamins Referral Routes	104
Appendix 4: Definitions.....	105
Appendix 5 Voluntary, Faith-based and Private sector Providers of Services to Asylum Seekers and Refugees in BNSSG	106
Appendix 6: Asylum Seeker and Refugee Wellbeing Conference Summaries:	112
World Café Summary 1:	112
World Café Summary 2:	113
World Café Summary 3:	113
World Café Summary 4:	114
World Café Summary 5:	114
World Café Summary 6:	115
World Café Summary 7:	116
World Café Summary 8:	117
World Café Summary 9:	118
Appendix 7: Burden of Disease by Country:.....	119
Appendix 8: Engagement Activities	127

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- Clearspring Ready Homes
- MIND
- University of West England
- University of Bristol
- BNSSG Integrated Care Board: PHM, IPC,
- The Haven
- Bristol Refugee and Asylum Seeker Partnership (BRASP)
- BNSSG TB Nursing Service
- BNSSG Maternity Services (University Hospitals Bristol and Weston NHS Foundation Trust & North Bristol NHS Trust)
- Avon and Somerset Police
- Avon and Wiltshire Mental Health Partnership (AWP): Hope Service, ARC Clinic
- Vitamins
- UHBW/North Bristol NHS Trust: Overseas Teams
- Doctors of the World
- Multiple VCSE Partners across BNSSG
- OneCare
- Healthwatch
- Sirona
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Introduction

This Strategic Needs Assessment describes the needs of asylum seekers and refugees residing in Bristol, North Somerset and South Gloucestershire (BNSSG). It describes the policy environment and the asylum seeker and refugee (ASR) population in BNSSG. The report covers: health and social care, housing, education, employment and skills, social and cultural connectiveness, legal support, and community safety. It looks at the current provision, challenges and gaps in that provision and solutions. The situation is very complex and ever evolving, and the report seeks to clarify this, bring all relevant information into one report, and to enable commissioners to consider appropriate responses.

Over the past five years there has been a substantial increase in the number of asylum seekers and refugees in BNSSG; each person bringing their own skills and life experience to enrich the local area. There are approximately 9,402 asylum seekers and refugees. (September 2024).

The needs of the asylum and refugee population are complex as they are experiencing a major life transition from one way of being to a completely new life. Refugee and asylum seekers covers a complex and varied group with differing backgrounds. Individuals face different challenges depending on their life experience and their pathway to the UK.

A fragile ecosystem of services is clustered around ASR to support them. The growth in the numbers of ASR has placed additional workload on these small specialist services and our mainstream services.

There is an interconnectedness to the issues that migrants face. For instance, transport impacts on the suitability of housing, the ability to get to school, or education, and health appointments. Our Asylum Seeker and Refugee communities face barriers at every turn: their ability to speak English, their knowledge about accessing services, training and education. Some arrive with qualifications that need to be verified as equivalent to UK qualifications and have the knowledge and skills that are useful to the UK economy. Staff of services need a high level of awareness of these issues to enable ASR to make the most of their services. We found lots of opportunities to improve equity and improve the health and wellbeing of the ASR population.

Some ASR come from countries with very challenged public sector provision, for instance some countries have much less developed health systems, or our ASR communities come from places where illnesses, such as TB, are far more common than in the UK, some have chronic illnesses that were untreated while travelled here, others picked up illnesses on the way. Many suffer from complex post-traumatic stress disorder linked to their original reason to leave their homes. The Haven migrant health service and AWP Hope Service for asylum seekers and refugees are very well-respected, and they have responded to the increase in demand, with support from the ICB, councils and the community and voluntary sector.

There are many examples of excellent practice taking place across the whole system, with many passionate, dedicated individuals and teams working tirelessly to support this population. There are opportunities to co-ordinate efforts more effectively.

Service providers including the community and voluntary sector were consulted to develop this report. The assessment is based on existing data sources, professional feedback, and the comments of asylum seekers and refugees. This has helped to identify both what is known, and where gaps are.

Executive Summary

Key Themes identified from Needs Assessment

Increasing demand, reduced provision

There is a clear sense of a lack of resilience in response to growing demands to support Refugee and Asylum Seeker communities. We found that services in every sector are stretched or at capacity.

There has been a growing need for services provided for ASRs. This has led to significant pressures across the system for example in Local Authority Housing teams, Resettlement Teams, Healthcare services and VCSE Sector organisations.

There are some gaps in existing provision, for example lack of provision of legal support, ESOL classes with long waiting lists and support for people once gaining refugee status.

We have found that recurrent funding is a key factor in being able to provide sustainable services, there are examples in the system of where sustainable funding models have transformed services.

The system needs to move from being trapped in a reactive cycle and move to planning for the future to build a resilient, dynamic system that can respond to often unpredictable changing worldwide picture. This could include future planning for early years provision around workforce, incoming changes to visa processes and for changes in resettlement schemes, such as Homes for Ukraine.

Barriers at every stage

We were told that people in the asylum seeker and refugee community face significant barriers at every stage and across every sector in relation to language, system navigation, accessing support from services, understanding what can be accessed as well as experiencing stigma and discrimination.

We were told about issues around transport such as attending appointments, getting to school or education or to join community groups, which would be beneficial to improving mental health. There are long waiting lists for ESOL, which help with further integration into community and for employment prospects in the future.

System navigation and co-ordination

There is a clear need for the ability of people working in the system to be able to signpost people to the right services or support. We were told that it can be challenging for people working in the system to know where to direct people for further support and help. It is disjointed at present.

There are opportunities for closer collaboration across organisations and across geographical boundaries. More co-ordinated strategic approaches would be welcomed. We were told of lots of examples of good practice in various sectors. However, many examples are ad-hoc in nature, set up in organisations with one or two passionate driven individuals.

Building services around people

We have been repeatedly told about the need to provide holistic support for people by pairing services together, there are examples of where this model of support has worked well. Many services are provided by the VCSE sector at present and these services are stretched. Services have reported having to provide a lot of additional support for wider needs around housing and employment which is not what they are set up to do.

We know that staff need to be supported when working with ASR communities. They need training around understanding entitlements to healthcare and wider support, barriers to access and trauma-informed care and approaches. We were told that health is not always the greatest need for an individual, their greatest need may be issues like housing or support with finances.

This includes staff supporting individuals directly and services that asylum seekers and refugees attend such as GPs and VCSE Sector organisations. Training in trauma also highlighted as a need.

Health: Complex needs, holistic solutions

We have learnt that the needs of ASRs are wide ranging, and everyone will have varying physical and mental health needs. We know that a high proportion of ASRs have complex health and social needs, particularly driven by trauma and mental health.

We found that accessibility of the healthcare system is difficult for ASRs. There are many barriers including literacy, language, digital exclusion, understanding of the healthcare system and being able to physically access services.

We found that there are gaps in provision for some services, such as dentistry and many healthcare services supporting ASRs are seeing increasing demand, which further increases pressures on services such as longer waiting times.

The system is currently fragmented with pockets of excellence across the system from individuals and organisations supporting ASRs as much as they can with the resources they have. They could be better supported with more strategic approaches to service delivery, future service design and holistic models of support.

Housing: A place to call home

Having stability and a safe place to live is important for overall health and wellbeing. Many asylum seekers and refugees experience multiple difficulties in relation to housing. Accessibility of services can be difficult for ASRs and there are barriers in relation to literacy and language.

We found that the temporary and unpredictable nature of housing provision had wide reaching impacts across housing, education and healthcare services. Location of housing can also be a barrier limiting access to education, work and even healthcare. People having to move out of temporary accommodation at short notice and the transition into the private sector were all highlighted as issues.

This highlights the need for strategic co-ordinated approaches and planning for demand for housing as well as education for people working in the system who are supporting ASRs with their housing needs.

Education and Employment: A gateway to integration

We were told about the importance of being able to learn English as key for ASRs during resettlement and feeling engaged with their local communities. Language skills can support people to get employment. The waiting lists for ESOL are long, with 1,000+ people currently waiting to join classes. Sometimes people have to travel for long distances to attend when they receive a place.

We were told that there is a need for schools to be supported when welcoming children and families with a need for training, particularly support for understanding the impact of trauma.

There are many excellent examples of schemes to support ASRs into employment opportunities across BNSSG, focused around building relationships with local employers and reducing barriers to employment for our ASR community.

Community: Connected and safe

We know that social connections are important for health and wellbeing. Providing opportunities for people to connect and spaces to be in was highlighted as important for our communities.

We were told about many different community groups and organisations that run events to support the ASR community. They can be a lifeline for people to help forge connections, supporting good mental health and to help build networks. Many of these organisations are at capacity with sporadic funding models – yet they provide an invaluable support for ASR communities. Proper funding and support is vital for the VCSE sector.

We were told that food, such as the ability to be able to cook food was important. Often in hotel accommodation, this is not possible. We were told that being able to cook food together helped people to connect, develop networks and share and develop new skills.

Our ASR community have a wealth of experience, knowledge and skills that can contribute to society. Barriers such as national policy around right to work and volunteering in certain sectors remain. We have a responsibility to work towards systemic change to enable more people to have the opportunity to work and contribute to society.

Call to action

The needs assessment highlights urgent needs and opportunities for improvement. To build a resilient and inclusive system, we urge stakeholders to:

- **Secure Sustainable Funding:** Ensure continuous financial support for essential services.
- **Expand Service Capacity and build in resilience:** Increase availability of housing, healthcare, legal support, and ESOL classes.
- **Work to build more Coordination across the system:** Improve system navigation and foster cross-sector collaboration.
- **Reduce Barriers:** Address language, transport, and other structural system barriers.
- **Enable Holistic Care:** Provide comprehensive, trauma-informed support, including new models of service delivery, wrapped around individuals.
- **Empower Communities:** Provide opportunities for developing social networks and community strengths, including support for the VCSE sector.

By taking these steps, we can create a supportive environment where asylum seekers and refugees can thrive.

What can the system do?

Key issues	Next Steps	For awareness of
<p>Vigilance on funding for services that are clustered around needs of Refugees and Asylum Seekers</p> <p>The fragility of vulnerable services/capacity. Oversight of investment is required. Short-term funding</p> <p>Awareness of complexity of relationships/inter-dependencies of vulnerable small services</p>	<p>ICB lead for ASR to be identified</p> <p>ICB/LA ASR leads (PH and resettlement leads) and service leads to meet to map out commissioned landscape, pressure points, and solutions</p>	<p>ICB</p> <p>ICB, Local Authorities (as appropriate), The Haven, AWP Hope, Sirona HI lead.</p>
<p>Overdependence on small numbers of committed people – points of failure.</p>	<p>Services to ensure they have business continuity plans and succession planning in place</p>	<p>All commissioned services</p>
<p>Upskilling based on best practice case studies – improving resilience across system & less ad-hoc.</p>	<p>Lead services to provide training to others. EG The Haven to train GP practices in best practice.</p>	<p>The Haven</p>
<p>Adaptive approach to changing demand/environment > Awareness of points of failure. Complex Adaptive Systems.</p> <p>Building system for growing complexity of needs</p>	<p>ICB contract management/primary care development team and LA commissioners to consider methodology for commissioning in complex adaptive systems</p>	<p>ICB, Local Authorities (as appropriate),</p>
<p>Influence on local and national Policy</p>	<p>Councillors to be briefed on ASR issues, so that they can decide if they want to take motions to their chambers and if they want to lobby local MPs on issues.</p>	<p>Local Authorities (as appropriate) ASR leads</p>
<p>Lack of ASR voice in design and delivery of services and more broadly within policy development</p>	<p>ASR to be engaged in design discussions about services for them</p>	<p>ICB, Local Authorities (as appropriate) ASR leads</p>
<p>Barriers to navigating the system –literacy, digital literacy, knowing where to go, what people can get support with</p>	<p>Implementation of Doctors of the World Scheme, BMA Guidance</p>	<p>All commissioned services</p>

	Co-location of services or consideration when commissioning new models for service provision	
Data sharing at system level to support with planning/critical events for example: <ul style="list-style-type: none"> • Opening/Closure of hotels • Understanding changing needs of population 	Delivering with dignity Framework (Red Cross) 2. Maximising data for action	ICB, Local Authorities (as appropriate)
Training and Education – Staff working in the system to include <ul style="list-style-type: none"> • Cultural awareness • Trauma informed approaches • Supporting staff to support ASR communities through signposting to services 	Delivering with dignity Framework (Red Cross) 2. Upskilling the workforce	All commissioned services
Training and education – ASR To help support communities in understanding <ul style="list-style-type: none"> • Healthcare • Education • Work and Employment 	Consider using AS grant to commission a trainer to deliver this to the hotel residents Supporting people into appropriate employment or volunteering opportunities.	Local Authorities (as appropriate)
Services providing advice/support & assistance for broader social support needs	Consider using AS grant to commission services	Local Authorities (as appropriate),
Recognising the power of community/sense of belonging and community networks, opportunities for education/work that help people to thrive	Incorporate community approach into strategy	BCC
Planning for sudden/critical events utilising methodology/process from Emergency Planning (EPRR) to make system more resilient	Plans to be developed with regular annual review. (Internal plans)	Local Authorities (as appropriate) with assistance from ICB EPRR.

Main report: Setting the scene

Introduction

Aim

The aims of the needs assessment are to:

- Understand what the current needs are across BNSSG to inform the development of support and services that the system needs to provide to support the population.
- Support future strategy and policy development, service delivery and highlight the strategic investment required to achieve this.

Objectives

- Quantify the size of the population of Asylum Seekers, Recent Refugees and people with No Recourse to Public Funds across BNSSG.
- Develop an understanding of future population trends and need based on projections and demographic data based on what is currently known.
- Exploring the needs and inequalities faced by the population including health, education, employment, language, culture, legal assistance, social integration, and safeguarding.
- Take an asset-based approach by identifying and quantifying the skills and assets that individuals within the population bring to their communities and the wider society.

Scope

This needs assessment will not aim to carry out an in-depth detailed assessment of each service's operation and performance but will offer recommendations regarding service provision based on identified gaps.

Background

There have been many worldwide events that have led to significant numbers of people being displaced worldwide such as conflicts in Syria, Iraq, Afghanistan and more recently Ukraine. As a result, there have been increases in arrivals to the UK for people claiming asylum or through UK government resettlement schemes.

Recent statistics by United Nations Office of the High Commissioner for Refugees (UNHCR) report 117.3 million forcibly displaced people worldwide with 73% of all refugees coming from just five countries; Afghanistan, Syrian Arab Republic, Venezuela, Ukraine and South Sudan¹. In the year ending March 2024, there were 69,298 asylum applications lodged in the UK, of which 5% of these were Unaccompanied Asylum Seeking Children (UASCs)²

Policy

Immigration is a highly political topic and has been influenced by several policies in the recent years. While the UK offers several resettlement programs such as Afghan Relocations and Assistance Policy (ARAP) and Ukraine Sponsorship Scheme (Homes for Ukraine), it has also been enacting it's Rwanda policy whereby some asylum seekers would be sent to Rwanda for their claim to be processed there³. In July 2024, the Safety of Rwanda scheme was ended.

The addition of the "No Recourse to Public Funds" (NRPF) rule into the Immigration and Asylum Act 1999 has also impacted on the migrant population. This rule was first introduced in the 1971 Immigration Act and required those entering the border to prove financial self-sufficiency. However, it's integration into the Immigration and Asylum Act 1999 has meant that migrants with time-limited leave to remain and undocumented migrants are unable to access housing and welfare support, with one analysis arguing that it has become a policy of forced destitution⁴.

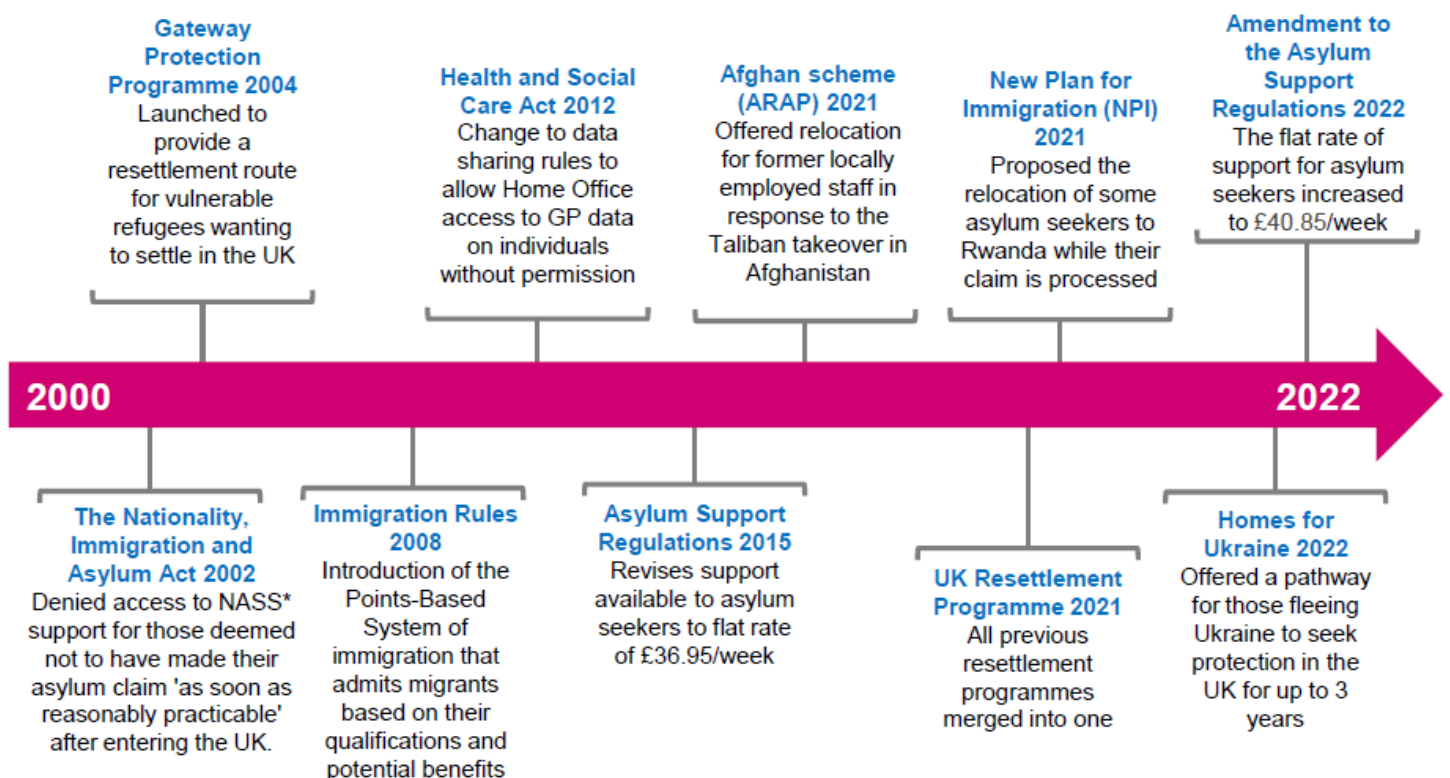










Figure 1 Timeline of UK National Immigration and asylum policy¹³

'Hostile Environment'

In 2012 the creation of the 'hostile environment'¹² involved legislation to prevent people lacking the required migration status from engaging in society by prohibiting them from working, having a bank account, renting a property, accessing a driving licence and denied them access to welfare. One paper argues that these policies contribute to structural racism in the UK⁵. Racism and discrimination have been shown to be a determinant of health, associated with higher rates of both communicable and non-communicable disease⁶. Prejudice and the perceived threat of ASRs has also been shown to impact on the attitudes people have towards ASRs and their desire to help them⁷. Prejudice weighs in to further segregate ASRs into white and non-white migrants with some research finding the former to be considered an asset and the latter a drain⁸.

These 'hostile environment' policies have impacted people's right to primary care through misleading guidance around identification on registration at a GP surgery⁹. Despite all migrants being entitled to free GP services, one survey demonstrated that only 26% of health professionals knew this¹⁰. Doctors of the World now support GP practices to become "safe surgeries" by ensuring lack of documentation is not a barrier to accessing healthcare¹¹.

Figure 2 The Hostile Environment across core policy areas¹²

	Employment 	Police 	Housing 	Healthcare 	Schools 	Banking 	DVLA 	Welfare 
Key legislation	Immigration Act 2014 and 2016	Immigration and Asylum Act 1999	Immigration Act 2014 and 2016	The National Health Service (Charges to Overseas Visitors) Regulations 2015 (amended in 2017)	Education (Pupil Information) (England) (Miscellaneous Amendments) Regulations 2016	Immigration Act 2014 (section 40 and 42)	Immigration Act 2014 and 2016 (section 43 and 44)	Immigration and asylum act 1999
Checks	Right to work checks	Immigration status checks (Operation Nexus)	Right to rent checks	Chargeability checks	N/A (though checks exist in higher education)	Immigration status checks	Immigration status checks	Immigration status checks
Charges	N/A	N/A	Charges for rent checks depending on landlord (normally between £10-£120)	Charges of 150% of the cost of treatment for secondary care (unless exempt)	N/A	N/A	N/A	N/A
Data-sharing	Between HMRC, the Department for Work and Pensions (DWP), and the Home Office (HO) Proactive data-sharing restricted in 2018	Between police forces and HO (including sharing data on victims and witnesses of crime)	Between HO and landlords (right to rent checking service)	Between NHS Digital and HO Jan 2017 – Nov 2018 (Some sporadic data sharing continues regarding debt to the NHS)	Between the Department for Education (DfE) and HO June 2015 –April 2018	Between banks and HO Proactive data-sharing restricted in 2018	Between DVLA and HO Proactive data-sharing restricted in 2018	Between HMRC, the Department for Work and Pensions (DWP), and the Home Office (HO) Proactive data-sharing restricted in 2018
Other	Illegal working offence	Collaboration with enforcement officers during raids, and Operation Nexus					Unlawful driving offence	
Legal challenges?		Super-complaint lodged by Southall Black Sisters and Liberty	JCWI challenge to 'right to rent' as breaching human rights – going to Supreme Court	Liberty and Migrants' Rights Network successfully halted data-sharing. Some data-sharing has continued in relation to unpaid debts	Against Borders for Children in collaboration with other human rights organisations successfully halted data-sharing			

Growing demand and need

There has been a significant increase in the demand for services and support, which has grown exponentially over time. For example, in Bristol, the needs assessment in 2012 estimated that there were 200-300 newly arrived refugees and asylum seekers and in 2023, this (when people from Hong Kong are included) was estimated to be approximately 5,000.

The current service delivery infrastructure in Bristol requires development in response to a significant change in the landscape. There have also been significant pressures on services in neighbouring Local Authority areas of North Somerset and South Gloucestershire, requiring services to be set up in very short timescales.

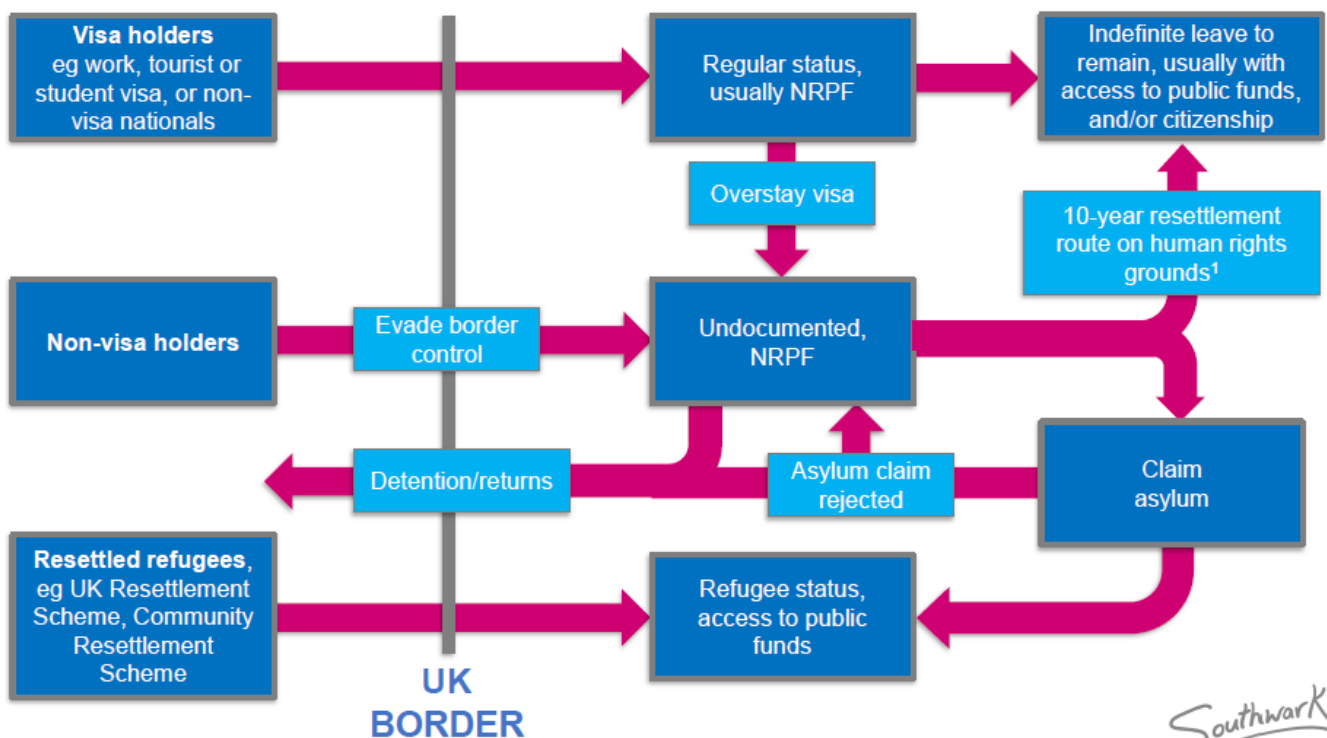
UK Immigration Settlement Routes

There are a number of government resettlement Schemes including Nationality-specific schemes including the UK Resettlement Scheme (UKRS), Afghan Relocations and Assistance Policy (ARAP), Afghan Citizens' Resettlement Scheme (ACRS), Ukraine Family Scheme, Homes for Ukraine, Hong Kong British Nationals Overseas (HKBNO)

The immigration status of people can be complicated and is shown below in Figure 1 below. People can apply for a visa to visit the UK and receive a regular status, however, if they overstay their visa, they can then become an undocumented migrant or a person with No Recourse to Public Funds (NPRF).

Through this process, people can seek to claim asylum, be granted refugee status or be given indefinite leave to remain. People can also have their claim rejected and are either detained or returned to a country.

Figure 3 UK Immigration and Resettlement Routes¹³



References
1. Migration Observatory at Oxford University

A full summary of all resettlement programmes in the UK is available in Appendix 1

Asylum
Seekers and
Refugees in
BNSSSG:
A Snapshot

Who is currently here and what might this look like in the future?

Definitions

<p>Asylum Seeker</p> <p>An asylum seeker is a person who has fled their home country due to fear of persecution or serious harm. This group of people are seeking protection in another country but have not yet been legally recognised as a refugee.</p> <p>Needs are not yet recognised and are subject to investigation as part of a claim. There are minimal resources available to support and the threat of being removed or detained at any time is present.</p> <p>All people seeking Asylum have lost their homes, significant others, social networks and social status. Most have experienced or witnessed violence.</p>	<p>Refugee</p> <p>A refugee is someone who has been forced to leave their country because of war, violence, or persecution. This group of people have been officially recognised as needing protection and are allowed to stay in another country for safety. Refugees may come under a Government resettlement scheme for vulnerable refugees or may have refugee status as a result of a successful asylum claim</p> <p>Refugees have recognised needs for safety, protection and a chance to build a life somewhere else. Many will have experienced or witnessed violence.</p>
<p>Unaccompanied Asylum Seeking Child (UASC)</p> <p>This is a child under 18 who has fled their home country without a parent or guardian and is seeking asylum in another country.</p> <p>UASCs are alone and need special care and protection</p>	<p>Person with No Recourse to Public Funds (NRPF)</p> <p>A person with No Recourse to Public Funds is someone who is living in a country but is not eligible to receive most types of government benefits, like housing or financial support. This often applies to people with certain types of immigration status.</p>

A full description of each definition is available in Appendix 4.

“Everyone who arrives has their own unique story but almost all people arrive with multiple losses, experience uncertainty about the future and have experience of trauma and suffering¹⁴”

Data on Asylum Seekers and Refugees

The landscape for data around asylum seekers refugees is fragmented, continually changing and is obtained from a number of different sources.

It is difficult to accurately quantify the number of asylum seekers refugees across BNSSG, the data presented below is a best estimate based on triangulation of sources including:

- Home Office Statistics: Refugee Resettlement Schemes, Asylum Seekers supported by the Home Office
- Local knowledge and intelligence: South West Migration Partnership, Local Authority Teams and wider ICS partners

There have been significant increases over the last 2-3 years in the volume of applications for asylum and the giving of refugee status in the UK and this is reflected locally across the three Local Authority areas within BNSSG.

The data shown below is a snapshot of the population in BNSSG in September 2024. The numbers across each local authority have changed over time and this is shown in the section on [Trends over time](#).

Summary

As at September 2024, across Bristol, North Somerset and South Gloucestershire there were 2,647 people on Refugee Resettlement Schemes including 5,266 from the Hong Kong British National Overseas scheme, 1217 asylum seekers, and 161 Unaccompanied Asylum Seeker Children.

It is important to note that the data below only shows a snapshot at a single point in time. People will still require ongoing support from the council and multiple organisations across the system for longer periods of time. For example, when leaving interim accommodation or once asylum status has been granted.

Table 1 Number of Asylum Seeker and Refugee Population in BNSSG by Local Authority as at September 2024

	Bristol	North Somerset	South Gloucestershire	Total
Refugee Resettlement Schemes	1235	682	730	2647
Homes for Ukraine ³	654	527	590	1771
Afghan Resettlement Programme ³	581	155	140	876
Hong Kong British National Overseas ^{3,4} (HKBNO)	2373	393	2500	5266
Asylum Seekers ^{2,3}	1133	80	115	1328
People who have No Recourse to Public ³ Funds	440	Data not available at the time of publishing the report		
Unaccompanied Asylum Seeker Children ⁴	95	26	40	161

1 including Homes for Ukraine, Afghan Resettlement Scheme - Home Office: Immigration System Statistics Regional and Local authority data – Immigration groups

2 Supported Asylum - Home Office: Immigration System Statistics Regional and Local authority data - Immigration groups

3 Data provided by Local Authority teams

4 Data provided by South West Migration Partnership

Variation by Area

Figure 4 below shows that there is a variation in the communities that are supported in each Local Authority area.

Bristol: Has the highest numbers of refugees and asylum seekers across BNSSG. As a rate per 1,000 population and has

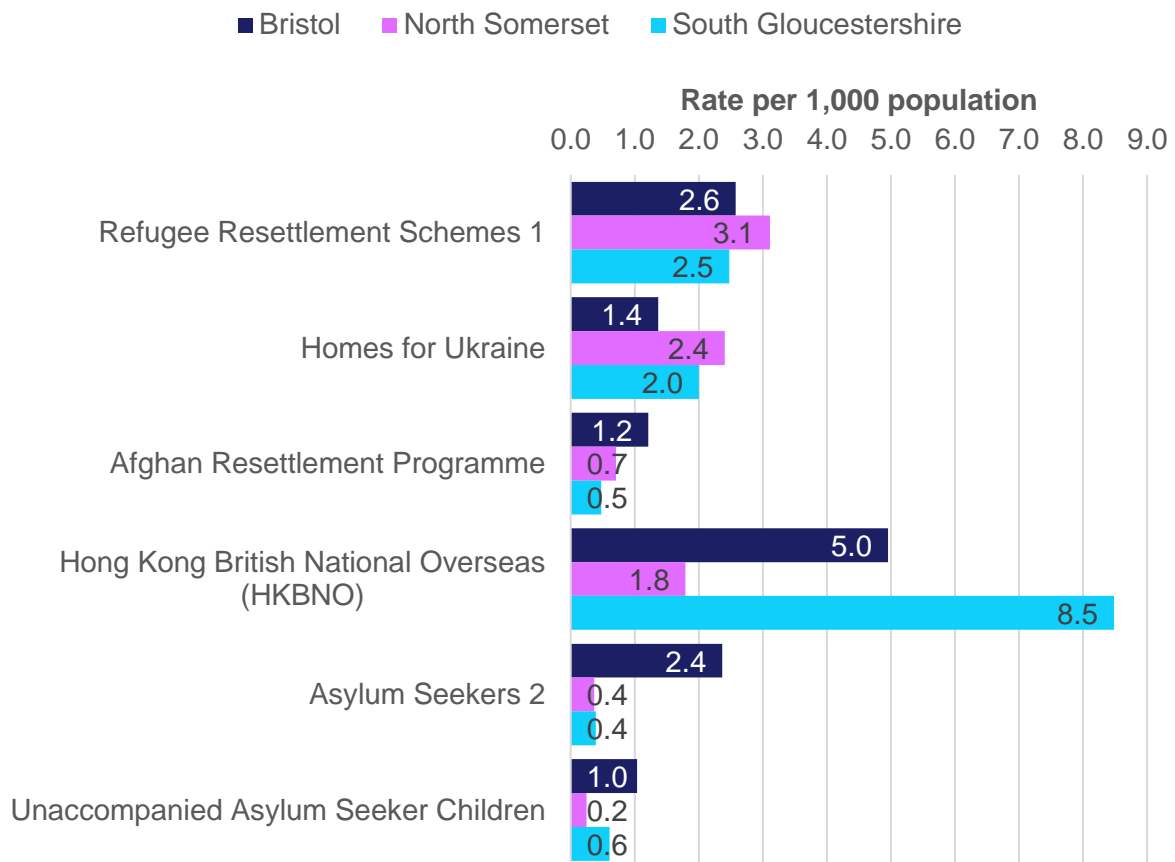
- Highest rate of supported asylum seekers at 2.4 per 1,000 population
- Highest rate of Unaccompanied Asylum Seeker Children (UASC) at 1.0 per 1,000 population (U18)

North Somerset: As a rate per 1,000 population

- Highest rate for Refugee Resettlement schemes at 3.1 per 1,000 population, which is mostly Homes for Ukraine resettlement scheme.
- Highest is Homes for Ukraine at 2.4 per 1,000 population and HKBNO at 1.8 per 1,000 population.

South Gloucestershire: As a rate per 1,000 population has the highest rate of HKBNO across BNSSG at 8.5 per 1,000 population.

Figure 4 Variation of Asylum Seekers and Refugees by Resettlement Scheme and Local Authority (Rate per 1,000 population as at September 2024)



Trends over time

The number of people seeking asylum in the UK has changed over time, mainly due to conflicts in different countries. For example, between 1998 and 2002, many asylum seekers came from Somalia, Afghanistan, Iraq, and the former Yugoslavia, which were experiencing wars.

In 2021 and 2022, the UK set up special humanitarian programs for certain groups, including Ukrainians, Afghans, and people from Hong Kong. In 2022, the number of people helped by these programs was higher than the number of refugees and asylum seekers granted protection in any year since 1979. While fewer visas were issued in 2023, they still outnumbered refugees and asylum grants. Humanitarian programs made up about 4% of immigration to the UK in 2023¹⁵.

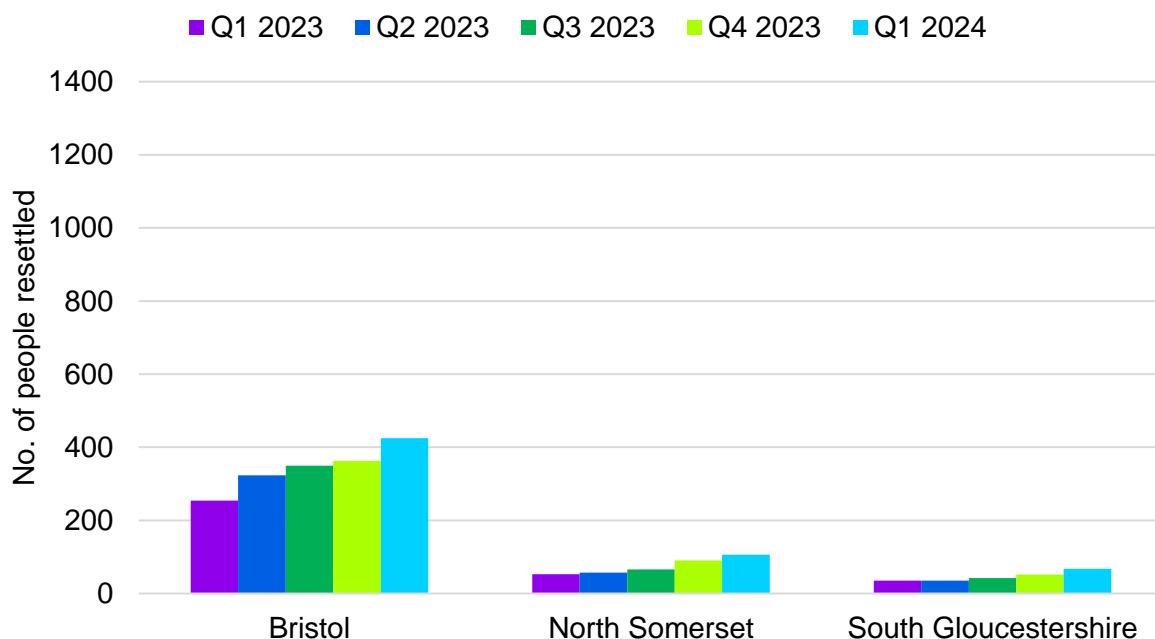
The refugee and asylum seeker population across BNSSG is continually changing, the data below shows the impact on Local Authority teams and services supporting ASRs across BNSSG and demonstrating the need for services to scale up responses at relatively short notice, sometimes matter of days or weeks.

Afghan Resettlement Schemes

In April 2021, the government set up the ARAP scheme to resettle Afghan nationals who had worked for the UK government in Afghanistan. In January 2022, the ACRS scheme opened, with a commitment to resettle 20,000 Afghans who had assisted UK efforts in Afghanistan and stood up for British values, as well as vulnerable people such as women and girls at risk. People on these schemes have indefinite leave to remain in the UK.

Figure 5 shows the numbers of people resettled under the Afghan Resettlement schemes between Q1 2023 and Q1 2024. The highest numbers are in Bristol followed by North Somerset with South Gloucestershire having much smaller numbers.

Figure 5 People resettled under Afghan Resettlement Schemes by Local Authority, Cumulative, 2023-24



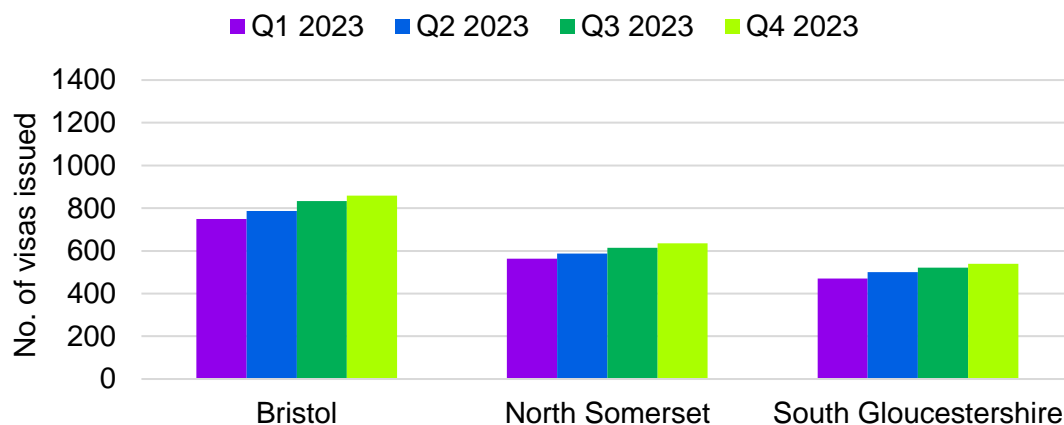
Source: South West Migration Partnership from Home Office Statistics

Homes for Ukraine Schemes

In 2022, Russia invaded Ukraine, this led to many people fleeing westward to safety. Ukrainians with family in the UK, came here on family visas. The government established the Homes for Ukraine scheme, so that Ukrainians could apply to stay in the UK temporarily. The scheme is administered by local authorities. Under the scheme, people are granted three years leave to remain.

Figure 6 shows the number of visas that have been issued under the Homes For Ukraine Scheme, the numbers were highest in Bristol and North Somerset. In North Somerset, this is the largest cohort in this area.

Figure 6 People issued visas under Homes for Ukraine Scheme by Local Authority, Cumulative, 2023

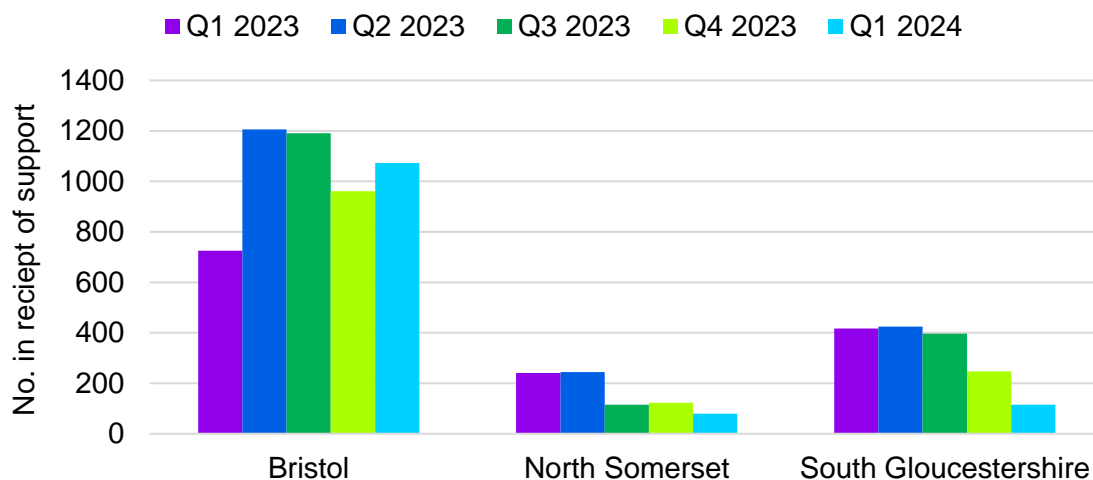


Source: South West Migration Partnership from Home Office Statistics

Asylum Seekers Supported by the Home Office

Figure 7 shows the fluctuations in numbers of Asylum Seekers in receipt of support from the Home Office by each quarter. This has varied over time for Bristol with clear peaks and troughs over the year. This represents the largest cohort within Bristol. For North Somerset and South Gloucestershire, there has been a gradual decline throughout the year.

Figure 7 Total Number of Asylum Seekers in receipt of support from the Home Office by Local Authority, Quarterly Totals, 2023-24



Source: South West Migration Partnership from Home Office Statistics

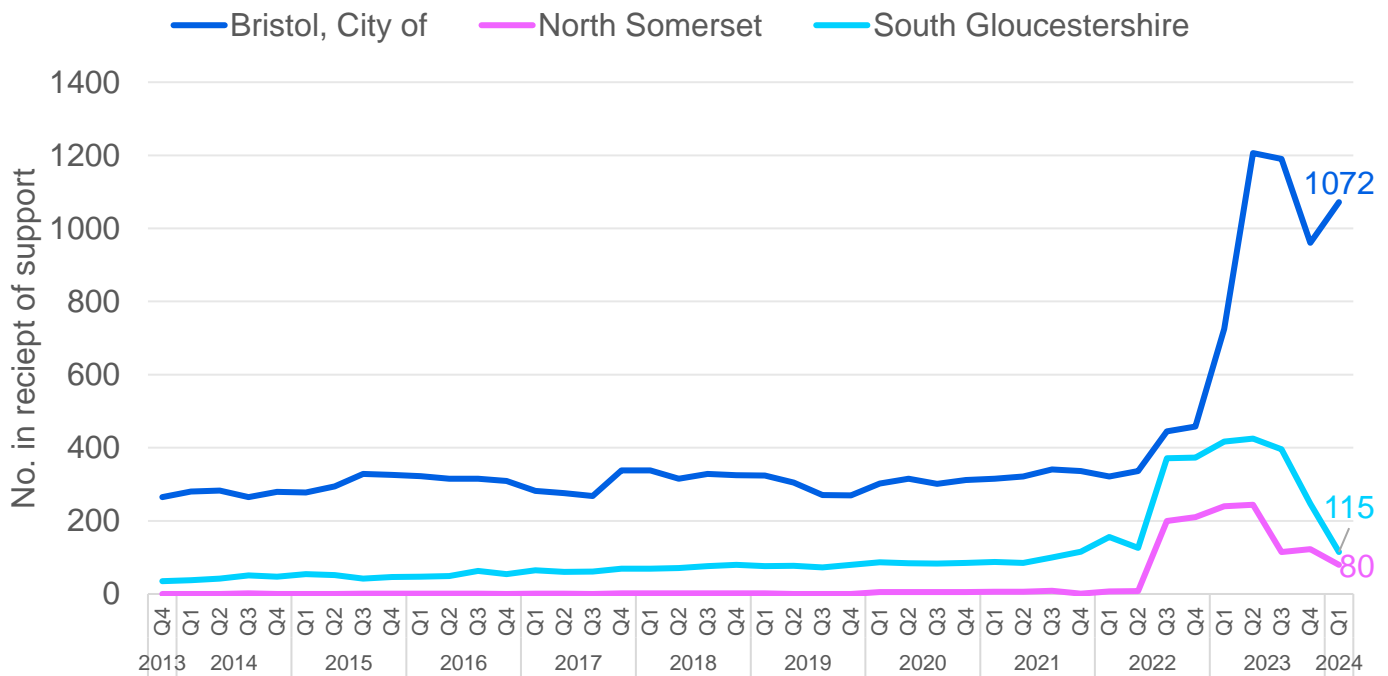
Figure 8 below shows the growth of asylum seekers in receipt of support either for subsistence and/or accommodation from the Home Office across each of the three local authorities, prior to 2022 numbers had remained relatively stable over an eight-year period.

The data shown reflect the number of people in receipt of support as at the end of the period, rather than the total supported throughout the period.

There has been a fourfold increase (467%) in the numbers of asylum seekers who were in receipt of support in BNSSG from 300 in Quarter 4 of 2014 to 1,701 in Quarter 1 of 2024.

Between Quarter 4 of 2014 and Quarter 4 of 2020, there was an average of 361 asylum seekers who were in receipt of support from local authorities across BNSSG. Between Quarter 4 of 2014 and Quarter 1 of 2024, there were an average of 899 asylum seekers in receipt of support.

Figure 8 Asylum Seekers in receipt of subsistence or accommodation by the Home Office by Local Authority, quarterly totals (2014-2024)



Source: Home Office, Immigration Statistics: Asylum and Resettlement - Asylum seekers in receipt of support by Local Authority

Numbers registered with GP Practices in BNSSG

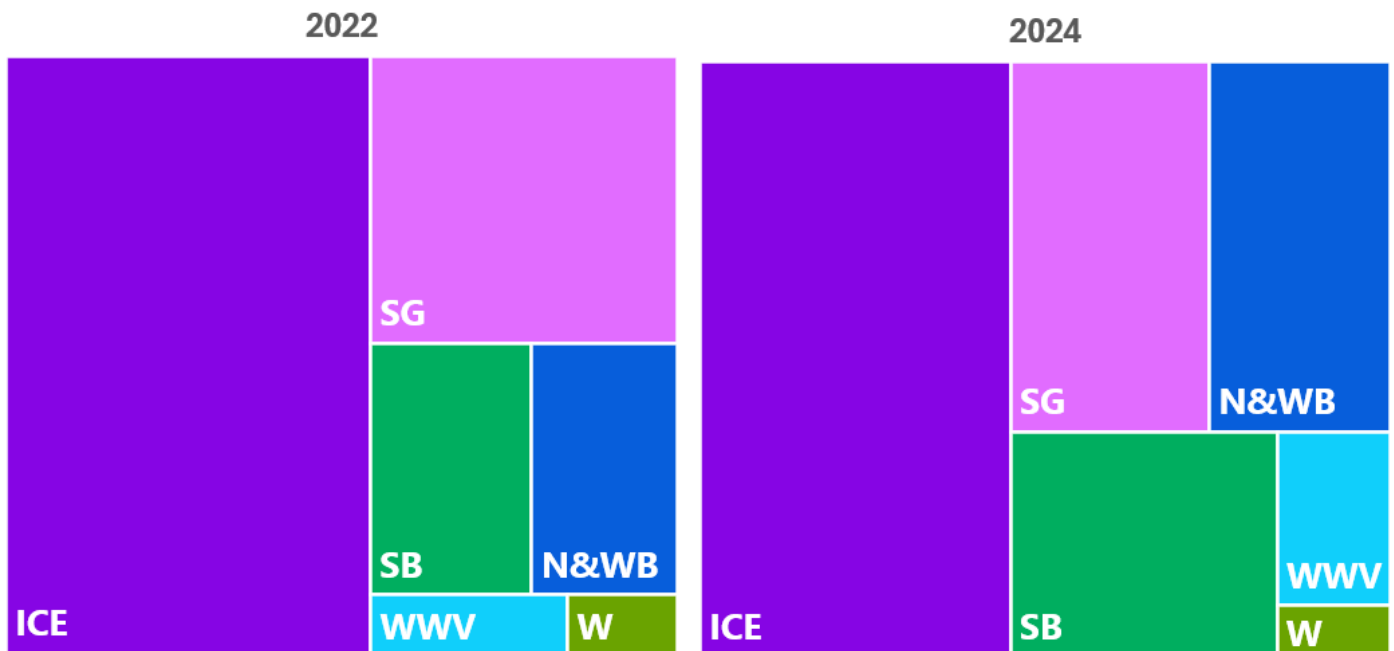
Data provided by OneCare using a flag for Asylum Seekers and Refugees¹⁶ in EMIS shows that there has been a 69% increase in the number of refugees and asylum seekers registered with GP practices across BNSSG from 2,239 in 2022 to 3,793 in 2024.

Around a quarter are children and young people aged up to 19 (23%) and 90% of registrations are for people aged under 50. Just over a third of registrations are for females at 36% and the remaining 64% are for males.

There have been changes in the distribution of registrations by locality area since 2022, where over half of GP registrations were in Inner City and East locality (54%). There have

been increases in North and West Bristol and South Bristol locality as well as increases in Weston, Worle and Villages in North Somerset.

Figure 9 Primary Care Registrations for Refugees and Asylum Seekers by Locality between 2022 and 2024



Key: ICE – Inner City and East, SG – South Gloucestershire, SB – South Bristol, N&WB – North and West Bristol, WWV – Weston, Worle and Villages, W – Woodspring.

Summary

The data shows that there are fluctuations in the ASR population across BNSSG at any given time. There is a lot of uncertainty due to worldwide events that can happen quickly. It can present challenges in quantifying accurate numbers.

This can have an impact on services that support ASRs across the system including Local Authority teams, Healthcare systems and Voluntary and Community organisations supporting people directly.

The system needs to be able to adapt and flex based on demand and that resilience to respond to need is built into the system. System leads for ASR need to be ready to work in partnership at short notice when new influxes of Refugees and Asylum Seekers may arrive in numbers from conflict zones.

There are opportunities for better data sharing and greater visibility of data at system level. This could be achieved by the use of technologies such as PowerBI to visualise and share data. An example from Migration Yorkshire is available here: [Asylum, resettlement and UASC Dashboard | Migration Yorkshire](#)

Social Connections

Social and Cultural Connectedness in BNSSG

Introduction

Social and community connections play a vital role in the lives of refugees and asylum seekers as our refugee and asylum-seeking communities navigate the challenges of resettlement in the UK.

Building strong social networks, whether through relationships with individuals or connections with local organisations, is essential for fostering a sense of belonging and enhancing well-being. These connections help reduce the isolation often experienced by newly arrived individuals, providing both emotional support and practical assistance. Strong social bonds, bridges between diverse communities, and links with institutions enable refugees and asylum seekers to better integrate into their new surroundings.

Engagement with voluntary sector organisations is particularly important in supporting these social connections. Community and voluntary organisations often act as the first point of contact, offering not only immediate support but also opportunities for long-term integration through language learning, employment support, and social activities. By facilitating interactions between refugees, asylum seekers, and the wider community, the voluntary sector plays a crucial role in breaking down barriers, reducing social isolation, and creating pathways for fuller participation in society.

In addition to the challenges this group of people face, refugees and asylum seekers bring a wealth of skills, knowledge, and cultural diversity to local communities. Many people arrive with professional qualifications, valuable work experience, and entrepreneurial spirit that can contribute to the local economy and enrich community life.

The diverse perspectives and resilience in overcoming adversity offer unique strengths that can help strengthen social cohesion. Local communities can benefit from the contributions of refugees and asylum seekers, creating a more inclusive and vibrant society for all.

There are a number of assets across BNSSG to support Asylum Seekers and Refugees

- Specialist knowledge and expertise on ASR health
- Cooperative and collaborative relationships within and across sectors
- Dynamic and cooperative government multiagency links
- Rapid and cooperative local response
- Asset-based initiatives – embracing the knowledge, skills and lived experience of ASRs

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

I have a positive experience, 2 ladies, probably from the council but not too sure, they helped me to enrol my children into school. They brought me food parcel, help me about the house, paying the bill. I am so appreciative for help.

Feedback from ASR Engagement

”

Making Social Connections: Social Bridges, Social Bonds and Social Links^{17,18}

A Home Office evidence review about what works for integrating refugees highlighted the importance of social connections within communities and that there are three different types, which are described below.

Social Bonds	Social Bridges	Social Links
<p>Social bonds refer to strong connections with those who share a common identity, providing emotional and practical support, though they may not always exist between people from similar backgrounds.</p>	<p>Involve connections between individuals or groups from different backgrounds.</p> <p>While they may not have the same high level of trust as bonds, bridges foster sufficient trust to exchange resources and opportunities, contributing to greater social mixing.</p> <p>A lack of social bridges can lead to social segregation, even if strong bonds exist within isolated groups.</p>	<p>Refer to relationships with institutions, such as government services, and connect individuals to societal structures.</p> <p>These vertical relationships enable people to access rights and services and contribute to society, which is essential for full participation.</p> <p>A lack of social links can lead to feelings of alienation.</p>

From Harm to Hope: Bottom-Up Approaches to Migrant Integration¹⁹

A recent research project undertaken by University of Bristol student Ryan Lutz explored experiences of Migrant Integration through service access across Bristol. The services included health, housing, education, immigration and employment services. The following findings were highlighted:

- Access to immigration services such as legal aid, solicitors, and case support as well as education services were most significant in influencing migrant integration.
- When migrants go to use services, they encounter barriers to access which in turn causes social harms –a trend experienced across society regardless of migrant status.
- Integration is often achieved through local recognition which is largely actioned through service access. This means being seen as an equal peer in society.
- If barriers to integration are not addressed, then distance is created causing social harms. There are fears of being labelled as “a bad one”. If barriers are experienced, individuals attempt to become self-reliant.

Findings from this research are also included within this report.

Voluntary and Community Organisations across BNSSG

There are a wide range of Voluntary and Community sector organisations across BNSSG, a summary has been provided below on some of the organisations who support Asylum Seeker and Refugee communities across BNSSG as well as case studies shared with us from partners of events, workshops and community groups.

There are also some quotes from ASR communities themselves about support they have received and importance of their community networks.

A full list of organisations is provided in Appendix 5 Voluntary, Faith-based and Private sector Providers of Services to Asylum Seekers and Refugees in BNSSG

Bristol

City of Sanctuary: Bristol was officially recognised as a City of Sanctuary in 2010 and this status was renewed in 2024. [Bristol's City of Sanctuary](#) focuses on supporting asylum seekers and refugees who have been recently awarded status, and creating a welcoming environment for asylum seekers in the city. Find out more here: [Home - Bristol City of Sanctuary](#)

Bristol Refugee & Asylum Seeker Partnership BRASP: is a partnership of 15 Bristol organisations²⁰ that was set up to strengthen strategic leadership and coordination within the ASR support sector and provide greater voice for/by ASRs in the city.

It seeks to increase understanding and visibility of ASR work outside the sector and strengthen links with those working in other areas, such as housing and homelessness, disability, LGBTQ+ and business. It is currently developing a website to support coordination and signposting, optimise the use of resources and minimise duplication of effort. Find out more: [Bristol Refugee and Asylum Seeker Partnership \(BRASP\) | Voscur](#)

CASE STUDY | Bristol Refugee Festival

In 2020 BRF received Lottery funding to develop a community engagement programme. The number of people experiencing the festival has increased significantly over the last three years from 802 attendances in 2020-21 to 6,196 in 2022-23. The aims of the Bristol Refugee Festival are to celebrate and value the contribution of refugees and asylum seekers, help communities to feel welcome and build relationships across communities and help people to become engaged.

Bristol Refugee Festival coordinates a collaborative year-round programme of arts, culture and educational events, bringing together communities from Bristol and beyond to connect, share and celebrate. They work with local communities to create spaces of welcome and host inclusive cultural events. There are events showcasing music and food from around the world and a space to bring people together in solidarity.

Find out more about the festival here: [Bristol Refugee Festival - Blog](#)

North Somerset

Refugees Welcome North Somerset (RWNS): Established in 2016, RWNS started as a group of local people collecting aid for those in camps in Northern Europe and beyond. Volunteers have since worked with North Somerset Council to ready houses for vulnerable families arriving under the government's resettlement schemes. RWNS offers friendship and support to refugees, asylum seekers, and other displaced people across North Somerset. Find out more here: [Refugees Welcome North Somerset – Welcoming resettled people to North Somerset \(rwns.org.uk\)](https://www.rwns.org.uk)

Voluntary Action North Somerset (VANS): VANS have worked with Asylum Seeking and Refugee Communities across North Somerset, in collaboration with organisations such as Refugee Welcome North Somerset and the Local Authority Teams. They have been involved in setting up community events such as football, cricket, tennis and creating opportunities for people to engage in activities. They were also involved in setting up welcome hubs and assisting with early integration of new arrivals. Find out more here: [Home - Voluntary Action North Somerset \(vansweb.org.uk\)](https://www.vansweb.org.uk)

CASE STUDY | Working with Asylum Seeker and Refugee Communities – North Somerset:

VANS worked to improve access to leisure facilities inside hotels housing Asylum Seekers through running weekly cricket sessions in collaboration with Somerset County Cricket Club.

They also worked supporting Ukrainian communities through sourcing dual language books and creating Christmas hampers and working with community organisations such as churches to recruit people to host families from Ukraine.

South Gloucestershire

Community Support and Integration Hubs for Resettling Communities are found across South Gloucestershire run by Ashley Community Housing, Julian House and The Care Forum.

This includes 1-2-1, group and community cohesion activities for communities homed in South Gloucestershire; including Hong Kong, Ukrainians and refugees from many different countries. Providing support in the following areas - Immigration status and related issues, Housing, Health and Wellbeing, Financial stability, Childcare and Education, Skills Training and Employment, Cultural and Community Integration and Self-dependency.

CASE STUDY: South Gloucestershire Moon Festival^{21, 22}: South Gloucestershire Council's Resettling Communities and St Michael's Church based in Stoke Gifford organises a community event each year called the Moon Festival. The festival was celebrated with the local Hong Kong British National Overseas community (HKBNO).

The Moon Festival is an annual event and is one of the most important festivals in Chinese culture. The event brings people together with music, performances, lighting of lanterns and food. Watch a video of the event here: [Moon Festival | South Gloucestershire Council](https://www.southgloucester.gov.uk/moon-festival)

Bringing people together through Food

During discussions and engagement across BNSSG for the needs assessment the importance of food and being able to cook has been repeatedly highlighted as one of the issues facing refugee and asylum seeker communities and that is of importance to them. A selection of case studies has been provided below, including some quotes from engagement with the Refugee and Asylum-Seeking Community.

CASE STUDY | Community Cook-Up Sessions – Good Faith Partnership in

Collaboration with Borderlands: Good Faith Partnership co-hosted an event in Bristol which saw one of its asylum seeker Welcome Hubs (supporting families living in city centre hotels) bring together four different nationalities to cook and share food in a shared kitchen.

Guests enjoyed a dish from Turkey followed by a meal from Afghanistan. The team chose the menu, bought and cooked the food. Invited guests included extended family and friends. They chose music and were ably supported by a small group of local volunteers.

The evening had a wonderful feeling, with lots of children in attendance. The cooks loved sharing their food, which led to a lot of good conversation, and everyone enjoyed eating!

The following quotes are shared by the volunteer team. They have shared many stories about making simple yet powerful connections with families while drinking tea, playing Uno or sharing a meal. These opportunities have been at the core of making a space feel genuinely welcoming and providing a sense of normalcy and familiarity.

"The spicy food is very comforting to me. A taste of home"

(Context: The food provided at the hotel is very bland and sometimes of very poor quality. By providing diverse meals, the hub gives access to comfort foods that are culturally appropriate, which tends to have a big impact on overall wellbeing)

"Cooking in this kitchen is amazing. When can we do this again?"

(Context: A woman from Pakistan who was part of a cooking team during a Community Cook-Up. With no access to a kitchen in the hotel, and cooking is such a big part of their culture and way of life this activity has been pivotal in their wellbeing. They cooked for nearly 6 hours and were still cooking at 10:45 pm and wanted to continue.)

CASE STUDY: Bristol Hospitality Network Immigration Support, breakfast, lunch, English, Poetry, maths and a safe and welcoming place for everyone that walks through our doors.

We saw a vast increase in the number of members coming to our drop-in over 2023 to 2024. As food was a major issue, we increased our breakfast selection of food including eggs, cheese and various fruits.

Our better selection of breakfast has really worked well along with our varied lunch to include vegan, vegetarian and meat every Monday. We have focused on supporting our members in developing themselves during their stay with us. The number of people who have gained cooking skills and over the last year we had 17 members who gained their Food Hygiene & Safety Certificate. As per research by Lloyds Bank Foundation our members also felt heard, respected and treated well regardless of their background.

Feedback from engagement with Asylum Seeker and Refugee communities and VCSE Sector Organisations

“

“Do you have any recommendations for what could be done differently to support you?”

Everywhere we have good people but some of them very very kind and showing compassion, some of them a little bit less. As we are in a foreign country we need more support; emotionally, physically, everything.

Feedback from ASR Engagement

”

“

“Do you have any examples of solutions or where things have worked well?”

We have ran sewing based groups that have created a sense of community, especially among the Hong Kong refugees. These participants have gone on to create their own community outside of the sewing (and walking) groups we invite them to

Feedback from VCSE Engagement

”

“

“Can you tell me about some positive experiences you have had with services here in the UK?”

“we are not different to other people, you know we are asylum, and some of them think we are not human and our situation is very different. And after coming there, the charity and refugee action, we are so happy because we can chose to, our friends, or other people, different people and situation.

I had a problem and after coming to this one and Bristol Refugee right, I can change my problem and I am so happy now”.

Feedback from ASR Engagement

”

“

“Do you have any recommendations for what could be done differently to support you?”

“You cannot choice about life to which city in UK, but I really like living in Bristol because I can find a job here now as I have many friends here and they can help me now.

And its difficult to me to transfer to other city. And you need a long time after moving to other city, you need a long time to find a friend and to find a job. It’s difficult.

And I don’t want to stay on universal credit or, for example, other people are under universal credit or disability. I don’t want it. I can work now and I want to start my life”.

Feedback from ASR Engagement

”

Housing

Housing in BNSSG

Introduction

Having a safe home is fundamental to our health and wellbeing – especially mental health. There are significant challenges in the availability of suitable homes across BNSSG. Demand on housing has increased, social housing and rental market properties are decreasing.

Temporary, precarious and overcrowded housing can have significant health impacts upon health and wellbeing including increased risk of mental health problems, suicide and self-harm, low-birth weight, missing immunisations and education in children²³.

Asylum seekers are placed in accommodation known as contingency or dispersed accommodation whilst awaiting the outcome of their appeal. The use of contingency accommodation to house asylum seekers has increased substantially since the pandemic.

Table 2 below shows the differences in housing pathways for Asylum Seekers and Refugees and provides a simple overview of the process, for context.

Table 2 Differences in housing pathways for asylum seekers and refugees¹⁰ *Housing Pathways for Asylum Seekers and Refugees*

Asylum Seeker	
On arrival in the UK	Application for Asylum including screening and eligibility and assessment of destitution. The Home Office provides Section 95 support to destitute asylum seekers until their claim is resolved,
Accommodation	Temporary housing is provided while awaiting the outcome of an asylum claim. This is called dispersal or contingency accommodation. This can be hotels, apartments or housing provided by the Home Office
Application for Asylum	While awaiting the outcome of asylum application people remain in temporary accommodation
Application - Granted	Support to do this is often provided by Local Authorities: Housing Options or Homelessness Teams
Application - Refused	Appeal application or return to home country Where an application for asylum is refused, the Home Office have duty to provide Section 95 support for families with a child under 18.

Refugee	
On arrival in the UK	People on a resettlement scheme are granted status before arrival. Refugees are typically granted 4 years leave to remain. Some refugees under certain resettlement schemes have indefinite leave to remain
Accommodation	Accommodation for Refugees is called bridging accommodation. If required, Housing is arranged by Local Authority Resettlement Teams, usually before arrival in the UK
Support	Housing and integration support is provided including support for getting access to schools

Homeless or vulnerably housed	If people are unable to find accommodation after being granted refugee status, support may be offered by Local Authority.
Duty to Assist	Local Authorities have a duty to assist people in finding housing. Priority is given to families, single parents and people with long-term medical conditions.

Asylum Seekers and Housing

During the process of seeking asylum people are eligible for housing support by the Home Office under Section 95 of the Immigration and Asylum Act (IAA). This means that the Home Office supply accommodation and subsistence whilst awaiting the outcome of their claim²⁴.

The time it takes for asylum seekers to receive an initial decision on their application has increased significantly in recent years. In Q2 2014, 87% of applications received an initial decision within six months, compared to 6% in Q3 2023²⁵.

Alongside resettlement and relocation schemes, which house migrants along with successful asylum applicants in private housing, accommodation is provided for people seeking asylum through the Home Office asylum dispersal system.

This accommodation is often in hotels. These housing policies can exacerbate social isolation with ASRs having no choice in where they live and they can be moved elsewhere at short notice^{26,27}. In addition to these limitations of hotel accommodation on ASRs, alongside everyday inadequacies such as the inability to cook culturally appropriate food, when considering the needs of UASMs one paper highlighted gaps in protection for these children which they deemed to be attributable to a mindset of temporality²⁸.

People who receive a positive decision for leave to remain (refugee status) then have 28 days before support ends. This means that accommodation that is provided by the Home Office ends, and they are then required to move on. This is the responsibility of the Local Authority²⁹. This is an often insufficient period which risks pushing some families into destitution.

If an asylum seeker who has been granted leave to remain does manage to secure housing within this time frame there are further immigration checks faced within the private housing sector

No Recourse to Public Funds (NPRF)

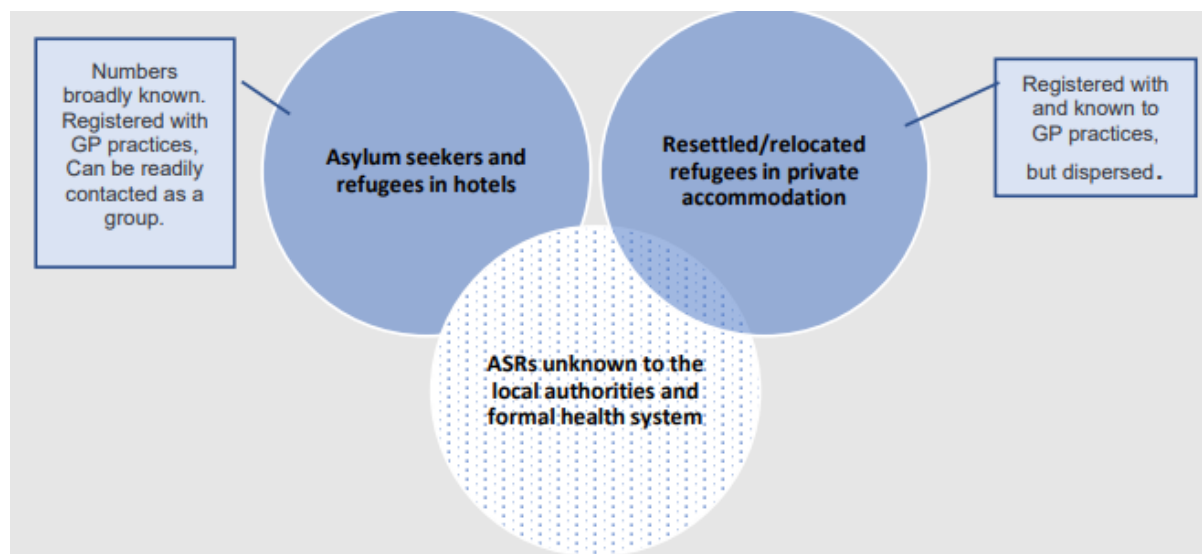
People seeking asylum and who have been unsuccessful in the appeals process can seek support for accommodation and financial support from the local council through the 'no recourse to public funds' provision.

Homelessness is a significant concern especially when considering people with NPRF as they are evicted from contingency/dispersed accommodation once a decision is made, and they are notified (28 days). Single parents are reliant on informal support, which can increase their risk of coercion and homelessness when support fragments. Single men tend to be the ones not accommodated by the council and are at risk of street homelessness.

Accommodation Summary³⁰

The system is broadly aware of the number of asylum seekers and refugees who are within hotel accommodation and those who are resettled or relocated into private accommodation at any given time. Most will be registered with GP practices across BNSSG. Individuals in hotels are the easiest to contact, those in private accommodation are known to GP practices but are dispersed within the communities. There are also another group of asylum seekers and refugees who may be unknown to local authorities or the health care system, as shown in Figure 11 below.

Figure 11 Residential Status of Refugees and Asylum Seekers in BNSSG³¹



Contingency accommodation (hotels): mostly hotels which are paid for by the Home Office as part of a formal scheme. As at March 2024: There are 4 hotels in BNSSG: 3 in Bristol City (BCC) and 1 in North Somerset (NSC). Dispersed accommodation for asylum seekers is also interim accommodation. Both types are managed by Clearsprings Readyhomes (CRH) which is commissioned by the Home Office to commission all housing for AS across South of England and Wales. Dispersed accommodation is usually houses that CRH rent to house families. When people are moved out of hotels, they are then moved into dispersal accommodation within the community.

Private accommodation where families and individuals who arrived through resettlement schemes such as ARAP, ACRS, Homes for Ukraine and BNO live, as well as successful asylum applicants. Data on people housed in private accommodation is difficult to obtain and quantify because the Home Office does not share data with Local Authorities.

Homelessness or vulnerably housed – some data is available for people who access ‘no recourse to public funds’ (NRPF) These individuals are often highly vulnerable and typically harder to reach. This data is available from Local Authority Housing Teams who have people presenting to services.

What is the current situation across BNSSG?

Interim Accommodation by Local Authority: Hotels

There have been significant increases over time in the number of people who were living in hotel accommodation. During 2023, there were a total of 8 hotels operating across BNSSG with 4 in Bristol, 3 in North Somerset and 1 in South Gloucestershire. At the time of writing this report the hotel in South Gloucestershire has closed. Three of the hotels in Bristol and North Somerset will house predominantly families with children and are expected to remain open. There is one hotel in Bristol housing predominantly single males. There are also 40 apartments for vulnerable migrants on the ARAP resettlement scheme.

Bristol: predominantly houses families whilst awaiting outcomes for their asylum claim. As at March 2024, 81% of people housed in hotels in Bristol are in families. A third of these are children. Of this, 30% were pre-school aged 0-4 years old, 44% of Primary School age and 26% at Secondary School age. There were 17 pregnant women on site. 29 different languages spoken across the three sites. The highest number of residents was 1,200 during September'23. As at March 2024, there were 853 people in hotels across Bristol.

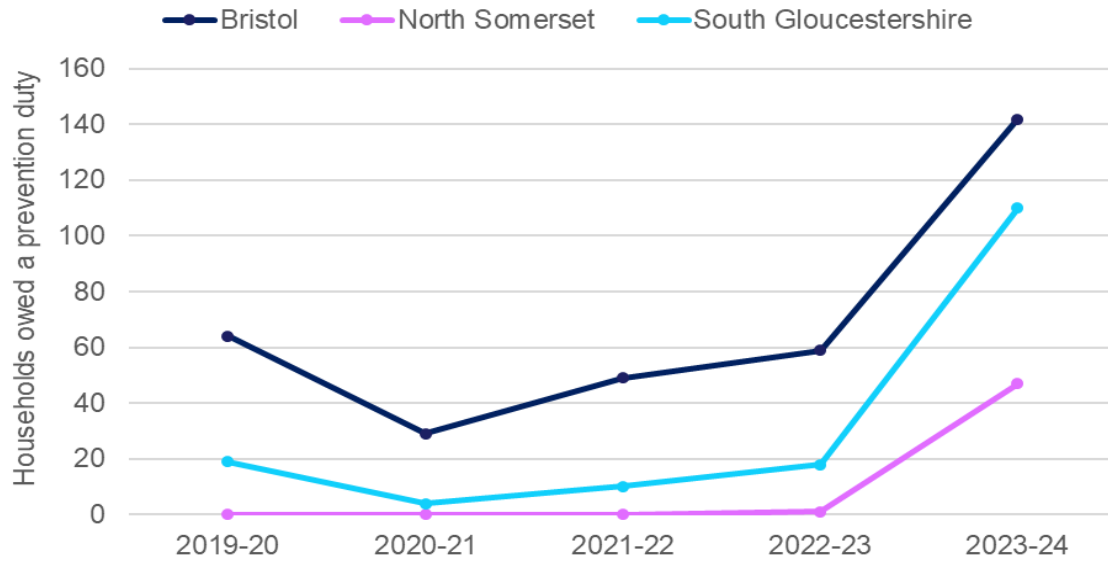
North Somerset: As at March 2024, there is a mixture of occupancy types in North Somerset with a mixture of families, which make up about 60% of the population and the remaining 40% either single males or females. 15% of the occupants were children of which 38% were of pre-school age 0-4 or secondary school age (50%). There are a total of 9 different languages spoken on site. The highest number of residents was 226 during July'23. As at March 2024, there were 53 residents in the hotel in North Somerset.

South Gloucestershire: The interim accommodation in South Gloucestershire was a single sex hotel housing males. There were no families based on site. There were a total of 9 languages spoken on site. South Gloucestershire also provided accommodation in apartments, which made up approximately half (48.9%) of all people in interim accommodation in South Gloucestershire. The highest number of residents was 298 during August 2023. As at March 2024, there were 164 residents in the hotel in South Gloucestershire which has since closed. The contingency hotel in South Gloucestershire, which at points housed approximately 300 single men, closed at end of March 24. This process continues to have an impact on the former asylum seekers locally and services supporting them.

Homelessness

Official figures from the [Ministry of Housing, Communities and Local Government](#) showed that the number of asylum seekers facing homelessness has almost quadrupled. Whilst central government move on funding has proved useful in buying homes for Ukrainian refugees, this has not been made available for other nationalities and the rise in refugees experiencing homelessness and requiring support from services continues to impact the housing crisis across BNSSG³²

Figure 12 Households owed a prevention duty - Required to leave accommodation provided by Home Office as asylum support³³



What did people tell us about where the gaps are?

Housing conditions: We were told that there were issues with housing conditions in dispersal accommodation. There were also reports around safeguarding within hotel settings.

Barriers to access: We were told that transport is an issue, particularly for people living in hotels. Some hotels, particularly in South Gloucestershire and North Somerset, have been placed in locations with poor public transport networks and this presented challenges in being able to access basic amenities, attend for school, college or health appointments.

There are also issues around having appropriate representation at housing appointments. This includes barriers of language and literacy affecting the ability to access support.

There is a move towards digital access for services, which further disadvantages this group and can present additional barriers in accessing services.

System level issues: At system level, lack of funding was highlighted as an issue. Many of the resettlement schemes have government funding available. However, funding for asylum seekers is significantly less.

We were told that better data sharing between organisations was required particularly when Asylum Seekers are relocated across to a neighbouring Local Authority and to support the work of organisations who work directly with refugee and asylum-seeking communities.

“

“Do you have any examples of solutions or where things could be improved?”

“staff also feedback it can be hard to find information regarding where dispersal accommodation is so we can target those areas for our community outreach ”

Feedback from VCSE Engagement

”

Training for Staff: We were told that there needs to be better support and training for staff about current up to date legislation and the lack of available housing and being able to communicate this with communities.

What are the biggest challenges in BNSSG?

Increase in Demand: We were told that there had been significant impacts relating to increase in demands on Local Authority housing teams including out of area influx from outside BNSSG. There are challenges around increasing homelessness and lack of housing supply. This coupled with increasing positive decisions for asylum and people leaving interim accommodation represents an area for consideration for Local Authority teams. Once people leave accommodation or are granted leave to remain they continue to need support from Local Authorities, Health and VCSE sector organisations supporting them and needs to be considered for future planning.

Complexity of Need: There is increasing complexity of needs in households, particularly in relation to mental health and trauma. Housing has one of the biggest impacts on people's mental health with the impact of barriers around being able to seek support and many services including VCSE organisations being overstretched.

Impact of Temporary accommodation: People are spending increasing lengths of time in hotels which is impacting on wellbeing and child development. We were told that food provision and ability to prepare food or cook food in hotels was of high importance to people living in Hotel Accommodation. We were told that breastfeeding rates are low for mothers living in hotels. There are issues with the storage and re-heating of breastmilk as there are no facilities to do so in their rooms.

“

“Do you have any recommendations for what could be done differently to support you?”

“Like when we are in the hotels, we are just there, what we do is wake up and go to the kitchen, even there are meals they are offering, we have no choice. You can eat the same thing from Monday to Monday, when you complain they say that's the rules of home office”.

Feedback from ASR Engagement

”

“

“Do you have any recommendations for what could be done differently to support you?”

“And it is important for yourself, and how you can start life in the UK, or Bristol. It's not good. I want to start my life in UK, when? We don't know. What happened for our futures? We don't know.”

Feedback from ASR Engagement

”

National Policy: There are challenges around the ability to plan and support people effectively. The notice to quit periods from the Home Office are often much less than the 28-day period, which puts significant pressure on local teams.

Education and Training: There are challenges around understanding the private rented sector, gaps in knowledge about how to get a tenancy. There is an opportunity for education both to support people who are navigating the system and also for housing teams to work with landlords more closely. There are currently challenges in getting landlords to join schemes to house ASR.

“

“What are the key challenges faced by Refugees and Asylum Seekers in your area of work?”

“Difficulty accessing well-paid employment, slow pace of ESOL provision, unclear pathways to independent living, competitive and expensive private rental sector creates barriers to people moving into longer term accommodation, health problems, lack of social housing for those that need it”

Feedback from VCSE Engagement

”

What are the solutions/examples of best practice?

CASE STUDY: North Somerset: Supporting families with complex needs –

Accommodation: A family of nine was placed in an initial accommodation contingency hotel, where three adults with severe disabilities appeared neglected. The adults were malnourished and unable to care for themselves, raising concerns about the effectiveness of care from other family members and the child's parental responsibility and role in the family unit.

Referrals to both adult and children's services were made, and urgent multi-agency meetings were held to ensure support. The local authority provided 24-hour care for the three adults, while children's services conducted an assessment for the child. Health services urgently assessed and treated the family's immediate health needs.

The three adults received care and support to live neglect-free while suitable accommodation was sought. The child's assessment appointed a responsible adult and established legal responsibilities. The case's success was due to professionals from Health, the Local Authority, the Home Office, and Asylum Accommodation collaborating to achieve the best outcomes for the family.

CASE STUDY: South Gloucestershire: Using Legislation to support individuals with precarious housing situations: Teams across the council and with our external provider have worked to house people previously housed in our hotel.

Although these are single males, we use powers under the Localism Act to house the majority who did not meet statutory homelessness criteria, initially placed into hotels and then eventually moving on to temporary accommodation as initially we had no spaces in temporary accommodation. Working with our VCSE sector to support people in terms of housing.

CASE STUDY: North Somerset: Working to Prevent Homelessness for Newly-Recognised Refugees: Since Autumn 2023, volunteers and employees at [Refugees Welcome North Somerset](#) have been working around the clock to provide housing support to a regular stream of individuals who have received their refugee status in the region.

We have supported people to reconnect with their family links in the UK, helped to arrange private tenancies in the local area, and in emergency situations, crowdfunded to pay for short-term guest rooms so that we can support people to take the first step towards their new lives in North Somerset.

Working with the Housing Team at North Somerset Council, we are making immediate referrals for individuals to the Council Homeless Prevention team, so that this group of individuals can be assessed as soon as possible. During the first two months from becoming a recognised refugee, we are helping to ensure that individuals understand the statutory advice and guidance they are given to get them into medium and long-term tenancies, privately or in social housing.

CASE STUDY: Bristol City Council - Models to support access to longer-term accommodation in Bristol³⁴ - Bristol City Council works with hosts and Homes for Ukraine guests to help them transition from hosting to lodging arrangements. The aim of this approach is to support a more equal relationship between host and guest, where the guest becomes a lodger who pays rent – either through Universal Credit payments or income from employment. The council provides a landlord/lodger licence agreement to ensure all parties are safeguarded.

In addition to this, through innovative use of the Homes for Ukraine tariff, Bristol City Council has provided a range of incentives to landlords in the Bristol area to increase availability of move-on support for people displaced from Ukraine and secure tenancies in the private rented sector.

These include the Homes for Ukraine tenancy scheme for landlords. Under this scheme, the council supports landlords by setting up the tenancy, acting as a point of contact for tenants and providing a security deposit. Landlords also receive a £1,000 thank you payment, six months' rent payment in advance, and up to £2,000 for repairs and maintenance.

Meanwhile, tenants are supported to purchase furniture and other items. The council has also provided similar support for displaced Ukrainians and landlords for a room in a shared house in the private rented sector and space in a house in multiple occupation (HMO).

ACH and MMB Seminar Series: Housing's role in integration³⁵: Migrant Employment Accommodation Scheme run by Croydon Council and Crisis who had the right to work, but No Recourse to Public Funds. This scheme included temporary housing, job-coaching, ESOL classes, volunteering opportunities with the aim of getting tenants into secure work and housing in 18 weeks. After testing this model, Crisis found it worked well along an extended timeline, finding tenants needed longer than 18 weeks to achieve successful outcomes.

Health and Social Care

Health and social care

Introduction

The inclusion of ASRs into health systems is essential if we are to provide universal health coverage by 2030, a key sustainable development goal³⁶³⁷ Beyond access there are several priority areas specific to ASR health including immunisations, mental health, maternity care, mental health support and chronic diseases. These complex health needs are both attributable to and aggravated by their own migration journey such as through exposure to trauma, chronic conditions left untreated due to limited access to healthcare and unsafe living conditions increasing their risk of communicable diseases³⁸

On arrival to the UK, vulnerable migrants may have to navigate a new culture and language, along with an often complex legal immigration process. This group of people may have vulnerabilities from their experiences which along with uncertainty for the future and resettlement can lead to an increased risk of psychological distress and suicide¹.

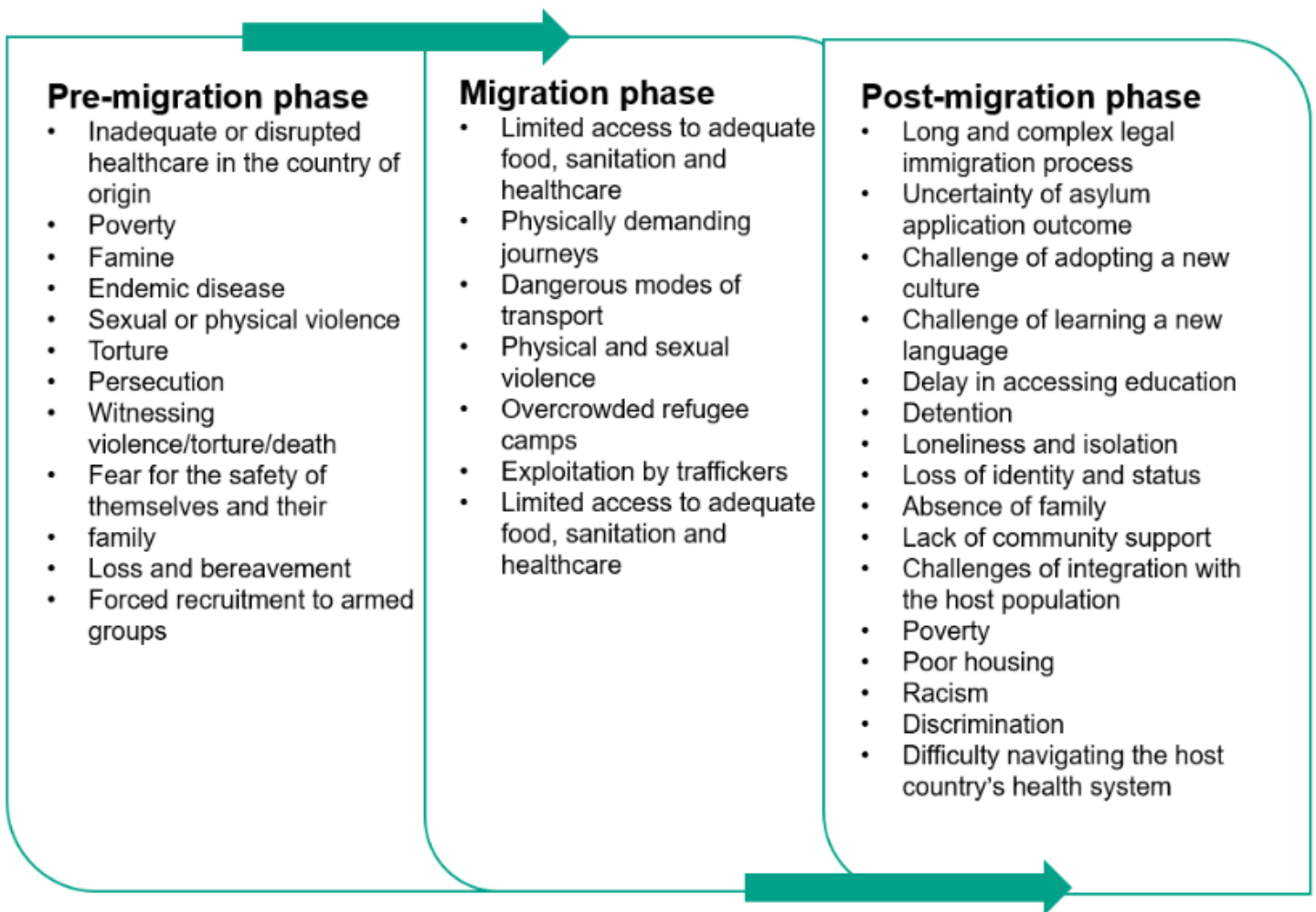
This can be exacerbated by experiences including trauma, exposure to detention settings and social isolation. Refugees and asylum seekers are often subject to inequalities under the core determinants of health, which impact both physical and mental health. This community are likely to experience poorer socio-economic status on arrival in a new country, with potentially limited access to services and welfare support.

Restricted opportunities for employment can impact food and housing security, as well as the ability to settle in a supportive community along with delayed access to education for their children. Asylum seeker and refugee communities may experience a loss of identity and status with challenges to integration, a lack of family and community support along with racism and discrimination. There are often barriers to accessing healthcare, including through both language and digital exclusion.

All of these factors can exacerbate vulnerability, leaving people at risk of exploitation.

Children and young people can have significant physical and mental health needs including tooth decay, continence issues, emotional problems, sleep difficulty, body pain and injuries, unknown vaccination history and potential sexual abuse during their journey along with post-traumatic stress and mood disorders.

Factors that influence the health of migrants²³



A comprehensive Review of Health Needs of Asylum Seekers and Refugees in Bristol was completed in March 2024, which highlights the different health needs and conditions, services available across BNSSG. The needs assessment is available here: [Review of Health Needs of Asylum Seekers and Refugees in Bristol](#)

Key health issues for Refugees and Asylum Seekers³⁹

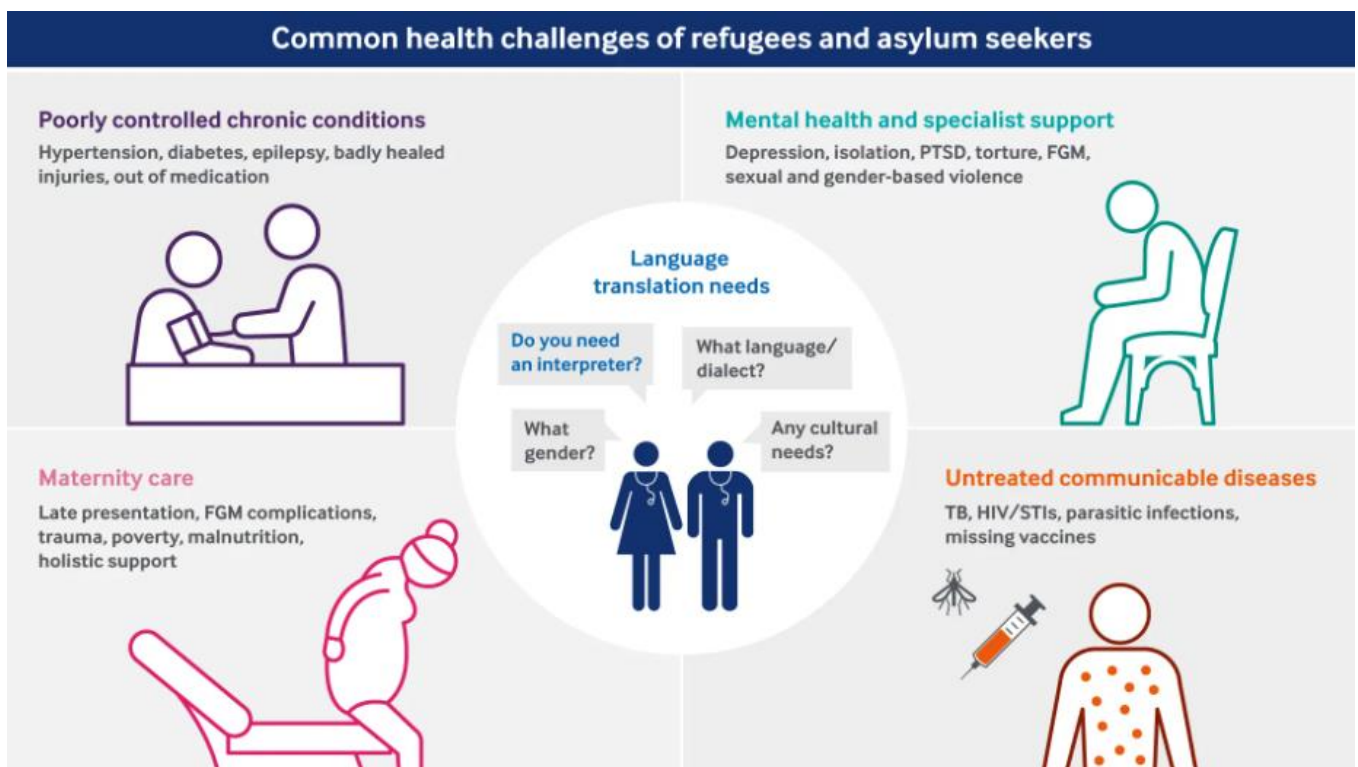
Some of the common health challenges for refugees and asylum seekers include poorly controlled chronic conditions such as hypertension, diabetes, epilepsy, badly healed injuries or lack of medication.

Many refugees and asylum seekers have mental health needs and require specialist support for issues such as depression, isolation, PTSD, torture, FGM, and sexual and gender-based violence.

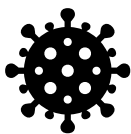
This population often also have maternity needs, such as presenting later for treatment or support, complications from FGM, trauma, poverty, malnutrition and holistic support.

Some have untreated communicable diseases as they may arrive from countries with higher rates of TB, HIV/STIs, parasitic infections and may also be missing vaccinations.

Many refugees and asylum seekers have language and translation needs and will require interpreters and cultural sensitivity when being supported.



Vulnerable migrants can experience a wide range of health needs including



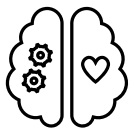
Communicable diseases

A proportion of refugees and migrants are likely to be more susceptible to vaccine preventable diseases such as measles, rubella, tetanus, diphtheria, hepatitis B and tuberculosis due to inadequate or disrupted vaccination programmes. The progress of migrating itself can put people at higher risk of contracting infectious diseases due to exposure to overcrowding, poor living conditions and inadequate hygiene facilities.



Non-Communicable

Research on long term conditions in refugees and migrants is limited. The chronic health of the individual depends largely on the country of origin; however it has been reported that the health status of migrant tends to dissipate over time and morbidity and mortality alters to reach similar levels to that of the host population. Evidence shows that use of health services amongst refugees and migrants tends to be low, despite a relatively high prevalence of chronic health problems. This may be due to limited understanding on how health systems operate as well as lack of culturally appropriate treatment options.



Mental Health

Migrant groups can be exposed to traumatic or stressful events before, during and after migration which can lead to the poor mental health outcomes. As a result, refugees and asylum seekers have been reported to have increased rates of depression, suicidal ideations, anxiety and some physical symptoms. Asylum seekers and refugees have a greater likelihood of suffering from post-traumatic stress disorder than the general population. The levels are higher still for refugee women due to the increased likelihood of sexual violence and exploitation. Research indicates that most refugees and migrants with mental health issues do not require interventions that are substantially different from those for the general population. However, language and cultural differences may pose a barrier to effective diagnosis and treatments. Lack of awareness or understanding about the availability and attachment to care may reduce the help seeking behaviour amongst the migrant population²³.



Child Health

Children are considered to have greater vulnerability to disease and illness if they do not have adequate healthcare or nutrition. Refugee and migrant children are more likely to have higher rates of infectious diseases such as flu, hepatitis B and C, TB, intestinal and skin infections and as a result may have a higher prevalence of anaemia, vitamin D deficiency. Dental problems are one of the most common health issues for refugee and migrant children. There are also higher rates of mental health conditions, including post-traumatic stress disorder. Unaccompanied Asylum Seeker Children are particularly vulnerable as they are likely to have experienced significant traumatic events, including exploitation and abuse²³.



Oral Health

Research by the WHO has shown that country of origin is as an important factor in oral health as pre-arrival risk of developing tooth decay is influenced by traditional diet, access to dental care and exposure to fluoride, among other factors. In general migrants from countries where diets are high in sugar and dental care is limited face a higher risk of oral diseases. Once settled in a host country, common oral health issues experienced by people from refugee backgrounds include missing teeth, periodontal disease, and dental caries. This is due to barriers in access to dental care such as lack of insurance, high cost of services and limited clinic hours as well as limited basic oral health knowledge²³

Reproductive health and maternal health

Reproductive health will be affected by individual circumstances particularly relating to the uncertainty that comes with migration. Choices around contraception can also be shaped by culture, religion or partner influence as well



as formal and informal barriers. Vulnerable Migrant women are less likely to take folic acid during pregnancy, be underweight, have pre-existing diabetes or hepatitis B and more likely to present later for care compared to non-migrants. This means that the reproductive health outcomes are significantly poorer compared to non-migrants, with higher rates of maternal death and morbidity, higher risk for mental health conditions and higher morbidity and mortality during and after pregnancy²³.

Sexual Health



Asylum seekers and refugees can have greater sexual health needs than the general population if there is a high prevalence of HIV or STIs in the countries where individuals spent time before coming to the UK. For example, a high rate of HIV in a country can be taken as an indicator of likely high rates of other STIs. Also, in some countries testing programmes for infectious diseases, such as HIV and hepatitis, may not be easily accessible, or people may not seek testing due to fear of stigma or lack of treatment options. There can also be concerns around female genital mutilation, sexual and domestic violence.

Targeted community engagement with Refugees and Asylum Seekers finds that a range of sexual health access options are required including online and in-person options. Training for staff and services that ensure cultural sensitivity and access to materials in different languages^{40,41}

Country profiles for the Burden of Disease

Asylum seekers and refugees come from diverse backgrounds, and as a result, they will have varying healthcare needs. The prevalence of some diseases may be higher in some countries, which highlights the importance of providing tailored healthcare support. The charts below show the total disease burden by country for Afghanistan, Iran, Syria and Ukraine, which demonstrates the wide variation of the burden of disease from illness and injury in each country.

Table 3 Top 3 share of total disease burden by cause by country (2021)

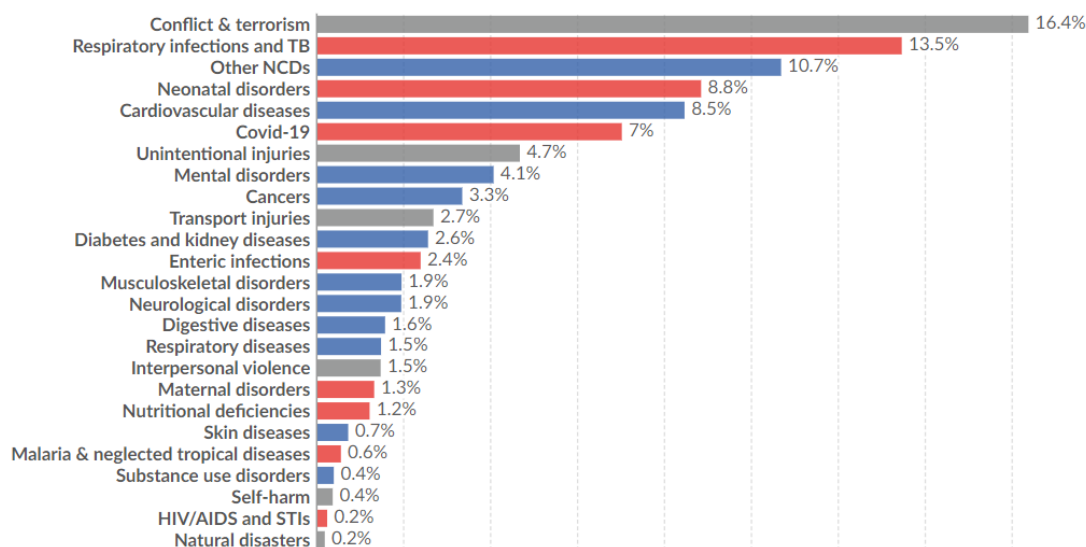
Country	Top 3 disease burdens
Afghanistan	Conflict and terrorism (16.4%) Respiratory Infections and TB (13.5%) Other non-communicable diseases (10.7%)
Iran	Respiratory Infections and TB (18.4%) COVID19 (17.2%) Cardiovascular diseases (15%)
Syria	Cardiovascular diseases (27.6%) Respiratory Infections and TB (8.7%) Mental disorders (7.6%)
Ukraine	Cardiovascular diseases (33.5%) Respiratory Infections and TB (11.8%) COVID19 (10.3%)

Figure 13 Total disease burden by cause and country: Afghanistan, Iran, Syria, Ukraine (2021)

Share of total disease burden by cause, Afghanistan, 2021



Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

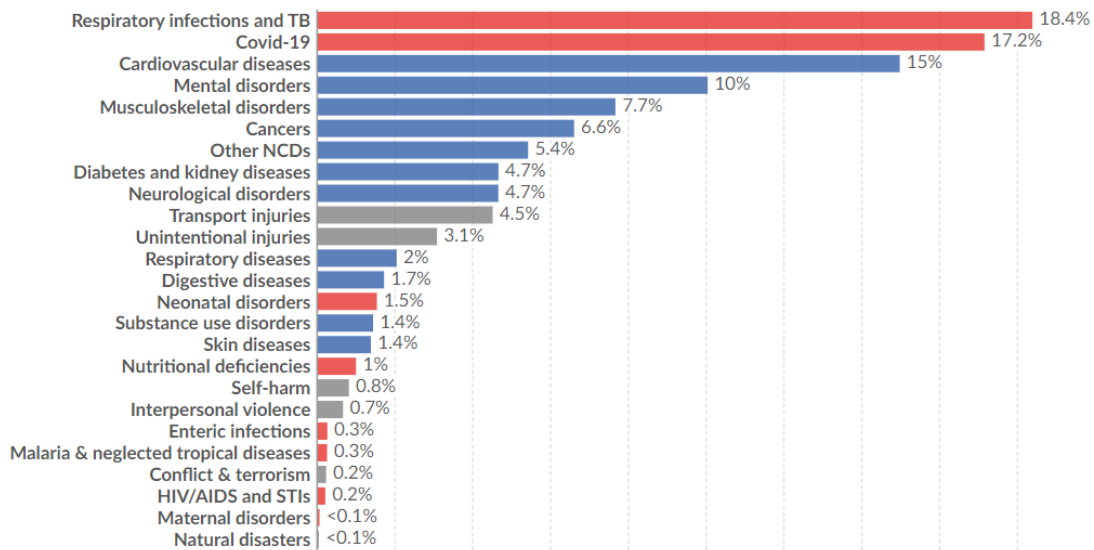
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Iran, 2021

Our World in Data

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

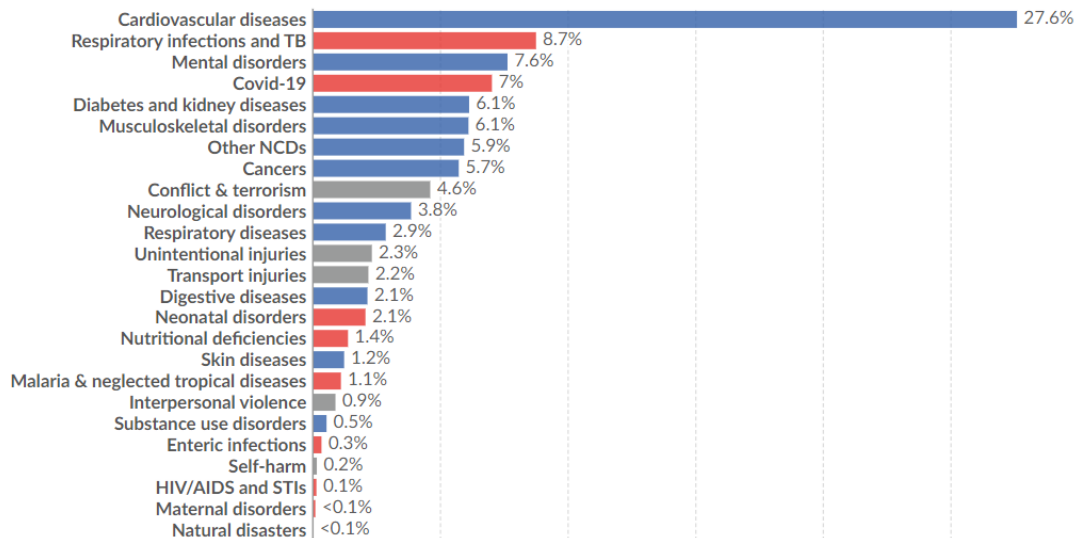
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Syria, 2021

Our World in Data

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

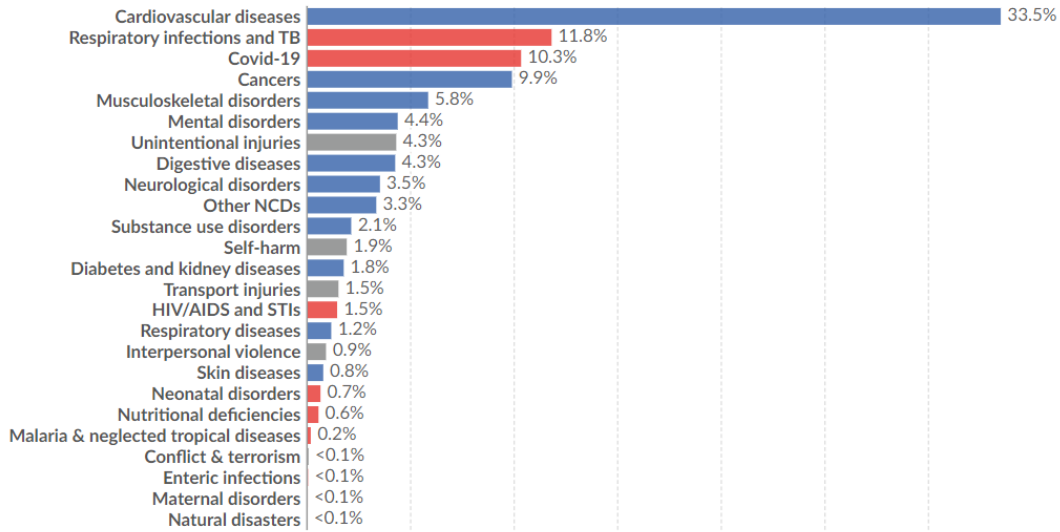
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Ukraine, 2021



Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

A breakdown of country profiles are provided in **Appendix 7: Burden of Disease by Country:**

What happens in relation to health screening on arrival in the UK?

On arrival: in BNSSG the UK (port of entry)	On arrival Contingency Accommodation:	During resettlement (Asylum application)
Emergency care & treatment	Primary care registrations and initial health assessments	Physical exercise
Food	Immunisation	Other health improvement considerations
Clothing	Screening: TB, HIV & Blood Borne Viruses, vitamin deficiencies and deworming	Wider support services
Accommodation	Treatment for Infectious Diseases	A place to call home
	Mental health care/support, maternity.	Chance to learn English and continue or improve education
	Check of health records and medications.	Support for financial issues around money, poverty and unemployment.
	Access to secondary/acute care,	
	Food/nutrition. Safeguarding,	
	Oral health, optometry, support in navigating health care system	

Further resources

Health Needs of Refugees and Asylum Seekers in Bristol: A review of the health needs of asylum seekers and refugees residing in Bristol was produced in March 2024 by Bristol City Council, which contains in-depth information about specific health needs of asylum seekers and refugees.

The purpose of this report is to better understand the health profile and health needs of asylum seekers and refugees residing in Bristol so that commissioners can consider provision.

The review seeks to collate a picture from existing information on characteristics, population demographics and health system information.

This can be accessed on the Bristol City Council JSNA website:

<https://www.bristol.gov.uk/files/documents/7653-a-review-of-the-health-needs-of-asylum-seekers-and-refugees-in-bristol-march-2024>

Specialist Services for Healthcare in BNSSG

Specialist Services for Healthcare in BNSSG

What services exist in BNSSG?

The Haven Health specialist primary healthcare service provides an initial service for newly arrived asylum seekers and some refugees (ARAP and ARCS, not Ukrainians or BNO) before they are referred to and registered with a local GP practice for people in the Bristol, North Somerset and South Gloucestershire Area.

They offer support with holistic health assessments, support with current health problems, vaccination and screening, support people to register with a GP practice, navigating the NHS and offers interpreting during consultations. The service also signposts to other organisations that can offer support such as refugee support organisations. Midwives work with the Haven team to support pregnant women and offer post-natal care. The health visiting and school nursing teams (Sirona) run a clinic to assess children, working with The Haven.

Many have chronic long-term conditions that have not been managed well leading to a higher incidence of complications and needing frequent reviews. Our Asylum Seeker and Refugee communities may lack knowledge and provision of adequate contraception and immunisation which involves lengthy complex consultations.

This community may also have no experience of health screening programmes and need intensive education prior to accepting these offers. There are higher incidence of infectious diseases including TB, hepatitis B which need thorough investigation and treatment in this population group.

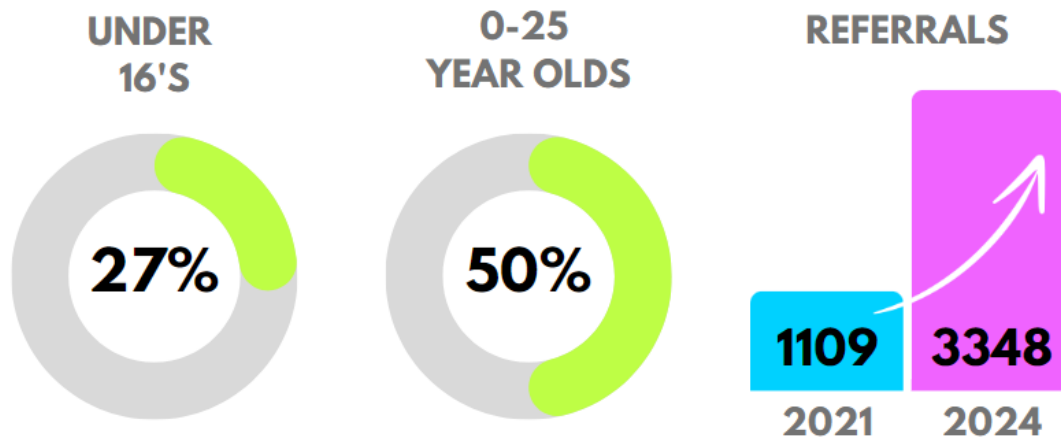
TB services in Bristol, North Somerset and South Gloucestershire are provided in partnership with the Bristol Royal Infirmary, Bristol Children's Hospital and Southmead Hospital. Clinics operate at all hospitals, supported by a multidisciplinary team of specialist TB nurses and a pharmacist. The adult latent TB service is provided by the Bristol Royal Infirmary (BRI) and Southmead Hospital, while children's latent TB screening is provided by Bristol Children's Hospital. Sirona also have a TB Nursing Service for people being investigated or treated for TB, and people seeking advice and guidance about the management and treatment of TB.

The Haven

What is the current situation across BNSSG?

Figure 14 Referrals to The Haven (2024)

IN 2024.....

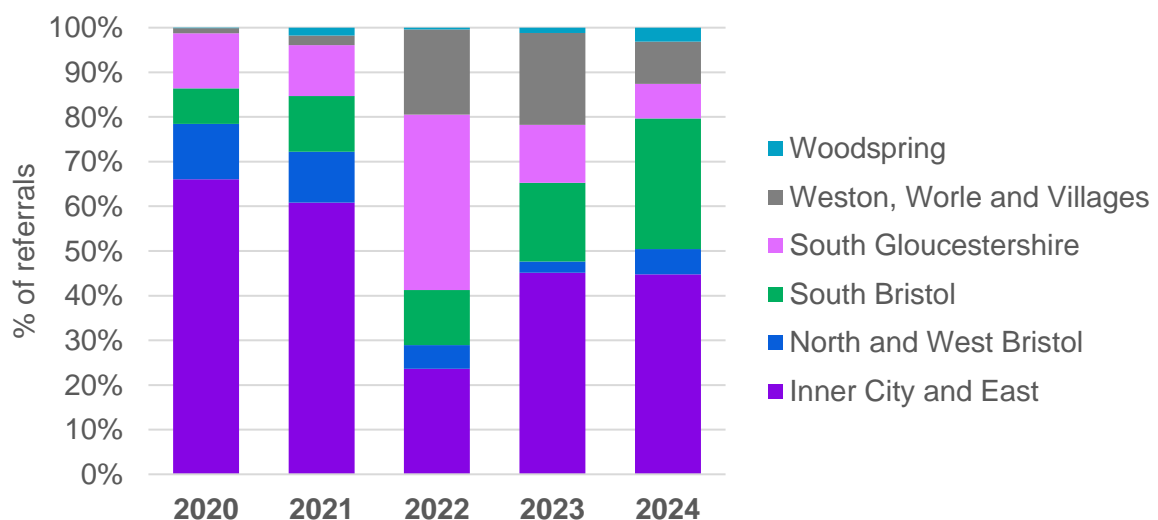


Demand at The Haven has increased significantly since 2020. There were 1,109 referrals in 2021 and 3,348 (as at July 2024), which is a 200% increase over the three year time period. Over a quarter of referrals are for children under 16 and when young people are included this increases to 50%.

There have also been changes to the geographical distribution of referrals across BNSSG as shown in Figure 15 below. There are more registrations across BNSSG compared to 2020 and 2021 where most registrations were in Inner City and East and North and West Bristol. There has been growth in South Gloucestershire, South Bristol and Weston, Worle and Villages.

This illustrates the changing nature of demand across BNSSG over a relatively short period of time and the challenges that each area face in providing services for the Asylum Seeker and Refugee population.

Figure 15 Referrals to the Haven by Locality (2020-2024)



What did people tell us about where the gaps are?

Accessibility: There are challenges for people in being able to navigate the healthcare system. This includes the need for information in different languages. Literacy including digital literacy is a key barrier for Asylum Seekers and Refugees.

There are practical issues around transport such as the cost of transport, lack of public transport routes which impacted upon ability to attend appointments. We were told of people having challenges in being able to get to services, this can in turn impact on Did Not Attend (DNA) rates for the service.

“

Can you tell me about any challenges you have faced since arriving in the UK?”

“I came here 2017, first thing difficult, language. Because I’m coming here from Somalia I don’t understand English good, not very well. If you going housing, if you going to school, if you going to hospital; it’s very difficult for the people they coming here, if its you, you need 1 person understand language because you make it everything. The first challenge is the language..”

Feedback from ASR Engagement

”

Training: We were told that there needs to be more training for staff and people working across the system about Asylum Seekers and Refugees as well as training and education in the delivery of trauma informed care.

Holistic Provision: There are pressures on health care services across BNSSG to provide broader support for social support such as housing and legal advice. This can take time to support people in the right way. There is a need for more holistic service provision.

“

“What are the biggest challenges in your area of work?”

“Building those links with Bristol City Council about housing and trying to understand all those processes because we spend quite a bit of time trying to either sort out write letters to the Home Office, try and liaise with the Council...You know, different charity organisations to make sure that these women have got support because they’re the real worries for these families.

Even more so that almost overtakes their health needs and their pregnancy needs, it’s actually their main focus is housing, food, having things for the for their family and their baby, that sort of supersedes anything else sometimes”

Feedback from Maternity Services

”

What are the biggest challenges in BNSSG?

Demand and Capacity: There has been a significant increase in the volume of people accessing healthcare services. At The Haven, people who require dental reviews are being triaged for people with highest needs due to limited availability of services.

Training & education: There can be negative experiences for the ASR population such as a lack of understanding from staff around entitlements to health and care leading to poor experiences when accessing healthcare services.

CASE STUDY: The need for fluidity in the system to cope with sudden demand

At the time of writing the report there have been a high number of new arrivals into the asylum hotels. There have been 150 arrivals in the last two weeks, but around 200 are expected in total. There is also an influx of families on the Resettlement Scheme, coming from the refugee camps in Lebanon. There will be complex health issues and needs within the families resettling under this scheme.

The large number of arrivals puts sudden huge pressures on the Haven as a service. This is also happening at the beginning of the flu and winter pressures season in the NHS. There is a need for system surge response similar to a surge response that the ICB would stand up for an infectious disease outbreak surge response.

Sudden increases in arrivals can have far reaching impacts across the system. If people are not able to be seen by the Haven or GPs quickly, they may attend A&E, or call an ambulance. When there are many arrivals, there can be additional pressures on GP surgeries, translation services, Local Authorities and VCSE sector organisations that are supporting people.

This highlights the need for the system to be able to flex to cope with the demand, which can at times be unpredictable and the need to scale up response within short timescales.

BNSSG ICB: Access to Healthcare for Asylum Seekers and Refugees⁴²:

A survey undertaken in 2022 with organisations across the ICS who work with Refugees and Asylum Seekers to understand local barriers to access across BNSSG identified that the key issues were:

- **1: Recognition of a Health Problem:** 52% had to encourage individual to seek help.
- **2: Deciding to seek help:** Concerns around language skills (52%), Lack of knowledge of the NHS (43%) and uncertainty about entitlement/eligibility.
- **3: Actively seeking help:** 40% challenges in completing paperwork, 27% were refused registration (ID documents, proof of address)
- **4: Getting an appointment:** 75% asked for support in getting an appointment. Challenges with phone systems/online forms.
- **5: Getting there:** 75% challenges to reach a surgery/attend appointment
- **6: General Practice Interaction:** Highlighted lack of interpreters (43%), 30% negative consultation and experiences of discrimination (23%).
- **7: Continuity of Care:** 53% reported difficulty in understanding processes in Primary Care and 83% have supported to interpret communications from secondary care including information, accessing appointments including deadlines, on 43% of occasions deadline had already passed. Also issues around how to get medication, affording medicine & instructions.

A number of key recommendations were made which included:

- Health promotion for common conditions
- Training for community champions/peer educators & trained social prescribers
- ESOL for health
- Media in different formats – translated and resources about access/entitlements to healthcare
- Implementation of safe surgeries initiative (DoTW) & monitoring of refused registrations.
- Support to navigate systems
- Better availability of translation services
- Support for F2F consultations, appointment reminders and support for travel/funding & extended appointment times.

CASE STUDY: North Somerset – Location of hotels: In North Somerset Council, there have been issues with access to Primary Care for people who are in the hotel accommodation.

This is due to the location of the hotel, which is on the border of North Somerset. As a result of this the hotel spans two different catchment areas for ICB boundaries, which has led to challenges around funding for care. This has caused difficulties in people getting registered or being de-registered from the practice. These issues are continuing to be resolved.

The local councils have no influence over where hotels are located as these are identified and assigned by the Home Office.

This was also highlighted as an issue in South Gloucestershire with their Home Office Hotel Accommodation based in Filton.

TB Nursing Service

What is the current situation across BNSSG?

Overall, the TB Nursing service have seen an increase in case numbers of Active TB of around 50% between 2021 and 2023. In 2024, asylum seekers and refugees made up to 12% of the overall caseload. For Latent TB, there has been an increase of 47%. In 2024, asylum seekers and refugees made up approximately 35% of the caseload.

What are the biggest challenges in BNSSG?

Increasing complexity of needs & gaps in support for social needs: The service is dealing with more patients who have complex issues like poorly managed diabetes, unstable housing, drug dependency, and serious illnesses like TB. This is stretching the service's resources as it tries to cover gaps in care, like managing non-TB medications and helping with housing. There is a significant lack of support for social issues like housing and finance, especially once refugees are granted status. Many are left to manage on their own without adequate assistance.

Unpredictability: Asylum seekers are often moved between hotels, houses, and different parts of the country with little notice. This unpredictability makes it challenging for the service to provide consistent care.

“

“Do you have any case studies or examples of things where things have worked well or perhaps where there has been an issue with a process or is an opportunity for shared learning?”

“One of our patients on treatment for active TB, an asylum seeker, was moved out of Bristol with very little notice to a remote part of Oxfordshire. This presented a logistical challenge for her to travel to Bristol for appointments - it would have also been very difficult for her to travel to the hospital in Oxford.”

Feedback from TB Nursing Service

”

Structural challenges: We were told that it's hard to track how many asylum seekers and refugees are referred but don't attend appointments. A lot of time and effort is spent trying to ensure that people can attend, including arranging transport to and from their accommodation.

Dentistry: DentAID Van – Triage

The inability to get Dental Appointments have repeatedly been mentioned during stakeholder engagement for the Needs Assessment. Lack in NHS dental provision has been a particular challenge for this population. As a result, Local Authorities and the Integrated Care Board have been considering commissioning Dentaid to put on a dental bus which would provide treatment⁴³. The ICB has allocated some funding for Dentaid to visit hotels across BNSSG. Students from the dental school have provided free advice on oral hygiene and treatment for this population.

“

“Do you have any examples of solutions or where things could be improved?”

“Dentistry - we had a gentleman who had to walk an hour to a dentist just to pick up a form that he couldn't read or fill out, just to bring the form back so someone could help him complete it to them walk back. They refused to send it to us via email so we could help him complete it and save him all the round trips. I think just in general trying to make public services not in the ASR sector more accessible for those who struggle with the English language ”

Feedback from VCSE Engagement

”

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

“Yes, no dentist. No dentist.

Big problem. Tried garlic, turmeric, no pain. Problem, no dentist. And big money, me no money on benefits, big money.

Feedback from ASR Engagement

”

Maternity

What is the current situation across BNSSG?

The maternity team support women who are refugees and asylum seekers across Bristol. The team has initially supported families from Afghanistan but are now seeing families from across the world, most recently families from Eritrea and Sri Lanka.

What are the biggest challenges in BNSSG?

Continuity of Care: We were told that there are challenges in delivering care to mothers. Sometimes women are arriving and leaving without any notice from the Home Office into the area. As a result of this significant time is spent trying to locate and find people.

“

“What are the biggest challenges in your area of work?”

Women can be quite transient because the Home Office move people and sometimes you know, for example, we'll have families that come from London in the middle of the night and we don't know about them.....and likewiseA family that we've been looking after suddenly disappears and it's trying to work out where they've gone and speaking to the Haven because we're not always notified

”

Feedback from Maternity Services

“

“What are the biggest challenges in your area of work?”

We've had women come that have had emergency surgery sections. And day three, they've ended up in Bristol. They've been moved at sort of really early hours of the morning or very late at night. And the teams that they've that they were being looked after haven't known because they've gone and done visits the next day and been told that they've gone”

”

Feedback from Maternity Services

Cultural differences and differences in healthcare systems: We were told that there were challenges around respecting cultural differences for mothers who may have had different experiences of health care systems. One of the biggest issues for mothers is around food, diet and adequate nutrition in the hotels as well as being unable to cook their own food, which can be difficult in the hotels.

Support for wider social needs: Clinical time is being used to support families across many different sectors such as housing and directing to charity organisations. The families have support needs that are much wider than maternity care. This is also challenging for the teams supporting the families as they don't have the skill set to support them as much as they may want to.

What are the solutions or examples of best practice?

Good communication and relationship building: Relationships that have been developed with different settings and built up over time make the working relationship easier. Strong relationships with the women and families that are being supported by the team are also positive. Good communication between organisations is vital.

New models of care: There are no dedicated midwives for Refugees and Asylum Seekers in BNSSG. A model could be a small team of midwives based within the Haven and dedicated to supporting RAS families, providing continuity of care as well as having specific training around Trauma Informed Care and cultural differences. This can help to build relationships with women and their families, signpost appropriately and have a dedicated team supporting these women.

“

“What are the solutions or examples of best practice that you’d like to share?”

“Because these women are, you know, sort of pulled in so many different directions and have so little understanding of our system that if we went to them...We know we could offer much better care. I mean, the care that they’re getting is great. Don’t don’t get me wrong, but it would be more consistent and there’s more continuity”

”

Feedback from Maternity Services

CASE STUDY: Enhanced Maternity Support Workers - Juniper Team in Easton:

In Bristol, there are two maternity support workers who work within the continuity teams to help free up time for midwives. The support workers attend Refugee Women of Bristol as a drop-in service on a regular basis. At the drop in they provide support and access to maternity services, early pregnancy advice as well as providing contraception, pre-natal vitamins and a route to getting maternity support and input at the earliest opportunity. The workers have been in post for a number of weeks and making an impact already. The posts are a one year fixed term contract from non-recurrent funding.

Health Visiting Service

Sirona has a specialist service that works with Asylum Seekers in hotel accommodation. This is comprised of 2 Health Visitors and a Children’s nurse. The Health Visiting Team support families with pre-school age children and the offer is the same as the provision provide to families in the community.

The Haven HV team was set up following an increase in need and pressures on local teams and large numbers of families within BNSSG. All services were co-ordinated together with a GP, Adult Nurses and Health Visitors working with ASR communities. The team carry out health needs assessments, developmental reviews and signposting to relevant services.

“

What are the key challenges in the sector you work in?

“So before the Haven started, I was seeing asylum seekers in the hotel and just going in as a Community health visitor. And I just did not know the services or like yeah, kind of understanding the complexities of the family. It's just kind of going straight in and not being supported by a team that was really difficult and definitely, especially with such like a busy caseload in the community”

”

Feedback from Health Visiting Service

What is the current situation across BNSSG?

The Health Visiting service worked with families from Afghanistan initially who arrived under the resettlement schemes. Over time there has been an increase in need and change of role for the team as they support a wider range of families in the hotels from all over the world.

What are the biggest challenges in BNSSG?

Inconsistent provision of support across different locations: Differences in funding and support across different groups and locations, some hotels have more support going on site than others. Families who were living in the community may face significant gaps in support and access to services compared to families living in hotels.

“

“Do you have any examples of solutions or where things could be improved?”

Regular feedback we receive from Mamas is that the volume of different numbers to call, organisations to keep track of and referral pathways to follow is incredibly overwhelming and confusing. Suggestions of perhaps initiating a more coordinated response from local organisations and the council. Keeping a single point of contact rather than multiple

”

Feedback from VCSE Engagement

Barriers to Access: We were told that referrals for talking therapies were often not able to meet the needs of individuals and required further onward referrals for specialised support. We were told that there may also be barriers to accessing essential nutrition programs (e.g., Healthy Start Vitamins) and lack of lunch provision for children at nurseries.

Systemic Gaps and Challenges for Professionals: There can be frequent changes in families moving in and out of hotels which can make it hard for professionals to establish consistent support. Cases are varied and complex, increasing the demand on limited resources. There are difficulties in knowing where to seek support or refer families due to lack of clarity in systems, exacerbated by reductions in health visiting (HV) services.

“

What are the key challenges in the sector you work in?

“It's a little while since I kind of was part of the Community team, but I do remember kind of going and seeing families. Asylum seekers and refugees and just thinking and just feeling a little bit overwhelmed and a bit helpless and not really knowing kind of where to where to get that support from”

Feedback from Health Visiting Service

”

What are the solutions/examples of best practice?

We were told that the model of a multidisciplinary team such as The Haven works well through having joined up services that are linked together. Good to have organisations linked together and having close links with VCSE sector organisations.

We were told that education teams are supportive in arranging placements for children and families that are eligible for free childcare funding and that GP Provision for the hotels was responsive to needs and supportive to meeting the needs of ASRs in the hotel settings.

“

“Do you have any examples of solutions or where things have worked well?”

“Working with the Haven, the council were made aware of the situation of Mamas requiring childcare when she goes into labour and how horrendous the current solution was, and we have since been able to find an excellent alternative solution through the council working alongside the NHS services and third sector organisations”

Feedback from VCSE Engagement

”

Secondary Care

We were told of a number of issues in relation to secondary care for ASR communities.

Continuity of care: People are often moved out of hotels during treatment, sometimes within BNSSG but sometimes to areas outside BNSSG. This disrupts continuity of care, for example, lack of access to specialist services such as HOPE, which can only be accessed in BNSSG. Bristol is a regional centre for some specialisms, such as childhood cancers.

Movement out of regional or local secondary care environment is a risk to the individual. This should be considered by the healthcare system. People should be flagged on systems and not moved in this way during treatment if possible.

On occasions, whole families can be moved as a unit as result of safeguarding concerns. This may impact with individuals' access to treatment and wider services such as schooling.

“

“Do you have any examples or solutions or where things have worked well?”

“Asylum seeker was going to be moved out of Bristol however was under investigation for active TB and so through working with the home office and the Haven, we were able to keep patient in Bristol area”

Feedback from TB Nursing Service

”

Treatment pathways: Children and adults who are newly-arrived asylum seekers come without medical records. They may arrive with drugs that were prescribed in their own country that are not prescribed in the UK. Consideration needs to be given to developing rapid pathways to specialist diagnosis in secondary care and treatment.

Barriers to Healthcare

Refugees and asylum seekers can experience multiple barriers when accessing healthcare services⁴⁴ these can be due to policy, legal frameworks and care being denied due to legal or financial status. In addition to this there may be challenges around language and health literacy, mistrust in services from previous negative experiences which can include discrimination, racism and fears around being arrested for immigration status. Poor translation and interpretation services and low levels of cultural competency are reported as issues⁴⁴. Engagement with Refugees and Asylum Seekers across BNSSG as highlighted some of the barriers experienced when accessing healthcare and are discussed below.

Healthwatch Bristol: Asylum Seekers and Refugees experiences of NHS and Social Care

A review undertaken by Healthwatch Bristol about Asylum Seekers and Refugees experiences of NHS and Social Care⁴⁵ between April and June 2024 where Healthwatch spoke to around 30 people who identified as either refugees or asylum seekers reported the following



Refugee and asylum seekers experiences of NHS health and social care

Between April and June 2024 we spoke to around 30 people who identified as either refugees or asylum seekers, this is what they told us:



Dentists

- Difficult to get an NHS dentist for adults and children.
- Uncertain if HC2 certificate affects this.



GPs

- Difficult to book an appointments due to demand.
- Positive experiences with The Haven.
- Mostly positive experiences with translators being offered and booked.



Hospitals

- Referrals can take a long time; individuals are not kept updated about this.



Mental health

- Quick referrals to The Hope Service.
- Positive experiences with the Hope Service.



NHS 111

- Long waiting times.
- Uncertain if translators are provided for this service.



NHS App

- Mixed experiences of how easy it is to use.
- Inaccessible without ID.

Doctors of the World: Safe Surgeries Scheme in BNSSG

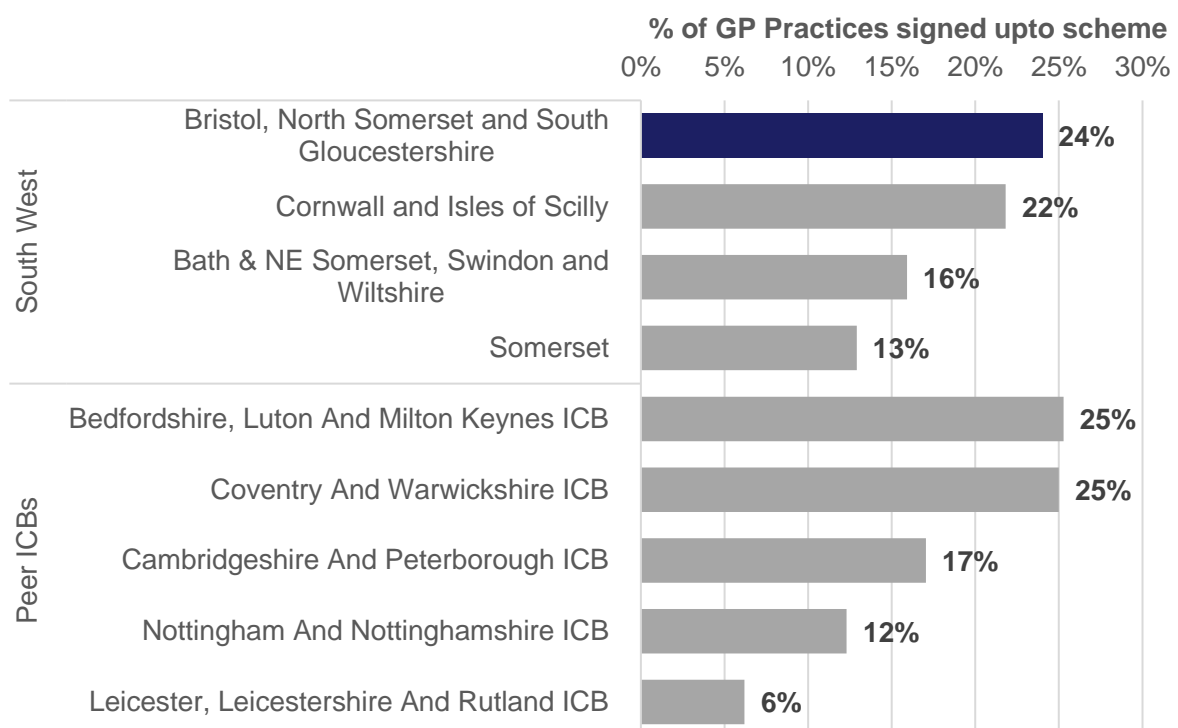
Doctors of the World (DOTW) run a scheme called Safe Surgeries, which helps to support primary care settings in reducing barriers to access that migrants may experience when seeking healthcare.

GP Practices can register as a ‘Safe Surgery’ where anyone can register at the practice regardless of status and people are able to register without ID. This is in line with NHSE and CQC⁴⁶ guidance.

DOTW offer a 1 hour training offer which covers registration policy, information in different languages, rights to register and support setting up new patient registration pages. More information can be found here: [Safe Surgeries - Doctors of the World](#) and the [Safe Surgeries Toolkit - Doctors of the World](#)

24% of practices across BNSSG are registered as Safe Surgeries, which is the highest in the South West. BNSSG ICB ranks 3rd out of Peer ICBs as shown in **Error! Not a valid bookmark self-reference..**

Figure 16 Doctors of the World: Practices signed up to the Safe Surgeries Scheme by South West Region and BNSSG Peer ICBs (as at April 2024)



CASE STUDY: Testimony: GP Practice, Bristol “I am delighted to share our experiences with the Doctors of the World Safe Surgeries programme, which has been a transformative initiative for our practice and the community we serve. Since integrating the principles of Safe Surgeries into our operations, we have seen a marked improvement in our ability to provide accessible and non-discriminatory healthcare services to migrants and other vulnerable groups. This programme has not only enhanced our capacity for compassionate service but has also raised the overall standard of care we deliver.

Implementing Safe Surgeries has led to significant positive outcomes in patient trust and health engagement. Our staff has become more aware of the unique challenges faced by migrants, which has fostered a more inclusive and understanding healthcare environment. As a result, we have seen higher patient satisfaction and engagement rates, contributing to better health outcomes overall.

The support and resources provided by Doctors of the World have been instrumental in our success. They have enabled us to navigate the complexities of healthcare provision for underserved populations effectively, ensuring that no one is left behind. Our involvement in this programme has been deeply rewarding, and we are proud to be a part of a network that champions the health rights of all individuals.

We hope our experience can inspire other practices to join the Safe Surgeries initiative, contributing to a health system that truly serves everyone's needs. Additionally, our insights are particularly relevant to the ongoing BNSSG ICB migrant health needs assessment and can hopefully influence positive changes in policy and practice on a broader scale.”

World Café 2024 - Removing access to barriers for health and wellbeing

The Asylum Seeker and Refugee Conference at the University of West England in January 2024, highlighted the following themes for removing barriers to access for health and wellbeing for Asylum Seekers and Refugees.

- Accessibility and inclusion
- Awareness and education
- Cultural competence
- Support and engagement
- Systemic structural support
- Different delivery models

A full summary can be found in **World Café Summary 1:**

“

“Do you have any examples of solutions or where things could be improved? These could be case studies, best practice or feedback from people accessing your service that you would like to share”

“Outreach in the hotels - this works well as it bring immediate support to those who may not find it quickly if they had to go out and find it themselves. We are then able to slowly signpost them to services so they can join when they feel confident. We would like to expand this support to offer the same to those in dispersal accommodation ”

Feedback from VCSE Engagement

”

CASE STUDY: University Hospitals Bristol and Weston (UHBW): Inequities of Migrant Health Care:

The Overseas Charging Team at UHBW have developed an approach to identify people who are entitled to NHS treatment without charge. To offer help and support through engagement with people. This is a data driven approach which uses a tool that has information about the most up to date charging regulations.

Attempts are made to make contact through multiple routes including letters in different languages, telephone calls or e-mails. The tool asks a series of questions which produces a document and advises what information needs to be provided as evidence for entitlement to NHS treatment.

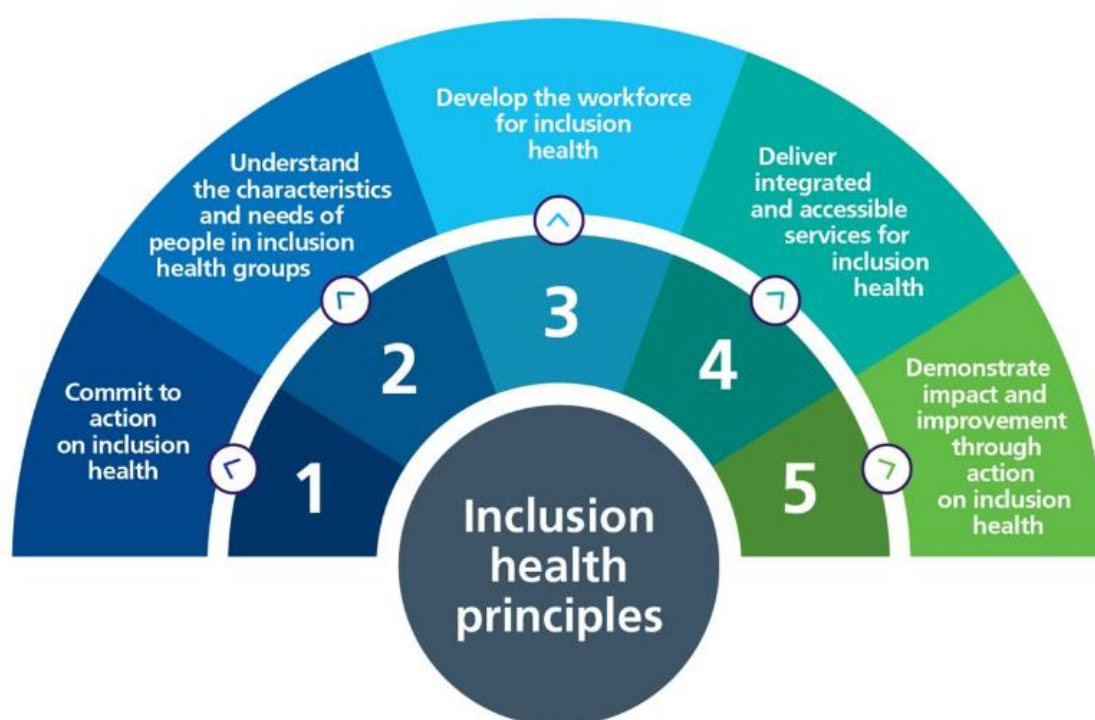
It is being used locally for advocacy and only used in UHBW at the present time. The methodology is currently being shared across the South West region and could be rolled out across the UK.

This approach ensures there is fair access and there is an equitable and compassionate approach to recovery of funds from overseas visitors. There is a responsibility to ensure that people are not negatively impacted for charging for treatment or any subsequent debts as these can have a significant impact on immigration decisions.

What works

NHS Inclusion Health Framework: The framework aims to reduce healthcare inequalities by ensuring equitable access, excellent patient experience, and optimal outcomes for all. It emphasizes the NHS's role in improving healthcare, alongside partnerships with sectors like housing and the voluntary community sector, to address core determinants of health. Based on five key principles, the framework focuses on inclusion health by committing to action, understanding the needs of marginalized groups, developing the workforce, delivering integrated services, and demonstrating impact. Developed by NHS England in collaboration with various partners and informed by lived experiences, it highlights the urgent need for improvement in inclusion health.

Figure 17 Principles for action on inclusion health⁴⁷



Resources for delivering healthcare services for Asylum Seeker and Refugee Communities

<p>What works: Fostering equitable access to primary health care for asylum seekers, migrants and refugees</p>	<p>The NHS policy for free primary healthcare has proven insufficient to remove barriers for unwell migrants. This brief presents current available evidence relating to what works to address inequalities for people seeking asylum, migrants and refugees accessing primary care.</p>
<p>British Red Cross – Delivering with Dignity: A framework for strengthening commissioning and provision of healthcare services for people seeking asylum</p>	<p>Leveraging lessons and insights from the scoping review, the experts designed a framework of good practice for a) strengthening commissioning and provision of healthcare for people seeking asylum in England at a local level and b) policy making to better enable this at a national level.</p> <p>The research brought together a diverse range of experts including those with lived experience of seeking asylum,</p>

	academic researchers and those directly involved in providing and commissioning healthcare services.
Overcoming barriers - Refugee and asylum seeker patient health toolkit - BMA	<p>Refugees and asylum seekers in the UK often have difficulty accessing healthcare and other public services. In many cases, they may be unfamiliar with the way these services are organised.</p> <p>Overcoming these barriers is essential to providing effective care, improving health and wellbeing, and supporting refugees and asylum seekers to integrate into UK society.</p> <p>Information on common barriers and options for overcoming them are provided for doctors working in:</p> <ul style="list-style-type: none"> • all care settings • primary care • secondary care, including mental health services • maternity care.
Safe Surgeries Toolkit - Doctors of the World	The Toolkit is the key guidance document for Safe Surgeries. It lays out seven steps for practices to help ensure that everyone in their community can access the healthcare they're entitled to. A printed leaflet version is also available on request.

Specialist
Services for
Mental
Health:
Adults

Specialist Support for Mental Health in BNSSG – Adults

Introduction

There is a clear need for ongoing provision of specialist mental health support for ASR and victims of trafficking, including those arriving in the region either independently or via the Syrian Resettlement or ARAP¹ and Ukrainian Resettlement programme and those temporarily housed by the Home Office in hotels. Local need is continuing to increase, and this proposal recognises that a more aligned and strategic approach to funding this service with Local Authorities would be beneficial.

Research suggests that asylum seekers and refugees are five times more likely to have mental health needs than the general population and 61% will experience serious mental distress in their lifetime. Asylum seekers and refugees, whilst a diverse group of service users, often have histories of multiple and severe trauma, including persecution, torture, and sexual violence (e.g., Carswell et al., 2011ⁱⁱ; Robertson et al., 2013ⁱⁱⁱ). Many asylum seekers additionally report a traumatic journey to the UK and often re-traumatising experiences navigating the asylum process and ensuring basic needs are met once they are in the UK. Proactive mental health care is vital to address this.

What services exist in BNSSG?

VitaMinds is the NHS Improving Access to Psychological Therapies (IAPT) provider for Bristol, North Somerset and South Gloucestershire and offers a variety of talking Therapies to adults aged 16 and over, who live and are registered with a GP in Bristol, North Somerset and South Gloucestershire. Asylum seekers and refugees can be referred to VitaMinds through a number of routes either through registration with a GP, during review by the Haven or referred through third sector organisations. Full flow chart is available in Appendix 3: Vitamins Referral Routes

Hope Service is a specialist trauma service for Asylum Seekers and Refugees The Hope service helps asylum seekers, refugees and victims of trafficking who have experienced trauma in adulthood and have a primary diagnosis of post-traumatic stress disorder (PTSD). Wellbeing initiatives are also provided such as walking groups and art, which are run by Recovery Coordinators.

Trauma Foundation Southwest: Provides free, long-term psychotherapy and counselling to highly traumatised refugees and asylum seekers., and specialist training, supervision and consultancy to agencies and individuals who work with traumatised people.

What is the current situation across BNSSG?

VitaMinds: There are significant challenges in relation to the demand on services. Vitamins has seen a quadrupling of referrals into the service. This has made costs unmanageable for the service. There are challenges around engagement with the Asylum Seeker and Refugee community, which means that DNA rates are high.

Hope Service: Hope has been a fully funded service since 2021. This has meant that they have been able to increase the number of staff in the service significantly, including recruitment of support workers and recovery co-ordinators. Feedback from the team at Hope has said that this has been a positive step in being able to provide a sustainable service.

Trauma Foundation Southwest: There has been an increase in access to the service over the last two years. The team supports the refugee sector across Bristol and the Southwest. They have identified that there needs to be greater support for people working with people who have trauma, including core training around what trauma is, avoiding vicarious trauma and support for working with interpreters.

What did people tell us about where the gaps are?

Policy: The process around delays in processing of asylum claims can impact upon mental health significantly. We were told that there are differences in Asylum Seeker legal processes including funding, which results in a two-tier experience for people. People who are highly likely to get accepted (Afghanistan, Syria, Iran Iraq Sudan) were fast tracked through the system, leaving other nationalities in the slower lane (Pakistan, Honduras, etc). We were also told that people were fearful about being sent to Rwanda and experience humiliation from the scapegoating of asylum seekers.

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

I have nothing, my life is worse to worse.

I have no documents. No accommodation.

I'm not working. These three things is the main. Not education. These three things; education, house and work, if you have not these 3 things in your life then your life is worse.

Feedback from VCSE Engagement

”

Structural Barriers: There are structural barriers such as transport, people may receive support for their mental health but can't get to an appointment or a community activity, this can negatively impact mental health. The lack of access to childcare or creche facilities was also highlighted as a barrier.

Service Level: Challenges in services include a need for an awareness of trauma and how this may differ by culture and context. There are challenges around demand, funding and existing pathways. Services also stated they were acting like a front door and signposting, which is resource intensive and unmanageable in the long term. Holistic approaches are required to support people better as needs are complex and often far greater than just for mental health.

“

“Do you have any recommendations for could be done differently to support you?”

You know, we leave our country for bad situation and for big problem, ok. And we are asylum, we are human. Someone think we are animal

Feedback from ASR Engagement

”

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

Challenges that I have faced since I arrived here, because the time when I enter, I entered here in this country, I was depressed and stressed not knowing anything about the asylum seekers and refugees because of the trauma that I was in from home

Feedback from ASR Engagement

”

Staff morale: The issue of professional burnout for people working to support ASRs included feeling demoralised and needing to have awareness of the limits what can each organisation do and achieve.

What are the biggest challenges in BNSSG?

Policy: The asylum process is unsettling for people who are going through the process. This coupled with a ‘hostile environment’ in the media and politically, impact negatively on mental health. There is also no transition period once people are granted status, and this can be re-traumatising.

Little resilience in system to manage demand: Across BNSSG, there are an increasing complexity of cases presenting to mental health services. This, as well as demand, were highlighted as some of the biggest challenges. Due to a rapidly changing landscape, services are unable to adapt quickly enough. There is little resilience in the system.

Structural barriers: People are unable to get access to support that they need as there are multiple barriers to doing so and therefore many parts of the system can be difficult to navigate.

Co-ordinated efforts: We were told about a lack of co-ordination at a strategic level. There are lots of examples of where things work well across the system and sometimes this is on an ad-hoc basis.

What are the solutions/examples of best practice?

Solutions that were proposed from engagement with stakeholders include a centralised service or hub with one number to call and co-ordinated approaches.

Bristol VCSE sector was repeatedly praised for their approaches to joined up working and co-ordinated efforts for delivering support for Refugees and Asylum Seekers. Multi-agency approaches work, and they require proper co-ordination as well as funding.

The HOPE service reported that recurrent funding has ensured the ability to deliver a properly resourced service to support people.

We were told that the provision of Mental Health services that were not talking therapy are also important approaches to support ASRs.

CASE STUDY: Wesport & BRASP bring health and wellbeing activities to those in temporary accommodation

In July 2022, Wesport and Voscur were successful in applying to Sport England's Together Fund to incorporate physical activity opportunities into the newer temporary initial accommodation sites (TIAs) in the West of England. This funding meant Wesport could coordinate with the Bristol Refugee and Asylum Seeker Partnership (BRASP) to allow residents of the TIAs to lead more active lifestyles.

Bristol Mind have played a huge part in the success of this work through their day-to-day coordination with hotels, residents, and recruitment of participation in the fitness sessions. Regular drop-in sessions have been hosted at some of the hotels which has helped to inform Wesport of physical activities that were in demand. These drop-ins proved popular for residents to understand what additional opportunities are available to them beyond just physical activity.

Feedback from the residents showed that, walking, exploring the local area and fitness classes were a high priority for the residents. Wesport were able to utilise existing relationships with Soul Trail Wellbeing, Osprey Outdoors and Bridges for Communities to deliver expert and experienced nature wellbeing walks for the hotels. The benefits of these physical activity sessions and embracing nature has been particularly beneficial to people's mental health and has allowed the hotel residents to experience the wider West of England area⁴⁸.

CASE STUDY: Dovetail Orchestra – Bristol⁴⁹: Dovetail Orchestra exists to provide a welcoming space for asylum-seekers and refugees, building connections through music and supporting musical learning on a regular weekly basis.

Dovetail Orchestra is a community-based music group for adult Asylum Seekers and Refugees in Bristol. It was launched in September 2022 and is made up of refugees, asylum seekers and local musicians with support from local volunteers. The orchestra meets every week to co-create music based on traditional songs from members' countries of origin. Following rehearsals, the group gather in a community centre to socialise.

There is currently a research project led by NIHR ARC West to understand about the benefits of a community music group on mental health for Asylum Seekers and Refugees - [Dovetail Orchestra: Can a community music group improve mental health for asylum seekers and refugees in Bristol? - ARC West \(nihr.ac.uk\)](#)

'Being in the orchestra means a lot to me because it gives me joy, makes me very enthusiastic and helps me let go of my worries. As an asylum-seeker, doing what gives you joy is very essential because of where you are coming from and what you have encountered in life. Indeed, music is life.'

Uhunoma
Nigeria

Recovery co-ordinators support people through empowering individuals and helping them to have independence. Many Recovery Co-ordinators have been Asylum Seekers or Refugees themselves.

We were told it is important to ensure that staff are well supported and looked after. Reflecting on positive and celebrating wins.

“

“Do you have any examples of solutions or where things have worked well?”

“Bridges 'Walk With Me' programme has consistently had very positive feedback from participants - they enjoy the opportunity to visit new places, meet new people, and do some structured exercise.

For the past 2 years the walks have mostly been offered to hotel residents, and we have seen the demand for places increase significantly despite offering up to 70 places per walk.

The demand for befriending partners is also consistently high, but we also have realised that there are a lot of asylum seekers and refugees who just want to meet someone local to practise their English as they struggle to find opportunities to do that”

Feedback from VCSE Engagement

”

[Asylum Seeker and Refugee Conference 2023 & 2024: World Café Feedback Summaries:](#)

The Asylum Seeker and Refugee Conference at the University of West England in 2023 and 2024 highlighted how ASR communities can be supported with their mental health.

World Café Summary 2023: What needs to happen for us to improve refugee engagement with mental health services/wellbeing services/therapy? And how can we make it happen?

- Service Accessibility and coordination
- Understanding and navigating the healthcare system
- Resource Availability and Alternative Support Options
- Client-Centred Service Delivery

Full details can be found in World Café Summary 2:

What needs to happen for us to better support people in mental health crisis? And how can we make it happen?

- Improving Communication and Coordination
- Funding and Service Stability
- Staff Training and Immediate Support

Full details can be found in World Café Summary 3:

What needs to happen for us to work in the best possible way with interpreters in the area of mental health/wellbeing/therapy? And how can we make it happen?

- Interpreter Quality and Effectiveness
- Cultural Sensitivity and Understanding

- Improving Communication Dynamics

Full details can be found in World Café Summary 4:

What do you need as an individual or service when working with people who have experienced trauma?

- Staff Training, Education, and Support
- Service Coordination and Strategic Planning
- Resource Sustainability
- Collaboration and Lived Experience
- Accessible and Appropriate Facilities

Full details can be found in World Café Summary 5:

Specialist
Services for
Mental
Health:
Children

Specialist Support for Mental Health in BNSSG – Children

Introduction

Children and young people seeking asylum and with refugee status are highly likely to have experienced a significant level of trauma before arriving in the UK

Those in the asylum seeker and refugee (ASR) population have typically experienced multiple traumatic events before arriving in the UK and are at an increased risk of long term serious mental health problems without treatment.

Unaccompanied children are at high risk of mental illness, with post-traumatic stress disorder (PTSD), mood disorders and agoraphobia being among the most commonly reported conditions. These may be due to the stressors they have been exposed to either in their home country (for example war) and upon arrival (due to uncertainty over status and discrimination). The sustained lack of a parental figure increases their vulnerability to mental health issues³

For Children Under 18, there are a variety of [mental health and wellbeing services in place for children and young people in BNSSG](#)⁵⁰, some of which specialise in particular areas. Complementing this support there is a small and developing specialist child and adolescent mental health services (CAMHS) which is the Asylum Seeker and Refugee Clinic (ARC) run by Avon and Wiltshire Mental Health Partnership which supports children and young people who have arrived in the UK who are unaccompanied and seeking asylum in Bristol, North Somerset and South Gloucestershire and who are experiencing post-traumatic stress disorder (PTSD) symptoms.

The Asylum Seeker and Refugee Clinic (ARC) within CAMHS run by Avon and Wiltshire Mental Health Partnership and serving the BNSSG population is one of two clinics of its kind in the UK in an emerging area of specialism and therefore is a prestigious clinic to be located within BNSSG.

What is the current situation across BNSSG?

There are a variety of mental health and wellbeing services in place for children and young people in BNSSG, some of which specialise in particular areas.

The Asylum Seeker and Refugee Clinic (ARC) within CAMHS was commissioned in 2022 and compliments the wider BNSSG offer. This small and developing team specifically works with young people who have symptoms of PTSD. It works across BNSSG with children and young people (CYP) who are seeking asylum or have refugee status. The service provides a range of therapies based on a young person's needs including trauma therapy either 1:1 or group based work and art therapy. CYP can be unaccompanied or with families.

What did people tell us about where the gaps are?

The issues around children's mental health are similar to adult mental health. There are structural barriers where people may receive support for their mental health but can't get or have delayed support for other aspects e.g., finance, transport, housing. There is an opportunity for more integration and a holistic approach.

At a service level there are challenges in a need for an awareness of trauma and how this may differ by culture and context. There are challenges around demand, funding and integration with both statutory and non-statutory support.

What are the biggest challenges in BNSSG?

Demand There is no openly accessible database to retrieve numbers of asylum and refugee children in BNSSG, however an increase in demand has been seen within the Asylum Seeker and Refugee Clinic (ARC) within CAMHS as well as wider children and young people services supporting asylum and refugees within BNSSG. This creates challenges for our existing services and for commissioners in BNSSG to plan for the appropriate level of specialist workforce required to support Children and young people seeking asylum and with refugee status and their families.

Complexity Children and young people seeking asylum and with refugee status are highly likely to have experienced a significant level of trauma before arriving in the UK. A one-off traumatic event where there has been a perceived threat to life has the potential for a young person to develop PTSD or where there have been multiple events, this can lead to symptoms associated with Complex PTSD (NICE Guidelines Dec 2018 and May 2022). In addition to this many parents have their own post-traumatic stress. This needs a coordinated and holistic approach which requires intensive resource to facilitate and appropriately support.

What are the solutions/examples of best practice?

Asylum Seeker and Refugee Clinic (ARC) within CAMHS run by Avon and Wiltshire Mental Health Partnership is one of two clinics of its kind in the UK in an emerging area of specialism and therefore a prestigious clinic to be located within BNSSG.

The recurrently funded service is small and still developing, however feedback from service users and their families demonstrates the impact it is having to support this marginalised community within BNSSG (see below).

The service supports the local health system to provide a specialist provision to young people, which in turn supports to mitigate against the risk that CYP people seeking asylum and with refugee status escalate into Urgent and Crisis Services due to presentations of PTSD.

Solutions that were proposed from engagement with stakeholders include a centralised service or hub with one number to call and co-ordinated approaches to support health, education, transport, finance etc. Bristol VCSE sector was repeatedly praised for their approaches to joined up working and co-ordinated efforts for delivering support for Refugees and Asylum Seekers. Multi-agency approaches work, and they require proper co-ordination as well as funding.

Feedback about the CAMHS Asylum Seeker and Refugee Clinic (ARC)

Families' experiences of accessing a newly commissioned specialist CAMHS Service for refugees and asylum seekers:

Families interviewed appear to have had an overall positive experience, were complementary of the service they received, and above all expressed gratitude for being able to access support and felt that clinical standards were being met in relation to effective and appropriate use of interpreters/consideration of language barriers. An awareness of barriers to engagement and adopting a flexible approach to overcome these, involving families and parents and sensitivity to culture and religion.

Value and need for families like us	Positive change for our family
<p>"Especially for families that have come from conflict/war zone...whoever comes from those countries suffer from mental health issues".</p> <p>"They need love and care as they are oppressed".</p>	<p><i>"She is better at controlling her emotions".</i></p> <p><i>"Helped me understand that my child's mental health is ok".</i></p> <p><i>"After sessions she was a different person".</i></p> <p><i>"The number of [detail of problem] decreased".</i></p> <p><i>"I give an example...the bucket keeps filling up, it overflows...service has emptied bucket".</i></p>
Accessibility	Providing culturally sensitive care
<p>"They [interpreters] helped us deliver what we wanted to say".</p> <p><i>"Allowed reimbursement of taxi".</i></p>	<p><i>"They asked questions about life in [country]."</i></p> <p><i>"Complete opposite of stigma, felt welcome".</i></p> <p><i>"Welcomed me with open hands".</i></p>

Asylum Seeker and Refugee Conference 2023 & 2024: World Café Feedback Summaries:

The Asylum Seeker and Refugee Conference at the University of West England in 2023 and 2024 highlighted how children and young people in refugee and asylum seeker communities can be supported with their mental health.

World Café Summary 2023: What needs to happen in order for us to better support young people? And how can we make it happen?

Issues: Age disputes in hotels, services not supporting all children e.g. UASC, services not co-ordinated, inequitable resources, lack of access to travel/support, young people disappearing, lack of understanding of UK systems.

Solutions: Training, funding, bus passes, group activities, specialised MH support, whole family support, central hubs, life skills groups/workshops, peer-support, co-production "with" not "for", peer support/buddy system,

Full details can be found in World Café Summary 6:

World Café Summary 2024: What needs to happen to better support children's wellbeing and MH?

- Consideration of issues around housing
- Providing appropriate training for people working across the system
- Service Delivery changes
- System level changes
- Broaden opportunities for leisure activities and wellbeing

Full details can be found in World Café Summary 7:

Education

Education in BNSSG

Introduction

Education is hugely important for ASR children not only for future integration and success but also for establishing a social network and enhancing their English language skills⁵¹. Education is also a place for invaluable emotional support with children and UASMs reported to often favour school-based mental health support. The impact of external stressors including housing and asylum processes on their motivation and experience of education has been documented⁵².

Under UK law refugee and asylum-seeking children of school age up to the age of 18 are entitled to full-time education^{53,54,55}. This includes UK immigration routes such as the Hong Kong British Nationals Overseas, Ukrainian and Afghan resettlement schemes. If children are awaiting a decision for their asylum claim, they are entitled to access school-based education. Proof of status is not required to apply for a school place.

The arrangements at age 16+ are more complicated. Students with refugee status, humanitarian protection, asylum-seekers and Unaccompanied Asylum Seeking Children (UASC) are eligible to access funding for further education, which is provided by the Education and Skills Funding Agency (EFSA)⁵³.

On their arrival, UASMs enter the UK social system as looked after children and as they approach the age to transition out of this system, they are also eligible for support as care leavers⁵⁶. However, research has shown that young migrants who lack adult support struggle with this transition⁵⁷. Supportive family based care has been shown to offset, to a degree, some of the unmet need in mental health support⁵⁸ but only the minority of UASMs will experience foster care with the majority in shared housing⁵⁷

What services exist in BNSSG?

Funding is provided to schools from central government for certain resettlement schemes including Afghan and Homes for Ukraine schemes.

This funding can be used to support children and young people through the purchasing of additional language tools and resources, additional English as an Additional Language (EAL)/pastoral staff, interpreters, help paying for school trips, travel support, play therapy.

However, Local Authorities do not receive funding for other refugee and asylum seeking children and young people.

What is the current situation across BNSSG?

Bristol: As at September 2023, there were a total of 689 pupils in Primary and Secondary Schools across Bristol. The number of children in each school varies significantly, many schools have just one pupil and there is one school that has 166 pupils.

Data provided from the Early Years team shows that early in 2022, the numbers needing to be placed in Early Years settings were low and had increased significantly towards the end of 2022. There have been significant pressures with demand for places that has led to growing numbers of settings offering places. However, there has been approximately a 50:50 split in

numbers placed vs. numbers on the waiting list. More recently, there has been a reduction in settings able to place children.

North Somerset: As at July 2024, there were 73 children in primary and secondary schools in North Somerset. There are challenges around the availability of school places and transport. Support being offered to schools for children with individual needs, particularly relating to trauma. This is currently being supported by an advisory teacher to support schools for interventions and resources. There is an Early Years support worker for children under 5. There are challenges around English as an additional language support in schools for children to access.

South Gloucestershire: As at March 2024, there were 768 pupils who were placed in Primary and Secondary schools across South Gloucestershire. The number of children in each school varies significantly, many schools have 1 pupil and one school taking 88 pupils. There has been a 51% increase in the numbers of children placed in primary schools since April '22 and March'24. There was a 72% increase for children placed in Secondary schools. There are a total of 59 settings supporting children. There are a small number of children who are on a waiting list for a school place (n.19). For post-16 education, there were 122 learners and 207 enrolments in Mar'24.

What did people tell us about where the gaps are?

Demand: We were told that across BNSSG, some nursery places are full and there are waiting lists for children to attend. There are also long waiting lists for Post-16 ESOL where demand outstrips supply. The waiting times for ESOL in some areas is >1 year.

Funding: There are some gaps around funding as this is provided for certain resettlement schemes but not for others.

Support and Training for schools: We were told that there is more support and training required for schools to support Asylum Seeker and Refugee children. There have been instances where schools have been unable to provide the right level of support for children either due to funding or capacity to support children with complex needs, which may include trauma or Special Educational Needs and Disabilities (SEND). There is a need for training on trauma-informed approaches, particularly around understanding the impact on trauma and how this can cause difficulties in the ability to learn.

What are the biggest challenges in BNSSG?

Capacity and Access to Services: We were told that there had been an increase in the volume of people requiring support since 2023. This has led to a lack of available Early Years, school places and growing waiting lists for ESOL programmes in colleges.

Educational Support and Development: We were told that there were low numbers of children attending Early Years settings, which could have an impact on overall child development. This is further compounded by hotel environments with lack of resources in terms of toys and stimulation.

Some schools require more support on training to meet the needs of children such as English as an Additional Language (EAL) support and wider support needs for children who have experienced significant trauma.

There is a desire for more technical ESOL courses¹⁹. We were also told that there was a lack of courses beyond ESOL such as vocational qualifications.

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

And after arriving in the UK, first my problem is the language. It is so difficult. Because we don't understand very good English and we're learning English in my country through American accent and it's so different, so different. So it's very hard for me now because British accent is so strong and you use often the short forms

Feedback from ASR Engagement

”

Geographical and structural barriers: We were told about geographical barriers in relation to be able to access education which included issues with transport which could be restricted by limited timetables or from lack of finances. One hotel is in a rural area, which can limit access.

Where waiting lists are long for services such as ESOL, people are travelling from Weston Super Mare to attend college in Bristol.

We were told that sometimes families have 2 or more children who are attending different schools due to lack of school places being available.

“

“Do you have any recommendations for what could be done differently to support you?”

“regarding the schools, we had an accident myself and my wife. One of the schools was very close to our house, apparently there wasn't a place there, they couldn't register my children. Now my children going to another school, maybe 20-25 minutes from my house, because we had accident, difficult for us taking them to school or picking them up from school. If you able to register asylum seeker children close to their house that is very helpful as well..

Feedback from ASR Engagement

”

“

“Do you have any recommendations for what could be done differently to support you?”

“Here there are some charities, borderlands, they bring some courses, English courses. This is ok, but when you go to the college they give you bus pass and this is helpful for us. So like this, people doing courses and getting for future jobs, it's very good for them and UK as well..”

Feedback from ASR Engagement

”

Staffing and Resources: We were told that for Early Years, there are challenges around recruitment and retention of staff within the sector, which has led to a reduction in available places. There are incoming changes in access to funded childcare places, which may impact further on availability in the future in September 2025.

There is a lack in data sharing when families move in and out of geographical areas, which can cause disruption for education and council services and ensure continuity of support for the children and their families.

What are the solutions/examples of best practice?

- Bristol: Funding that is provided by the council helps to support children and get additional support such as additional language tools and resources, additional EAL/pastoral staff, interpreters, help paying for school trips, travel support, play therapy
-
- Transport is a barrier – where it has been provided, in terms of a bus pass has opened up opportunities for education, become familiar with local area and positive impact for mental health and wellbeing.
- Bristol: Schools are welcoming and build relationships with children and parents. Communication with the school is positive. There are links to the community and volunteering opportunities in the settings. There is a lot of goodwill, this is down to the strength of the school to be able to deliver it and often driven by a passionate individual or small number of staff within a setting.

CASE STUDY: Better Bilingual:

Better Bilingual is a social enterprise dedicated to improving academic outcomes in multilingual classrooms through 'language-aware' teaching.

Their mission is to help educational settings recognise the benefits of multilingualism while developing students' academic English for success.

Operating across Bristol, North Somerset, and South Gloucestershire, Better Bilingual fosters positive relationships between parents, children, and schools.

They promote the understanding that multilingualism is an asset that can strengthen social connections. The organisation offers support to schools, helping to upskill teachers in supporting multilingual children, many of whom are new to both English and the country. Recently, two schools in Bristol sought support from Better Bilingual after encountering English as an Additional Language (EAL) students for the first time.

The team collaborated with school staff to welcome approximately 60 children across both settings. They met with families to gather background information on each child's needs and provided tailored recommendations to the schools. Feedback from the schools indicated that the staff felt empowered and confident in supporting the children within the educational environment.

Employment and Skills

Employment and skills in BNSSG

Introduction

Employment is also an important social determinant of health⁵⁹, repeatedly shown to benefit health and wellbeing^{60,61,62}. In the UK, asylum seekers do not have the right to work unless they have been waiting for their claim to be processed for over 12 months and if so, they can only do skilled jobs which are on the “Shortage Occupation List”⁶³.

When considering the refugee population, employment has also been shown to be an important factor in resettlement⁶⁴ and economic opportunity has been associated with better mental health⁶⁵. Unfortunately, research shows that refugees are twice as likely to be unemployed relative to other people with a migrant background⁶⁶.

A study focusing specifically on ASRs with a healthcare background identified additional barriers to employment within this group which were unique to other international medical graduates seeking employment in the UK, including experience of trauma, legal barriers, financial challenges and right to work restrictions⁶⁷

People from refugee and migrant communities often have worse employment outcomes than locally born people. For example, people who originally migrated for asylum reasons are less likely to be in work than UK born people (51% compared to 73%). Migrants and refugees are more likely to be on temporary and zero-hour contracts, shift work and night shifts, or be overqualified for their jobs than UK-born people²⁹.

People who seek sanctuary in the UK bring with them a wealth of skills and experiences. An enduring message in our research is that these people have a strong desire to use their skills to find fulfilling work, become financially independent and contribute to their new society. However, our Asylum Seeker and Refugee communities often face enormous barriers to leading fulfilling lives and achieving their potential⁶⁸.

What are the biggest challenges in BNSSG?

National Policy: We were told that placements for volunteering can feel impossible. This is something that is reflected nationally. There are many highly skilled individuals in the Refugee and Asylum Seeking community and few routes to volunteering. Local research has shown that there are high levels of educational achievement within these communities, in one survey approximately 60% of respondents reported having a university or college level education¹⁹.

Language skills are a gateway to integration: We were told that the difficulties in accessing provision for ESOL courses including long waiting lists had significant impact upon people to being able to engage with opportunities for work or volunteering.

“

“What do you feel are the key challenges faced by Refugees and Asylum Seekers in your area of work?”

In terms of social connection - English language provision is a big challenge, and most people would value more intense language learning opportunities. People have told us they would like opportunities to do something meaningful with their time - work or volunteering opportunities. Transport costs are a big challenge to people being able to improve their social connections and get to appointments, work opportunities etc

Feedback from VCSE Engagement

”

Understanding the labour market: We were told about the importance of supporting individuals to understand the labour market in the UK. This includes developing skills in job applications, interview processes and supporting people into employment.

We were also told about challenges around interview processes. There were reports of job offers being retracted due to a lack of understanding about whether an individual has a right to work and concerns about sanctions that may be faced if they get it wrong (employers).

There is an opportunity for an education campaign about employing people from ASR communities.

“

“Do you have any recommendations for what could be done differently to support you?”

“I am a student actually of medical psychology in my country. If I could continue my study in my country ,6 months later I have a certificate of doctorate medical psychology. I don't have anything here.”

Feedback from ASR Engagement

”

What are the solutions/examples of best practice?

CASE STUDY: South Gloucestershire: Ukrainian Employment Programme:

South Gloucestershire Council implemented a collaborative project to aid Ukrainian refugees in the region in their pursuit of employment. The initiative was established following extensive research and consultation to determine the primary obstacles Ukrainian cohort faces in securing employment.

We identified several barriers, including a lack of confidence, a lack of understanding of the labour market and linguistic barriers arising from low levels of English proficiency as well as identified the circle of employers willing to offer additional support to this cohort. South Gloucestershire Council subsequently collaborated with a number of willing employers and several other stakeholders including non-profit organisations and educational institutions to address these barriers.

Each partner was selected based on their expertise in resolving a specific barrier, ensuring that the refugees are equipped with the necessary skills and knowledge to secure employment. The sessions were fully interpreted into Ukrainian, and their scheduling was meticulously planned to avoid conflict with the clients' childcare obligations.

The delivery partnership includes: Job Centre Plus, DWP, National Career Service (NCS), ACH, Cool Ventures, Julian House, The Care Forum, Weston College, South Gloucestershire College, Ikea, Proud to Care, Stagecoach and Integra Services.

From Sanctuary to Opportunity 2024: Research highlighted a good education and English language training were important factors to getting a job and for having a fulfilling life. Employment also improves integration through better physical, mental health, financial security, housing and social relationships²⁹.

Key issues highlighted needing the skills and training and employment support, lack of accessibility to ESOL provision and flexibility, issues around funding, caring, work commitments and travel costs. Local ESOL providers have expressed the need for a more coordinated approach to assessment and placement. Discrimination and bias were also highlighted as a barrier.

Key enablers that were highlighted: Single point of contact for ESOL signposting and referrals, training for sector specific and everyday language of the workplace, support with recognition of previous learning and qualifications, training that builds on skills and recruitment that supports applicants to demonstrate experience and achievements

CASE STUDY: Welcome to the UK Course – Good Faith Partnership, Bridges for Communities and Ashley Community Housing: There has been a pilot for a “Welcome to the UK course” cultural awareness course in the welcome hub context with Bridges for Communities and ACH involved. Providing 4 sessions of cultural awareness and 2 further sessions about employment, understanding the labour market and preparation for leave to remain and right to work.

Asylum Seeker and Refugee Conference 2023 & 2024: World Café Feedback Summaries:

The Asylum Seeker and Refugee Conference at the University of West England in 2023 and 2024 highlighted how ASR communities can be supported in relation to employment.

What needs to happen for us to support and enable more people with lived experience to work in the sector? And how can we make it happen?

- Helping people to overcome barriers
- Understanding the impact of trauma
- Mindful and conscious training
- Raising aspirations and supporting to make them a reality
- Structural changes

Full details can be found in World Café Summary 8:World Café Summary 7:

Community Safety

Community Safety

Introduction

The police have a key role in supporting Asylum Seekers and Refugees in relation to community safety.

The police have worked closely with Asylum Seekers and Refugees communities to develop relationships across BNSSG. Neighbourhood policing teams work with the communities to reiterate that communities are welcome and supported both by the communities in which they live as well as official bodies such as the police.

The Police are engaged with Hotels and run outreach sessions in the hotels every 2-3 months. As part of the Community Teams there are Police Community Support Officers that have the ability to speak in a number of different languages. The Community Policing Teams are able to organise meetings with the hotels and support them with any queries that come up. The contact with hotels are minimal in terms of incidents but are available if they are required.

The police are also strategically engaged in Multi-Agency Review meetings in relation to the Asylum Seeker and Refugee population.

“

“In it’s most basic terms policing is about responding to reports of crime, helping victims and catching suspects however we have a crucial role to play in helping asylum seekers settle in the region with an awareness that they may well have had different experiences of police in their countries of origin.

If we want people to feel comfortable reporting crime, providing witness statements and just engaging with us in a positive and consistent manner then we have to ensure that we continue to build on our relationships and engage with the community in a variety of ways”

”

Feedback from Avon and Somerset Police

What are the biggest challenges in BNSSG?

We were told that here has not been an increase in involvement with the Community Policing team over the last two to three years and that there have not been issues within the hotels themselves but there have been some issues relating to negative social media, including an influencer who attended one of the hotels.

There are sometimes issues between different groups and communities, predominantly cultural tensions but these are well managed by community teams.

There is sometimes fear of government organisations, including the police, which stem from negative experiences in their home country.

What are the solutions/examples of best practice?

We were told that things that have worked well in BNSSG is having a localised approach, linking into local communities and offering support in the hotels, which had been well received.

CASE STUDY: Bristol Protests – Impact on Civil Protection Services

There is a need to carefully balance the public right to lawfully protest and the need for people to go about their lives without the fear of repression or violence. Avon and Somerset Police were acutely aware of the increased concerns and anxiety amongst the asylum seeker community, the staff and agencies supporting them in the city centre hotels and the wider public in general.

Reassurance was provided by the police that they were aware of the issue and would respond quickly to concerns. This was achieved through engagement with communities through site visits, multi-agency meetings and through corporate communications such as press, social media, emails to partners.

The police had a crucial role to play in providing factual, current information promptly and making themselves available to answer questions and dispel misinformation, rumour and conjecture.

Having a presence on the streets of Bristol was also important to reassure those that felt vulnerable and to deter those that would come to the city or vulnerable locations to intimidate or commit criminal offences and to intervene swiftly when required. This included investigating suspects post-disorder and arresting subjects promptly.

This continuing positive and robust approach to policing the disorder showed that the targeting of vulnerable people would not be tolerated, and offenders would face justice and the consequences of that.

Many officers were faced with challenging and volatile situations during this time period and significant resources were used, including short term deployments to other geographical locations as well as operational impacts for day-to-day policing activities.

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

Now I am actually worried about my family, I think, if they're going to the park or shopping, you know, I don't want someone to attack them, or you know abuse them or something like that. That's main worries at the moment.

Feedback from ASR Engagement

”

“

“Can you tell me about any challenges you have faced since arriving in the UK?”

I come across with the, information talking about the asylum seekers, but all of the time I was afraid to ask because I thought if I ask someone the person maybe will call the police on me because that was the thing that was making me not feel free.

Feedback from ASR Engagement

”

Legal Support

Legal Support in BNSSG

Introduction

Many people moving to the South West from overseas—whether asylum seekers, refugees, or migrants—will need immigration advice at some point for themselves or their families. This could be for various reasons, some requiring complex casework.

Legal advice helps people to apply for asylum or residency, escape abusive partners, access welfare, apply for settlement or British citizenship, or assist them after hospital or prison discharge. Even when immigration rules seem straightforward, such as with refugee resettlement or sponsorship, many still need timely and affordable legal help to navigate these processes smoothly.

Some people have complicated situations affecting their immigration status and need expert legal advice. Without proper immigration advice, these individuals and their families may lose their right to live in the UK, access to public funds, and the ability to work legally. As a result they may need emergency help from local authorities or support other services.

Common issues related to insecure immigration status include financial problems, health issues, domestic abuse, and homelessness.

There are 3 levels of advice that can be provided under immigration or asylum and protection law as set by the Office of Immigration Services Commissioner (OISC)

Level 1: Signposting and advice

Level 2: Complex immigration and asylum case work

Level 3: Advocacy, representation and casework for tribunal appeals

A report by Bristol Refugee Rights and Bristol Law Centre⁶⁹ outlined a number of key issues, gaps and recommendations to improve legal support for refugees and asylum seekers across BNSSG.

Where are the gaps?

More capacity for specialist advice and legal representation (OISC Levels 2 and 3) is needed. There are a very limited number of free or low-cost legal immigration providers in the South West. Bristol has the most capacity but services are considerably stretched.

What are the biggest challenges in BNSSG?

There has been a significant decline in legal aid since 2012 and against a significant increase in demand for services against the backdrop of changes to immigration rules as a result of Nationality and Borders Act 2022.

“

“What do you feel are the key challenges faced by Refugees and Asylum Seekers in your area of work?”

“for Asylum Seekers it is definitely access to legal services - and legal aid , in the SW region ... these are very sparse and few Non Government Organisations are in a position to cover this - especially complex or appeals”

Feedback from VCSE Engagement

”

What are the recommendations?

There needs to be strategic thinking, investment and support to support the ability to plan in a challenging environment.

There were six priorities identified:

1. Supporting legal literacy among frontline organisations
2. Strategically growing the region's specialist legal capacity
3. Developing support networks and multi-agency collaborations
4. Investing in new models for training and supervision
5. Building referral and advice partnerships
6. Collective advocacy and strategic litigation

Appendices

Appendix 1: Background to Resettlement Programmes

Scheme ⁷⁰	Detail
United Kingdom Resettlement Scheme (UKRS)	<p>Started in March 2021. The scheme consolidates previous resettlement schemes [the Vulnerable Persons Resettlement Scheme; the Vulnerable Children’s Resettlement Scheme and the Gateway Protection Programme] into one global scheme. Its purpose is to resettle vulnerable refugees in need of protection from a range of regions of conflict and instability across the globe through referral from UN High Commissioner for Refugees. The UK Resettlement Scheme hopes to play a key role in the global response to humanitarian crises, saving lives and offering stability to refugees most in need of protection.</p> <p>Number resettled by each Local Authority under the scheme is based on capacity. The scheme runs for five years from when the family arrives in the Local Authority and is funded directly by the Home Office</p>
Afghan Citizens' Resettlement Scheme (ACRS)	<p>The scheme allows up to 20,000 refugees to settle in the UK. This scheme provides protection for people at risk and identified as in need. It prioritises (a) those who have assisted the UK efforts in Afghanistan and stood up for values such as democracy, women’s rights, freedom of speech, and rule of law. (b) Vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBT+)</p> <p>The UK government has committed to welcome around 5,000 people in the first year and up to 20,000 over the coming years. Anyone who is resettled through the ACRS will receive Indefinite Leave to Remain (ILR) in the UK and will be able to apply for British citizenship after 5 years in the UK under existing rule.</p>
Afghan Relocations and Assistance Policy last dated March 2022	<p>This scheme, launched on 1 April 2021, provides relocation to the UK for any current or former Afghan locally employed staff directly employed by the UK government and assessed to be at serious risk of threat to life. The scheme includes immediate family members of those eligible and settles thousands of Afghans throughout the UK who have worked with the UK government, and their families. Those accepted under the resettlement scheme are granted biometric residency permits giving them leave to remain in the UK for five years with full access to employment, public funds, and rights to family reunion comparable to other individuals/families. Those who qualify and choose to relocate to the UK with their families are not expected to return to Afghanistan. Families in UKRS schemes are housed in Social Housing throughout South Gloucestershire.</p> <p>The scheme allows up to 20,000 refugees to settle in the UK. This scheme provides protection for people at risk and identified as in need. It prioritises (a) those who have assisted the UK efforts in Afghanistan and stood up for values such as democracy, women’s rights, freedom of speech, and rule of law. (b) Vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBT+) The UK government has committed to welcome around 5,000 people in the first year and up to 20,000 over the coming years. Anyone who is resettled through the ACRS will receive Indefinite Leave to Remain (ILR) in the UK and</p>

	will be able to apply for British citizenship after 5 years in the UK under existing rule.
Hong Kong British Nationals Overseas BN(O)	Following the Chinese Government imposition of the National Security Law in Hong Kong in breach of international law, UK government committed to provide visas for British Nationals (Overseas) and their eligible family members to come to the UK to live, study and work. After 5 years BN(O) arrivals can apply for settlement and after a further year for full UK citizenship. There is limited support currently available from the central government for this scheme other than ESOL (and destitution support if needed). The arrivals under this programme have no recourse to public funds whilst on the visa scheme, however, once granted Indefinite leave to remain, they can access public funds.
Asylum Hotel and Asylum Dispersal	In April 2022 Home office announced a full asylum dispersal programme. Asylum Seekers are currently directly supported by the Home Office and their commissioned service Clearsprings Ready Homes. The Local Authority does not receive any direct funding but offers educational, social and health support in collaboration with local VCSE's in upholding its commitment to equitable service for all resettling communities.
Ukraine Family Scheme	Introduced in March 2022, the Ukraine Family Scheme enables Ukrainians to come to the UK or to stay longer if they are a family member of a British citizen; or someone with permission to settle in the UK, for example they have indefinite leave to remain or someone with refugee status or humanitarian protection in the UK. Once accepted on the scheme applicants can live, work, study and claim benefits in the UK. It is free to apply.
Ukraine Extension Scheme	<p>May 2022. The Ukraine Extension Scheme enables Ukrainian nationals already in the UK with permission by 18 March 2022 (or where they held permission which expired on or after 1 January 2022) to continue their stay in the UK. The scheme began on 3 May 2022. Eligibility for the scheme has now been extended to those who held immigration permission by 16 May 2023.</p> <p>Applicants must meet the validity, suitability, and eligibility requirements of the scheme.</p>

Appendix 2: Safe and Legal Routes for Refugees to come to the UK

Summary of Migration Routes to the UK by South West Strategic Migration Partnership¹, May 2023

To those who are claiming international protection, there are two main routes available for them to stay in the UK legally.

The distinction to access either of these routes is as follows:

- those seeking asylum in the UK and apply for Refugee Status or Humanitarian Protection on entrance to the UK;
- and those who have been granted Refugee Status by the UN and enter the UK under a resettlement scheme.

In the asylum process, people must apply for asylum from the Home Office whilst in the UK; it is not possible for them to apply for refugee resettlement. In contrast, refugees are selected by the UN for resettlement, and transferred to the UK with the agreement of the Home Office, where they receive refugee status on arrival. For the sake of simplicity, we will define the former route as the Asylum Route and the latter as the Resettlement Route.

Asylum Route

The purpose of applying for asylum is to obtain refugee status, a form of international protection. It's important to note that this is distinct from refugee resettlement, which involves the transfer of individuals (who already have this status) from other countries under an official program. Individuals who are resettled in the UK do not have to go through the process of seeking asylum.

It is not possible to claim asylum from outside of the UK and there is no visa to allow people to come to the UK to claim asylum; therefore, asylum seekers will enter the UK illegally to claim asylum.

When people enter the UK and claim asylum, they will then have an initial interview which is undertaken with immediacy (or within a day). This is the Screening Interview. The person is then sent an Application Registration Card or ARC card. Within weeks, months or years, there is an Asylum Substantive interview in which evidence must be provided to show why they are claiming asylum.

If the Home Office accept the evidence and agree the individual needs protection in the UK, they make a positive decision on the asylum claim and they will be granted Leave to Remain (LR) in the UK. After five years of Refugee Status, they can apply for Indefinite Leave to Remain (ILR), and after a year of ILR they can apply for British citizenship.

Individuals accessing this route into the UK have no recourse to public funds. NRPF is an immigration restriction which prevents people from accessing welfare benefits and supports, such as Universal Credit. The Home Office can provide housing and some financial support to a person who has claimed asylum if they do not have accommodation and/ or cannot afford to meet their essential living needs – this is section 98/95 support. Support will be

¹ The SW SMP is a Home Office grant-funded organisation, which acts as the link between central and local government to support the delivery of migration across the region. The SW SMP is hosted by South West Councils and currently supports the delivery of the following schemes: • Resettlement (UK Resettlement Scheme and Afghan Resettlement Scheme's including bridging hotels) • Asylum Dispersal including Contingency Hotels • English for speakers of other languages (ESOL) • Unaccompanied Asylum Seeking Children • Hong Kong BNO(Overseas)

withdrawn if a person is successful in their asylum application; they can then claim for benefits and access housing assistance from their local council.

Initial/Contingency Accommodation (IA/CA) is short-term housing that can be full-board, half-board or self-catering. It is usually in a hostel-type environment, used whilst longer-term accommodation is arranged. Dispersal Accommodation (DA) is longer-term temporary accommodation managed by accommodation providers on behalf of the Home Office. Asylum seekers will normally be able to stay in dispersal accommodation until their asylum claim has been fully determined. Due to a backlog in asylum claims and a lack of dispersal accommodation, IA has often been used for much longer than intended by asylum seekers.

When a refusal is given, asylum seekers may make appeals to the Home Office until they are “appeal rights exhausted” and their asylum support will be stopped. They may then be at risk of detention, and the Home Office can try to remove them from the UK.

When a positive decision is given, and the Leave To Remain is granted, individuals will be eligible to work, claim mainstream benefits, look for housing and be assisted with this in the same ways as other UK residents. At this point, they will be asked to leave their DA (or IA) accommodation as the Home Office support will stop and the responsibility will fall to the Local Authority.

Unaccompanied asylum-seeking children (UASC) who arrive in the UK can apply for UASC leave. This provides them with temporary permission to remain in the UK until they turn 18, at which point they may be able to apply for other forms of immigration permission. UASC leave is intended to provide protection for children who have arrived in the UK without a parent or guardian. It allows them to access education and other services, and provides them with support to help them transition into adulthood.

Resettlement Route

The UK currently operates three refugee resettlement schemes:

- UK Resettlement Scheme (UKRS) —for vulnerable refugees in refugee camps neighbouring countries with conflicts and/or instability. Participating local authorities in the UK lead on providing practical integration support upon arrival in the UK (accommodation, access to services, etc).
- Community Sponsorship — uses the same criteria as the UKRS, although participants are counted separately. Resettled refugees are matched with a local community group that has volunteered to provide integration support in the UK.
- Mandate Resettlement Scheme — a longstanding but little-used scheme for refugees who have a close family member in the UK who is willing to accommodate them and has permanent permission to stay or temporary permission with a route to permanent status.

The UKRS is the main resettlement scheme in the UK. Under the UKRS, refugees are identified and referred by the UNHCR or other international organizations, and the UK government determines whether to offer them resettlement in the UK. People who come through a resettlement scheme have usually already been recognised as refugees under the 1951 Refugee Convention.

Within the UKRS, there are nationality specific schemes:

- The Afghan Relocations and Assistance Policy (ARAP) and ex gratia scheme. This scheme caters for former locally employed civilians in Afghanistan. Eligibility is based on the primary applicant’s Review of the Health Needs of Asylum

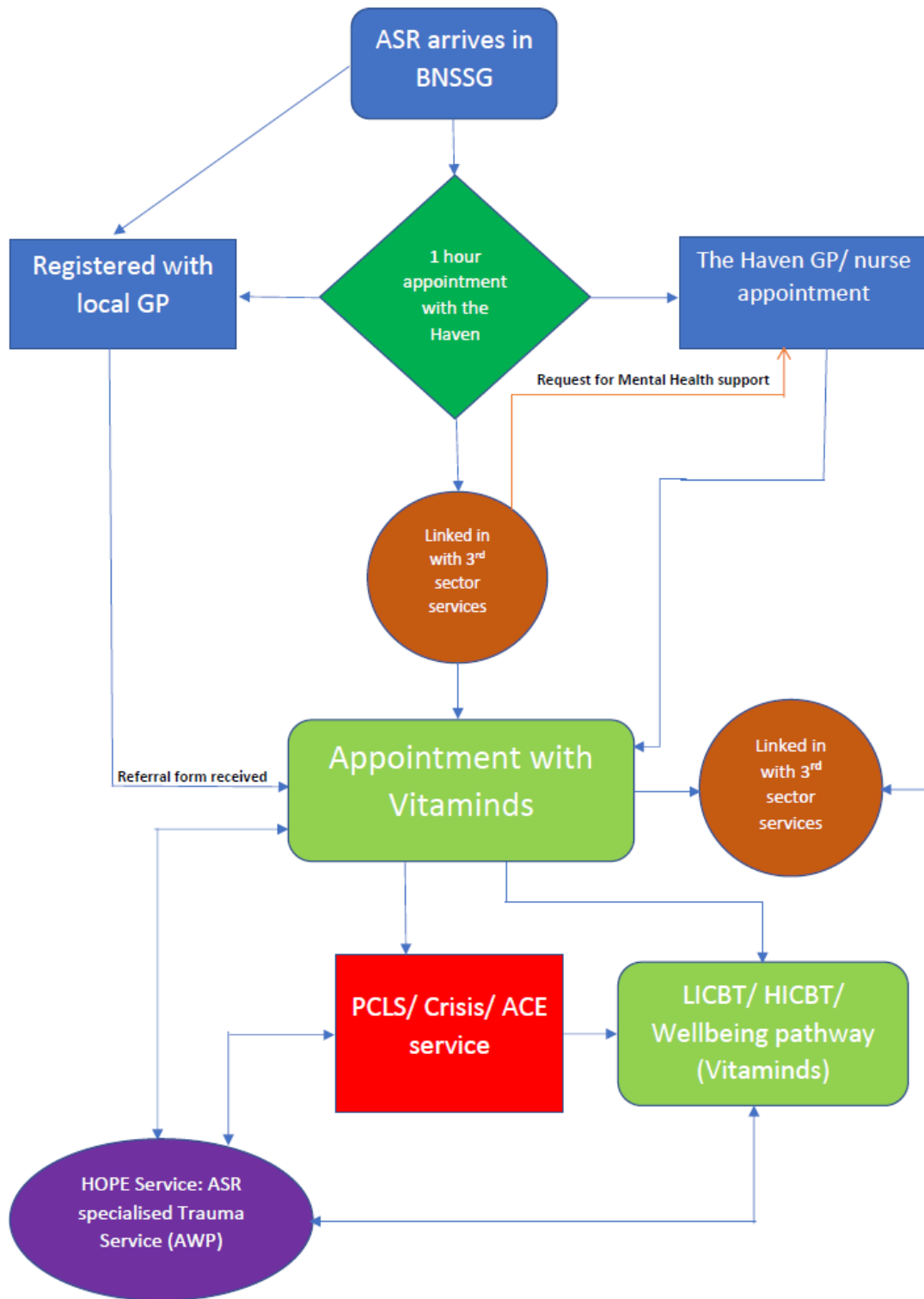
Seekers and Refugees in Bristol, 2024 80 previous employment in Afghanistan with the UK Government and related risks they may now face. People who come to the UK under these schemes are immediately given indefinite leave (permission to stay in the UK permanently). They are not recognised refugees.

- The Afghan Citizens Resettlement Scheme (ACRS). This scheme is available to some Afghan nationals and dependant relatives who are in Afghanistan or neighbouring countries (or who have already been evacuated to the UK) and are at risk due to the situation in Afghanistan.
- Ukraine Family Scheme. The Ukraine Family Scheme visa route is for Ukrainians (and their family) who have a UK-based family member with a qualifying immigration status. Eligibility is based on family ties in the UK.
- Ukraine Sponsorship Scheme ('Homes for Ukraine'). The Ukraine Sponsorship Scheme is for Ukrainians who have a sponsor in the UK willing to provide them accommodation for at least six months.
- The Hong Kong BN(O) scheme. This scheme was developed following concerns about erosion of human rights protections in Hong Kong, but it is not an explicitly protection-based scheme. Eligibility is not based on the person's risk of persecution in Hong Kong. Rather, it is a way of making it easier for Hong Kong BN(O) status holders to migrate to the UK compared to the general work, study, and family visa rules.
- The refugee family reunion route. This is available to close relatives of people who have already been granted protection in the UK through claiming asylum or being resettled in the UK.

Individuals accessing these routes into the UK have recourse to public funds, with the exception of the BN(O) route.

Find out more here: [Safe and legal \(humanitarian\) routes to the UK - GOV.UK](#)

Appendix 3: Vitamins Referral Routes



Appendix 4: Definitions

Asylum Seekers	Asylum is the protection that is granted by a nation-state to a person who has fled their country to escape serious threat to their life or liberty. People granted this protection, which arises out of the United Nations 1951 Convention Relating to the Status of Refugees (the “Refugee Convention”), are called refugees. The word refugee is also used more generally to refer to anyone who has fled their country to escape war, persecution, or natural disaster, even if they have not been granted protection under the Refugee Convention ⁷¹ .
Refugees	The Refugee Convention defines a refugee as 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 nationality and unable or, owing to such fear, is unwilling to avail himself of the protection of that country”. An asylum seeker (or asylum applicant) is a person who has applied for recognition as a refugee under the Refugee Convention, to which over 140 nations are signatories (UNHCR, 2020) ⁷¹
UASC	<p>The Home Office defines an Unaccompanied Asylum Seeking Child (UASC) as an individual who is under 18 when the asylum application is submitted, is not being cared for by an adult who by law has responsibility to do so, is separated from their parents and has applied for asylum in the United Kingdom in their own right. They are not a homogenous group but vary by age and background with a range of experiences of trauma, separation and loss, both before and during their asylum process.</p> <p>Unaccompanied children are entitled to care and protection under the provisions of the Children Act 1989 (as amended by the Children and Young Persons Act 2008). The responsibility for these children is devolved to local authorities and once they reach 18 years old, the duty is held within the Care Planning and Care Leavers Regulations 2010 (amended in 2014 to take account of unaccompanied asylum seeking children)</p>
NRPF	<p>A person will have no recourse to public funds when they are ‘subject to immigration control’. A person who is subject to immigration control cannot claim public funds (benefits and housing assistance), unless an exception applies.</p> <p>Section 115(9) of the Immigration and Asylum Act 1999 states that a person will be 'subject to immigration control' if they have one of the following types of immigration status:</p> <ul style="list-style-type: none"> Leave to enter or remain, which has a 'No Recourse to Public Funds' (NRPF) condition Leave to enter or remain that is subject to a maintenance undertaking Leave to enter or remain as a result of a pending immigration appeal No leave to enter or remain when they are required to have this⁷²

Appendix 5 Voluntary, Faith-based and Private sector Providers of Services to Asylum Seekers and Refugees in BNSSG

Many voluntary, faith-based and private sector organisations help to provide wrap around care for ASRs in Bristol. Some focus on health and some on the wider determinants of health. This collective effort is widely acknowledged to make a huge difference to maintaining the overall health of ASRs. Please note: this data is likely to become out of date rapidly so please check the web links for updates.

Bristol Refugee and Asylum Seeker Partnership (BRASP). BRASP is a partnership of 15 Bristol organisations⁹⁸ that was set up in 2019 to strengthen strategic leadership within the ASR support sector, and provide greater voice for/by ASRs in the city. It seeks to increase understanding and visibility of ASR work outside the sector and strengthen links with those working in other areas, such as housing and homelessness, disability, LGBT+ and business. BRASP is supported by: Bristol City Council Impact Fund; National Lottery Community Fund; Quartet Community Foundation; Refugee Action Explore Adapt Renew. Bristol Refugee Forum meets bimonthly and is convened by BRASP. BRASP is currently developing a website to support coordination and signposting and minimise duplication of effort and resources.

The BCC BRRT commissions support for service users in the ARAP hotels including activities to support their physical and mental health, social interaction, ESOL classes, understanding UK systems and finding the housing and employment so essential for peace of mind, self-esteem and overall wellbeing. Many of the same organisations are funded by other sources to provide these for asylum seekers in hotels and in the community as well.

Voluntary, Community and Social Enterprise (VCSE) organisations

The following is a list of some of the organisations that provide an array of services to ASRs living in the Bristol area.

1625 Independent People house homeless young people aged 16 to 25 offering safety and support and enabling young people to achieve their aspirations. 1625 currently support nine UASC offering 7.5 hours support a week per child. All young people are 16 and over. The young people need an initial health assessment with the Haven health centre for refugees and asylum seekers for vaccinations and registering with GP, and also a Looked After Children health assessment. Out of Hours support is provided through 1625ip other homeless projects, which is important as trauma symptoms may manifest in the quiet hours of the night rather than during the day when there are more distractions.

Aid Box Community – ABC provides support, supplies, and sanctuary for ASRs in Bristol. They provide practical aid and community to people who have been forcibly displaced. They have a free shop in Bristol for refugees and asylum seekers which is also a community hub.

Ashley Community Housing – ACH is a registered housing association offering a holistic wrap-around service for people who have recently received status including housing, training, budgeting, advice guidance and employment support. ACH is the Careers National Service for employment for BME people in the city.

Barnardo's provide a Friday evening Youth Provision focussing on participation, voice and influence for children in care which is attended by unaccompanied asylum seeking young people.

Borderlands Bristol – Borderlands offers a drop in for two days a week offering a safe space with a focus on welfare and listening. Borderlands work with people seeking asylum in the UK and people who have recently become a refugee, including people who have been trafficked. Borderlands offer hot food, advice, access to mentors and courses to assist people to manage their money.

Bridges for Communities and B.Friend – Bridges offers a befriending service to provide social support and meet individual needs for vulnerable refugee and asylum seeking adults who can't access the drop ins. Bridges also provide cross cultural understanding courses, trips and multi-cultural meals.

Brigstowe Project support many refugees and asylum seekers as part of its work which aims to improve the quality of life for people living with HIV to ensure people living with HIV live long, healthy lives; building resilience and reducing their inequalities and disadvantages in poverty, stigma, prejudice and discrimination.

Bristol Hospitality Network BHN predominantly supports people who are refused asylum. BHN co-ordinates a hosting network to offer accommodation for free on a full board basis and a Solidarity Fund of £10 a week for the most vulnerable members. They also offer volunteering opportunities and involvement in a catering business and run a drop in centre on a Monday at Easton Christian Family Centre and which is open to all, offering a hot lunch and support from an advocacy team for destitute asylum seekers, they offer English classes at 3 levels, games, art therapy, barbers shop, and choir. Advocacy is most the important service because destitution is a temporary state between claims. BHN can't support families as infrastructure does not allow supported lodgings to host children.

Bristol Law Centre BLC Professional legal advice capacity is significantly constrained by cuts and changes to legal aid policy over the last decade. Bristol Law Centre do support some people to make fresh asylum claims/appeals, and Bristol Refugee Rights also run an advice project helping support and signpost people with regards to their legal status.

Bristol Refugee Rights – BRR provides a welcome hub three days a week, offering a safe supportive place where refugees and asylum seekers can receive hot food, ESOL with a creche, advice, advocacy, clothing. Peer support enables dignity and solidarity and mobilising around Action for Change. Other agencies also support the Welcome Centre e.g. education, welfare, MIND, the Haven, SARI. The Asylum Support Service is now based at the centre. In April 2023 BRR was commissioned by BCC to provide support within a new ASR hotel.

CaafiHealth CaafiHealth is a community interest company helping communities in BNSSG to overcome health barriers. It works in communities to address health inequalities and find ways that health services can be shaped to become inclusive and accessible for all. It supports under-served communities by sharing good practice and exploring ideas to help educate and empower people to access mainstream and specialist health services.

Calais Refugee Solidarity Bristol is a grassroots organisation which provided humanitarian assistance to the Calais camp known as the Jungle. The organisation aims to raise funds for medicine and to meet essential needs for shelter and safety for children. The project also campaigns for the rights of refugees and their safe passage through Europe.

Citizens UK – Co-ordinates the will, skills and experience of Bristol Citizens to benefit refugees in the city and to lobby local and national Government to improve provision for resettlement.

City of Bristol College ESOL - 932 places are available on part-time ESOL courses for adult learners at the College. Classes are held in the mornings, afternoons and evenings

enabling learners to fit their courses around their work and family commitments. Courses are divided into two 18-week semesters, Sept to Feb and Feb to July. Extra Skills classes are also available in addition to the part-time courses to support development of specific skills (i.e. Maths, Writing and Speaking & Listening) 170 places are available on full-time courses for students aged 16-18, ranging from Entry 1 to GCSE. The GCSE/ESOL course is run over 2 years. Year 1 includes functional skills English, maths GCSE and core science GCSE. Year 2 includes GCSEs in English, sociology and additional science.

City of Sanctuary Bristol was officially recognised as a City of Sanctuary in 2010. This status is due to be reviewed and renewed in 2024. BCoS focuses on supporting asylum seekers and refugees who have been recently awarded status, and creating a welcoming environment for asylum seekers in the city. BCoS: supports local organisations to deliver services for refugees and asylum seekers. A joint services leaflet in different languages can be found on its website.

Works with local schools and colleges to help them become places of welcome for those seeking sanctuary.

organises events and conferences, celebrating sanctuary within the city whilst also looking at ways to tackle the injustice that can be faced by refugees and asylum seekers.

raises funds for its Bristol City of Sanctuary Transport Fund, which provides bus tickets for destitute asylum seekers and vulnerable refugees.

works with local businesses, helping them to explore ways that they can harness the gifts and talents of sanctuary seekers.

English for Speakers of Other Languages ESOL classes are promoted on www.LEB.Community. Some asylum seekers can access free language classes and conversation clubs run by voluntary sector organisations. ACH, BRR, Beacon Centre. City of Bristol College provides English for asylum seekers aged 16-19 and for adults aged 20 and above. Bristol City Council Community Education offer ESOL and conversation classes.

Good Faith Partnership organises Welcome Hubs to provide a wrap-around community response for Ukrainians and ASRs coming to the UK. The Welcome Hubs are designed to link local, volunteer-led groups to each other as well as to the corresponding Local Authority and the wider VCSE sector.

Home for Good is a charity which aims to make adoption and fostering a significant part of the life and ministry of the Church in the UK and promote fostering and adoption in places of worship, referring interested carers to register with the local authority.

Knightstone Housing are providing support for the Syrian VPR scheme in South Glos.

Nightstop provides supported lodgings for young people aged 18-25. 15% of people using Night Stop are asylum seekers, refugees or refused asylum seekers. In 1st 8 months provided 408 bed nights. 30 families offer their spare rooms for one or two nights or longer.

Project Mama offers pregnant asylum seekers and refugees pre-birth and post maternity support. Volunteers can provide support during the birthing process for women who don't have other support. Our Story – Project MAMA

Pride Without Borders – a new service supporting LGBTI refugees and asylum seekers with practical and emotional support as well as representation and advocacy Pride Without Borders - Bristol Refugee Rights

Quartet Community Foundation. As a local community foundation, Quartet raises funds from a variety of philanthropic sources to provide support to organisations and projects supporting ASRs in BNSSG. These include BRR, Borderlands and BRASP.

Red Cross offer 'Move On' advice and advocacy for people newly granted Leave to Remain. Destitution support to destitute asylum seekers and new refugees: £10 per week per person in family, for up to 8 weeks, + 4 weeks in exceptional circumstances, sleeping bags for street homeless clients, food vouchers for food banks, toiletries, and clothes vouchers to be used in Red Cross charity shops. International Family Tracing for people to try and re-establish contact with family after separation due to war, conflict, disaster or migration. Training and talks for other organisations on refugees' experiences and needs.

Refugee Women of Bristol is a safe space for women to share their experiences. RWOB help women to learn English, communicate with people around them, to begin a new life and learn how systems work in the UK. They also support more settled communities who have less immediate needs and can focus on preventative awareness such as health and safeguarding issues. They provide a drop in with ESOL with crèche and computer club, which works for women whose busy lives make it hard to get ongoing commitment to ESOL.

Right to Remain – a guide to what happens after you receive refugee status.

Refugee Welcome Homes provide accommodation for single male refugees who are under 35 who are applicable for HB but not for home choice. Currently have 8 bedspaces. The organisation is run by volunteers. RWH is in discussion with JRF to persuade JRF to invest in Bristol to try to attract social entrepreneur funding to buy 50 houses for RWH.

SARI – Stand up Against Racism and Inequality provides support for refugees who are victims of racist and religious hate crimes, and can act as a referrer into specialist support for victims of disablist, homophobic and transphobic hate crime.

The HOPE is the name of Bristol's virtual school for children in care and is a structure to improve the education of Children in Care. Unaccompanied Asylum Seeking Children aged 16 and under are registered with the Hope.

Trauma Foundation South West – TFSW one to one counselling for asylum seekers and refugees. Also professional supervision for staff working with traumatised clients. Also PTSD recovery group for Afghan asylum seekers.

University of Bristol – Provides 5 scholarship places for refugee students.

University of the West of England – Providing in depth advice on transferable qualifications

Unseen - Unseen provides specialist accommodation and outreach support for victims of human trafficking and modern slavery across the South West of England, many of whom are asylum seekers, refugees or have been refused asylum.

We Care Too – Fund raising charity with strong links into Muslim community, providing aid abroad and household goods and practical support locally

Welcome Committees – Membership includes the Red Cross, B-Friend and Bridges for Communities, local Syrian activists, We Care Too, Severn Vineyard and Brighter Bristol Storehouse, and Westbury On Trym Baptist Church, but has a much wider e-membership who can be called upon for donations. Established to provide wrap around support for Syrian Refugees with strong links into Christian and Muslim communities providing household goods and practical support locally. An additional group has formed to provide wrap around support for UASC.

Welcome Wednesdays – Creative Youth Network provides a youth club for unaccompanied asylum-seeking children who meet at the Station on Wednesdays at 6pm.

Womankind - Safer Women's Project (based at Bristol Women's Therapy Centre)– offers free specialist counselling for refugee, trafficked and asylum-seeking women. Based in central Bristol, all the counsellors are female, qualified and have specialist experience in working with trauma. For women who do not speak English, trusted and confidential interpreters can support the counselling sessions.

Faith-based organisations

In 2022 Bristol City Council joined with Christian Action Bristol, Bristol churches and the Good Faith Partnership to create a network of Welcome Hubs. There are currently (Dec 22) 15 Welcome Hubs⁹⁹, set up by churches around Bristol at the beginning of the Ukrainian crisis to provide a focal point for Ukrainians living in the city to meet and find support. They also serve as a location where health personnel can meet several people at once. Some are now open to a broader group of refugees and service users from the South Gloucestershire Council area are directed to these.

Several other ASR support and advocacy organisations are supported by FBOs. For example, Borderlands¹⁰⁰ operates with support and funding from St. Nicholas of Tolentino RC church and provides a range of support to ASRs and those with insecure immigration status. Bristol Hospitality Network, Bridges for Communities, and Refugee Women of Bristol all operate out of Easton Christian Family Centre. The Bristol Multi-Faith Forum¹⁰¹ campaigns for better understanding about and among different faiths and among other things draws attention to the health and other needs of ASRs.

Bristol City of Sanctuary has also connected various faith leaders and groups in the city¹⁰².

Private sector organisations

These generally offer their support in the form of free or discounted services, donations or offers of training and employment and work in tandem with voluntary organisations. Most employment offers are organised by the BRRT with the DWP.

Among the offers are:

Befriending schemes – such as walking volunteers, sewing groups.

Language support - ESOL classes and interpreters

Active partnership with DWP for skills training and employment opportunities

Opportunities to volunteer and gain employment and language experience

Clothing and household goods and school equipment, weekly drop in, registering people in college

Trips to places of interest in Bristol and South West

Holiday club and leisure activities – circus skills, arts and crafts, music

Sports activities – cricket, football, yoga,

Tickets - to the cinema, museums, Bristol landmarks.

Christmas and other presents

Examples of #WeAreBristol donations in 2022

Household goods & school equipment from Wilko
family residential camping trips
200 bus passes from FirstBus
Dental care products
School bus Volunteers
Walk with me volunteers
Befriending volunteers
Gloucestershire Cricket Club
Arnofini cinema night
Fund raising activities from Wotton under Edge Lions, Bristol Brunel Lions, Thornbury Lions
and Dursley Lions
Holiday Club activities
School uniforms and presents
Christmas presents from Bristol Lions
School uniform donations
Laundry service
50 handmade quilts given to refugee families
Tours of The Matthew
Bristol City Robins Foundation – Bristol City Football tickets
Welcome Bristol Library
Tickets to We the Curious
Tours at M-Shed
Circus workshops
Arts and crafts workshops
X church Stay and Play group
Tobacco Factory Theatre tickets
Black to Nature Chew Valley visit
Introduction to local mosques
Baggator Christmas Holiday scheme

Appendix 6: Asylum Seeker and Refugee Wellbeing Conference Summaries:

World Café Summary 1:

World Café 2024 - Removing access to barriers for health and wellbeing

Accessibility and inclusion

- Supporting native languages and offering non-digital access options, such as for GP registrations.
- Digital inclusion with a focus on providing more comprehensive support beyond translation, including videos, images, and letters.
- Additional concerns included the proximity and cost of services, affordable bus travel, and the availability of childcare or crèche services to ensure broader accessibility for all community members.

Cultural Competence

- the importance of considering cultural and religious awareness, including an understanding of social norms.
- Creating trusted spaces and allowing time to build strong foundations within communities were also identified as essential for fostering inclusivity and understanding.

Systemic and Structural Support

- lack of consistent funding and the need for improved data sharing across services. These issues were seen as critical barriers to creating sustainable and efficient support systems.

Awareness and Education

- key issues centred around improving communication and outreach.
- Better signposting was identified as crucial for sharing existing resources, while upskilling the wider system was seen as essential for broader community engagement.
- Understanding the barriers faced by different communities was also highlighted as a priority.
- Additionally, fostering positive relationships with local media was recognised as an important strategy for raising awareness and offering support.

Support and Engagement

- need to help people navigate systems through accessible online services and consistent approaches across different services and areas.
- Recruiting individuals with lived experience, offering volunteering opportunities and apprenticeships, and recognizing the valuable skills that ASRs (asylum seekers and refugees) can contribute to society.

Different delivery models

- The need for transition workers, such as those supporting moves from ARC to Hope, was emphasised, along with the importance of offering self-referral options.
- co-location of services outside traditional clinical settings

- providing a variety of therapeutic approaches beyond just talk therapy.

World Café Summary 2:

World Café Summary 2023: What needs to happen for us to improve refugee engagement with mental health services/wellbeing services/therapy? And how can we make it happen?

Service Accessibility and Coordination	Understanding and Navigating the Healthcare System
<p>Challenges: Waiting times, lack of joined-up service delivery, chaotic lives complicating service access.</p> <p>Solutions: Cross-boundary collaboration (e.g., working with other organizations like Haven at initial assessment) and leveraging experience and best practices in services.</p>	<p>Challenges: Limited understanding of available services, difficulties in working with interpreters.</p> <p>Solutions: Education on the healthcare system and supporting people to navigate the system.</p>
Resource Availability and Alternative Support Options	Client-Centred Service Delivery
<p>Challenges: Availability of mental health support.</p> <p>There are opportunities to provide mental health services beyond traditional therapy (e.g., football, gardening).</p>	<p>Listening to what people want and need, tailoring services based on client feedback and needs.</p>

World Café Summary 3:

What needs to happen for us to better support people in mental health crisis? And how can we make it happen?

Improving Communication and Coordination	Funding and Service Stability
<ul style="list-style-type: none"> • There is a need for enhanced communication across services. • Suggestions included providing staff training, establishing centralized services like a single contact number, and creating a central hub to streamline coordination and improve access to support. 	<ul style="list-style-type: none"> • Long-term sustainability of services is key. • Securing consistent funding to maintain the continuity and stability of specialised services, which are vital for ongoing support.

Staff Training and Immediate Support

- Empowering staff by providing real-time assistance.
- Staff should be trained to effectively signpost services and be equipped to offer immediate, in-the-moment support to clients when needed

World Café Summary 4:

What needs to happen for us to work in the best possible way with interpreters in the area of mental health/wellbeing/therapy? And how can we make it happen?

Interpreter Quality and Effectiveness

Issues: Interpreters not fluent in the required language, English speakers misunderstanding the interpreter, interpreters interrupting service users, and making assumptions.

Solutions: Properly match interpreters with service users to ensure language and dialect compatibility.

Cultural Sensitivity and Understanding

Issues: Lack of sensitivity to different dialects and cultural nuances.

Solutions: Provide support and training for interpreters, focusing on cultural practices and mental health issues such as PTSD/Trauma.

Improving Communication Dynamics

Issues: Interpreters interrupting service users and making assumptions.

Solutions: Implement supervised sessions to monitor and improve the communication process between service users, interpreters, and service providers.

World Café Summary 5:

What do you need as an individual or service when working with people who have experienced trauma?

Staff Training, Education, and Support

- Providing education on basic trauma understanding and trauma-informed practices
- Offering supervision and training to support staff, and valuing staff

Service Coordination and Strategic Planning

- Improving the delivery and integration of services.
- providing joined-up care through holistic service provision.

through peer-to-peer support and debriefing.

- Understanding intersectionality and treating people as individuals is crucial for effective and compassionate service delivery.

- Improving information and pathway sharing to ensure coordinated and seamless support across different services

Resource Sustainability

- Ensuring long-term resource availability
- Sustainable resources in terms of staff, environment, and funding.

Collaboration and Lived Experience

- Using co-production approaches and involving clients in the service design.
- Facilitating service provision in collaboration with those who have lived experience.

Accessible and Appropriate Facilities

- Providing suitable environments for service delivery.
- Ensuring appropriate spaces and facilities, along with effective signposting and support.

World Café Summary 6:

World Café Summary 2023: What needs to happen in order for us to better support young people? And how can we make it happen?

Issues: Age disputes in hotels, services not supporting all children e.g. UASC, services not co-ordinated, inequitable resources, lack of access to travel/support, young people disappearing, lack of understanding of UK systems.

Solutions: Training, funding, bus passes, group activities, specialised MH support, whole family support, central hubs, life skills groups/workshops, peer-support, co-production “with” not “for”, peer support/buddy system,

World Café Summary 7:

World Café Summary 2024: What needs to happen to better support children's wellbeing and MH?

Housing

- ensuring appropriate housing for unaccompanied asylum-seeking children (UASC)
- Improving conditions in dispersed housing
- Enhancing safeguarding measures in hotels
- Integrating CAMHS (Child and Adolescent Mental Health Services) support into hotel settings where children are temporarily housed

Training

- providing culturally appropriate support that respects heritage, including language considerations.
- implementing trauma-informed practices
- Offering specialized training for teachers and schools to better support children's mental health and wellbeing.

Service delivery changes

- expanding access to therapeutic services and treating families holistically.
- There was a call for quicker processing and assessments, along with the provision of high-quality translation services, ensuring children are not used as interpreters.
- The need for arts-based participatory research and individualised care, rather than a one-size-fits-all approach
- Awareness of the vulnerable transition period from childhood to adulthood at age 18,
- Importance of providing support for families, including parental support and safe spaces.

System level changes

- Increasing support for the third sector
- improving signposting to available resources
- Fostering stronger partnership working between organizations, and breaking down silos within the system to promote a more integrated and collaborative approach to supporting children's wellbeing and mental health.

Leisure Activities and Wellbeing

- providing young people with age-appropriate spaces and alternatives to traditional talking therapy, such as art, music, and play.
- Ensuring access to recreational activities like free swimming

- Improving access to services in schools and colleges, including transport
- Long-term pastoral support throughout education, extending into university, was identified as essential for promoting children's overall wellbeing.

World Café Summary 8:

What needs to happen for us to support and enable more people with lived experience to work in the sector? And how can we make it happen?

Overcoming barriers

including permission to work, English language ability, understanding of processes

Understanding trauma

including awareness & triggers, events in origin countries
Awareness to not re-traumatise

Mindful & conscious training

working 'with' rather than 'for' and recognition of skills
Recognition of being equal
Not using someone as an interpreter

Raising aspirations & making them a reality

Support for training, learn about how to get jobs. Advertising jobs, fair processes, volunteering with lived experience, platforms for opportunities specifically for refugees
Reasonable adjustments
Training and support around meeting/interview
Active support into jobs – not just in refugee sector.
Application/Interview process – experts by experience, support with processes, where are adverts posted/shared.

Structural

Unrecognised qualifications/experience
Adaptions required in infrastructure/system to employ ASR LE
Look to success of international development sectors

World Café Summary 9:

Joint statement: What is the impact of government policy on the work your organisation does?

Hostile Environment

- 7 days to find a home, unacceptable. Language is key.
- Narrative can cause increased violence/aggression and racism to community.
- Policies don't support the people they are supposed to protect – increase insecurity/uncertainty. Dehumanising processes, re-traumatising, inequitable. Divides and separates families. Significant negative impact upon mental health

Structural

- Poor data sharing – problems with continuing support across boundaries
- Better processes abroad to reduce risk/desire to make journey.
- Increased pressure for local governments – 2 tier system, not equitable.
- Lack of funding

Policy Development

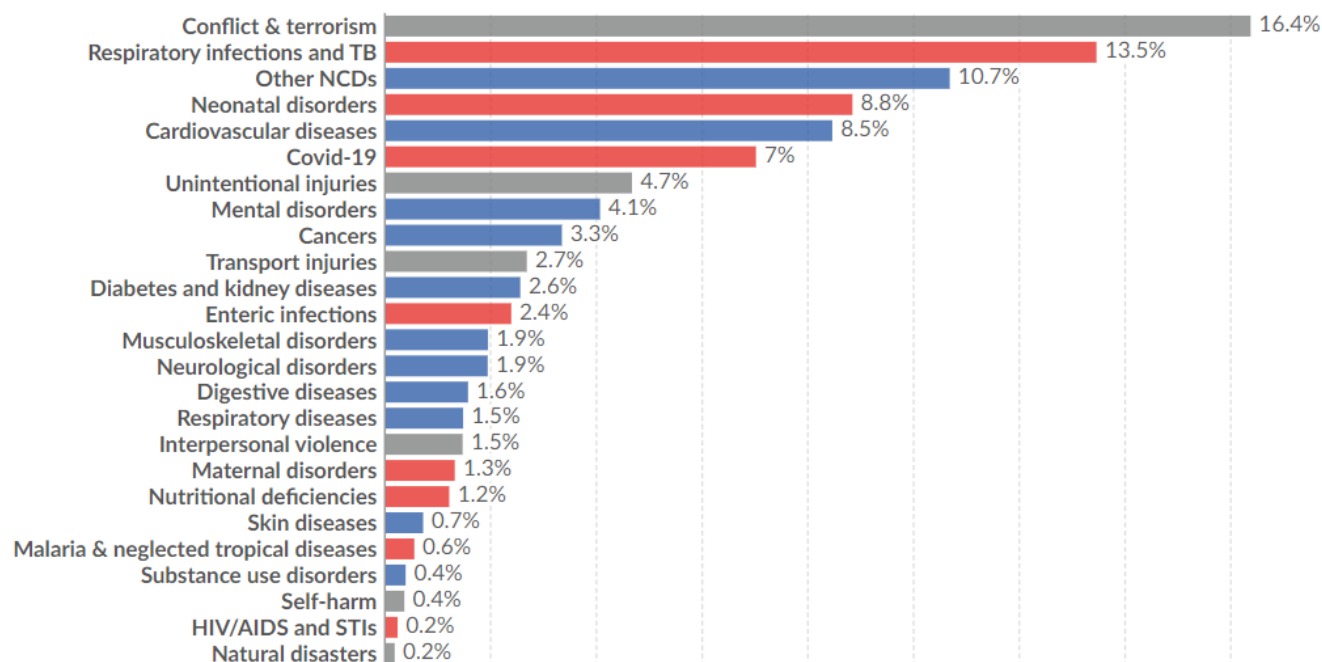
- Policies are designed through department lens of understanding (Home Office)
- Must include ASR voices in policy making
-

Appendix 7: Burden of Disease by Country:

Share of total disease burden by cause, Afghanistan, 2021

Our World in Data

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

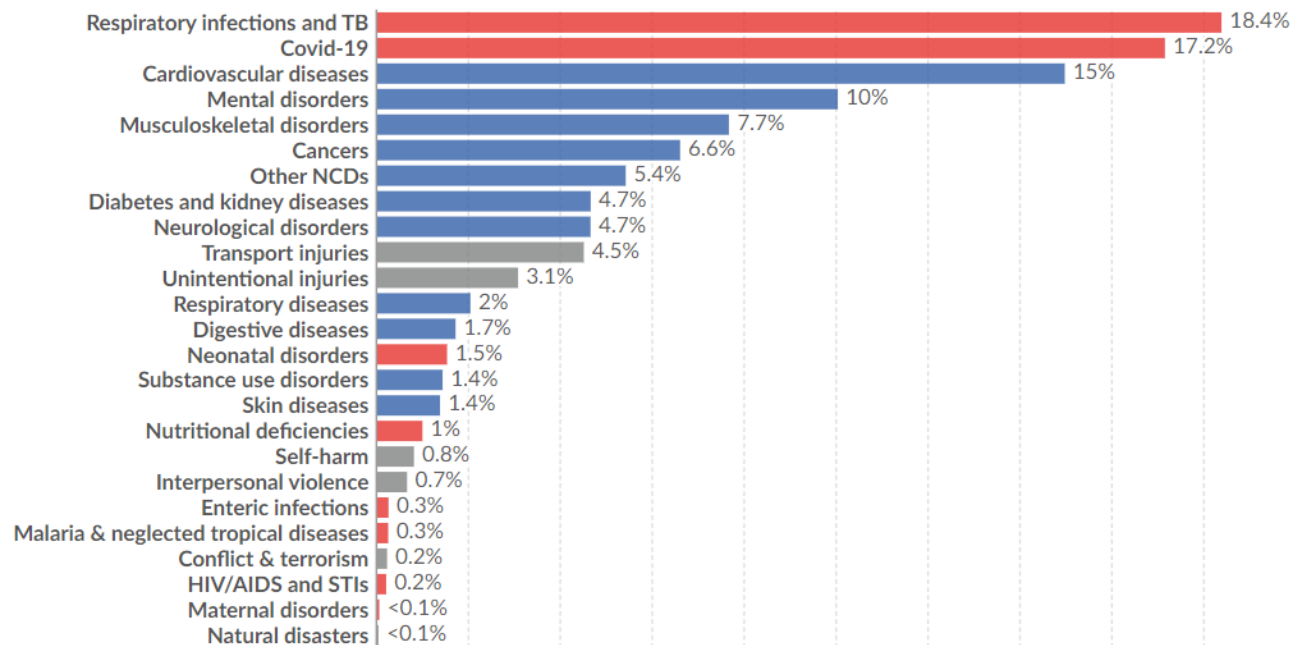
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Iran, 2021

Our World
in Data

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



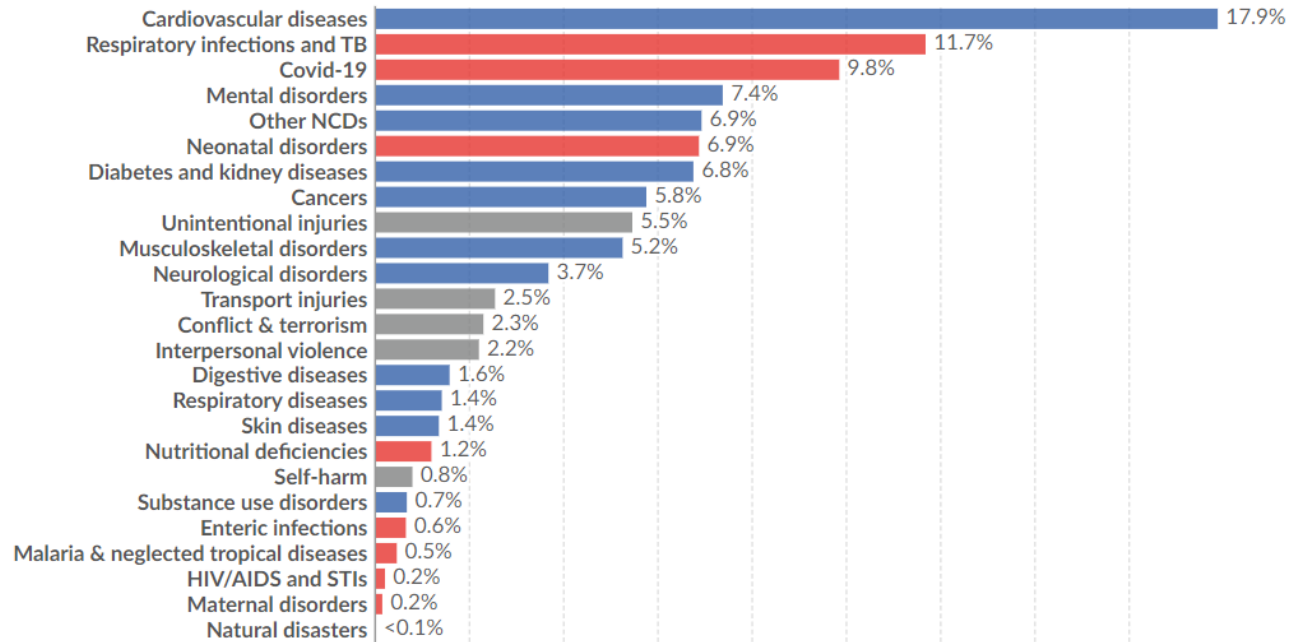
Data source: IHME, Global Burden of Disease (2024)

OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Iraq, 2021

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

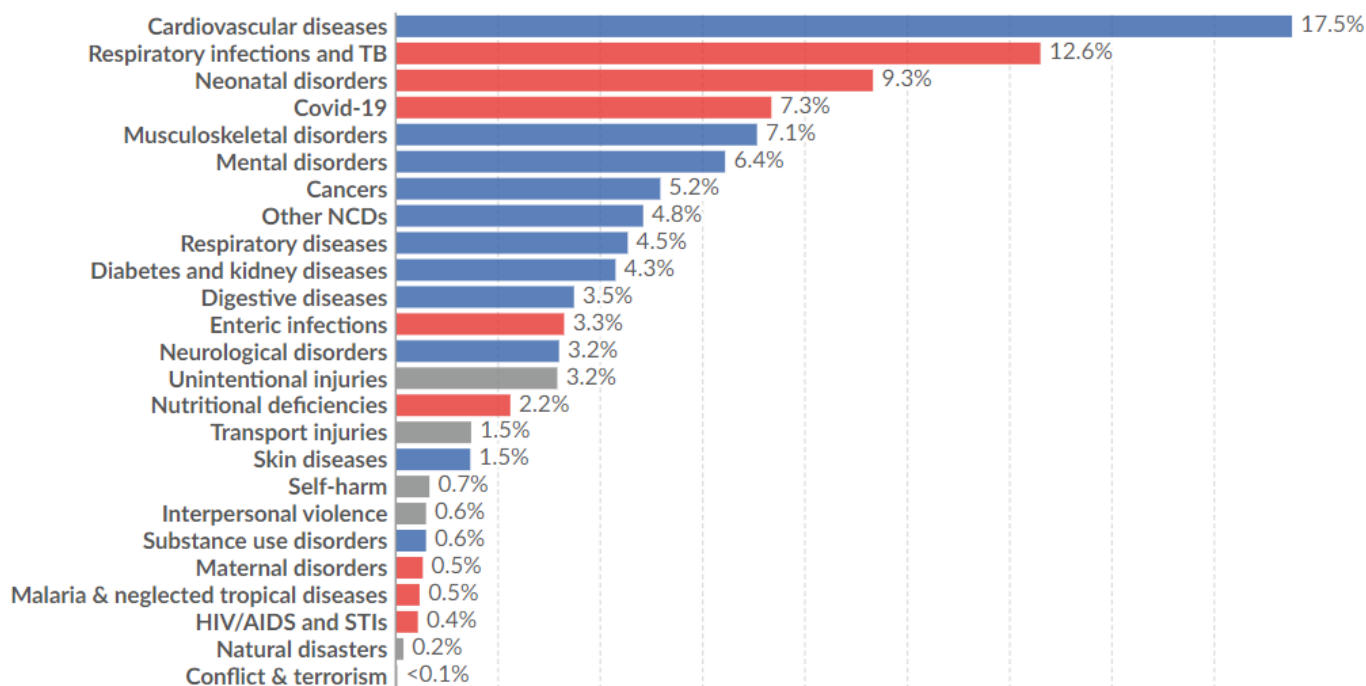
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Bangladesh, 2021

Our World
in Data

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

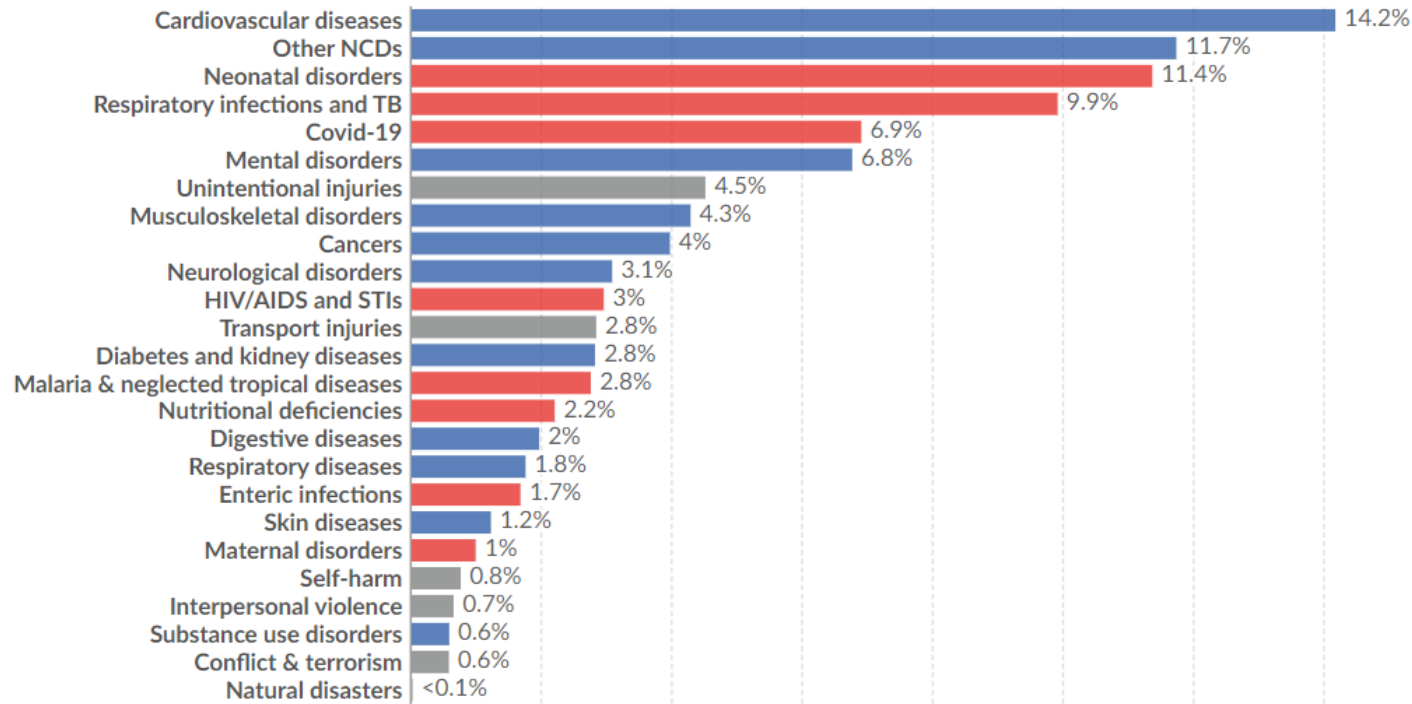
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Sudan, 2021



Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

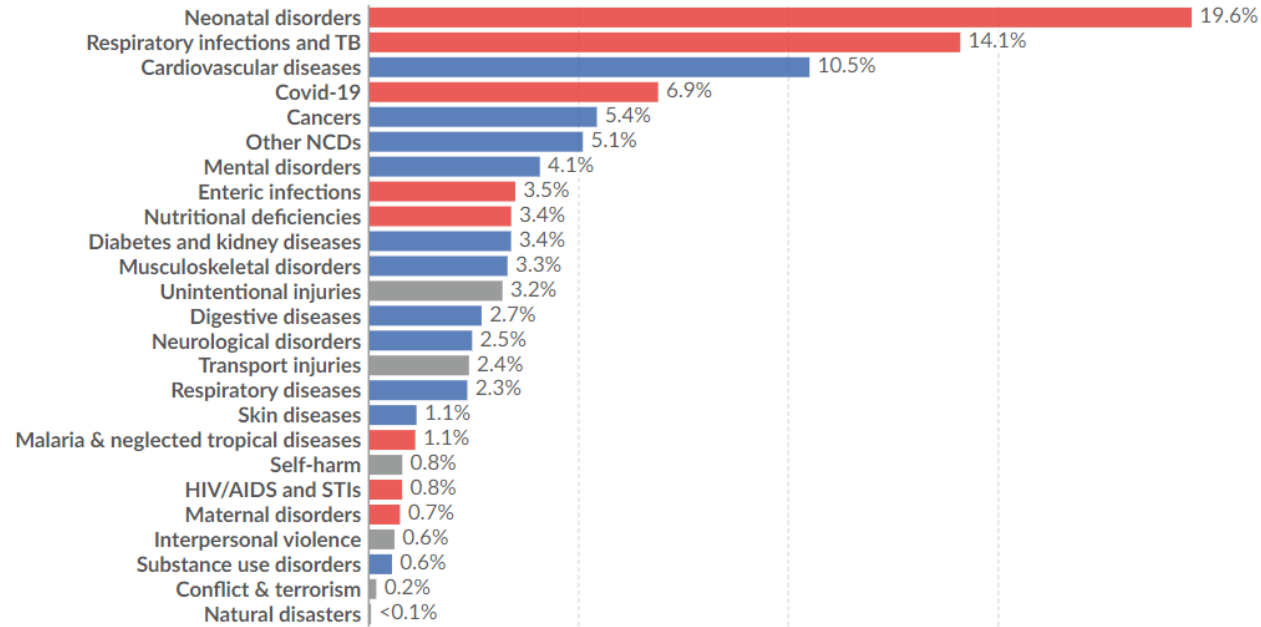
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Pakistan, 2021



Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

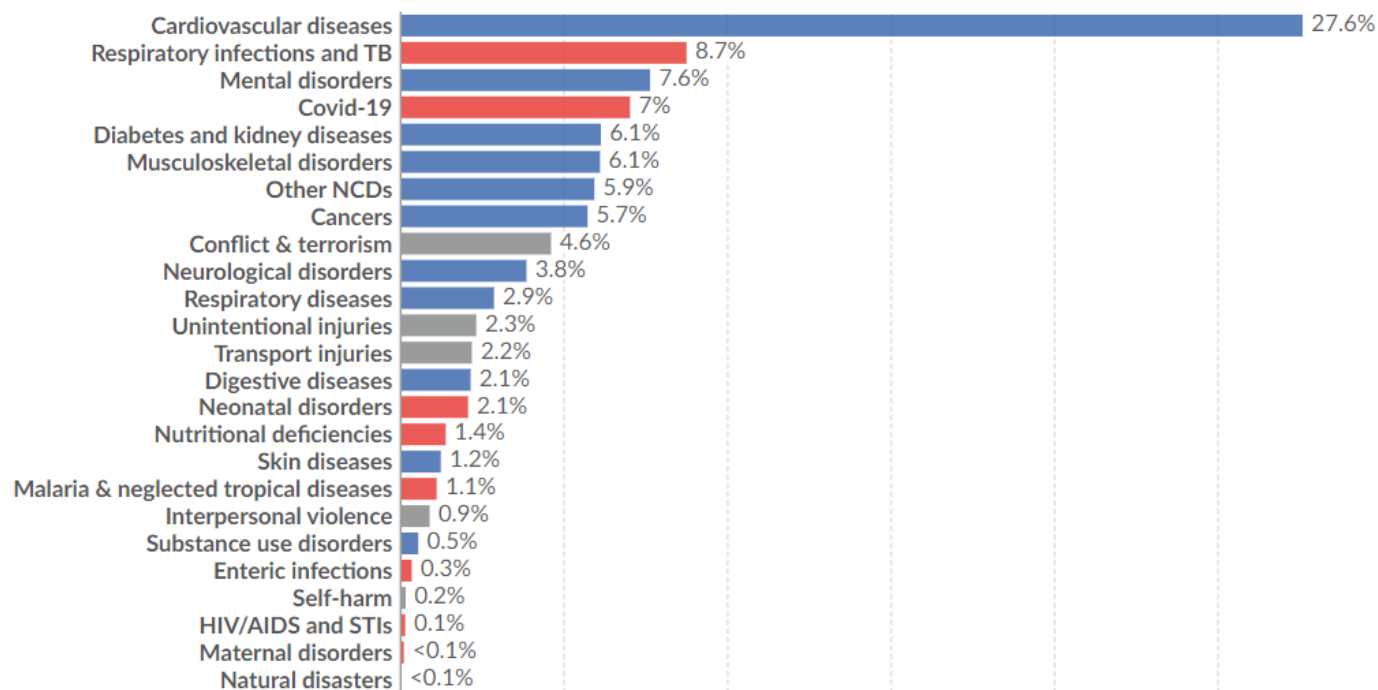
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Syria, 2021

Our World
in Data

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

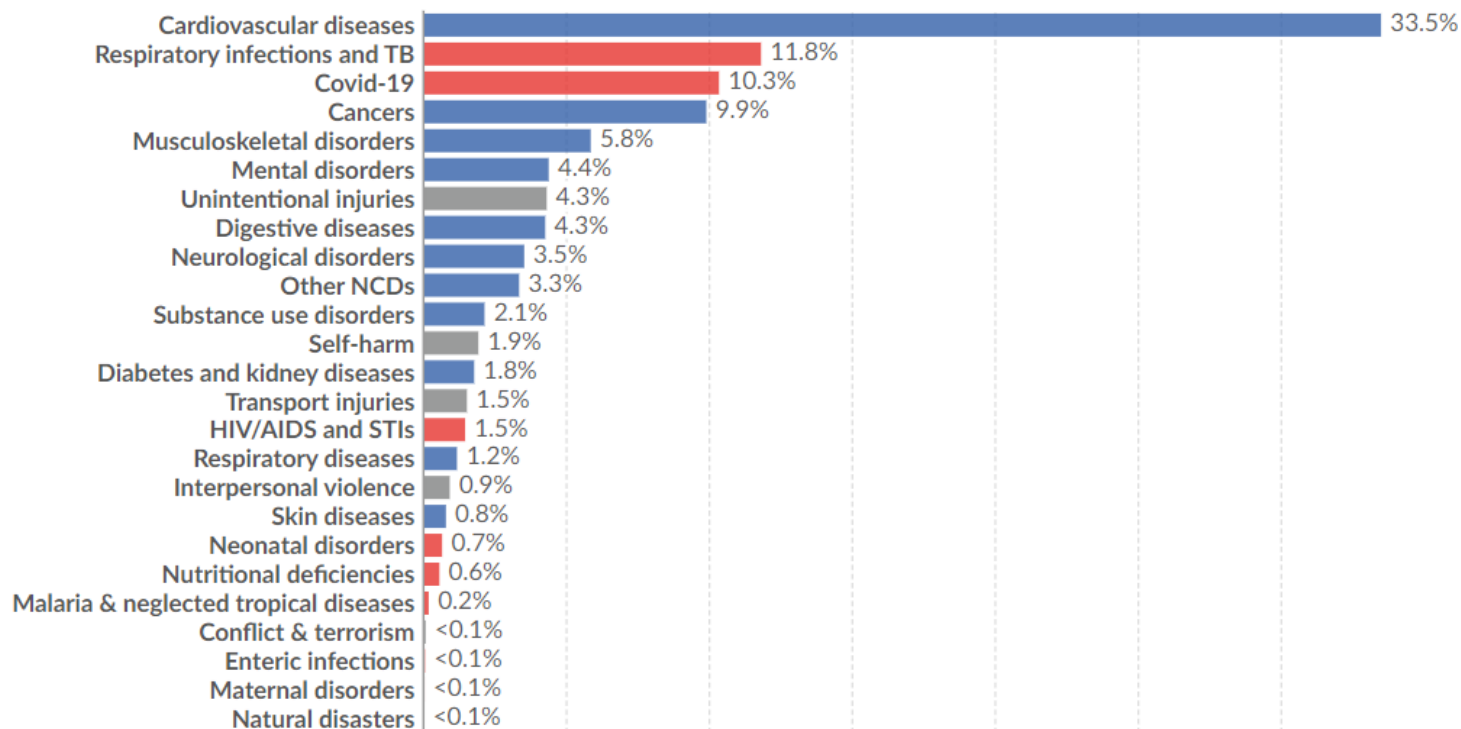
OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Share of total disease burden by cause, Ukraine, 2021



Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Data source: IHME, Global Burden of Disease (2024)

OurWorldinData.org/burden-of-disease | CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

Appendix 8: Engagement Activities

Background

For the needs assessment we did a number of engagement activities to ensure that we had engagement from stakeholders across the system and is summarised in the table below.

Strategic partners and providers	VCSE Sector Engagement	Engagement with Asylum Seeker and Refugee Communities
<ul style="list-style-type: none"> Steering group meetings 1:1 meetings Organisation specific group meetings In-person group meetings 	<ul style="list-style-type: none"> 1:1 meetings Survey circulated to VCSE sector organisations across BNSSG 	<ul style="list-style-type: none"> Supported to engage at drop-in centres across Bristol in collaboration with BRASP.

Strategic Partner Engagement

This included working with Local Authority teams involved in supporting ASRs such as Resettlement Teams, Housing, Education, Adult Social Care and Public Health. We also liaised with healthcare services and providers of specialist services for ASRs, University teams, and with organisations supporting ASRs. This was done either through involvement in the steering group, 1:1 or small meetings or in-person meetings with teams to gain understanding about key issues and challenges within their sector.

VCSE Sector Engagement

We also carried out 1:1 meetings with VCSE Sector organisations to gain deeper understanding of the challenges in the sector and to find out what works well for the ASR community and opportunities to do things better.

We also produced a survey which was circulated to VCSE sector organisations, to gather views and opinions to understand the issues facing the sector.

For both Strategic Partner Engagement and VCSE Sector Engagement discussions were focused around the following three key questions:

- Have you seen an increase of need in your organisation over the last 2-3 years?
- What are the key challenges?
- What do you think are the solutions or do you gave examples of where things have worked well such as best practice/case studies

Engagement with Asylum Seeker and Refugee Communities

To gather the thoughts and opinions of ASRs living within BNSSG we wanted to speak with individuals within this population. We sought ethical approval through Bristol council and used a consent form with a privacy statement which we translated into various languages using google translate (appendix *).

We asked the following 3 open questions;

1. What challenges have you faced since arriving in the UK?
2. What positive experiences have you had with services in the UK?
3. Do you have any ideas for how the community of Bristol can better support you?

In terms of sampling, we met with BRASP who provided support and guidance on how to best reach the refugee and asylum seeking community to get their views and opinions.

We decided that attending a few drop-in centres would be the best way to do this and hence we communicated directly with several of the agencies to organise this.

We attended 2 different drop-in centres alongside visiting the Haven clinic across a 3 week period in August 2024. We gained both verbal and written consent. We spoke with 11 participants in total who were a mixture of male and female. Some interviews were conducted with a translator where available.

All but 1 interview were recorded on a Dictaphone and later transcribed.

We did not collect data on their demographics as we sought to ensure the upmost anonymity.

There were common themes within the interviews represented below



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