A Thousand Yellow Envelopes: Providing Support to Temporary Protection Visa Refugees

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On release from mandatory detention, the Temporary Protection Visa (TPV) refugee is given a public service yellow A1 envelope. The envelope contains thirty-eight pieces of crucial information (written, except for the occasional customer service number, in English); copies of completed, A, B and C Refugee Application Claim forms; map 43 of the central business district of Melbourne photocopied from the Melway and more forms such as an application for Medicare, just waiting to be completed. The envelope accompanies the TPV refugee everywhere, the forms and papers taken in and out of the envelope by the refugee, in the hope that their meaning will become apparent, or perhaps just out of some sense of nervousness that by somehow keeping these papers smooth and in order they will provide some sense of stability to feelings of temporariness.

Fundamental to the health and well-being of refugees is the hope and trust that after fleeing 'a well founded fear of persecution' (UNHCR 1951), they can finally rest and attain a different life in their country of asylum, Australia. In October 1999, the introduction of legislation creating TPVs resulted in a second class or under class of refugee. Under this legislation the refugees' rights are temporary; they have no access to settlement services, to return travel rights, or to family reunion. The policy and its conditions are constantly changing and underpinning the changing legislation is the need for containment and deterrence.

As the violation of trust is often at the core of the refugee experience, the impact of the TPV legislation on the health of this group of refugees cannot be overstated. The personal and community effects of this policy on asylum seekers is the subject of this chapter. As the coordinator of the Ecumenical Migration Centre in Melbourne, I started and continue to

write a journal documenting conversations, incidents and voices from the shadows of public policy. Excerpts of this unpublished journal are used in this chapter to illustrate the health impacts of the Temporary Protection Visa Legislation not only the on health of the refugee but on all those who are in contact with it. (Because of issues of confidentiality the names and some of the particular detail is written as a collective account.)

Temporary protection: a policy of containment

On 13 October 1999 the Minister for Immigration and Multicultural and Indigenous Affairs Philip Ruddock, with bipartisan support, announced that unauthorised arrivals who are successful in their application for refugee status in Australia will no longer be granted permanent residence but instead be given three year Temporary Entry Visas (Visa Subclass 785). Asylum seekers who arrived lawfully will still be granted Permanent Residence Visas (Visa Subclass 866). Two classes of refugees have thus been created and both have very different entitlements. These are summarised in table 10.1.

A national strategy was established in 1996 in recognition that there were essential services that needed to be provided to refugees if their special needs were to be addressed. A key plank in the Australian Government's implementation of the TPV policy is to deny these refugees access to services and entitlements that form part of Australia's National Integrated Humanitarian Strategy on release from detention. Without access to the Settlement Support System, from July 2000, thousands of men, women, elderly, adolescent, and child refugees on TPVs, clutching their yellow envelopes were released from detention directly into the community.

The nature of the policy entails a heavy reliance on charity and community support for TPV refugees. The Brotherhood of St Laurence Ecumenical Migration Centre (EMC), assisted by a small grant from the Victorian State Government worked with welfare, local government and community/religious organistations to settle at times two busloads of refugees a week being released from detention. The EMC is a statewide, non-ethnospecific centre that works with recently arrived, emerging communities, as well as longer settled disadvantaged groups, to facilitate access and participation in Australian society. EMC delivers services and support structures for groups that are small in numbers, often dispersed and with complex needs as a result of the refugee experience. In the first six months the EMC opened 480 client files. They consisted of Afghan, Hazaras, Iranians, Kurds, and several 'stateless' people. EMC established

Table 10.1 Refugee visa entitlements

Service	*Permanent Visa*	*Temporary Visa*
Centrelink (Federal Government welfare organisation)	Immediate access to the full range of social security benefits	Access only to special benefits for which a range of eligibility criteria apply. Work test imposed.
Education	Some access to education like other permanent residents	Access to school education, subject to State policy. Effective preclusion from tertiary education due to imposition of full fees.
Settlement Support	Access to a full range of settlement support services offered provided by the Department of Immigration and Multicultural and Indigenous Affairs	No access to settlement services funded by Department of Immigration and Multicultural and Indigenous Affairs.
Family Reunion	Ability to bring members of immediate family (spouse and children) to Australia	No family reunion rights (including reunion with spouse and children).
Work Rights	Permission to work	Permission to work but ability to find employment influenced by temporary nature of their visa.
Language Training	Access to 510 hours of English language training	No access to English language classes funded by Department of Immigration and Multicultural and Indigenous Affairs.
Medical Benefits	Automatic eligibility for Medicare	Eligibility for Medicare subject to lodgment.
Travel	Ability to leave the country and return without jeopardising their visa	No return travel.

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and coordinated that statewide housing and material aid database at times providing housing for seventy refugees a week. The immediate need was to establish a crisis intervention system.

Over time and with strong partnerships including those from the Justice for Asylum Seeker Alliance, a more coordinated and less reactive response has been developed in Victoria. Despite this the uncertainty that the TPV has been designed to bring and as more refugees continue to be released from detention into the care of new arrival communities, the informal service system with its Federal Government placed restrictions

becomes exhausted and resources become depleted. New challenges continue to appear, which makes the health of these refugees, the communities that support them and the health of the whole Australian society fragile and sometimes critical. The health impacts of the temporary protection legislation stretches beyond those immediately involved. It diminishes all Australians, as the mark of any civilised society is how it treats its most vulnerable.

It is important to note that health and well-being will be affected by the potential material deprivation and restricted access to public goods imposed by the TPV policy. In addition however, any discussion of the health impacts of the legislation on refugees needs to address the individual experience of the refugee and the impact of the policy on their particular life situation. The magnitude of the impact of the TPV legislation on the health of refugees is in the translation of the policy to the individual and family experience. The following experience illustrates the effect of the lack of travel rights and family reunion.

> *Do you have the list?* I ask the Iraqi community leader as he sits still next to me. We have sat together many times over the past two years. My question makes me feel intrusive. The Brotherhood of St Laurence is administering a small fund established by a private donor who has collected money as a gesture of support to surviving family members whose relatives drowned off the coast of Java in October 2001. Abdul slides a piece of paper that looks like it has been torn from a note pad and has been carried with him in his wallet for the last week. Nine family names written in blue ink, in Arabic from right to left with numbers alongside them. The numbers relate to how many people from each family had drowned. Many had lost their wife and all of their children. Others had lost up to sixteen immediate and all of their extended family. 'Why so many Iraqis?' I ask Abdul. As his fingertip outlines the names he looks down, grief stricken, he utters, 'Iraqis have large families and this was a cheap boat'. They were desperate; there was no choice. Men from Preston who had already been granted Temporary Protection Visas went back to Indonesia to help their terrified wives and children make the trip across the sea. The constantly changing Temporary Protection Visa legislation with no family reunion and not even an opportunity of return travel rights to ensure the safety of their families provides few choices for those on Temporary Protection Visas.
>
> (Hannan, journal notes, March 2002)

The reactivity of the policy and frequent changes in the legislation meant that the refugee does not have the opportunity to feel settled. Centrelink data reveals that out of the 1020 TPV refugees on special

benefits in Melbourne and Sydney, there are fifty people moving between Melbourne and Sydney at any given time. The need for employment is so great that there is significant movement to and across rural Victoria. Twenty-seven per cent of all TPV refugees live in country Victoria. As this figure does not include dependent children or those in employment the figure is likely to be significantly higher.

The impact of the fluidity of the legislation is constant; the reaches of the legislation are never static as its restrictions expand so as to contain new situations as they arise. Hope can't always be diminished. It needs to have some relief so that it can rebuild trust as illustrated below.

> Marsoud changes his name to Mark and lives with an Australian family. Hope pushes his depression back. He does not talk about his family left behind in hiding in Iraq waiting for him. He decided not to live in transitional housing with the other men who had been with him for his thirteen months in detention. He starts to understand the implications for him of being on a TPV; he has purchased an international phone card in the hope of some contact with his wife overseas. His body is starting to visibly loose its hold on depression as he counts down the thirty months on his visa until he can apply for permanent residency, and then in time family reunion. He stands straight the resilience of hope that life can be different is building.
>
> (Hannan, journal notes, August 2001)

Then in September 2001, seven new laws were rushed through parliament again changing the conditions for Mark and all refugees on Temporary Protection Visas. The Migration Legislation Amendment Act 2001, in addition to giving the Australian Government further powers to prevent asylum seekers from landing in Australia; further restricted asylum seekers' right of appeal; removed parts of Australia from the Australian immigration zone and also defined a new Australian visa regime. This regime with its hierarchy of rights is intended to deter further movement from, or bypassing of, other 'safe' countries. Those who make their claims in refugee camps and are approved by the Office of the United Nations High Commissioner for Refugees (UNCHR) are given permanent resident status. Those who are settled in Australia from transit countries (such as Indonesia, a country that is arguably inhospitable to many asylum seekers) may be granted a Temporary Protection Visa, but will not be eligible for the grant of a permanent visa for four-and-a-half years. Those who reach Australia, apart from directly fleeing persecution within their country of origin, will only be eligible for successive temporary visas.

> Mark comprehends the changes to the legislation. Like a ghost haunted by his shadow of diminished hope wearing fragility in his eyes Mark utters, 'I don't

want to be called a refugee any more. Why can't I just be a friend needing a place to go? I don't know why Australians don't realise. We can't go back. When we climbed on to that boat, taking the hand of the smuggler, we formed a suicide pact. Self hatred has filled us from the time we knew that the Australian or any other navy might let us drown in the sea. This will never leave us; we wake up every morning knowing that you don't want us. But we have no choice but to risk our lives and throw ourselves at your mercy'.

(Hannan, journal notes, October 2001)

Before the revised regulations (some six months after the release of the first refugees from detention), refugees on TPVs were not eligible for a Medicare card until they had submitted their application for permanent protection. If the refugee did not know where to seek the limited volunteer lawyer support to complete their application they did it themselves. Sometimes this application was completed in the refugee's first language of Arabic or Dari and at times the application was lodged with the Department of Immigration and Multicultural and Indigenous Affairs with whole sections blank. In the main this was done with the refugees' knowledge that their application was incomplete and that this had potentially serious implications for their application for permanent residency. However, there was often some urgency for the process to be completed because many health issues were not brought to the attention of authorities while in detention because of a lack of trust. On release many of these conditions require immediate attention, necessitating an expedition of the process required to make this possible.

Currently full Medicare eligibility is available upon application to all refugees on a TPV. However, delays of six weeks or more have been experienced with processing of applications and some cards have been issued for an interim period only, needing reissuing. In the initial stages staff at suburban Medicare offices in Melbourne had received no training regarding the entitlements of refugees on temporary protection and in the main they did not access interpreters to clarify enquiries. The result was that some went away without Medicare cards. In a few cases assistance was sought from a hospital for what had become a health emergency. Fees were then charged based on consultations of international patients, a rate that was prohibitive to TPV refugees.

The effects of these difficulties are evident at multiple levels as Mohammed describes.

Mohammed, having been released from the Curtin Detention Centre five days earlier was ill; he was distraught with worry. He could not move his arms. They were full with tremendous pain. As yet he had no Medicare card. Smith

Street Collingwood, a July winter's day, well after 7pm. Mohammed and I had been with each other for the previous five hours, waiting for a free emergency medical appointment that had been provided by a sympathetic Community Health Centre. Now we were explaining to the pharmacist how it was that Mohammed was receiving a Special Benefit payment from Centrelink but still had no pharmaceutical concession card. We walk together from the chemist to the car, night has fallen, and Mohammed almost reminiscent in a soft voice speaks of his wife and three children hiding, waiting for him on the Pakistani border. You know you remind me of my wife she is always organising me. I smile and respond to his earlier question about where to purchase thongs, as he can't stand the heat of his feet in his laced up boots. I explain that you can buy them in the $2 shop and I then go on to explain cheap alternative shopping in Melbourne. I suggest that seeing that it is just next door that we may as well just go and get a pair. Mohammed stops and looks at me and asserts, no please just take me home. I am surprised by this almost hostile response I ask whether he is ok? Mohammed looks me dead in the eyes, now even more withdrawn he states; I was tortured in Afghanistan. I nearly drowned at the hands of the smugglers. I was then placed in your detention camps for almost fourteen months where my hair fell out. Others from Woomera developed white spots on their skin but still they could not get fresh water or medical care. I was released from the Curtin Detention Centre with only two hours notice and no opportunity to say goodbye. I have been on a bus for sixty hours arriving here in Melbourne with no information on what is likely to happen next. I have now been told today by a doctor that the pain in my arms is not physical and perhaps if I take sedatives in time and with rest the pain will leave me? How can I ever be completely open with you? I need to survive. I can not afford to or to let you unravel my heart

(Hannan, car conversation with Mohammed, journal notes, August 2001)

In a fifteen-month period and for many, after more than eight months in detention, 3949 refugees were released into the community in 2001. The ongoing damage to the health of these refugees on TPVs needs to be understood in the context of their whole refugee experience. Many, before arriving in Australia have been tortured and remain traumatised; unlike other refugees arriving in Australia they are placed in mandatory detention for unlimited and often extended periods of time.

Many refugees in Woomera were mentally unwell and had nightmares. The harsh conditions and the uncertainty about the duration of their stay in detention, long waiting periods to hear about their cases made them anxious that they would be deported. People were scared and you need to understand

the Taliban had already made us scared. We arrived with fear. In the night at Woomera we would hear men, many of whom were boys, wake with fright from their nightmares. We would hear their sobs in the stillness of the night. The woman sitting slightly behind her husband looks at me as she says: The cries of the men would wake our children. Our children cried the whole time we were in detention. They would not play with the toys.

(Hannan, journal notes, 2001)

The long-term health effects of detaining refugees and then only giving them temporary protection is yet to be determined. Sultan and O'Sullivan (2001) report in their analysis of Australian detention centres, that the psychological reaction patterns of detainees who wait for extended periods of time while their claims for asylum are assessed are characterised by stages of increasing depression, punctuated by periods of protest, as feelings of injustice overwhelm them.

Sitting opposite, Fatima leans towards me. After nine months in detention she now lives across the road in transitional high rise accommodation. She has not as yet been granted public housing. She cares for twelve-year-old second son Ali. Because of insufficient funds to pay the smugglers Ali's older brother has been left in Iraq to care for his four remaining siblings. Together Ali and his mother made the hazardous journey to flee Iraq; the journey started eighteen months ago. Fatima is worried, she looks at me with her dark still eyes as she explains, Ali won't settle at the language school. There are days when he refuses to go. I thought going to school again would make him happy. Ali went to school for a while in a portable at Woomera. Then one day at Woomera, as I was looking out of the paneless window, I saw my son standing on the yellow dust in the middle of the compound looking to the sky. He was begging to the moving clouds, crying, as if searching for freedom. School without warning had been cancelled for the day. This had been enough to destabilise him. I stood there frozen. I had nothing to offer him. I could not go to him. Each of his tears burnt my heart. I just watched him, somehow instinctively knowing that hunt for freedom. Ali never went back to school at Woomera.

(Hannan, interview with Fatima at the EMC, journal notes, February 2002)

Hope and refugees

Hope is central to the refugee recovery process. Hope is the ability in times of absolute human trial not to give up on life, to hold on to the belief in your own and others' ability to be compassionate. Hope is not

wishful thinking; hope is based on a framework of justice, a memory or an experience that somehow life can be different. This is not to say that hope is not fragile and at times needs to be fuelled by the imagination. For the refugee the breadth and the size of the imagination that can be transported and safely constructed by hope become essential equipment for their health and well-being. This imagination may contain the seeds for trust to start to flourish, or it may include souvenirs that will encourage memories of resilience, fuel for the imagination of hope that they and their families will be able to once again live in individual freedom. There is little hope offered by the TPV policy that exacerbates the fragility of the refugees' hope.

Another restriction on rights that affected health and well-being included employment. Refugees reported that because of their TPV they were often denied employment as employers did not understand the visa and did not want to employ someone temporarily. Or as in Mohammed's case an unscrupulous employer employed him without award conditions or Workcover entitlements and put him on a 16-hour shift, six days a week. Desperate for money and not knowing his entitlements Mohammed worked in that factory—pulling skins across barrels until his finger nails bled and his hands were paralysed with pain (Hannan, journal notes, September 2001).

A thousand yellow envelopes—from crisis to intervention

> Do you know who we are? Sunday night, July 2000—he sat opposite me in the Brotherhood of St Laurence car. His fellow countrymen sat silently in the back seat pointing to the streetlights. We drove from the Preston Mosque where they had slept the previous night with forty-two others on the floor. Two days earlier they had been released from the Woomera Detention Centre with just two hours notice. Whilst on the bus they had been advised that the State Department of Immigration and Multicultural Affairs in Melbourne, would book one night's accommodation for them in a backpackers inn. They would receive an unstipulated amount of money when they got off the bus, this was to last until they received their first Centrelink payment. Once in the backpackers inn in Bourke St Melbourne they became completely disorientated and were too frightened by the behaviour of the other backpacker residents to leave their rooms. Community groups and welfare agencies like the Brotherhood of St Laurence and the Islamic Council of Victoria stepped in to support the recently arrived Afghan and Iraqi communities who had been

made responsible for the settlement of all refugees from their community's being released from detention. As we drove to an Anglicare Emergency family accommodation house, that had just been painted and so fortunately was vacant, his eyes underneath his backward baseball cap intensely scrutinised me to see whether a plank of trust could be formed. His intense eyes, the rigidity of his unwell looking body signalled his desperate need to explain his refugee case, to be believed. Do you know who we are? He persisted. We are the Hazara. Since 1649 Afghanistan and the Hazara people have a whole series of different histories of persecution. Our latest history is about the Taliban. The Taliban systematically and ruthlessly kills the Hazara. We are the Hazara people we have few choices. The Hazaras are like the thorns on the roses that have to be picked off so that the Taliban can hold the roses. Despite my fifteen-year experience of working with refugees until now I had never heard of the Hazara.

(Hannan, car conversation with Ali, journal notes, July 2001)

The response to the release of detainees included twice weekly pre-arrival work with community leaders, and agencies to confirm with the Department of Immigration and Multicultural and Indigenous Affairs the numbers of arrivals to be released into Victoria. Ethnicity, family composition, the numbers of minors all needed to be ascertained so that the necessary response services could be put into place. This crisis intervention system included everything from finding and coordinating temporary accommodation to seemingly small but crucial tasks of photocopying the relevant map from the Melway so that the location of the accommodation could be explained to each refugee.

Once the pre-arrival work was completed, the on-arrival work was then coordinated. This included the opening of case files for each refugee and where necessary placing different coloured dots on case files signalling the need for additional services. For example a red dot signalled significant health issues, a green dot that the refugee was an unattached minor. The opening of case files ensured that there was a mechanism that could be used to record the allocation of temporary accommodation so as to reunite refugees who were later released from detention. Each case file contained a checklist of all the documents each refugee should have in their yellow envelope as some refugees had been released from detention without all of their crucial documents. The checklist provided a way to document necessary follow-up work. The case files were also used to hold key documents including a formal record of receipt and handover of mailed or received documents. The file was a place to hold important mail as it was common for the refugees to move from one house to another reuniting with friends or reflecting an inability to settle.

Central to the coordination of the settlement of the Temporary Protection Visa refugees was the finding, training, and coordination of bilingual groups of volunteers and the supervision of social work students. The volunteers and students would accompany EMC staff to the reception centres to welcome the busloads of refugees who had often been travelling all night from Australia's remote detention centres. Each volunteer or student would accompany each family or group of refugees to their emergency accommodation. As part of this role they ensured that the family or household of single men understood things like how to switch on the power; the location of halal shops; how to get assistance in an emergency and how to find their way back to the EMC in three days time for an information session. The compassion and care shown by the volunteers and students gave a very strong message of welcome to the refugees who reported that except for their initial naval rescue they had felt unwelcome. The volunteers' and students' attention to detail had a very important positive impact on the health of the refugees. As it was necessary to have a relevant language, volunteers often needed to be drawn from newly arrived, under-resourced communities. Despite the enormous commitment, over time these communities became over stretched and exhausted.

The preliminary supervised assessment conducted by the student and bilingual volunteers at the reception centres was followed up at the twice weekly information sessions held at the Ecumenical Migration Centre. In addition to assessing whether the refugees had issues that required an immediate emergency response, the sessions provided vital settlement information. The information included everything from how to open a bank account and how the health/welfare and tax system operates in Australia, to their legal and visa obligations and group discussions where their immediate health and welfare needs were assessed. As part of the information session each refugee was referred to a more detailed health session facilitated by the Victorian Foundation for the Survivors of Torture.

> Tuesday afternoon at the Ecumenical Migration Centre the tea is being made, whilst what feels like hundreds of men, women and children, holding on to their yellow envelops, desperately engage with each other in Dari or in Arabic. As a strategy to cope with the sheer volume of need, after the general information session, people are asked to form language groups of no more than ten. Groups are formed quickly as people are eager to get assistance. I recognise some of the faces from the previous week. Many return to each information session to either hear the information again or in the hope of greeting a friend who has been recently released from detention. I sit with a social work student and an interpreter surveying the group in front of me in the hope of recognis-

ing an issue before it is too late. I apologise for the need to talk with people in a small group. I explain that if there is a need, it is also possible for people to speak to me individually. I explain the role of the welfare state in Australia, the role of the social worker and of confidentiality. As I explain once again that the EMC is not the Government I feel, except for the enormity of the tragedy, that I am somehow part of a John Cleese film. As my eyes connect with the eyes of the ten men, women and children sitting in front of me I state once again that the Ecumenical Migration Centre as an organisation and that I as individual deeply regret Australia's detention and temporary protection policy. Follow-up sheets are used to document issues from individuals in the group. By the end of the group session each sheet reads like a litany of abuse from lost family members, to ongoing nightmares provoked by the fear of the unknown, to desperate requests for assistance to enroll their children into school. Towards the end of the group session I ask whether anyone has any immediate health issues that need attention prior to their Medicare cards being processed. Ardil has been sitting quietly; he now leans forward, putting his hands on the table as he pushes his shirtsleeves up one at a time. He looks me dead in the eyes. The other group members sit back knowing what he will reveal. Ardil's arms from the elbow down had been broken and have reset themselves backwards. As my tear-filled eyes connect with his tearful eyes he utters, Please can you help me? I cannot bear the pain.

(Hannan, group work discussion, journal notes, August 2001)

Every wall of the Ecumenical Migration Centre was strewn with lists of emergency accommodation options. On each list, names of the Temporary Protection Visa refugees who had been allocated to the property were listed. There were rooms that had been given in case of an emergency, but only for one night; private houses given by people who were about to holiday overseas from ordinary Australians who had telephoned to offer support, expressing their shame to be Australians, generously offering their houses and emergency assistance as a way to send a contrasting message of compassion to the refugee families released from detention. There were lists of names on doors in Arabic and Dari signalling that mail had arrived. Kitchens and offices were full with overwhelmed, exhausted volunteers and community leaders. As they were often new arrival refugees themselves they were desperate to get advice and information so that they could provide meaningful assistance. The strain and responsibility of settling so many men, women and children with such complex needs was affecting their own health and well-being. Until a system was established there was an almost constant sense of being drowned by the demands of what were desperate fearful people on temporary protection. The limitations of such

a reactive response was that with every health crisis presented there was an increasing feeling of staggering from one crisis to another. At times it felt like the health needs were so enormous that they were at best undermanaged or unmanaged.

In order to prevent the crisis intervention framework and to avoid the creation of new crises, a more coordinated response was developed by July 2001. Experience, statewide and regional partnerships and the sheer reduction in numbers of refugees being released from detention has meant that intelligent problem solving has informed a more coordinated community response. The Victorian State Government allocated small grants to the regions and rural Victoria. This sent a very powerful message of support. Regional responses were established. The Ecumenical Migration Centre continues its support to families on TPVs, community leaders, and to the regions. The EMC has an ongoing role in developing systems and convening statewide meetings to provide support, to document ongoing issues and to ensure the maximum cooperation of critical services like material aid. Statewide meetings of community leaders and service providers document the emerging health needs of refugees on TPVs and of those who support them. Although there is now a greater coordinated intervention response there remains an ongoing need for an immediate crisis response to still be possible.

Recommended reading

International Catholic Migration Commission (2001) Futures of refugees and refugee resettlement, *International Journal of Refugee Law*, 13(4): 569–83.

Jones, D. & Gill, P. (1998) Refugees and primary care: tackling the inequalities, *British Medical Journal*, 317: 1444–6.

UNHCR and Victorian Foundation for Survivors of Torture (VFST, 2002) *Refugee resettlement: an international handbook to guide reception and integration*, UNHCR, Geneva.

References

Hannan, A. (2001) Voices from the shadow of public policy, *Migration Action*, XXIII (1).

Sultan, A. & O'Sullivan, K. (2001) Psychological disturbances in asylum seekers held in long term detention: a participant—observer account, *Medical Journal of Australia*, 175: 593–6.

UNHCR (1951) Convention relating to the status of refugees, UNHCR, Geneva.

11

The Health of Young Asylum Seekers and Refugees in the United Kingdom: Reflection from Research

Astier M. Almedom and Rachael Gosling

Introduction

The terms 'asylum seeker' and 'refugee' lend themselves to a wide range of interpretations depending on the political, social, legal and ethical/moral contexts in which they are used. In their own words, refugees are people who 'have been forced to leave home', 'with nowhere to go', 'cannot go home', or 'have no home' (Penz 2000; Petty & Jareg 1998; Summerfield 1997). In the United Kingdom (UK), the difference between an asylum seeker and a refugee is one of status: the former is a person who has applied for refugee status and is waiting for the Home Office (HO) to decide, while the latter is a person who has been granted refugee status in accordance with Article 1 of the Geneva Convention and Protocol (UNHCR 1951, 1967). Asylum applications lodged in the UK constitute 16.5 per cent of the total number lodged in Europe, North America, Australia and New Zealand from 1999 to 2001 (UNHCR 2002).

This chapter presents an example of health service research and development aimed at improving the health and well-being of young refugees in the South London boroughs of Lambeth, Southwark, and Lewisham. The role of practice-led, action orientated research in determining what the needs are, what is already being done to meet existing needs, and what can be done to maximise the strengths and address weaknesses of existing systems is discussed. The journey of asylum seeking in the UK is outlined with respect to its impact on the health of children and young people. Existing linkages and disparities between national and international humanitarian policy and public health are explored, and it is argued that