**Sanctuary seekers and health care – tackling inequalities in access and outcome**

**Friday 20th September 2013**

**Bradford University**

**Speech by Jonathan Ellis, City of Sanctuary trustee and head of policy, research and advocacy at the British Red Cross**

This conference is coming at an immensely challenging time for people seeking to defend asylum seekers and refugees in the UK. We see increasing public hostility to immigration in general, and know that we have European Elections in May 2014 and a General Election in May 2015. Yet we have a public debate based not on the facts and at a time where the term asylum seeker is treated with such negativity.

How have we reached this point as a nation? After the horrors of the Second World War, the nations of the world came together determined to take action to prevent these horrors happening again when people were persecuted by their own government. From this commitment came the 1951 United Nations Convention on Refugees – an international commitment to refugee protection.

Yet we seem to have lost that sense of history. I was talking to a senior politician recently who asked me the difference between an asylum seeker and a refugee. If that person did not know – what hope is there for the rest of the population? We need to reclaim the language of asylum and refugee. We need to celebrate those iconic British symbols such as the Mini, fish and chips, and Marks & Spencer, which were all brought to this great country by refugees.

We should also celebrate the beautiful concept of a city of sanctuary. We should commend the good people of Sheffield who came together to form the first City of Sanctuary – determined to give a welcome to asylum seekers. The City of Sanctuary movement is the perfect antidote to the negative media coverage on this issue – local people coming together in defence of asylum seekers and refugees. And this is a growing movement with interest from across the country and even interest across Europe.

As part of this movement, we have developed streams of sanctuary. We have developed the idea of schools of sanctuary to promote the importance of sanctuary in schools. And we have the health stream of sanctuary, where we seek to bring providers, commissioners and sanctuary seekers together. Our aim, and the aim of this conference, is to shape policy looking at the whole person.

I know from my own experience working for the Refugee Council supporting a local refugee community organisation about the difficulty of health access for asylum seekers. They may have the right to health care, but I heard too many stories of asylum seekers being denied the right to register at their local GP reception. We need strong national policies that are applied locally.

And now at the British Red Cross, I find myself in a humanitarian charity providing support to asylum seekers and refugees in 48 towns and cities across the UK. Each year we provide support to 6,000 destitute asylum seekers, and we will shortly launch a new report detailing our experience tackling destitution in Greater Manchester with our partners over the past decade.

In terms of recent developments, we have seen the Department of Health consultation on charging for health services. At the British Red Cross we were pleased to see that the position of asylum seekers was recognised, and that they will not be charged for their health needs. But we are concerned at the plight of asylum seekers, who are refused refugee status, but are unable to return home. The British Red Cross finds itself supporting such people and would be very concerned at such vulnerable and destitute people being charged for using health services.

But I want to focus in on the term destitution. Why do we persist in using this anachronistic, Victorian term? We mean people who have no income, no job, no benefits, no home, no nothing. This is the humanitarian crisis that the British Red Cross is facing every day here in the UK.

Our government has the line, as indeed had the last government, that people have the right to seek asylum and that no-one should be destitute. However the British Red Cross every day supports people who are destitute. We see people who are in the asylum system, who are destitute due to administrative errors. We see people who are destitute and who have received refugee status – but the delays in receiving a national insurance number plunge them into destitution. And we see people who have been refused refugee status but our government cannot return them home. I met a young Eritrean man recently in Peterborough who had been refused refugee status, had his benefits stopped but it has not been possible for him to return home. He is dependent upon the Red Cross. There has to be a better public policy solution to such a crisis than relying on a Red Cross food parcel.

We also see the suffering of people on the azure payment card. This was introduced by the last government for people who have been refused and have signed up to returning home. This was designed as short-term support measure but people have been living on this restrictive card for years. Why do we force people to live on a parallel currency? Why can't they receive cash? Why do we go to the expense of a separate payment card for such people?

There is then the clear impact on people's health from being destitute. If one were to look at Maslow's hierarchy of needs, people who are destitute are not able to meet their very basic needs of food, warmth, security and shelter. But there is also the very real impact on people's mental health caused by the uncertainty and stress from a destitute life.

So in conclusion I would like to leave you with an appeal for you to see the whole person – not just their symptoms – I would like you to seek out why they are here in the UK and to understand their life in the UK. I do hope that today will promote understanding and good practice in the health sector, and I hope that you will feel

able to be ambassadors for a culture of welcome in our towns and cities across the country.

Thank you.