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“Helping People through a Horrendous System”

An examination of the roles of frontline workers in refugee non-government organisations in Australia and the United Kingdom.

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Submission for the Degree of Doctor of Philosophy (PhD) in Migration Studies.

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Abstract

The research explores a new area of study and examines the roles and views of frontline workers in non-government organisations (NGOs) providing services to refugees and asylum seekers in Australia and the United Kingdom. The literature review focuses on theoretical debates in forced migration, health and social care, humanitarian NGOs, and immigration policy. Data was collected through in-depth interviews held in Australia and the U.K. The sample size was thirty in total, with fifteen interviewees in each country. Six of the participants came from refugee backgrounds, with a male to female ratio of 1:2. The position of the interviewees ranged from team co-ordinators with a background in clinical work, social workers, psychologists, youth workers and refugee advocates. The detailed narratives of frontline workers' experiences were analysed using qualitative mixed methods including grounded theory and narrative approaches. Grounded theory provides a set of procedures for thinking theoretically about textual materials, and in particular the analysis of language and interviews. The research highlights the tensions facing frontline workers working on behalf of refugees as they attempt to meet their health and social care needs in the face of increasing Government demands for immigration control. There are two key areas of findings that focus firstly on theoretical implications, and secondly on practice issues and organisational support for frontline workers. The emerging theoretical implications for this new area of study relate to the role of frontline workers and how they comply with and resist traditional social care models of control in their activities in NGOs and seek to promote practices that are inclusive to meet the needs of refugees and asylum seekers. The second area suggests addressing core issues related to ensuring best practice, a sustainable workforce, and organisational stability for NGOs and charitable voluntary sector services to ensure enduring legitimate status.

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Glossary

BMA	British Medical Association
CBOs	Community Based Organisations
DFES	Department for Education and Skills
DIMIA	Department of Immigration and Multi-cultural and Indigenous Affairs
DIAC	Department of Immigration and Citizenship
ECHR	European Convention on Human Rights
ECRE	European Council for Refugees and Exiles
HO	Home Office
HEREOC	Human Rights and Equal Opportunity Commission
IDPs	Internally displaced persons
IOM	International Organisation for Migration
LA	Local Authority
LGBT	Lesbian Gay Bi-sexual and Transsexual
NGOs	Non Government Organisations
NPOs	Not for Profit Organisations
NHS	National Health Service
PTSD	Post Traumatic Stress Disorder
PCT	Primary Care Trust

RCOs	Refugee Community Organisation
UN	United Nations
UNICEF	United Nations Children's Fund
UNCROC	United Nations Convention on the Rights of the Child
UNDHR	United Nations Declaration of Human Rights
UNHCR	United Nations High Commission for Refugees
VCOs	Voluntary Community Sector Organisations
WHO	World Health Organisation

Table of Contents

1. Introduction

• Introduction.....	1
• Rationale for the research.....	2
○ Background: migration.....	3
• Definitions;	6
○ Health and social care	6
○ Frontline workers.....	8
○ Models of care.....	8
○ Non-government organisations.....	9
○ Public discourses and representations.....	11
• Structure of the thesis.....	14

2. Literature Review 1: Theoretical issues in Migration and Health and Social Care

• Introduction:.....	18
----------------------	----

Section 1. Theoretical debates on migration.....18

• Characterising migration.....	22
○ Globalisation.....	22
○ Acceleration.....	26
○ Differentiation.....	28
○ Feminisation.....	32
○ Politicisation.....	35
○ Proliferation.....	38

Section 2. Health and social care: Debates in health and social welfare policy.....38

• Aims of social policy.....	39
• Social policy in Australia and the U.K.....	44
• Addressing the health needs of refugees and asylum seekers.....	46
○ Effects of the refugee and asylum seeker experience.....	47
○ Mental health and well being.....	49
○ Medical and social models of health.....	53
○ Development of policy responses.....	55

• Conclusion.....	56
3. Literature Review 2: Applied issues: Working with refugees and asylum seekers.	
• Introduction.....	57
Section 1. Humanitarian NGOs.....	57
o Definitions and descriptions of NGOs.....	57
o The aims of NGOs.....	62
o Professionalisation.....	65
Section 2. Key issues in migration in Australia and the U.K.....	68
o U.K.	69
o Australia.....	70
• Asylum Procedures.....	73
o Destitution.....	79
o Detention.....	81
o Unaccompanied children	86
o Temporary protection visas.....	88
Section 3. The Impact of the work on frontline workers.....	89
• Conclusion.....	95
4. Methodology	
• Introduction.....	96
Section 1. Research aims and methodological framework.....	97
• Methodology.....	97
• Cross-national research	106
• Methods	109
• Analysis and representation.....	112
Section 2. Conducting the research: data collection.....	115
• Research design.....	116
• Pre-interview.....	118
• Interviews.....	121
Section 3. Analysis.....	125
• Post-interview.....	126
• Using computer software; Coding and analysing the data.....	126
• Content analysis and interpretation.....	128

- Comments on generalisability and validity 130
- Conclusion..... 131

5. Findings Part 1. An assessment of the field: Key issues facing asylum seekers and refugees as identified by frontline workers.

- Introduction..... 133
- 1. Asylum procedures..... 133**
 - Systemic problems..... 133
 - Destitution..... 135
 - Detention..... 142
 - Removals..... 146
 - International protection..... 149
- Summary..... 155
- 2. Health care..... 155**
 - Mental health..... 157
- Summary..... 162
- 3. Racism..... 162**
 - Summary..... 167
- 4. Gender..... 168**
 - Summary..... 169
- 5. Settlement..... 169**
 - Summary..... 170
- 6. Human rights and legal representation..... 171**
 - Summary..... 173
- 7. The impact of the work on frontline workers..... 174**
 - Commitment 174
 - The challenge of boundaries..... 176
 - Burnout..... 180
 - Staff supervision..... 183
 - Summary..... 184

• Conclusion.....	185
6. Findings Part 2: Challenges facing non-government organisations and frontline workers.	
• Introduction.....	186
1. Advocacy.....	186
• Dilemmas:.....	187
○ Systems;.....	187
○ Working with government.....	189
• Opportunities:	190
• Summary.....	191
2. Community development	192
• Dilemmas:.....	193
○ Human rights,	193
○ The ethics of consent.....	195
○ Gender and cultural stereotypes.....	196
• Opportunities:	197
• Summary.....	198
3. Casework	198
○ The expectations of asylum seekers and refugees.....	199
○ Mental health and PTSD	200
○ Challenges facing non government organisations.....	201
• Dilemmas:.....	206
○ Voluntary return;	206
○ Gender and women specific issues	209
○ Age determination.....	212
○ Torture and trauma.....	213
○ Work rights.....	215
○ Power relations.....	216
• Opportunities:.....	216
• Summary.....	220
4. Policy development	220
• Dilemmas:.....	221

○ Partnerships.....	222
○ Policy preventing NGOs from providing services.....	226
○ Funding and targets.....	228
○ Exclusion of refugee workers in services.....	232
○ Management issues.....	235
○ Competition in the sector.....	236
• Opportunities:.....	238
• Summary.....	241

5. Research, education and training.....241

• Dilemmas.....	242
• Opportunities	244
• Summary.....	246
• Conclusion.....	246

7. Discussion

• Introduction.....	248
---------------------	-----

Section 1. Theoretical implications:.....250

○ Debates in care and control.....	250
○ The role of the frontline worker.....	258

Section 2. Practice issues and the challenges facing NGOs and frontline workers.264

○ Challenges facing non government organisations	264
○ Building support for frontline workers.....	270
• Conclusion.....	273

8. Conclusion

• Introduction.....	279
• The findings and implications for services and further research.....	280
• Reflections on the research process.....	286
• Personal commentary.....	293
• Conclusion.....	294

9. Bibliography.....297

Appendices.

• Appendix 1. Definition of a refugee.....	348
• Appendix 2. Number of applications for asylum applications; international, U.K. and Australia.....	350
• Appendix 3. United Nations International Treaty Collection. (Pertaining to Refugees).....	354
• Appendix 4. British Medical Association Table 1 (2002).....	370
• Appendix 5. Australian Humanitarian Program figures (DIAC).....	371
• Appendix 6. Philosophical traditions of research paradigms.....	373
• Appendix 7. Anonymous participant profile: Australia.....	374
• Appendix 8. Anonymous organisational typologies.....	376
• Appendix 9. Ethics approval MASC, SSPSSR, University of Kent.....	380
• Appendix 10. Letters of invitation to participants.....	385
• Appendix 11. Consent form.....	386
• Appendix 12. Interview questions.....	389
• Appendix 13. Thank-you letter to participants.....	391
• Appendix 14. Correspondence from non government organisations	392
• Appendix 15. NVivo nodes (example of).....	393

Chapter 1 Introduction

I had a woman 8 months pregnant who could not be accommodated because they just... they did not claim asylum at a port of entry or on the day they arrived the country. And I start work at 9 o'clock and finish at 6.00 and when I left... you know, every day she was standing there and then the next day I came back she was still in there and it was very, very cold weather so I... you know, I kind of fought for her for some time. It was a very sad story but the only time they decided to accommodate her was after she got raped (Farid, Assist, U.K.).

Every day in Australia and the United Kingdom (U.K.) frontline workers who work directly with people seeking asylum share stories like this. Their work with refugees and asylum seekers is demanding, ethically challenging, distressing but frequently rewarding. This research aims to explore the impact government policy has had on the frontline workers and their service users. It also aims to legitimise the voices of frontline workers in order to develop strategies to be more effective in their practice and ensure more inclusive multi-agency approaches. This research presents the complex issues in frontline workers' experiences of working with asylum seekers and refugees as revealed in their narratives. The study explores the views of service providers in refugee non-government organisations (NGOs) in Australia and the U.K. through in-depth interviews and analyses their experiences. The research contextualises their views and experiences and compares them across the areas of practice with service users, services, policy and nations. The contradictions, tensions and rewards in this work highlight challenges for NGOs and charitable voluntary sector services.

The voices of frontline workers are largely absent from current academic research, and this thesis aims to redress this. Australia and the U.K. are two important countries of reception of asylum seekers and refugees in the industrialised world. There is considerable debate about the arrival and settlement of newly arrived refugees, but few studies that focus on the role of the frontline workers who are key to that process. There are quiet achievements for workers in services; but often ambivalence towards them from the general public and other mainstream service providers. Politicians and the media frequently call the motivations of asylum seekers and refugees into question and frontline workers have been stigmatised for working with them and prioritising their needs. The literature review identified few studies that interviewed frontline workers in NGOs working with refugees and asylum seekers in health and social care settings.

Frontline workers provide a range of services, from treating mental health disorders and physical injuries through to the work done in communities to assist people settle into new host communities, addressing their, and their families', needs for housing, primary health care, employment, education and social care.

This research is situated within an interdisciplinary field including sociology, anthropology, social work/welfare and other social science perspectives that cast a critical eye on social care practice and forced displacement. The social sciences examine the individual, society and the relationship between structures and group processes and assisted in framing this research. Migration studies with a focus on globalisation have been criticised for being overly theoretical, and not utilising empirical studies that explore social patterns and structures (Favell, 2001, p 390). This study examines the actions and understandings of individuals working in agencies, within structures, within countries, and within a global context. The participants' experiences inform my analysis and understanding of similarities and differences, and help identify gaps in practice that need to be addressed to improve and develop services for refugees and asylum seekers, and to retain skilled practitioners. These findings, I argue, have application to a broader audience internationally, with the potential to influence wider issues in reception.

Rationale for the research

The motivation for this research stems from my experience of working as a social worker in both countries with asylum seekers and refugees. It is grounded in knowledge gained from listening to their stories and experiences for many years. The professional social work relationship provides a privileged insight into the complexities of migration, the separation from family and culture, and what comprises identity. As such it offers possible ways to break free from some of the simplistic assumptions and dichotomies that characterise theory and policy in the field.

It is with an interest in reflecting on my own experience and curiosity and concern about the changing work environment that I came to this research. Increasingly asylum seekers are subjected to policies of deterrence (Silove, Steel and Watters, 2000) that include the detention of asylum seekers for indeterminate time, reduction of access to healthcare, education and employment, and temporary protection visas. I hold the conviction that the treatment of refugees and asylum seekers is a barometer of a just and humane society. Hannah Arendt (1967) wrote that those without states have no rights to rights. However states do have responsibilities as signatories to international conventions and general principles such as human rights. This tension between state

rights and commitment to United Nations (UN) agreements permeates the field of forced migration. Organisations such as Amnesty International and Human Rights Watch critique governments and hold them to account for their adherence, or abuse of, universal human rights. Our response as global citizens requires us to be more attuned to our historical legacy of colonisation and the exploitation of others. We also have the capacity to learn from each other and to build social policy that acknowledges our interdependence.

My personal experience was supplemented by a wider interest in the way in which Australia and the U.K. look to each other for policy solutions to the 'problem' of refugees. Despite having a very different geographical location, Australia and the U.K. share a similar legal system and commitment to supporting the ideals of the UN Conventions. The two countries exchange political dialogue and yet have subtle differences. Much of the literature focuses on individual nations rather than cross cutting themes, whereas this study brings together key issues that I argue are representative of broader international issues. Increasingly studies that compare different national approaches are being advocated as a valuable dimension of social policy, with research suggesting that reaching an understanding in any particular country is only possible if its experience is set in a wider global context (Cochrane, 1997; Castles, 2003). This research aims to elucidate and draw lessons from the differences and similarities in Australia and the U.K.

This study explores the different meanings of frontline workers' roles, and how the frontline workers themselves navigate the systems of immigration and health and social care to provide services to refugees and asylum seekers. NGOs have to manage increasingly complex demands and are less likely to be concerned with bureaucratic distinctions between different types of forced migration. These distinctions and differences in definition have the potential to confuse and frustrate frontline workers. I am interested in the tensions frontline workers face in their work and how they see themselves as both an advocate of the client and an activist against the role of monitoring immigration status. My experience suggested that tension is often expressed as conflict towards both the organisation and the State for imposing restrictions and limitations on their practice.

Background - migration

We live in a world profoundly influenced by migration and there are many and varied reasons why people move. Debate in refugee studies has examined the historical movement of people, and more recently, movements linked to the demise of

colonialism, the break-down of nation states, globalisation and the increased division and disparity in wealth between so-called 'third world' or developing nations and the West (Black, 2001; Shacknove, 1985; Castles and Miller, 2009; Neumann, 2004). While mobility is not new, theorists have described this 'dialectic of globalisation' as the continued struggle over global space and resources (Chimni, 1998, p 359). Increasingly, the link between poverty and underdevelopment and conflict is evident, with dramatic social, political, economic and environmental consequences (Stiglitz, 2008; Sen, 2000). Academics argue that the current trend of what has been termed the 'illegalisation of migration' is due to a combination of factors, including an increase in legal regulations, moral panic and migration flows (Dauvergne, 2008; Grewcock, 2010).

The move to wealthy countries in the West, the main preoccupation of migration theorists, has a number of individual and collective causes. These might be conceptualised as situated on a continuum, with forced or involuntary migration on one end and freedom of movement and choice of abode at the other. It is difficult to delineate a distinction between economic and forced migration due to the increase in movement of citizens from poor countries that lack employment and economic opportunities. This has been described as an asylum nexus, reflecting the ideological positions of those in power:

It seems that the concern with separating refugees and economic migrants only arises when receiving countries want to differentiate between those they consider to be desirable and undesirable elements, in order to better control them (Castles, 2007, p 27).

Those who suffer human rights abuses are frequently the very people active in attempting to secure employment through trade union activity and opposing oppressive political regimes, and likely to meet the criteria of the Refugee Convention (see Appendix 1). Research suggests that due to the variety of mixed motivations of migrants, migration needs to be studied as a transnational social process (Tamas and Palme, 2006; Vertovec, 2004). It is argued that migration policy based on neo-classical notions of individual decision-making and national control models often fail because they ignore complex social dynamics (Castles and Loughna, 2004, p 184). In addition academics argue that departments of immigration perpetuate a 'culture of fear' that shapes official responses to refugees and have focused more on national self-interest than on humanitarian or international legal obligations (Neumann, 2004; Gale, 2004; Grewcock, 2010).

Migration affects us all in the context of our personal family experience, and impacts on our communities, local, transnational, and global. Australia and the U.K. have a long history of supporting refugees and, to a lesser degree, asylum seekers (Neumann, 2004; Wazana, 2004; Levy, 2005). Some theorists argue this is no longer the case, as policies of deterrence in both countries became more exclusive and restrictive, creating a 'global apartheid' (Richmond, 2002, p 709; Sales, 2007). Increasingly, some academics have identified a 'rejectionist policy framework' as one of the key features of change in more recent years (Zetter and Pearl, 2000, p 9). Indeed, asylum seekers have been vilified and subject to intense criticism and relegated to the margins of society (Gale, 2004). Rose (1999) states they are:

cast out into a zone of shame, disgrace or debasement, rendered beyond the limits of the liveable, denied the warrant of tolerability, accorded purely a negative value (p 253).

There continues to be significant public media exposure to major tragic events involving the maltreatment and death of refugees and asylum seekers. The Tampa crisis, involving the intervention of a Norwegian ship collecting refugees in Australian waters in 2001, generated considerable political and social concern and paradoxically was credited with the re-election of a conservative government seen to be 'tough' on immigration (Marr and Wilkinson, 2003). The Howard Government implemented the 'Pacific Solution', one that detains and processes asylum seekers entering Australian Territorial waters offshore, on remote islands such as Nauru and the Christmas Islands. Those who enter Australia without visas are incarcerated in prison like privately operated detention centres in cities and remote desert areas. Arguments justifying this approach centre on the emphasis on deterrence. Grewcock writes:

The use of terms like 'solution' in relation to population control has a grotesque pedigree. While not comparable to the Holocaust, the Australian government's appropriation of the term nevertheless symbolised state actions that were intended to be resolute, uncompromising and in their own way, final (2010, p 4).

The response by the Australian Government has been seen by academics to contravene the Refugee Convention on at least three key grounds (Dauvergne, 2008, p 57). Subsequent ministerial reviews into immigration cases, including the Palmer Report, the report of the Inquiry into the circumstances of the Immigration Detention of Cornelia Rau (2005) engaged public attention and criticism, and exposed what has been called 'paranoid nationalism' (Hage, 2003). These concerns have continued with the recent arrival of Tamils (Maley, 2010), a group researchers and advocates

evidenced as having high levels of post-traumatic stress in research conducted ten years earlier (Silove et al, 1998).

Examples such as the tragic deaths of the cockle pickers in Morecambe Bay in the U.K. in 2004 caused a public outcry, as well as turning the spotlight on the employment practices of many companies who employed 'irregular' migrants, with Government turning a blind eye (Archer et al, 2005). A result of this public response was the development and implementation of the Gangmaster Licensing Act 2004 (UK). Governments in both countries have been accused of incompetence and posturing for political gain, but also for implementing public policy that does not adequately take into account the complex views of their constituencies. Government policy has been keen to be seen to be 'tackling' immigration, reassuring electorates of fiscal prudence, and yet it has also been accused of ignoring international agreements and imposing heavy-handed policy in order to maintain power (Cohen, 2006; Marfleet, 2006).

The numbers of asylum seekers and refugees vary according to the source and who is included in the categories (see Appendix 2). Refugees and asylum seekers are often positioned as 'good' or 'bad' depending on whether they apply off shore or onshore (in Australian parlance). The latter have been seen as 'jumping the queue' and taking the place of others waiting in United Nations High Commission for Refugee (UNHCR) camps and have been vilified as a result. The Australian governmental response is mandatory detention of all asylum seekers arriving without correct documentation, a policy that has deeply polarised the country. Asylum seekers and refugees are treated with doubt and suspicion, and this is extended to the judgement of their claim and also as to whether they are seen as 'deserving' or not in the context of health and social care services, which I discuss further in the research. Frequent tabloid press headlines in both Australia and the U.K. reinforce negative stereotypes and promote the notion of society being 'swamped' by refugees and asylum seekers deemed to be terrorists (Gale, 2004; Wazana, 2004). These events, in addition to virtually daily media coverage, impact on people working in services in a variety of complex ways and it is these 'unwanted' migrants (Castles and Miller, 2009, p 306) subjected to policies of deterrence (Silove, Steel and Watters, 2000) that are the focus of this research.

Definitions

Health and social care

In the U.K. social care refers to service provision for older people, people with learning disabilities, mental health difficulties, younger adults or children who need personal or social support on an ongoing basis (Parker and Schneider, 2007; Means et al, 2009).

It refers to care in the community, or community care, and involves a number of professionals (including social workers, psychologists, specialists in gerontology, child development and so forth), 'non qualified' helpers, key workers, and support staff. It is a term more commonly used in the U.K. (and less so in Australia) and emerged from social movements that promoted the deinstitutionalisation of people with mental health problems and learning disabilities in favour of a human rights and equalities agenda. In Australia the terms community health and community development have been more commonly used and reflected multi-disciplinary and multi-agency work in the community widely promoted via the Community Health Movement of the late 1970s and 1980s (Swerissen and Duckett, 1997, p 17).

In both Australia and the U.K. health care has tended to focus on the bio-medical model of physical illnesses, with treatment tending to conform to the Cartesian dualism of separating mind and body. Most mental health services have been located in acute in-patient settings, although there has been a shift to provide more community based and outreach services. It is widely recognised that mental health services are problematic for cultures that have a more integrated holistic, and in some cases spiritual, approach to mental health (Ong, 2003; Fernando, 2001). In addition assumptions are frequently made about the mental health of refugee populations:

This linear model of immigrant psychology based on class origins and access to state support assumes that suffering of diverse populations follow generic patterns, and that mental-health constructs are universally applicable (Ong, 2003, p 98).

There is evidence that three key determinants of mental health and well being are social inclusion, freedom from discrimination and violence, and access to economic resources (Keleher and Armstrong, 2005). A broad social model of public health takes into account issues of class, race and gender and how they impact on living environments, employment, education, and housing, all of which are problematic for asylum seekers and refugees.

Refugees and asylum seekers move between these two models of care, medical and social, often with restricted entitlements and limited status. Those working with asylum seekers and refugees often note how they fall outside standard social policy frameworks, and that this is a critical part of their professional role as advocates. It has also contributed to the stress of frontline workers, who are placed in conflicted positions within and between services, working with service users who have high levels of

anxiety and distress (Rees et al, 2007, Patel and Mahtani, 2007; Deighton, Gurriss, and Traue, 2007).

Research has focused on the importance of responding to the impact of pre migration experiences (including torture and trauma), the actual migratory journey, and post migration experience (Watters, 2001; Ager, 1999). Key debates in the literature appear to be polarised, with the asylum seeker as either a victim or resilient survivor (Sales, 2007, p 91; Pupavac, 2002). Whilst their needs may be varied and complex there is a danger of treating all asylum seekers and refugees as the same, and not taking into account their individual experiences. This has had an impact on the development and provision of health and social care to asylum seekers and refugees.

Frontline Workers

Responding to the needs of people who migrate and who find themselves disoriented in developed countries is the task of many civil servants, social and welfare workers, psychologists, legal and health care professionals. The participants in this research I have called frontline workers are social workers, welfare workers, psychologists, youth workers, counsellors, nurses and advocates. They work with asylum seekers and refugees every day, and are directly exposed to the lived experience of people subjected to immigration control and separation from their home and family. Services, and the individuals who work in them, are exposed to a range of discourses that limit and define the context under which asylum seekers and refugees arrive and obtain or are denied access to resources. Indeed, some academics argue that service providers in health and social care are increasingly complicit in implementing 'social policies that are degrading and inhuman' (Humphries, 2004, p 93).

For frontline workers in this research, the main priority is to improve the well being of their service users' lives. In a related study, a team of mental health practitioners describe 'the privilege of being with unique others, bearing witness to their histories and supporting them to live their lives' (Wilson, Meininger and Charnock, 2009, p 4). The participants in my research share these aims: their key narratives focus on recovery and the promotion of independence.

Models of care.

There has been considerable debate in the academic literature about the contradictions and tensions between the bio-medical model and the psychosocial model of care, and between individualised and community based care models. The former emphasises traditional psychiatric and pharmaceutical interventions (Kleinman, 1978; Shah and

Mountain, 2007) and the latter is based more on supportive and community development strategies to address distress based on an holistic approach (Silove, Steel, and Watters, 2000; Silove, 2002). There has been criticism in the literature of the tendency in the provision of care to refugees and asylum seekers to classify people as passive victims of trauma, assuming they are all suffering from Post Traumatic Stress Disorder (PTSD) (Summerfield, 1999). It has been argued that this is often to secure resources, and position the person not as an active participant in their care, but rather the recipient of service-led rather than user-led care (Watters, 2001). Research has identified the 'suffering body' as the increasingly predominant rationale for claiming (and obtaining) asylum, over and above human rights abuses of a political origin (Fassin, 2001). The descriptions of state control over 'bare life' (Agamben, 1998) highlight the increasing trend of creating a situation in which people are deemed illegal and excluding them from the political sphere (Dauvergne, 2008, p 28). This research explores why the trauma discourse is so prominent, and how it is socially produced.

In the literature researchers who have sought the views of service users have identified the practical needs of refugees and asylum seekers (such as securing housing, health care, employment and education) above those of individual 'therapy' (Summerfield, 1999; Silove et al, 1998). Researchers and practitioners have advocated a range of community based psychosocial interventions that aim to assist recovery and rebuild capacity (Ager, Strang and Abebe, 2005; Mitchell, Kaplan and Crowe, 2007). These interventions located in the community sector have been seen to lack the kudos and status of medical interventions, and are frequently marginalised. However, the community development literature has identified key principles to tackle social inclusion and address war trauma (Craig and Lovel, 2005; Mitchell and Correa-Velez, 2010).

Non Government Organisations

This research differentiates between NGOs, who tend to work on behalf of asylum seekers and refugees often with an ethnically mixed staffing profile and mixed sources of funding and refugee community based organisations (RCOs) which tend to be self funded and established and run by refugees and members of ethnic minority groups (Zetter and Pearl, 2000). I interviewed those working in NGOs that are well established in the community, and are less vulnerable in terms of continual funding, and have a role in meeting the health and social care needs of asylum seekers and refugees. I discuss the debates on definition of NGOs further in Chapter Three in the literature review.

For those who arrive in rich, developed countries (estimated at less than 10% of all refugees), non-government and statutory services are committed to, and in some cases obliged to, provide services ranging from housing, health, employment, emergency aid and education. With governments 'outsourcing' specific services, funding may be allocated to NGOs to provide this direct service work. Research suggests this may compromise some services, leading to fears that the role of NGOs in challenging government policy is being diminished (Bendell, 2006; Sales, 2007; Zetter, 2007). There are tensions between providing services to existing communities who are disadvantaged and marginalised and services to newly arrived communities. Local communities may feel hostile to new arrivals that appear to place increasing demands on limited resources. There is evidence that these issues shape the practices of health and social care organisations and reflect discourses of racism, worthiness and punishment (Knudsen, 1995, p 23 -24).

Interestingly, the public membership of NGOs has continued to rise dramatically as involvement in political parties and voter turnout in elections has declined due to cynicism and disappointment with mainstream politics (Bendell, 2006, p xi). Debates about the role of NGOs that are funded by Western donors have been raised by researchers, with some arguing that NGOs are able to provide a range of services in a flexible manner (Wise, 1997), and others raising concerns about the imposition of Western agendas leading to dependence, which has had implications for the types of activities provided (Goetz and Jenkins, 2002). It is argued that people feel more of a connection to broader issues including environmental protection, human rights, health, and international development, and are more actively involved in what has been referred to as 'globalisation from below' (Giddens, 1998, p 8). Many NGOs have argued that human rights, and access to social justice, are universal and not dependent on the nation state (Refugee Action, 2006). The intersection of immigration control and policy and social welfare support comprise what have been called the 'technologies of government' (Watters, 2008, p 2, with reference to Foucault). The ways in which refugees and asylum seekers are perceived as victims or threats has a direct bearing on their access to support and safety, and service provision.

Restricting access, reducing entitlement and denying services characterise some of the changes in immigration policy in the developed world (Silove and Ekblad, 2002, p 402). Research commissioned by Refugee Action identified destitution as a 'tool of public policy' that developed countries are increasingly using against asylum seekers in an attempt, allegedly, to reduce 'pull factors' (Refugee Action, 2006). Prohibiting access to employment, health care, education and housing has contributed to an underclass of

excluded, desperate and destitute people. Theorists have commented on the impact of globalisation and the increased disparity in wealth, and linked these to the need for reconsideration of immigration policies and border control (Dauvergne, 2008). One contested view is that:

As capitalism 'goes global' the resulting social and economic inequality is similarly distributed in a pattern that makes national borders less relevant (Ife, 2001, p 15).

As state provided services decline overall, and asylum seekers who are not granted status are restricted and 'disengaged' from welfare services, NGOs have increasingly become the focus for support (Fraser and Bedford, 2008; Westoby and Ingamells, 2009). State based social services that operate within the residualist welfare models have prioritised needs based on restricted criteria and have consequently become less available. Refugees and asylum seekers have been targeted as in need of monitoring and control due to possible 'risk' factors, rather than care.

Frontline workers are frequently caught between the discourses of care and control. NGOs that assist refugees and asylum seekers, with their emphasis on human rights and social justice frameworks, face increasing demands and pressures. Indeed, some researchers are concerned about the ways in which pressures on NGOs and third sector agencies to provide more direct services, restrict their critical political role (Alcock and Craig, 2009, p 19).

Public discourses and representations

Foucault (1991) identifies discourse as a particular way of seeing and links it to institutionalised power. Discourse when used in this research refers to the Foucauldian combination of power and knowledge and its operation at a number of levels. Social practices such as surveillance, assessment, power and domination can become 'normalised' and become discourses that are internalised and supported almost unknowingly. Burr argues discourse also incorporates ideas and issues of identity, subjectivity, personal and social change and power relations (2003, p 63). Weedon summarises discourse as:

ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledge and relations between them (Weedon, 1987, p 108).

The Foucauldian concept of governmentality, a central dimension of which is the role of the expert who regulates and controls the 'body' of society, is relevant to this research.

Foucault (1991) describes mechanisms of power, which are embedded in language, relationships and practice, and then facilitated by a macro-structure such as the state. The work of NGOs and frontline workers is a manifestation, albeit often ambivalent, of these power dynamics, and this research explores and contrasts this power in the context of Australian and U.K. services. He identifies discourses of subjectivity, what Turner calls 'the objectification of moral obligations into codes or discourses of ethics' (1997, p xii). These discourses of subjectivity, particularly those involving self-regulatory activities, have contributed to the production of roles such as that of the expert.

The terminology used to define refugees, asylum seekers and migrants depends on whether one approaches migration from a legal, social, political, or personal perspective. It is highly problematic as the language changes between countries, and the meaning of migration changes over time. It is fundamentally a problem of representation, and as such it is multi-layered. What was once the discipline of refugee studies is increasingly called forced migration, as distinctions between categories become more legally binding. In Australia and the U.K. the use of the term asylum seeker is common, whereas in Canada the term 'refugee claimant', a more accurate term, is used.

The main difference between migrants and refugees is that refugees do not leave voluntarily, but as a result of war or persecution. Potocky-Tripodi notes:

Immigrants are also sometimes referred to as voluntary migrants or economic migrants, and refugees may be referred to as involuntary migrants or forced migrants. Refugees are also sometimes referred to, or refer to themselves, as exiles or émigrés (2002, p 4-5).

Suvin (2005) suggests a typology of departure and outlines that exiles have a single departure for political reasons, refugees a mass departure for political reasons, expatriates a single departure for ideological and/or economic reasons, and emigres a mass departure for economic reasons (p 110). He proposes the category of 'border intellectuals' for those outside these categories, and links them to specific historical and cultural forces.

Dauvergne (2008) suggests that the illegalisation of migration is due to increased regulation and that this is a response to threats to nationness:

capturing the moral panic about extralegal migrants and enshrining it in law allows governments control that their borders lack (p 17).

The term asylum seeker is frequently used pejoratively. The word 'asylum' is not defined in international law, but the 1967 UN Declaration on Territorial Asylum noted the granting of asylum is a humanitarian and apolitical act. The quasi legal understanding of claiming asylum is the process of obtaining protection through the legally endorsed processes of states party to the 1951 Convention Relating to the Status of Refugees and/or the 1967 Protocol. The Universal Declaration of Human Rights (UNDHR) states that 'everyone has the right to seek and enjoy in other countries asylum from persecution' (Article 14, United Nations, 2004). I attach in Appendix 1 a brief description of the three key legal, regional instruments that define refugee: the United Nations, the African Union and the Cartagena Agreement. These instruments reflect the complex differences between countries in responding to colonial rule, newly independent states and tensions between the North and South.

There has been hostility towards refugees throughout history. Australians have labelled people as 'reffos', 'Balts' and 'boat people' (Neumann, 2004). In the past decade a new range of negative terms entered the media and common parlance, and asylum seekers were described as 'queue jumpers', 'illegal' for having no visa, and often 'rich' for paying people smugglers for the journey, thus implying 'bogus claims' (Marr and Wilkinson, 2003). Australia has always implemented strict legislation and a range of measures to deter asylum seekers, most recently the 'Pacific Solution' (see page 80). In highlighting the contradictions and construction of 'illegality', Dauvergne notes that the largest group of 'illegals' in Australia in 2005 – 2006 were Americans who had overstayed their visas (2008, p 16). There was no detention of, or press coverage about these people however, as they did not match the label of 'poor and brown and destitute' (Dauvergne, 2008, p 16).

In Europe and the UK a variety of terms are used to describe forced migration, and as noted above, 'economic refugee' is frequently used pejoratively to imply less credibility. The economic reasons motivating people to seek work and financial security are framed by all sections of the political spectrum as endangering the job prospects and social cohesion of the host country. There are contradictory impacts of migration that pose particular welfare challenges. Developed countries increasingly rely on migrant workers for both skilled and unskilled labour; however political demands placed on governments demand a reduction in immigration (Alcock and Craig, 2009, p 19). In Nazi Germany, Jewish refugees were frequently derided as 'economic migrants' in order to marginalise them (Maley, 2004, p 146). The rise in xenophobia in Europe has increased along with right wing politics and politicians in power. Often immigrants are portrayed as a destabilising force, and one that threatens jobs and the moral fabric of

society. A poster from the French National Front stated 'Three million unemployed, that's three million too many immigrants' (Elman, 1996, p 58). Similar posters and propaganda are distributed by right wing organisations in other countries including the U.K. (the British National Front) and Australia (One Nation). The competing demands for cheap goods and services provided by cheap labour are often at the expense of human rights. Academics and activists have increasingly questioned the complex role and 'right' of the nation-state to protect its borders and population (Lutz, 1997; Morris, 1997; No Borders Network.co.uk).

As noted above, in both Australia and the U.K. those who claim asylum on shore and in country are frequently determined not to be 'genuine' refugees. Divisions have occurred between so-called 'genuine' refugees, (those who suffer torture and trauma as a result of political activity or persecution, and are consequently dislocated from their country and community) and 'ineligible' (those who have had to leave their country due to lack of economic prospects or environmental degradation). These various terms and language are often used in combination or used interchangeably and serve to generate fear and antipathy towards refugees, based on ignorance and anxiety. They are used internationally to discredit refugees, particularly in the current times of heightened awareness of 'political terrorism' and the so-called 'war on terror'. They also have the effect of creating uncertainty and a sense of distrust of the 'other' (Eastmond, 2007; Daniel and Knudson, 1995; Gale, 2004).

For the purpose of this research, and with some reluctance, I use the term 'asylum seeker' to refer to someone who has applied for asylum, and is awaiting an outcome on his or her claim. The UN Convention on Refugees guarantees the right to seek asylum from persecution, and if successful, the Convention states they are entitled to the same protection and benefits as all other citizens of that country. 'Refugee' will refer to someone who has successfully obtained permanent secure immigration status according to the UN Convention grounds. I also use the more generic term of 'service user' to apply to both asylum seeker and refugee in the context of those using or participating in services offered by NGOs.

Structure of the thesis.

Chapters Two and Three comprise the literature review and the key theoretical and practice issues facing frontline workers in NGOs. Chapter Two focuses on the theoretical literature of two key elements underlying the thesis. In the first section I examine the theoretical debates in forced migration and refugee studies, including an extension of the analytical approaches and key tendencies facing migration as

identified by Castles and Miller (2009). These include globalisation, acceleration, differentiation, feminisation, politicisation and proliferation. The literature is multi-disciplinary and covers a number of issues frontline workers confront both implicitly and explicitly in their work with refugees and asylum seekers. In the second section, I analyse the key policy debates in health and social care in both the Australia and the U.K. and include an overview of social policy and welfare, and the debates in the literature about care and control that form the context for understanding the issues facing practitioners. I describe the debates in the literature that identify the main health needs of refugees and asylum seekers, including mental health, the medical and social models of health and the development of policy and service responses to meet their needs.

The Third Chapter examines some of the key practice issues facing health and social care practitioners working with refugees and asylum seekers and is presented in three sections. Frontline workers in Australia and the U.K have to understand and work with complex immigration systems and procedures. The two countries have undergone significant changes and these have had a direct impact on the ways in which services are delivered. In some cases the criteria for support have been limited, with services being warned that supporting asylum seekers who are not 'eligible' is prohibited and against the law (such as in the case of Section 4 in the U.K.¹). This has a direct bearing on service providers who see their duty of care to assist those most vulnerable. The first section of this Chapter reviews the definition and role of NGOs, including the organisational issues that underpin the provision of services to asylum seekers and refugees. Increasingly NGOs have to manage to meet the needs of service users as the result of the policy changes that have increased the marginalisation and destitution of asylum seekers. The second section highlights the issues in Australian and U.K. migration procedures with a focus on destitution, detention and removal of asylum seekers, including women and children. The third section focuses on the literature that examines how frontline workers manage the tensions in providing services and how the impact of the work affects their health and well being.

Chapter Four describes the methodology and methods used in the research. The use of qualitative research methods, particularly narrative approaches have been critical in shaping this research. The Chapter will describe the research methods detailing how the research was developed and negotiated, and the processes involved in the

¹ Under section 4 of the Immigration and Asylum Act 1999, the UK Border Agency may provide accommodation to failed asylum seekers who have a temporary barrier to leaving the UK and who would otherwise be destitute.

interviews with participants. The issues facing the researcher in relation to recruiting participants to the study are provided together with a description of the sample of participants who took part in the research, along with the organisational typologies. The NVivo software used to order and code the data, and the process for analysing the data is then described, and the key themes are presented.

In Chapter Five I present the first part of the findings of the interviews conducted with the service providers. The participants describe in their own words the key issues facing asylum seekers and refugees, and their role in interacting with government policy and organisations in order to support them. The key issues they identify are asylum procedures (including detention and destitution), health care, racism, gender, settlement and human rights. The findings link the key themes that are identified in the formulation of the research, and highlight dilemmas and tensions in their practice. The work affects frontline workers at both a personal and professional level and I include a section where practitioners describe how the structural issues related to government policy and within their organisations contribute to stress and affect their health and wellbeing. These effects also impact on what they perceive to be restricted outcomes for asylum seekers and refugees.

In Chapter Six I present the second part of the findings in which the frontline workers describe the tasks and activities of their work, which includes advocacy, community development, casework (including counselling), policy development, research, education and training. Participants describe this work and identify dilemmas and opportunities in their practice in both the U.K and Australia. Frequently government policy and organisational issues clash with their aims in supporting the health and mental health of their service users, and NGOs find that they have increasingly limited resources and strategies in order to work effectively.

Chapter Seven presents the discussion of the key findings from the fieldwork in relation to the broader issues identified in the literature review. It highlights both emerging theoretical issues in relation to debates in health and social care, and the relationship of frontline workers with asylum seekers, in addition to side four key areas identified by practitioners as critical: the need for improved training and development for frontline workers; development and improved links between theory and practice in work with asylum seekers and refugees; further development of partnership working; and addressing discrimination and racism in services and the wider community.

In the concluding Chapter I discuss the key findings from the discussion with the implications for services and future research. I argue that the work reflects the demands facing frontline workers and is generalisable to other areas of health and social care where there is increased surveillance and practitioners navigate complex and often competing discourses of power relations. I reflect on the research process and highlight areas for consideration at both the micro levels; including the actual doing of the research and contribution to ideas for further research; and the macro levels that relate these to broader social processes. I conclude with personal reflections on the process of conducting the research.

Chapter 2 Literature Review Part 1: Theoretical issues in Migration, and Health and Social Care.

Introduction:

There are many cross cutting themes in this research which impact on how frontline workers work with asylum seekers and refugees. This Chapter identifies two key areas of the literature and a range of theoretical perspectives that assist in understanding the forces behind migration and their relevance to those working in NGOs providing health and social care services. The first section identifies debates in the field of migration including the analytical approaches that define the migratory process and different types of migration. The Chapter outlines the main tendencies identified in the literature that characterise forced migration and how these impact on the delivery of services in host countries. The second section highlights debates in health and social care and reviews key concerns in the literature about the provision of social welfare and health care for asylum seekers and refugees.

Section 1. Theoretical debates on migration

The literature on migration has predominantly emerged from the perceptions of industrialised countries around key interests such as the economy and the labour market, political society, the concept of the 'nation state' and social change including debates on social integration and alienation (Castles and Miller, 2009; Zolberg 1989; Giddens, 1998). Theorists identify the nation state historically as the means by which the most liberal and democratic forms of political organisation take place (Walzer, 1981): however theory has been increasingly challenged as a result of increased globalisation. In dominant political discourse in both Australia and the U.K. the nation state is identified as critical to determining membership to preserve a functioning political community (Morris, 1997). There are concerns from academics about the extent to which policy makers are prepared to extend controls in order to protect the nation state and its borders, and the social consequences of doing so. Immigration is frequently identified as a threat to this order, one that is challenged by newcomers who speak different languages, have different cultural practices and do not conform to the status quo (Parekh, 2000). Academics also identify border control as a determinative factor of migratory pressures:

One important theoretical development of the past quarter century is recognition that it is precisely the control which states exercise over borders

that defines international migration as a distinctive social process (Zolberg, 1989, p 405).

Understanding the theoretical frameworks of migration has relevance for frontline workers and their capacity to deliver services. The discourses that frame how refugees and asylum seekers come to claim asylum, whether as a result of political persecution, or as 'economic' refugees, have a direct bearing on the development of policies that determine entitlement to services and care. Increasingly restrictive policies of deterrence, deportation and repatriation impact directly on those seeking asylum and those providing their care. Research has demonstrated how public policy that excludes asylum seekers from employment rights, education, public housing and health care, has only increased human trafficking and forced people into a precarious employment market in order to survive (Castles, 2007; Black et al, 2005; Morrison and Crossland, 2001). Asylum seekers have become socially excluded and reliant on very limited support from their own communities, along with a few others including activists, and those prepared to work pro bono:

By default, as state-provided benefits are reduced, and the asylum regime becomes more an instrument of marginalisation than reception, of community fragmentation than consolidation, of short-term dependence rather than long-term self-sufficiency, asylum-seekers are increasingly turning to RCOs who now find intensifying demand for the support they offer (Zetter and Pearl, 2000, p 680).

In early writing on migration Zolberg (1989) noted that the theoretical approaches to migration shared a number of common features. First they were historical, and paid attention to changing specificities of time and space; second they were structural rather than individualistic and were focused on the social forces that constrain individual action, with an emphasis on the dynamics of capitalism and the state; third they were globalist, in that national entities are social formations interacting in an international social field 'permeable to determination by transnational and international economic and political processes'; and lastly they were generally critical, with a commitment to social science and improving the understanding for the countries of migration and origin, as well as for the migrants themselves (Zolberg, 1989, p 404). These themes emerge throughout this research, and impact on the individuals who participate in the interviews.

Migration and refugee studies are relatively new disciplines that have developed in the last 20 years. It has been noted that over 18 academic disciplines have contributed to the development of refugee studies and the proliferation of theory (Black, 2001, p 58). Increasingly called the study of forced migration, there is considerable academic divergence in the use of the terms and a variety of theoretical interpretations of the field (Hathaway, 2007; Chimini, 2009). An interdisciplinary approach to migration acknowledges the multi-disciplinary contribution of anthropologists, sociologists, political scientists, economists and many others in understanding the complexity of relations and movement of people between the source and destination countries. No one discipline can adequately describe and analyse migration, and for that reason migration theory draws on a wide variety of expertise and theory:

It is clear that there can be no compartmentalized theory of forced migration. Theory, in this area, means analysing forced migration as a pivotal aspect of global social relations and linking it to an emerging new political economy in the context of US political and military domination, economic globalization, North-South inequality and transnationalism (Castles, 2003, p 27).

While the focus of this research is on those who work with people who have been subjected to forced migration, it is useful to understand the broader global motivators of migration. Many disciplines have contributed to understanding migration and researchers have summarised four analytical categories for understanding the 'migratory process' which describe the ways sending areas connect with receiving areas (Castles and Miller, 2009, pp 21 - 27). The first, neoclassical theory, is based in the economic theories of migration, and is often called the 'push and pull' theory of international migration and movement. The push factors are described as predominantly negative in the country of origin, such as war and civil unrest, increasing environmental degradation and economic hardship. The pull factors are often described as positive factors such as family reunification, the possibility of work and settlement, and political freedom. This approach reflects the observation of anthropologists of the urban/rural divide and neo-classical economic theory of the equilibrium model of development. Over time this approach has been criticised as being too individualistic and simplistic of a complex and multifaceted process and theorists have argued for a more complex analysis (Sales, 2007). Neo-classical theory argues that people's behaviour is based on 'rational and utilitarian decisions'; however other theorists argue this does not explain why most people do not migrate (Potocky-Tripodi, 2002, p 14). Given such a small proportion of people, who do migrate, there have to be further explanations.

The second approach is the historical-institutional approach, based on a Marxist analysis of class and power, which examined migration in the context of a global economy and the 'inequities between labour-exporting, low-wage countries and labour-importing, high-wage countries' (Brettell, 2000, p 103). While this is undoubtedly a strong motivation for migration flow, this approach is criticised for not taking into account the agency of asylum seekers and refugees and the choices they make in relation to moving to particular countries (Cohen, 1997).

The third approach acknowledges the shift to seeing global migration patterns as 'systems', which are dynamic between macro-level factors (such as the political situation, laws and regulations controlling immigration), meso-or relational level factors (the relationship between people staying and moving in both the country of destination and the country of origin), and micro-level factors (such as personal characteristics and autonomy in making decisions, access to resources and the information and knowledge migrants have). Migration systems theory takes into account the prior existence of links between sending and receiving countries based on 'colonisation, political influence, trade, investment or cultural ties' (Castles and Miller, 2009, p 27). They also represent a complex range of interacting factors that provide a matrix for understanding these life-changing decisions.

The links between and within communities, however, have increasingly become recognised as another important feature of understanding migration and the fourth, and more recent, tendency is transnationalism. Early work by Basch, Glick-Schiller and Blanc-Szanton stated:

We define "transnationalism" as the process by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement. We call these processes transnationalism to emphasize that many immigrants today build social fields that cross geographic, cultural, and political borders (1994, p 6).

The exchange with families and friends in the country of origin as well as the host country is critical for survival. Adopting the theory of transnationalism requires going beyond simply a state centred approach and adopting three levels of analysis: the individual, the state and the international society (Tamas and Palme, 2006).

Theorists identify four models of migration to describe the categories by which people are or have been classified, which include: classic (such as Canada, USA and Australia, which have developed as 'nations of immigrants'), colonial (such as France and the UK, who tend to favour immigrants from former colonies), guest workers

(countries such as Germany, Switzerland, Italy and Belgium emphasise the flexibility of the labour market, but do not provide citizenship rights) and illegal (people who are increasingly outside of the formal structures such as Mexican 'illegal aliens' or asylum seekers 'sans papier' in Europe) (Castles and Miller, 2009; Marfleet, 2006). Theorists suggest that citizenship is central to being accepted into the nation-state. The substantial division between citizens, who have extensive rights, denizens, an intermediate group, and helots, who are disenfranchised and without rights illustrates how the labour market is a dominant force controlling inclusion and exclusion. It has been noted that while helots (asylum, illegal entrants, overstayers, undocumented workers and unskilled workers tied to specific projects) are seen as undesirable because they escape state control they also serve a purpose as 'disposable units of labour power to whom the advantages of citizenship are denied' (Cohen, 2006, p 152). In addition:

The whole experience of displacement, flight and exile is shaped by institutions of the nation-state, above all by the wish of those in authority in states to control migration (Marfleet, 2006, p 38).

Characterising migration

Castles and Miller (2009) identify six key 'tendencies', which they claim characterise migration patterns: globalisation, acceleration, differentiation, feminisation, politicisation and proliferation. They argue that these are likely to play a major role in the future, and it is for this reason I use, and extend, this framework to provide a structure for the key themes underlying this research. The theoretical frameworks provide a basis for what service users are experiencing and locate the experience of the individual service provider within a broader international context. I explore and develop these themes and highlight how they impact on frontline workers and the provision of services for refugees and asylum seekers.

Globalisation.

Globalisation is a term with contested meaning and is key to understanding forced migration. Academic texts discuss globalisation in the context of economics and the transfer of goods and services, social networking, and communication, between states and countries. Marfleet (2006) notes that globalisation is 'the idea that world-spanning economic networks have brought into being unprecedented forms of world integration' (p 22). Some theorists argue that improving global communication and the sharing of resources will improve international relations (Sen, 2000), while others argue that it further reinforces the divide between north and south and the retention of valuable

resources by developed countries (Beck, 2000). Many NGOs link globalism (the ideology that supports globalisation through international partnerships) with the fight for overcoming inequality and promoting human rights, and have developed practices that emphasise solidarity, mutual responsibility and social justice (Ife, 2001).

Globalisation is critical for understanding forced migration and the systems that either overtly or inadvertently support migration. Some of the key factors contributing to globalisation include the rise of information and communications technology to create a global outlook, economic factors such as transnational organisations which move funds all over the world, and political changes such as the collapse of Soviet-style communism and the growth of international and regional mechanisms of government such as the UN and EU. Another political factor is the growth of inter-governmental organisations (IGOs) and international non-governmental organisations (INGOs). These independent organisations work alongside government bodies, influencing policy and addressing international issues (examples include Greenpeace, Medicins San Frontier, Amnesty International etc) (Giddens, 2006, p 50 – 59; Bendell, 2006; Zolberg, 1989).

Some theorists have argued that Marx foreshadowed globalisation theory (Castles, 2003, p 23). Marx located economics as critical to his theoretical framework, based on the trinity formula of capital, land and labour, and argued that this contributed to the development of social structures and functions (McLellan, 1977). He argued that class and class conflict emerge as a result of the divisions between people as they relate to the status of labour. This has a direct association with migration. Where conditions become unsustainable due to environmental degradation or lack of access to resources (such as water and food) civil conflict may emerge. Those who move to the West and seek economic security however are frequently disappointed:

Added to this is a growing underclass of homeless people, refugees, asylum seekers and other marginal groups, who survive through the informal economy and end up living on the edge of welfare systems through a combination of petty crime, hustling, short-term work for cash and support from NGOs working in the community (Stepney and Popple, 2008, p 153).

Given these circumstances and the growing disparity in wealth, the search for employment becomes a major driver of migration. As noted by Clarke, 'poverty is characterised by premature death, preventable illnesses, limited access to clean water

and sanitation, economic instability and often illiteracy' (2008, p 152). I return to this theme of employment when looking at the differentiation of migration on page 28.

Castles and Loughna (2004) note that globalisation is not a system of equal participation but rather it perpetuates and generates inequality:

Moreover, the attempt to base migration control on a bureaucratic distinction between economic and forced migration ignores the reality that many migrants have mixed motivations: they are simultaneously fleeing failed states, collapsed economies and devastated environments; they are moving both in order to gain protection from violence and to improve the livelihoods of their families (p 184).

In relation to forced migration there is deep inequality between the North-South divide, and this is a social rather than a geographical division. Increasingly there is less of a distinction between forced migration and economic migration (Castles, 2003, p 17; Chimni, 1998; Cohen, 2006). For example, in countries where water has been redirected away for industry, or is not available, this has forced the movement of people to countries where they can find water to survive. Bauman (2004) refers to 'wasted lives' as the waste product of capitalism. The desperation of many people fleeing parts of Africa is evidence of this and a reflection of the neglect of refugees, the inequitable and/or politically motivated distribution of development aid, and complex political realities in the developing world. As Giddens suggests:

the vast majority of the world's wealth is concentrated in the industrialized or 'developed' countries of the world, while the nations of the 'developing world' suffer from widespread poverty, overpopulation, inadequate educational and health care systems and crippling foreign debt. The disparity between the developed and developing world has widened steadily over the course of the twentieth century, and is now the largest it has ever been (Giddens, 2001 p 69).

Some theorists argue that there is a shift in thinking that moves sociology from its inherently nationalist orientation to a broader concept of globalisation (Morris, 1997). In reviewing the issues of citizenship, the power of the nation state, employment and issues facing asylum seekers and immigration more generally in Europe and the U.K., it is argued that the modern nation state is being challenged by transnational flows of 'global' capital, increased global communications and large population flows. This

represents what Smith calls 'an external crisis of autonomy and an internal crisis of legitimacy' (Smith cited in Morris, 1997, p 193). As Richmond notes:

changing political, economic and social conditions linked to globalisation give rise to feelings of uncertainty and threaten traditional sources of collective identity (2002, p 723).

Economic interests of wealthy industrialised nations, particularly in relation to production of oil, diamonds, arms and coffee serve to keep workers' conditions poor, as the resources of that country are removed. People are vulnerable to exploitation, environmental degradation, ill health and intense poverty. The North South divide is also perpetuated and interconnected in a variety of illegal ways including human trafficking, people smuggling, and the trade of arms and drugs.

Wars increasingly target civilian populations. This has a direct impact on the movement of people to safety. Rebels and armies actively maintain political control through violence, often exploiting and abusing women and children with sexual assault and enlisting and coercing child soldiers (Summerfield, 1999; Indra, 2004). These practices are well documented in the former Yugoslavia, Iraq, Congo, Liberia, Sierra Leone, and many other warring countries:

Violence and forced migration also cause social transformation. They destroy economic resources, undermine traditional ways of life and break up communities (Castles, 2003, p 18).

NGOs are seen to be an important element of a globalised world. They have flexibility to operate beyond borders and within a framework that upholds human rights, democracy and accountability to its constituency. Some academics argue that NGOs are more effective and efficient in providing services:

The reason for this are said to be because such organizations are less bureaucratic, more flexible and innovative, and thus more responsive to circumstances, and often have more committed staff (Wise, 1997, p 81).

International opinion polls on levels of public trust state that NGOs are seen as more trustworthy than either business or governments (World Economic Forum, 2003 cited in Bendell, 2006, p x; Ahmed and Potter, 2006). There are criticisms however, in particular with regard to the division between the North and the South, and the ways in which international NGOs and donors may be seen to treat national or local NGOs in a disparaging and patronising manner. Recent research argues that the capacity-

building discourse has begun to shift away from the investing/developing model and towards one of partnership building (Lauten, 2007, p 4). Historically NGOs have adopted a human rights discourse, with a focus on restorative and social justice, and central to that an understanding of inequality. Ife notes:

By human rights we generally mean those rights which we claim belong to all people, regardless of national origin, race, culture, age, sex or anything else (2001, p 8).

I return to this topic further in the next chapter when I discuss humanitarian NGOs.

Acceleration.

The international landscape continues to change and the numbers of those experiencing forced migration continues to rise. The figures related to forced migration are notoriously unreliable as many people are not included in official processes of counting their movement or relocation (Sales, 2007; see Appendix 2). In the 1970s there were an estimated ten to fifteen million refugees, which increased to 18.5 million in 1988, and this nearly doubled to 31 million by 2004 (Zolberg, 1989; UNCHR, 2005). In 1998 Ogata noted that the number of people who had been displaced by persecution, violence and human rights abuses stood at some 50 million, with UNHCR assisting and protecting approximately 27 million. The number supported by UNCHR fell to 21.8 million in 2001 (UNHCR, 2001). These figures vary according to which agency is doing the counting, and whether internally displaced persons (IDPs) and 'persons of concern' are counted. Some theorists argue that this fall in numbers of refugees is due to conflict resolution and returns to countries such as South Africa and Latin America (Sales, 2007, p 30).

There are major wars in many parts of Africa, in Iraq and Afghanistan, and political persecution within countries such as China, Iran, countries of the former Soviet Union, Zimbabwe, Sudan, Vietnam, Burma, West Papua and others. People seek safety, security and employment for themselves and their families. In some cases they are assessed for eligibility and access to humanitarian programmes via UNHCR in refugee camps, and in others they take perilous routes and pay agents to provide transport, or are smuggled or trafficked.

Civilians represent 90% of the casualties in war and UNHCR recorded 7.5 million IDPs and 'persons of concern' in 2004 (UNHCR, 2005). It is important to acknowledge that the overwhelming majority of support for survivors of war, political persecution and IDPs remains with developing countries. Countries that neighbour war torn countries in

Africa and Asia support the majority of refugees. They are often poor and have limited resources and include India, Pakistan, Indonesia, Iran, and many African countries (which host 28% of the world's refugee population) (Ager, 1999; Grove and Zwi, 2006; UNHCR, 2001). The largest group of refugees under the care of the UNHCR are from Afghanistan, and the largest numbers are resident in Pakistan and Iran (UNCHR, 2005, p 32). Approximately 90% of people fleeing their homes will remain in the same region (Grove and Zwi, 2006, p 1932).

The international systems that have been developed range in effectiveness to meet these demands and crises. Camps are often unsafe, such as in Darfur (Amnesty International, 2007), and assessments to meet criteria limited and open to corruption and bribes. The criteria for repatriation to the West are often dubious and increasingly limited to stem demand. There is growing recognition that the authorities, UN Peacekeepers and the military of local populations abuse their power with violence and sexual abuse, and restrict access to food and supplies (Harrington, 2005). Refugees and asylum seekers, and those working with them, describe the selection process for repatriation as a lottery with seemingly 'no rhyme or reason', and little distinction as to who gets selected for Humanitarian Protection (Coffey, 2006; Grove and Zwi, 2006). In addition, theorists raise concerns about the ways in which the West supports encamping refugees and keeping people dependent on relief, rather than promoting self-reliance. In an interview Harrell-Bond notes:

It is very unwise to underestimate the bureaucratic interests which have developed in keeping the status quo, putting refugees in camps and keeping them there, or, as is now done, pushing them home as destitute as they came and mounting yet more relief programs for them there (cited in Indra, 2004, p 49).

The 'asylum- immigration nexus' refers to the increased similarities between people who are moving as a result of the breakdown in state structures and forced migration (Sales, 2007, p 75; Castles and Miller, 2009). The impact of migration presents a number of challenges in the context of the nation state no longer being the sovereign power. Governments seem unable to control immigration and despite policies designed to stem the flow, they have in fact increased the presence of migrants, including formal and clandestine migration, asylum seekers and people applying for family reunification (Morris, 1997; Richmond, 2002). In early 2000, despite steps to limit immigration, the numbers soared. In the U.K. there were 76,000 claims for asylum in 2000 (Home Office; 2001). In Australia 15,964 applications were granted offshore,

and of the 5,577 protection visas granted onshore in 2000-01, 1,125 were permanent visas and 4,452 were temporary visas (DIMA, 2001). As Morris states:

In fact, clandestine migration is arguably the strongest manifestation of globalisation, demonstrating the limited ability of the nation-state to police entry (Morris, 1997, p 201).

In a later paper Morris (2002) argues the consideration of human rights has been limited by the position of border protection. This has been identified by a number of theorists concerned about human right abuses (Lutz, 1997; Maley, 2004). There has been a perceived loss of control by governments in relation to the asylum 'crisis'. It is argued though that this is an ideological and political crisis rather than one of immigration. Frequently human rights have been positioned against security concerns in the 'fight against terrorism', particularly since the 9/11 bombings. There was a decline in applications for asylum over the next five years, between 2002 – 2007, as immigration policy further restricted access to accommodation, employment and education (Home Office; 2006). This decline has been attributed to a 'target culture' of decision-making within the immigration departments and a 'hardening of attitudes towards asylum seekers' (Sales, 2007, p 162). The emphasis is on controlling entry, administering controls when in country, and detention and forced removal of those who have deemed to have 'failed'. Academics are increasingly asking whether governments are prepared to disavow the principle of non-refoulement and Article 3 of the Convention Against Torture in order to secure their borders, and risk the return of people being sent back to unsafe countries (Levy, 2005, p 27).

Differentiation.

There are many different types of immigration and evidence that the old dichotomy between migrant-sending and migrant-receiving countries is being eroded (Castles and Miller, 2009, p 7). This is often due to changing government policy, as noted above, and has meant that the categories that Cohen calls denizens and helots (including refugees, asylum seekers and economic migrants) have become increasingly blurred (2006, p 150). There is a tension between policies that restrict one type of migration, such as asylum seekers, but encourages others, such as highly skilled migrants. Often host country residents are unable to distinguish between different types of migrants, and this ambiguity can contribute to the experiences migrants face, with some individuals (such as highly regarded professionals for example) being singled out in public as 'asylum seekers' and subject to racist attacks (personal contact). Similarly,

some asylum seekers have been abused for being of a particular nationality, as if 'they' (all asylum seekers) were a homogeneous group.

Since World War Two there has been increased state control over borders, and the policies adopted have only allowed very limited international movement. Australia has a stringent 'point system' that was recently adopted in the U.K. by the Home Office in 2006. The literature does point out that movement is not restricted when one is privileged and has the funds to do so via a 'gap year' or where a supported work visa is provided. Zolberg (1989) argues that international borders serve to maintain global inequality:

Regardless of what violence people may be subjected to in the country of origin, this produces a flow of refugees only if people have a place to go; in not, the violence has other consequences, as dramatically demonstrated by the fate of so many Armenians and Jews in the first half of the twentieth century, Biafrans in the 1960s, or the population of West Irian under Indonesian occupation today (Zolberg, 1989, p 406).

There are a number of factors impacting on the differentiation of migration, and these include global inequality as noted above, the persistence of restrictive immigration policies as barriers to movement, changing patterns of exploitation of foreign labour, the changes in the socialist world (ex Soviet Union and Eastern Europe) and the perceived refugee crisis in the developing world (Zolberg, 1989; Cohen, 2006; Marfleet, 2006). These factors have impacted on the diversity of origin, destination and motivation of refugees and asylum seekers (Sales, 2007, p 34). Concerns such as these are reflected in the groups of asylum seekers and refugees frontline workers support, and changing demands as a result of their circumstances.

There has been a shift in the literature about understanding economic migration as an individualistic response to employment opportunities as opposed to the movement of workers being due to the transnational economy (Zolberg, 1989; Giddens, 1990; Morris, 1997; Cohen, 2006). The literature on transnationalism has referred to the complex links and relationships that migrants have with each other and their country of origin (Vertovec, 2004). It has been noted that remittances exceed aid flow in value (Sales, 2007; Bendell, 2006; Marfleet, 2006, p 91 - 92). This has had a direct impact on refugees and asylum seekers, many of whom live in poverty in order to send even a small amount of money home to family members.

There has, however, always been tight control by governments, and these have been very much on their terms. Zolberg noted that 'even at their height, policies designed to import temporary alien labour were cast against a background of strictly limited immigration' (1989, p 408). Countries such as Australia, the U.S. and Canada initially developed policy to attract workers from Europe, although Australia limited immigrants from China, the Pacific Islands and non-white countries. The White Australia Policy in Australia was seen as requisite for social cohesion (Blainey 1984; Wazana, 2004). In Europe, Arthur Lewis developed the theory that emphasised the advantages of using foreign labour in the face of slower population growth and as a 'conjunctural buffer' that formed the official doctrine of the OECD in the 1960s (Zolberg, 1989, p 408).

Increasingly economic integration is linked with migration and Bauman argues that 'mobility has become the most powerful and most coveted stratifying factor' (in Castles, 2003, p 16). People often move in search of wealth and security and to escape persecution and deprivation. The term 'economic migrant' is often used pejoratively as though this were not a valid reason for movement. This is often presented as a shift from the 'old' type of Cold War refugee escaping communism to the 'new' asylum seeker (from the South) who is seen to be simply abusing Western hospitality (Chimni, 1998, p 357). This change of context has served to maintain the distinction between the West and developing nations, and it is argued to justify punitive treatment of Southern asylum seekers, the so-called economic migrants.

Academics refer to the 'internalist' or 'externalist' explanation of the causes of refugee flows, which have generated controversy (Chimni, 1998). The internalist explanation refers to an inward focus, including individual reasons and state bound internal conflict (such as ethnic division). The externalist view refers to the broader socio-political and economic reasons, with its implicit call for economic redistribution of resources. These explanations reflect the ideological positions of the theorists and the political solutions advocated (Adelman, 1999). This has a direct bearing on the policies of particular countries as they are informed by the political parties developing them. This in turn affects frontline workers who must implement them.

One of the ways in which academics categorise differences in migration is through examining global diaspora as they developed in many different forms throughout history. Most diaspora were the result of forced migration due to violence and persecution. Cohen (1997) identifies five types of criteria of diaspora according to the forces underlying the original population dispersal and these included: victim (such as African, Jewish, Armenian), imperial (British), labour (such as Indian), trade (including

Chinese), and cultural (such as Caribbean). This analysis suggests that they are not static and that there are complex processes for maintaining contact with and possessing a sense of collective ethnic identity.

The literature that examined the social exclusion of asylum seekers and refugees from protection of the state has a focus on the exploitation of cheap migrant labour, and the fact that that most developed countries rely on this for prosperity. An urban myth suggests that if all illegal migrant workers' were taken from the streets of London, the country would stop functioning immediately (Dauvergne, 2008, p 20). Researchers have focused on a range of workplaces that employ migrant workers, including dangerous working environments that exploit vulnerable workers who have little protection or few rights (Cohen, 2006). Many of the areas of employment highlight both the vulnerability and determination of refugees. For many refugees overcoming adversity, and finding work that no one else will do, means that they are reliant on clandestine and informal networks in order to survive. This survival strategy contributes to what Grove and Zwi call 'a process of marginalisation, disempowerment and social exclusion' (2006, p 1933).

Academics have noted that the maintenance of 'illegal' status works in the interests of Western economies:

Illegal migrant workers do not command minimum wage, have no social welfare protections, generally do not have health care or disability insurance, and lack job security. Of the potentially fifty million legal migrants today, a considerable portion move to work. The work they do is often in the "three D" categories: dirty, dangerous, or degrading (Dauvaugne, 2008, p 19).

Refugees have often been depicted as threatening jobs, living standards and welfare. The politicisation of migration and asylum has led to so called 'tough talk' on migration, and there has been an increase in policy from all political parties, to restrict, deter, and ultimately return asylum seekers to their country of origin. Often the facts relating to asylum seekers are not made public and misinformation feeds a populist discourse that vilifies and marginalises asylum seekers (Maley, 2003; Klocker, 2004; Gale 2004). A recent report in the U.K. by the Institute for Public Policy Research (2006) indicates that there are between 310,000 and 570,000 unauthorised migrants in the U.K. and if allowed to live legally they would pay more than one billion pounds in tax each year. For those claiming asylum (25,712 in 2005) if they were allowed to work, they would

generate 123 million pounds for the Treasury (IPPR, 2006). In the context of asylum, Morris describes this tension in relation to employment as the management of contradiction:

in which policy and practice seek to strike a balance between concern over national resources, which tends to limit entry, and continuing employer demand and the assertion of human rights, which potentially expand entry (2002, p 410).

Asylum seekers are caught between the two positions of welfare dependency and illegal working in order to survive.

Feminisation

The fourth tendency identified by Castles and Miller (2009) is the rise in number of women migrants, what they call feminisation. There appear to be two key areas in the literature in relation to women; first are the debates about feminisation as an identifiable change in migration, including concerns about the actual movement of women, whether more women are moving, or whether it is just increasingly recognised. Second is what might be more accurately described as the gendering of migration; this includes feminists interpreting the movement of women and men, the opportunities available to women and men, how gendered roles migrate and women as initiators of migration.

Despite the often-cited statistic of women and children representing 80% of the world refugee population, there is a dire lack of protection and support for women. Theorists have criticised the gender bias of the UN definition of refugee and its interpretation by immigration officials (Callamard, 1999, p 206). Feminist theorists have challenged the notion of the 'ungendered' refugee, and have promoted women's rights with a focus on the lack of access to international assistance and protection (Donato et al, 2006; Bhabha, 2004a). There has been criticism of the failure of UNCHR to protect women in camps (Callamard, 1999, p. 208). Women are vulnerable to sexual violence and abuse at all stages of the migration process, pre-migration, during the journey and on arrival. In the U.K. the most recent figures show that women represent 28% of main applications for asylum (Home Office, 2006). This reflects the difficulty for women travelling alone and the risks they have taken to make often-perilous journeys. It also is a reflection of women's status in the family that they are often secondary claimants, a position that can have negative and dangerous implications for them if they are in a relationship involving violence (Easteal, 1996; Southall Black Sisters, 2004). Statistics for women claiming asylum in Australia are not disaggregated, which has been

documented as of grave concern by academics (Correa-Velez and Gifford, 2007). There is, however data on the specific women at risk category:

In 2008–09, 788 visas were granted to Woman at Risk applicants. This represented 12.1 per cent of the Refugee category allocation, exceeding the nominal annual target of 10.5 per cent. A total of 9598 visas have been granted since this visa subclass was established in 1989. During 2008–09, the government announced that the nominal annual target for Woman at Risk visas would be increased to 12 per cent for 2009–10 (DIAC, 2009b, p 86).

One of the prominent issues currently facing women is the issue of trafficking. The UN Special Rapporteur on Violence Against Women describes trafficking in women and identifies some of the key conceptual issues in the context of a broader human rights agenda:

Modern trafficking practices demand that we reconceptualise the trafficking problem in light of the human rights abuses endemic to trafficking. The absence of viable economic opportunities, the inequitable distribution of wealth between and within countries, and the continued and increasing social and economic marginalisation of women in many countries render women vulnerable to traffickers' deceptive promises of better opportunities abroad (Commarswamy, 1999, p 26).

Researchers Gajic-Veljanoski and Stewart (2007) document concerns about the health needs and human rights abuses of these women, and emphasise the medical, behavioural and psychological effects that trafficked women may experience (p 352).

A key trend in research on migration is recognition of the place and role of women. Early research that relegated the role of women to that of 'followers' (usually of the male member of the family) and not as having an independent status has been challenged (Bhabha, 2004a). The literature on migration has been criticised for neglecting women's roles, and feminists have pointed out this is similar to other areas where their role in the private sphere is ignored. Sales comments:

Mainstream structuralist accounts also focus on productive labour since their main interest is in class relations within waged work and tend to ignore the gendered power relations that underpin them (Sales, 2007, p 52)

There is a risk of seeing women as victims (of sex trafficking, mail order brides, prostitution) and simply following men. This removes women's sense of agency and

does not credit them with taking active decisions about their lives (Pessar and Mahler, 2003). One might argue these are limited choices in the face of poverty and violence but nonetheless they take them. In relation to employment, newly arrived women migrants often do the work that the indigenous populations do not want to do. Many are in poorly paid employment and exploited. Working illegally reflects their uncertain immigration status of seeking asylum, as they are not permitted to work; however, it is a survival strategy for them and often their children.

Feminist theory has informed the consideration of debates in relation to women and refugees, and provides a context for examining the plight of women. Weedon (1987) writes: 'feminism is a politics. It is a politics directed at changing existing power relations between women and men in society' (p 1). The political campaigns generated by feminists against the objectification of women in pornography, rape and violence, and in support of equality of opportunity, welfare rights, equal pay and conditions have contributed to the development of feminist theory. Recent developments in feminism have paid particular attention to the issue of gender and the division of labour, the family, race exploitation, and the ideology and cultural production of gender. In this paradigm, gender is understood as socially produced and historically changing. Feminism has undergone challenges from within as well as from more positivist mainstream academia, and it is argued that:

the characteristics of feminism remain open to dispute since women's movements have developed at different periods, in different languages and cultures, and in differing ways (Ramazanoglu and Holland, 2002, p 6).

Much of the radical feminism, which adopted an essentialist position, has been challenged by a postmodern discourse which problematises the definition of women, particularly in the context of debates about race and ethnicity. Postmodernism questions the commonality of women's experience by examining power, language, the notion of 'truth' and representation. Feminist critiques identify the patriarchal structure of society as critical in defining the nature and social role of women, in relation to a norm that is male. The political and social gains made by women in recent history have been the result of struggles to include women in the rights and privileges men have instituted to serve their own interests. To question the 'natural' order is to challenge the sexual division of labour, and male dominated structures.

Beneath the universal goal of analysing gender relations (Flax, 1978) feminist theory is extremely diverse, reflecting differing explanations of the oppression of women. This

diversity is in turn influenced by the different political priorities of feminists and the presence of feminism within a range of disciplines. Gross (1986) argues that feminist theory challenges both the content and the frameworks of discourses, discipline and institutions, attempting to develop and present alternatives. The principle of justice underpins much of feminist work, and is reflected in many of the interests of feminists in the area of refugee studies. Indra (2004) addresses this issue directly in her analysis of forced migration, and argues that gender is not just a topic among many, but rather integral to the study and practice of forced migration. She focuses on the relational aspects of gender, and notes:

By inserting disaggregating questions about gender into bureaucratic and social issues discourse such as those concerning forced migration, what were previously 'natural', taken for granted facts, structures, categories, policies, and procedures suddenly appear in a new light (Indra, 2004, p 7).

Politicisation.

The fifth tendency highlighted by Castles and Miller (2009) is the increasingly politicised description of migrants, immigrants, refugees and asylum seekers. The definition of refugee and asylum seeker is often contested, with some theorists arguing that it problematises the refugee rather than the conditions that create the need for protection (Malkki, 1992). In Australia the politicisation of asylum seekers in the early 2000s reached high levels of hostility as a result of an increase in numbers of unauthorised boat arrivals. Maley writes:

The problem for the government was not that the new arrivals were not refugees. On the contrary, coming from Iraq and Afghanistan, the bulk of them were, and as a result they could not be simply be bundled back to their countries of origin. This was what the government found so irritating (2003, p 193).

Western and northern countries have united in their plans about how to restrict asylum seekers from reaching their borders. Richmond notes they have adopted non-entrée policies and encouraged deportation and repatriation (2002, p 719). Others argue that the term refugee is under-theorised and does not adequately cover the range of experiences facing those who are forcibly displaced (Black, 2001). If the term is too narrowly defined it risks excluding those in need of protection, and if too wide it reduces credibility and potentially could deplete the resources of relief agencies. The limitation of the U.N.'s definition in referring only to persecution means it excludes the abandonment by, or of, government to provide key services and resources. By not acknowledging the ways in which the state can abandon the needs of its citizens the

U.N. leaves vulnerable those who have no alternative other than to move onto neighbouring countries (Shacknove, 1985).

Chimni (1998, 2009) challenges the way the term refugee has been used since 1989 and contrasts the 'old' style refugee (white, male and anti-communist) with the 'new' asylum seeker and argues that the 'myth of difference' is invoked and used to exclude people from the West. This argument suggests the U.N. definition has favoured individualistic European claims above those of Asian or African claims, which have been seen to be 'spurious, representing a thinly disguised movement of economic migrants rather than political refugees' (Chimni, 1998, p 356). The literature that focuses on distinguishing between categories of migrants has a direct impact on frontline workers, some of whom are working in line with government objectives and others subverting them. The debates on categories and eligibility also impact on how people value the work they do and how the broader society assigns credibility to the services offered.

As noted above, the nation state as a framework for the analysis of migration is problematic but can offer insights into what becomes popular discourse and how the 'other', the migrant, the refugee, is seen as deviant and potentially dangerous (Malkki, 1992; Grove and Zwi, 2006). Said (1978) wrote about the exoticness of the Oriental 'other' and how Europeans defined 'us' and 'them' both symbolically and structurally. The term 'othering', or the 'immigrant other', has been used by scholars to explore the way that refugees and asylum seekers are positioned outside mainstream communities (Brettneil, 2000, p 105). Grove and Zwi note that "Othering' defines and secures one's own identity by distancing and stigmatising an(other)' (2006, p 1933). Theorists have argued that refugees in the developing world come about as a result of two main reasons: firstly, through the formation of new states (frequently from colonialism), and secondly via confrontations over the social order (based in inequality and oppression) in both old and new states (Zolberg, 1989, p 416). Often it is the combination of these reasons that produces complex and violent clashes (Westin, 1999). These dynamics are only likely to continue and increase in severity, given the growing disparity in wealth and division between the North and South. It is this division where ideological lines are drawn and often exploited for political gain.

Various sociological theories have developed over time to understand the processes of social integration and social cohesion, and conversely the underlying basis for racial conflict. The Chicago School developed assimilation theory in the 1920s and some academics argue it retains prominence today (Modood, 2007, p 47-8). According to

this theory a migrant was to go through a process of re-socialisation or acculturation in order to be assimilated and effectively denounce their heritage and background. In taking on the culture of the new, according to this theory, the immigrant is assimilated and this ensures harmony in the community. Those who do not do this are seen as a threat to society. This has been criticised as a one-way process where the responsibility is on the migrant; as opposed to integration, which involves a two-way relationship, including that of the host society (Modood, 2007, p 47). This was followed by theories and policies embracing integration, where migrants joined mainstream society while retaining their own cultural identity.

In Australia in the 1970s multi-culturalism was embraced and supported in terms of the cultural, social and economic rights of all members in a democratic state. Parekh (2000) suggests that a multicultural society is one that responds to its cultural diversity by being welcoming and respectful, and by making 'it central to its self-understanding, and respect the cultural demands of its constituent communities' (p 6). Assimilation theory has regained popularity in dominant discourse in many countries today, and has been increasingly promoted since the 'war on terror' post 9/11 and 7/7 and the debates about the role of the nation-state to protect its' borders and citizens. However:

Traditional discussions of racism, xenophobia and nationalism have now been complemented by notions of 'Otherness and difference', 'boundary formation' and identity construction' (Cohen, 2006, p 63).

In Australia since the new Labour Government introduced changes to the immigration system researchers are hopeful for a return to multiculturalism (Mitchell and Correa-Velez, 2010).

These concepts have implications for how refugees and asylum seekers are located in the host country, and whether they are perceived to be 'deserving' of services and support. Interestingly, refugees themselves are sometimes reluctant to use the term refugee, as they feel it removes their dignity and self worth (personal experience). There is a tension between working *with* refugees and asylum seekers, and working *for* refugees in a patronizing and condescending way providing 'welfare' (Harrel-Bond, 1999; Indra in Indra, 2004). Frontline workers continually face this dichotomy in the course of their work, and often have to justify their professional practice to the wider public. Frontline workers are portrayed as 'bleeding hearts' or cold bureaucrats. These positions are continually politicised in the media and popular press and often place refugees and asylum seekers as the feared 'other' in competition with disadvantaged communities for scarce public resources (Gale, 2004, p 334). I return to this theme later in the research.

Proliferation

The final tendency that Castles and Miller argue will persist and develop is the proliferation of migration transition (2009, p 9). They argue that this occurs when countries that historically have been countries of emigration become places of transit migration and immigration, such as 'Poland, Spain, Morocco, Mexico, the Dominican Republic, Turkey and South Korea' (Castles and Miller, 2009, p 12). I will not discuss this further as this issue is beyond the scope and relevance of this study.

This section has presented some of the key theoretical arguments and debates that underpin migration, particularly forced migration, and provides the backdrop against which frontline workers provide services to refugees and asylum seekers. The discussion between Australia and the U.K. has led to common approaches being adopted to control migration, including the introduction of deterrence measures, the provision of controls outside of borders, increased 'protection' in relation to security threats, and an emphasis on migrants going 'home'. These arguments and debates are complex and for many frontline practitioners they may be outside of their field of knowledge. However, they have an impact on their duty of care to provide health and social care to asylum seekers and refugees. I now go on to discuss the key debates in social policy and social welfare in Australia and the U.K.

Section 2. Health and Social Care: Debates in Social Welfare Policy.

The provision of health and social care services to vulnerable children and adults is a key responsibility of Australian and U.K. governments. The delivery of services to refugees and asylum seekers, however, has changed significantly over the past three decades, and continues to be controversial. There is a large body of literature that analyses the history of social policy and critiques its effectiveness. In this section I illustrate how the development of social welfare policy has contributed to the debates on the kinds of service and care that are provided to asylum seekers and refugees. The interpretation of the role of welfare, and the function of the welfare state vary considerably according to economic, political, ideological, demographic and cultural domains (Alcock and Craig, 2009; Ong, 2003). The immigration literature presents a number of issues which impact on the role of frontline workers, and highlights some of the tensions that have contributed to the dilemmas in practice for those working with asylum seekers and refugees. These tensions have particularly emerged in relation to what has been called the 'policy of destitution', and detention, both of which have been promoted in Australia and the U.K. and have marginalized 'failed' asylum seekers and prevented access to housing, employment or welfare support (Refugee Action, 2006).

These policies have contributed to the criminalisation of asylum seekers and the perception of them as dangerous and violent (Malloch and Stanley, 2005; Wazana, 2004).

This section of the Chapter summarises three key areas in the debates in health and social care that impact on the participants in this research who work in NGOs with refugees and asylum seekers. First it identifies some of the generic debates in social policy and links them to migration issues; secondly it highlights key features of social policy in Australia and the U.K. and the approaches and schools of thought that underpin both the theoretical and practice base of service delivery of NGOs for asylum seekers and refugees. Thirdly it identifies the health needs of refugees and asylum seekers and addresses the contentious debates in the field about trauma and mental health.

Aims of social policy

Social policy literature covers a number of key intentions and objectives, which have been summarised as three points: the redistribution of wealth, risk management, and social inclusion (Baldock, 2007). I extend this framework to discuss issues relevant to this study. The first aim of redistributing wealth has been a defining characteristic of social policy, particularly vertical redistribution that shifts wealth via taxes from richer to poorer. Some academics have argued the welfare state has redistributed wealth between the rich and the poor whereas others have argued it is a mechanism to control the poor (Giddens, 1998). In a recent criticism of the welfare state, neo-conservative researchers and politicians have challenged the effectiveness of the welfare state and argued that it has created welfare dependency, sub-optimal outcomes for service users, poor service, mistrust of experts and over-bureaucratisation (Mooney and Law, 2007; Taylor-Gooby et al, 1999). In the United States Ong (2003) described the way in which Cambodian women were encouraged by feminist social workers to challenge 'cultural patriachalism', but that this inadvertently created a dependence on social services:

Humanistic values, middle-class norms, and feminist concerns were channelled through it producing a paradoxical situation that promoted an ideology of individual autonomy realized via public paternalism (Ong, 2003, p 165).

She argues that strategies to engage with the community are essential in order to oppose a top down approach that ignores cultural sensitivities. Researchers, however, have identified neo-conservative agendas as protecting the powerful interests of the

wealthy rather than 'pursuing policies of social justice and equitable distribution' (Correa-Velez and Gifford, 2007, p 276). Many theorists have linked new social movements to the aim of redistribution, and to the politics of recognition that have promoted emancipation of particular groups and individuals (Fraser and Naples, 2004).

Refugees and asylum seekers are often caught between international and national policy frameworks and their respective aims of redistribution. The Universal Declaration of Human Rights supported by the Australian and U.K. government and relevant NGOs (who support human rights), has promoted support for vulnerable adults and families via humanitarian programs, and assistance for integration to redistribute the 'burden' from developing countries. A national welfare approach, however, is protective of scarce resources and wary of acting as a 'pull factor' in attracting refugees and asylum seekers. Politically, the state is obliged to protect the interests of its citizens and electorate, with a focus on national redistribution. It has been argued that this tension between international and national objectives has contributed to the 'othering' of refugees and asylum seekers as 'good' (deserving) or 'bad' (undeserving) as noted earlier (Grove and Zwi, 2006).

Theorists concerned about the question of redistribution in an international context have raised the increasing division of resources and wealth between North and South (Chimini, 2007), and what Fraser and Bedford (2008) call the 'misframing' of social injustice. They describe this as a process of state-territorial structures that are imposed on transnational sources of injustice, where the poor and disenfranchised are not able to claim support under international agreements:

What I mean by the 'who' question is simply: who counts as a subject of justice? Whose needs and interests deserve consideration?...We have moved from a moment in which the national-territorial-state went without saying to a moment in which it is subject to challenge (Fraser and Bedford, 2008, p 231).

Increasingly researchers and practitioners working in forced migration and development have to grapple with these debates in the light of people whose claims for asylum have failed.

The second aim of social welfare (Baldock, 2007) is the focus on the management of risk and harm minimisation. Researchers have argued that the welfare state 'was developed as a state-centred response to the problems of handling the risks encountered in a typical life-course' (Taylor-Gooby et al, 1999, p 177). Beck (1992) wrote on the 'risk society' and how rules and regulations have attempted to minimise

the risks individuals face. He is concerned that we have become a 'risk society', and that contemporary society is not primarily concerned with attaining something 'good', but preventing the 'worse'. The concept of risk has come under increasing scrutiny, particularly in the field of social work, where critics have argued that it restricts the independence and agency of service users (McLaughlin, 2008). A dominant view in the helping professions is that the public cannot manage without professional help. McLaughlin notes:

The present epoch is one of 'diminished subjectivity' (Heartfield, 2002), where people in general, and social work clients in particular, are seen more as 'objects' than 'subjects', as simultaneously weak, vulnerable and potentially dangerous' (McLaughlin, 2008, p vii)

This view of the diminished subject has a particular resonance with regard to the ways in which asylum seekers and refugees have been pathologised in the medicalisation discourse (Summerfield, 1999).

Asylum seekers and refugees have often been identified as being a risk to public health and the host community where they are perceived as 'diseased' (Watters, 2001; BMA, 2002). There have been repeated calls for asylum seekers and refugees to be screened for T.B, and other contagious diseases despite the lack of evidence of higher incidence (Burnett, 2002). A recent pilot project screening the health of all new arrivals in Dover (U.K.) revealed only one case of T.B. in two years, countering the argument (and the associated costs) of universal screening (personal contact).

In the context of health and social care, researchers have noted that 'policy and practice are often driven by imperatives that are hidden within a rhetoric of care' (McLaughlin, 2008, p 63). These imperatives may be economic and political, and pertain more to social control than social care. Research has highlighted the ways in which risk is highly subjective and has contributed to xenophobia. Parton (1988) identifies risk not as an objective reality but is a way of thinking and relating to others, and frontline workers may not be meeting the needs of children and families if only engaged with minimising danger and not promoting independence. The generation of fear of immigrants may arise from specific events, such as the bombing of the tube stations in London in 2005 that has consequently been exploited by the tabloid press, associating all non-white migrants wearing backpacks with terrorism. Academics have commented on the 'culture of fear' in more general terms where people become risk averse, and that people have become consumed with what might go wrong and feel powerless to act and not take on the challenges of life (Furedi, 2005). This fear can be

linked to the lack of political enthusiasm, or expedience, for tackling the issue of racism and exclusion of refugees and asylum seekers.

The third aim of social policy is social inclusion (Baldock, 2007). Strategies that promote inclusion and minimise exclusion have been seen as critical to a well functioning society. Some theorists have questioned how social exclusion differs from poverty, or whether it was the contemporary and more palatable 'New Labour speak' term in the U.K. (Clarke and Glendinning, 2002). However, academics have highlighted social exclusion as the result of a lack of social capital, in addition to being excluded from the employment market. This is directly relevant to refugees and asylum seekers who experience high levels of isolation and poverty. Refugees in Australia and the U.K. are provided with a range of state sanctioned options via humanitarian programmes that enable them to integrate primarily via education and employment. Places in training courses and institutions are available, and access to social housing (albeit limited) and health care is facilitated. Asylum seekers however are excluded from these services, and effectively marginalised and unable to contribute to society, both in terms of employment or self-development. In addition the uncertain contingent status of temporary protection visas and specified leave to remain for long, and increasing periods, are shown to have significant detrimental effects on asylum seekers (Silove, Austin and Steel, 2007; Maley, 2004).

Social scientists have described wellbeing in terms of access to economic resources, but it can also refer to less tangible conditions such as happiness and well-being, and networks of kinship and friendship. The concept of different forms of capital, including social, cultural and symbolic, have been identified as resources that individuals and groups compete for in different social fields (Bourdieu, 1967). Social capital has been defined as:

the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition – which provides each of its members with the backing of collectively owned capital (Bourdieu, 1986, p 51).

Social capital is critical for the inclusion of asylum seekers and refugees, because they are so often excluded from economic capital. Putnam (1993) refers to social capital as networks, norms and trust that 'enable participants to act together more effectively to pursue shared objectives' (cited in Griffiths et al, 2005, p 34). Anthropologists in

particular have focused on this area in the study of migration and have argued that indicators of high social welfare or wellbeing include the status and well being of children or older people in the community (Brettell, 2000). On the basis of social capital as a vital factor for ensuring the wellbeing of refugees, researchers have argued that networks have been critical to the complex process of settlement and integration via communities and families, particularly for women (Williams, 2006; Hatzidimitriadou and Cakir, 2009; Mitchell and Correa-Velez, 2010). Sales (2007) notes:

The trajectory of asylum policy has been to treat asylum seekers with suspicion, as a risk to society rather than as people themselves at risk. Policy has therefore aimed at excluding them from developing connections with mainstream society in order to remove them as easily and speedily as possible (p 152).

Commitment to full employment continues to be a central component of social welfare, particularly in neo-conservative discourse and yet often conflicts with the ideology of the welfare state in protecting the vulnerable. Employment has been seen as the key mechanism for reducing poverty, however it is contingent on a number of assumptions about gender, race and class. Women have continued to be in low-paid and part-time work, and have the key responsibilities for the family, in particular childcare, and these responsibilities are often exacerbated for immigrant women (Brettell, 2000, p 109; Indra, 2004). Asylum seekers and refugees, as noted previously have also been identified as posing an 'economic risk', and taking the jobs of locals (Alcock and Craig, 2009).

The employment debate within the context of asylum is controversial, as those applying for asylum are not permitted to have work rights. Employment as a 'pull factor' for new arrivals is consistently expressed as a concern by government and policy has aimed to control demand with the introduction of a point based system in the U.K. similar to Australia's. Recent research in the U.K., however, has highlighted that more people leave the U.K. for work reasons than enter for work reasons and in 2008, more came for study than for employment (Salt, 2009, p 3). The dilemma for asylum seekers, however, is the created dependency on the state, and consequent high levels of poverty (if eligible one is only able to claim 70% of benefits in the U.K.). Research commissioned by NGOs in both the U.K. and Australia has indicated work being available in the sectors with which new arrivals have experience (Asylum Seeker Project Hotham City Mission, 2005; Refugee Council Let Them Work Campaign, 2007). These debates are critical for frontline workers supporting asylum seekers and

refugees, as ongoing poverty and destitution have a major impact on health and well-being and form a critical element of their day to day work.

Social policy in Australia and the U.K.

Social policy contributes to the delivery of services we identify as human services, public policy or welfare services to refugees and asylum seekers. Castles (1992) notes how state intervention made immigration a central area of public policy (p 550). Implicit in understanding social policy is the Western concept of the welfare state, the origins of which were based in the religious orders of care and support. Both the church and the state have maintained an ideological separation between those seen as deserving and undeserving and this continues today with asylum seekers and refugees.

In the development of the welfare state in the U.K. the main issues facing society were summarised in the Beveridge Report of 1942, which was committed to the eradication of want, squalor, ignorance, disease, and idleness. That report was developed into the 1948 National Assistance Act, which continued to have responsibility via Local Authorities (LA) for key areas of policy, and the National Health Act 1948, with responsibility for health via the National Health Service (NHS). Social policy continued to focus on five main areas including social protection benefits, health services, education services, housing provision and subsidies, and personal social care services (Baldock, 2007, p 8). The division has since been called the 'Berlin Wall', referring to the ongoing separation between health and social care, with free access to the NHS and means testing for local authority services (Means et al, 2009).

Australia drew predominantly from the British model of welfare, although health was never nationalised to the same extent. Policy makers looked to the United States and Canada for models of development and financial control (Vin and Duckett, 1997, p 51; Bryson, 2001, p 66). Indeed, Australia has been called the 'wage-earners welfare state' due to the types of policies it promoted, and in particular a 'white, male wage-earner's welfare state' (Castles, 1985; Bryson and Verity, 2009, p 66). Policies that promoted employment contributed to discrimination, by exclusion, towards indigenous and non-white populations, and contributed to a mixed economy of welfare. In Australia the principle redistribution of social welfare has been documented:

Australia had less poverty, a more equal income distribution, more opportunities for employment and a less pronounced social hierarchy than most other societies (Bryson, 2001, p 75).

It is not without criticism, however, and the clear exception is of indigenous Australians, who have suffered the worst health of all Australian groups and indeed, on many international health and well-being scales (Anderson, 1997).

In Australia the Chifley Labour government (1946) planned a national, universal health care scheme 'financed by non-contributory social insurance, insurance with government-run medical, hospital, nursing home and pharmaceutical services as a central feature' (Swerissen and Duckett, 1997, p 27). However, the model was not implemented at that time, as the Liberal Government came into power and favoured an approach which promoted individual responsibility, over the less 'socialist' model of community responsibility. Eventually it did become the template for Medibank, introduced twenty three years later under the Whitlam Labour Government. Australia has had ongoing debates between the States and Commonwealth in relation to funding services, and this continues currently with Medicare, essentially a mixed system of universal social insurance (bulk billing) with fee for service for private patients and service users. This replicates similar debates in the U.K. between the NHS and local authorities. Recent assessments after the establishment, 100 years ago, of health and social care regimes have been brutal:

The philosophy of social rights and solidarity that underpinned that development has been largely replaced by doctrines of profit-making and charity. Supporting policies that aimed at promoting greater equality have been replaced with policies that discipline powerless individuals by stipulating the manner and measure of their individual self-reliance (Bryson and Verity, 2009, p 84).

Theorists have outlined a number of models that have determined the ideological and political approaches to welfare. Titmuss (1974) identifies three levels of welfare states: residual, individual achievement and redistributive. The redistributive approach promotes universal access, and the principle that access to welfare services should be a right for all, and was promoted in health care in the U.K. and Australia. Individual achievement systems promote employment and work-related schemes, with little access to public resources. Residualist approaches argue that welfare (be it access to social housing benefits or education) should be available only to those most in need, as a safety net mentioned above, and were critical of the State as too bureaucratic and fostering over-dependence (Cochrane, 1997; Baldock, 2007, Bryson, 2001).

Esping-Andersen (1990) identifies three different welfare regimes for citizens in Western developed countries. The first model was conservative welfare, second was

liberal welfare, and the third was the social democratic regime. Alcock and Craig argue this classification is based on decommodification, which focuses on whether welfare protection is available independent of market forces, and stratification, which is the extent social class determines access to welfare (2009, p 18). Australia and the U.K. tend to conform to the liberal welfare regime, which is based on market-based social insurance and the use of means testing for access to benefits (Bryson, 2001, p 64). Welfare continues to be largely oriented towards the poor who are dependent on the state, with the associated stigma. Asylum seekers are excluded from accessing these benefits; however, refugees are eligible once their status is confirmed.

The literature in Australia and the U.K. points to the division between the care of the sick who are considered blameless and therefore eligible for support, as compared to the poor who are seen as undeserving and treated more punitively (Glasby, 2007; Sales, 2007). This division has been referred to as the 'moral economy of care' and is seen to reflect 'wider societal values regarding the legitimate and illegitimate' (Watters, 2007, p 396). Many theorists have argued this division is prominent and reflects an ideological tension:

The tension between giving help without creating dependence, distinguishing between the 'deserving' and 'undeserving', assessing financial ability and familial and social networks has been, in one guise or another, a continual factor in social work and welfare to the present day (McLaughlin, 2008, p 5).

These tensions are prominent in NGOs with limited resources and high demand from asylum seekers and refugees. Frontline workers have to navigate these positions basing their decisions on ethical principles of access and equity, and strategies designed to empower communities.

Addressing the health needs of refugees and asylum seekers

How best to respond to the health and social care needs of asylum seekers and refugees is contested in the literature, and reflects the division between the medical and social models of health care. In this section I review the debates on the effects of war trauma and disruption to identity and community, mental health and wellbeing, medical and social models of health, and the development of policy responses with regard to service development.

Effects of the refugees and asylum seeker experience.

A considerable number of studies have identified the needs of asylum seekers and refugees, and have stressed that they are heterogeneous in terms of culture, expectations and health needs (Burnett, 2002; BMA, 2002; Blackwell et al, 2002, Ingleby et al, 2005). Studies have also confirmed the negative impact on health that the asylum process has on those claiming asylum (BMA, 2002). The field faces many challenges including obtaining accurate data on new arrivals (Correa-Velez and Gifford, 2007), identifying the specialist trauma needs of refugees and asylum seekers (Steel and Silove, 2001; Fernando, 2001), specifying models of intervention that are effective (Brown, 2004; Basoglu, 2006) and even agreeing on approaches to service provision (Ingleby et al, 2005).

As observed throughout this research, the experiences of refugees and asylum seekers are characterised by conditions of conflict, political upheaval and economic instability. Many people have fled their homes in a state of emergency; in some cases they experienced torture, they may have witnessed the death or loss of their family and communities, and lived in camps with limited protection and facilities. The journey to a safe country has been documented as dangerous, and frequently dominated by traffickers and agents (Lee, 2007; Gajic-Veljanoski and Stewart, 2007). Once arrived in a safe country their lives are characterised by low income, poor housing, limited access to health care and social isolation; a situation where 'illness exacerbates marginalisation and marginalisation exacerbates illness, creating a downward cycle' (Ingleby et al, 2005, p 101). Researchers have identified a wide range of factors that might impact on health and wellbeing:

The relatively poor healthcare systems in the countries of origin, the turmoil caused by war or oppression and the difficulties of travelling and arriving in a foreign alien environment may all contribute to individual health needs. These have been identified as widely shared experiences of migrants. In addition, the effects of cultural bereavement, alienation, the threat of physical abuse and accommodation in low-grade housing all serve to amplify their intrinsic health problems (Blackwell, Holden and Tregoning, 2002, p 224-5).

It is this complex set of circumstances that can contribute to a range of health issues, which vary across different populations (see Appendix 4).

Although the emphasis on trauma and clinical mental health approaches have dominated the field, researchers and practitioners have highlighted other schools of thought that draw on community development models of participation (Ager, Strang

and Abebe; 2005, p 8; Mitchell and Correa-Velez, 2010). The identification and measurement of need is seen to be controversial, and researchers have noted a shift in some services from considering need in terms of individual functioning, to more community, family based and child centred approaches:

Humanitarian psychosocial programmes in areas of armed conflict are by definition concerned to promote psychosocial well-being. This term, though much used, is not easy to define. Most fundamentally it emphasises the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour), and our wider social experience (our relationships, traditions and our culture). Therefore the proposed framework begins with the assumption that it is generally appropriate to consider the needs of individuals within the social context of a family or household which, in turn, is located within an 'affected community' (Strang and Ager, 2003, p 3).

In the humanitarian field, work by NGOs that emphasises the practical application of conceptual skills and measures of social capital are seen to be just as important as those measuring human rights abuses, water supply and maternal health. The emphasis on resilience has informed research and practice, and ensured that community based approaches to psychosocial interventions that promote cultural inclusivity, build social connections and 'normalise' the refugee experience have become more 'mainstream' (Strang and Ager, 2001). Ager, in his review of empirical research in 1993, notes:

Experience being a poor indicator of outcome on the basis of coping resources and protective factors, and that understanding the operation of such protective forces in the lives of refugees was a key to both effective prevention and treatment (Ager, 1993)(Ager 2005, p9).

There is a more developed formulation and understanding of the distinction between the pre-flight, flight, and post arrival status of refugees and asylum seekers, and recognition of the increased evidence that the stressors associated with reception and resettlement are more profound than previously thought (Ager, 1999; Watters, 2001; Silove and Ekblad; 2002). Research done with refugees on temporary protection visas has provided insight into the psychological damage caused by uncertainty and the limited access to resources such as housing, education and employment (Steel and Silove, 2001; Silove et al, 2006; Moorehead, 2005; Johnston et al, 2009).

Mental health and well being

Based on an extensive review of the mental health literature, Keleher and Armstrong (2005) identified three key determinants which they regarded as indisputably linked to mental health and well being: social inclusion, freedom from discrimination and violence and access to resources. These elements are critical for asylum seekers and refugees, and ought to shape the service delivery responses for newly arrived communities. The literature with a focus on working with refugees and survivors of violence has emphasised recovery models aimed at strengthening communities and supporting integration (Herman, 1992; VFST, 1998; Silove 1999).

There is a tension in the literature between different models of conceptualising distress and a mental healthcare response. Research highlights that the experience of having to leave one's home and family, coupled with a difficult journey to a new country is in itself a stressful experience (Ager, 1999; Castles and Loughna, 2003; Grove and Zwi, 2006). Refugees and asylum seekers may have experienced torture and trauma, with some studies suggesting a wide range of estimates between 20% of male migrants (Gupta et al, 2009) to 69% of refugee populations depending on the ethnicity and gender of the population (Jaranson et al, 2004). The table in Appendix 4 documents the effects of war and torture which are far reaching, and vary according to each persons' psychological make-up and protective factors (BMA, 2002, p 7; Van der Veer, 1998, p 6).

Longitudinal studies involving the follow up of refugees who experienced severe trauma have demonstrated that mental health symptoms are long lasting, even after many years in a new country (Carlsson et al, 2006; Silove, Austin and Steel, 2007). For many refugees and asylum seekers the trauma may be associated with three different phases: first increasing political repression and violence in their home country; second major traumatic experience, frequently involving torture, loss or disappearance of family, and an assault of the human spirit; and third, the phase of exile and adapting to a new cultural environment (Van der Veer, 1998; VFST Training Manual 1998; Silove et al, 1997). There is an increasing body of research that highlights the psychological hardship immigration detention causes to asylum seekers, and provides evidence of an increase in depression and PTSD (Steel et al, 2006; Robjant, Hassan and Katona, 2009). Recent research in Australia investigating the psychological effects of detention used mixed methods and interviewed detainees on average three to four years after release from detention. Results show enduring harm to asylum seekers who were subject to prolonged detention, and demonstrate the erosion on 'asylum

seekers' sense of self, to their relationships, and their core values' (Coffey et al, 2010, p 2078).

However, researchers have also emphasised that not all asylum seekers and refugees are traumatised, and that appropriate tools for assessment and care are needed to ensure to respond to the needs of the individual. Research has increasingly identified the arrival in the host country and the subsequent settlement period as having a major impact on the mental health and well being of refugees and asylum seekers (Watters, 2001). Studies have identified the lack of social support, lower proficiency in the language of the host country and unemployment with higher levels of poor mental health (Carlsson et al, 2006, p 726). However, researchers urge us to be cautious in making assumptions:

While involuntary movement entails change and loss for those displaced, we cannot a priori assume what these are, what they mean and how they are best coped with; nor can we assume that the homeland or native village is always the best place to return to (Eastmond, 2007, p 253).

Importantly, practitioners have emphasised understanding the meaning of distress in a cultural context (Fernando, 2001; Bhugra and Becker, 2005), and recognising the way in which distress manifests as an appropriate reaction to grief, despair and loss (Summerfield, 2005).

Kleinman (1980) raises concerns about the appropriateness of applying diagnostic categorisation such as PTSD in cultural settings where symptoms may be understood and interpreted very differently from the western consulting room. Some academics argue that the field has become dominated with an emphasis on PTSD, which was evidenced by the dramatic increase in the literature focussing on trauma (Summerfield, 1999; Ager, 1999). Indeed Ingleby suggests it is 'trauma researchers who become interested in refugees, rather than refugee researchers becoming interested in trauma', suggesting a 'theory-driven' rather than 'problem-driven' approach (Ingleby, 2005, p 9). Many researchers and practitioners working with refugees are critical of the individual mental health models and argue that it pathologises refugees with damaging effects (Summerfield, 1999; Harrel-Bond, 1999). There is criticism of the acceptance of the Diagnostic and Statistical Manual of Mental Disorders (DSM) definitions in relation to their cultural appropriateness and relevance (Bracken, Giller, and Summerfield, 1995). Researchers are concerned about applying psychotherapeutic language to describe behaviour and experiences that may be understood as an appropriate and adaptive response to violence and oppression:

For the vast majority of survivors 'traumatisation' is a pseudo-condition, a reframing of the ordinary distress and suffering engendered by war as a technical problem to which technical solutions (like 'counselling') are supposedly applicable. (Summerfield, 1999, p 132).

Researchers have also identified how trauma has increasingly become the mechanism for recognition of human rights abuses, and that biopolitics forms part of the social and political context of health (Fassin, 2001; Fassin and d'Halluin, 2005; Watters, 2005). This can be linked to what Foucault (1980) described when he wrote about governmentality as the convergence of power and knowledge, with both positive and negative connotations. He used the term bio-power (power over life and the body) to describe the way the body is the place where social practices are located, and embodied (1998). Bio-power refers to the mechanisms utilized to manage the population and discipline individuals. The body is seen as the place of social practices of power. Validating social needs on a medical basis has become recognised as a key mechanism for obtaining support and recognition by both medical and social services. This is not to suggest that those suffering from distress ought not to be supported medically, but that the needs must be seen in a broader social and human rights context.

Indeed, if trauma and distress are not addressed, they may manifest themselves in a variety of ways as Adamson notes:

What begins as a unique individual or community response to experience may be laid down over time as a series of behavioural and social responses, created by traumatic experience but now masked by other descriptive labels of violence, addiction, loss of values and beliefs, and depression etc. (Adamson, 2005, p 67 - 68)

Researchers and practitioners suggest cultural bereavement is a more appropriate term to describe the loss associated with the experience of survival, and the feelings of despair and isolation which are so present in many of the refugee populations. Cultural bereavement is defined as:

the experience of the uprooted person - or group - resulting from loss of social structures, cultural values and self-identity: the person - or group - continues to live in the past, is visited by supernatural forces from the past while asleep or awake, suffers feelings of guilt over abandoning culture and homeland, feels pain if memories of the past begin to fade, but finds

constant images of the past (including traumatic images) intruding into daily life, yearns to complete obligations to the dead, and feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life (Eisenbruch, 1991, p 252-253).

Researchers suggest the acknowledgement of cultural bereavement provides more insight into the complex relationship between the person and their environment and community, and enables a wider exploration of the issues that may contribute to their recovery.

The health of women asylum seekers and refugees must be taken into account, and the literature has been critical of reducing women's health to reproductive or maternal functions, and not being seen in its own right:

A woman's health is her total well-being, not determined solely by biological factors and reproduction, but also by the effects of workloads, nutrition, stress, war and migration, amongst others (Van der Kwaak, 1992, p 179).

Refugee and asylum seeking women's health needs extend to all these areas and are compounded by issues related to reproductive health and their role as primary caregiver for children. The status of refugee and asylum seekers women's health is often far below the general population. Women who are refugees and asylum seekers may have been abused and arrived pregnant or with a sexually transmitted disease which required urgent and sensitive treatment. Researchers and practitioners have documented cases of women who were pregnant and gave birth to children as a result of rape, leading to high levels of depression, PTSD and social phobia (Bonnet, 2008; Loncar et al, 2006). Research has shown that women's health often deteriorates on arrival, and that this is linked to poor housing (overcrowding), poverty, poor diet and limited access to employment, education and training (BMA, 2002; Burnett and Peel, 2001).

In Australia Gwatirisa (2009) notes the complex range of issues affecting women's health in a report focusing on migrant and refugee women, but also that there is a dearth of academic literature. Specialist services working with women suggest many have experienced trauma, torture and emotional distress, and have been diagnosed with PTSD (Anna Freud Centre and Women's Therapy Centre, London, 2008, personal contact). In women's specific therapeutic services there is recognition of the importance of providing a safe place to share and talk about the experience of survivors and feminist therapists have argued that this is a unique aspect of services

and one that is essential for recovery (Brown, 2004). Herman noted that the conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma (Herman, 1992). Eastmond (2007) describes the harrowing experience for refugees giving testimony as the 'struggle between the moral imperative not to forget and the extreme pain of remembering' (p 259). These tensions are present in the role and activities of frontline workers in NGOs working with asylum seekers and refugees.

Researchers have been concerned about the high level of exposure to violence and that refugee women experience high levels of domestic abuse (Southall Black Sisters, 2004; Pho and Mulvey, 2003; Gupta et al, 2009). Women's status is often conditional on a male partner, and women may be vulnerable to abuse, as they are fearful of losing their claim to asylum. Research by Bhabha (2007) suggests that women are often considered as vulnerable as children, and they are more likely to get asylum as a result of violence by their partner than political activism. One of the key issues for agencies and services working in the U.K with women subject to immigration control, either as dependants or asylum seekers, who are experiencing domestic violence, is that the law often does not protect them (Amnesty International and Southall Black Sisters, 2008). Women who experience domestic violence and are claiming asylum officially have no recourse to 'public funds'.

The no recourse to public funds rule prevents women (and their children) from obtaining not only social security benefits and council housing but as a consequence, access to refuge spaces. This restriction defeats the very purpose of the domestic violence rule aiming to protect victims with immigration problems! (Southall Black Sisters, 2004)

These factors raise particular issues for services working with women, and challenges for frontline workers in defining approaches which are appropriate to their needs.

Medical and social models of health

The field of working with asylum seekers and refugees is diverse in terms of the history of services, the paradigms used to define approaches, and the models of practice employed by different professionals. A fundamental division in the literature is between the medical and social models of health and the debates centre on the extent to which health and illness are judged by 'objective' knowledge derived from experts or from 'subjective' knowledge such as lay perceptions. An additional factor is the extent to which health care interventions focus on the individual, the community or specific social groups (Naidoo, and Willis, 2008; Glasby, 2007; Mitchell and Correa-Velez, 2010).

The approach of biomedicine is based on scientific experimentation, observation and evidence. Advocates of the medical model argue:

We propose that the 'medical model' is a process whereby, informed by the best available evidence, doctors advise on, coordinate or deliver interventions for health improvement (Shah and Mountain, 2007, p 375).

There is an emphasis on functioning 'normally' and interventions are focused on diagnosis, treatment, being cared for and an emphasis on personal adjustment. Criticisms of this approach include the emphasis on a negative perspective of health, the absence of disease rather than positive health, and the underlying premise that the problem lies within the individual. Illness is seen as a personal tragedy and people are 'victims', relegating them in sociological terms to 'sick roles' that are limited and powerless in society. Indeed, research by Lange, Kamalkhani and Baldassar (2007) has raised concerns about the patronising models of care provided to refugees that infantilises them and expects them to be grateful. They note this is as a result of the medical model where 'subjects are generally constructed as vulnerable human beings that are *acted on*' (Lange, Kamalkhani and Baldassar, 2007, p 36; their emphasis).

The social model of health is articulated in the Ottawa Charter for Health Promotion (1996), and identifies five priority action areas for health promotion. These are to: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and re-orient health services (WHO, 1996). The social model contrasts with the medical model and argues that illness and disease are socially created by a disabling society. There is an emphasis on the social, economic and environmental factors that impact on health. Importantly it challenges critiques of dependency, personal tragedy, segregation and stereotypes with an emphasis on empowerment, self-help, and partnership working (Marmot, 2005). The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948). Advocates of the social model argue that the biomedical approach has a lack of emphasis on social inequalities and emotional factors. They also argue that there is not a scientific solution for all illness and the powerful role of pharmaceutical companies can influence and dominate medical practice. Research demonstrates that disease is influenced by cultural factors (Fernando, 2001; Fernando and Keating, 2009; Thompson, 2001). Challenges to the medical model include those who argue that it is difficult to change social and cultural circumstances. Clearly medical intervention does improve quality of life for many people and researchers suggest that the biological

understanding of disease has reduced stigma and distress for people (Shah and Mountain, 2007, p 375). In addition, paradoxically, there are also concerns that the social model of health places too much emphasis on the individual to change their circumstances, and not enough on structural change, requiring social and political action.

Development of policy responses

One of the main tensions in the refugee health literature is the focus on trauma, and whether or not the experience of refugees and asylum seekers is incorporated into a broader framework of migrant health and wellbeing (Watters, 2007). A number of authors have identified a range of approaches used with refugees and asylum seekers in the field, particularly in relation to mental health (Van der Veer, 1998; Ahearn, 2000; Ager, Strang and Abebe, 2005; Ingleby, 2005). Researchers have documented the historical development of services dating back throughout wartimes, particularly the First World War, when men were being treated for shell shock. Initially this was treated punitively, with the suggestion that soldiers were simply absconding or becoming conscientious objectors to avoid service. However, over time through the improvement and development of psychiatry there was an increased awareness of the effects of trauma, later to be known as post-traumatic stress disorder. The literature has established that the effects of war, and torture in particular, can have a negative effect on one's health at a number of levels, including physical, emotional, spiritual, and social (Van der Veer, 1998; Silove et al, 2006). There have been ongoing debates on the use of the term trauma and PTSD, and to what extent those affected are seen as victims or survivors, vulnerable or resilient.

Prior to the 1980s, NGOs worked primarily with refugees as victims of state based organised violence, most frequently political survivors of torture and dissidents from Eastern Europe, Latin America and parts of South East Asia. In the 1980s and 1990s the focus shifted to an emphasis on past sufferings and the acceptance of trauma (Ingleby, 2005, p 5 - 6). Services were often developed in partnership with community-based organizations, and sought philanthropic funds and government grants to establish programmes (for example, the Victorian Foundation for Survivors of Torture in Australia was established in 1987 and the London based Medical Centre for the Care of Victims of Torture was established in 1985).

During the late 1990s and early 2000s challenges from other disciplines emerged, and a reappraisal of practice based on a number of different perspectives occurred in

recognition of what Watters (2001) described as 'emerging paradigms'. Researchers have highlighted the diverse schools of thought that have influenced refugee service provision, including mainstream health care approaches, multi-cultural mental health, sociological approaches, 'managed care', and the role of users' movements (Ingleby, 2005). This work has illustrated the often-conflicting policy demands of service provision to refugees and asylum seekers, and the tensions between the provision of migrant health care in mainstream services and care provided to asylum seekers by NGOs.

The community development model of practice emphasises the involvement of refugee communities in the development and implementation of services. Researchers and frontline workers advocate community development as a model to redress social exclusion of refugees experiencing war trauma (Craig and Lovel, 2005). Based on collaborative work in the community involving refugees and researchers Craig and Lovel identify a framework that advocates the participation of refugees in the following areas: the identification of needs, mobilisation of resources, identification of intervention options, decision-making on choice of intervention, delivery of the action/intervention, developing skills, identifying and measuring process and end-point outcomes (2005, p 132). Drawing from this model, Mitchell and Correa-Velez (2010) document the implementation of these elements based on a project developed as an evaluation framework for services working with torture and trauma survivors in Australia. They argue that joint working is a key element of community development and professionals working with refugees and fosters empowerment 'based on the meaning and experience of the community' (Mitchell and Correa-Velez, 2010, p 104.)

Conclusion.

This Chapter has addressed two key areas of the literature that impact on frontline workers and the delivery of services to refugees and asylum seekers. The inherent tensions working with those subjected to immigration controls and who have health and social care needs are complex and require considerable skill to navigate. The next Chapter addresses the literature in an applied context, starting with working in NGOs.

Chapter 3. Part 2. Literature Review. Applied issues: working with refugees and asylum seekers.

Introduction

The provision of health and social care services to refugees and asylum seekers is constrained by asylum procedures and policy. This Chapter presents some of the key issues in relation to NGOs and immigration policy, and the frameworks used more specifically in Australia and the U.K. It builds on the previous Chapter and further provides a context for understanding the complexity of the interface between immigration and social policy, and the impact of the work on frontline workers delivering services. The first section discusses the role of NGOs providing humanitarian assistance in Australia and the UK to asylum seekers and refugees, and locates them in current debates about the role of government and the public sector. The second section identifies some of the key similarities and differences between Australia and the U.K. in terms of the mechanisms used to control the arrival of refugees, such as the limiting of access to services leading to destitution, detention, and removals of asylum seekers. The third section reflects on some of the practice issues based on the theoretical concerns of the previous Chapter, and specifically addresses the impact of the work on frontline workers within their organisations.

Section One. Humanitarian NGOs ***Definition and descriptions of NGOs***

Non-government organisations provide a significant amount of support to refugee and asylum seekers in both Australia and the U.K. and work collaboratively with international organisations. This part of the Chapter examines some of the key debates facing humanitarian NGOs in general, and the impact of these on those who work with asylum seekers and refugees. There are many challenges that influence the practice, activities and interventions of frontline workers. In both the Australian and UK literature the issues of 'mainstreaming' services and the increased role of government regulation of voluntary and community sector organisations are prominent (Kendall, 2003; Carmel and Harlock, 2008; Maddison and Denniss, 2005). Debates about the partial retreat of the state and increased partnership working have raised concerns about the independence of NGOs from government, and the degree of choice involved. In addition, concerns about the paternalism of NGOs and how power relations affect and construct stereotypes of refugees as 'good' (read passive) and 'bad' (read conniving) have been raised by researchers (Harrell-Bond, 1999). Research into the

impact of the voluntary and community sector has demonstrated both 'contributions and drawbacks' (Kendall, 2003, p 93 – 94). Some of the fundamental debates include definitional problems, the notion of a single sector, the role of professionalisation, and resistance in the sector.

First there is variation in the literature about the definitions of NGOs. For the purpose of this research, I will use this term but make reference to the voluntary and community sector organisations (VCOs), the voluntary and community sector (VCS), international non-government organisations (INGOs), and refugee community organisations (RCOs) as appropriate. Some literature separates NGOs from community-based organisations (CBOs) that are smaller and less aligned with broader networks, and from social movements, that tend to have a wide band of supporters and are not organisations as such:

An NGO is generally an intermediary organisation with a defined legal body and organisational shape, which qualifies it to receive assistance from donors (Jordan and van Tuijl, 2007, p 9).

In the United States (U.S.) not for profit (NPOs) are virtually synonymous with NGOs (Ahmed and Potter, 2006, p 9). In Australia the term community sector is more common, and in the U.K. charities and third sector are terms in common usage. These may differ again from the voluntary sector, which are formal organisations constitutionally independent of the state, self-governing, and involve a high level of voluntarism (Kendall, 2003, p 21). As will be discussed further in the methodology chapter, my research is conducted with people working in NGOs and not RCOs. As noted in the introduction RCOs tend to be comprised of people who come from refugee backgrounds, and have established a social support network on issues relevant to their community. Zetter and Pearl (2000) note that what is distinctive about RCOs at the local level is 'that they tend to be constituted as voluntary associations without formal legal status, and lack organisational structures and a professional core of staff' (p 681). This contrasts with NGOs which are generally not established by refugees or asylum seekers, but tend to originate as charities from church groups, or from a self help or community basis with a focus on social justice and human rights. NGOs frequently employ professionals to work on behalf of refugees and asylum seekers, albeit from diverse perspectives and backgrounds (Jordan and van Tuijl, 2007). They also work with international intergovernmental organisations that are funded by governments of member countries in addition to private donations.

There is debate in the literature about what constitutes voluntary sector organisations and NGOs, particularly in terms of differentiating them from public and private sector organisations. Researchers Kendall and Knapp (1996) identify a structural operational definition that contains four themes of formality, independence, non-profit distribution and voluntarism, and capture many of the inconsistencies and contradictions. These themes all intersect with political and economic influences (Scott, 2007, p 312) and all exist to some extent in the NGOs interviewed in this research, as they must be responsive and flexible, adapt to social and political crises.

In 1994 Salamon suggested the reason why NGOs more than doubled in the past thirty years was due to global communication, the retreat of the state and the emergence of post-material values which emphasise human rights, environmental protection and citizen social participation. In 2000 research documenting the numbers of NGOs was estimated to be 45,674 (Ahmed and Potter, 2006, p 19). Historically studies demonstrated how mechanistic bureaucratic organisations (most often the public sector) were of limited effectiveness when being responsive and 'cutting edge' was the primary concern (Burns and Stalker, 1966). Mechanistic organisations often maintain too much distance between levels of employees, and are marked by a lack of communication. Research by Lipsky (1980) defined the discretionary role of 'street-level bureaucrats' in public sector organisations as *de facto* policy makers (p 24). Lipsky describes how frontline workers frequently have had to make decisions 'on the run' in the absence of clear policy, and without clear guidance. His research suggests that the tension in the relationship between street-level bureaucrats and managers is due to the relationship being intrinsically conflictual and at the same time based on mutual dependence (1980, p. 25). NGOs have been known to purposefully challenge and avoid replicating public sector structures and to emphasise the benefits of participation and solidarity with like minded others (Ahmed and Potter, 2006, p 28).

NGOs have often promoted flexible 'flat' organisational structures that have reflected the ideological beliefs of their members. However, increasingly as organisations compete for funding, they have had to adopt more bureaucratic styles of working to comply with government structures. Weber was one of the first theorists to identify key characteristics of bureaucracies and it was his view that these were the only way to contain increasingly complex organisational processes (Morrison, 1995, p 293). The Weberian criteria for 'rational' organisations combined key characteristics, all of which have become more prominent in NGOs, particularly larger organisations, under the modernisation agenda of the third sector. The key elements include a clear-cut hierarchy of authority; written rules that govern the conduct of members at all levels of

the organisation; salaried workers who are full-time; and finally a separation between the tasks of a worker within the organisation and life outside (Giddens, 2006, p. 504; Wright, 1994, p 17).

NGOs have attempted to break down these barriers via more inclusive work practices and are noted to be more organic organisations with looser structures, where the goals of the organisation take precedence over narrowly defined responsibilities (Ahmed and Potter, 2006, p 28). Different styles of operation between government departments and NGOs have contributed to divisions when working in response to shifting government policy and a rapidly changing political environment. One of the paradoxes of NGOs is that they may expand to address need, and in that process lose their 'humanness' and become more bureaucratic, as Waters comments:

bureaucratic forms of organisation are borrowed from the impersonal capitalist corporation and government and applied to tasks of a different nature (Waters, 2001, p 39).

NGOs can thus become both large and unwieldy, and also small and vulnerable due to rapid change in terms of membership or a change of focus of core business and finances. NGOs can face periods of instability and uncertainty and become an isolated player in a competitive environment (Ahmed and Potter, 2006).

As noted above the historical development of the welfare non-profit or voluntary sector in the U.K. was based on a church based system that, over time, developed into a parallel system running alongside government social services. The introduction of the Elizabethan Statute of Charitable Uses formalised what was part of the Poor Law that provided support for the disadvantaged, and set a precedent for working with the 'deserving poor'. The development of the NHS last century upheld the principle of supporting those in need, and provided free access to health care. However, a large proportion of social care services continued to rely on the voluntary (also called charitable) sector, and has continued to do so. The sector has been subjected to the political and ideological shifts of governments, and many services have been drawn into 'quasi markets' contracted by government to provide care (Anheier, 2005, p 29-31). The recent development of the 'third way' (in addition to government and business/market) has introduced more emphasis on partnership working with Compacts and specific service delivery requirements (Kendall, 2003). The literature has highlighted concerns about the increased regulation of the sector, noting that a 'discourse of performance' has established a market model with which diverse groups

and organisations are obliged to comply (Carmel and Harlock, 2008). There has been a push to regard these wide ranging and diverse organisations as one sector by government, despite concerns from NGOs about control and interference.

Historically in Australia, the evidence suggests all the political parties supported community and voluntary sector organisations as a means to enhance government services, and associations were organised around common interests and activities. The key features of the role and functions of NGOs included innovation, advocacy, expression and leadership development and community building. The Conservative Party was in government from 1949 to 1973 and subsidised non-profit organisations and promoted them in meeting health and social care needs. The Labour Party continued with that tradition, adopting Medibank as noted earlier, a universal health care system, in 1974 (Swerissen and Duckett, 1997, p 29). The Labour Government promoted a diverse and vibrant community sector, with a consequent proliferation of organisations. Anheier writes:

In the 1970s, feminism, the community development movement, and the various rights movements influenced government thinking, encouraging the formation of new non-profit and community-based organisations that provided a wider range of social services locally (2005, p 33).

During the 1980s and 1990s there was increased development of community based organisations, and researchers have documented ongoing tensions between health and social care funding and co-ordination. In particular there were examples of cost shifting between state and federal Government. Fine (1998) states:

Accusations of cost-shifting between State and Commonwealth funded programmes and between private and public service providers are still rife, and evidence of serious imbalances and misallocations in the use of resources has continued to mount (p 111).

These debates provide the background to the development of the aims and role of NGOs and the types of services they provide. Importantly they illuminate the complexity of the sector, and the diversity of interests in health and social care, despite attempts to pressure NGOs into a single sector.

The aims of NGOs

A large network of international, national, state and local providers undertake the provision of support and social care services to refugees and asylum seekers. Some theorists refer to international humanitarianism as global social policy (Castles and Loughna, 2004, p 4; Chimni, 2009) and an international social system (Tvedt, 2002). NGOs are defined as being embedded in civil society, and are self-governing, private, not-for-profit and have an explicit social mission to address 'human rights, environment and conservation, development and peace' (Vakil in Jordan and Van Tuijl, 2007, p 8). There have been concerns raised by academics that assumptions about the overall good of NGOs have obscured debates about the extent to which NGOs have imposed aid and development on both countries and populations. The positive bias has been reflected in the lack of research and criticism about accountability, and what Tvedt describes as:

the complex relationship between its egalitarian justification and its hierarchical structure, between the NGO-speak of partnership and bottom-up, and the reality of donor power and a global hegemonic discourse on development (2002, p 366).

International intergovernmental organisations like the United Nations and the International Organisation for Migration (IOM) have member nations, and provide a range of support for refugees and asylum seekers. UNHCR currently supports more than 19 million people in 115 countries across the world and it aims to safeguard asylum, address refugee security, respond to emergencies, identify durable solutions, and assist internally displaced persons (UNHCR, 2006). The IOM states its mission is to:

Assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants (IOM, 2005, p 1).

There is evidence that governments are increasingly moving funding away from UNHCR towards NGOs and private firms (Castles and Loughna, 2004; Ahmed and Potter, 2006). Some researchers have been critical of international NGOs, as well as UNHCR, and have condemned their role in the control of migration between North and South, the establishment of camps, and consequent abuse of refugees (Harrell-Bond, 1999). Criticism of the humanitarian discourse and expansion of NGO activities has led to reforms of humanitarian organisations, notably the introduction of the Central

Emergency Response Fund and the Cluster Approach, aiming to ensure 'greater predictability, accountability and partnership in all sectors' (Holmes, 2007, p 4).

We have seen how various aspects of national social policy in both Australia and the U.K. have impacted on refugees and asylum seekers, despite efforts to utilise immigration and refugee policy to keep them separate. Neumann (2004) documents the history of resistance of both the Labour and Liberal Australian government to establishing international legal obligations to accept refugees. He argues:

The immigration departments 'culture of control' has arguably shaped official Australian responses to refugees until now (2004, p 108).

By challenging widely held assumptions about Australian generosity towards refugees and asylum seekers, and identifying national self interest as the dominant factor in accepting refugees, he proposes a new way forward in developing refugee policy that I return to in the Conclusion.

The role of services is to assist asylum seekers and refugees to settle through access to mainstream services (such as education, housing, employment, health care including mental health) and specialist services to promote increased self sufficiency (Potocky-Tripodi, 2002, p 111; Westoby and Ingamells, 2009). Specialist services have been developed to address the specific needs of refugees and asylum seekers, such as torture and trauma counselling, trans-cultural psychiatric services, and English language courses (in the case of the U.K. and Australia). Increasingly NGOs are attempting to meet the needs (such as housing, emergency relief and medical) of those asylum seekers who are excluded from the mainstream. Reducing access to mainstream service provision for asylum seekers who have failed in their applications for asylum has meant that people are reliant on informal networks and support. While NGOs provide support outside of a statutory framework, they are still governed by professional bodies and the laws pertaining to the 'best interests' of the client. Recent research in community development involving service user groups suggests agency aims can be constrained by increasing demands, and this may present conflict for the worker:

Agency aims and constraints are often hidden agenda within community development, with workers seemingly responding to community needs but guided and sometimes constrained by agency tensions. In the best possible scenario, the two domains are complementary, but tensions can develop where the two are at odds (Mitchell and Correa-Velez, 2010, p 104).

Academics in Australia and the U.K. have raised persistent criticisms about government reducing the public sector, relinquishing its role and moving responsibility onto NGOs for the provision of services (Mooney and Law, 2007; Bryson and Verity, 2009). The modernisation agenda, with the emphasis on capital rather than people, has contributed to the government looking for ways to reduce its spending on communities and services, and outsourcing work:

Added to this [removal of capital] is a growing underclass of homeless people, refugees, asylum seekers and other marginal groups, who survive through the informal economy and end up living on the edge of welfare systems through a combination of petty crime, hustling, short-term work for cash and support from NGOs working in the community (Stepney and Popple, 2008, p 153)

Of interest is that there appears to be little research that identifies the impact of the work done in the non-profit sector and NGOs. As governments have outsourced work to this sector, they have simultaneously sought to implement regulatory controls and impose governance frameworks. In a study identifying the impact of the non-profit sector Kendall (2003) highlights both advantages and disadvantages. The literature notes that these organisations have a service role that promotes higher quality due to a lack of financial incentives, greater commitment and sympathy of staff, and lower costs due to 'community embeddedness'; however Kendall argues there was mixed evidence for these assertions (Kendall, 2003, p 93). Earlier work by Salamon and Anheier (1994) highlights weaknesses that include particularism (limited responsiveness), paternalism, excessive amateurism, resource insufficiency and problematic accountability (cited in Kendall, 2003, p 94). These issues have been raised in both international and national contexts, particularly in relation to governance and debates about performance (Charnovitz, 2007; Ahmed and Potter, 2006).

Researchers have identified concerns about the increased blurring of lines between state and non-state providers who are involved in public and welfare service delivery, often under complex and sometimes competing policy frameworks (Carmel and Harlock, 2008; Maddison and Denniss, 2005). In their discourse analysis Carmel and Harlock (2008) argue that voluntary and community organisations are being subjected to increased state controlled policy, which has compromised their 'social origins, ethos and goals' and forces them to behave like market style organisations (p 156). Being subjected to increased regulation and compliance with strict governance procedures

suggests a discourse of governmentality, one where voluntary and community sector organisations are not equal partners, but are to be managed *by* government.

Professionalisation

I have indicated in the previous Chapter on social policy (p 38 ff) that there have been debates in the literature about the role of power and authority utilised by frontline workers in their interactions with service users (Mooney and Law, 2007; McLaughlin, 2008). This thesis does not focus explicitly on the theories and practices of professional power, however they are implicit and I want to briefly discuss some of the debates and discourses that highlight dilemmas in practice, particularly in health and social care settings. Fook (2007) has described the development of a 'new professionalism' which incorporates critiques of social work practice in times of uncertainty. She notes how increased accountability, service user involvement and a reflective approach to practice has challenged the powerful role and knowledge of the professional. She argues for the development of contextuality, knowledge and theory creation (transferability), processuality, critical reflexivity and a transcendent vision (2007, p 34). These features must be grounded in human rights values and involve a spirit of openness and flexibility and a 'co-creation of meaning; all of which are essential features of working with asylum seekers and refugees. These dimensions of new professionalism have particular relevance when considering power relations, and the different levels of power ranging from the exclusion of asylum seekers and refugees from services to the role and power of frontline workers in restricting and administering services.

The literature on frontline workers supporting refugees and asylum seekers is limited however it highlights how it is a new area of practice and workers are often professionally and ethically compromised (Dowling and Sextone, 2011). The frontline workers engaged in this research were not in statutory positions of authority, nor had direct influence over the official immigration determination process to secure status for asylum seekers. However, there are many assumptions embedded in knowledge and these may be exhibited as power relations. As we have seen, some NGOs have attempted to resist the practices of overt power relations, and have sought to engage with service users in order to challenge the 'them' and 'us' divisions between clients and practitioners that are so prominent in statutory services. Challenging power dynamics in this context can be extremely difficult and may result in the exclusion or domination of the 'other', and the silencing of individuals and groups can occur.

There are tensions in the literature about professionalism, and the extent to which the government has increased demands for professional accountability via performance measures and targets (Carmel and Harlock, 2008). While looking at the impetus for the development and formation of NGOs, the literature highlights two explanations: first the entrepreneur model, and secondly that new interest groups 'grow out of *other groups*' (their emphasis; Ahmed and Potter, 2006, p 25). The entrepreneurial model is based on an often charismatic leader, who galvanises support, both in terms of personnel and resources, to advance a particular cause. Other groups may be formed out of networks and larger organisations that splinter or develop a different focus. NGOs have been known for demanding high levels of commitment from their workers, and many humanitarian workers have reported both trauma and stress as a result of exposure to the extreme hardship of their client group, along with the organisational demands of the work.

There are a number of debates about the professionalisation of organisations, and in particular the need for service user participation (Means et al, 2009, p 183 – 216). Prominent debates about power in health and social care have highlighted a history of dominant groups (often medical and social work) defining conditions of 'rationality' and treating deviance (Goffman, 1968). The literature highlights a history of abuse of non-conformity, that is treating people who may be different, whether on the basis of their sexuality, ethnicity, gender, or ability. Professionals have been accused of inducing and coercing people into conformity with programs or medications that control behaviour and actions, rewarding some and punishing others. More recently people have been increasingly seen as a 'risk' to others rather than unwell, with an increase in the past 10 years of fears of homicide by people with mental health issues, despite a lack of evidence for it (Tew, 2005, p 85). The discourse of professionalism has, some academics and advocates have argued, created a 'us' and 'them' position rather than a mutual valuing of what service users and carers have to say. Increasingly organisational cultures that have promoted a particularly bureaucratic work environment in health and social care have come under scrutiny as to how they meet the needs of both clients and workers (Means et al, 2009).

Recent moves by service users have challenged the hierarchical position of professionals and organisations, and demanded more partnership working in areas such as governance, planning and service delivery (Clarke and Glendinning, 2002; Barnes and Bowl, 2001). This has impacted on the management structures of organisations, including NGOs. Challenges of the past 20 years, with more activism and changes to systems (Barnes and Bowles, 2001), have led to increased

participation in the voluntary and community sectors, including NGOs. Researchers looking at NGOs have noted that one of the positive aspects of the work is the high level of engagement with service users, and social cohesion due to a sharing of cultural norms (Ahmed and Potter, 2006, p 28).

In the U.K. the Office of the Third Sector proposed a number of changes, including three year funding as the norm rather than the exception, with the reassurance that they will not withdraw funding from one year to the next. It aims to help third sector organisations to be more sustainable to engage in longer-term planning, borrowing and investment; to be more innovative with more time to develop and demonstrate the impact of new services and activities; and to provide better value for money reducing time spent on year-on-year fundraising, freeing up staff to concentrate on delivering long-term outcomes (Office for the Third Sector, Online). Researchers have expressed concerns about instituting policies that all organisations must conform to in order to be taken seriously (or even considered) as providers. Carmel and Harlock (2008) describe the 'discourse of performance' as a way of rationing services. They argue it establishes priorities between different services and groups of users, and the use of resources:

but these appear as rational choices according to market-based logic, rather than political choices, which might otherwise be contested, even by the VCOs themselves (Carmel and Harlock, 2008, p164).

Not all NGOs are prepared to fit in with this agenda. There have been examples of resistance by NGOs and the general community against government policy in relation to refugees and asylum seekers. Gosden (2006) documents examples of Australians signing a 'civil disobedience register', and joining organisations such as Australians for Just Refugee Programs, and Rural Australians for Refugees who provide support and advocacy for asylum seekers (p 5 and 12). She also argues that the diversity of the refugee and asylum seeker advocacy movements are ultimately its strength, as it means that a range of activities to oppose the policy of mandatory detention of asylum seekers are undertaken (2006, p 17). There are, however, examples of conflict both between NGOs and between advocacy groups, particularly around expectations and strategies such as direct social action. Also, despite the activities of refugee advocacy groups, they are very much in the minority, with most Australians taking the historical position of wanting to deny asylum seekers access to Australia (Neumann, 2004).

Section 2. Key issues in migration in Australia and the U.K.

Both the Australian and the U.K. governments have been focussed on deterring and controlling the arrival of refugees, indeed Crawley comments in relation to Europe:

In fact only a tiny proportion of the world's 20 million refugees, asylum seekers and internally displaced ever get to Europe. In 2002 over two-thirds of these people were hosted in the developing regions of the world, with the 49 least developed countries hosting 26% of the world's refugees (Crawley, 2005, p 23).

As we have seen in the previous chapter there are a range of different perspectives and theoretical explanations for why migration occurs, and in spite of these frontline workers are confronted with a continuing demand for their services by new arrivals. In commenting about the arrival of asylum seekers in the late 1990s to Australia, Manne and Corlett state:

No one ought to pretend that the unanticipated arrival of the Iraqis, Afghans and Iranians did not pose real legal, administrative, political and ethical problems for Australia. However these problems arose not because these people were not genuine refugees. They arose, rather, precisely because the overwhelming majority of them were (2004, p 7).

The response by governments in both Australia and the U.K. to the arrival of asylum seekers and refugees has been to focus on the perceived threats to the nation state, cultural identity, the labour market, increased welfare spending, and security. Griffiths Sigona and Zetter (2005) argue that the governmental response in the U.K., and I would argue similarly in Australia, has 'tended to restrictionism, prompted by media generated panic about abuse of the asylum system and political manipulation of the asylum issue' (p 9 -10). The lack of a cohesive international response has led to what Zolberg describes as refugees being 'parked in rag-bag camps in some of the world's poorest countries' (1989, p 416). The increase in forced migration has led to an increase in responsibility for UNCHR, who itself comes under criticism for the limited support it can offer. In commenting on the poor international response Zolberg observes:

With little opportunity to fend for themselves, the refugees constituted a mounting burden for the UNCHR, which itself depended on constant handouts from a limited number of governments and voluntary agencies, in some cases lacking the capacity to protect those under its jurisdiction (Zolberg, 1989, p 416).

I now provide a brief summary of the history of migration in the U.K and Australia to provide a context for the types of policies and procedures that have been implemented in order to respond to those seeking asylum.

U.K.

The movement of people to the U.K. has existed for centuries. It was the introduction of the Aliens Act 1905 which first sought to control the movement of refugees, particularly Jewish immigrants fleeing persecution in Russia and Eastern Europe (Cohen, 2006). During World War Two there was considerable Jewish settlement, estimated at 60,000 but this may have been higher. In addition refugees arrived from Central Europe, and several hundred thousand settled in Britain. Hayes (2004) argues that it has been a 'century of control' and that these controls are always posed in racist terms (p 12). She describes common features of the system of immigration control including dehumanising and discrediting individuals' experiences', and that this has extended from Jewish refugees post war, to black Commonwealth citizens in the 1960s and to present day asylum seekers.

The Aliens Act 1905 defined people deemed 'undesirable' as not permitted to enter Britain. The four categories identified in the Act were the diseased, the insane, criminals and those likely to be a burden on public funds, which was the category most likely to be invoked (Sales, 2007, p 135). The trade unions supported the Act on the grounds of concerns with regard to employment and protecting the position of British workers, particularly in relation to the Irish and the Chinese. The 1919 Aliens Restriction Act enabled the home secretary to deport aliens currently in the U.K. and also make it a criminal offence to 'promote industrial unrest', a reference to Communist activism and the Bolshevik revolution in the USSR. After the Second World War the majority of immigrants arrived from Commonwealth countries in order to take up job opportunities and this was assisted by the 1948 British Immigration Act 'which granted favourable immigration rights to citizens of Commonwealth countries' (Giddens, 2006, p 501).

The 1962 Commonwealth Immigrants Act introduced 'entry vouchers', essentially a work voucher issued on the basis of skills and qualifications, which took away the automatic rights of entry to Commonwealth citizens (Hayes, 2004, p 14). There was a backlash in the 1960s, due in part to perceived threats to employment and tensions between the working class white Britons and new arrivals. The 1962 Commonwealth Immigrants Act restricted entry and settlement rights for non-whites, while continuing to

favour the relationships with the 'old Commonwealth', Canada and Australia. In the 1968 Commonwealth Immigrants Act in order to claim British citizenship a citizen of a Commonwealth country must have been born, adopted or naturalized in the UK, or have a parent or grandparent who met that criterion. This made immigration much more possible for whites and excluded others. The 1971 Immigration Act withdrew the unconditional rights of entry from Commonwealth citizens and yet expanded entry to nationals of EU member states (Morris, 2002, p.411). This was seen by some commentators to be essentially racist as it effectively all but ended black immigration for settlement (Hayes, 2004, p 14).

The 1980s introduced a discourse promoted by the Conservative Prime Minister, Margaret Thatcher, of Britain being 'swamped' by foreigners. In 1981 the British Nationality Act tightened up the restrictions for those coming from British dependent territories (such as Hong Kong, Malaysia and Singapore). Restrictions on entry and right of residence were increased, and more so in subsequent legislation in 1988 and 1996. The 1981 British Nationality Act restricted access to citizenship on a number of grounds, including British Overseas Citizens. It also reviewed marriage and introduced the 'primary purpose' rule, which could enable an immigration officer to deny entry to a spouse or finance (e) if it was thought the primary motivation was immigration (Sales, 2007, p 144).

The 1980s and 1990s saw a rise in asylum applications to the U.K. from 5,300 in 1988 to 15,600 in 1989 to 44,800 in 1991 (Schuster and Solomos, 1999). As immigration policy had contracted gaining entry by other routes, asylum was sought. Rights previously afforded to people with work permits were denied, such as Child Benefit. Schuster and Solomos (1999) note that Britain has no domestic asylum legislation and prefers to see refugee flows as temporary, thereby resisting the establishment of permanent settlement programmes. While there was ratification of the Geneva Convention in 1954, there was no legislation connecting it to domestic law. Asylum seekers are therefore quite vulnerable, with insecure status and facing an increasingly hostile social and political environment.

Australia

Australia was declared 'terra nullius' (empty country) by the British settlers in 1788 despite having a diverse indigenous population throughout. The Aboriginal population was subject to genocide, dispossession of their land and traditions, and their children were often removed into the 'care' of white families, Christian settlements and other

institutions. As with the U.K. Australian history is characterised by waves of immigrants. The Afghanis brought camels to the desert, the Chinese came in response to the Gold Rushes of the 1850s, the Japanese pearl-divers explored the reefs, and the Kanaks (South Pacific Islanders) worked the sugar cane fields in Queensland. Prior to World War Two the majority of settlers came from Britain, with smaller groups of Irish, German and Italian settlers often facing hardship, hostility and racism (Neumann, 2004). One in five Australians is an immigrant or child of immigrants, and it is one of the most ethnically diverse countries in the world (Castles, 1992, p 549).

The British colonial administration and later the Australian federal and state governments recruited, subsidised and encouraged immigrants from Europe. In 1901 one of the first laws passed by the new Federal Parliament was the Immigration Restriction Act, the 'White Australia' policy. Unashamedly racist, it was designed to exclude non-Europeans with the rationale of ensuring social cohesion, cultural similarities, and political consistency. It reinforced the fears of the 'yellow peril' and the so-called threat of Asian invasion from the North. It also denied the geographical location of Australia being more Asian than European.

After World War Two the Immigration Minister Calwell said that there would be ten British immigrants for every 'foreigner', however, it became clear that Australia needed additional labour. There were concerns that non-British immigration would threaten social cohesion and identity:

In the language of the day, the 7,500 Jews who found safety in Australia soon after the shameful Evian conference of 1938 became 'reffos' (refugees), as did the other 'aliens', the Balts, Czechs, Slavs and Poles whom Australia agreed to take in the post-war years of displacement and labour shortages (Moorehead, 2005, p 96).

Castles (1992) notes how in the 1950s and 1960s most migrants came from Italy, Greece and Malta and how a two-class system of immigration developed. The first class accessed assisted passage which was available for the British (often referred to as the 'ten pound poms') and northern Europeans, who had full labour market and civil entitlements and importantly, could bring family with them. The second class of Eastern and Southern Europeans were unlikely to have assisted passage, had no right to family reunion, and were often working in low paid and high risk jobs. There was however, another agenda:

There was a third, invisible class: those who were not admitted at all. The White Australia Policy kept out all non-whites and was applied so zealously

that even the Asian wives of Australian soldiers who had served overseas were excluded (Castles, 1992, p 551).

It has been suggested that the post war time was when 'the idea of the 'good' refugee was born: the one who, fleeing communist persecution, waited patiently in a camp far away to be selected as 'genuine' and invited to Australia' (Moorehead, 2005, p 97). This theme continues in current debates, where the authenticity of those seeking asylum continues to be questioned, and even if they are refugees they are seen to be 'queue jumpers' (Wazana, 2004, p 86).

The post war immigration programme emphasised the need for labour, with migrants forming the key workforce for projects to develop the infrastructure of the country, projects such as the Snowy River Dam in NSW, the railways through the centre of the desert from Adelaide to Darwin (the Ghan) and the East Coast, and the Hydro Electro Plant in Tasmania. It was often a tough and lonely life for these workers, alienated from mainstream culture, isolated in remote areas, and often subjected to racist violent retorts by the 'locals'. Australia has a rich literary history reflecting the struggles of the multicultural lives of these workers and their encounters with the harsh environment, the indigenous populations and each other. 2

In the 1970s new measures were put in place to attract people to Australia, and retain them. The Australian Labour Party's Prime Minister Gough Whitlam abolished the White Australia Policy, and introduced entry criteria that did not discriminate on the basis of 'race, ethnicity, religion or national origin' (Castles, 1992, p 552). This was significant as history in the region was changing dramatically with the Vietnam War. In the ten years following the fall of Saigon, 95,000 Vietnamese were processed to arrive in Australia and Australia's immigration officials selected people directly from the holding camps in Malaysia, Indonesia and China. Castles argues that it was this Indo-Chinese refugee programme that led to the demise of the White Australia policy (2003, p 20). Moorehead notes 'Australia was no longer white, but a neat and cautious system was in place' (2005, p 97). The immigration levels have fluctuated since the 1980s due to economic conditions and government policies, and there have been large intakes from South East Asia, New Zealand, and Eastern Europe (see Appendix 5).

² This includes writers such as David Flanagan, Thomas Keneally, Peter Carey, Kate Grenville and David Malouf.

This by no means exhaustive summary of immigration in both countries provides a background to what emerged in both Australia and the U.K. in the late 1990s into the 2000s, which was an increase in policy and procedures that restricted access to safe countries for those seeking protection. Castles and Loughna describe a convergence of practice internationally in three key areas:

Restricting access to the territory of states; discouraging asylum applications by restricting access to welfare benefits; and the replacement of permanent asylum with various forms of temporary protection (2004, p 187).

All of these measures have had a direct impact on frontline workers, and NGOs have sought to respond to these concerns in a variety of ways. I now present the asylum procedures that have a direct impact on refugees and asylum seekers seeking health and social care services and support from frontline workers in NGOs.

Asylum Procedures

U.K.

The U.K. has a system where it processes all applicants arriving onshore and seeking asylum via its national programme (See Appendix 2). It has a relatively small humanitarian pilot programme established with UNCHR that fluctuates according to need. All asylum seekers are eligible for support via the National Asylum Support Service (NASS), until a decision has been reached. Once made, if the person or family is eligible, they can access all services usually on the basis of Leave to Remain. If they do not meet the asylum criteria they must return to the country of first application (under the Dublin agreement), return to their home country, or can appeal the decision. They are not eligible for support during this time, and rely on the support of NGOs or family (if they have any) or the community to support them. Unaccompanied asylum seeking children (UASC) under the age of 18 are eligible for support through social services departments, under the care of the Children Act (1989).

The Home Office in Britain has introduced seven Immigration Acts since 1997, and each of these has introduced significant changes, and sought to deter claimants (Woodhouse and Lalic, 2009). It is almost impossible to keep up with the pace of change. In 1995 asylum seekers were reclassified into two groups: the first are port applicants, people who apply immediately on arrival and are deemed 'deserving' of support, and the second are in-country applicants, who apply after entry and are not (Home Office Bulletin 2001; Morris, 2002, p 417). The introduction of the Schengen Accord (1985 and 1990) and the Dublin Convention (1997) were based on the principle

that asylum seekers may be returned to the first safe country of transit, and that applications are dealt with by one country on behalf of the group (Schengen or EU respectively) (Morris, 1997, p 197). There are increasing agreements involving the return of clandestine migrants and asylum seekers, to the country of origin, or to the first country of transit. Morris notes this is usually in exchange for some form of aid:

In effect immigration controls are being externalised by pushing responsibility onto countries eager to meet the conditions for entry into the EU (Morris, 1997, p 200).

The 1993 Asylum and Immigration Appeals Act enabled local authorities to provide support to asylum seekers under the National Assistance Act for people who were seen to be 'at risk' and 'in need of care and protection', and in particular if they had children. Benefits for asylum seekers, however, are only 70% of income support levels, and initially 'vouchers' were provided rather than cash, which was extremely stigmatising. Sales notes:

Check-out operators were empowered to check eligibility and ensure that purchases did not include banned items such as cigarettes and alcohol, thus introducing an element of moral surveillance and exposing asylum seekers to racist abuse from other customers (Sales, 2007, p 147).

In addition legislation on asylum was passed in 2001 that enabled the Home Office to fingerprint people, and restricted access to free legal advice. There is increased use of bio-metric surveillance and control outside borders to further deter arrivals of asylum seekers. The introduction of the Immigration (Carriers' Liability) Act 1987 had, and continues to have, an impact on the monitoring of vehicles and airplanes arriving into the U.K. with stiff financial penalties and placing the onus of responsibility on the carrier for anyone travelling on false documents (Ruff, 1989, p 481).

In 2000 the National Asylum Support System was developed which involved adults and families being 'dispersed' to areas away from the port of arrival, the South East and London. Morris claims this is a contraction of rights, promoting exclusion (2002, p 418). In addition to this, people are not permitted to work, which promotes dependency, and also creates resentment from the local communities. Asylum seekers cannot win: they are penalised if they work and contribute to the community even in a voluntary capacity, and resented for obtaining benefits (albeit at a lower rate) if they do not work. They are also not permitted to study, and their access to study English is extremely limited in some areas. There are many asylum seekers who feel

angry and frustrated at not being allowed to do anything, and this generates tensions in their families and contributes to poor mental health (Humphries, 2004, p 52).

A person who seeks asylum in the UK will have their claim assessed against three main pieces of legislation. The first as noted previously is the UN Convention grounds. The second is the Borders, Citizenship and Immigration Act (2009), and its associated instruments, guidelines and instructions. This is forever changing, with the Home Office regularly reviewing and altering procedures. The third is the Human Rights Act 1998 which implements the Convention for the Protection of Human Rights and Fundamental Freedoms 1950 (European Convention on Human Rights – ECHR). This ensures that all decisions made by immigration officials comply with the Human Rights Act. People making claims can also draw on other pieces of legislation to show that the experiences they have undergone violate their basic human rights, such as in the case of sexual violence and rape of women (Refugee Council, 2005).

There has been concern for some time about the limitations of legislation in relation to the international protection of women (Lesley-Lloyd, 1995). Persecution is not defined in the Refugee Convention; however it is in the U.N. Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984). UNHCR states that sexual violence, or a well-founded fear of rape, may form the basis of a woman's refugee claim, and under the Refugee Convention, will be considered persecution for purposes of the refugee definition. In 1995 Guidelines on Prevention and Response on Sexual Violence against Refugees were published by UNHCR. The Refugee Council in the U.K., and other international advocacy groups have noted there has been failure of states to interpret the spirit of the UN Convention and recognise women's gender-specific experiences as persecution.

The Home Office in the U.K. noted in 2003 that 31 % of the main applicants for asylum were female. With family reunion and the inclusion of dependants this figure is likely to increase (Heath et al, 2004). When working with women there are often cultural barriers for her to disclose the extent of the violence she may have experienced, in addition to practical barriers such as the location of the interview, childcare arrangements and the use of male interviewers or interpreters (Refugee Council, 2005).

Currently the Home Office, taking into account the Country of Origin Assessments, assesses an application for asylum and if successful the person is eligible for support as a refugee (housing, health, etc). If they are refused, they can appeal. However they

will not be eligible for any NASS supports or able to work, under Section 11 of the Borders, Citizenship and Immigration Act 2009. They are eligible to apply to return to their country of origin (or third country) under Section 4 and will be eligible for support in the form of housing and food vouchers. If they are not prepared to sign this agreement it leaves them destitute and reliant on NGOs and RCOs, friends or community members. As this research demonstrates, this has had significant impact on individuals and families, and frontline workers.

Australia

According to the Australian Government (DIAC, 2009a) there are currently three main immigration categories available to those seeking entrance to Australia. The first is family migration; the immediate family (spouse and children) is admitted automatically, while more distant relatives (siblings, parents, etc) are assessed according to a Point system. The second is economic migration whereby people apply according to sub groups which include specific skills, and again are assessed on a Point system. The third category is humanitarian migration, Integrated Humanitarian Settlement Strategy (IHSS), which refers to the group of refugees selected via a process in coordination with the UNCHR in the refugee camps from throughout the world. Asylum seekers are not formally recognised; however, as part of being a signatory to the Convention, the Australian Government must recognise the right of an applicant to apply.

The Australian government has a commitment to providing support to refugees via its Humanitarian Program, which establishes an annual quota for entry, based on assessments provided by UNCHR in its refugee camps. Services are funded by both Federal and State government and consist of housing, health care, education, language classes and access to benefits. . Asylum seekers arriving onshore without documentation, however, are not eligible for government services, and are reliant on voluntary community based services and NGOs. The Humanitarian Program comprises three categories: first is that of Refugee which is for people who are subject to persecution and have been identified in conjunction with UNHCR as in need of resettlement. This category includes the Women at Risk program. The Australian Visa Bureau (2009) states the 'women at risk' category represents currently more than 12 per cent of refugee visas. From 2009-10, this target will remain at 12 per cent of all refugee visas granted, suggests that vulnerable refugee women and their children continue to be a high priority within the program. Second is the Special Humanitarian Program (SHP) for people who have suffered discrimination amounting to gross violation of human rights, and who have strong support from an Australian citizen or

resident or a community group in Australia. Third is Onshore Protection Visa Grants for people found to be in need of protection in accordance with the UN Refugees Convention and who are granted protection visas in Australia (DIAC, 2008; Appendix 2). The figures show a fluctuation in the types and location of applications; however all are within the established current range of 13,000 to 14,113 Humanitarian visas.

According to DIAC the number of Protection Visa applications received has been falling in recent years. In 2001-02 the figure was over 8400, while in 2004-05 the number of applications had fallen to around 3200 (DIAC, Facts Sheet 61). Figures for 2005 show there were only 1,600 asylum applicants, the lowest since 1989 (Bennet, Heath and Jeffries, 2007). This was a dramatic reduction from 14,000 in 2000 – 2001. These figures are influenced by international events including the arrival of Kosovan and East Timorese refugees in 1999; where groups of both were provided with emergency temporary protection in 'safe havens'. In 2007 the numbers rose to 4,200, a small proportion in comparison with other receiving countries. The discrepancy in figures may be the result of onshore applications, rather than total numbers of applicants, including off shore sites such as Nauru.

The law has promoted changes in legislation for applicants claiming asylum to prevent 'fraudulent' claims:

Amendments to migration legislation came into effect on 1 October 2001 to clarify the application in Australia of the UN Convention Relating to the Status of Refugees and to strengthen powers to protect asylum processes against an increasing incidence of fraud in the presentation of claims (DIAC Facts Sheet 61).

It continues to differentiate clearly between those arriving 'lawfully' onshore, and those who arrive 'unlawfully', and via a first safe country.. In many cases in Australia, that refers to 'boat people' who arrive from Indonesia, possibly having travelled from Iraq and Afghanistan, and parts of South East Asia, including Laos, Vietnam and China. This has been a particularly fraught area, as diplomatic relations with Indonesia were strained as a result of Australian military intervention in East Timor.

The process of claiming a protection visa (PV) in Australia is via a caseworker from DIAC, using the legal instrument of the 1951 UN Refugees Convention. In 2005, the Prime Minister announced changes in protection visa processing times. As a result of this announcement, all primary protection visa decisions by the department must be made within three months of application. Cases where these time limits are not met are subject to periodic reports to Parliament. If the claim is unsupported by the

Government and there are legal grounds for appeal the claimant has the right to appeal to the Refugee Review Tribunal. The person must bear the cost of that appeal, a change that was implemented in 2000. The Refugee Review Tribunal has come under scrutiny for alleged inconsistent decision-making, and arbitrary use of expert opinion (Maley, 2004, p 158). Concerns have been raised about the selection of staff (not all of whom are legally trained), and the basis on which decisions are made, often disputing the applicant's credibility, to identify the status and origins of the person claiming asylum.

If the person is still refused, and believes he/she has grounds and that the case was not adequately heard, he/she can, along with legal and possibly health professionals' support, ask for the Ministers discretion to review it. Successful asylum seekers' applications are always subtracted from the Humanitarian Program, resulting in a tension between those who are seen as 'genuine' or not. Indeed, much of the negative press has been directed at those perceived to be 'queue jumpers' taking the place of humanitarian entrants.

In response to the dramatic policy shifts, as noted above, there has been a decrease in the numbers of people claiming asylum. There has however been an increase in the numbers of people leaving detention centres, and coming under community protection orders. These people have no right to work, no access to benefits, and are to report regularly on their activities. They are consequently reliant on NGOs for support, including food and housing. The children are eligible to attend school, however are not able to proceed beyond secondary school.

There have been a number of critiques of the current situation facing asylum seekers in Australia (Mares, 2001; Maley, 2004; Neumann, 2004). The key themes identified are essentially the way in which asylum seekers have been demonised and arbitrarily detained. The very sharply differentiated systems in Australia differ significantly from Europe. Refugees have been processed and approved prior to arrival 'offshore', and consequently enter into a clearly systemised process under the Humanitarian Assistance Program. Asylum seekers, however, are those who have not engaged with that process for various reasons, and apply 'onshore'. This effectively has made them the 'bad refugees', the alleged 'queue jumpers' who take the place of the 'good refugees' patiently waiting in refugee camps. Asylum seekers are demonised for paying for their journey (being rich), being 'forum shoppers' and selecting the most affluent countries, and most recently they are portrayed as 'terrorists' and a danger to society (Gale, 2004). The Liberal Government, and indeed populist press, often refers

to asylum seekers as 'illegal's' technically an incorrect term because Australia has ratified the 1951 Convention which specifically recognises refugees are not obliged to have documents in order to claim asylum (Moorhead, 2005, p 104).

The legislative and procedural guidelines in both the U.K. and Australia are complex and subject to frequent change. Frontline workers are expected to understand the impact of these aspects and how service users' claims may be affected. Key to working with asylum seekers and refugees is understanding how policy has impacted on them and in particular the most controversial policies leading to destitution and detention, the treatment of unaccompanied asylum seekers, and temporary protection measures. I now briefly outline these key features in both countries.

Destitution

There is considerable literature from the voluntary sector and academics in both Australia and the U.K. documenting concerns about asylum seekers, described by some people as 'unlawfully' present, who are excluded from systems and any right to support and services (Zetter and Pearl, 2000; Refugee Action, 2006; Mc Nevin and Correa-Velez, 2006; Sampson, Correa-Velez and Mitchell, 2007). A recent report on the Treatment of Asylum Seekers in the U.K. (2007) stated that:

The current system is overly complex, poorly administered, offers inadequate information and advice to ensure that people receive the support to which they are entitled and in some cases denies any support at all to those who are destitute (Joint Committee on Human Rights, 2007, p 5).

As noted previously in research commissioned in the U.K. by Refugee Action, destitution is defined as a 'tool of public policy' (Refugee Action, 2006, p 13).

Destitution is defined as affecting:

Those who have no access to any form of state support, no savings or similar resources and not allowed to work or support themselves through other legal means. They may be getting support from friends, their communities, faith groups, destitution projects or by begging. They are, however, deliberately excluded from support by government policy and may also have restricted access to other services such as health care (Refugee Action, 2006, p 30).

In the U.K. when asylum claims fail, people can claim for Section 4 'hard cases' support if they agree to return to their country of origin; however many are fearful of doing so. The consequences of this arrangement present an unethical dilemma for asylum seekers and are far reaching in terms of representing a lack of trust in the system they thought would protect them. It places them in a position of severe hardship in obtaining the basic needs on the Maslovian scale including food, shelter, and clothing. Women are at risk of sexual abuse, and those with children are particularly at risk. Importantly, this places people into a liminal position, one where they have no rights, no status and importantly, no hope. Morris comments:

entitlement and access to rights cannot be read unproblematically from broad statements of recognition, but require a close examination of the conditions and context of practice (Morris, 2002, p 423).

Theorists (Arendt, 1969; Agamben, 1998) have described how this lack of access to rights places asylum seekers and refugees in an invidious position and how they are simultaneously invisible to the State but visible to society as the dispossessed, and beyond bare life. Visvanathan describes this process:

But neither the migrant nor exile can quite capture the statelessness and despair of the refugee as a displaced person, a creature who is between homes and might be condemned to that perpetual state of liminality (original emphasis, 2006, p 535).

A recent Australian report identifies a range of concerns with regard to the implications of Bridging Visa conditions, and how asylum seekers often struggle to meet their basic needs when applying for asylum in Australia (Sampson, Correa-Velez and Mitchell, 2007). The researchers describe limited access to Medicare, medication and medical equipment, a lack of work rights, income and housing, and a lengthy time waiting in uncertainty with a lack of support and advice (p 23- 24). The implications of these conditions are demonstrated to have a negative impact on mental health, and health overall (Steel and Silove, 2001; Correa-Velez and Gifford, 2007, p 276). There is however recent momentum in research documenting these concerns and developing a strong evidence base with which to advocate for asylum seekers' rights.

While the imposition of policies advocated as 'humane deterrence' (Silove, Steel and Watters, 2000) have been initiated throughout the western world, there is little evidence that they are effective in reducing the forced migration of persecuted peoples. Indeed destitution makes it more difficult to reach or inform people, and places an unfair

burden on the voluntary sector already struggling to gain access to public funds (Griffiths, Sigona and Zetter, 2006, p 889).

Detention

It was the Labour Government in Australia in the early 1990s that first initiated legislation to detain asylum seekers in remote camps while processing their immigration claims. Australia has been unique in the world for introducing mandatory detention for all 'illegal' asylum seekers (those who enter Australia without papers); despite claims that they are escaping persecution and therefore meet the UN Convention grounds for consideration. Commonwealth law enacted in 1994 and since has required:

that a person entering Australia who is not an Australian citizen must be detained in immigration detention if he or she is not in possession of a valid visa (cited in Coffey, 2006, p 67).

Throughout the 1990s detention facilities were built and developed, and they included: Villawood in Sydney, Maribynong in Melbourne, Woomera in the desert in remote South Australia, Baxter in South Australia, and Port Hedland and Curtin in isolated parts of Western Australia. While there is mandatory detention for all asylum seekers arriving 'illegally' in Australia, this has come under increasing scrutiny and opposition, with the result that most asylum seekers are now based in the community under care orders and strict monitoring. Some of these facilities closed as a result of international and national pressure (Woomera closed 2003, Port Hedland and Curtin closed 2002), although are due to re-open again soon (UNHCR, 2010b) including those off shore. This will again raise debates and concern for asylum seekers having limited access to legal advocacy and Australian law.

The introduction of the so-called 'Pacific solution', the off shore detention and processing of asylum claims, has aroused severe national and international criticism. As noted above, the Tampa affair occurred when a Norwegian freighter rescued a large group of Iraqi and Afghani refugees who were in danger in the waters off the coast off Australia. The Australian Government would not allow the freighter to land, and instead directed it to a small island called Nauru for processing (Marr and Wilkinson, 2003). Operation Relex followed this, where naval boats policed the waters preventing any unauthorised boats with refugees from reaching Australian soil. The Tampa affair was a politically staged event just prior to the National elections, and as a result, the Howard Government swept to power. The Government accused refugees of throwing

their children overboard, in an 'attention seeking manner', claims that were later disproved. In September 2001 the Australian Government introduced new laws, which they argued would provide a disincentive for illegal arrivals and for people smuggling. Critics of an off shore processing policy have pointed out that Nauru is a state not party to the 1951 Convention, and was in such dire financial difficulty that it could not refuse the offer from the Australian Government (Maley, 2004, p 155; Marr and Wilkinson, 2003).

Australia's policy of mandatory detention has become one of the most divisive public policy issues in its history. Considerable debate has ensued in Australia about the lawfulness of locking adults and children up, potentially forever, with little course to appeal (Coffey, 2006; Moorhead, 2005; Silove, Steel and Watters, 2000). Conflict has developed between and within political parties, with State and Federal Government, between departments (such as Immigration, Education, and Health), and of course within the wider community.

There is increasing research providing evidence of an increase in the number of detainees who demonstrated deterioration in their mental health (Becker and Silove, 1993; Silove et al, 2006; Sampson, Correa-Velez and Mitchell, 2007; Coffey et al, 2010). Researchers have expressed concern about the dismissal of the findings and the difficulty in reversing policy that is deemed to have detrimental affects. In addition ethical concerns are raised by researchers about the participation of clinicians and mental health services:

The apparent indifference by government officials to this mounting evidence has raised general issues about the role of mental health professionals as clinicians and researchers in settings where there are systematic human rights violations that impact directly on the mental health of vulnerable groups (Silove, Austin and Steel, 2007, p 364)

Researchers working in detention centres comment that conducting research is frequently complicated by having no pre-arrival data of mental health, limited access to detainees, and a range of complex ethical issues pertaining to working with this group of people, as well as with staff at the centres:

Detainees are often referred to mental health services after extended periods of detention, which implies that their problems were not initially detected, that their problems were detected but they were not treated or did not respond to treatment, or that mental illness has emerged since detention (Coffey, 2006, p 72).

One of the fundamental claims of those working with torture and trauma survivors is that they must feel safe in order to work towards recovery goals (Victorian Foundation for Survivors of Torture, 1998; Coffey et al, 2010). When in detention the person does not have support, activities, or freedom of choice to recuperate. Coffey argues that PTSD is not treatable while the person is in detention, and the best clinicians can offer is possibly alleviating some symptoms and preventing further decline (Coffey, 2006, p 81). A number of practitioners have also expressed their concern regarding debates about ensuring political neutrality:

Thus, we have a responsibility to be politically literate and open to new information. We should neither impose our views on our patients nor avoid discussion of them, and we should be prepared to work with them, both individually and collectively, to understand, engage with confront those political and social problems that impact on mental health (Jones, 1998, p 246)

In Australia, the Human Rights and Equal Opportunity Commission (HEREOC) have published a number of reports with a focus on human rights and asylum seekers. In 1998 it identified a number of concerns with regard to mental health provision and responding to high levels of anxiety and depression, including irregular access to mental health services, detainees being unaware of services, and high levels of variation between detention centres (1998, p 153). In 2002, the United Nations Human Rights Committee found Australia's system of immigration detention to be 'mandatory, automatic and indiscriminate' and inconsistent with the protection of human rights and recommended major policy changes (UN Working Group on Arbitrary Detention).

This tension of the Migration Act (Federal) being dominant over the Mental Health Act (State) is reminiscent of the tension with the Immigration Act and the Children Act in the UK, as to which has overriding authority. The community has become dichotomised. People have been polarised with some becoming more sympathetic to the plight of refugees, interpreting the UN Convention openly in offering protection to those applying for asylum and others becoming more hostile, defending the role of the nation to determine the entrance policy of Australia.

Australia's detention policy of detaining asylum seekers without trial has come under intense scrutiny (Maley, 2004; Morehead, 2005; Coffey 2006). The Howard Government maintained that it is effective as a deterrent, despite having no evidence and being inconsistent, given that many people apply for asylum on entering the

country on a valid visa, however are not detained (Maley, 2004, p 149). Approximately 4,000 people were in detention in 2000, and in January 2010 the total number was 1613 (See Appendix 2 DIAC Detention Statistics, January, 2010). In addition are 425 people in a variety of 'residence determination arrangements', living in the community. Following the controversy over the detention for 10 months of Cornelia Rau, an Australian resident with severe mental health problems, the Palmer Enquiry was undertaken (July, 2005). Its mandate, under the direction of senior ex-police officer Mick Palmer, was to examine the circumstances leading up to this woman's detention, and the processes undertaken by the staff in Immigration that led to and sustained her detention for that amount of time. Its findings were critical to implementing a number of significant changes within detention facilities, including increased transparency with external agencies, including mental health providers (Palmer, 2005).

Similar debates have ensued in the U.K. and academics, advocates and practitioners have highlighted grave concerns with the increasing growth of detention centres for asylum seekers and 'non-citizens'. In 2000 the Nationality, Immigration and Asylum Act (2000) officially changed the name of the centers' to Immigration 'Removal' Centers', an attempt to move the focus away from prison like analogies. There are now 11 of them in Britain (U.K. Border Agency, 2010). Academics and advocates have been critical of the lack of academic and public interest in the plight of asylum seekers in detention. The privatisation of immigration detention centres is a particularly worrying trend internationally, and there is evidence that they are:

directly linked to the growth of the detention estate, the willingness to detain despite clear principles and rules limiting its use, the secrecy and lack of accountability inherent in immigration detention, and in some respects, the move towards increasingly harsh detention policy and practice (Bacon, 2005, p 4).

Britain has a history of privately run detention centres, and the policy to detain, unlike Australia, is at the discretion of an Immigration Officer. The period of detention however is indefinite, as it has opted out of European Union directives that require specific limits (Sales, 2007, p 104). Increasingly most detainees are asylum seekers who arrive legally and are having their claims investigated, or they have been refused and are waiting to be removed. The U.K. releases official figures on a quarterly basis of how many people are in detention and in 2009 a total of 28,005 people entered detention, of those 15,580 (56 per cent of the total) were asylum detainees (Home Office, 2010, p 22). UNHCR has conducted visits and provided reports suggesting detention is being used for increasingly longer periods of time (Bacon, 2005, p 5). In a study by Black et al where they interviewed a sample of those who had been illegally

resident in the U.K. nearly two thirds had claimed asylum (2005, p iv). Costing for an 'Australian-style' detention system exceeded £2 billion, with an estimated £1 billion per annum, which when presented to Parliament was seen as not feasible (Hansard, 2001).

Frontline workers in the U.K., as in Australia, have drawn attention to concerns about children in detention (Lumley, 2003, p 4), and the long term mental health effects of being detained without knowing a date of release, or access to legal process (Burnett and Gebremikael, 2005). Malloch and Stanley (2005) argue that the process of detention is as much about deterrence and propaganda as it is about any sort of strategy to effectively manage migration. They argue the dominant discourses of asylum seekers and refugees present images of 'danger', 'criminality' and 'risk' have led to a punitive and marginalising policy response.

If a person is refused refugee status in the U.K. they face the 'options' of deportation or removal (and possible detention in the interim), voluntary return, or they may go 'underground' and attempt to survive in the black market. Deportation is seen to be viable only if the country is on the 'white' list of safe countries. However this is variable, and many question the safety of a return to a war torn country. Schuster argues that removal is both costly and ineffective:

The majority of those held in detention centres or 'removal centres' are eventually released, either because they cannot be removed because of conditions in the country of origin, because travel documents for the persons to be removed cannot be issued, because they are allowed to appeal, because they are granted leave to remain on compassionate grounds or - because their claim for asylum is allowed (2004, p 9).

Deportation may be delayed and the person issued with temporary protection if circumstances in the country of origin prohibit a safe return (i.e. Iraq currently). Voluntary return or repatriation is an option that is offered to those who want to return. One major charity provides non-biased information to those who want to return. This has been complicated somewhat with Section 4, and frontline workers report concerns that people are taking this option in order to be provided with food and housing rather than genuinely wishing to return (Refugee Action, 2006). In addition there are varied provisions for returnees and ad hoc policy offering people funding which may be available only for a short period such as to Afghanistan recently.

Unaccompanied Children

The UNHCR defines an unaccompanied asylum seeking child as being under 18 years old and not cared for by that child's usual carer. In addition:

Among refugee children the most vulnerable are those who are not accompanied by an adult recognised by law as being responsible for their care. In the absence of special efforts to monitor and protect their well-being, the basic needs of unaccompanied refugee children often go unmet and their rights are frequently violated. Indeed the presence of unaccompanied children and the need for special measures on their behalf must be anticipated in every refugee situation (UNHCR, 1996)

The United Nations Convention on the Rights of the Child (CROC) defines children as all human beings under the age of 18, unless countries have legislation that specifies otherwise. There has been considerable concern identified by academics and advocates working with young people about the care of unaccompanied minors seeking asylum in both the U.K. and Australia (Kholi, 2007; Watters, 2008; Bhabha, 2004b). Children often fall between two conflicting areas of law of child protection and migration:

In general, migration law is adult-centred, and child welfare law privileges citizens, with the result that unaccompanied and separated children tend to fall through a series of significant cracks (Bhabha and Crock, 2007, p 61).

In the U.K. children are not supported by NASS, but are defined as children in need under Section 20 of the Children Act 1989 and therefore the responsibility of the relevant social services department (SSD) of the local authority. The definition of an unaccompanied asylum seeking child (UASC) in the U.K. is:

An unaccompanied asylum seeking child is: (i) an individual who is under 18 and applying for asylum in his/her own right; and is (ii) separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so (Home Office, 2007, p 6).

Unaccompanied asylum seeking children face particular stresses in being in the U. K., the most obvious is separation from family. This may arise as a result of having left, or been sent from, their country for their own safety, family members having been killed or gone missing, or as a result of their own activity in their own or neighbouring country. Unaccompanied asylum seeking children, once having made a claim with the

Immigration and Nationality Directorate (IND), are generally given Humanitarian Protection (this status replaced exceptional leave to remain in April 2003) until their 18th birthday. This is often disputed by SSD who raise concerns about age determination, and the prospect of older young men being placed in care. Concerns are consistently raised by advocates and charities that SSD are reluctant to accept the age of the young person (and the consequent financial obligations) and are determining age as older in order to refer young people through to NASS. This has become a fraught area of work for social workers and frontline practitioners (Grady, 2004).

Due to changes to legislation as a result of judicial reviews (including Merton and Hillingdon), local authorities have had increased responsibilities to all children under 18. All children are subject to Looked After Children proceedings, with attention paid to health, housing, social development and education. Critical to children and young people's educational and social development is attending a formal structured educational setting such as school or college.

The Government set an ambitious agenda with Every Child Matters, a programme that documents improving outcomes for all children and young people in the country. The five areas which they identify as the key to well-being in childhood and later life are being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being (Every Child Matters, 2005). These have particular relevance for unaccompanied asylum seeking children and advocates have argued that these rights are not always forthcoming. The Refugee Council in 2003 estimated that there were almost 99,000 refugee children of compulsory school age in the UK (Multiverse, 2003; NALDIC, 2010).

Due to the mandatory detention policy in Australia there has been research documenting the detrimental affect of detention on children (Hutchinson and Martin, 2005; HREOC, 1998; HREOC, 2004). The Human Rights and Equal Opportunity Commission Report (2004) is a damning indictment of the impact of detention on the mental health of detainees, particularly of children. In the report entitled 'A Last Resort? National Enquiry into Children in Immigration Detention' (HREOC, 2004) was critical of the systemic abuse of children in detention centres and stated that the placing of children in detention contravened the Convention on the Rights of the Child, to which Australia is a signatory. Significantly the HREOC National Inquiry into Children in Immigration Detention documented evidence of the harm done to children in detention, and the ongoing developmental effects. Indeed a senior psychiatrist noted:

It is hard to conceive of an environment more potentially toxic to child development (HREOC, 2004, p 397).

Silove, Austin and Steel (2007) document how in 2000-2001 there were 1923 children held in detention with 170 being unaccompanied asylum seeking children (p 364). In addition they note the process and testimony of the HREOC Commissioners and health professionals who consistently provide evidence of emotional disturbances in young children (2007, p 376).

Temporary Protection Visas

In Australia the system of Temporary Protection Visas (TPVs) for those who have been determined on Convention grounds to be refugees has been highly criticised (Mc Nevin and Correa-Valez, 2006). When TPVs were initially suggested by Pauline Hanson in 1998, both sides of politics were appalled and the then Minister for Health and Family Services, Dr Wooldridge noted 'creating insecurity and uncertainty as these views do is one of the most dangerous ways to add to the harm that torturers do' (in Maley, 2004, p. 152). The then Minister for Immigration and Multicultural Affairs, Philip Ruddock also commented:

Can you imagine what temporary entry would mean for them? It would mean that people would never know whether they were able to remain here. There would be uncertainty, particularly in terms of the attention given to learning English, and in addressing the torture and trauma so they are healed from some of the tremendous physical and psychological wounds they have suffered (Maley, 2004, p 152).

In 1999 the TPV was introduced by the Liberal Party, with bilateral support, for Kosovan refugees under emergency circumstances. This was soon followed for the East Timorese who were evacuated, again under emergency circumstances, from East Timor. This visa category provided temporary protection for three years, with the possibility of extension depending on the circumstances based on reassessment of the individual and the political situation of the country they were fleeing. It also prevented family re-unification which had a great impact on the increasing arrivals of asylum seekers from the Middle East. The implication for the applicant was that they were unable to settle and were anxious for the safety and well being of their family. In 1999 3,274 people claimed asylum and the majority of these people were fleeing the Taliban in Afghanistan, and Saddam Hussein in Iraq (Morehead, 2005, p 104). By October 2003, 8862 Temporary Protection Visas had been issued, 4256 (48%) to Iraqis and 3659 (41%) to Afghanis (Maley, 2004, p 152). As a result of consistent lobbying from

the voluntary sector and NGOs, academics and advocates working with refugees, the TPV category was abolished by the Labour Government who came into power in 2007. This section of the chapter has highlighted the range of challenging issues frontline workers deal with on a daily basis. The amount of change and complexity involved in navigating the immigration system is both stressful and time consuming for frontline workers providing health and social care services. We now turn to the area of the impact of the work on them.

Section 3. The impact of the work on front line workers

Over the past three decades occupational stress in the field of health and social care has been widely accepted as having significant negative effects on both physical and psychological well being (Figley, 1995; Van der Veer, 1998; Richardson, 2001; Brunner and Marmot, 2000; Evans et al, 2006; Bor et al, 2009). There are a variety of terms which have been used to describe these effects including compassion fatigue, vicarious traumatisation, secondary traumatisation, secondary stress disorder, counter-transference and burnout (Richardson, 2001, p 3; Van der Veer, 1998, p 161). These effects can occur when someone is exposed to the trauma experiences of the people they work with, and can manifest in a variety of ways. During the 1980s and 1990s there was an increasing body of literature that documented the impact of vicarious traumatisation (Saakvitne and Pearlman, 1996; Figley, 1995). Vicarious traumatisation refers to 'the cumulative transformative effect on the helper working with survivors of traumatic life events' (Saakvitne and Pearlman, 1996, p17).

The literature review examining vicarious trauma is notable for its description of a tension between identifying the cause of the vicarious trauma as being within an individual or as an organisational problem. Increasingly research has noted that it is the combination of individual, organisational and environmental factors that causes stress, and how this manifests is particular to the individual (Lloyd, King and Chenoweth, 2002; Collins, 2008). I briefly describe some of these debates and how they might affect frontline workers in NGOs working with asylum seekers and refugees.

The literature identifies that the effects of the work on therapists and frontline workers are similar to those experienced by the client. For those working with victims of sexual abuse, torture, serious crime and so on, the worker may become overwhelmed by the horror of what they are hearing and experience similar trauma symptoms (Van der Veer, 1998). This can create intrusive thoughts, nightmares and may affect ones behaviour, such as hyper-vigilance with regard to personal safety. It may also impact on the relationship with the service user, in some cases contributing to a withdrawal

and a dread of work or, to the other extreme, becoming overly involved and needing to 'rescue' the client. Yassen (1995) identifies both the personal impact of secondary traumatic stress and the impact of secondary traumatic stress on professional functioning. The personal impact extended to cognitive, emotional, behavioural, spiritual, interpersonal and physical levels and the professional impacted on job performance, morale, interpersonal relationships and behaviour.

At the individual level Van der Veer (1998) identifies three psychological stages that those working with refugees may experience: this included during the therapeutic contact, shortly after the contact and in the long term (p 163-167). He argues that working with severely traumatised clients has long-term consequences, and professionals need to ensure that debriefing and supervision is provided. Bor et al (2009) describe an input-output model of the sources and consequences of stress and burnout (p 277). They note the input included such factors as working with large numbers of distressed people, large caseloads and occupational risks including frequent organisational change. The output includes the 'cognitive, emotional, behavioural and physiological manifestations of stress, such as loss of concentration, memory problems, angry outbursts and frequent illness, such as chronic back pain, anxiety and depression' (Bor et al, 2009, p 277). The literature highlights the subjective component of ill health, such as fatigue, anxiety, irritability, inability to concentrate and mood disturbances. This is supported by other studies in the field of health and social welfare, particularly in services working with women who have been victims of violence (Saakvitne and Pearlman, 1996; Potoky-Tripodi, 2002; Richardson, 2001).

The literature identified a tension for frontline workers between providing caring services and appearing as indifferent bureaucrats. Lipsky (1980) states that street-level bureaucrats are 'constantly criticised for their inability to provide responsive and appropriate services' (p 27) and that services were dehumanising. He notes that there are specific conditions that characterise the public sector work environment: resources are chronically inadequate relative to the tasks workers are asked to perform; the demand for services tends to increase to meet the supply of workers; the goals and expectations for the agencies in which they work tend to be ambiguous, vague or conflicting; performance orientated toward goal achievement tends to be difficult if not impossible to measure and, finally, that clients are typically non voluntary (1980, p 27 - 8). Lipsky argues that the practice and tasks of frontline workers and street level bureaucrats were often marked by ambiguity, no clear goals, techniques or approaches (1980, p 31). In addition workers suffered from levels of stress, threats of violence, and excessive levels of scrutiny by the authorities:

A distinct characteristic of the work of street level bureaucrats is that the demand for services tends to increase to meet supply. If additional resources are made available, demand will increase to consume them (Lipsky, 1980, p 33).

Research suggests there is a constant tension for frontline workers with limited resources in human services including NGOs (Anheier, 2005, p 214). No sooner are resources allocated than the demand generally increases to further extend the resources. All of these are features of NGOs working with asylum seekers, and there are few means of regulating the inflow of service users. Researchers have suggested that differences in understanding of the goals of organisations, maintaining personal boundaries, negotiating cooperatively between staff and teams, and the rules or division of labour can also contribute to organisational stresses (Gabriel and Schwartz, 1999, p 58).

Work psychologists have been criticised for their emphasis on individual change, rather than focusing on organisational constraints. Bohle (1993) states:

Psychologists have ignored conflict of interests between workers and managers, failed to recognise power structures, and avoided questioning the structure of power and authority (p 113).

Research suggests there are six main sources of stress in the workplace: physical risk; one's role within the organisation, including conflict and ambiguity; career structure and progression; relationships at work; organisational structures, and the effects of work on one's personal relationships outside of work (Cooper, 1983). Working with refugees and asylum seekers may be stressful, particularly if they are torture and trauma survivors or suffer from mental ill health. Additional stressors in NGOs may include limited funding, and restrictions on funding programs that may in turn affect recruitment due to low pay and reliance on volunteers.

Studies have identified that staff shortages, excessive workloads and short-term employment contracts all have an impact on workers (Evans, 2006, p 75; Lloyd, King and Chenoweth, 2002; Collins, 2008). The Maslach Burnout Inventory (Maslach and Jackson, 1986 cited in Evans et al, 2006) is an instrument widely used to measure burnout and has been used in studies of health and welfare workers. In a study of mental health social workers in the U.K. Evans et al utilised this tool and found:

The main determination of the high rates of stress and emotional exhaustion appear to be in high job demand and not feeling valued for the work that you do. Other factors, such as number of hours worked, decision latitude and feelings about the way in which social work is perceived within mental health services, are also important determinants of stress and features of burnout (Evans et al, 2006, p 78)

Literature developed from a psychoanalytic perspective based on therapeutic work in mental health has explored the psychology of those who join specific organisations, and the underlying motivations for people working in the caring professions. Roberts (1994) uses psychoanalytic concepts to explore difficulties in organisations, and to gain insight into the tensions which exist in teams, with management, and which prevent human services from working effectively. She argues that much of the work of caring is to try and contain the chaos of people's lives (particularly those in health and mental health services). Frontline workers can create defences in order to avoid pain, and in some cases people may engage in splitting off certain behaviour within organisations, and project negative feelings onto others (typically management). She views organisations as systems, as containers of social anxiety and the place where we repress our fears, particularly of death. Obholzer and Roberts state there is a need for human service professionals:

to confront the powerful and primitive emotional states that underlie helping relationships (especially with people in dire need), and consider how the staff members of these organisations can function effectively without becoming chaotic or withdrawn (Obholzer and Roberts, 1994, p xiv).

This has implications for staff who may experience stress when working with asylum seekers and refugees. Organisations providing support to asylum seekers and refugees function at a number of levels, ranging from the macro (political and policy) through to the micro (the provision of direct services to individuals and families). Refugees and asylum seekers frequently talk about the high levels of paranoia they feel as a result of being watched, often preceding the migratory experience, and continuing during their claim for asylum (personal experience). Frontline workers providing support to refugees and asylum seekers often describe their own vicarious trauma, and how their own experiences start to mirror the behaviour of their clients (Van der Veer, 1998). This may then become the dominant mode of the organisation, where a culture of persecution and paranoia is developed. This has implications for the

ways in which services are delivered, the overall organisational culture and organisational stress.

Not only does the work impact on frontline workers, it poses ethical challenges for those working in settings perceived to conflict with one's professional and personal ethics. There is increasing literature examining the issues facing practitioners working in the area of mental health, particularly with asylum seekers while in detention (Coffey, 2006; Silove, 2002; Sales, 2007; Bloch and Schuster, 2005). The decision of whether or not to work with mandatory detention facilities in the provision of mental health care services poses many ethical dilemmas (Coffey, 2006). Detention facilities present a number of challenges, including the lack of clear objectives and expectations with mental health practitioners. Clinicians have raised concerns, not least the way in which the clinical relationship is compromised when working with those who are in detention and who have limited choices in their daily functioning (Silove et al, 2007).

To address the issue of vicarious trauma and reduce the stress of frontline workers in human services, a number of recommendations have been made in the literature (Bor et al, 2009; Richardson, 2001; Evans et al, 2006; Van der Veer, 1998; Potoky-Tripodi, 2002;). The first aim is to recognise and validate the implications of vicarious trauma, and the long term effects it may have. At an individual level, it has been recommended that workers practice similar anxiety techniques that they teach their clients, such as relaxation and exercise (Van der Veer, 1998; Vesti and Kastrup 1992). It is also recommended to get involved in research and other activities such as education and training, and to minimise the numbers of traumatised clients one sees in a day. Richardson (2002) also recommends the continuing development of skills and attending training in order to stay motivated and positive about the work.

There are a number of international conventions that protect the rights of workers. However, humanitarian NGOs often have an ambivalent position in relation to regulations, sometimes disregarding such protocols and relying on the goodwill of frontline workers and volunteers. The International Labour Organization (ILO) has identified five key areas of the international conventions related to work stress and made a series of recommendations that are related to occupational health and safety. These cover the general principles of special needs, occupational hazards, hazards regarding economic activity and compensation (Creighton, 1993, p 285). Creighton notes that these standards identify a number of important issues in the field of occupation health and safety:

And they do provide clear and consistent endorsement of the importance of worker participation in the formulation and implementation of policy, both at the workplace and in the broader context (1993, p 304).

Frequently organisations put considerable resources into the training and development of staff and have an investment in their ongoing commitment and productivity. Providing support and assistance to staff can be seen to contribute to this investment. It is vital that senior management endorses a culture where the expression of distress is not interpreted as personal weakness or professional inadequacy.

From an organisational perspective supervision is seen as a critical element of working with frontline workers who are exposed to trauma (Adamson, 2005; Bor et al, 2009; Richardson, 2002; Van der Veer, 1998). Based on the literature the following factors are also identified: the importance of a clearly defined job description, ensuring clear lines of accountability in the organisation, set parameters in relation to caseloads, access to regular supervision and debriefing, clarity with regard to confidentiality agreements and the importance of consultation and support from colleagues. Additionally, strategies to strengthen the organisation as a whole to reduce and prevent secondary trauma are considered essential:

Managing stress in staff of humanitarian aid organisations is an integral management priority in enabling the organisation to fulfil its field objectives, as well as necessary to protect the well being of the individual staff members, their teams and the communities they work with (Antares Foundation, 2006, p 6).

A number of guides for workers have been developed by international NGOs (i.e. Oxfam, UNHCR, Red Cross) dealing with violence and trauma who accordingly adopt these principles. These guidelines typically promote eight key principles for organisations working both internationally and nationally in the humanitarian field and include: identifying policy to mitigate the effects of stress, screening and assessing staff both to respond to and cope with stress, the preparation and training of staff in managing stress, monitoring the response to stress by staff, the provision of training and support on an ongoing basis, critical debriefing, preparation for the ending of an assignment and finally, the provision of post assignment support as required (Antares, 2006).

Conclusion

This Chapter has focused on a range of issues challenging those who work in NGOs in health and social care. It has highlighted the key debates in migration and the different policies used to 'manage' migration. The intersection of the national and international levels of control on migration and welfare pose unique dilemmas for those working in the sector. The literature review has attempted to be inclusive of a range of issues to demonstrate the complex array of influences that impinge on the day to day working of frontline workers. It reflects my interests in the field, and essentially argues that these challenges have a direct impact on the work in health and social care at all levels. The next Chapter presents the methodology and a description of the methods used to conduct this study.

Chapter 4 Methodology

Introduction

This Chapter describes the qualitative methodological approach and methods used in the study to provide an understanding of the narratives of the frontline workers. Interviews provided the best method to elicit the narratives describing the complex demands of the work from the perspective of the frontline workers in Australia and the U.K. The study required a sensitive positioning of the researcher with an understanding of the issues facing practitioners in their day to day work with asylum seekers and refugees. The Chapter identifies the qualitative methods used to examine the role of practitioners, the work they engage in and what they say about it in the context of changing and increasingly restrictive immigration policy, and the changing role of NGOs providing health and social care services. The ethical considerations of the impact of the research on those involved were considered in the choice of methods, and required a considered approach to recruitment and interviewing the participants.

Grounded theory is a method used to develop theory from data. It has continuity with social work practice as it requires attentive listening to the narratives and experiences of the participants. This research has been influenced by feminist methodology, grounded theory and thematic analysis. These approaches actively invite the researcher to question taken for granted assumptions, to explore the data with a fresh and open perspective, to check back with participants to confirm the interpretations, and develop a nuanced understanding of the issues. The way in which I interpreted and analysed the narratives produced from the interviews was generated from the 'ground up' (Strauss and Corbin, 1998) and based on my own experience from working with asylum seekers and refugees. My experience over the years as a frontline worker and supervisor in services has sensitised me to authentic, systemic patterns and themes about institutional structures, power imbalances, discrimination and the relationship between services users and frontline workers (Fook, 2007; Ife, 1997). This has been termed theoretical sensitivity (Glaser and Strauss, 1967) and refers to the personal qualities of the researcher, and the experience and knowledge they bring with them that are relevant to the area.

This Chapter is set out in three key sections; the first describes how the epistemological debates in the literature have informed the selection of the methods and tools of analysis. It identifies key challenges facing the researcher, such as the

position of insider/outsider in conducting research and the gaze of the researcher. The second section reviews the research questions, and links the theoretical literature to the development of the questions and the carrying out of the research in Australia and the U.K. It provides an overview of the methods and research design, including the process undertaken to recruit the participants and conduct the interviews. The third section focuses on the tools used to undertake the analysis of the data, and issues related to coding and the development of themes.

Section 1. Research aims and methodological framework

Methodology.

The choice of methodology informs the questions and approaches to the topic and is based on a particular epistemological understanding. Researchers in social sciences have acknowledged that 'methodology is always problematic because no rule of method can ensure a direct connection between knowledge and reality' (Ramazanoglu and Holland, 2002, p 42). Methodology in social research is concerned with procedures for making knowledge valid and authoritative (Silverman, 2004) and qualitative research offers a way of understanding the rich life experience of participants. It is the complex connection between ideas, experience and material and social realities which form the basis of all research and are so actively contested. Researchers have identified the personal experience of researchers as an important place from which to work, asserting that they should study what is meaningful for them (Plummer, 2001; Denzin, 1997). Feminist theory, along with other types of critical theory, has challenged the status quo of positivist paradigms as a starting point, and encouraged questions examining equality and justice in social research. Both of these elements have been important for me in considering methodological issues.

The challenges to positivism suggest there is no consensus as to what is valid, whether all data is worthwhile or if it even constitutes evidence. Developments in epistemological theory have opened up debates about who can be the 'knower' of 'truth', and whether 'subjective truth' can indeed become knowledge. Indeed there are, what Oakley (2000) calls, 'paradigm wars' between qualitative and quantitative research that have raged for decades, which may be seen as unhelpful and divisive. Positivism focused on the ways the social world and its underlying structures created us as objects, and sought claim to the truth. However, Stanley and Wise note:

Positivism describes social reality as objectively constituted, and so accepts that there is only one 'true' reality...Positivism sees what is studied

as an 'object'...Both as feminists and as social scientists we find each of these aspects of positivism objectionable (1983, p 113).

Feminist social research incorporated the experience of the researcher and the researched into the process, and sought to decrease the impact of methods that reduced people to 'objects' and engaged with them more as participants (Oakley, 2000, p 35). My choice of qualitative methodology is based on feminist principles that place value on listening to the unheard voices of frontline workers and that aim to describe and articulate their story in the most representative way possible. This incorporates an understanding of power in research, and seeks ways to redress any potential abuses.

Much of the methodological literature in social sciences has acknowledged the contribution of critical theory that emerged from the Frankfurt school and Chicago sociology pre- World War Two. The Frankfurt school was driven by the conviction that injustice and subjugation shaped the lived world, and theorists represented a wide range of interests drawing from the German traditions of philosophy and social thought including work by Marx, Kant, Hegel and Weber (Kincheloe and McLaren, 2000, p. 279). The Chicago school in the 1920s and 1930s has been credited with articulating the development of a '*symbolic shaping moment* in the development of a sociology of life stories' and two key studies documenting the lived experience of participants (The Polish Peasant by Thomas and Znaniecki, and The Jack Roller by Clifford Shaw) constituted a shift in thinking in the academic canon and contributed to the credibility of such studies (Plummer, 2001, p 104 – 107). This history has a strong influence on the development of theory in methodology and the importance of the 'detailed, the particular, and the experiential', along with the concern for the subjective and the objective (Plummer, 2001, p 114). It supports the aims of this particular research to identify and value the voices of the participants, who may not find a place for their voice or views on working with asylum seekers.

The qualitative methodology literature in social sciences documents a progression from before the 1990s where typologies and schema tended to consist of dichotomies such as 'qualitative versus quantitative, positivism versus humanism, positivism versus idealism, and positive-empiricist versus relativist-constructionist' (Brannick and Goghlan, 2007, p 62; see Appendix 6). Since the 1990s the impact of postmodernism has challenged these dichotomies and added a new perspective to social research. Denzin and Lincoln (2000) identify seven moments in the history of qualitative research, spanning the first traditional period that begins in the early 1900s to the present day (p 12 – 15). The traditional role of researchers was seen as presenting an

impartial 'objective' account of the 'other', and reflecting the concerns of positivist scientific paradigms. However researchers emerging from social constructionist positions (Burr, 2003), have argued that there has been an emergence of collective stories that have emerged 'up from below'. These narratives have been shown to articulate more wide ranging concerns and issues, and in particular to highlight discourses and experiences of oppression (Plummer, 2001, p 90).

Central to my research is the incorporation of the narrative and linking these to associated processes such as checking the meaning back with the participants and the use of case studies to illustrate shared experiences. Narrative approaches to social sciences have developed considerably over the past twenty years and there is a long history of research in sociology, particularly in feminist, health, criminology, family and relationships, and education (Elliott, 2005, p 5). Narrative is described as the following:

First-order narratives can be defined as the stories individuals tell about themselves and their own experiences...second order narratives are the accounts we may construct as researchers to make sense of the social world, and of other people's experiences. (Elliott, 2005, p 12 - 13)

Ellis and Bocher (2000) argue that ensuring personal narratives are incorporated into social sciences is critical to good research and note:

Life and narrative are inextricably connected. Life both anticipates telling and draws meaning from it. Narrative is both about living and part of it (p 745 - 746).

The interest in narratives is often linked to the postmodern sensibility, one that challenges grand narratives and places more emphasis on diversity and difference. It also incorporates a critical positioning of the researcher as part of the process, and the text as a document that is interpreted based on values, subject position and context.

My choice of methodology was based on a review of the literature on qualitative research methods and epistemologies, and included consideration of standpoint theories, most commonly associated with feminist methodology (Harding, 1987; Ramazanolu and Holland, 2002), and constructionist and discourse approaches (Denzin, 1998; Burr, 1998, 2003; Plummer, 2001; Chouliaraki and Fairclough, 1999). This research draws on the hermeneutic and postmodern positions that argue that there is no one dominant view of objective truth or fixed reality, and that the researcher is an integral part of the research process, embedded in its meaning (Rennie, 2000). In order to understand the meaning of the participant's experiences and highlight themes common to those working with refugees and asylum seekers in Australia and

the U.K. this research has sought to present the views of the participants whose voices are not normally taken into account, nor does their experience represent a reality that mainstream and dominant society wants to acknowledge. The choice of qualitative methodologies in this research enabled me to produce a wider understanding of the social world and generate rich, contextual and detailed data (Mason, 2002). It also required me to engage with the subjectivist position of the participants and be close to the data, in order to explore and expose the stories and dilemmas in the frontline workers' encounters with asylum seekers and refugees. Qualitative research enabled me to engage in a reflexive process to develop an understanding of individual experiences that gave meaning to their social reality.

As a practitioner who has worked in the field it was important that the research was located in my experience of the personal and political dimensions, and that these were considered in the development and conduct of the research (Denzin and Lincoln, 2000; Vidich and Lyman, 2000; Fine et al, 2000). The strength and advantage of my own professional expertise ensured that there was high quality data due to increased access to, and trust from, participants. Once I had access to participants in the NGOs I was able to establish a relationship with participants easily, and they were eager to share their experiences. Ife (1997) in his work with human rights workers suggests that social work is based on a humanist form of knowledge that 'emphasises a practice based on the centrality of human values and the need to understand another's subjective reality' (p 47). The literature from practitioners engaging in research highlights the unique contribution of this element to findings, and this reflects my experience (Orme and Shemmings, 2010). As noted throughout this research I had insight into the issues they confronted, albeit from my own experience and understanding of the field, and was sensitive to the use of power in conducting the interviews. The consideration of power and its use in social work is a core dimension of practice, and I describe the measures I took to ensure distance and objectivity further in the chapter on page 102 ff and 121 ff. These considerations and my interview skills mediated my approach to the meetings with participants and the study overall and also contributed towards the valuing of 'practice experience' (Brown, 2005) as a valid contribution to knowledge.

Feminists redefining or naming relevant areas of research have raised the question of an alternative purpose of enquiry, in addition to identifying solutions to address the problems. In particular they have argued specifically that the role of the researcher ought not to be seen as separate from the researched:

Written accounts of feminist research should locate the feminist researcher firmly within the activities of her research as an essential feature of what is 'feminist' about it (Stanley, 1990, p 12).

This approach has been extended and developed by researchers working in the areas of human rights utilising critical and emancipatory styles of interpretation. The in depth interview provides an opportunity to get close to the participant and their story. In many of the interviews participants spoke freely about their lives and how they came to be working with asylum seekers and refugees, and the types of changes that they had witnessed over the years. This disclosure required a degree of flexibility on behalf of the researcher, and is reminiscent of the life interview:

They are 'constructed'; they are topics of investigation; they bring self-consciousness and the author and subject together in the text; they have had to engage with the new technologies; they have become 'auto/biographic' and 'autoethnographic' (Plummer, 2001, p 115).

There is considerable debate in theory and practice in methodology and methods in relation to health and social care practice (Fuller and Petch, 1995; Robson, 1993; Williams, Popay and Oakley, 1999; Oakley 2000; Sheppard, 2004; Fook, 2004; Brannick and Coghlan, 2007). Many of them focus on concerns about ethics, the links between welfare research and policy, and the organisation and delivery of welfare services. Oakley (2000) illustrates her book with a wide variety of examples of how experimental ways of knowing impacts on people, particularly women, and highlights the ethical dilemmas involved in all research. Her analysis, unlike her previous work and that of some earlier feminists (Patai, 1991; Stanley and Wise, 1990), suggests that ethical practice is not necessarily more prominent or particular to qualitative research methodology. Debates about ethical methodology centre on the interests of the persons involved, and in particular, whether service users seek to gain from the research (Edwards, Oakley and Popay, 1999). They are also based on 'unalienated knowledge' and ought to account for the conditions of its own production (Stanley, 1990, p 13). In my case the research emerged from my role working in health and social care services with refugees, and this located me as a practitioner and researcher with distinct advantages, which I address further in this Chapter.

Some researchers suggest that any research with a policy focus may in some way be compromised and less trustworthy, 'tainted by advocacy, commitments, passion, or responsibilities' (Fine et al, 2000, p 124) but others dispute this, and place their subjectivity as central to the research:

We stretch toward writing that spirals around social injustice and resilience, that recognises the endurance of structures of injustice and the powerful acts of agency, that appreciates the courage and the limits of individual acts of resistance but refuses to perpetuate the fantasy that “victims” are simply powerless (Fine et al, 2000, p 125).

These are relevant issues in terms of how refugees and asylum seekers are perceived by practitioners and how they, the frontline workers, identify themselves to be in relation to their role as advocates influencing policy and research. This is often colloquially referred to as a division between the academic world and the ‘real world’ (Robson, 1993; Gray 2009), one where practitioners do not feel qualified to participate in the work of research, and another that states that researchers do not understand the daily realities of practice and policy (Fook, 2004). This tension is further heightened by academics who have raised concerns about how their work has limited application and use, and may be seen as irrelevant to practitioners in the field (Armstead, 1995). Other researchers have suggested that the split between research and practice is a false distinction, and that the reality is much more integrated in the search for evidence based practice (Brannick and Coghlan, 2007; Sheppard, 2004). All of these concerns have influenced me in the development of this research.

Researchers in health and social care have identified the organisation and delivery of welfare services as a key area of work. There have been concerns about the increase in managerialism and the impact this has on service users, particularly in social work (Parton 2008). Some academics are cautious about the debates about evidence-based practice, suggesting that some people associate this with a push towards more positivistic and measurement-based practice, one that favours case-management and identifiable (particularly quantified) outcomes rather than skills in developing human relationships (Fook, 2004; McLaughlin, 2009).

The social research literature identifies a tension between maintaining a distanced self, as noted above, and a conscious and reflexive position of the self when doing research (Hesse-Biber and Leary, 2006). Feminist positions have sought to challenge and engage the researcher with the lives of the participants whose lives they are researching (Harding, 1987). In addition the hermeneutic and postmodernist paradigms adopt a practice of hyperreflexivity that encourages a ‘reflexive deconstruction of ones own practice’ (Coghlan and Brannick, 2007, p 63).

Research has identified a deficit in research capacity by practitioners working in all areas of social services (Mills et al, 2006). Many practitioners are reluctant to engage with research, due to time constraints, a lack of confidence and concerns about credibility in the academic setting. As indicated earlier in the chapter there are advantages moving from the role of practitioner to that of a researcher in terms of gaining access to participants and having an intimate knowledge of the field of working with refugees. However, researchers have suggested that drawing on 'practice experience' has limitations as it is subjective and can lack objective verification (Buchanan, 1999; Orme and Shemmings, 2010). Also, one might have specific experience in one area, and not be familiar with the detail of different sectors or services. Researchers have reflected on the presentation of the self, and the way the internal and external dimensions of how we present to others is critical in the research process (Goffman, 1968; Plummer, 1995, 2001).

This consideration of self, of reflexivity, worked at a number of levels and I undertook a range of strategies to address these concerns and in particular to critically reflect on my role as a researcher. Firstly it was important to approach the interviews with curiosity and an open mind, and to adopt a position of neutrality. This meant really listening to the stories of the participants, and trying to leave aside my assumptions and being open to new experiences. I discuss this further on page 108 and 120 ff. Second, once the interviews were completed I engaged in careful consideration of the interviews with the participants attempting to understand the subtleties of the narratives when transcribing the interviews, and throughout the process of interpreting the data (Witchiter, 2010). I continued to read and re-read the interviews and consider the data in new and developing ways. My working with the data and making sense of the categories was a laborious and detailed activity that required ongoing critical reflection. Third I actively sought out third parties to check the work throughout the thesis. This included my use of multiple supervisors in Australia and the U.K, consultation with practitioners in the field, and with the participants involved in the research. In these discussions my role as a researcher, and my positionality as a researcher in my own area of professional expertise, was considered and debated, and demanded a process of continual reflexivity in terms of examining my background and the impact it has on the research. These processes of critical reflexivity, the ability to locate oneself and one's own influence in the situation and in relation to existing power relations, is a key dimension of this research and demanded ongoing consideration, something researchers argue underpin our understanding of expertise in 'new professionalism' (Fook, 2007, p 32). This active process has occurred throughout this research in a variety of contexts, including my use of multiple supervisors in Australia and the U.K.,

consultation with practitioners in the field, and with the participants who were involved in the research.

Key features of qualitative approaches include the acknowledgement of the researcher's point of view, disciplinary orientations and social or political position with the groups they work or identify with (Kincheloe and McLaren, 2000, p 288), and to denounce a value free approach, something we see in both hermeneutic and postmodern approaches. The notions of 'value free' research and the subject/object dichotomy of the positivist paradigm have come under scrutiny and criticism from feminist researchers (Stanley and Wise, 1983; Harding, 1987). Indeed, the role of the researcher as distant and objective has been deconstructed:

There has long been a tendency to view the self of the social science observer as a potential contaminant, something to be separated out, neutralised, minimised, standardised, and controlled (Fine et al, 2000, p. 108).

However, embedded in this debate is the issue of the power and moral reflexivity of the researcher, and in particular the importance of the researcher to 'question the values and judgements that underlie our work' (Fassin, 2008, p 341). Fraser (1989) has written extensively on the dilemmas of the activist scholar, and in particular the difficulties with integrating an activist agenda with academic work. This has been a constant theme for me throughout the research, as I negotiated a number of positions in both a political and personal context. In an interview with Naples, Fraser argues:

To paraphrase Marx, I would say the point is both to interpret and change the world. For me, in other words, it's not an either/or (Fraser and Naples, 2004, p 1106).

Important to the development of critical theory is the focus on the marginalised, those who do not have a voice, and an emphasis on pragmatism. Recent reconceptualisations have identified critical theory as being concerned with:

issues of power and justice and the ways that the economy, matters of race, class, and gender, ideologies, discourses, education, religion and other social institutions, and culturally dynamics interact to construct a social system (Kincheloe and McLaren, 2000, p 281).

I have adapted this to include the voices of participants, many of whom felt marginalised in broader political debates, and silenced in relation to speaking about the horrors and distress they faced in their work.

The hermeneutic tradition (the theory and practice of interpretation) states that there is only interpretation and that no facts or data can speak for themselves (Rosen 1987), but clearly the researcher arrives with knowledge and, to some extent, pre-conceived ideas. Giddens (1987) outlines his concept of the 'double hermeneutic', and explains that this is two way process of interpretation and influencing change:

the concepts of the social sciences are not produced about an independently constituted subject-matter, which continues regardless of what these concepts are. The 'findings' of the social sciences very often enter constitutively into the world they describe (Giddens, 1987, p 20).

This concept has been key in the development of my research as I have continually had to remind myself of the filtering processes I use in interpreting the story given by frontline workers, and that the participants' telling their story was filtered through a number of processes. In addition, the telling of the story by the participants often assisted in crystallizing ideas or articulating a position they had not been able to name.

The impact of postmodernism on considerations of methodology in the past twenty years has been significant and warrants brief comment here. In 1987 Weedon argued that feminist post-structuralism was about questioning assumptions and meaning in discourse. The strength of post-structuralism, she argued, was that researchers should be thinking in terms of transforming both the social relations of knowledge production and the type of knowledge produced. This argument has contributed to debates about the ways in which research, be they narratives or life stories, are constructed rather than simply told (Eastmond, 1998; Plummer, 2001).

Post-modernist positions question notions of truth and validity, and suggest all experience has multiple rather than a single meaning (May, 2001, p 8; Burr, 2002). Post-structuralism has a focus of challenging fixed or value free positions and argues that there is no independent truth, and that our worlds are socially constructed and interpreted through an often privileged lens of power and knowledge (Foucault, 1980; Denzin, 1992). These considerations have been important for me in the development of this research, where I share a number of affinities and a degree of personal investment that may impact on the telling of the frontline worker's story.

While the theories of postmodernism and post-structuralism have challenged ideas about truth and the so-called objectivity of research, I have been concerned about the application to the 'real world' experience of participants. In this case, frontline workers

do grapple with real barriers to working with asylum seekers and refugees. This client group is particularly disenfranchised and marginalised, in some cases homeless and destitute. Debating positions of truth and reality are not necessarily those asylum seekers and refugees or the frontline workers can engage with, however as a researcher I offer the opportunity to promote *their* version. Post-structuralism has been criticised for being seen as entirely relative and therefore not contributing to understanding any interpretation, and possibly descending into anarchy. Denzin (1998) does not agree, and notes:

Critics complain that there is no way to evaluate such work because traditional, external standards of evaluation (internal and external validity, reliability, objectivity) are not followed. This means, the argument goes, that there is no way to evaluate a good or bad poststructural, feminist text (p 336).

Those defending positions of post-structuralism argue that the charge of relativism misses the point, and that research that attempts to position itself as objective truth, often for the purposes of social control, is misleading in a world of multiple realities. This position is helpful to me, as it suggests a means of giving voice and reality to those who are liminal and marginalised. Fine et al describes the aims of deconstructing 'truth' from a poststructuralist position:

Following a poststructuralist emphasis on contradiction, heterogeneity, and multiplicity, we produced a quilt of stories and a cacophony of voices speaking to each other in dispute, dissonance, support, dialogue, contention and/or contradiction (2000, p 119).

These debates suggest that questions of how, where and why knowledge is produced contest the structures which determine how knowledge is disseminated or withheld. In this case, given the absence of frontline worker's voice in the dominant discourse of hostility and distrust of refugees, post-structuralism offers an alternative way of seeing and addressing power imbalances.

Cross-national research.

I want to now briefly consider the debates about the use of cross-national research (May, 2001, pp 204). This is defined as when:

individuals or team set out to study particular issues or phenomena in two or more countries with the express intention of comparing their manifestations in different socio-cultural settings, using the same research

instruments, either to carry out secondary analysis of national data or conduct new empirical work (Hantrais and Mangen (1996, p. 1).

There has been criticism of 'culture free' approaches, and there is an emphasis on ensuring that cross-national research is inter-disciplinary and multi-disciplinary and placed into a wider social context (Harding, 1996). One of the risks identified by researchers has been comparing 'other' systems with one's 'own'. There is a danger that the researcher's home country becomes the norm, and there is a risk of not understanding the differences and similarities. Theorists have challenged researchers for the way in which the theoretical tradition in sociology has simply exported ideas and applied them to other countries (Calderon and Piscitelli, 1990). European theorists have also been criticised for imposing an intellectual colonialism on the developing world (Denzin and Lincoln, 2000, p 11).

While the aim of this research is to highlight the similarities and differences of frontline workers in both Australia and the U.K. it is not a comparative study in the sense derived from Auguste Comte who identified an evolution of culture that was based on a collection of a priori assumptions to be tested and measured (Vidich and Lyman, 2000, p 43). The theory on comparative work has its roots in philosophy, political science and anthropological traditions; however the literature on cross-national research highlights concerns around equivalence, appropriateness, comparison and translation (May, 2001, p 217). May argues that cross-national researchers need to have an understanding of different cultures including the:

Relationship between theory and data and the power relations which exist within and between societies which affect the design, production, interpretation and dissemination of research results (2001, p 218)

Richards argues all research is essentially comparative as it identifies structures and concepts and links these to theory (2009, p 184). The role of comparison is embedded in all aspects of social everyday life, however in social research it particularly operates at the level of analysis:

We make comparisons between the influences of variables from questionnaire results, or accounts in interview transcripts, or documentary sources and field notes on observational settings. On a more general level, we compare within societies (intra-societal comparison) and between societies (inter-societal comparison) (May, 2001, p 206).

The themes emerged from the data as a result of the interviews with practitioners in Australia and the U.K. and highlighted the changing roles of NGOs providing health and social care services in the context of changing and increasingly restrictive immigration policy. It was a reflective exercise that explored the tensions in the role of frontline workers in order to make sense of the challenges they faced in their day-to-day work, and to highlight issues in common for services and practitioners. One of the benefits of contrasting Australia and the U.K. was to provide 'recognition of alternative ways of doing things and a capacity therefore to learn from the experience of others' as a key practical element of the research (Hill, 2006, p. 10). Globalisation has improved the links between countries, particularly via electronic media, in dramatic ways in the past ten years and international humanitarianism has been identified as global social policy (Castles and Loughna, 2004). Awareness of different approaches and strategies to address shared common social, political and economic issues is critical to the implementation of solutions. Blank and Burau (2007) argue that comparison can provide an understanding of the variation that exists, and 'lead to deeper questions about why it is we find certain differences and similarities' (p 219).

The methods selected for the research were done so in order to elicit reflections from frontline workers about their role and the common aspects and responses to issues pertinent to their work with asylum seekers and refugees. The contrast between Australia and the U.K. supports other researchers who have argued that cross-national comparisons can produce 'fresh, exciting insights and a deeper understanding of issues that are of central concern in different countries' (Hantrais and Mangen, 1996, p 3). Consideration of the increasing internationalisation of labour and the exchange of culture, social and economic goods and services along with the inherent interdependency of countries, including their laws and practices has contributed to the formulation and development of this research. Increasingly researchers are being asked to compare 'their' situations with those of other countries, as a way of finding solutions (Alcock and Craig, 2009).

In a paper arguing for sociologists to be concerned with forced migration as a central aspect of social transformation in the contemporary world, Castles suggests a number of methodological principles including: interdisciplinary work, a historical understanding of sending and receiving countries, the development of comparative studies, a holistic approach, an understanding of local, national, and regional patterns of social and cultural relations, the investigation of human agency of forced migrants, and finally the promotion of participatory research methods (2003, p 29 – 30). In agreement with this, I argue that cross-national projects assist in identifying gaps in knowledge, and by

suggesting new perspectives they 'can increase awareness of general trends and alternative approaches' (Castles, 2003, p 29).

However, other researchers have identified potential pitfalls of cross-national research, including concerns about the management of research, the definition of the research parameters, and issues about generalisability and equivalence of concepts (Hantrais and Mangen, 1996, p 5 – 10; Moses and Knutsen, 2007, p 95). In addition concerns are raised about the ability of the 'outsider' to look in, and assumptions about one's own country, or those of others, that are based on a 'shared culture or shared value consensus' (May, 1993, p 163). It is argued however that these challenges exist throughout all qualitative research, and sensitivity in relation to these issues make for strong and relevant research. A concern identified by researchers is that the volume of research produced exceeds its application, and that mechanisms need to be in place to facilitate the implementation of good practice and findings as a result of research undertaken (Hughes et al, 2000). Linked to this is the related ethical and moral issue emerging from researchers in the field of refugee studies: the question about the extent to which research makes a difference to the lives of the people subjected to forced migration (Jacobsen and Landau, 2003, p 185). I return to these questions further in the chapter and conclusion.

Methods.

This research draws on a range of methods, including what have become called oral traditions, such as oral history (Gluck and Patai, 1991; Thompson, 1978), interviews (Silverman, 2000, 2001) and verbal arts (Plummer, 2001). I use qualitative methods, predominantly in-depth interviews with participants and adopt a narrative approach in the interviews to enable them to talk about their experiences and to explore the meaning of their work. However I also draw on ethnographic approaches (Denzin, 1997; Eastmond, 2000) and use a number of qualitative research methods for the analysis, including grounded theory (Glaser and Strauss, 1967; Rennie, 2000), narrative approaches (Hinchman and Hinchman, 1997; Elliot, 2005; Plummer, 2001), and thematic analysis (Braun and Clarke, 2006). I want to briefly highlight key features of these methods before moving on to examine how I utilised them.

My choice of the interview as my preferred method for gaining information was based on wanting to obtain depth from the participants' narrative and to explore sensitive issues that would not readily be available by other methods (Flick, 1998; Hesse-Biber and Leavy, 2006). Researchers have noted how interviews are particularly important

for the collection of data based on emotions, experiences and feelings, sensitive issues and privileged information (Denscombe, 1998, p. 111). Oakley (1981) was one of the first feminist researchers to document the importance of in depth interviews, and to explore the relationship between the enquirer and the subject. Interviewing techniques require sensitivity and reflexivity on behalf of the interviewer, and a willingness to be receptive to the participants' world-view (Hess-Biber and Leavy, 2006; Ellis and Bochner, 2000).

Being an active listener in interviews requires a preparedness to engage with the material in the interview, and academics have debated how relevant the experience of the researcher is to this process. Addressing power imbalances in the interviews by minimising difference has been a strategy of researchers to obtain more intimate knowledge, however this position is controversial. This vantage point of insider/outsider with regard to power dynamics in interviews has been well documented in ethnographic literature (Hesse-Biber and Leary, 2004; Eastmond, 2000); the feminist literature (Gluck and Patai, 1991; Ramazanoglu and Holland, 2002) and qualitative research in general (Miller and Glassner, 2004; Brannick and Coghlan, 2007).

I have lived out of Australia for over eight years and for the duration of some of the most critical changes in immigration policy and legislation, and indeed in public opinion. This, I believe, gives me an ability to be an insider and an outsider in Australia and the U.K. and requires a degree of reflexivity: this has been defined in two ways as methodological and epistemic:

Epistemic reflexivity focuses on researchers' belief system and is a process for analyzing and challenging metatheoretical assumptions. Methodological reflexivity is concerned with the monitoring of the behavioural impact on the research setting as a result of carrying out the research (Brannick and Coghlan, 2007, p 60).

Researchers engaged in cross-national research note that the choice of research methodology is often pragmatic, partly dictated by the ease of access to knowledge of two systems (Etzioni-Halevy, 1990). This position reflected my experience and is a strength of the research, as it provides both an insider view, but also an outside perspective (Harding, 1989). Ethnographic literature has focused on the issue of participation and the tension between being a 'participant' and 'observer' and being both inside and outside the systems of the research area (Wright, 1994; Miller and Glassner, 2004). In conducting this research, I have been mindful of my role of having

worked in the 'system', compared with now as a student and academic sitting outside of it, viewing it from a different political and organisational stance.

It is not a neutral position but contains a challenging contradictory dimension of both enabling the participant to talk openly and adopting an open and receptive position as a listener. There is a tension between not automatically aligning with the participant and at the same time wanting to be seen as empathetic and 'one of them', and as a researcher I sought to hold both positions. Researchers have written about this dilemma, and have embraced it as part of reflexive qualitative research (Fontana and Frey, 1998; Denzin, 1998). These are ethical decisions as they influence how successful, or not, one is as a researcher in obtaining the trust and cooperation of participants:

Because the goal of unstructured interviewing is understanding, it becomes paramount for the researcher to establish rapport. He or she must be able to put him- or herself in the role of the respondents and attempt to see the situation from their perspective, rather than impose the world of academia and preconceptions upon them (Fontana and Frey, 1998, p 60).

In addition to these considerations I hold a borderline position of being both an insider and outsider at a number of levels of my subject identity. This may be in relation to my status as a citizen in Australia and a resident the U.K., having worked in the field with refugees and asylum seekers in both countries, as an academic, as a practitioner, and as a student. All of these different positions locate me as both an outsider and insider, and have been a key focus of reflection, doubt and discussion throughout this research.

Ethnography is a method favoured by anthropologists and other social scientists that have sought to understand and develop an analysis of culture and the reasons why people behave in particular ways. The literal meaning is 'writing culture':

Ethnographers "go inside" the social worlds of the inhabitants of their research setting, "hanging out" and observing and recording the ongoing social life of its members by providing "thick descriptions" (Geertz, 1973) of the social context and the everyday lives of people who inhabit these worlds (Hesse-Biber and Leary, 2006, p 230).

Ethnography has been helpful in analysing and understanding organisations and organisational cultures. Wright notes 'once human behaviour is seen as symbolic action, the important question is, what is being said by the different people involved,

and why?' (1994, p 23). Ethnographers have identified the processes of both creating the data and interpreting it as integral to reflexivity, and to 'co-constructing a world' with those interviewed (Davies, 1999, p 8).

Oral history is essential to emancipatory social sciences, and is utilised by a number of multi-disciplinary researchers, many of whom have sought to promote the views of the marginalised 'other' (Thompson, 1978; Gluck and Patai, 1991). It is also recognised as providing insights into the experiences and subjectivity of the participant:

The spontaneous exchange within an interview offers possibilities of freedom and flexibility for researchers and narrators alike (Anderson and Jack, 1991, p 11).

Oral history is seen as a method that captures the 'uniqueness, as well as the representativeness, of every life story' (Thompson, 1978, p 129). This seems particularly relevant when working with frontline workers who are working with refugees and asylum seekers, where a significant part of the work is about the experience of dislocation and the importance of memory.

Analysis and representation:

Grounded theory developed in the late 1960s (Glaser and Strauss, 1967) and refers to a form of content analysis that generates theory from the data in which that theory is grounded. Glaser argues that grounded theory is a detailed grounding by systematically and intensively:

Analysing data, often sentence by sentence, or phrase by phrase of the filed note, interview, or other document; by 'constant comparison', data are extensively collected and coded (Glaser in Strauss, 1987, p 22).

This study draws on a grounded theory approach, in that it theorises out of the data, rather than imposing a 'top down' approach with a proposition about the research topic. Grounded theory is a popular type of strategy and it requires knowledge on behalf of the researcher of the subject area:

The goal is to produce theories out of the data rather than from some ad hoc prior conceptualization: it involves an intimate, first hand acquaintance with the empirical world (Plummer, 2001, p 164).

This approach emphasises a continuous interaction between the collecting and coding of data, utilising memos to record ideas and links between key themes, and diagrammatic representations of the data (Miles and Huberman, 1994). Researchers have argued that it is important that empirical observations are linked to a theoretical

framework in forced migration that reflects its roots in philosophy, political science and anthropological traditions (Mahoney, 2007, p 124). This can be done with the use of case studies to provide vignettes to illustrate collective experiences. Glaser and Strauss write:

In the case studies, one analyses similarities and differences to establish empirical generalisations and variations and to verify and generate theory (1967, p 184).

Inductive logic initially generates data, and this is then used to develop themes and ideas relevant to key topics and:

compared against itself in a deductive way in order to produce theoretical frameworks. Therefore, one does not begin with a hypothesis. Rather, the research begins with an area of study and what is relevant to the area is then allowed to emerge (Kumer et al, 2001, p 600).

Some theorists have argued that grounded theory method is hermeneutical as it is reliant on the interpretation of another person's experience, given that a 'person's experience is external to another person' (Rennie, 2000, p 484). I discuss these issues further when I look at how I analysed the data in the next section.

Building on grounded theory, I use a narrative approach to understand the perspectives of the frontline workers. Research on interviews that utilises respondents' narratives as data highlight how they are flexible and responsive to the participants' perspective:

Thus they are more sensitive and responsive to interviewees' viewpoints than other interviews in which concrete topics and the way these should be treated are pre-structured very much by the questions that are asked (Flick, 1998, p 112).

Researchers working with a narrative approach note how the focus of studies of the lives of the narrators, based on their experience, is a shared production with social scientists (Manning and Cullum-Swan, 1998, p 250). This process of checking meaning both during and after the interviews is an important part of the research, and highlights the interconnectivity of the researcher and the participant, something I found helpful in conducting this research.

Thematic analysis is another approach to analysing qualitative data, and has been identified by academics as flexible and accessible (Braun and Clarke, 2006). Some

academics have argued that discourse analysis is linked to thematic analysis, and that both build on the constructionist paradigm that is more prevalent in social psychology. A discourse is defined as 'a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events' (Burr, 2003, p 64). Discourse analysis in turn has developed from diverse social science and linguistic academic disciplines and has been identified as both a theory and a method:

As a method for analysing social practices with particular regard to their discourse moments within the linking of the theoretical and practical concerns and public spheres...where the ways of analysing 'operationalise' – make practical – theoretical constructions of discourse in (late modern) social life, and the analyses contribute to the development and elaboration of these theoretical constructions (Chouliaraki and Fairclough, 1999, p 16).

Thematic analysis is defined as a method 'for identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke, 2007, p 79) and it can be based on analytic material and established prior to the collection of data, with specific research questions. However, like grounded theory, it can follow an inductive approach whereby coding is done on the basis of the research data collected and not on a pre-existing analytic framework. In my research I use thematic analysis at a latent level to develop key themes to assist me to engage with the interview material, and take the descriptions further to interpretations:

The latent level goes beyond the semantic content of the data, and starts to identify or examine the underlying ideas, assumptions and conceptualisations – and ideologies – that are theorized as shaping or informing the semantic content of the data (Braun and Clarke, 2007, p 84).

In this way I will seek to theorise the sociocultural, political and structural conditions that inform the frontline worker's perceptions of their work, and tease out the meanings within their narratives.

Academics critical of qualitative methodology have highlighted a number of methodological tensions in the oral traditions (Silverman, 2000, p 9 – 11; Oakley, 2000). In particular they question the reliability and validity of the data, the role of comparison and generalisation of the data and the relevance of the application of the findings. Some researchers are critical of the collection and analysis of texts as compared to intensive fieldwork on social processes; and suggest there is a risk of reducing all activity to a digestible 'sound bite'. The questions of 'who researches and

on whom?' (Finnegan, 1992, p. 26), how research is constructed and how the power dynamics are managed are critical questions in social research and debates in methods and methodology. These questions raise a number of concerns, in particular whether advancing knowledge for its own sake is itself a value-laden claim. Key questions for me in establishing the proposal for this research are: will the people who participate in the research gain anything from the research and will this research enhance their position or assist in their understanding of the complexities of their daily work with asylum seekers or refugees?

This overview of the theoretical issues and literature provides the background for moving forward to address the research questions and the methods used in this study.

Section 2. Conducting the research: Data collection.

The study paradigm emerged from a convergence of two key areas based on my own experience of working in the health and social care field with refugees and asylum seekers and bearing witness to the workloads of frontline workers due to rapid policy change. In addition to this, after a review of the literature, I realised the views of frontline workers were an under researched area and that these views needed to be explored subjectively. One of my motivations for utilising a qualitative approach in this research was to focus on the experience and narratives of frontline workers rather than examining quantitative outputs or throughputs of services and NGOs. This research required an understanding of the micro-level practice issues with the macro-level structures of health and social care and the interface with immigration:

Ethnographic and cultural studies approaches may find that change is experienced at the local and personal levels, yet they need to be linked to broader analyses of institutions and structures (Castles, 2003, p. 22).

One of the main fields of enquiry was to encourage reflection of ones role in the larger organisational, national and international context, and consider the impact of policy on the day to day work with asylum seekers and refugees. Academics have urged researchers to consider their own role in the construction, implementation and dissemination of the results of the interviews with participants:

The narrative rises or falls on its capacity to provoke readers to broaden their horizons, reflect critically on their own experience, enter empathically into worlds of experience different from their own, and actively engage in dialogue regarding the social and moral implications of the different perspectives and standpoints encountered (Ellis and Bocher, 2000, p. 748).

One of the aims of this research was to understand how social policies can be improved and that there is a focus on improving conditions for practitioners and services for refugees and asylum seekers.

Research design

Based on my experience and the initial literature review I identified that there was a lack of literature with a focus on the experience of frontline practitioners working with refugees and asylum seekers. I chose in-depth interviews with participants as a meaningful way of eliciting information and to draw on the lived experience of people involved. The common themes that feature in narrative accounts in research reflect an interest in people's lives and experiences and an appreciation of the temporal nature of that experience. Narrative approaches aim to empower research participants and encourage them to contribute to determining the most salient themes in an area of research. They also promote an interest in process and change over time along with an interest in the self and representations of the self, including awareness that the researcher is also a narrator (Elliot, 2005, p 6). All of these dimensions form part of the research design and provided me with a framework within which I could consider my own role as a reflexive researcher.

I interviewed thirty practitioners who worked in the U.K. and Australia from refugee health and social welfare NGOs. There are different academic views about the sample size and number of interviews necessary to obtain data that meets saturation, which is the point that no new information or themes are observed in the data. Qualitative researchers argue the validity of qualitative analysis depends more on the quality of the analysis than it does on the size of the sample (Glaser and Strauss, 1967; Huberman and Miles, 1994; Silverman, 2000). A recent study suggests that saturation occurs within the first twelve interviews, although the basic elements for metathemes can be identified in the first six interviews (Guest, Bunce and Johnson, 2006, p 59). The process of purposive and strategic sampling enables us to choose a case because it highlights a feature or demonstrates a process that is of interest to us:

Many qualitative researchers employ...purposive, and not random, sampling methods. They seek out groups, settings and individuals where...the processes being studied are most likely to occur (Denzin and Lincoln, 1994, p 202).

Doing fifteen interviews in each country provides a good representation of the key elements identified in the typology of organisations and the representation of

participants. The reasons for this decision are based on my personal experience of working in services and the need to include a sample of frontline workers in both Australia and U.K. that represented a range of views. I was particularly interested in the ethos, organisational culture and policy of non-governmental services and how this intersected with government policy. I wanted to include participants who had a reputation for quality and diverse service provision including individual casework and group work with adults and children, and community development projects with refugees with specialist and general needs. Finally I wanted access to experienced staff who would be able to give both a historical and nuanced view of services that play a role in influencing and responding to government policy.

In keeping with the focus on frontline workers in this research I wanted to interview practitioners rather than managers or policy makers. I was interested in the ways in which practitioners adopt and adapt to policy and how they manage the changes imposed upon them consistent with best practice. I recruited staff on the basis of an equitable mix of gender, over two years of work experience working with refugees, professional background including a range of clinical and community development skills, and ethnicity reflecting the organisations' staff and service user profile. The demographic details of participants are provided in a table in Appendix 7 and a description of the services they work for is in Appendix 8.

My previous experience in Australia and the U.K. working with a range of health and social care organisations enabled me to have access to research participants, and a familiarity with the culture, systems, and practices. Working in the U.K. and in Australia in the field of refugees and asylum also provided me with access to services, and the ability to share a common ideological understanding. This enabled me to do the fieldwork in both countries with relative ease, drawing on networks, contacting services and providing direct contact for participants. It also meant I could relate to the subtleties of language and the nuances in the fieldwork, a definite advantage when conducting cross-national research.

As an Australian citizen and resident in the U.K. I have had the privileged vantage point of both insider and outsider, and the ability to be able to cross over and between cultures and locations. Oyen notes that comparative and cross-national research would not take place if it were not for existing networks and funding of the researcher (1990, p.15). She argues that a strategy for doing research across countries demands resources in terms of time, money and personnel, such that most researchers will not be able to afford to do it. In my case, I was fortunate in being able to access practical

resources such as University based supports including computers and recorders, along with family and friends for accommodation and transport, to facilitate this research. One challenging aspect of the cross-national research was co-ordinating the interviews and paying for transport costs. This included regular trips to London, and when in Australia, visiting many organisations across the city of Melbourne. As noted above, I was extremely fortunate in being able to base myself at La Trobe University, and to have the networks in place to facilitate the research.

Pre-interview

Prior to starting the fieldwork, I undertook a literature review, and this informed the methodology. Researchers have identified that there are a number of key issues one needs to prepare for prior to starting the fieldwork and these are essentially being familiar with theoretical issues, the ethnographic area and reference books (Finnegan, 1992; Strauss and Corbin, 1998; Hart, 1998; Silverman, 2000). Once the topic was defined and the methodology decided, the first priority was to seek ethical approval from the University of Kent.

I sought Ethics approval from the University of Kent (see Appendix 9) and in the proposal I argued that there were limited risks posed in this research. The most important element of risk was confidentiality and protecting the identity of the participants who were interviewed. As I did not interview refugees or clients of the services, the ethical risks did not impact on them. However, if participants did refer to clients, their identity is protected. It is important that the participants retain anonymity when a number of agencies in each country were used as there is widespread recognition within the sectors in both Australia and the U.K.

Once successful I forwarded the Ethics approval to the services where frontline practitioners I hoped to interview in Australia and the U.K. worked. Many researchers acknowledge how time consuming and potentially fraught it is contacting prospective participants (Hart and Bond, 1995, p 51). In this research I had great success in finding people who were willing, and in many cases very keen, to tell their story to someone interested who would listen. However, there were a couple of cases where organisations refused my invitation to interview frontline workers (see Appendix 14 for correspondence). Despite a number of emails, phone calls, offers to meet with managers or staff and links with colleagues (both in the U.K. and Australia), I was flatly refused. I suggest that this might indicate a reluctance to have certain views expressed in the public domain. A smaller NGO I approached declined to participate on the grounds that they were so understaffed they could not afford the time. The

written response suggested that the worker was overwhelmed, and possibly burnt out and that the organisation had difficulty putting the work into a broader context. The circumstances of the work and the increasing hardships faced by asylum seekers are difficult and may arouse distress in workers, and this response suggests a culture of 'saving' others. This theme was evident in the literature on the provision of welfare services.

In another case (Asylum and Refugee Resource, U.K.) a manager told me that I was unable to meet the team. My persistence over six months resulted in being able to attend a staff meeting to explain my research and invite them to participate. As a result three people responded to this invitation and I was able to interview them. It was via another personal contact in the same organisation that I was able to interview three additional participants from another section of the organisation. One participant suggested that the team manager might have felt threatened by the content of the interviews, and the impact the work was having on the team with little organisational support. Some NGOs are protective of staff and certain views, particularly in challenging political times. Despite my reassurances of confidentiality, some of the organisations appeared reluctant to have an outsider witness or comment on issues that may have jeopardised staff or perhaps their position in the broader sector.

In both Australia and the U.K. I negotiated a time scale that would enable me to meet with as many participants as possible. The preparation in Australia included the negotiation of a secondary supervisor Professor Sandy Gifford to assist with the research design, establishing contacts and to provide me with a base at the Refugee Health Research Centre at La Trobe University when in Australia. This relationship facilitated contacts with Australian organisations, and enabled me to have trusted access to services that may have been suspicious of an 'outsider'. It also provided me with an opportunity to meet with other research-active staff and students when based in Melbourne.

The literature highlights the practical and ethical challenges of gaining access to participants (Mason, 2002, p 142) and negotiating access into organisations (Bryman, 1988). In this research the technique known as "snowball sampling" was used, with initial contacts providing access to other people in their networks (Minichiello et al, 1995, p 161). Initially I contacted a number of managers and frontline workers in key organisations and outlined my research and aims, and enquired whether they knew of people who would like to participate. One of the advantages of recruitment to the research was that I had worked in the field of refugees and asylum for many years, and

the contacts I had made assisted me in finding people who were willing to be interviewed. Overall participants were keen to participate in the interviews, and some expressed explicitly that they felt their views were often not taken into account, and they appreciated the opportunity to speak about the issues relevant to them.

I immediately sent out letters of invitation (Appendix 10), and began to negotiate and arrange locations and times for the interviews. This is a time consuming dimension of the research, and one complicated by working cross-nationally. It is important to maintain the balance of invitation and not harass potential participants, however this balance requires sensitivity given time constraints and work limitations. Once participants agreed, a letter was sent to each person directly clearly outlining the aims of the research, the methods and why I was interested in interviewing them about their perceptions of their work and overall environment. I sent copies of the consent form to all participants, and used this as an introduction for the interview (Appendix 11). I gave people the option to meet where it suited them, which the literature states as having benefits for the participants in terms of empowerment (Smith and Hope, 1992). The interviews were held at a variety of settings and in some cases at the location of participant's work, which was most convenient for them. One of the advantages of meeting on location was that I was able to see the place of work and to engage in participant observation. Seeing the work environment, how refugees and asylum seekers were greeted into the organisation, the actual working location, and how the participant interacted with other staff members and service users contributed to the quality of the interviews and a more rich understanding of the demands of the work. Providing participants with the option of an alternate setting was aimed at ensuring their confidentiality and neutrality, however in some cases, such as in cafes, it also provided a more relaxed and informal environment to speak about the issues and their work. A final point is in relation to the costs of the research and the remuneration of participants. It was not possible to pay people for their participation in the research however, I was able to negotiate with organisations that the participants could do the interview in work time.

A key point in the pre-interview stage was the participant being provided with full details of the researcher if they would like to make contact. Additionally, the consent form covered the release of information for publication. I agreed with all participants that I would notify them of completion and would send a summary of the research, or a full copy if they requested it.

The Interviews

The participants were provided with the prompts for the interviews prior to meeting, and this provided an introduction, along with the consent forms. The interviews focused on the frontline worker' views of recent changes in immigration and the perceived restriction of policy and challenged them to consider the impact on their practice and attitudes. The questions invited participants to reflect on to what extent they felt complicit in the implementation of policy, or that they were able to resist changes that compromised them ethically or morally. These were framed as dilemmas and opportunities, and participants were encouraged to respond in a spontaneous manner.

The consent form raises the issue of the limitations of confidentiality, and that if any information is disclosed which may pose a risk to the participant, another adult or child, or identify criminal activity, then this will be reported to the appropriate authority. If sensitive material emerged in the course of the interview, then I as the researcher would identify an appropriate source of referral for the participant. If it were appropriate, I could offer or arrange a debriefing interview. I explained at the outset that if the interviewee did not want to continue the interview, or for some reason became distressed, the interview would be immediately terminated. If it were possible to re-negotiate the interview I would attempt to do so. If not, the participants' wishes were respected and if consent were withdrawn the material would not be included in the research. This did not occur in the research. The consent form also provides participants with clear directions if they need to complain about any aspect of the research to contact my supervisor Dr Charles Watters. Any complaints made would be responded to in person if appropriate and in a written response. In the case of this research, no need for debriefing was identified and no complaints were made.

The consent form has been identified as a 'contradictory base of the institutionalisation of research' (Fine et al, 2000, p113) that can inhibit openness between the researcher and the participant, and be signed off without truly understanding their meaning. Fine et al (2000) argue there is a contradiction with the consent form 'stripping us [the researcher] of our illusions of friendship' (p 113), and for the participant a slight unease about losing control of their story. In my case I began the interviews with the participants with discussion of the consent form as a 'way in', and as an introduction to the study, where I was from and what I was doing. Interestingly, I did feel uncomfortable and almost embarrassed at asking for their consent. This notion of ownership and perhaps the intimacy of having control of the information they were about to give me did on occasion make me feel uncomfortable. In some cases participants used this as an opportunity to ask questions about the research, which

alleviated my embarrassment and enabled us to identify and focus on the key areas for discussion.

The interviews were conducted in a semi-structured manner and I started by introducing myself, and the aim of the study. All participants were provided with a copy of the questions (Appendix 12) and encouraged to interpret the question as much as they chose to. The semi-structured interviews enabled me to identify particular themes but provide flexibility and allow the participants to contribute their ideas and interpretations (Denscombe, 1998, p. 113; Minichiello et al, 1995). The questions centred on key themes in the work, how the work was perceived, and how they perceived the challenges. Initially I interviewed six participants in order to see how they responded to the questions, and whether I needed to add or change any prompts. I asked the participants what they thought of the questions, and as a result made some minor changes. My style was quite informal, and I tended to ask the question as a prompt and not qualify it unless participants appeared not sure how to answer, or sought clarification. In some cases frontline workers were very eager to speak and pre-empted some of the questions. In other cases they were reflective and took their time to discuss the question, and approach it from a number of angles. The questions were open-ended (Flick, 1998) and required an active listening style on my part (Anderson and Jack, 1991).

One of the dilemmas for me was the extent to which I ought to be adopting a 'neutral' stance, which is advocated in more traditional social sciences, and remaining open and not aligned with a particular political agenda. I was conscious of negotiating this insider/outsider position, particularly if I did not know the person, and found myself positioning myself as a worker with refugees and asylum seekers, and being explicit about my commitment to social justice and human rights. The literature highlighted this identification as an important feature of working with refugees, and that given the high levels of suspicion and doubt towards asylum seekers and refugees it is important to declare one's position (Jones, 1998; Jacobsen and Landau, 2003). I also felt this declaration was important so the participant could trust me and speak openly, however it also was about asserting my identity through my attitudes and values (Fuller and Petch, 1995; Sheppard, 2004; Hesse-Biber and Leavy, 2006, p 141).

Throughout the research I acknowledged the issues of power imbalances in conducting the interviews, and sought to address these by clarifying ideas with participants, and acknowledging their experience and value. The literature identifies a number of issues facing researchers conducting interviews, including the importance of sensitivity to the

feelings of the participants, an ability to tolerate silences, being adept at using prompts and probes, and being attentive to non-verbal language (Denscombe, 1998, p. 124; Smith and Hope, 1992, p. 83). My professional background as a social worker prepared me for conducting interviews and working with a diverse client group. I also have experience of managing large and diverse teams of people, and felt confident in my ability to ensure the interviews were done in a relaxed manner, sensitive to the participants' needs.

I aimed to involve the participants as active in the research, and did not treat them as a subject or an informant, but as part of a collaborative and shared project. Nonetheless power dimensions still existed, and I was conscious of my privileged position as part of the University and as a researcher. Participants were often explicit in the interviews about their hopes that I could do something useful with my findings and that they might influence policy and practice. In reflecting on power dynamics researchers have commented on how power is a two way process and participants can exploit in a positive way the interview process:

They recognised that we could take their stories, their concerns, and their worries to audiences, policy makers, and the public in ways that they themselves could not, because they would not be listened to (Fine et al, 2000, p. 115).

This was evident in a number of the interviews, and suggested a trust in the process and confidence in their role to make a contribution towards influencing the outcomes.

One of the key issues identified by researchers for analysing qualitative data is the comparing and contrasting of different groups and the dilemma of equivalence and generalisability (Elliot, 2005; p 22; Porter, 2007; Ramazanoglu and Holland, 2002, p 13). Of interest in this research is the extent to which the results of the study are generalisable to other countries and the value of trans-national research as part of a larger international system (Kohn, 1989). Many academics argue that the problem has no perfect solution in cross-national research, but that:

the search for minimization must lie in the comparison of countries in which the cultural contexts surrounding the 'something' to be compared are as similar as possible (Etzioni-Halevy 1990).

In this particular research, comparing and contrasting practitioners in Australia and the U.K. highlighted both their similar and different responses to policy. The research is located in the context of a particular historical and policy position (Australia and the

U.K.), with frontline workers in NGOs who provide support to asylum seekers and refugees. I suggest that the observations of their experience located in the dominant discourses are generalisable to other countries. The trans-national aspect of this research is located within an international subject area where asylum is advocated as a human right and is located within the legal instruments of the Conventions of the United Nations. How this is interpreted in practice however, is due to various national legal constraints and it is these that impact on the role of the frontline worker and their agency to affect change.

Similar to debates about equivalence, the validity of qualitative methodology, and narrative approaches in particular, are often questioned by social scientists (Lather, 1993). Ellis and Bocher (2000) argue that language is not transparent and there is no single standard of truth telling and question the foundation of validity. They ask whether research generates 'a feeling that the experience described is lifelike, believable and possible' and whether it 'offers a way to improve the lives of participants and readers or even your own' (Ellis and Bocher, 2000, p 751). The process of reflexivity and consultation with supervisors and participants ensured that I kept close to the material, and that I was able to discern its validity.

Debates about the ownership of interviews and dissemination of data have been raised in the literature (Vidich and Lyman, 2000; Fine et al, 2000) along with the process of sharing the data and information with participants (Armstead, 1995). Researchers and practitioners have often raised concerns about people being exploited in the search for knowledge, and not credited for their participation. Finnegan highlights an example where African anthropologists protested at a conference about how their villages had been studied, and the researchers had never even sent them a copy of 'their' books (Finnegan, 1992, p 216).

The topic of dissemination was raised with the frontline workers at the beginning of the interviews. I discussed with the participants and with my supervisor the best way to feed back the material to the interviewees. As noted above, I agreed to stay in contact with participants, and give them the option of having a copy of the full document, or a summary of the findings. Researchers have argued that alternatives need to be found for specialist books which are unlikely to be read, and to ensure that PhDs are fed back to the participants in the research:

These might include more popular publications (including anthologies) directed largely to non-specialist readers and/or amateur researchers; modestly-produced and circulated booklets, including those for school use,

perhaps in collaboration with local publishers and institutions; jointly authored works in various media (Finnegan, 1992, p 232).

I wrote letters and emails to all participants who were interviewed, providing them with my contact details in case they wanted to contact me. I have remained in contact with many of the participants, and in some cases have developed friendships with them over time, in both Australia and the U.K. I believe that the trust and intimacy of the interviews contributed to the development of these relationships, and have deepened my understanding of the work in NGOs. I have also sought to argue my findings clearly without the use of technical language and jargon, identifying the key issues that emerged from the themes in the interviews, and by incorporating in the conclusion a section that examines the implications for frontline workers and service delivery. I aim to publish papers in a variety of journals and disseminate results via conference papers.

The interviews lasted on average two hours. I used a small digital recorder for all of the interviews and took notes. The equipment was relatively non-intrusive, and worked effectively. In two cases I made mistakes with the equipment and it didn't record all of the interviews. Once I realised this, I approached the participants, and in one case I requested we do an abbreviated version of it again, and in the other I drew from my extensive field notes.

Section 3. Analysis

The process of interpreting the interviews and analysing qualitative data has been noted to be complex and in the past it often lacked transparency (Huberman and Miles, 1994, 1998). This has changed considerably, with a plethora of textbooks promoting a wide variety of strategies and techniques for writing up qualitative research. However, researchers suggest that the often-contradictory nature of data and the role of the researcher in interpreting the material are often absent from the finished product of research:

But anyone who has engaged in fieldwork knows better; no matter how organized the researcher may be, he or she slowly becomes buried under a growing mountain of field notes, transcripts, newspaper clippings and tape recordings (Fontana and Frey, 1998, p 69).

My role in this process was to make sense of the data, and begin to order it to code for key themes. In order to do this I used the computer software called Nvivo and drew on the methods of grounded theory and thematic analysis.

Post Interview

Approximately one week after I conducted an interview I wrote a letter to the participant to thank them for the interview (Appendix 13), and offering to provide them with a summary, or full copy of the research, as we had discussed in the interview. Only two of the participants requested a copy of the transcribed interview.

One of the first aspects of managing the data is to transcribe the interviews, and actually generate the data. Richards (2009) notes that 'Making qualitative data is ridiculously easy' (p 33), however the art is in the interpretation (Denzin, 2000). All of the interviews were transcribed into hard copies, and this generated hundreds of pages of data. Listening in detail to the spoken word and having an understanding of the nuances of the language is a valuable aspect of understanding the text and data (Flick, 1998, p 175; Anderson and Jack, 1991). It is also a *meaning-making partnership* between the interviewer and the participant (Hesse-Biber and Leavy, 2006, p 128). The literature on transcribing interviews presents different views on the correcting or representation of the spelling and the full words used by the participant. The nuances of language can have political implications:

Thus spoken forms transcribed into writing can look 'illiterate' and consequently be both offensive to the speakers and give a misleading impression of their intelligence or verbal skill (one reason for the common advice to omit 'uh's and false starts') (Finnegan, 1992, p 230).

I included most of the language that reflected the thinking of the participant; however I did correct repetitions or language when I judged it to be in keeping with the flow of the discussion. I anonymised the data, including changing names, locations and any identifying material. In some cases this was quite problematic, as many of the NGOs have similar names and are also recognisable to those working in the field.

Using computer software; Coding and analysing the data

I used Nvivo to assist in the process of managing the data. The literature warns of the risks of generating considerable amounts of qualitative data, particularly from interviews (Richards, 2009; Huberman and Miles, 1998). The initial process involved transferring all thirty interviews of the word documents to the Nvivo software. Even this process contributes to the theory building, as one remains close to the data, and the noting of themes, patterns and ideas.

The literature in grounded theory suggests the identification of a coding pattern and the seeking out of 'metacodes' in the data (Glaser, 1978; Miles and Huberman, 1994, p 69). Initially I coded six interviews (three from Australia and three from the U.K.) in order to get familiar with the system, and to identify the key themes. I coded according to key themes that emerged in the interviews as repeated patterns. On the basis of establishing a framework with which to allocate the material, I coded the remaining interviews. The tree nodes were allocated into key themes and within these sub-categories emerged, highlighting more detailed information. I coded these into the following areas:

1. Key issues facing asylum seekers and refugees (18 sub categories)
2. Role of front line workers (work practices) (27 sub categories)
3. Dilemmas (opportunities and constraints) (10 sub categories)
4. Government policy (15 sub categories)
5. Mood of the Australian and U.K. people (8 sub categories)
6. Politicisation/political context (13 sub categories)
7. Case studies (specific narratives from case work)
8. Methodological issues

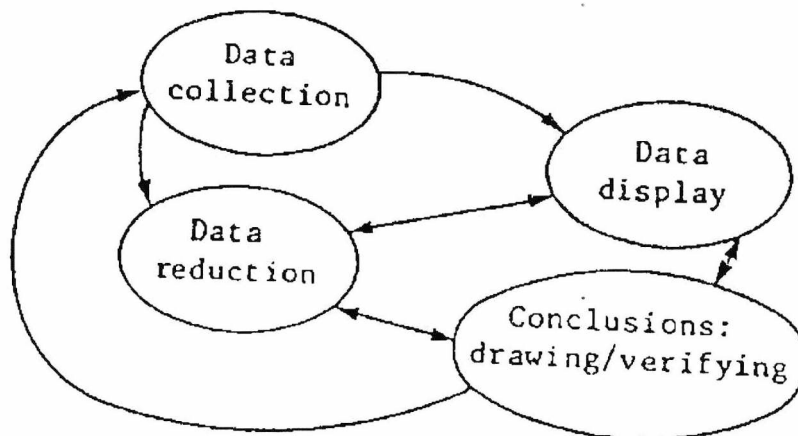
This process requires a continuous interaction between the coding of the data, and recording memoranda (memos) documenting ideas about the codes, the interrelations between the codes and the data more generally. Glaser and Strauss (1967) identified theoretical coding for analysing data that have been collected to develop grounded theory. The literature notes that sometimes hundreds of codes can result in this process and in this research I generated seventy categories in the free nodes (Strauss and Corbin, 1990; Flick, 1998, p 180). I attach a sample of these in Appendix 15. I sought to identify the concepts that were contained in the data, and develop these into categories that were meaningful in terms of the key issues the participants were naming. Once I had these categories, I returned to the text and reviewed and refined them.

The transcripts were carefully scrutinised, and I carefully read and re-read the text to seek out the context of the themes. I examined these categories and found a combination of repeated references, along with areas and issues that pointed to a new focus of enquiry. I wanted to keep the focus on the qualitative material and not get drawn to where particular headings were generating the most references. While repeated references were interesting and formed patterns in terms of behaviour or issues across categories (such as Australia, or the U.K., gender or ethnicity), I did not

wish to present this information as quantitative data. The fact that participants raised one issue frequently did not necessarily mean that it was more pervasive or important (Elliot, 2005, p 22). The context of the data was taken into consideration as to why it was seen to be a key issue, and the fact that some issues were not being raised pointed to an area warranting further investigation. This research highlights issues in the narratives offered by participants, and is not representative in quantitative terms.

Content analysis and interpretation

The process of analysing the data can be illustrated by the following diagram from Huberman and Miles (1998, p 181). This highlights how the checking of the data is an ongoing movement between the dimensions of data collection, display, reduction and conclusions. By continually referring to the data, reviewing the coded material and cross referencing any outstanding elements of the data, I was able to distil the key themes and material in order to start structuring the findings.



(Huberman and Miles, 1998, p 181).

As a result of this process I developed a number of templates and used these to examine the interviews with the aim of identifying meaningful units. This assisted me to highlight a matrix, where I identified categories looking at practice, organisational and policy issues that I described as micro, meso and macro levels. Miles and Huberman (1994) identify four main dimensions of pattern coding: themes, causes/explanations, relationships between people, and more theoretical constructs. These begin with 'hunches' and progress to themes as a result of comparing them with the emerging data. The search and retrieval of text in Nvivo is a helpful dimension of the software, enabling easy access to material which is recorded under each heading and theme. In addition to this function I used the practice of memoing to link and

develop ideas about the data through coding, patterning and clustering. Glaser (1978) describes a memo as:

...the theorising write-up of ideas about codes and their relationships as they strike the analyst while coding...It can be a sentence, a paragraph or few pages...it exhausts the analyst's momentary ideation based on data with perhaps a little conceptual elaboration (cited in Miles and Huberman, 1994, p 83 – 84).

Richards and Richards (1998) argue that the code-and-retrieve method is part of theory building and the challenge is to 'adapt it to ways of recording, linking, exploring, testing and building cumulatively on the insights derived from data' (p 216). However, the literature does point out some risks of coding, and that with the use of software, these are increasingly common (Richards, 2009, p 109). It is easy to generate codes and to become sidetracked from the main story of the research. In the case of this research process, there were many interesting and potentially new dimensions of the research that could have developed from the interviews. My task was to identify the key themes which stemmed broadly from the interviews, and which I named as two main dimensions for exploration. The first dimension identified the key issues facing refugees and asylum seekers in both Australia and the U.K., and in turn how these impacted on the role of frontline workers. The second dimension identified the key issues facing frontline workers; their practice (including what they described as the tasks, role and function of their work), their organisations, and the policy that determined their work. This also extended to the effect that the work had on them as individuals.

In Power point and NVivo I developed a number of models, also called graphic mapping (to try and clarify the flow of the material, so that I could understand the categorisation of the data. These enabled me to consolidate ideas, develop different ways of seeing the data, explore possible relationships between the data, and illustrate the relationships between the key issue and factors influencing it, as stated by the participant. Richards (2009, p 184) notes that the use of matrixes can be helpful as a way of identifying patterns, spurring further enquiry and exploring the links between different variables and factors. I set out a table differentiating the Australian and the U.K. responses in order to see what might be registering in all of the categories as key issues.

I returned to the literature and my own experience to check against the areas of the data that had been coded and categorised using the grounded theory approach described above. Drawing on the tensions in the literature from both the migration and the health and social care literature, I was able to refine and make sense of the findings in terms of broader frameworks of social theory. After reducing the data, verifying the conclusions, and checking back with the literature, I was able to write up the findings and analysis, and continue to make links between the data and the theory.

Comments on generalisability and validity.

The literature in qualitative methodology has noted ongoing concerns about generalisability and validity (Denzin, 1998; Denzin 2000; Mason, 2002). Silverman proposes four different answers to the question of obtaining generalisability within qualitative research studies:

- Combining qualitative research with quantitative research measures of populations;
- Purposive sampling guided by time and resources;
- Theoretical sampling, and
- Using an analytical model which assumes that generalisability is present in the existence of any case (p 234).

In this research I used purposive and theoretical sampling methods and also the constant comparison method which suggests that generalisability is present. I therefore argue that my findings are generalisable to similar settings where frontline workers work with refugees and asylum seekers including statutory services and a variety of non-government or third sector services.

I briefly want to mention the way validity was addressed in this study. There are a number of ways to interpret validity of research, and many of these are based on the methodological approach. Feminists have contested what is valid knowledge, and argued for the inclusion of women's perspectives to what has been seen as an academic cannon that has excluded women:

Feminists have had to contest what counts as reliable knowledge (in the sense of representing reality), and how (or whether) such knowledge can be achieved (Ramazanoglu and Holland, 2002, p 13).

In this research I have interpreted validity as staying close to the data and the stories that the frontline workers have told me. I have tried to avoid conceptual closure and the use of 'true accounts' as a way of reducing the narratives. Throughout the

research I have sought to check the research against a variety of measures of validity that provide rigour such as ethics and accessibility. Pawson et al (2003) established a set of criteria to measure rigour in health and social care research that was helpful; these included transparency, accuracy, purposivity, utility, propriety, accessibility and specificity to measure. I used my research diary and field notes to explore contradictions and potential negative cases, and where possible confer with participants, colleagues in the field, academics, peers, supervisors and co-supervisors. These strategies support research that suggests a recursive, process-orientated view of validity in addition to transactional and transformational validity (Cho and Trent, 2006). Transactional validity aims to engage in processes where the researcher is able to check the meaning of the work with participants to ensure an accurate reflection of reality. Transformational validity refers to the process that emphasises a high degree of self-reflexivity and aims 'to change the researchers' relationships with the researched' (Cho and Trent, 2006, p 325). My engagement with the research was not a conscious attempt to engage in transformational activity; however it did require considerable reflexivity, and an attempt to engage with the most pertinent issues affecting frontline workers. The importance of validity in qualitative research is to ensure that issues previously hidden or ignored are given priority and that they make sense to practitioners and researchers who can influence change and inform action (Porter, 2007).

Conclusion:

This chapter has described many of the challenging issues that are present in qualitative research. It has sought to describe the processes taken in developing the research and making them as transparent as possible. I have presented the study within the context of the wider epistemological and methodological debates, and provided a rationale for my choice of research paradigms and frameworks. I have also sought to illustrate the process I used to analyse the data that shaped the format for the presentation of the findings. This was not without challenges and difficulties, in particular in relation to recruitment, considerations of power in the interviews, and analysis. However I shall leave my comments about the research design to the concluding Chapter at the end of the thesis.

It is a commitment and an obligation to use the material gained in social research in a sensitive way that respects human dignity, promotes understanding and change to people's lives. The value of spoken word and the sharing of thoughts and feelings with a researcher is a privilege, and one not to be taken for granted. However Jacobsen

and Landau state succinctly an issue that has remained pertinent for me throughout this research:

Social scientists whose research focuses on humanitarian or forced migration issues are both plagued by and attracted to the idea that their work be relevant. Many of us want to believe that research and teaching will contribute to the theoretical understanding of the world while actually helping the millions of people caught up in humanitarian disasters and complex emergencies (2003, p 185).

The choice of methodology and methods in this research aimed to do this, and mirror good practice in health and social care practice more generally. Narrative approaches illustrate the complexity of identity and subject positions, and reflexivity promotes active questioning of power of my role as the researcher in the research process and analysis of data.

Key to critical and postmodernist theory in qualitative research is the belief that there is only interpretation, and that there is no definitive truth. Indeed:

In the social sciences there is only interpretation. Nothing speaks for itself (Denzin, 1998, p 313).

Interpretation, however, is historically and culturally situated, and it is important for researchers to identify and name their affiliations and values and how they impact on their work. There is an increasing obligation on researchers to locate themselves in the research, to be overt about what they include and exclude from their research, the ethical dilemmas and what the intentions for the work may be. It is this hyperreflexivity that is both a strength and challenge of actually conducting and writing up this research. I have sought to do this by presenting the stories of the frontline workers and the real challenges they face, while aiming to 'give back' in some way to those who participated in the research.

Chapter 5 Findings Part 1.

An assessment of the Field: Key issues facing asylum seekers and refugees as identified by frontline workers.

Introduction.

This chapter identifies the key issues currently facing asylum seekers and refugees from the frontline workers' perspective. The interviews with participants generated considerable data and wide ranging views exploring the key areas for discussion. The rich data represented the perceptions of professional practitioners over years of working with refugees and asylum seekers. This perspective provides the context of the daily reality facing frontline workers, and the types of issues they faced on a regular basis. The findings are the result of asking participants to reflect on the most pertinent issues. This chapter presents the key issues facing asylum seekers and refugees and includes the following: asylum procedures, health care (including mental health), racism, gender, settlement and human rights.

1. Asylum procedures

The major issue facing asylum seekers and refugees that participants raised was the process of claiming asylum being protracted, confusing and inconsistent. Participants claimed that the actual process for people claiming asylum had a major impact on refugee and asylum seekers' health and well-being. They noted how in both Australia and the U.K. people who were claiming asylum were prevented from working and became dependent on a system which provided them with minimum support such as housing and food, limited access to education and health care, as well as rigid systems of reporting to immigration services, and in some cases, the police. This section outlines some of the key themes resulting from asylum procedures including systemic problems, destitution, detention, removals, and the inconsistency of international protection.

Systemic problems

In Australia from early in 2000 many people were incarcerated in detention centres, with limited access to support and legal advice. In the U.K people were 'dispersed' into areas of Britain with which they were unfamiliar, and where they may not have had any community support. Participants in this study frequently referred to the lack of legal representation in the preparation, delivery and review of asylum seekers' cases. The confusing process, extended timing, detention, voluntary and forced return and destitution were identified as being some of the most difficult issues of working with

refugees and asylum seekers. These issues remained constant concerns throughout the thesis, and were interwoven into all of the participants' narratives in both Australia and the U.K. Cassuis describes his view:

I guess the ongoing issue for asylum seekers in the community is their uncertainty. So you have often very vulnerable people arriving to Australia, very unsure of their future so they're in a bit of a limbo situation, not being able to start a new life and settle, not knowing whether they'll have a future here or what the outcome of their request to stay is...It's a very complex system, the refugee determination appeal review process and it can be protracted and the system is further being changed by changes of minister and governments and policies and so on but it's... it can be very confusing and puzzling for people not used to how Australia works. It's actually confusing and puzzling for those people very knowledgeable and working in the sector. (International Safety, Aus).

Participants described how the systems changed regularly, and keeping up with the continual legislative amendments, new Bills and Acts, was stressful and left those applying for asylum in a precarious position. In Australia Gadiel notes:

There are new guidelines, and as long as someone puts in their initial protection visa application, six months, previously it could take years, that's good that has improved although it has meant some people don't have time, and things get pushed through. (Safe House, Aus.).

Another participant from Australia describes her view in the context of the delayed processing of asylum claims:

And then there's, you know, the social factors, because they are living in poverty, reliant on charities, you know, that just is demoralising, they've got no reason to get up in the morning. So, you know, change of policy would be a number one, you know, faster processing, you know, detention as a last resort, faster processing of... of clients' claims, fairer processing of clients' claims. (Myesha, AS Multi-agency, Aus).

The same issues were reflected in the U.K. In the U.K. frontline workers were critical of what they perceived was a hardening of the Border Agency culture, and an increasingly punitive approach:

He said... John Reid [Home Secretary] said we are going to make an environment where people leave our country voluntarily. What does it mean? You need to create an inhuman environment for people who

escape persecution or financial hardship whatsoever to simply say fine, let's go back to my country of origin, for example Iran or I am going to prison for 6 months or a year or 2 years or whatever and be treated inhumanly. But at least they are not kicking me out, they are not, you know, crushing my dignity every single second. Do you know what I mean? This is the politics of immigration policy in this country. This is the way they see it (Aaron, Assist 4, U.K.).

Destitution

Destitution was cited as a major issue facing asylum seekers and refugees. Destitution included poverty, with poor housing or restricted access to housing, hot water, heating, and food. It also included a lack of employment, or poorly paid work, with high health and safety risks. The lack of work rights prevented people from working legally to support themselves or their families. Frontline workers acknowledged that destitution as a form of government policy deliberately excluded people from the community. By eliminating forms of support for adults and families, they became homeless, hungry and often sick. Frontline workers in the U.K. noted that as there was a very limited humanitarian programme they worked predominantly with asylum seekers. They perceived that the changes to legislation and the restriction to both welfare and employment led directly to destitution:

The other thing is obviously, the change in asylum legislation and issues of destitution, and community members in my experience are taking on other people who are destitute and taking them into their own homes. And again, some of the people that I work with have very severe mental health issues that are not diagnosed or picked up, and the situation has obviously worsened by the asylum process. The fact that there is a lot of literature available about the length of the process, and the decision making, which impacts, and has a huge effect, and there have been lots of examples of learned helplessness and how that has impacted on people's ability to move forward (Aaron, Assist, U.K.).

I suppose the main thing that concerns me, and others in the field, is destitution and the impact that destitution has on individuals and families' well being (Drew, Wellbeing, U.K.).

Frontline workers were aware of people exploiting asylum seekers and forcing them to live in inhumane conditions:

For example I had a few clients in different Section 4 accommodation complaining about not having any hot water given this winter, no heater, and they used to boil water and use it to wash their clothes, wash themselves. Sometimes they used to borrow hot water from their neighbours because there was no electricity during December... When I was complaining about this service with colleagues they said oh they're just lying. They never fix it (Austin, Assist Team 1, U.K.).

Not only was it demoralising for asylum seekers, but also for the staff working with them, as Deepa in Australia describes:

The model that the Department of Immigration has imposed on us doesn't necessarily relate to the reality that we're working with, you know, the accommodation issue has put a lot of pressure on... on the whole consortium so, you know, maybe when someone arrives they're staying in a house in a location that they don't particularly want to be in but we've ended up having to say well look could you just sit tight for 6 months and that places a lot of pressure, you know, for every time you go and see someone they're saying well we don't really want to live here. OK we'll wait 6 months but I really don't want to live here. It's... It's not... you know, I know, they know that it's not assisting their settlement. (Deepa, On Arrival, Aus.).

Some participants had differing views as to whether the changes in legislation restricting access to housing and benefits had in fact been an effective policy in terms of reducing the number of people applying for asylum. Some participants observed that destitution was an effective form of public policy, making life unbearable and providing a disincentive to seek asylum in the U.K. Hanna notes this viewpoint:

I think if you were a conspiracy theorist you could... you can imagine that there's some sort of controller who said OK in this last 5 years we are going to phase out refugees and I think that's been a very successful project in the UK. So every area which could be tightened up has been tightened up (Hanna, Assist 3, U.K.).

The majority of participants argued that destitution as a policy of deterrence did not work and only generated hardship and inhumane conditions for asylum seekers. When reflecting on the main problems facing those seeking asylum many participants linked destitution and homelessness to concerns about access to health care:

Destitution is the major thing in the UK, people without status or whether they are homeless, at any stage really that is a major one. Then I think housing, poor standards, it's not universal but in some cases. Then health problems, particularly difficulties about access to care, one of the major problems is the confusion that exists about the court case which actually confirmed that people who had been refused should be able to access health care without charge. That isn't happening (Ali, Caring for Health, U.K.).

Destitution was seen as very demoralising for people who were challenging the refusal of their application for asylum. In the U.K. people were 'dispersed' into often remote and hostile areas, and compelled to take up Section 4 support until they were deported. Leonie states how dispersal acted as a means of disconnecting people from communities and family in the U.K.:

I would say when the end of the process is reached and clients become destitute and also Section 4 support is extremely problematic. It's very minimal and I think the kind of support is degrading in some ways, the way that it's giving supermarket vouchers and then you can't decide just to have the vouchers, you have to have the accommodation, it's all just a ploy to make sure the government don't have to give away anything because... and also the dispersal techniques that they use so they'll disperse a client to somewhere where it has no contacts, so knows no one and often they end up coming back and that means that the government is not actually giving them any support at all. And also that dispersal they don't really care about if you've got family connections or if you've got a partner in London or... They still disperse so that's quite horrible when they split up families. You can appeal... I mean you can try to persuade them but... yeah (Leonie, Assist 2, U.K.).

Many frontline workers described their own distress at going to work to find homeless people sleeping outside their agencies. A frontline worker conveyed the sense of hopelessness of working in the frontline, and not being able to adequately support service users:

Also the policy of making conditions within the UK really harsh to deter people simply doesn't work from my experience. We, a few years ago, had what was called Section 55. It was a piece of legislation that went through that has since sort of been repealed in a way sort of by default and it didn't stop anybody coming in but all we had was rows and rows of homeless

people. We had to work through that. We had to deal with that. We'd leave the office every day and there would be people sleeping in our doorway and all up the street. It was horrible and it didn't stop anybody coming because the government need to realise that a lot of people coming from conditions even if they're not so called genuine asylum seekers they're coming from conditions so abject that no matter how hard it is over here it's better so I just don't think that's a policy that works (George, Assist 1, U.K.).

Richard observed how asylum seekers released from detention in Australia were often left homeless and destitute.

I took one client to the Centre... 2 clients actually. They freshly came out from detention centre. I took them to one of the resource centre here in Melbourne because they didn't have any place to stay. So they were living... sleeping in the park. (Richard, Ed for All, Aus).

Frontline workers raised concerns about the alienation that asylum seekers experienced when they were remote from any form of meaningful community life:

Asylum seekers are so distanced from the community in the sense that there is no place for them. Yeah, I mean I'd almost say no, but that's out of lack of... they really do live a parallel life. We're not being in the work place, not being allowed to volunteer, not being... not having the money to engage in social activity. Where do you find a place? They're in living in destitution, in almost a parallel world here, you know, without access points into... And that's the other, you know, really awful thing, that limbo, not having identity, not having place, not having... for extended periods of time it's no wonder we see the levels of physical and mental health issues (Charlotte, Safe house, Aus).

In tackling some of the economic issues facing developed countries, there has been a campaign in both Australia and the U.K. to extend work rights to asylum seekers. Many participants argued that the media and a dominant public discourse promoted a view that suggested asylum seekers obtained extensive government support:

We've got millions of people who... thousands of people who are well educated, who are trained as doctors and nurses, as plumber, as electrician, those let's say experts which our country need most come down here but they don't care, they don't say a word about it. What they tell people and say OK look these people come and apply for benefit and then

they don't say how much benefit, how much support they'll receive per day. Asylum seekers receive between £25 and £41 depending on their ages. OK? £46 per week. £46 is even about 80% of the basic income support any British citizen can apply for. It's about £59-something, £60 per week for someone who is off work, unemployed person but people get about £40. OK? So it's about £20 less, so it's 1/3. But this newspaper says hundreds of pounds are paid every day... every week are paid to asylum seeker. This is the picture they give to the public (Aaron, Assist 4, U.K.).

Many frontline workers advocated enabling people to work, and for asylum seekers to have independence and dignity:

And if they've come here to work then let them work. We've got enough people of our own that don't want to work. Do you know what I mean? They seem to think... people say oh they're scroungers and all the rest of it. You know, is that unique to asylum seekers and refugees? I don't think so. You know, is that a new phenomenon that we don't have in the UK and now suddenly we have it. I don't think so. You know? It's... It's not the case. So...(Penelope, Care, U.K.).

In Australia participants spoke about a skills audit conducted by a group of NGOs, with surprising results:

The government has just increased their skilled migration programme significantly during the last budget and yet we have 3,000 asylum seekers here, 70% of whom have skills on the skilled migration list, 45% who have skills on the skills in demand list. Now to not offer those people the opportunity to work and contribute to Australia while they're here does not make sense (Charlotte, Safe House, Aus).

Frequently frontline workers described the impact of the withdrawal of work rights for people who apply for asylum after having lived in the U.K. This enforced destitution appeared impractical when the person applying for asylum was capable of supporting him/herself and his/her family. Aaron described one example:

This morning I had a client coming from south, about 100+ mile just to apply for support. This client has been here for 5/6 years as an engineer yet he was forced to apply for asylum... He was working and had a wife and got 2 kids so immediately after he applies for asylum they took away his right to work. Now he is destitute after 5 years of paying taxes and other stuff and now he has to apply for support at £55 per week and you look at it

and he said I don't need your support, just let me get out and do my work (Aaron, Assist 4, U.K.).

Many frontline workers described the high skill levels of many people seeking asylum and their motivation to work in specific areas, including the caring professions in the U.K.:

And what they don't recognise is that some of the people... a lot of the people that we've got coming in are very clever. They're very clever people. If they were that poor and that uneducated they'd never get here. The people that are coming and the people that manage to have the, you know, tenacity to borrow money or have the money or their parents are able to... And I had 2 ladies once and they came and they said... I said oh what would you like to do? They said We'd like to be care people that look after the elderly and I'm like what? So I said look after the elderly? They said yeah, you know, like you do in... I said no we shove them in homes. Do you know what I mean? We don't look after our elderly. Don't be ridiculous. You know, they'd come from a culture where they do and they said we'd like to do that and... And then the last I heard of them they were doing their NVQ's and of course they'd been snapped up, you know? But I said whoever got them must have thought this was the icing on the cake. And when you think of how many people work... you know, of migrants and that who work in that sort of environment...(Penelope, Care, U.K.).

U.K. policy did not officially restrict entry to those claiming asylum, although with increasing numbers of external controls including U.K. immigration officials in France, and airlines requiring valid documentation and carriers liability, in addition to the expansion of EU borders, it has become increasingly more difficult to enter without a visa. Participants noted that many asylum seekers had travelled through Europe to arrive in the U.K., and many officials appeared to move those wanting to claim asylum on to the next border. One participant reflected on the changes in the ten years that she had been working with asylum seekers and refugees in the U.K.:

I suppose the main issue's is tightening up of sort of immigration laws and procedures which I think, you know, is reflected across Europe, you know, I'm speaking with a lot of agencies that work across Europe is tightening up borders and I think the difficulty then... when I've been working with asylum seekers and refugees now 10 years and in that time... and how that's changed and got tougher for anybody seeking asylum, from day one of

entering the UK through the process and just really the very negative climate, I think, that people find themselves in and I think people's... refugees... refugees seeking asylum, I think the majority of them their expectations are that their human rights would be respected, they won't be homeless or destitute, that they will get a positive decision and probably will stay in the UK until such time as they feel it is right for them to return, whenever that time is. And I think the reality of the immigration whole system is so totally different from peoples' expectations and I think that's... that's very... that's very difficult and I think it takes a long time to come to terms with that if people actually do come to terms with that negativity (Bessie, Asylum Europe, U.K.).

Participants noted how changes in the political landscape marked by dramatic events such as 9/11 and the bombings in London impacted on attitudes towards asylum seekers and refugees. There was increased pressure on governments to increase surveillance of public spaces and to ensure potentially dangerous people were not able to enter the country. This however had an impact on those seeking safety and protection in Australia and the U.K. from war and persecution in their own country. Drew commented on this:

The other thing is obviously, the change in asylum legislation and issues of destitution, and community members in my experience are taking on other people who are destitute and taking them into their own homes. And again, some of the people that I work with have very severe mental health issues that are not diagnosed or picked up, and the situation has obviously worsened by the asylum process. The fact that there is a lot of literature available about the length of the process, and the decision making, which impacts, and has a huge effect, and there have been lots of examples of learned helplessness and how that has impacted on people's ability to move forward. There is a move again towards assimilation in Britain, but like most of Europe I think this is an issue tied in to the 9/11 and July bombings, and the level of suspicion it placed on communities, such as the Somali communities, and they have faced a lot of criticism and discrimination, as a result of that, based on fear to do with terrorism. And the same with the Ethiopian community, and the fact that I think two of the people picked up in relation to the July bombings in London were Ethiopian. Again impacted in the media, and in practice that the connotation is that all Ethiopians are terrorists. I think that an awful lot is going on. And then there are all the settlement issues to do with forced migration, housing,

again the shortage of public housing in the UK, having had quite high economic status in their country of origin and coming here and being unemployed and doing manual labour. And I think all of these issues are impacting on individuals (Drew, Wellbeing, U.K.).

Detention

In Australia detention policy became a major political, social and economic issue in the sector from the late 1990's and was controversial and divisive issue internationally. The participants described how the policy of detaining people claiming asylum aroused strong feelings and debate between those working with asylum seekers and refugees and the general community. Between 2000 and 2007 most of the offshore arrivals were people fleeing from the war in Iraq and the Taliban in Afghanistan where foreign troops (both Australian and U.K.) were engaged in active combat. While detention was also used in the U.K., it tended to be used to facilitate returns rather than used as an arrival facility. The majority of participants in this research from the U.K. had little experience of detention, although some had worked with children released from detention centres. This is, therefore, reflected in the narratives of the participants.

The policy of detention raised many issues for frontline workers who were often philosophically opposed the use of detention centres. The issue raised internal debates within services in both the U.K. and Australia. Some frontline workers argued it was important to have access to detainees in detention, whereas others opposed providing services on the basis of being professionally compromised. One described the ethical dilemma he faced when he provided counselling for detainees:

So it was a combination of things, the desperation of the people, the manifest unfairness of the determination process, the fact that these people were virtually untreatable often, so I felt kind of useless, and also exploited by the system because I was seen to be, I was serving a certain function for them, I was going in and they could say 'we have a clinical psychologist coming in and making sure everyone is ok', and I was even taken into the management unit where people placed in these rooms were for essentially punitive purposes, they would say it was for management purposes and asked to be seen there, and I was being completely co-opted into various forms of brutality, so that was very ethically challenging (Ghazi, Refugee Community Support, Aus).

The implementation of detention as a significant immigration policy in Australia was described as very challenging by those working in refugee services. In Australia it became the dominant policy of the Howard Government for holding and processing all so called illegal entrants, including those arriving from offshore or onshore with invalid visas. The frontline workers spoke with bewilderment about detention and the impact it had on all involved, and importantly, how this policy became accepted by the general public. Khadijah commented:

I mean I think like there is a dilemma associated with detention centres and children in detention and how long people are in detention and that Australians can go about their daily lives and be OK about that, like that's what's really surprising, that people that are involved in the policies and the decision making level think that that's OK (Education for All, Aus).

Some observed, however, that there was resistance from some of the public who mobilised to provide support to the asylum seekers in a variety of ways:

I came at the worst of times 2000, and shortly in 2001, after the Government introduced Operation Relex, where they were actively pushing boats back. One went down and 250 people drowned, we had a Senate Enquiry which had inconclusive results about how much the Government actually knew, what the Government knew was an overloaded unsafe boat on the high seas, it appears that no-one followed it up. One of our clients here, a woman who died last year of cancer, she was a survivor from that boat, so we all knew about it intimately. In 2000, I met people who came out of Woomera, the first or second buses that came into Melbourne. We have got to remember and to document there is a huge movement in Australia, numerically we have never had the power to change government, but we are stubborn dissidents! That is why they hate us so; we won't give up or won't give away. It has grown, it is a little less strong now, because the government is taking away some of the key triggers (Parveen, AS Multi-agency, Aus).

The opposition to detention was evident in the interviews from participants in both Australia and the U.K. and many raised human rights concerns about the practices that were occurring inside the centres:

The other thing is this sort of like almost against human rights of people in detention. You know, we class ourselves as being, you know, quite fair and judicial system that we operate in the UK. That's fine as long as you're not a terrorist or you happen to be an asylum seeker or... because I mean once

you're detained you tend to have very few legal rights with no sort of reason or length of detention being determined (Bessie, Asylum Europe, U.K.).

In the majority of cases those detained did not have valid papers or travel documents. All of the participants in this research from Australia raised concerns about the impact of detention on people claiming asylum, and the abuse of human rights that took place in these centres in remote areas out of the public gaze:

But we should look at the journey of what has happened in detention, it is much more clinical and sterile. It is tidied up so you don't have the gross brutality. See in 2003/4 the treatment for people who were suicidal was to put them in a body belt, with handcuffs to the belt, helmet for the head, they would plastic cuff the feet, and put them in an isolation room what is called the Management Unit in Baxter. They put a helmet on because the only thing the person could do in that situation was bang their head against a wall. That was to stop them. If they refused to eat, they would turn up the air conditioning up, because if you are hungry you get cold anyway, and they would turn the air conditioning up so that was the way they could punish them to get them to eat. And they did this for 18 months (Parveen AS Multi-Agency, Aus).

Frontline workers were routinely exposed to the asylum seekers' testimony of their experience in detention and described this as having a profound impact on their work practices and sense of efficacy. They reflected on how it had impacted on their emotional well being as well as their political conscience. This issue will be addressed further in this chapter (on page 174) when participants reflected on the personal impact of the work with asylum seekers and refugees and how it affected them as workers.

Services in Australia responded in a variety of different ways to the issue of detention. In some cases they refused to work with government who they saw as responsible for building detention centres, employing private security services to operate them and implementing punitive legislation. However, others tried to engage with government, and to work in partnership. One of the issues raised by participants was the isolation of Australia, and how Government was seen not to be working with a broader international protection system, including NGOs. Gadiel described his reaction, and that of his service, to detention:

Well, detention. How we view our work in a similar construct. If you talk to other agencies in Australia, which you know is such a cocoon; we are so out of touch. We try to be connected to what is happening internationally, with UNHCR, the EU, everyone talks about reception, and how people are

received, but in Australia we don't do that. There is a hotchpotch of stuff that happens in the community. We talk about, there is broad reception work, and within that, there is a policy response to detention, bridging visas, there are not a lot of groups involved in this area. It is very reactive sector here in Australia...detention, there was no kind of entry point about it, it was slowly introduced, and same thing four years later for the bridging visas regime, motivated, it all kind of hit in 1999 when the numbers soared and everything became a kind of detention response (Safe House, Aus.).

One of the participants had personal experience of being in detention. He described what that experience was like, and how that became the drive for him to go into further education to work with asylum seekers and refugees. He described how it felt to be locked up and under continual surveillance:

It is a hell. It's real close and it's all around like the detention centre as well like because it's got over 75 video cameras, electric fences and 2 fences in between, 24 hours locked up, in the compound. Detainees weren't allowed to visit sometimes depending on the mood of the... the general manager. Regularly a few people got bashed, isolated and the isolation is very bad for them affected their mental state really badly. So most of them got put into the mental hospital in South Australia. Some of them weren't allowed. And some of them weren't allowed to be taken to any medical services because of their state, based on their right to work. If you are good you will be taken outside. If they are not... you fight for your rights in there (Richard, previously a detainee, Education for All, Aus).

Many of the participants in Australia and the U.K. frequently raised concerns about children living in detention centres, and how it took considerable international pressure from the Human Rights and Equal Opportunity Commission (HEREOC now called the Australian Human Rights Commission) and UNHCR to influence Government policy in order to release children from detention centres. It was, however, seen by many participants in this research to be long overdue. Parveen comments on the attitude to children:

They got children out of detention in October last year (2005), that was something even the hardened 'lock 'em up brigade' felt a little bit queasy about, when they saw kiddies with their fingers in the bars. So that relieved one trigger (Parveen, AS Multi-agency, Aus.).

Concerns about detention have become increasingly prominent in the U.K, and particularly in relation to the position of children, as Ali stated:

Detention, that is a major issue. And again, the reservation on detaining children has been removed by the UK government, they say they will remove it, but I haven't seen a significant change. But I think that will come (Ali, Caring for Health U.K.).

Many of the frontline workers in Australia had contact with asylum seekers both in detention and also once they were released into the community. They were often critical about the lack of management of their release. Mohammed described how asylum seekers released from detention were essentially 'dumped' in a suburb in Melbourne:

I know in the past when they have released people from detention, they have quite literally dumped them, and I have been present when they have been bussed in from other detention centres to a Church hall or something, and in some cases guys would be given one nights accommodation in a hotel and that's it. I've heard stories of people being pushed off a bus in the suburbs. But in this case, and it was late last year, and I think the Department was a little more responsive to the public gaze, they put him in a hotel (Mohammed, RCS, Aus).

Many participants linked the decline in mental health of asylum seekers directly to their experience of detention, and claimed that if they hadn't had mental health issues prior to arrival, they certainly did after being detained. One noted 'long-term detention equals [poor] mental health problems' (Gadiel, International Safety, Aus).

Removals

Over the course of this research the policy of removals, like detention, gained momentum in both Australia and the U.K. and many of the participants had grave concerns for the human rights of asylum seekers. Participants in the U.K. frequently raised concerns about removal of those who had failed their application for asylum. The U.K. Government regularly raised targets for the removal of people who were not eligible to stay in the country, by increasing resources for both voluntary and forced removals. Many of the participants spoke about their ambivalence about the policy which on the one hand allowed people to stay in the country and raised false expectations of a continued stay, and simultaneously excluded them from services and employment. However, they noted how many people were not able to return to their

country of origin for fears of their safety, or that the country was not a safe 'country of return':

The second thing is massively increasing [the numbers of] the people that... the removals. Because it used to be that people could sort of hang around. You know, once people came out of the... like say sort of 7 years ago once people were out of the system, that was it, so they were just then a sort of person who was out of the system and they could just hang around and make their way and hospitals and schools would ask, you know, there would be... not no questions asked but there would be less questions asked and there would be a low... low risk of removal. Whereas now it's much more of a reality that somebody who is outside of the system, not that they'll get removed but they'll have massive problems accessing housing, accessing health, accessing education, much more difficult to work illegally. So all those areas like illegal working, the imposition of, you know, making employers look for illegal workers, making health workers not give... not provide health services, that's a major thing, not giving any access to housing, all of that and, you know, destitution is the main one I think that is driving people out, stepping up voluntary return (Hanna, Assist 4, U.K.).

In some cases frontline workers were being asked by their services to start to prepare people to return 'home'. Many participants argued that it was not their role, and they did not want to jeopardise their relationships with the service users, and that this would conflate their role with that of Immigration:

... you know, at the moment we're doing the immigration department a great favour, we're chilling people out, we're trying to keep... and they're hoping that we're going... and they keep asking for care plans, you know, how are you going get this person ready to go? I'm sorry it's not my job. My job is not to get someone ready to go. And don't you read the reports we write? The only thing that's going to make them well again is to get safe (Myesha, AS Multi-agency, Aus).

Another noted similar concerns in the U.K.:

You know, it's also IOM's targets to get people on planes but it's not my organisation's or my team's job to get people to go on planes. If people want to go on planes fine but that isn't my role (Bessie, Asylum Europe, U.K.).

Many participants noted what they saw as the contradiction of active engagement in war in Iraq and Afghanistan, with the prospect of returns, forced and voluntary:

I think what has shocked me is that the government has touched areas that I think I thought of as previously kind of sacrosanct like children. So I always thought, you know, children and families they won't, you know, maybe they'll try and remove all the single men but they won't try and remove children or they won't try and suggest that children voluntarily return or they won't try and, you know, separate families and things like that whereas actually that's what they've done and I find that... That's quite shocking. And the extent of destitution of, you know, single women, of all different groups I think is quite shocking. The extent of removal to countries which previously would never... you know Iraq, Somalia, Afghanistan. I mean there's certain countries which... I wouldn't call myself sort of hyper liberal. I think there are certain people who you can go back but those countries, Somalia, Afghanistan, Iraq I think are the ones that I think it's shocking that in DRC, that forced removals are taking place and I think... and Zimbabwe. God the list is growing but I can't add anymore (Hanna Assist 4, U.K.).

One participant suggested there was a level of confusion and chaos in government policy about forced returns, as the following example demonstrates:

But at the moment the Government is a bit more susceptible, most recently, last week they tried to deport a man, who arrived here with an Indian passport with an Indian name, and he was in fact a Bangladeshi, who had lived here in the community and here in detention for a long time. They knew he had come on a false passport and was not an Indian national, because he told them so, he signed a Stat Dec (statutory declaration) that said it was the only document he could escape on. That is why he came. What happened last week, they negotiated some deal, where they were deporting him on his Indian passport and under the Indian name, even though he had said this was not his name on the Stat Dec. Now our Government, this is not the first time, our Government stands accused of being in the illegal people smuggling business too. They will do anything they can to get people out of the country (Parveen, AS Multi-Agency, Aus).

International Protection

Participants commented on the failure of the arbitrary system of international protection at a national and international level. As noted, many expressed frustration at the determination process, the lack of in-country development funding and political will of the international community. They described all of these issues as having contributed to forced migration.

Frontline workers considered the role of Britain in the international arena as contributing to the generation of crises and the consequent forced migration of so many people. One participant reflected:

We're human beings, there's always going to be areas of the world that are under conflict. There's always going to be persecution somewhere. And when you live in a western country that's... the problem is going to arrive on your doorstep...Especially when you have a history such as Britain which has caused persecution throughout the world for many years...It's getting back to what I said about Iraq, you have to accept responsibility. You can't go and colonise a planet and then not expect people to want to come here. You can go and encourage... go and build your nice buildings in... in... all over the world, encourage people to speak the English language and then refuse them at your borders. It's a quite unrealistic way of thinking (Audene, Assist, U.K.).

Another also stated how the impact of international capitalism contributed to the movement of people around the world, and how forced migration was part of that process:

We were just talking about the U.K., of course it's happened everywhere in Europe and other parts of the world. So society whether they like it or not the force of capital is much stronger than the resistance from part of society that wish to keep themselves isolated and look after the whole internal affairs and say we don't care, this is us (Aaron, Assist, U.K.).

Some frontline workers reflected on what they saw as 'the luck of the draw' for those who arrived in Australia via the international humanitarian protection process. They highlighted the differences in treatment between onshore applications and offshore arrivals who were directed to islands in territorial waters off Australia (such as Nauru and Christmas Island). Madiyah raised her concerns in no uncertain terms:

Well I think there is obviously a big difference facing asylum seekers as opposed to refugees. So if I start with asylum seekers, some of the

problems are the same that they have always been. We have got people, no-one seeks asylum for fun, so we have people who are fleeing persecution or have been in a situation where there has not been safety, and they are trying to reach a safe place and have some sort of security and protection. So it is what they bring with them anyway, even before arriving, which is relevant, then to how they interact with what they encounter here. I suppose there have been legislative changes which have affected asylum seekers, like detention, and the proposed changes that haven't got through like off shore processing for asylum seekers, so, for asylum seekers arriving with valid visas have a different experience from those facing mandatory detention because of how they arrived. For those asylum seekers with valid visas, they are still faced with, often it is the luck of the draw as to what information they have on arrival, about what their rights are and where to go for assistance (Madiyah, Refugee Community Support, Aus).

Many frontline workers expressed distress and frustration about the corruption and abuse in refugee camps. Ghazi explained his view:

I do think that the whole international system is basically stuffed, but I never say this in a political setting because the fight is to get asylum seekers properly treated and coming here, but I think the refugee determination process is hopeless, it's drawn out and makes very poor decisions... I have been working with some African clients who have lived in refugee camps for many years, and I have been staggered at the conditions they have come from, I know refugee camps are not great places, but I find it amazing that these people have been given starvation diets, these are UN run camps, and it is official policy, to starve these people. The guy that I saw, it was on a UNHCR camp and it was on the border of Eritrea and Ethiopia and he was getting some lentils and some sugar, and that was it, that was his daily ration, and I can't believe that within a few hours flight from Europe that this is as good as they can do... So I think I have become increasingly dismayed by how ramshackle the whole system is, how pathetic the level of contribution is and how that affects people in incredibly concrete ways, how they don't even have their nutritional needs met even once they get to places of safety, and they don't sound very safe anyway, there are all sorts of ghastly things going on. Prostitution, sexual exploitation, and children doing all sorts of things they shouldn't be doing (Refugee Community Support, Aus).

Some practitioners argued the Geneva Convention was too narrow to capture the human rights abuses of the asylum seekers they worked with, and that the convention was being interpreted to restrict access to protection:

I think government policy has become very, very negative. I think that there's an awful lot of asylum seekers who apply for asylum that should on humanitarian grounds be given asylum that just because they can't prove... I think the definition of refugee according to Convention 51 is too narrow for today's complex world that we live in. And I think it's very, very difficult for anybody to prove what's the persecution that they are actually suffering (Bessie, Asylum Europe, U.K.).

In Australia this same concern was echoed, with participants alleging that services were not meeting the needs of those excluded from the right to work or eligible for minimum welfare provisions:

About 50% of our clients will need to return home and about 50% will get an... a positive intervention from the minister. So we only work with people who are at the final stages of their application process. So for us that part of the process is where people will be removed from all... if they ever had any work rights or support services they're removed from those. So we're really working with people who are in destitution and long term destitution contributes to a range of mental health issues that just make it extremely difficult to then have conversation around return where that's necessary or about options and that's... it's counter productive on so many levels. It just doesn't make sense for the department or for agencies like us to have that kind of context, apart from being a huge human rights issue in terms of our lack of care and responsibility for this group of people (Charlotte Safe House, Aus).

As noted earlier, linked to the overall view of the lack of international co-operation was the concern with what countries such as Australia and the U.K. do with people who are seeking asylum. Many frontline workers saw the wasted time as a lost opportunity, and spoke about the way in which people were essentially set up to fail, with long-term psychological consequences. Myesha described this:

And there are a number of our clients who have got real genuine fears to return to their country but their... their reasons don't fall under the convention. So I think policy change at multiple levels, at making the system fairer, making, you know, so the claims can be heard more appropriately, more efficiently, but... but more thoroughly would be a really

useful start and then, you know, giving people work rights from the very beginning so that they can have some dignity so that they're not broken (AS Multi-Agency, Aus).

Again, this was echoed in the U.K.:

One of the main problems facing asylum seekers also, I'd say, the long waiting of legacy cases is horrendous. People have been waiting like 9 years in limbo and with regards to the government now, you know, how can they say no refugees are coming in when they've got the war in Iraq and they know exactly what a complete... what... how... why people are coming in but they say no and they're trying to... they're refusing them all the time. It's just hypocrisy. That's all I can say about the global [situation]... (Leonie, Assist 4, U.K.)

Participants attributed the lack of international protection of asylum seekers as being the direct result of the immigration policy Australia and the U.K. implemented. Many held strong views about ensuring protection for those who had risked their lives for the benefit of the occupying forces in their country, both in Australia and the U.K.:

Those people who were a part of the coalition, Iraqi people who were interpreters working with British forces see they didn't give them the right to come to this country. They put their life in danger. OK? Of course we didn't force them to come and work with them but they created an environment where there is no other chance to provide the basic needs for your family or you needed to go and work with these people and you know in those societies because they are seen as occupiers. If someone is working with them they are seen as betrayers and in that case, just like this. So it is a matter of being or not being. In that sense a few hundred people was put in such an inhuman environment just to make sure we are not good as a government, we are not going to send a signal and say OK you can come to our country and seek asylum (Aaron, Assist.4, U.K.).

The frontline workers in this study frequently noted that they did not want to jeopardise their work with asylum seekers and refugees by expressing these views, and were often placed into a difficult position of being critical of immigration policy and performing their role in a professional manner. Many said they could speak about this conflict within their organisations; however in formal settings they needed to be politically neutral.

Many raised the contradiction between what was identified as domestic policy and international policy. Frequently government argued they were supporting international conventions, but any domestic policy that conflicted with immigration control was compromised. Participants suggested the health care of asylum seekers in the U.K. was put at risk:

I mean Immigration is always a big issue around elections. And they need to be seen to be taking a hard line. There is a direct contrast between human rights and this. There are issues with the UK signing up to International conventions but is restrictive around domestic policy, some of these are in direct contradiction. So for instance you can't treat people with HIV domestically, yet internationally they advocate universal access to retro-viral medication. The convention against torture, again domestically they can take away treatment for victims of torture, but internationally they will support the convention against torture (Ali, Caring for Health, U.K.).

Many participants argued there ought to be a more joined up approach internationally, and that global solutions needed to be sought to address international development and conflict:

The way we internationalise programmes, because globalisation is an aspect of the modern world. You can't just, you know, challenge the government inside the country because this is a... actually it's a European countries problem. This is the programme you can't adjust or seek challenge in terms of nationally or regionally. You must get out and, you know, be a part of international force in order to push, you know, injustices back. And I see charity as a last barrier of capitalist system. You know? I see charities in terms of preventing rebellions against the citizen who are destitute or homeless and I see so much injustice (Aaron, Assist, U.K.).

The transition period facing those who had left refugee camps, and were settling in a new country was of particular concern for participants who were working with individuals and families. The frontline workers spoke about the enormous challenges for people adapting to modern cities from an often subsistence rural existence (where they may have always lived, or lived for a long time), and refugee camps. Refugees and asylum seekers had frequently experienced hardship, separation from or loss of family, or the survival of only some family members and an aimless existence. This experience had a major impact on everyone, particularly children, who often lacked education and any sense of 'normal' life. Lorna described this:

There are much more protracted periods for those who have been in refugee camps, obviously this means disruption in education, long periods of time where there are inadequate health services, and it seems, it affects people in the build up of dependency and a lack of... because that is all they know in a camp, because in a lot of the camps you are not allowed to grow your own vegetables, in some of the camps, there are such huge constraints on how you want to live your life, and having choice in what you want to do, and so forth (Refugee Community Support, Aus).

This culture of dependence established in refugee camps had implications at a number of different levels with regard to family settlement, including how children adapt to school, access to employment for parents, and the psychological dimensions of being dependent.

Frontline workers frequently blamed the media, and in particular the tabloid press, for negative stories about refugees and asylum seekers. Some however engaged with the media and sought to promote the work with asylum seekers and refugees:

But it has been our experience; the other thing is the trust of the client, and sensitivities of their situation. The Asylum Centre have done a similar thing in a different way, they have used their experience in the media. And we are quite different in our approach, and they are quite complementary, we decided that we want to engage with the Department, and they want to do the loud rattling of the cage. It is groups like the International Safety who have struggled in the midst of it, doing the good work, but not be able to use the work as much. It has changed a bit, there is more advocacy work, and the management is a bit different now (Gadiel, International Safety, Aus).

The media was positively credited with galvanising support, and many participants spoke about the way in which a positive community response had a bearing on the workers and NGOs. Many had experience of the public who had contacted their agency with offers of assistance, including the use of holiday homes to assist with housing, and support. Some members of the public spoke out against what was perceived to be an inhumane approach to those seeking safety, particularly those escaping Iraq and Afghanistan, both of which were continually in the press in both Australia and the U.K. Madiah observed:

For some there is a religious basis, that they feel, it is not that asylum seekers are being responded to in a way that is consistent with their

religious beliefs, their Christian beliefs about how one should respond to people who are in need (Refugee Community Support, Aus.).

There was recognition in both Australia and the U.K. of the benefits to communities of new arrivals and their contribution to the social and economic capital of the country.

Farid explained:

I remember the time we dispersed clients to Newcastle (Northern U.K.). We went to certain areas that were empty, not even one person was living there, and asylum seekers filled in those gaps and bring lots of jobs to the country and certainly making the economy better (Assist, UK).

Promoting those opportunities in a climate that was often dominated by the tabloid press criticising immigration was seen by frontline practitioners to be an important counterpoint. Building a sense of community was critical in assisting people in their recovery and adaptation to a new country, building on their resilience and providing hope for the future.

Summary:

These findings reflect the frontline workers' concerns about inequity in the system of claiming asylum, and the impact of constant change. The Australian participants identified uncertainty as a main concern, along with the impact of detention. There was a sense that the isolation of Australia enabled this strategy to survive as a policy solution. Frontline workers were aware of how this contributed to the demoralisation of asylum seekers and refugees. They were critical of the unfairness of the system and processes of selection. The U.K. participants identified destitution as a major concern, and linked this to being part of a global system. They connected the role of Britain as a global player in the wars with Iraq and Afghanistan as key to the arrival of asylum seekers, and the policy of destitution as a strategy to provide a disincentive to entering the U.K.

2. Health care

All the participants in the research raised issues about the health and well being of asylum seekers and refugees in terms of their access to services, and their mental health. Frontline workers expressed concern about the long-term impact of detention on the mental health of people claiming asylum, particularly those with experiences of torture and trauma in their country of origin. Samur noted the effect on one former

detainee who was in a remote centre for five years, and then successfully claimed asylum:

And we admitted someone who was in detention to an asylum [psychiatric] hospital on Wednesday and, you know, he's... people forget about the suffering that... that crisis is past and not the same amount of people coming out of detention but people are still really ill, literally they're, you know, discarded 5 years inside. He's 2 or 3 years out but he's... he's... he's back in hospital and he had to go because he's a danger to himself and to the community and it just... it really angers me because how long will it go on for, you know? (Samar, Build Capacity, Aus.).

Many frontline workers worked directly with service users to support them through the health care system and advocated for their care. Participants in the U.K. noted how restricted access to primary and secondary health care services (both during their claim for asylum and after their claim had been refused) impacted on asylum seekers, and their family's, health. They described working with many who still remained in the country (who had been refused asylum and were awaiting deportation) and who could not access secondary care services such as oncology or physiotherapy for example:

And there's another problem, I think, facing asylum seekers is when they do fail the process they can apply for what's called Section 4 support and then that will entitle them to be accommodated. At the moment there's about 2 years before people are actually getting deported. So they're in Section 4 accommodation awaiting deportation. If somebody has an accident during that time and they need further treatment, because at the moment they're entitled to primary health care but not secondary, so if they have an accident during that time and need ongoing treatment, they need physio [therapy] or they might need sort of ongoing orthopaedic treatment they're not entitled to it even though the government is preventing them from leaving... But I mean another problem is when somebody applies for asylum and even if they become sick during that process they still can't access secondary health care services and nobody knows if they're going to get cancer in 9 years. Some people have been waiting for... for their asylum decision for 9 years. Anything can happen in a 9 year period. So they're some of the difficulties, I think, at the moment (Audene, Assist 2, U.K.).

Another participant noted her experience of asylum seekers being refused admission to services based on ineligibility to access secondary care:

Secondary care services, admission to hospitals. So we've seen a lot of pregnant women. You know, they have to be admitted in hospital, being denied access. We've seen a lot of cancer patients, people who have been involved in an accident, they've been admitted to wards and they've been asked to pay or they have to leave the wards because they are not entitled for secondary care services (Halah, Assist 2, U.K.).

Participants also raised the culture of healthcare organisations as problematic, with many professionals displaying hostile and dismissive attitudes towards asylum seekers:

And the confusion exists such that, people who have active claims are actually having difficulties accessing free health care with delays and problems, so that is a problem. The reaction of services themselves, the fact that there is a culture of disbelief... (Ali, Caring for Health, U.K.).

Mental Health

All of the participants who had prior experience in working in mainstream mental health services spoke about how limited psychological services were in meeting the needs of asylum seekers and refugees. They highlighted a number of barriers to effective working including a lack of understanding of cultural diversity, particularly when working with survivors of torture and trauma. They noted the lack of access to mainstream mental health services including a range of culturally appropriate therapeutic services, and how immigration policy tended to override mental health concerns:

But I guess the main kind of issues are accessing services, particularly with agencies that aren't familiar with asylum seeker issues, that would be one thing. Mental health, getting adequate mental health services, that's pretty frustrating (Khushi, International Safety, Aus).

Experienced frontline workers spoke about the limited access to services for asylum seekers, and what appeared to be antipathy from mainstream providers towards working with service users from different cultures, which in some cases compounded their initial problem. The following narrative highlighted this:

We had one who was suicidal. I referred him to a Community Mental Health counsellor. It was about 4 weeks ago, 5 weeks ago. They assess him. They said he has no problem. I talk to one of them. The other one called me back saying that I was very rude because I had told him that their assessment was not based on the facts that I could see. Anyway afterwards we... What happened? He got... Yes later on I found that he had epilepsy, he had a fit

here and then as he was homeless he had a bit... a bit speech impairment which became worse. Now it is extremely difficult to express himself so it is difficult for anyone to communicate with him and then mentally very ill and suicidal. He had 2 suicide attempts (Austin, Assist Team 1, U.K.).

Another key issue facing frontline workers in Australia was the effect of the Temporary Protection Visa (TPVs) regime on mental health. The government recognised that protection was warranted, however did not grant full refugee status for those claiming asylum and prevented any family reunification. Implicit in this visa category was the assumption that the person would return to their country of origin after the visa expired, or that they had to reapply. The consequence was that they could not fully participate or integrate into the community. One worker noted:

One of the things I find difficult is the whole TPV system, because it is so unfair, I know it operates in other parts of the world, but people who have been found to be asylum seekers to be in need of protection and recognised as refugees and to be placed on temporary protection visas is just disgusting. And the suffering those people have to go through just to be reunited with their families, during the time while they are on TPVs and what that then does to their mental health and physical health, and the relationships between family members, and to their resettlement, and their sense of future and to their view of Australia and Australian rules and is just terrible, the suffering is just terrible. (pause) I think the legacy is going to be with us for a long time (Madiyah, Refugee Community Support, Aus).

Frontline workers argued that this sense of uncertainty had a profound impact on mental health, and the capacity to adapt to a new society and become a functioning member:

And many of our clients, probably the large proportion of our clients, have been living on those visas for greater than 5 years, some for 10, some for longer. And so it's psychologically and, you know, socially the... the impact is huge. So not only have they got the traumas of their pre-arrival experience, the traumas of getting here and whatever, you know, detention or whatever happens post-arrival, you know, one of the big factors that certainly influences our clients' mental health is just that ongoing living in poverty, reliance on charity, living with uncertainty about their future and their lack of safety in terms of the potential of being returned to the country of origin (Myesha, AS Multi-Agency, Aus).

Many frontline workers described the host of mental health challenges working with people in detention raised for them both professionally and personally. Ghazi observed:

I think the reality is that these Centres are going to remain and we are working at getting people out, particularly vulnerable people and the one thing we want to establish is that people with a torture and trauma history, once that is ascertained, that they are moved out of detention. We are not there yet, but they are agreeing not to have families in detention, but in alternative places of detention, including in the community, so that's a start. And we want to make that the thin edge, and we want to argue, and if that is right for them then there are going to be other people for whom detention has a very adverse effect, and a lot more scrutiny. Previously all services were in-house, and there was very little external shaping of the environment, but what we want is independent, preferably public mental health and other services, like this service here right there involved with the decision making (Refugee Community Support, Aus).

One participant referred to a study of the services users she worked with in the community and stated:

Regarding nearly 63 long term detainees who have been detained over 2½ years, all of them, mostly, 93% of them are mentally ill (Khadijha, Education for All, Aus).

Participants raised concerns about the forced removal of asylum seekers, even when there had been medical evidence against their removal. These were in circumstances where the person was deemed to have mental health issues, or have been physically too unwell to travel:

Well the Government is saying that they have changed things, due to Cornelia Rau, and there have been changes in the Department and they have brought in new people who are genuinely wanting to do the right thing, but it is all within the constraints of the existing legislation. And I believe that the 1958 Migration Act has to be overhauled, it is an abomination. There is so much in it, the issue about deportation. I have been to Court where I have seen QCs arguing that a person's condition must be considered before they are removed from the country. The Government says 'No' and they have won. Our Government can remove people no matter what their medical condition. The medical physician sometimes for the airline have sometimes stepped in, we've injected them

[sedation], England has done it too, tied them up, put them in planes, dosed them up or we've threatened them. And we've spoken to the people who have been returned and they have been told they can either go the hard way or the soft way, you resist, they beat them up first, you resist and you get a bit more of this. And we have had letters from people who have sat in planes with someone with their faces gaffa taped, so all they could see were their eyes. I mean, are we living in the West, are we living in a Democracy? We have signed all those wonderful conventions, and look what we are doing. Part of our problem is the war too, America is leading (Parveen, AS Multi-Agency, Aus).

Participants working with children raised serious concerns in relation to mental health. In particular, unaccompanied asylum seeking children who had been exposed to torture and/or trauma were vulnerable and had few resources available to assist them. One participant worked closely with both practitioners and researchers to document the incidence of mental health and psychological problems, and developed strategies for working with children into training for social workers in local authorities (Sasha, Children First, U.K.). Another participant noted the impact of trauma on children, and how it must be taken into account when considering childcare services for newly arrived communities:

Because some of the kids have said a lot of things and are traumatised it's a very different childcare that they're needing than your average kind of Australian kids who, you know, have quite a stable life. So... So that's a big issue as well so it's looking at child care from a settlement perspective (Khadijah, Education for All, Aus).

The majority of frontline workers identified torture and trauma as an important issue facing asylum seekers and refugees. Frequently participants highlighted how asylum seekers' claims of torture were not taken into account, or they were simply not believed. Bessie reflected:

I don't know how many times I've had victims of torture who have had negative decisions just because how do you prove that those aren't self inflicted wounds which is sort of like the attitude. I mean again with the new asylum model which is sort of supposed to be fairer and faster, it might be faster but it's definitely not any fairer. I mean the other thing is the fact that immigration solicitors are only allowed to do 5 hours work for any client is just appalling because that doesn't even touch the surface (Bessie, Asylum Europe, U.K.).

One practitioner who worked in a settlement service noted the pressure to move people on quickly, get them into education, training and employment. However, this emphasis did not take into account the personal psychological circumstances of torture and trauma survivors:

So, you know, people come in with complex health issues, you know, torture trauma issues, complex physical health issues and, you know, psychological health issues. And there's a greater push on refugees to learn English and to find work (Deepa, On Arrival, Aus).

Some participants raised the ethical issue of working with Detention Centres, and the importance of advocating for the release of people with a torture and trauma history. For those people escaping torture, they argued, the experience of detention was re-traumatising and posed a serious risk to their mental health. Participants argued that access to independent mental health assessments were critical to ensuring the safety of torture survivors.

Many participants identified how some newly arrived communities would not engage with services specifically addressing torture and trauma, as there were concerns about how mental health and 'madness' were perceived. One participant noted how their service was not seeing the newly arrived Sudanese community members, despite outreach efforts. This prompted the service to reconsider its model of practice and develop a different approach:

Refugee Community Support was starting to think about when we were not getting a good response about counselling as part of a settlement process, what can we do differently so that the situation is reversed. And that was where the idea of the community development project came, and it was trailed with the Sudanese, and it was successful. What is counselling, is it something to do with my mental status, or what is it, people were not very clear? But through that approach, it was very clear with people that it was to do with trauma, the bad situation that happened to you, to take them away and regain their trust, and nothing to do with severe mental illnesses or whatever. The message was understood, and we began to see Sudanese coming to Refugee Community Support and asking for services, and accepting support, which was actually good (Tony, Refugee Community Support, Aus).

Summary

The frontline workers from both Australia and the U.K. identified access to health care and in particular, mental health services, as a major hindrance to the well being of asylum seekers and refugees. The Australian participants identified the long-term impact of trauma and the affect of torture as being of concern, particularly in relation to children. They observed the affect of detention and that being released from detention into destitution, had a detrimental affect on their mental health. The U.K. frontline workers identified the lack of access to services as a major barrier facing asylum seekers, and in particular access to mental health services. They also commented on the impact of torture and trauma on asylum seekers and refugees, and how both immigration services and mainstream service providers frequently disbelieved them. The refusal of admission of asylum seekers to secondary care services raised many difficulties for frontline workers, particularly in relation to maternal health and treatment for cancer, or accidents and emergencies.

3. Racism

Racism was an issue that came up frequently in this research from both the Australian and U.K. participants. They noted the role of the media in promoting hostile language and stereotypes of refugees. Participants in the U.K. spoke about violence and harassment, but they were less explicit that this was racially motivated. The Australian participants were conscious of how the dominant white society had changed in the last 30 years since the end of the White Australia Policy and increased migration from countries other than Europe had changed the face of Australia. They described racist attacks on people of all nationalities, including colleagues and service users.

A number of participants commented on how they had frequently confronted racism in the course of their work, and even within their organisations. In some cases this affected them personally, as they had come from a black or ethnic minority. Some participants were explicit about management posts being held by white members of staff, and the barriers facing frontline workers coming from black or ethnic minorities.

Practitioners were acutely aware of the racism service users faced and how it affected them, as Madiah highlighted:

There are unpleasant things that are not just about asylum seekers, it is racism and xenophobia, I have clients who have been abused for being Muslim and wearing the veil at University, and jokes like 'How is your

cousin going Osama Bin Ladin?' (Madiah, Refugee Community Support , Aus)

Many frontline workers reflected on the overall culture of racism in Australia, and how there had been a campaign of dehumanising asylum seekers. Some suggested Australia had always been like that, with views derived from the original settlers' territorial occupation of Aboriginal land, and the refusal to acknowledge aboriginal history and culture. Parveen stated how recent policy is just a continuation of what has always existed:

In Australia they have been dehumanised and vilified. Not only has this happened but it has been acknowledged to happen. In the Department, Senate estimates, and Parliamentary hearings the Department bureaucrats have acknowledged that they were told there were to be no photographs of these people, nothing to humanise them, so the politicians could run their racist card. It is not that this is some conspiracy, it has been acknowledged, the evidence is there, the politicians have admitted it, and they got away with it. Australians like to think that what has happened over the last ten years is some kind of aberration, that really we have been good, decent, wonderful people welcoming newcomers to our country, and until the last ten years something went wrong. But the fact is we are a racist country (Parveen, AS Multi-agency, Aus).

Participants in the U.K. reflected on how much impact the tabloid press had in generating racist views towards asylum seekers and refugees:

I think the mood of the British public quite often is determined by what they're fed by the media. You know, if you get the media saying oh look isn't this dreadful, for example during the Kosovan crisis or Vietnamese Boat People, there was this real sort of welcome from the British public because the British media was saying, you know, we really need to help these people. But the media is so contaminated by we're an island and therefore we can't take anybody else and, you know, we're sort of like losing our Britishness... I think the other thing is that again if you talk to the majority of the British public that don't know anything about asylum seekers and refugees their perception about what asylum seekers and refugees can and can't do are totally different from actual reality. You know, it's sort of like sort of yeah they get council houses and, you know, they can work and they've got fast cars and just, just so not the case (Bessie, Asylum Europe, U.K.).

Another participant noted how pervasive the negative reporting was in the press, and the way that it had shaped the debate on immigration in the U.K.:

The mood of British people is the mood you would expect of the people who have been systematically lied to for... by, you know, far right wing bad tabloid press, perhaps that's a slight overstatement but no I mean, you know, the mood of the average British person is the mood that they are told to have by the media... I do feel like the majority of the country, you know, is scared and that's a fear that's been cultivated over many decades, you know, starting with Enoch Powell and then moving on (Sol, Assist, U.K.).

Some frontline workers noted how service users had disclosed racism, but often sought to minimise the extent of it, not wanting to cause 'trouble' or escalate the violence:

Some of my clients I know that they said they've been a victim of racial harassment and they had to move. They didn't say more... We had a worker in Manchester, her job is to deal with and help support people who have been a victim of racial [violence]. But I'm really, really convinced that it happens more than I'm aware of and that I heard and that people say. I think being really a victim of everything else, you know, sometimes people just kind of ignore it almost or don't really give it importance and don't understand. It becomes a reality to be a sort of second [class] citizen almost unless it's something, you know, terrible that they've been... you know, bricks thrown into the windows of their houses and they've had to move or been threatened physically or something like that (Brenda Asylum Europe, U.K.).

One participant reflected on racism in the context of working with newly arrived African communities, and how they had changed the face of urban Australia:

So within the Sudanese community there have been quite a number of reports, quite a number of spectacular cases. So yeah, I think there is quite a lot of importance of cases, where I don't know if there is a higher incidence of domestic violence or homicide or any of that, however there has been some very high profile ghastly crimes with a lot of publicity, and that has certainly affected the Sudanese community, and I think among refugee communities, I think I made this point, it is a more politicised environment now, and racism has become somewhat sanctioned now in various forms under the guise of the critique of multi-culturalism, all sorts of code words or covers as to whether these people have a legitimate place in

our society at all. It probably doesn't take such a direct expression, except on talkback radio and so on (Ghazi, Refugee Community Support, Aus).

Some of the U.K. participants reflected on the policy of dispersal and how this generated racism towards asylum seekers, who were moved to deprived areas, without any choice:

In the eyes of social policy makers and people who implement this kind of legislation that was a simple thing because the south... and especially the south-east and especially London was overcrowded and they needed people to get out. But in terms of people who had children, especially who had children, who were coming from different cultures, different backgrounds, different customs in not being able to speak a word of English and suddenly end up in an area where native English speakers couldn't even see someone that created a lot of anxiety among the population and a lot of racism occurred and some people... even some people lost their life especially in the whole southern land area where it generated a movement of anti-immigration...(Aaron, Assist Team 4, U.K.).

Others noted how certain groups had been targeted as a result of the bombings in London, and had withdrawn from partnerships with community groups and health professionals:

I know the Moroccan community very well, which is a very undocumented community in the UK. And the reason I know them is that we did a big oral history project primarily based in NW London. And that is a very good example of a community that has not integrated, has stayed in the area, and is not upwardly mobile, and one of the first Muslim communities to settle in the UK. And because of the July bombings, and that some of the community, were people from that community, they have moved away from the political sphere. Those few community leaders who were around the table, they have backed off, and there has been a lot of racism and discrimination in the high rise blocks. And of course the media has got hold of this, and it is extremely worrying. So that is another example. It is getting worse (Drew, Wellbeing, U.K.).

Racism was also experienced by some of the workers who worked with asylum seekers and refugees. Richard, who came from a refugee background, described his frustration with racism and how he felt others perceived him:

In Australia I find myself Australia is one of the [most] racist country I have ever been because of the way myself I get treated it's not the same way that the normal Australian gets treated here. Like the people know I'm on the inside of the bureaucracy treat you based on your colour and the... the way that you speak. So I find... I mean I am still like juggling myself to fit into the society, myself... And the worst thing I find when I speak to someone they ask where are you from? Like that makes me so angry because I don't think... I mean I go to Australia. Like Australia means like the indigenous people. They won't go to somewhere like here, like, you know, white and ask them where are you from? (Richard, Education for All, Aus).

Frontline workers raised concerns about how mainstream services and organisations only targeted the white indigenous community and neglected ethnically diverse members, and how this constituted as institutional racism. In particular they described how strategic decisions affecting the allocations of funds were directly influenced by consideration of the ethnic identity of the community. One participant who worked with a prominent charity in the U.K. described the dilemma he confronted when he moved to an inner city area of London, which had a strong National Front presence:

And what I found interesting was when I came to Wellbeing, they had never addressed these issues, and I noticed the staff had the prejudice as well. They were white staff who worked with white clients, they had never worked with the Vietnamese community, or the Bangladeshi community. So the dilemmas came from within, people have said, is it worth providing a service for 7 Vietnamese elders when we could be doing something for the indigenous white working class population? The community has traditionally a history of racism and discrimination, so your basic level has to be about education (Drew, Wellbeing, U.K.).

Frequently participants noted how colleagues in mainstream community services held racist and discriminatory beliefs:

When I talk to friends that are involved in community services and they tell me stories they're basically, you know, racist comments about Sudanese people or racist comments about, you know, Muslim background people and... and how they've actually, you know, they've defended or... or suggested that, you know, the people in Australia that cause the most problems are Anglo drug addicts and, you know, people who have a lot of issues rather than, you know, what's portrayed. So I hear the stuff like that all the time because I guess, you know, they know I work with these

communities so they're telling me and it's just like I can't believe people don't take individuals as individuals anymore (Khadijah, Education for All, Aus).

Participants frequently noted the ignorance of their colleagues in health and social care services and how the negative media coverage impacted on the values of all community members:

Well I think there is an issue of racism, within some health services there is an aversion of offering services, people feel they don't have skills, fear, and people feel insecure about what they are getting in to. But then actually it is in the media, and in day to day life (Ali, Caring for Health, U.K.).

Frontline workers raised the topic of discrimination from workers from ethnic minorities towards asylum seekers and refugees in the interviews. In some cases participants challenged the assumption that because someone was from a refugee background that they ought to work with the same population. In some cases where the asylum seekers claim was on the grounds of sexuality, lesbian, gay, bisexual or transgender (LGBT), or religion, or politics, participants cited examples where they had witnessed discrimination and marginalisation by community members and workers:

That's why I say nobody should assume that just because you were once an asylum seeker or a refugee or you're from a different country or you're not white or whatever it doesn't necessarily mean you're going to be very understanding (George, Assist, U.K.).

Often people from the same ethnic background held the discriminatory views that the asylum seeker or refugee was trying to escape from, and some suggested that the newly arrived asylum seeker or refugee sometimes did not want to see a member of 'their' community.

Summary

The participants in this research reflected on how racism was evident at a number of levels, including policy, their organisations, in the media, and in their communities. The Australian frontline workers noted that new arrivals from Africa had contributed to an increase in xenophobia, and that service users had experienced hostile and ignorant verbal and physical assaults. This was particularly the case for people from the Middle East who were escaping persecution and were being called the Taliban. In the U.K. participants identified the tabloid press as contributing to racism, and perpetuating ignorance. They also described how service users frequently sought to minimise the

impact of racial abuse, and downplayed it to minimise conflict. U.K. frontline workers also identified racism from mainstream service providers, many of whom were unaware of the conditions and restrictions placed on asylum seekers. Frontline workers noted how issue of class, gender, sexuality and religion impacted on workers' beliefs and could affect their relationships with service users.

4. Gender

Issues related to gender, particularly discrimination towards the role and status of women, emerged in the interviews. While there has been criticism in the literature of women's health and well being as being confined to maternal and child health, or reproductive health these were the two key areas confronting frontline workers. Workers were concerned that they were vulnerable, exploited and susceptible to violence. Women form the largest group of refugees. Women, often alone with children, may have had difficult and traumatic experiences in their country of origin, in the refugee camps where they have lived, and on the journey to Australia or the U.K. Many frontline practitioners reflected on what they saw as the particular vulnerability of women, and how they were at risk of abuse if they were homeless, as noted in the introduction.

Many participants discussed the issues facing women in relation to health care, and the complexity of issues such as working with a woman who is pregnant as a result of rape, or has been subjected to female genital mutilation (FGM). The issue of childcare was seen as critical for women, particularly for those learning English or doing paid work outside the home. Many of the newly arrived families faced a number of challenges in relation to negotiating new family roles particularly those between men and women.

Frontline workers described how for many women accessing health care services was a major source of fear and uncertainty. Women were not familiar with the role of health professionals and were concerned about trusting interpreters. There was a great deal of sensitivity required of frontline workers with regard to issues such as rape, birth, abortion and adoption. One frontline worker commented:

women that are, you know, pregnant as a result of rape and some that are early pregnancies and we're discussing abortions. Quite often we're having... Well I had a lady the other day that's sort of nearly 9 months pregnant, we're discussing adoption issues. You know? Quite a lot happens in them sort of sessions (Audene, Assist. Team 2, U.K.).

In Australia, participants frequently noted childcare as a major issue facing women. They commented on the current dilemma facing women who needed to access childcare in order to participate in English classes and how the benefits system did not entitle them or provide services to meet the shortfall in funding. English classes were provided (up to 510 hours), however often women could not access them, and that in turn left women unable to integrate or participate in society and employment.

So if we're looking really at the heart of things now for newly arrived and particularly for women it's to do with education and child care (Samar, Build Capacity, Aus).

The complexity of working with women was further compounded for frontline workers who struggled with their own practice when working with women from different cultures, often perceived as more patriarchal. This will be addressed further in Chapter Six.

Summary

The access for women to health care was an issue identified by the U.K. participants as of particular concern. They described complex health care issues and how women often felt unable to trust services and disclose abuse and torture. Women who were homeless and destitute in the U.K. were at risk of sexual assault and sex trafficking. In Australia the issue of childcare emerged as an important concern for women, who needed to access education and employment. In addition, frontline workers raised issues about the complexity of working with women from different cultures, and how working with strongly patriarchal families could raise conflicts for women service users who may be encouraged to become more independent in a Western country.

5. Settlement

Frontline workers spoke about the pressures refugees and asylum seekers faced in relation to settlement. The issue was more prominent for Australian workers in this research, as many of them had a role in the provision of settlement services. Many of the U.K. participants did not work with refugees (with status) who were able to access mainstream services, and instead focused on the needs of excluded asylum seekers. Those working in education and health with refugee communities noted that issues frequently emerged in relation to racism.

Participants described how the period of settlement, once asylum was granted, was characterised by high expectations and hope. Mohammed commented on the issues that asylum seekers and refugees described to him:

Most of the issues facing people are well, the plain old settlement type questions that often point to information and money, really. Basically people come here broke and don't know where they have landed, they don't know how to access things or don't have a frame of reference for the way things are done here, and my feeling is that a lot of people are worried for other people that they have left behind. I'm sure they are feeling guilty in having left people behind, but they are also totally consumed with getting on with things here (Mohammed, Refugee Community Support, Aus.).

This was often then followed by disappointment once the reality of the change, and likely losses started to be acknowledged. This posed particular challenges for refugees and asylum seekers who had to adjust their expectations, and for their ability to plan for the future:

The issue for asylum seekers is to be granted a permanent visa as an asylum seeker. The issue how be recognised and to get granted a visa, and how to be accepted into the community, for refugees the big issue is settlement and integration. For refugees come with a high expectation, that he or she is getting from hell to heaven, and coming to Australia and facing reality creates another trauma (Tony, Refugee Community Support, Aus).

Frontline workers working with refugees had to negotiate with a number of key providers, including education, employers, housing, and health care agencies. In many cases the newly arrived refugee was absorbed into the new community, and many supports were in place to assist them and their family to adjust. For some however, there may have been divisions or reluctance to be with a community who may be fragile or subject to the same types of conflict as in their home country.

Summary

Working in settlement raised a number of concerns for frontline workers, particularly in Australia. There were difficult challenges addressing the high expectations and the structural inequalities along with existing tensions in newly arrived groups. Frontline workers questioned their level of effectiveness given the high level of public opposition and criticism towards asylum seekers and refugees. These challenges will be addressed further in the following chapter in community development and casework.

6. Human rights and legal representation.

Many of the participants raised the neglect of human rights, and the lack of legal representation to argue for them, as being a key problem facing asylum seekers and refugees in both Australia and the U.K. In some cases frontline practitioners expressed cynicism and disappointment at the lack of political will in meeting international conventions and promoting the needs of asylum seekers and refugees. Commenting on the situation in Australia, Ghazi noted:

I don't think there is any general commitment to the notion that Australia is a country that is committed to refugees convention and other human rights instruments, such that we will embrace people who come here, even as off shore refugees and as asylum seekers in particular, and hear their claims fairly, and if they are not refugees, then that is fair enough and they can go back, but if they are... And all that is done in a kind of spirit of good will and common humanity that is just not there at all. I don't think, only there in a precarious way that can be swept away very easily, and very exploitable politically. There is a real resistance, there is something in the Australian psyche that doesn't like people arriving here, really we are very sensitive about it, and the numbers have been tiny, even at the height of it in 2000/1, several thousand, those people could not have even been noticed. It's ridiculous. The only reason they were noticed was because it was politicised. We are not talking hundreds of thousands per year, like some countries receive, like poor countries receive, or even the tens of thousands that the UK receives, it's just tiny, it could be a complete non issue politically, it could just be done quietly, which I think is the best way to do it, because of the historic sensitivity (Ghazi, Refugee Community Support, Aus).

This politicisation was also reflected in the debates in the U.K. where the Labour Government had been responsible for introducing nine major immigration bills and a host of legislation restricting the rights of asylum seekers. Aaron commented:

We wouldn't expect that much from the previous Conservative Government to do something about refugees and asylum seekers because the last bill they introduced was in 1996 in which they prevented people from getting access to benefit and the Labour Government when at that time it was in opposition, they called it inhuman and they opposed... they challenged the registration but the Conservative Party managed to pass it through the parliament. When they came to power they promised so many positive things. How, you know, being in opposition and in the meantime being in

power is a completely two different, you know, things (Aaron, Assist, Team 2, U.K.).

Frontline workers were frequently made aware of human rights abuses including those that were happening in Australian and U.K. detention centres. For those used to working with service users who had suffered torture and trauma in their country of origin, the exposure to their governments' endorsed detention was difficult to accept:

'They are not even sticking to the rules'. And I said 'What rules?' And they said 'She is allowed out for two hours a day. They don't give her two hours a day'. I mean the regime was so brutal, so that is how they prevented suicides, and it was very effective. You put them in the Management Unit and stop them from committing suicide, don't worry about their minds or their souls. And it took lawyers going to court to get their clients the right to go to hospital, and in the end they had about 23 people in a Psych Unit in Glenside in Adelaide (Parveen, AS Multi-agency, Aus).

Many of the participants raised concerns about asylum seekers' lack of access to legal representation. Recent changes in both Australia and the U.K. reduced the hours available and moved appeal costs to the asylum seeker, who invariably is unable to pay:

You know, the chances of a solicitor going to an immigration interview is quite rare these days let alone putting in an appeal. I mean the number of people that come to me and just say oh yeah I could put in an appeal but it's going to cost me x hundreds of pounds in order to do that. You know, where are people supposed to get this money from? I just don't know...The other thing is this sort of like almost against human rights of people in detention. You know, we class ourselves as being, you know, quite fair with the judicial system that we operate in the UK. That's fine as long as you're not a terrorist or you happen to be an asylum seeker or... because I mean once you're detained you tend to have very few legal rights with no sort of reason or length of detention being determined (Bessie, Asylum Europe, U.K.).

Many frontline workers noted they were not able to provide legal advice, but they were aware of how important it was to their clients:

Our remit, I think, in theory is more limited but we end up facilitating the whole of the asylum process. That's something I haven't touched upon yet. I mean they have all that I've said to contend with but then on top of that

they also have the asylum process to contend with which has its own difficulties. The quality of lawyers is again variable. Access to lawyers in London has been squeezed and in the regions is very poor due to changes, routine changes in how it's all funded and a lot of routine solicitors have been squeezed out of the field. And interaction with the Home Office is really difficult (George, Assist, U.K.).

Many participants reflected on what they saw as necessary change including a more global perspective on refugees and asylum seekers to address human rights issues:

So I think if refugee organisations and the movement for better life or better world and a more human world managed to get the message across to the population, the country and the continent of course that we need to work together in order to solve those problems. This is not just our problem or their problems, this is all our problems so that we hope to create a better world rather than, you know, trying to have a better world for ourselves. So in order to make sure we all enjoy a better safer world this is the only way forward, to tell people the truth, to help people to understand what is really happening, to make a better life for ourself and I don't think this kind of politician we have which we have experienced in terms of Labour or Conservative government the fear factor, you know, commitment to carry out in terms of introducing social policy and politics for better and more human worlds they don't. So we need a generation... as we are seeing everywhere a new generation of young people coming out, fighting for the better world, challenging the traditional, you know, and discriminatory politics and policies, you know, represented by these major parties and creating an environment where unfortunately for other forces to occur because we can't get anywhere, this is a dead end with such institutional [approaches]. I see a big challenge to liberalism and a capitalist society and I hope modern human beings will find a way forward (Aaron, Assist, U.K.).

Summary

Participants in both Australia and the U.K highlighted the issue of human rights abuse. They noted how politicised asylum had become and that it needed a more global approach to addressing the needs of those escaping war and persecution. The Australian participants commented on the history of xenophobia and how this contributed to immigration policy responses. Frontline workers rejected the detention of asylum seekers, particularly children, in remote detention centres managed by

private prison service personnel as an appropriate response to forced migration. In the U.K. frontline workers identified the lack of legal aid for asylum cases as having a negative impact on service users, many of whom needed both time and resources to evidence their claims. The change in legislation and the frequent conflicting advice also contributed to those who had suffered human rights abuses not being adequately represented.

7. The impact of the work on frontline workers.

The provision of health and social care to asylum seekers in host countries is a relatively new activity for NGOs with many services emerging in the 1980s. Working with often traumatised and distressed people who are marginalised and subjected to stringent immigration controls poses particular challenges for frontline workers. The increase in numbers of NGOs that work with asylum seekers and refugees in Australia and the U.K. has raised the profile in professional bodies and services of the impact of the work on frontline practitioners. This section will highlight these effects starting with their comments on commitment and motivation to working with asylum seekers and refugees. They also raised the challenge of maintaining boundaries, and the issue of burnout.

Commitment

The participants in this research said that they were highly motivated and committed to working with asylum seekers and refugees and that the importance and benefits of the work were both personal and professional. Many described what they saw as the privilege of working with such a diverse group of people, the richness of the work and of being part of an international community. They described their work in a positive way, and as an opportunity to work with a culturally diverse range of people, and as Brenda noted, from 'over 200 different countries' (Asylum Europe, U.K.). Unfortunately this reflected the countries affected by war, human rights abuses and discrimination that frontline workers come into contact with. Frontline workers were often knowledgeable about international affairs, and the effects that various wars were having on their clients.

They described how there was a culture within NGOs that reinforced the benefits of international work and respect for cultural diversity. Many of the participants who themselves came from a refugee background raised the importance of giving back to their community and being of service to both the host and newly arrived populations. In

some cases this may have stemmed from a sense of what has been called 'survivor guilt' where they felt lucky to be alive:

I have seen the history and background of these people and I know what kind of life they went through. So when they come here I have a respect for them because I kind of believe in the history, you know, the background, the issues they went through because I have seen those issues myself (Farid, Assist 1).

In other cases it was as a result of political motivations which emphasised the importance of promoting change and ensuring equity for service users. Penelope commented:

Trying to address the imbalances. If people went... moved on, sort of liaising with receiving areas to ensure that the service provision was there (Care, U.K.).

Some frontline workers were aware that the work attracted activists who wanted to participate in direct action and more forceful protests against government policies. In some cases frontline workers stated that they were unclear about the motivations of some activists, and how they felt distrustful of other workers putting their own needs above those of their clients.

I think I had a number of experiences with volunteers and activists as they call themselves where I just thought they were getting off on what they were doing and that really angered me. (Samar, Build Capacity, Aus).

Many of the participants came from different cultural and spiritual backgrounds and did not raise their beliefs in the interviews. One participant was an ex-nun, however she kept this private in her work, and spoke about her beliefs in the context of universal human rights and the dignity of the person, rather than a specific religious doctrine. Many of the participants reflected on what initially motivated them to work with asylum seekers and refugees:

Yes, and I was probably far too idealistic. It wasn't related to wages or fitting into an office culture and so on. I still remember visiting a detention centre in the 1980s in Bangkok, miserable conditions, not knowing what their future was, and we were just visitors, and I remember thinking, at least Australia doesn't do this, have detention, and that was prior to what happened. And just to see what Australian policy has done in that time, I think we have pulled back a bit, we still have detention of course, but we are not using it as much as we did. It is interesting, I don't know what I am trying to say really, other than I didn't come into it as a professional, I mean

who does?! You wonder what motivates everyone I guess (Lorna, Refugee Community Support, Aus).

Another participant, from the U.K. acknowledged how the issue of asylum seekers and refugees had always polarised communities, and for those working in health and social care, the underlying values of protecting the dignity of individuals and communities were paramount:

I think with this area of work you do have very strong opinions of it and so do those that are against immigration and against asylum seekers coming in to the UK. The opinion is that it's a very emotive subject isn't it? And I don't know whether that's opinionated. I think because it's something you believe in, is it opinionated? I'm not really sure. It's hard, I think, to try and change people's views and ways of thinking. It's very difficult. And as I said you just need more hours in the day to be able to do it. More time. But I think it can be done. I'm quite an optimist, you know? I do think it can be done. The problem's not going to go away Kim, is it, at the end of the day it's not going to go away. It's always going to... We're human beings, there's always going to be areas of the world that are under conflict. There's always going to be persecution somewhere. And when you live in a western country that's... the problem is going to arrive on your doorstep (Audene, Assist 2, U.K.).

The challenge of boundaries

Most of the participants raised the issue of how challenging it was to maintain professional boundaries with service users. They described how they became attached to service users and how the work evoked strong emotions for them. Many suggested that working with refugees and people claiming asylum raised thoughts about how it would be if they or their family were in the same situation. Empathy was considered to be an important part of the work. Frontline workers raised the tension of coping with the work demands and maintaining professionalism with the capacity to cope with the emotional impact of the work. One participant who had worked as a counsellor in oncology compared the experience of working with clients who were terminally ill with working with asylum seekers. She reflected on this:

For me it's the parallels of loss. And this is like working with a dying client, you know? ...And it's much harder than working with people with cancer, you know? People with cancer it's nobody's fault. There's only so much medical science can do and... and... and there's going to be an outcome and whether the person accepts it or doesn't accept it there's going to be

an outcome. But with this group a human being could change a decision which has to leave room for hope (Myesha, AS Multi-Agency, Aus).

Many described how their training did not prepare them for the work, and that working in NGOs had them juggling various work roles including casework, policy work and management:

I sort of feel that my training did not equip me for some of these questions, psychologists are very narrow creatures, and a lot of these problems are more systemic, so I'm still involved in the clinical work but I want to be involved in the systemic, but I don't have a lot of time to do that, and a lot of it is very political (Ghazi, Refugee Community Support, Aus).

Asylum seekers and refugees arriving in a new country faced enormous challenges in adapting to a new country and culture, often coupled with the uncertainty of whether they could stay. Many of the frontline workers described how they had only a short time to meet their targets of getting people housed, health care assessments completed or other forms of support in place:

In being clear and remaining clear about their role boundaries and just supporting case workers dealing with issues around vicarious trauma and... and a whole host of tricky casework practice dilemmas is huge, really huge (Cassius, International Safety, Aus).

Many frontline workers were aware of the 'over-involvement' and 'under-involvement' continuum that the literature on burnout has documented, suggesting they were sensitive to the signs of burnout and vicarious trauma. However, this still presented challenges in maintaining the balance of boundaries:

So I think the thing that caseworkers struggle with the most is around the boundaries and that sort of spectrum of over involvement towards under involvement. Really what I've seen is much more over involvement than under involvement (Khushi, International Safety, Aus).

Frontline workers were mindful of the vulnerability of some service users, particularly those facing sensitive issues such as pregnancy as a result of rape, and how that affected them:

I think that is the problem with that role is that it's not very containing and that is quite difficult, especially when you've got women that are, you know, pregnant as a result of rape (Audene, Assist 2, U.K).

Some frontline workers struggled with determining appropriate levels of service delivery, and encountered asylum seekers and refugees challenging them and/or going elsewhere for additional support:

Well we might have a client who we've worked with and we've sort of put these fairly clear parameters down about what we can and can't do and what we see as our role and that client might access another service and get a completely different response from them where, you know, they might think that we're not involved enough and we might think that they're over involved, you know? (Charlotte, Safe House, Aus).

While it was considered the right of any service user to make a decision to seek the support they needed, it raised concerns for some frontline workers given the high levels of stress and desperation, and the limited resources available. They were reluctant to be judgemental of asylum seekers as being 'good' or 'bad' recognising that some people have difficult traits irrespective of whether they were seeking asylum or not. The issue of judging service users within health and social care settings was a controversial one, as reflected above, and frontline workers acknowledged it existed across the general field of health and social care practice. Participants raised the dilemma of determining who was eligible for services and the importance of dealing with it in services when it arises. One interviewee stated:

I mean my personal view is I defy anybody in any of the professions to say that they don't ever have their own doubts or issues about who is deserving or undeserving or play favourites, to have a better rapport with one client and that affects your work. I mean as far as I'm concerned that's true for everybody in the social care field. It's a matter of awareness and how aware you are and how you communicate it with your colleagues and your supervision and how you deal with it in that professional way and your training, you should deal with that. But yeah, it exists, definitely, in my view and it certainly does with me (George, Assist, U.K.).

Some workers described how they were called racist when they were not able to meet the demands of service users. In the following example a frontline worker described how it had a profound effect on her, and how it undermined her confidence in her role:

I was really upset because somebody came into our office and he wanted me... First of all he said I came yesterday and you weren't here. And I said yeah I was here yesterday. No you weren't. They told me to come back today. And I said oh I don't know if I'll be able to help you today because

I'm really busy. So he said I want you to sign my travel documents for my daughter. And I said I can't do that. I don't know your daughter. She's a baby. You're racist he said. I was flabbergasted. I was upset... But it really hit me home that someone had said that I was racist. I was really upset about that because I go out of my way to help anybody (Penelope, Care, U.K.).

Many frontline workers spoke about the demands of working in direct services and in management roles. Frequently NGOs relied on experienced practitioners to provide supervision and training, and often line management. In addition they were encouraged to participate in policy development work and research. For some workers these demands contributed to finding the work rewarding, but for many they felt pulled in different directions:

I feel, I've got constraints in that I'm spread too thinly across too many areas, when I used to work in mental health, and I like this about this work, you sort of had an area of expertise, you weren't expected to think more broadly, whereas here you can't help but do that, so I think that should I go to this meeting with DIMA or see four people in that time, so the direct service element and the broader work, there is a real tension between that, and I find that hard (Ghazi, Refugee Community Support, Aus).

Some of the participants worked across a number of programmes or services, and in some cases held clinical caseloads elsewhere (either in mainstream services such as hospitals or private practice). While the conditions and pay were below many mainstream or private rates, many described the attraction to working in NGOs being due to the flexibility they provided and the opportunities to engage in innovative work practices:

I coordinated the programme as a volunteer, you know, towards the end it was like 35 hours a week volunteering on top of another job. So you do that because you have a passion and commitment to it, yeah? And then in 2005 I started getting paid. I didn't apply for the job because the pay was so terrible by comparison to what I was earning and, you know, I'm renting and don't have any money and getting old and... So, you know, they were all considerations but in the end I decided to do it. So getting paid badly and working very long hours but I do it because I think it's important and I think we make a difference. And... And when the centre was young the whole ethos was about going above and beyond, being creative, you know, the boundaries were flexible, particularly in the old days, we didn't have a case

work coordinator, we didn't have all these services, we didn't have all these volunteers so we would do what we had to do. Whatever we had to do to help the client (Myesha, AS Multi-Agency, Aus).

Burnout

Despite feeling positive about the work, some workers described the personal impact of the work and recognised that they or colleagues had what they called burnout or vicarious trauma, and stress. Participants raised the issue of high workloads and stress, although less frequently than anticipated. They described stress frequently in the context of the continual and rapid change of policy, and how this affected them in their practice. The issues of contracted services in detention centres, the lack of access to mainstream mental health services, and reduced services that were difficult to access all took their toll. Many spoke about the frustration and the sense of powerlessness they felt in their work. Participants commented on their reactions to the increase in caseloads, the intensity of the work, and how this affected them:

But as I said at the beginning it has caused a more stressful atmosphere at work, more frustration, sometimes you're stuck and you don't know what to do with a client who is suicidal (Austin, Assist, Team 2, U.K.).

And that's quite difficult is that a client is opening up, telling me everything, then the next client is opening up, telling me everything. And I can see up to 10 or 12 clients in a day and that can be... I mean I saw 50... A couple of months ago I saw... In 8 days I saw 56 clients. And I was head wrecked (Audene, Assist 2, U.K.).

One worker described what she called her 'baptism of fire' when she first started working with asylum seekers who had been released from a remote detention centre to the suburbs of Melbourne:

So that's the environment I arrived into, at a time when a large group of people had been released from Nauru. So almost solely Afghans, a few Iraqi's, about 60, and my job was to settle them. So that was a real baptism by fire and my background had been in child protection and domestic violence. So certainly I had some concepts of dealing with people in crisis but these were... I'd never dealt with anyone... anything quite like this. I mean these people were clearly deeply traumatised. They'd been locked up in a hell hole. Nauru was just 40 degrees every day, wrong food, running water for an hour of the day, just terrible, terrible conditions and the majority have... had been there for an average of 3 years. So they had

effectively escaped the Taliban but ended up on the run and then had been released into Melbourne where we greeted them. (Samar, Build Capacity, Aus).

Another participant described her outrage of many situations as a result of government policy that had affected service users. She was angry and distressed at the circumstances, and at what she saw as Australian government complicity in perpetrating human rights abuses:

A young woman 27-year-old Afghani mum, with three kids died, we don't know, technically she died in hospital, in Perth. She had raging headaches for 3 days, her blood pressure was 220 over 190, and they gave her Panadol, and in the end the blood vessels in her brain burst. They then flew her to Perth, she was unconscious, initially they said they would operate, and three days later they turned off the respirator. That was gross neglect. How did that happen? Even worse, they put pressure on the father, and the sympathy that would be aroused and sent him back to Afghanistan, a widower with three little children back into the heat of battle in Afghanistan. The body of his wife was sent to rejoin him and to meet at Dubai, and there was a mix up they couldn't get to Afghanistan because the airport was snowed in so they couldn't load it, and the body was left on the tarmac in the sun in Dubai. We know this because this man rang his lawyer in Australia, in tears, begging to do something, 'My wife's' body is sitting in the sun'. You wouldn't do this to anybody else; there are so many stories (Parveen AS Multi-Agency, Aus).

Frontline workers described how the stressful nature of the work was responsible for the high level of sick leave and that often staff felt demoralised in their work:

That's why we see so many people get off sick and the cases have become more and more complicated...For instance the in and out... I spend the most productive part of my life for this organisation. Of course they pay me. OK, fine, fair enough, but this is my life. I spend my life 8 hours, when I go home I am frustrated I don't have more energy or even good quality time to spend with my kids. When I go home I am a day person, I just lay down for about an hour and then I go to bed, and then I watch TV for an hour or study something or go to the Internet and I am back tomorrow morning again (Aaron, Assist, U.K.).

Participants also raised concerns about how their work infringed on their personal time, and how in certain circumstances they were wary about revealing what their profession was, or with whom they worked, when in public. One participant said:

I never say I work with asylum seekers. It depends on the context I'm in. And if I'm abroad, if I'm on holiday and I meet English people I usually say I'm a teacher because I can't be bothered because I don't want to get in a huge... I did that once on a holiday and I got quite burnt by it because I got sort of jumped on with this whole anti-asylum seeking rant and I just thought well I'm on holiday and I don't want to deal with this (Hanna, Assist 3, U.K.).

Some workers raised concerns about their feelings of being undervalued. In some cases this related to the value accorded to different roles within the organisation, such as between qualified and non-qualified staff, and also the perception that management did not value their contribution. One worker spoke about the difference between doing counselling where the service user came to them at the service in a more clinical setting, compared with doing outreach work with newly arrived community members. He stated:

It would be great if people could recognise there is a huge difference between us knocking on someone's door and someone who has acknowledged that they have a problem and have gone to some trouble to go and seek help from someone, there is a huge difference. I feel like the whole issue of engagement has really been undervalued, and that is where the strength of our program is. When you contact people you make or break it (Mohammed, Refugee Community Support, Aus).

A common theme for frontline workers in NGOs was the temporary nature of the work, with many participants employed on short-term contracts. This impacted on their sense of value and entitlement in the organisation, and also on the continuity with service users. One participant commented:

I mean that's the other thing about the refugee sector is I haven't had a permanent job for about 8 years which doesn't bother me personally at all but it means that all my work is time limited so what I'm trying to do now is like say in the next 6 months I am going to work on X [a particular project] (Hanna, Assist, Team 3, U.K.).

Staff supervision

The literature identified supervision as critical to maintaining the motivation of workers and minimising the risk of burn out. The majority of participants in this research received supervision for their work, and there appeared to be a supportive culture of supervision in most organisations. However, there were agencies where supervision did not take place, either as a result of not being seen as necessary or due to staff turnover and organisational change. Many frontline workers described how important supervision was to them at a variety of levels, particularly in the context of promoting reflexive practice. One participant described what she saw as the benefits of supervision to her:

We have an outside therapist that comes in and deals with our group, we talk about the clients and we talk about how we deal with the clients. Could we have dealt with a case better? Were we doing it right? Were we doing it wrong? I don't think there's a wrong way of dealing with a client but could we have approached it in a different way? (Audene, Assist, U.K.).

Another commented how supervision was linked to overall training and development:

We have lots of support. Asylum Europe is very good with that. We have great... Our manager, she is on maternity leave unfortunately. She is brilliant. And it's support. We have... I mean all sorts of... in terms of support and supervision we had... we had team meetings, we had lots of trainings (Brenda, Asylum Europe, U.K.).

In some cases practitioners did not receive supervision, and there was a suggestion that supervision was associated with not coping with the work. One participant from a refugee background working in a therapeutic role stated.

Supervision? I think recently [our manager] decided that we needed to have supervision. I wasn't here for the first time. The second one I haven't heard about but we have it since, I think, 5 or 6 months ago. Yeah. I myself, if I wasn't in civil war for more than 10 years I couldn't bear the stress that you have got here. But personally I have got experience and I have seen thousands of people be displaced (Austin, Assist, Team 2, U.K.).

A number of practitioners also provided supervision to others in their service, or in other agencies. They raised concerns about the pressure of the work and how frequently they felt unable to give as much as was necessary:

I find that hard, just giving people enough time in supervision, I feel a bit like a mother, I feel like I'm on tap all the time, even on lunch, they'll come

in with a report or something, and I have deliberately made myself very available, because I think that is good, but then I've got to balance those constraints, and I don't think I've got that balance right yet (Ghazi, Refugee Community Support, Aus).

Others advocated a range of supervision models, including groups and one to one:

Well a year and a half ago we set up some group supervision with two external supervisors but this year I was planning to look into getting individual supervision for everyone because I think that that's necessary, But I do believe that supervision is very important to sustain this work. And... Oh, you know, there are 3000 things. Celebrating the wins whether they're protection visas or whether they're, you know, smaller wins with clients is really important and... and having the opportunity to be supported in the grief of, you know, clients whose situations are not doing well... not going well (Myesha, AS Multi-Agency, Aus).

Another described the particular supervision needs for frontline workers in the field of asylum work.

I find case workers working with asylum seekers in the community really need lots and lots and lots of professional support and debriefing and supervision and... just a whole lot of professional supports because their work is in many ways more difficult than work with mainstream vulnerable groups. And I guess it is because the framework around social safety nets and official accountability and roles is a little bit looser and different (Cassius, International Safety, Aus).

Summary

The experience of frontline workers providing care to refugees and asylum seekers was quite mixed in this research. For many in both Australia and the U.K. the motivation for working with the client group emerged from their own personal experience and political commitment. Many identified with the hardships their clients experienced, and that they posed challenges for their own emotional well-being. The participants stated that they could get over-involved with service users, and that the continual exposure to hardship was stressful for them. Some workers had high caseloads, and in some agencies they received no supervision. The issue of stress was not raised by all staff, but the issue of frustration and powerlessness to make change and be effective in their work emerged consistently.

Conclusion

In conclusion, this Chapter summarised the key issues facing refugees and asylum seekers as identified by the frontline workers. Clearly many of them interlock and overlap, and some frontline workers may have prioritised them differently. Surprisingly, the issues facing asylum seekers and refugees in both Australia and the U.K. are similar and consistent, despite differences in the policy responses of both countries. The impact of destitution directly challenges frontline workers tasked with supporting those 'outside the system'. The frontline workers identified grave ramifications to the mental health and well-being of asylum seekers and refugees as a result of detention. The underlying and overt hostility facing many asylum seekers and refugees including those working in mainstream health and social care is seen to contribute to poor health and social isolation. The challenges of the work have a direct emotional impact on the frontline workers and their capacity to be effective in meeting the needs of asylum seekers and refugees.

Having outlined some of the key areas facing refugees and asylum seekers as identified by practitioners, and the effect of the work on them, I now examine the key roles and activities of frontline workers and the dilemmas they face in their work.

Chapter 6 Findings Part 2

Challenges facing non-government organisations and front line workers.

Introduction

This Chapter presents the findings about the roles of the participants using their own words to describe the complex issues facing them in their work. The way in which practitioners reflected on and defined the key issues facing asylum seekers and refugees had a direct bearing on their health and social care practice. One of the key areas of enquiry in this study was to ascertain how the participants viewed the dilemmas and constraints in their work, how these prevented them from doing what they considered as the key activities in providing health and social care services to refugees and asylum seekers, and how they dealt with the dilemmas and sought to overcome them.

This process exposed what I called the micro level of the work that referred to the key tasks and activities of frontline workers and how they intersected with organisational and policy issues. The interviews with frontline workers highlighted a range of key activities in areas such as advocacy, community development, casework, healthcare, policy development, research, and education and training. I highlight these issues using the participants' narratives to identify key themes.

1. Advocacy

Advocacy was described as one of the key tasks identified by both Australian and U.K. participants in this study. Advocacy refers to the work of frontline workers to negotiate, mediate and participate in securing goods and services on behalf of and in consultation with service users. The WHO defined it as:

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme (WHO, 1998, p 5).

Advocacy was one of the core activities frontline workers engaged in when working with asylum seekers and refugees, and it involved negotiating with a wide range of service providers including health, education, employers, on family matters and any issues relating to settlement. The majority of the participants described the positive role of advocacy, and the way in which it improved outcomes for service users in relation to housing, health, or legal avenues to seeking justice.

Advocacy was described as a tool to be used in relation to groups, policy change and casework. Many frontline workers described the benefit of working in an NGO and forming close relationships with service users in order to advocate effectively. In the following case the frontline worker was able to advocate on behalf of an unaccompanied asylum-seeking child:

The good thing about this job we are doing [is that] we are independent so when we are independent we feel good... As a worker I believe I am one of the persons trying to make the law [accessible] to people, and human beings [treated with] justice. I'll just give you a for instance, you know an example. If you've got [an unaccompanied] child of 12 years old staying with a foster family and the child gets a beating every day there is nobody to defend the child so we like to take that child and put them in the right place. We are in touch with lawyers. We clear the wrong for people and the right is fine (Farid, Assist 1, U.K.).

Many frontline workers described how they worked closely with marginalised ethnic groups and assisted them in accessing funding to establish refugee community organisations, groups and services. Drew described his previous advocacy experience utilising a community development model:

And it was a model based on inclusive working, and lots of issues that we were thinking about then are very relevant today. And we worked with the refugee forum, which was working with 40 migrant and ethnic minority groups, Ethiopians, Moroccan, Sudanese etc. And my role was about enabling the community to get a voice in order to get funding, and also to assist with funding applications. (Drew, Wellbeing, U.K.)

Dilemmas:

Frontline practitioners in both the U.K. and Australia who were engaged in advocacy raised two key dilemmas in their work that posed particular challenges. The first was the shared view of frontline workers in both NGOs and government about the systemic problems of providing asylum protection and the second was the issue of working with government.

Systems

The majority of participants commented frequently that the systems for providing protection were fundamentally flawed and needed improvement. As noted in the previous chapter they expressed frustration at how policy was continually changing and

politically regulated. Cassius noted how, in his view, both Government and NGOs frequently agreed that policies counteracted each other and yet equally looked to each other for solutions:

It's very ironic. You know, everyone... everyone... everyone agrees. There's a total consensus that we have a system that's problematic, everyone wants it to be better, everyone wants more timely outcomes and more fair outcomes but it's so hard to grapple with. Well what's actually going on? What's the facts? What's the system? Can we investigate it, you know, to subject it to more independent... to impartial, professional research and... It's almost like you can't have a conversation through... you know, for fear of what it might mean politically. So there's some built in ironies to... to progress it (Cassius, International Safety, Aus.).

Frontline workers shared a level of frustration working within a system that they felt they needed to abide by (and uphold the law) but one with which they disagreed. This raised the question about how effective advocacy could be when they worked with service users whom they felt were penalised by policy. This viewpoint was also reflected in the U.K. where policy did not permit asylum seekers to work and denied them access to support if they did not apply within three days of arrival. The following frontline worker described the situation facing asylum seekers:

I think at the moment one of the main problems facing asylum seekers is the fact that they can't work and the timescale that they're given to apply for asylum in the first place. So when they come here they're only given a matter of 3 days to lodge their application and so obviously the difficulties of when somebody arrives they don't know their surroundings, their environment, they often don't know the language. And then to actually find out that there's a piece of legislation that says that they have to go to the Home Office or wherever it might be, luckily if they're at a port of entry they'll be able to apply there and then but if they're not because they've had to flee persecution and come in via the back door they won't know this rule. And so having that time span of 3 days can then... And then if they don't apply during that time span quite often they will fail the process. So it's very difficult to... to get accepted in the process in the first place because they've only got that three day window from the time that you arrive on UK soil. So that is a big dilemma for them. And then once they do apply I mean it... Because I think that the reason that that's in place is because they're trying to obviously catch out or crack down on those coming in via the back door and why didn't you come in through a port of entry such as

Heathrow or Gatwick or Dover? And so that's their way of looking at that (Audene, Assist 2. U.K.).

Working with Government

The majority of the participants supported advocacy as a tool for change, particularly in negotiations with government and services. However, many described situations where they felt uncomfortable, and somewhat compromised by actions and decisions that raised ethical challenges. I will return to this point in the section on policy development (on page 220 ff). Some NGOs were described by frontline workers as having been critical of each other in the sector with some organisations challenged for working collaboratively with government departments. One participant described having been accused of being 'in bed with the devil' for his role in working closely with DIMIA and successfully negotiating new policy (Gadiel, International Safety, Aus). Many participants saw their role as actively challenging government ministers and bureaucrats in the development and implementation of policy:

We are also involved in advocacy, and my role is to be, we have to always place our clients first, and we cannot do anything that jeopardises their safety or their claims. But we will challenge the Government and we do. We will protect the Government as an agency, and increasingly now we are more involved behind closed doors, which is somewhat frustrating sometimes, because you see them do things that should be exposed for, but you know you might get the best outcome by threatening that exposure rather than doing it (Parveen, AS Multi-Agency, Aus).

While advocacy was considered a core activity and key to their role, many frontline practitioners described situations when they had been criticised for it. Ghazi described the reaction below of DIMIA when he advocated for basic rights for asylum seekers in detention:

I immediately discovered it was very difficult to treat people, with often quite serious mental illnesses, in that setting. I kind of initially got involved, quite naively with all sorts of internal politics, and there was a low grade hostility, at least that kicked over into scepticism, as soon as we were perceived to do any advocacy, very mild mannered advocacy I must say! Even getting in touch with the detained persons lawyer and having them, just saying that this person needs a little additional assistance, or just writing a report, and DIMIA went berserk over that kind of behaviour, because they saw it as disloyal and us speaking out in a political manner, I was hardly going to the

media I was just trying to get the assistance they required (Ghazi, Refugee Community Support, Aus).

Opportunities:

Advocacy was described by frontline workers as one of the main opportunities to promote changes in work practices in NGOs with asylum seekers and refugees. Many of the participants spoke of their ability to bring together a variety of approaches and ideas and how that facilitated individual development and growth, and also that of the service and sector. That was particularly evident in relation to advocacy with government, and bringing about change on issues such as detention. Sabir described how that process occurred in the development of the community detention model:

But it was only much later when people like X and Y (from NGOs) were able to get some action in getting some lobbying that was around using some figures about how much it [detention] has cost, not just about human rights, not just about obviously the process but saying look here's how much it costs for you to do this. Here's how much it costs for you to house people. Let's talk. So you know they weren't engaging, so in other words the most effective work is with those they were able to engage the government, the local constituents and not on the politics. Again I think a lot of work has gone into the politics and I think they're working under pressure. But moving forward I think with the right government I think and with what the sector's been through I think the sector's a bit more tough (Sabir, International Safety, Aus).

Some participants advocated funding for specific groups of service users and to establish new services, as Charlotte noted:

It's a very small programme that supports a very small number of people. Yes extremely vulnerable people but the extreme...And the programme has some eligibility criteria that includes destitution plus other factors, mental health or dependence through mental health or other kind of extreme conditions and vulnerable positions...(Charlotte, Safe House, Aus).

In some cases mentoring and guidance for workers who came from refugee backgrounds proved vital to ensuring that services incorporated various styles and models, not only those of a 'white welfare model'. One service developed the model where a community worker, who originated from the country of the new arrivals and was the primary key worker:

From a client's perspective it seems to work really well. Because the guide is someone who has maybe been here a year or 2 themselves they have... they have enough knowledge about how things work and operate and where things are and so on but they... they also can relate to the experience of the newly arrived as well (Deepa, On Arrival, Aus).

Importantly many practitioners mentioned the ways in which promoting and advocating alternative work practices were conveyed to a broader audience. Many participants saw the need for linking theory with practice, and vice versa, validating their experience and expertise. Lorna commented on this from the vantage point of her work:

Perhaps an opportunity to see a broader picture or trend, and that is terrific, and the great opportunity with that of course, is to draw on the experience of case work and the people involved, the difficulties and challenges and the strengths of certain people, it's important not to get bogged down with all of the difficulties and so forth, and try and convey that in resources and writing and articles or whatever, to a wider group of people, particularly service providers, and find ways gently of providing education and information (Lorna, Refugee Community Support, Aus).

The importance of ensuring the dialogue about ethnicity and culture was mainstream and not seen as marginal was frequently raised by frontline workers as a key element of advocacy. Participants frequently noted how their advocacy work on cultural difference had promoted and integrated new approaches into standard practices, such as assessment, developing care plans and so forth. Sasha, who worked with children, described how she promoted the ecological approach to assessment (a social work model), which she defined as more inclusive, and a more positive way of addressing issues of ethnicity and culture (Sasha, Children First, U.K.).

Summary

The participants from both Australia and the U.K. acknowledged how advocating was difficult for service users who were subject to the systems of protection. They experienced the systems of applying for asylum, appealing claims, and even humanitarian selection as biased and unfair, inconsistent and perpetuating inequality.

The issue of working collaboratively with Government was discussed more frequently by the Australian participants than the U.K. participants. There may be many reasons for this, including the separation between statutory services and the many NGOs in the

U.K., possibly less access by NGOs to Government ministers and official forums in Britain, and also, not least, the role of frontline workers who were interviewed. The Australian participants discussed implementing more innovative work practices, such as the community detention model and mentoring for refugees, as a direct result of their advocacy work with Government. Some of the U.K. participants discussed how they incorporated more direct approaches addressing culture and ethnicity into their practice and training work, and that this had a wide-ranging benefit on the assessment of children.

2. Community Development

A range of terms were used by participants to describe involvement in community work that utilised a framework of empowering service users including capacity building, community development and community empowerment. Community development emerged as the favoured term and model of practice of the frontline workers interviewed in Australia. Many participants described projects where they were able to work in partnership with other services, and where refugees were prominent in providing the direction. This was seen as critical to the success of any project:

You can't invite people into the country then see them in public housing on Centre Link benefits and criticise them for it. You have to give them the opportunity to manage themselves and the framework in which to do it and if you don't you... you can't make them accountable for the lives that they come to lead. Many of them would be just incredibly grateful to be here, I understand that, but the majority of people want to get on, they want to have good lives (Samar, Build Capacity, Aus).

The U.K. participants commented on how community development had a large impact in promoting integration of newly arrived communities, particularly in urban areas. Participants described how the promotion of cultural activities in community work had dispelled myths and encouraged positive interaction and understanding between local community members. George described what he noted as a change in services and frontline worker's knowledge in relation to asylum seekers in central London:

I've seen changes on both sides to some extent in that I think some things have improved actually. I've been here 5 years and from when I started to now a lot of services in London definitely have become more experienced, more knowledgeable and legislation and High Court rulings have been made that have actually helped things and also the local authority's awareness of that legislation [and] how to apply [it] has helped things. Certainly in London, to some extent in the regions, it's spreading. There's

still lots of problems in the regions around experience, knowledge, capacity but it's gotten better in some areas... the whole issue is such a hot potato that I believe that it does impact on services, it does impact on local authority services (George, Assist 1, U.K.).

Participants pointed out that newly arrived communities needed to understand how to access funds and services, and what the expectations were in terms of partnership working. They frequently commented on the debate about the role of 'charity' and the limitations of the model of 'welfare services' and contrasting it with the role of capacity building. In reflecting on working with newly arrived communities, Sabir highlighted the importance of engaging with community organisations, and providing them with information and knowledge in order to enable them to build their own capacity:

I suppose there's a philosophy around whether we're delivering welfare services or building capacity and coming from a perspective where we are identifying key people needing community support and education and training and we give them opportunities, and that's kind of what community organisations that I've come from which is around, they're so motivated. The leaders at the communities... the new arrival communities are amazing people often who are given the opportunity, you know, to really contribute a lot, support, bring people together (Sabir, International Safety, Aus).

Dilemmas

Frontline workers raised a number of dilemmas in their community development work. I will focus briefly on three key issues: human rights, the ethics of consent, and gender.

Human rights

There has been considerable debate about what constitutes human rights, and the implementation of a human rights approach in working with service users. The participants commented on how the priorities of refugees and asylum seekers may be different from the aims of service providers, and raised a number of challenges in terms of how one defined human rights. Frontline workers were aware of the conflict that might arise when expectations diverged. One participant articulated this dilemma in relation to a particular community development project and raised the issue of 'ownership' of the project as it moved away from the NGO, and became the 'community's':

When groups with refugees form an association, often with the help of organisations such as ours, to assist them with this Community Development Project, that whole 'when will we lose control' when will we no

longer be the one, human beings being what they are, we naturally want affirmation and a sense of our stake in this, and when can we step back and allow people to self determine, and whether we think it is a big mistake on certain points, or whether we think that we are going the wrong way, or allow people to make that mistake, so that is interesting (Lorna, Refugee Community Support, Aus).

Another participant described how he met with a newly arrived group of men, who had suffered human rights abuses, and he wanted to address their needs by referring them to health services, educational programs, and provide them with re-training options. He noted:

And they said 'We just want work', and most of them have got the experience of working on building sites in Kuala Lumpur, where they get paid a tenth of what the locals get paid. And I think this is a disaster, anything will do, as long as something is thrown at me at the end of the day. And I was saying no, no no, of course you want work, but I was trying to encourage them to see out their period for English classes, and then maybe consider doing a short term TAFE course, which might give them some certificate which might point them towards the building industry with some sort of ticket that would give them security and make them saleable (Mohammed, Refugee Community Support, Aus).

While there was no disputing their need for work, the worker had to acknowledge that the men had no sense of the need to plan ahead, that they had always survived hand to mouth, and that the abuses they had experienced were a part of their daily reality. The worker grappled with imposing his own model of working onto these young men, and to accept their defined need, to establish themselves in the labour market.

Another participant described her experience when working with a small NGO that provided training for young people from a refugee background who were not in education. She identified the human rights of this group as being particularly in need of attention and sought to find ways of engaging them in activities that were meaningful for them and developed their sense of capacity. She described how the organisation worked to address these needs in a community context:

It's very inclusive, no-one is turned away. There's a lot of people of migrant and refugee background, a huge number and we wanted to see those people get a real opportunity to move on and through, which they're not getting, accessing education. For many of them they've come here because that hasn't worked. And, you know, the stats for young people in

high school from refugee background are horrendous for dropping out. So Build Capacity has that reputation of, you know, taking people in and training them to some degree but what it can do is train informally and assist them into the workplace if that's what people want...(Samar, Build Capacity, Aus).

She acknowledged that more needed to be done in mainstream education to keep these young people engaged, but also the reality that it was not, and real alternatives needed to be found. This frontline worker struggled with her own frustration at the same time as trying to be constructive and positive in developing the young people's capacity.

Participants raised concerns about the politically expedient use of the term multiculturalism, and how refugee communities had been exploited for political gain. This extended to community development projects which had been developed by services for asylum seekers and refugees, and undermined the fundamental principle of joint planning and development:

I think the role with multi-culturalism and various ethnic bodies, suddenly politicians realise they need to listen to it, because there are so many votes in it! The refugee community is much smaller of course, and are far more disempowered when they come here, in terms of what they face and what they are coping with, and then they become more established in their role, and whether we as an agency allow it. We have to be conscious of that cross-cultural thing, and the barriers, how they take part, power, and in decision making in their communities, and so forth (Lorna, Refugee Community Support, Aus).

The ethics of consent.

Many frontline workers' described ethical dilemmas in practice about the degree of consent that service users and staff (particularly those from refugee backgrounds) had in the participation and development of materials and literature of NGOs. Gaining consent, essential to good practice, was not always undertaken in services, and some frontline practitioners had doubts about the capacity of staff or service users, who may have felt too vulnerable, to provide it. Lorna described this in the context of her work:

When writing up case studies, and obvious ones like using non identifiable material, you want it to be real and grounded, you want it to capture people, and feeling a bit of the raw stuff of life, but even with all of that people lose a bit of control about what goes in, they may not get an opportunity to look

at it. Do people really feel that have a choice? Especially if English is not their first language, is it easier to say yes? Did s/he really want to be involved, or did s/he think it was part of her/his role here? (Lorna, Refugee Community Support, Aus).

Gender and cultural stereotypes

The issues of patriarchy and gender arose as a key dilemma in all dimensions of the frontline workers' accounts of their practice, from one to one work to community development and policy work. In some cases there was a clash between gender and culture that raised conflicts for specific groups of service users. Many of the participants raised the importance of diverse strategies to work with new communities on issues of gender, and how new behaviours must be learned by both men and women in order to adapt to the host community. Refugee workers played an instrumental role in modelling and also challenging behaviours that were seen as not appropriate in the host countries:

Yes it is changing, and we say it is very, very important, you don't do these things. And when you come here you might feel embarrassed but the reality says now you are here with your wife, and your wife might be in the shopping centre, and you are left alone with kids, and there is a need to change a nappy. Can you wait for her, or can you do it? And if he does it, ok, that is a big change... We can change, that is what we showed, because when you come here, the environment is different, the culture is different. And we need something that will help us to adapt, and to survive here (Tony, Refugee Community Support, Aus).

Many expressed doubts about services that maintained a 'white male middle class' way of delivering care, and that didn't promote other models. However, some mentioned that there had been community development work that has addressed precisely these issues:

I know in the western suburbs that there's been quite a lot of work done with parenting, offering kind of alternative parenting models and information sessions on family violence and info sessions for men, around rights, the law and also, alternative ways of conflict kind of resolution (Khushi, International Safety, Aus).

While promoting the advantages of community development, participants were concerned about making cultural assumptions, based on what they thought was the capacity of communities. Many of the participants reflected on the role of culture in their work, and the wide variety of interpretations about culture. Most were wary of

homogenising asylum seekers and refugees according to culture, and gave a range of examples about the huge variation within certain ethnic populations. They stressed how important it was to get to know people and not characterise them by stereotypes. One frontline worker mentioned the differences and dilemmas in the following example:

And then you've got people from other cultures who ultimately are exactly the same, some people might be under the impression that well when they see people from their own culture it will be fine but it's not. I've worked with people who the opposite is true and they don't want to see people from their own culture for a number of reasons. Or they do see people from their own culture and it works very well. So I don't think anybody can make any assumptions about culture really or shouldn't (George, Assist, U.K.).

Opportunities

The main opportunities participants identified in relation to community development and capacity building was the ability to promote innovation through challenging the welfare models favoured by many organisations based on charity. Sabir stated:

So why I'm excited about my role is that the potential for helping refugee and migrants to help themselves, so not just a welfare model. I don't like that. It's about building sustainability. (International Safety, Aus)

One participant specifically emphasised the importance of working with communities to explore cultural differences utilising the ecological approach promoted in social work, while refuting any assumptions about culture. She described providing training sessions on cultural diversity and utilizing the participants' experience, and said 'I'm not here to teach you how to tie a sari!' (Sasha, Children First, U.K.).

Many participants reflected on the changes brought about by community development in recent years, and the contribution of the voluntary sector in building bridges with host communities. In Britain there was evidence of change in deprived areas, and many highlighted the positive contribution of NGOs:

But I do think there have been lessons learned, and the role of the voluntary sector cannot be underestimated. I know from my contacts in Manchester, like Refugee Action and some of the community groups, have played an integral role in building up the relationships between refugees and the wider host communities, and also liaising with Primary Care Trusts and mental health providers. So I think that things have improved a lot (Drew, Wellbeing, U.K.).

Finally, another participant raised how considerable community development work had been done in schools that had a positive impact with children and their families.

Well again, I think there are some very positive contributions, with people befriending and good community initiatives, countering negative stereotypes. There has been good work done in schools. But there is a negative attitudes about why people are here, and lack of understanding about the reality of that, and that people are given all sorts of things. So there is an opportunity for people to get to know people directly which has been very important. There has been some very good work done in schools. (Ali, Caring for Health, U.K.)

Summary

The use of the term 'community development' varied in Australia and the U.K., possibly reflecting trends in practice of frontline workers. In Australia the emphasis of community development was on partnership working and in the U.K. it was more on integration.

The dilemmas facing frontline workers in Australia tended to focus on the 'ownership' of projects and the capacity of service users to give informed consent to participate. Many of the U.K. participants discussed issues of cultural sensitivity and the importance of not homogenising communities. For many of the participants based in London, the emphasis on cultural diversity and practice that reflected respect for difference was critical to good practice. Participants in both Australia and the U.K. discussed the importance of community development in building relationships with the host communities and how working with children was central to doing this.

3. Casework

Casework was frequently defined as the core activity of social workers and social care workers, including youth workers and people working with specific client groups such as asylum seekers and refugees. The co-ordination of care and the contracting with services, based on the clients' wishes was central to the task of casework. Casework could be with an individual, a couple or family, or with a group of people. Service provision with and to asylum seekers is a complex area involving both the assessment of health and social care needs and combining these with an understanding of access to services in the context of immigration and legal status. It was the uniqueness of this tension that raised ethical challenges and dilemmas in relation to the duty of care of frontline workers.

Counselling may be incorporated into casework, or it can be a separate activity undertaken by a range of health and social care professionals and care workers. The training for counselling can be varied, with some people having specific accredited qualifications, and others having done a short course. In this study, some participants working as counsellors were psychologists, social workers, youth workers, GPs, nurses and ethnic health workers. Many of the participants described their concerns about counselling asylum seekers who were destitute and homeless, uncertain about their immigration status, and in a high state of anxiety or fear about the possibility of having to return to their country of origin. However, they maintained that it was often the relationship with someone who cared that was critical to their recovery and well being.

Casework and counselling provided by those in NGOs was described as providing a safe place for refugees and asylum seekers to discuss their feelings, and obtain support. However, frontline workers acknowledged that it was not value free, and that a tension existed between pathologising asylum seekers and raising false expectations of support. Participants raised three inter-related issues that foreshadowed the key dilemmas in their practice. I go on to describe these points before moving to the dilemmas and opportunities that are present in the work.

First was their awareness of the expectations of asylum seekers and how these produced conflicting pressures to define and limit their capacity to provide support. Second was how they framed the issue of mental health and contextualised debates about post-traumatic stress disorder. Third was the way in which service user needs conflicted with those of bureaucracy, this included issues of accountability and expertise particularly when mainstream and specialist services were restricted. These issues foreshadow the dilemmas that practitioners described, which related to more specific areas of their practice, including voluntary return, gender, age determination, torture and trauma and work rights.

Expectations of asylum seekers and refugees

One of the key issues that many participants raised was in relation to the high level of expectations clients had of them as service providers and individuals and how they dealt with the conflicting emotions that this aroused. They described this as a common dimension of their relationship, and it contributed to how refugees and asylum seekers saw the effectiveness of services that frontline workers provided. They spoke about walking a tight rope of maintaining active involvement with clients, but not wanting to raise false expectations:

But it's very easy for asylum seekers to have their hope complicated, if not eroded, and their fears heightened rather than dissipated (Cassius, International Safety, Aus).

Participants spoke about how service users often asked the question 'what is it that you can do for me and/or my family?' A participant from a refugee background described the dilemma of meeting the expectations of new arrivals:

A lot of expectations are not met for newly arrived people, refugees come with high expectations, and once he [sic] is on the ground facing the reality, the expectations and the reality don't match together. So this is a dilemma for those supporting those communities, gaining the trust, and to let these communities to integrate into the wider community, that slows down the integration. (Tony, Refugee Community Support, Aus).

Participants described how they felt the expectations of service users attributed them with more power than they actually had. Frequently service users became frustrated, and in some cases directed their anger at services providers:

But my constraint is just that I have no power. It's difficult when your clients think that you've got power because you can phone people up (Leonie, Assist Team 4, U.K.).

The anger that was projected onto the workers occurred when refugees and asylum seekers felt that not enough had been done for them, or when services were not able to assist in addressing structural barriers. One participant reflected:

Because they get angry and think that it's your fault. Not always, I mean most people are quite... most people are quite sort of appreciative but sometimes when people are just at the end of their tether they just sort of walk out or something and make you feel like it's your fault but you kind of... I'm kind of immune to that really because I know they're just frustrated (Khushi, International Safety, Aus).

Mental health and PTSD

Working with refugees and asylum seekers who suffered distress and anxiety was described as a critical element of casework and counselling. Frontline practitioners were expected to have an understanding of the factors that contributed to poor mental health and to provide information and assistance to those whom they assessed as 'at risk'. However, many of the participants were critical of the way poor mental health

was so frequently linked to the experience of all asylum seekers and refugees. Participants raised concerns about how poor mental health, and PTSD in particular, was seen as critical to successful asylum claims. Many highlighted the tension of working with mental health needs and more acute psychological conditions but not losing sight of the human rights issues related to claiming asylum:

I think it is certainly the case that PTSD only describes a very narrow spectrum of the responses to trauma and torture, it mustn't be overused, and we need to be describing (because we are broader, not narrowly psychiatric in that way), so we need to be describing the broad spectrum of responses to trauma that includes all those kinds of things that aren't symptoms as such: loss, displacement, identity, confusion and so on (Ghazi, Refugee Community Support, Aus).

Frontline workers were cautious about interpreting post-traumatic stress, and some participants discussed the importance of understanding how the settlement period contributed to the deterioration of service users' mental health. For some new arrivals that were without any certainty about their immigration status this deterioration continued for years at a time. In fact many frontline workers were disinclined to use the term PTSD, and preferred to frame the distress in more socio-political terms. One frontline worker described it as follows:

Well that's the reason sometimes I doubt and sometimes I am confused about post-traumatic stress disorder. I say well it is current traumatic stress disorder. There is no post apart from where they are coming, apart from what was their experience as soon as they get better status they forget the past. They face new challenges, new problems... there is no relationship between those problems and post-traumatic stress disorder. It is a normal problem for any single person who comes to this new environment, very new environment, socially, culturally, politically and economically (Austin, Assist Team 2, U.K.).

Challenges facing NGOs.

Many of the participants in this study described their frustration with the limited sessions they provided to those seeking asylum because asylum seekers were defined as 'ineligible' or 'failed'. Some frontline workers described the difficulty of having one or two sessions with an asylum seeker for an assessment as very restrictive. However, others noted how they were able to raise these concerns in their organisations and advocate for prioritising them, and committing to long term care:

It hasn't affected what I do, there is an irony here in this place, that we get paid for work with asylum seekers who become eligible for assistance through the Asylum Seeker Assistance Scheme (ASAS) through the Red Cross, but not for so called 'ineligible' asylum seekers who don't get access to that scheme. Now what that's meant is in the past that asylum seekers who were eligible for assistance, get prioritised and go to the top of our waiting list for services. And asylum seekers who aren't eligible, might wait for months to get picked up, now I think that is ludicrous, and the agency is recognising that is ludicrous and we are changing that. But it does mean that there is a cost to the agency in seeing someone who is not attracting funds for that intervention, and that leads to a bigger question because that person is arguably even more in need than someone who is eligible for assistance, so ethically, we need to see them, and to respond to them (Madihah, Refugee Community Support, Aus).

In the U.K. agencies were explicitly told that they could not provide services to 'failed' asylum seekers, unless they signed up to Section 4 ('voluntary' removal), which participants argued led to increased levels of destitution:

They don't have the right to work, which has been one of the major demands from refugee community organisations and activists in this country to gain it but we have not succeeded so far. And then many of these people don't have support from communities so they go... they become homeless and destitute and no community organisation has the right to support them, the government would seek, you know, legal action against them. So in terms... we have seen people sleeping outside the office for hours, for days, even in the cold winter (Aaron, Assist, U.K.).

Despite organisations being funded to only work with specific groups of clients, in many cases frontline workers said they attempted to assist even if the request fell outside of their remit. Bessie outlined this:

I would always help an irregular migrant who may be vulnerable and may need perhaps just a little bit of assistance to get them to the right services but, you know, very, very difficult when you get someone that may need legal advice and don't know that we can give... you know, we can't give legal advice to that person (Asylum Europe, U.K.).

Frontline workers reflected on what they had heard of people's experience in refugee camps, and how they had to survive in terrible conditions. Many participants described

abuse, corruption, child abuse, and sexual assault. They were conscious of how abuse impacted on the development of their relationships with service users and how they may feel suspicious and distrustful towards them. They also described how bureaucratic service needs conflicted with those of the service user. For example asylum seekers and refugees frequently underwent multiple assessments and had to repeat their story over and over. In some cases people became angry or disengaged, or refused to provide information. Many participants acknowledged how powerless the clients felt, and that resistance was the only way they could exercise agency. One participant noted the tension between the needs of the agency and those of the client:

My feeling was that they were really quite frightened whenever they had to go to official meetings. So if that is the case, it is highly likely that they would see me as an 'official' who might do them a service, but might do them a disservice as well. So that's the difficulty I think, the agency needs to have its data, in order to get funding, and it needs to be able to display an expertise. But neither of those things are necessarily compatible with what the clients wants (Mohammed, Refugee Community Support, Aus).

Many participants raised concerns about the levels of accountability and the quality of services provided by NGOs and the voluntary sector. Participants described their distress in hearing about circumstances where a client had been abused, and how powerless they were to do anything about it. The case of a woman who was raped when she was eight months pregnant illustrated this point in the introduction. They voiced reservations about how there were not the necessary safeguards in place to protect the needs of service users. One participant observed:

If you've referred someone on to a good service and they've provided a good service and it's been reliable and so on, and they've seen things through, you're going refer to them again. And the same is true if you've referred on and they've been hopeless or haven't followed it up or whatever, you don't bother the next time. And part of that is around satisfaction for the case coordinator as well, you want to see someone take on, continue on good work with your client and that... that can be a dilemma because there are some very shoddy agencies out there who are continuing to be funded by the department and that, you know, get very vocal and annoyed with us around why haven't you made referrals (Deepa, On Arrival, Aus).

Frontline workers also noted that agencies faced a dilemma in the absence of alternatives, and they frequently had no other option with regard to referral. One participant described this clearly:

So one common dilemma is needing to help people with housing or income or around issues of poverty or family breakdown and so on when in fact there's a whole lot of restrictions on getting support. And then if support is provided by charity and by church groups and, you know, pro bono systems it often means that you don't have the usual accountability or professionalism attached to that so, you know, you can't put asylum seekers needing housing in any housing situation because you do inevitably have your duty of care responsibilities but you often do have to rely on... on support options that aren't mainstream (Cassius, International Safety, Aus).

This may leave service users vulnerable to abuse, and with little opportunity to raise complaints. Participants noted that service users had reported that they were often told that they had no right to expect services, and they were 'to put up and shut up'. Frontline workers noted how referring service users to other providers who may not understand the context of working with asylum seekers and refugees could compromise service delivery. They also questioned the ethics of referring asylum seekers who had no other options to unknown providers:

You know, when we don't have enough volunteers should we be sending clients out in to the community if we could get them in to see someone who'd see them pro bono given that people in the community don't know the context... That's a dilemma (Myesha, AS Multi-Agency, Aus)

Many frontline workers reflected on the partnerships and level of accountability they had with community agencies. In most cases there was a high level of commitment and communication between agencies, but there were some examples of services being unreliable, or working in competition for funding:

Well I do have to say that I think that sector is as good as the individuals in it. So if you have outstanding workers then, you know, your work is easier and if you have good relationships then your bonds are strong. If you don't have those then your work is a lot harder and Melbourne's a village really so in the sector you do start to know people fairly well (Samar, Build Capacity, Aus.).

Some of the participants commented on the way in which NGOs sought funding through philanthropic trusts in an increasingly competitive environment. Some also questioned the ways in which services were offered and, at a more fundamental level, if they could be run more in the interests of service users. Many questioned the refugee 'industry' (also referring to international development aid) and the status of NGOs:

A lot of people are incredibly sympathetic and I think there is probably a parallel between the hardening of the system of detention and people arriving here without papers, and the support for this agency. We've grown a lot and my guess is, and I'm a bit removed from that, but we have a lot of benefactors, who I think are wealthy, richer people, influential people who want to counteract what they think is a bad thing. And why wouldn't this agency capitalise on that, but it also makes me think or feel a little bit uncomfortable, because again whose needs are being met, who is benefiting from the situation? Even if you think about the consortium, the amount of money spent on an individual or household would have to be quite considerable, I would imagine if you lay that on the table to a lot of newly arrived refugees, they would say 'well bugger you lot, just give me the money'. I'm not saying that should be the case, and people might still be in a terrible position, once the money had disappeared, and chances are that they would be fleeced pretty quickly. It is something I struggle with. But I wonder who wins, who is gaining out of all this (Mohammed, Refugee Community Support, Aus.)

The majority of participants argued that there was a level of ambivalence about the value of their professional skills and reports. On the one hand they felt their professional opinion was valued by other services and agencies and many of the participants suggested there was an increased recognition of frontline workers' knowledge in the field. However, due to the rapid policy and legislative changes their expertise was frequently challenged and called into question:

No-body is an expert in this field, absolutely no-body. Mainly because the client group is changing all the time, so in terms of who is settling in this country, we are as much of an expert as anybody else (Mohammed, Refugee Community Support, Aus).

Some frontline workers described a tension working with other NGOs and government departments in relation to having expertise overall. Some believed that their expertise was frequently challenged during the process of both applying for asylum and appealing negative decisions made by the Home Office or DIMIA. Many of the frontline

workers developed relationships with service users over a long period of time, in some cases years. They described getting to know the person and their family (if they had family) in a unique way. In some cases the service user had disclosed torture and trauma, and spoken about things that they did not talk to anyone else about. Participants in this research raised the contradiction of when the service users had their trauma recognised, but were simultaneously discredited in their application or appeal. Madihah clearly outlined this conundrum:

The decision maker at DIMA or RRT might say 'well yes I agree or accept that the counsellor has assessed this person is experiencing these symptoms that are consistent with a reaction to trauma but I cannot accept that they are necessarily related to the history of persecution that this person has claimed to have experienced'. So they are questioning expert assessments, and having it both ways, saying: 'Oh ok well yes this person might be experiencing this but no-one can say that it is linked to a history of persecution that is part of their claim', it's both ways and in the end dismissive of both the relationship and a lot of things, but the relationship people here have established before they write reports and to suggest an interview, of how many hours, one can form an opinion that dismisses a relationship that has developed over months, maybe years (Madihah, Refugee Community Support, Aus).

Despite this, frontline workers reflected on how their agency frequently supported their often long-term work with service users, hence valuing their decision making capacity and professional expertise. This substantiated claims about the validity of the work, and highlighted yet again for those working in NGOs how their perspective was at odds with that of Immigration services.

Dilemmas:

A number of dilemmas arose in the casework duties of frontline workers, and these were common to practitioners in both Australia and the U.K. There was some variation in terms of the impact of legislation, and also the access to services particularly in relation to health care. The main issues included voluntary return, gender and women's health, age determination, torture and trauma and work rights.

Voluntary return

The issue of returns raised both positive and negative experiences for participants and the stated aims of their casework. Some of the frontline workers had direct experience of advising people about returning, in some cases after their claim or appeal had failed, and in others when service users had raised it voluntarily. Frontline workers were

mindful of the scale of issues facing potential returnees. These ranged from shame at not having been financially successful, to disappointment with regard to their family, to fear of confronting the political regime or groups who had initially abused them. One participant observed:

I've heard this quite often now where especially people going back to somewhere like Iran, where you have a really authoritarian government and it's happened quite a few times that family members that they may have been imprisoned because of this member. And quite often they will say look I need to go back and give myself up to the authority so that this person can be released and just... that takes an awful lot of courage to think that... and an awful lot of love and self-sacrifice on behalf of that person to think that they're going to go back to the Iranian authority and just say here I am, you know, imprison me and release my family member (Bessie, Asylum Europe, U.K.).

Participants who worked with those who were considering returning to their country of origin described the criticism they often received from other NGOs, who suggested they were doing the work of the immigration department. In the interviews they stated that they were offering a service based on giving information to service users to assist them in making informed choices. One participant noted how building the relationship with asylum seekers was important, and referring them to the appropriate service for support and preparation for return was an important role for an NGO who had contacts internationally, and was more likely to have a realistic picture of the situation in their country of origin.

Many participants discussed the tension between social care and legal frameworks in the provision of support and information to asylum seekers. One frontline worker discussed the situation she faced when she received pressure from legal advisors to counsel asylum seekers about return, and ultimately to stop seeing them:

And at the moment it sits that when the lawyers say 'that's it' the rest of us... for example I might be able to continue counselling someone, I'm not to assist the client in any way in any further attempts to stay in the country. Now as a psychologist, as any type of counsellor, and certainly the psychiatrists there's no way we can do that. And, you know, at one point someone sort of suggested that we should be doing basically... they didn't use the words but basically we should be doing some motivation interviewing, you know, making them see that it's in their best interests to leave the country. Again not my job. ...But as far as I'm concerned this

client group are the clients in the most need. You know, there's no way I can take on a client in the beginning and say but when you're at your worst I can't help you. I can't do that morally, ethically I can't do that and neither can my team (Myesha, AS Multi-Agency, Aus).

Participants noted that it was important for all asylum seekers to consider their options, and that frontline workers had to confront these with their clients. Again, Myesha described this process of decision making:

It's part of the process that people come to, to then make their final decision. And they've still got choices at that stage. They've got the choice to go underground...which is not a good choice. They've got the choice to leave. They've got the choice to commit suicide. They have choices (Myesha, AS Multi-Agency, Aus).

Another participant who worked in the U.K. described how her role of providing advice had changed over the past 10 years, and it was the process of preparation for return that was most important for asylum seekers, irregular migrants and those with refugee status:

So I think my role has changed quite a lot too in 10 years from being... answering advice questions or... and solving problems to being more a counselling role where I will sit down with a client and go through what's happening in the UK, what's happening back in their country of origin and putting it forward to them so I think definitely my role has changed a lot in that time (Bessie, Asylum Europe, U.K.).

In some cases participants reflected on the positive outcomes for people who had failed in their asylum claim, and then returned back home. For some asylum seekers the situation in their home country may have settled down or resolved itself, and in others they had wanted to return home to family. Penelope described the positive outcome for a woman in the U.K. who had been sectioned under the Mental Health Act, and eventually returned home to establish her own business:

I had a lady the other month and... ever such a nice lady. But again she'd been up north and they sectioned her and then they turfed her out. And then when she came down here she was, I suppose, a bit odd but the stress might have set that on. I didn't really find her that odd. I mean it's strange that people say oh they've got mental health problems, they act odd. And I'm like well they seem alright to me. I must not see it. Perhaps I'm as odd as them, you know, I don't know. But anyway she had some medication off the doctor and she really brightened up. She really sparked

and, you know, she was fine. Anyway she went on to Section 4 and she very dressed nice. And when we got to know her she was actually a school teacher and she wanted to do IOM and voluntary return and I said what are you going to do when you go back to your country? She said well I'm not going to be a teacher. But anyway she said I'm going to be a chicken farmer. And do you know she was as happy as anything. She went back and as far as we know she's started her chicken farm and she's happy. And yet she was a woman that had been sectioned...(Penelope, Care, U.K.).

Gender and women specific issues

Participants commented on the issue of gender in relation to service delivery, and the struggle they as feminists had with working within, or in partnership with very patriarchal cultures. In some cases this involved confronting stereotypes, challenging cultural perceptions of mental health, dealing with issues of dependency, independence and acculturation:

I think the struggle is around getting men to engage with the services as well and have a shift in, you know, how they view power I guess because the women are certainly engaging in the services in my experience anyway (Khushi, Int Safety, Aus).

We saw earlier how women's health issues featured as a key issue in casework, with many participants having raised concerns such as domestic violence, rape crisis counselling, abortion and female genital mutilation (FGM). The issue of family violence, violence against women, and child abuse, was of particular concern, and emerged in many frontline workers' caseloads. They described dilemmas in relation to how to balance issues of gender with those of cultural norms, as Ghazi illustrated:

Maybe the women in the family now feel that there are other models here that lead to greater autonomy and that is leading to tension in the family. To what extent does one take an entirely neutral position, assuming there is no violence or anything, and that things are within the law, obviously if it is not within the law then it is very clear. But if it is within the law and attitudes are very clear and we find totally unacceptable about education of girls within the family for example, and the division of labour in the family, that kind of stuff, and things that are quite unsettling, (Ghazi, Refugee Community Support, Aus).

A worker from the U.K. described her experience of working with women who had been victims of violence prior to arrival in the U.K. and how her team assisted by providing

counselling and support. Another participant described her experience of working with women who had complex gynaecological health care needs as a result of rape and sexual violence:

And it's also their complete lack of awareness about what they can do with themselves. What... You know, now that they are here in the UK what... you know, what they can do now. It's not like at home. They can choose to have the baby adopted if they want to. They can have an abortion if they feel that that's what they want. And trying to explain all that to them and trying to explain what a termination is. I had a client that came in with a letter requesting to go for a cervical smear which is a standard routine procedure for every woman in the UK that's registered with a GP. Luckily she got registered and they invited her for a cervical smear and she came in absolutely freaking and I explained what... She didn't even know what her cervix was or anything, quite a young girl and then she just started crying, she was quite hysterical. And I said, you know, what's wrong? It turned out that she'd been mutilated. She thought that they wanted her to go along to check her about because she'd left her country because of her FGM. They were going to report her to the Home Office and get in touch with her family back home. So even the tiniest things in these clients can stir up so many emotions. Something as small as a cervical smear caused that much anxiety. I mean number one she didn't know what it was in the first place. But once she found out I'm just glad she was in a safe place to have been told that information, you know? (Audene, Assist 2, U.K.).

Another participant who worked with women and health described her experience:

Sometimes we have to explain to people. We also do the service when they first come into the UK we explain the asylum procedures, rights in the UK and make a particular effort to explain, you know, women's rights and it's not OK to have an abusive relationship. It's against the law in the UK because the laws are often different in the countries where people come from (Halah, Assist 2, U.K.).

Interpreting emerged as an issue for women whose claims for asylum were being examined on the basis of sensitive gender based violence. The lack of gender sensitivity could jeopardise the evidence of women, and combined with a fast tracking hearing, could contribute to a woman not disclosing relevant information. The following worker described the problem:

I still have some concerns about it as far as tracking and issues such as mental health and that may not come out. If someone is fast-tracked in a few weeks and a decision is made something might not come out. It might be that it was an inappropriate interviewer, you know, it might have been a male interviewing a female or a female interviewing a male. And these issues might not have come out. They may not have... And that concerns me. That concerns me a lot (Penelope, Care, U.K.).

Many commented on how they had to adapt their practice to ensure they were including women's views. They said they found it challenging working with patriarchal men, and questioned how best to respond to the changing role of women in the family:

I know a number of workers find it difficult, and they find some of the Sudanese men extremely patriarchal. I think the same experience might have been with previous waves of refugees and that was something that had to be come to grips with. I think that can pose challenges because it is a dilemma in a counselling role as to how much to accept a cultural attribute, if we say that patriarchy is a cultural attribute, and it does vary in general terms between cultures, although in fact there is huge intercultural variation too, and you've got a situation where the family is being run extremely autocratically, the counsellors view is that is not adaptive for other members of the family, and it's leading to conflict. (Ghazi, Refugee Community Support, Aus).

There was recognition by the frontline workers of the tension between respecting the role of patriarchy in certain cultures; however, there was also a questioning of the assumptions underlying working with specific and equally diverse cultures:

I mean we have a policy that if you have a female client it may be that they may want to be interviewed by a female member of staff and the same with say like if we need to use an interpreter that we would offer people an interpreter. I mean I think as regards say for example if we have a family that approaches our services you have to be quite observant to ensure that for example the woman is consenting in her own right to go back rather than it's the husband that's doing all the talking and just really, you know, you may not get... you just have to ensure that the woman's rights or her views are also being met as well (Bessie, Asylum Europe, U.K.).

The changes in family roles was recognised by frontline workers as one of the main issues facing refugees and asylum seekers, as it impacted on all members. There were frequent references to children supporting parents, women headed families, men

having less or different family status, and exposure to very different cultural family norms of the new host country. One frontline worker noted:

I guess one of the biggest [issues] is... is patriarchy. And people having to grapple with the different roles of men in this society and, you know, their wives maybe embracing that or their kids embracing that and the kind of, you know, issues that that throws up...I think that's one of the issues that the men find difficult to deal with like, you know, looking at the African community, it meant to be their role and they're the bread winner and now they're unemployed and can't speak English and, you know, their kids might have more, you know, a stronger foot in the new culture than they do and so, you know, I've wondered if the violence is sometimes, you know, it's kind of this desperate attempt at control when really they're kind of out of control or, you know, they've lost a lot of their power, their control (Khushi, International Safety, Aus).

Many of the frontline workers had worked on projects about parenting and engaged in community education on issues such as domestic violence and child abuse. Practitioners described getting involved in work as a result of clashes in culture and norms in terms of what was appropriate in both Australia and the U.K. One frontline worker, also from a refugee background, reflected on the role of men in his culture, and working with men to adapt to the new circumstances:

Our background is that we have an extended family. Sometimes as a man, you don't have the man's role with kids, from five to zero you don't usually do anything in bringing up that age, because you have your mum, your grand mum, your daughter, your assistance, they all take that responsibility, you don't even cook, you don't make a cup of tea for yourself. And coming to Australia, it's a different environment, you are in a position to do something to help your wife, men have a role to play at home. Teaching them their own language, taking them to the playground, to whatever they wanted, and that role was not part of men's role in their country, for men of African background. The whole culture and the support is for the extended family and the community, and you don't do very much (Tony, Refugee Community Support, Aus).

Age determination

A major issue facing frontline workers who worked with unaccompanied asylum seeking children in the U.K. was age determination. As noted above, the issue was

pertinent in the U.K. due to provision of care to young people under 18, under the Children Act (1989). The conflict between the providers (Local Authorities and NASS) frequently meant that young people were being assessed for age in order to differentiate them in adult and children's services. Some frontline workers spoke about their doubts when working with service users who were not the client group they were expecting to work with. This raised a number of ethical and ontological questions. One participant who worked with unaccompanied asylum seeking children commented:

We have a debate, an ongoing debate, within our team, about the age problem because we have to make decisions on whether somebody is older or younger and we can become a bit jaded and cynical. You know, sometimes quite a few of us, if not all of us, in our team will say we think the majority of the people we are seeing are actually adults, not children, and it winds you up. Obviously you have to try and separate your professional practice from that which I think we are largely very good at. Feeling that you've come into the field to work with genuine asylum seekers so called, you know, fleeing danger and genuine children, young people, and then sometimes feeling that people you're working with are not genuine asylum seekers, probably come here for economic or educational reasons not fleeing persecution or danger as such and also whether or not they're really young or old, yeah it can be a source of frustration... (George, Assist 1, U.K.).

Torture and trauma

Some frontline workers described working with sensitive issues in relation to torture and trauma. For many frontline workers these issues are seen as the domain of specialist services. However, most were aware that when working with certain service users, they knew that they were likely to have experience of, or had witnessed, torture and trauma. Frontline workers stated that mainstream services did not understand the complexity of working with this client group. Ali outlined some of the difficulties of this below:

Well as I mentioned, [the constraints are] the restrictive policy, and the fact that the work is very undervalued by PCTs. I think it is very complex, and quite hard to capture really because the way that General Practice is judged within a quality framework, and the parameters are limited. For instance the emphasis is placed on chronic disease and palliative care, which actually affect very few refugees or asylum seekers and looking after their needs. For example, young people with psychological issues, but not necessarily diagnosed with mental health. And the challenges really are

with the legal system. And with people who have been tortured, when it has been deemed as safe to return them, and actually there have been instances where people have been returned and they have been tortured again, and we have documented that. I think the other thing is that it has become quite medicalised which mitigates against human rights (Ali, Caring for Health, U.K.).

In addition, frontline workers voiced concerns about how torture and trauma services worked with asylum seekers and refugees. For frontline workers who had worked in mainstream services contact with survivors of torture was rare and often raised considerable fear and doubt about their ability to practise effectively. Some participants suggested that for many services there was a counselling approach that presumed a reasonable level of psychological development and functioning of the service user. Their concern however was that for many newly arrived communities, any form of peaceful life or stability had not existed, which in turn had detrimentally influenced their psychological development. In many countries war had always been present and atrocities part of everyday life:

I guess one of my concerns is that the theoretical framework that we use is for our approach; I wonder whether that framework assumes a pre-trauma period. Our role with new arrivals isn't just about settlement stuff it is also a psycho-social intervention, explorations or assistance but with that client group I think it was clearer to be able to spell out what the psycho-social impacts of trauma might be if you could relate it to a pre-trauma period. Whereas now, I am seeing more and more people who cannot actually pinpoint a period prior to trauma (Mohammed, Refugee Community Support, Aus).

In other cases some participants touched on the dilemma of working with perpetrators. This was particularly sensitive and had the potential to cause division within the service, and also amongst service users who knew of the background situation. This was particularly compounded if the service user was both a 'victim' and perpetrator of violence. For example, some frontline workers described their work with child soldiers:

There are sometimes dilemmas around, rarely but, you know, sometimes we think the person you might have been working with might have been a perpetrator of some human rights abuses elsewhere (Myesha, AS Multi-Agency, Aus).

Work rights

The right of asylum seekers to work emerged as a key issue in casework. Many participants frequently raised their concern about supporting asylum seekers who were not permitted to work, either in a paid or voluntary capacity. They spoke about how meaningless life was for them and their families and how not working was at odds with their culture, and often their identity. Moreover, they noted that there was very little therapeutic work that could be done with people who had few options and little sense of worth. An important aspect of therapeutic work was to value the person, and assess what changes could be made, and how best to move forward. This could not happen when people were stranded in a system, often with no timelines or way out:

It's hopeless, we can't treat people who have got no job prospects or no means of integrating at all, it is just a disaster, and you can't counsel someone to feel ok about their lives if that is their prospect. So that is an immensely challenging thing for this population. I don't think that it is a culture thing, so much as the fact as a consequence of their experience (Ghazi, Refugee Community Support, Aus).

The point about the deterioration of the mental health of asylum seekers was reiterated by a number of frontline workers including Myesha:

So if people were allowed to work from the beginning they'd be psychologically healthier during this process and they wouldn't be, you know, so cognitively constricted. They might be able to see more options (Myesha, AS Multi-Agency, Aus).

One frontline worker from the U.K. noted how working with asylum seekers was particularly draining as a result of them being excluded from work and subjected to extreme poverty:

It's because we are dealing with the most vulnerable group and the most socially excluded group in the country. They're... Normally it would be somebody who would be homeless and possibly have mental and physical health issues. These people have all of that but they can't raise themselves out of that because the system won't let them because they're not entitled to work so they can never get off that poverty line. And that is really frustrating is when you're working with a client and trying to encourage them and trying to put some level of positivity into them and trying to do that knowing that really the system is completely failing them in every way I think can be quite hard (Audene, Assist, U.K.).

Power relations

The issue of power relations emerged throughout the interviews, and frontline workers highlighted how they felt aware of the power differential between them and the service user. There was a tension between not treating the service user with 'kid gloves' and recognising that they had some agency in their decision-making. Participants reflected on their attitudes when they worked with people who may have been 'difficult' and the impact of the power relationship when there were challenges from service users:

We mostly manage to, you know, keep a perspective that you've got a human being in front of you that you're dealing with rather than somebody who is annoying you, although yes they do annoy us sometimes some people. Not just that, also the usual stuff like work even if it's not those issues, even if it's just demands on your time and resources and you've got clients who don't want to wait and they're getting stroppy and stuff like that it's like anybody, you get your bad and your good days but I think largely we're quite good at that sort of stuff (George, Assist, U.K.).

Some participants expressed concerns about what they saw as the limitations of 'charity' and the notion of the Western welfare state. Some saw charities as propping up capitalism and silencing dissent from Southern countries, including refugees and asylum seekers. Other frontline workers argued that charities did not adequately involve and represent service users or the people who worked in them.

Well personally and ideologically I don't agree with charity institutions the way that they have been instituted and, you know, and established because they've got different ways in western societies and description and, you know, the foundation of these charities. But for me people who work in organisations for long term they should have a say on the strategy of the organisation, the policy, but that doesn't exist in this society (Aaron, Assist, U.K.)

Opportunities:

Many participants reflected on the impact of the work in terms of what they could see as tangible results and benefits for their clients. Frontline workers spoke about resilience and the importance of valuing existing qualities and not seeing people as victims. They also framed the work in terms of how they were 'client focused, and that this is something we won't compromise on' (Gadiel, 'Safe House, Aus). The notion of being client centred came up in a number of the interviews and was discussed in both the Australian and U.K. groups. In some cases participants talked about this in relation

to cultural sensitivity and how the experience of working with diverse cultural groups developed particular clinical and community development skills to address their needs.

Ali commented:

I think the opportunities are working with some of the most vulnerable people, and seeing people improve, because so many do, seeing the difference in emotional terms. I think health workers care and contribute (Caring for Health, U.K.).

Others reflected on how they were witness to so much change in clients' lives, often over a long period of time. This was the case for adults, families and unaccompanied asylum seeking children:

I mean for those people, even for those children that come here they have an opportunity to get on with life, have a different life, to go and study education and be educated, get the right qualification and have a job and be happy (Farid, Assist, U.K.).

Many participants described casework as key to exposing trends and raising issues that clients faced and many highlighted how important it was to have forums where issues could be raised in order that collective action could be taken. Some frontline workers used this information as a way of subverting and challenging policy as the following example illustrates:

I remember it was quite cold in the winter and we start seeing so many destitute clients sleeping outside our office and obviously they become ill during the night or some of them they might have health issue so they would come and see us. So what we did was we were running a clinic with Medicins San Frontiers, another charitable organisation, who were very interested to campaign about this law. They sent us a doctor who is a practitioner, a GP practitioner. So she used to see each of the client who is sleeping rough and who has health issue and write her opinion. So we kind of collected so many case studies and we've seen pretty... quite a lot of people who are being... who needed the support in that condition because they are ill. So through that GP we managed to get the report and send it to Home Office. So we did manage to abolish that a lot. It still exists but they don't implement it. What they did was... I mean we even took Home Office to court so what... what... they appeal against... I mean we won the first stage, then they appeal against it but now they change the timing. So it still

exists but we don't see them much, clients in that...[situation]. (Halah, Assist 2, U.K.).

Many frontline workers raised the issue of resilience and how this was key to their practice working with asylum seekers and refugees. As we have seen, often refugees and asylum seekers were characterised as victims and needing support and care, and participants in this research frequently made reference to ensuring that resilience was acknowledged and celebrated. Promoting particular work practices that emphasised the importance of empowering asylum seekers to be self reliant, and building resilience was seen as key to this process:

And also resilience you know. We always talk about the negative side of migration, and there are a lot, but also there are some very very positive experiences of people who have come from unbelievable atrocities, and survived unbelievable things and things most people couldn't even imagine, and survived them and they have used this experience and gone on and used that to their advantage and have done very well. Particularly in the area of medicine and mental health. I think that is another way about learning about culture, and people having a voice to demonstrate that (Drew, Wellbeing, U.K.).

Participants raised the importance of recognising and balancing asylum seekers resilience with the challenges of meeting the expectations of newly arrived refugees and asylum seekers in the new host country. This was often referred to as a balancing act requiring skill and sensitivity:

Working with people who do have very profound hopes and fears for the future and they have resilience and you want to build on people's resilience and strengths and you want people to be able to look at the options that they have (Cassius, International Safety, Aus).

Some frontline workers highlighted the way in which services could underestimate resilience, and not address the most relevant issues:

I've worked quite a long time now with asylum seekers and I often think, without wanting to sound... what's the word? I don't want to sound kind of negative but I do think clients are often very resourceful and possibly more resourceful than workers might think. I mean obviously every case is different. I mean people have shown amazing resourcefulness getting here

in the first place and I don't think that necessarily stops because they're here (Khushi, International Safety, Aus).

While acknowledging gender as a dilemma, it was also viewed by participants as positive for many women as they engaged in a variety of new roles and identities. Many practitioners acknowledged that there was a tension for women between negotiating within their existing culture and taking on new roles, which in fact gave them more power and autonomy. Khushi noted how some of the changes for women had been extremely positive:

I've worked with some female clients who have very much embraced the culture here and their new sort of found freedoms, particularly having money of their own... I'm happy that the female clients have managed to... that they're going have a better life in some ways and that their daughters are going have a better life in some ways (Khushi, International Safety, Aus).

Some positive initiatives were developed by services to challenge stereotypes. Many participants reflected on how opportunities to understand the role of women and share experiences had emerged to break down rigid definitions of gender:

But then there have also been things like at a more popular level some concerted efforts both by Muslims and non-Muslims to demystify a lot of ideas around Islam. There has been a travelling fashion show to country areas and service clubs of Muslim fashion put on by women for women! And they have been a huge success, and it's been great. People get to talk about the significance of the veil, and to look at the very beautiful forms of Muslim dress. And for ordinary Australian women to have those sorts of conversations breaks down barriers. Clothes and dress, and what it means so there are some good things (Madiyah, Refugee Community Support, Aus).

Recognition of the complexity of people and seeing them not as victims, but as unique individuals was seen as critical to this process. This was reflected in the comment from a frontline worker who commented 'identity is like an onion – layers and layers (Sasha, Children First, U.K.) and those layers could only be revealed in time. Participants also noted how meeting service users who had a positive resilient approach was uplifting to their own lives, as Bessie stated here:

I mean one of the things that I find is that people's resilience to the hardships or difficulties, persecution, torture that people have been to and I

suppose then, you know, you learn and look at other people and the information that other people might give you and that can also help me in my own personal life if you think well, you know, this person has been through a, b and c and they're able to laugh or through anything else. You know, they're so positive about things (Bessie, Asylum Europe, U.K.).

Summary

Casework was one of the main activities of all of the participants interviewed in this research, and as a result a number of complex issues emerged. Participants in both Australia and the U.K. raised similar concerns about the ways in which services were structured and restricted to meet the needs of bureaucracy rather than service users. The barriers asylum seekers and refugees faced were due to policies that restricted their autonomy and cast them as either helpless victims or conniving criminals. Establishing trust in the relationship was difficult due to the aspirations of settlement and the hopes of service users. This was compounded by restrictions on services and frontline workers' availability.

4. Policy development

The majority of frontline workers were frequently engaged in policy development as part of their role. NGOs were active in advocating on behalf of service users, and importantly utilising collated data to evidence key issues. Many frontline workers had considerable knowledge of the legislation and the impact of policy that drove funding and their services. This participant from the U.K. described his experience based on working with an NGO:

Then I ended up working with the Assist since 2001 for the past 6 or 7 years. When I look at the problems, the changes in relation to social policy it is amazing to know that this country has seen one of the most challenging and changeable environments in relation to immigration and especially asylum seekers and refugees issues since the Labour Government took power in 1997. There have been nine immigration bills passing through parliament and in terms of having a Labour Government that have always been in favour of defending the right of at least migration workers and defending the right of, you know, ethnic minorities and other stuff have come into power and challenging this issue and seeing it as one of the most challenges and put in every year and every election at the top of the political agenda is something which should be considered as a historical turn in terms of politics. In terms of social policy we have seen so many changes. We wouldn't expect that much from the previous Conservative

Government to do something about refugees and asylum seekers because the last bill they introduced was in 1996 in which they prevented people from getting access to benefits and the Labour Government when at that time it was in opposition, they called it inhuman and they opposed it... (Aaron, Assist 4, U.K.).

Frontline workers often described how important it was to link their direct practice and experience to policy, in particular for advocating change and development of systems perceived to be harsh and punitive:

I do direct service work and I do policy work; so I kind of balance those things out. So I'm a fairly politicised person, so I would not be happy seeing one person after another, as much as I like that and that informs my thinking about the larger issues, from the individual case to the larger systemic things (Ghazi, Refugee Community Support, Aus).

Many described how they targeted specific areas of government, and worked in partnership to raise the profile of the needs of asylum seekers:

I work in the field of providing psycho-social support and it involves policy development work with local government (Drew Wellbeing, U.K.).

This was seen by many to be critical in influencing policy and shifting the culture of government departments. Frontline workers utilised their experiences with service users and developed and responded to policy on two levels to promote change within NGOs and externally with government. I go on to discuss the various themes at all of these levels in the context of the dilemmas and opportunities they raised.

Dilemmas

Working with government was often perceived as a dilemma for frontline workers in NGOs. They described facing criticism from other organisations and colleagues for colluding with government in advocating for policy changes. A case in point was made in relation to the community detention policy when proponents advocated it as an option to detention centres, and opponents argued it made friends and family 'guards' in the community. Similarly, there were debates about whether to provide support services to asylum seekers in detention centres, when one fundamentally disagreed with their operation. Many frontline workers described ethical challenges and that they felt compromised when working with detainees in prison like conditions. For others however they argued that they would rather work with detainees than not and that they could at least monitor their health and advocate on their behalf.

Partnerships

Many of the participants had considerable knowledge about government policy and the legislative process. This reflected the need to keep up with the pace of change in the sector and the considerable adjustment on their part in terms of modifying their practice and accessing appropriate resources.

Many of the participants raised the diversity of approaches both within and between NGOs and government departments, including political and/or human rights viewpoints, and charity or welfare driven ideological standpoints. In discussing how one agency negotiated with government, Gadiel commented on a key difference:

I realise now more and more that all of us had a human rights framework on which we worked but the actual outcome... the outcome of the process was very humanitarian welfare driven and it was strategic really and it's interesting now looking at what some of the changes are since we've met (Safe House).

The different ideological positions had a direct bearing on how NGOs related with Government, and how their work was able to influence policy and change. Aligning approaches was seen to be politically expedient by some NGOs, but potentially compromising by others. Participants noted that when NGOs co-ordinated their responses both nationally and internationally via umbrella or peak organizations, such as the European Council for Refugees and Exiles (ECRE) and the UNHCR and the relevant NGO forums, they had more power. Hanna observed:

There's a really good network of NGO's across the EU who are all working on the same issues and unsurprisingly a lot of issues are the same... And I think what's happening is the governments are talking to each other so it's really... so as NGO's we have to all talk to each other and make sure that we can bring other examples. And also it's a way to put pressure on the UK if they sort of think that another government is doing something differently or better or worse then... So I think that is a real opportunity... (Assist, Team 3, U.K.).

This was reflected by those working in international NGOs who had partners worldwide and felt the potential for joined up work with a large potential for influence and change:

I would say the first thing positive, you know, it's a terrific organisation, International Safety, oh my God... It's only when I joined that I realised how massive this place is. The first thing is the opportunity it provides just through the amount of money that's generated by members that the brand

of International Safety is so easily recalled by people, people have good feelings about it. It's just a massive organisation. There's 60,000 volunteers alone. There's 2000 staff across the country but there's 60,000 volunteers. (Sabir, International Safety, Aus)

However, despite many participants noting that collaboration and joint working were effective, a number raised concern about NGOs being excluded from government discussions on issues related to policy affecting refugees and asylum seekers. Some suggested that being excluded stemmed from certain NGOs being more 'activist' than others, and having promoted strategies that other members of the sector did not agree with. In some cases NGOs access to Government and policy makers was deliberately denied, and they were excluded from forums designed to promote international co-operation. One participant who frequently engaged at government and European Union levels commented on this perception of government of NGOs:

And they meet and it's very closed and it's all kind of non recorded meetings and so they influence each other in ways that we don't have access to at all. And so there's a lot of state forums, there's a lot of EU forums where EU bodies don't invite NGO's. That's a real difficulty. I think that governments don't trust NGO's with information a lot of the time...I think that governments think that refugee NGO's responses are completely predictable, so they think that anything they do there is going to be a negative response to and that then they're totally subjective.... And [NGOs] think everyone should be a refugee. And I actually think in some ways there are people who work for refugee NGO's who do think that. I personally don't think that. I don't think everyone is a refugee and I don't think everyone should stay (Hanna, Assist Team 3, U.K.).

Participants raised the dilemma that arose of a perceived conflict of interest between the role of the NGO they worked for, and working in partnership with the Home Office or DIMIA. All of the participants discussed the constraints and dilemmas of working with government. There was a wide range of views, and these reflected the focus of the work of the NGO, and also the ideological perspective of the frontline worker. The majority however spoke about the need to engage with a variety of departments in a constructive manner, and were aware of the tension of being compromised in that process:

It means working within those systems so that means having a co-operative relationship with them about things that, as I said before we might not necessarily agree about, I think that is justified and there are other people

that can take more radical points of view and I think that is good as well. As with many things it is good to have people working inside and outside, and this organization kind of always been on the inside, without relinquishing it's right to be critical, but I think that is how we have kind of positioned ourself, having influence, and having a working relationship with the Department (Ghazi, Refugee Community Support, Aus).

Services were mindful of criticism from other NGOs, RCOs and indeed refugee populations who voiced doubts about being able to trust their organisations. Some participants spoke about how there were 'awful feelings for such a long time', and resentment directed towards them and their organisations when they were perceived to be too close to government. Ultimately services had to rationalise and justify these actions, both externally and internally, on the basis of what was in the best interests of the clients. Cassius reflected:

On the other hand you do want to cooperate with government where you can deliver better humanitarian outcomes to vulnerable people and have some input or influence in that cooperation (International Safety, Aus).

Participants raised the issue of NGOs not having statutory authority and having limited power to effect change. George described this dilemma in his work in the U.K.:

We're not a statutory service so we can advocate, we can challenge robustly, we can verbally do it or we can write letters of complaint, we can get lawyers for people to make legal challenges but ourselves, we can only go so far obviously. We can't force other services, the statutory services, to do what we, or the (service user) want as it were (Assist, U.K.).

This same participant described how frontline workers from this organisation mounted the same legal challenge, 10, 20 or 30 times, often against the same Local Authority (L.A.) and won every time. However he noted that was still not enough to change the policy and alter the service guidelines, because the L.A. argued it was cheaper in the long term to face a challenge than alter their criteria. Frontline workers who faced this level of resistance described feeling frustrated in terms of the time and costs consumed, and also the level of stress the service user experienced.

The issue of partnerships both with government agencies and with other NGOs was raised in the interviews. Many participants had positive experiences of joint working, and described being able to contribute to the development of innovative new models. The community detention programme in Australia was highlighted as an example of multi-agency working:

And also with the community care pilot I think that's been a positive step too. Even though, you know, every programme still struggles but I think a lot of the issues that people have had with that programme is, you know, the visa outcomes weren't what they were hoping for and that's another issue in itself I guess is having confidence that the process is fair and equitable or consistent. But at least people have got supports while they're in that process is... is what I see is the benefit of... of community care and community detention (Khushi, International Safety, Aus).

However other agencies had a different view, and argued such models contributed to NGOs being co-opted by government. That view was described by Parveen, whose agency was critical of the community detention pilot model:

Right now we have a man who was discharged from a Psych. [psychiatric] Hospital last Friday, and what they do is institute this Community Detention model – sounds all very grand. What they do is go and house them in a private house with a designated person, who signs a form saying they will watch them at all times. The senior people in the Department will say to me, 'It doesn't mean they have to be held in the line of sight' but that is not what the person is told on the ground, and you think what an unhealthy relationship that is. The friend becomes the guard, and the nurse and carer (Parveen, AS Multi-Agency, Aus).

Frequently frontline workers explained how they had developed positive relationships with government, and how government was reliant on their expertise. Gadiel explained his view:

We have saved the Departments arse so many times, X Service has, lots of groups have. Most other cases go to the media, we try and use them to create change internally. I was at a meeting last week around removals and they don't know what to do. They have got people, who in the old days they would throw into detention, and remove, they have done that before, but they don't have any framework for managing complex cases. There has been a realisation that they have to work with the NGO sector (International Safety, Aus).

Where participants did engage with the Home Office and DIMIA, they frequently expressed a degree of sympathy for the bureaucrats who worked there, and recognised the tensions that they faced. Hanna summed this up:

I engage with quite sympathetic civil servants who work in policy, even case workers, you know, who aren't bad people and to a certain extent might agree with me but their hands are tied and the way they describe the atmosphere in the Home Office is that it's very, very negative, there's masses of change...there's a very, very low morale in the Home Office and that affects policy making, case work and everything because it means that the civil servants who might have pushed things forward in a positive way don't feel that they can do that (Hanna, Assist Team 3, U.K.).

Frontline workers demonstrated their overall capacity to think strategically about their plans and to engage with relevant partners and services. Some frontline workers had developed positive relationships with government, and found that there had been progress and a more solution-focused direction:

My background is in this sector in other organisations so... we will often be in meetings with the department and have a kind of... some of us have secret smiles and some of us just sort of sit here thinking I can't believe we're having this conversation. It wasn't possible before. Having said that it's not utopia. I think the fact that we're able to have conversations is significant but we're still not seeing significant movement for this group of people [asylum seekers] (Charlotte, Safe House, Aus).

For those working in international NGOs, there was a positive outlook towards working collaboratively with other sections of the organisation, and placing the work in an international arena:

We have the opportunity to share practice on how... on effective youth work internationally and change the way youth work is done within the organisation. That's very exciting (Sabir, International Safety, Aus).

Policy preventing NGOs from providing services

Participants were concerned about the impact of policy that prevented them from providing services. Legislation in both Australia and the U.K. prevented services in receipt of government funding from assisting asylum seekers who were deemed 'ineligible', usually as a result of the rejection of their applications. Frontline workers argued that it was these people who were most in need. A frontline worker in the U.K. highlighted the situation of a woman being refused the right to give birth in a hospital after she was unable to provide evidence of her status or sign for medical costs:

We had one client who was asked to produce passport or she has to sign £2,400 it was requested for her to give birth at the hospital but she freaked out when she see that amount and she didn't have any support. She was end of the process. She failed all her appeal rights. So she doesn't want to sign so she didn't go back to hospital. So she gave birth at home which the neighbours heard her voice and called ambulance but later on she was admitted to hospital. But because she lost so much blood the bill came to £10,000 and something. It was ridiculous. Because she was admitted for 6 days in wards. So if she was... If she had... I mean if she had access for the first instance she might not be needed to stay in hospital for that long. So, you know, we do see those kind of cases (Halah, Assist 2, U.K.).

The same legislation impacted on the health of people who were HIV positive:

Again the counselling service, the initial assessment is free. But for the treatment it's payable. Now in regards about HIV as you know, you know, TB is an opportune disease with HIV so people with HIV and if they contracted TB the TB is free. So when they are admitted in hospital they will be treated for the TB and then they will be discharged from hospital without getting treatment for HIV because they have to pay for that treatment (Halah, Assist 2, U.K.).

Working with service users who were refused treatment had a major impact on the service providers' morale, and some services developed strategies to redress this. However, government in both Australia and the UK introduced penalties preventing organisations from assisting certain groups of what had been service users:

Then the introduction of another piece of legislation which has had an enormous effect was the introduction of European Human Rights into the Immigration and Nationality Act which came into force after 2004 and then while we hoped as people who work in this field, that would, you know, reduce the pressure from local government or immigration, or refugees and asylum seekers in fact it didn't. In some ways it did and in some other ways the government, you know, have sold avenues in order to get away with it. For instance in the past if someone was homeless or destitute regardless of status they should have been allocated support by... they should have been allocated support by central or local authorities but nowadays the government has taken away that right. If you fail to comply with the terms and conditions of their organisation then if you come into the category that you intentionally make yourself homeless or destitute

therefore you are not entitled to any support. And this comes into more Section 4 where thousands of people whose asylum claim has come to an end and they don't want to go back to their country of origin because of the brutal regime they've got in power or because of the torture or persecution or even in some cases economic hardship they suffer then they stay out (Aaron, Assist 4, U.K.).

Despite what had been described as draconian legislation and harsh measures, it was evident in the second round of interviews (2008) that the Australian participants were confident of a change in attitude towards the sector as a result of the new federal government. As noted earlier, the newly elected Prime Minister, Mr Rudd, promoted an era of reform and participants felt cautiously optimistic. One frontline worker commented:

There are more opportunities for reform of the system now than there have been for many years and so it's about seizing the opportunity to progress this and one of the key ways to do it, I think, is for good professional literature that addresses some of these problems in ways that are about bringing expertise to some of these dilemmas and we need to bring expertise to these dilemmas not political rhetoric or political adversarial positions (Cassius, International Safety, Aus).

Funding and targets

How services were funded was seen as critical to the ability of organisations to deliver services effectively and flexibly. Participants in this study raised a number of issues with regard to both receiving and not accepting funding from government. The former argued it ensured a degree of government responsibility for asylum seekers and refugees, and enabled NGOs to have an arms length relationship with some freedom and independence from government departments. Most frequently funding came in the form of specific grants, with attached outcomes and financial accountability. The relationship to the mainstream was seen as important, as some frontline workers argued that if government relinquished the responsibility of funding NGOs and charities it was reducing the role of the state in this important international issue. Many participants were aware of how essential core funding was to the ongoing provision of services and continuity of care for service users:

So I suppose delivering services like this for our department, like any organisation, it's a very changeable environment so you have to be flexible, you have to be able to adapt, you have to be able to respond very quickly at times which I think actually we've been very good at. But it might not be

so easy for all organisations. I suppose in a way us having sort of core funding and doing what we like with it has allowed that to some extent because only some of our funding has to be spent in a certain way so that we can move resources around quite well which is quite good in comparison to other organisations (George, Assist, U.K.).

On the other hand, some participants argued that if the funding was from the Home Office or DIMIA it compromised the ethical integrity of the organisation, and the political freedom to speak out against government policy. Some participants argued that they would not work in an organisation that did not allow them to speak out against injustice and government policy that contributed to the suffering of refugees and asylum seekers.

Often frontline workers raised the issue of targets that were set by funding bodies, which were often difficult to reach. These targets were frequently unattainable, or there was no strategy in place as to how to reach them:

So one case worker per week needs to have 18 units of the case, new case work, 18. That's about 4 clients... Yeah, roughly 4 clients a day which... new clients. [wanting voluntary return] (Brenda, Ayslum Europe, U.K.).

Those working with refugees in Australia noted that government targets had increased, timelines were increasingly short, and services under pressure to move onto the next family or individual. The demand for housing, health care, education, language classes and employment was high:

It's hard for the settlement workers to think, you know, at the end of 6 months there's all these things that someone I'm working with doesn't know but I've got to pass them on to another service who's not going to be able to spend, you know, any sort of intensive time with them and the accommodation thing is a real... you know, gone are the good old days where they arrived to on arrival accommodation. There was some... You know, there was a breathing space where people could think about where do I want to live? (Deepa, On Arrival, Aus).

A number of participants described how they performed in tight timelines with limited funding, locked into a system that was hostile towards their clients:

And I think it's very hard because you're fighting with solicitors, you're fighting with hospital managers, you're fighting with doctors, you're fighting

with governmental policy. You seem to be fighting with everything and it can be a very, very frustrating process (Audene, Assist, U.K.).

Some participants commented on the tendency of governments to fund human services as if they were businesses, and how this was a fundamental ideological misfit with most NGOs:

I think there are constraints in all, what I still call 'welfare' areas, it's a pretty old fashioned term these days! And I think the problem is about the ways that Governments tender and offer contracts, and try and run everything like a business, this is not a business (Mohammed, Refugee Community Support, Aus).

Participants noted that there had been a decline in funding available to services and that this had a direct impact on them. Aaron explored this from a U.K. perspective:

And again the pressures on the central government has... on refugee community organisations and reducing the funding we see so many of these RCO's are just melting down, they don't exist anymore or the service is not good all because they can't recruit any more staff, they can't... they don't have the service to offer education or cultural or advisory services so that's why the pressure of a one stop service is increasing, you know, day by day because other services are closing down and our one stop service has become one of the most important points where people can get help (Assist, Team 1, U.K.).

Participants raised concerns about the 'compassion fatigue' of donors and the increasingly competitive fund-raising environment for NGOs not applying for or receiving Government funding. Others acknowledged the freedom to challenge government policy directly, without the fear of the repercussions of funding being withdrawn:

Oh look easily our biggest dilemma is... is to work collaboratively with government without funding. As in to... to walk that fine line between supporting our clients the best we can and therefore working collaboratively with government but not allowing government to rely on us because we're not funded and we have to pull over \$1M from the community regularly to do what we do (Charlotte, Safe House, Aus).

Frontline workers acknowledged that the role and response of settlement services needed to reflect the changes in the intake of refugees from around the world. One

participant noted how her work in education was not adequately resourced to meet the needs of children who had been deprived of education in refugee camps. She explained:

In terms of our policy, if we are going to prioritise certain regions of the world, and if we are going to recognise certain issues, like the African refugee camps, lower levels of literacy even in their own language, we need to enter very carefully here, well what does that mean? Our policies around intake need to be related to our policies around resettlement, that is going to be a difficult one, because you have to wait and see the trends start happening before you see what the impact is, and need to be a little more generous (Lorna, Refugee Community Support, Aus).

Participants identified the limited government funding to facilitate organisational development and engage with newly arrived communities as a major block to development:

I've worked in three Boroughs (in London) and the community, particularly in Borough A in terms of provision, are not being funded to provide services. So this again means in order to meet the needs of their community, organisations are having to do it on a voluntary basis and rely on good will of volunteers and other people in the community such as religious leaders to provide informal counselling and informal support to meet the health needs. So I think that is just one issue, but is tied up with funding (Drew, Wellbeing, U.K.).

Many of the participants in the U.K. highlighted the hostility directed towards asylum seekers and refugees that was often based on arguments of being over populated and having too few resources:

I think definitely the general mood is that they're not wanted. It's hard to generalise like that I think. But I think if you... I mean it's probably a bit wrong of me to say this but I think if you went around and generally asked people I think they would say that well there's not enough room here or... I mean the... I went and did some lecturing with some student midwives just a few weeks ago and one of the students said oh we don't have enough resources... that's the word she said... we don't have enough resources in the NHS to look after all these people. So I sort of made the point that actually it's less than 1%. It's something like 0.85% of the total services being taken up are by asylum seekers and that's... I mean stats can be manipulated as we know... And that's... They're the ones that are

recorded. I'm sure there's a lot more that present that aren't documented but generally it's a tiny amount. So there is a complete misconception even among professionals, even among lawyers, doctors, teachers, you know, even among professional people there is a complete misconception that there's loads of them coming in to... on to British soil (Audene, Assist, U.K.).

Participants often challenged hostile views and explained how refugees and asylum seekers contributed to society in a variety of ways and were not the recipients of vast sums of money and resources as frequently reported:

The vast majority of people who come get, you know, poor services, short shift, not very much money to live on, the worst housing, you know, they're having a pretty grim time of it and they don't really, overall, cost very much money (George, Assist, U.K.).

They also suggested that when resources were directed towards settlement programs, they were often successful and local communities became positive and engaged:

But I think the good thing about resettlement... the good and the sad thing is that it's showing that when you have... if the government is sort of really into a certain project like they are into the resettlement and they've put a lot of money into it that the local communities receive those refugees in a really good way, they love them, they're really positive about them, they... you know, local people who are in communities which are not mixed communities have, you know, really made an effort and those refugees have done really well. So it sort of shows that if the will is there and the money's there then, you know, spontaneous asylum seekers could be the same but it's just they don't want to put any money into those ones but...(Hanna, Assist, U.K.).

The exclusion of refugee workers in services

Seven of the frontline workers interviewed in this research came from refugee backgrounds (Australia 2, U.K. 5). Many of the participants described the frustration of working in NGOs that did not promote equal opportunities and affirmative action in the recruitment and employment of refugee community members. Participants commented on the frequent experience of attending meetings where there was no representation of different ethnic communities let alone people from refugee backgrounds. Hanna described the situation:

But also it means that you're just going to meetings and you're just sitting around a table discussing policy and there isn't... not only is there not even one refugee there there's not even one person who is not white. So I feel that that happens on a domestic level but also in the EU on an international level as well and that's part of the reason why I want to leave because I just can't... I don't feel that refugees inform what I'm writing about at all, I think it's... certain people are very cloning I think, middle class people, so they only want to work with someone who is going to be exactly like them so, you know, if you get a kind of person who, you know, starts really early and never has any illness and never has any family problems and works their arse off and stays really late because, you know, they haven't really got any other life basically and, you know, they want to work with usually young women actually who are graduates who are going to be like them and they don't want to work with, you know, an African man with 5 kids (Assist, Team 3, U.K.).

The absence of employment of refugees, particularly in more senior posts, was identified as problematic, as was the lack of participation in various teams, such as policy and research, in the organisation. Hanna expanded on this point:

And I also think... I mean maybe it's that policy jobs don't appeal to refugees because policy jobs require a lot of reading and a lot of writing and, you know, if you're not a native... I mean there are obviously refugees who are native speakers but if English isn't your language you're not going want to write lots of policy documents (Hanna, Assist, Team 3, U.K.).

A number of frontline workers commented on what they saw as additional pressures for workers from refugee backgrounds, many of whom experienced considerable community pressure to assist:

There really is an overwhelming need and without putting some parameters around what people are going to do, you know, staff just don't last so they can't sustain the role and, you know, so you lose that kind of stability and... I can imagine that the pressure is even greater with bi-cultural workers (Khushi, International Safety, Aus).

Part of the pressure for frontline workers from refugee backgrounds was balancing their own issues of settlement and adjustment with the high expectations of the communities they come from. One worker described his experience and what he saw as a positive contribution:

My role, as a refugee settling in Australia and trying to help the community and the refugees, my role is a supporting role and an encouraging role, because I was in that position. I say look with a little bit of patience, and a little bit of work, you will get to where you want. People say, ok, people see me as a worker working for them, and I was a refugee, and I struggled, I say to them, it gives them a chance, because ok, he has been here five years, so after I have been here five years then I will be alright, so it gives a sense of it (Tony, Refugee Community Support, Aus).

Another frontline worker from the U.K. commented on what he saw as his opportunity to work to support others:

Well it's a good opportunity for me. I mean this is something I always like to do, to help people and, you know, I've been living lots of places around the world because of my dad's role when I was a child and I speak 7 languages. I lived almost in all Middle East and all these countries with lots of war problems. It's a pleasure to work in this place... You know, I'm very grateful. It is something, as I say, it's always something I want to do. I'm a teacher myself and I had to work in asylum seeking because I've done some volunteer back in Africa countries but, yeah, it's grateful to work here. It's lovely to work with people from every... well people from every different background. Lots of background people, different culture, different mentality but we all work together, nice friendly, brilliant. It's so enjoyable (Farid, Assist, U.K.).

There was a positive example in Australia of community guides being employed by one service, and they served to provide support and guidance to new arrivals:

For all of our guides that's been their first job in Australia. And some of them have been able to go on to other... other types of work because they've already had a... you know, if you've already had a job it's easier to find job. Or some of them have decided well this is the field I want to work in and they've gone on to study social work or community welfare and they're, you know, developing their skills (Deepa, On Arrival, Aus).

Frontline workers in the U.K. noted that there were strategies that aimed to improve the representation of people from refugee backgrounds in services, but there was limited evidence of success:

There is lots of other things, there has been work looking at the National Framework in the UK, including work looking at ensuring the representation

of refugees in the provision of mental health services, in practice from my experience, it is not happening (Drew, Wellbeing, U.K.).

Of equal concern to participants was when workers from refugee backgrounds were in the field, and they had little support:

One big issue that's never been addressed is around workers and in this context is the number of workers that come into the sector from refugee backgrounds who use work to gain a social work degree to get them in to the sector and are asked to do counselling around issues to which they're probably still recovering, from which they are still dealing... And particularly with African workers they just... it's a bit of a churn process. They get burned out because they're expected to perform just straightaway as, you know, youth workers or social workers in this very hard case coordination... you know, complex cases, you know, having to talk to families, conflict and all of that. You know all the issues. And what I've found is an issue in the sector is that there's no strategy around supporting refugee background workers effectively (Sabir, International Safety, Aus).

Management issues:

Participants identified that many refugee groups and activists had different approaches to working with specific issues including detention and compulsory returns. Many regarded this as a healthy process and as one participant noted earlier in the words of Mao, it 'let a thousand flowers bloom'. However, there were participants who raised sensitive issues about services that they had to leave as a result of what they saw as poor management practices:

I left service X because the new management did not operate in a way that I thought was appropriate to the centre so there's no way that I could remain there and have my integrity under question. Because the service X became a very well known and recognised provider in that area it was, in my mind, absolutely crucial that your ethical behaviour was beyond question. And I believe that it started to become questionable and therefore mine by reflection or association so for that reason it was no longer possible to remain there (Samar, Build Capacity, Aus.).

Frontline workers commented on the ways in which managerialism had impacted on services, and how client based concerns were sometimes lost:

One of my concerns was when we were getting information about how this was supposed to all work, we would have meetings and the managers would draw all sorts of diagrams. And I remember one particular incident

when there were circles and agency names and arrows all over the place, and it was all coming back to some theoretical idea that there would be a central case manager, and the drawings were very convoluted. And I remember questioning despite the amount of diagrammatic representation there was nothing there about the client, absolutely nothing (Mohammed, Refugee Community Support, Aus).

Competition in the sector

Some participants raised the issue of competitiveness in the sector, and the rivalry between agencies. While it did not come up frequently in the interviews, participants in both the U.K. and Australia described how certain agencies promoted particular issues, such as torture and trauma, and dominated government attention for funding. Other areas, such as employment, education and settlement services argued they did not attract the same level of political interest and funding:

Sometimes with the X service though, I have to be careful because they... their brief is health around culture and trauma. Sometimes I think they go way to far into areas that they should be partnering. They like the X service brand and they're overwhelmed. Again in the sector in the UK too there's a concern about pathologising refugees and, you know... And it's also kind of sexy which is ironic but the trauma stuff really gets the... grabs obviously for good reason... grabs the heart strings, grabs the funding models, grabs governments attention and the less whatever side of it, you know, employment, education, settlement it's not... And so that's why often they're able to dominate in the sector. There's a lot of resentment towards X service in the sector to the way they do that. The government immediately go, even in a committee meeting, go oh what do you think, you know, of (Sabir, International Safety, Aus).

In addition to rivalry in the sector, there were occasions when NGOs teamed with advocates who were promoting direct action to release asylum seekers from detention centres. Some of the participants in this research were critical of the strategies utilised, particularly when they saw that asylum seekers and refugees were put at risk. The following is a long passage, but summarises the depth of feeling of some of the participants:

We had a lot of radical groups throwing rocks and stones. And I remember a pivotal date for us when we were working on, there was a woman, some protesters were trying to break into Woomera, and they were trying to break into it, and, I saw it on the news, and they had bolt cutters, and they also

cut, to help people escape. And what Safe House was doing was the actual hard work. Which was, we were a young provider in Australia for asylum seekers there are few responses, we are the only provider solely for asylum seekers, and we want to use that experience to help vulnerable people in detention centres who have psychiatric or physical health conditions or disabilities, and we work with Refugee Community Support, and others to create a paper trail, so if someone is hospitalised and then we will try to be the discharge option. We just work tirelessly to try and break through to the Department (DIMA) that this is another option. They don't all want to be locked up. There are a few avenues within the Act, very small ones, if someone is very sick, no one was using it. So I remember thinking, for me that defined the response to detention, we on the one hand will work with the Department, and at that time we are criticised, because it looks like we are in bed with the devil. But the protesters, how easy is that, to throw bolt cutters and those poor vulnerable people are on the run again, fleeing again, homeless and destitute, so we have, (Director of RCS) put me under his wing very early on, and gave some good advice to Safe House, that we are in a unique position to make a change, use it appropriately for policy change, and I'm glad we got that advice, because we were under pressure, we had some really good guidelines. There were some cases, people who were really damaged by detention, and the media would have loved it, so we had to make a choice, and really look at the ethics of being involved with the Department at all, there were so many awful feelings for such a long time, we wanted to get in there and help as many people as we could, and use that to create a precedence (Gadiel, International Safety, Aus).

In some cases agencies were obliged to work together, and this created tension, particularly when they had different philosophical approaches, and emphases when working with clients. I discuss this further in the Discussion Chapter when I consider the impact of the biomedical model and bio-legitimacy in working with asylum seekers and refugees.

Working with different levels of government exposed the differences of approaches to health and social care, such as the tension between the medical model and the social model of health when working with ethnically diverse communities. Drew captured this point when he raised a dilemma about working with health commissioners in Primary Care Trusts (PCTs):

I think it is the institutional process of the local authority. It is easier to ignore these local groups, and there are stereotypes there from some of the

commissioners, than do something about them. And I think they just don't have an understanding of the need, even though it has been highlighted continuously for the last 20 years in the literature. It is a well researched area, and people at a Primary Care level, at a commissioning level, still do not seem to understand the specific issues of migration and forced migration in particular. And that is what I mean about institutional, they don't want to know and want it to disappear. And I think it is the medical model. Because as we know for many communities the Western medical model as we know it is alien, and again looking at the medical model, they don't understand how social issues, social gatherings, alternative therapies and healing, faith, can impact on well being and therefore they are not going to fund them. So it is coming from many levels (Drew, Wellbeing, U.K.).

Participants considered the effort that NGOs put into working with newly arrived communities, and how these services along with asylum seekers and refugees, often became marginalised as not 'mainstream'. Another participant raised the same issues when she reflected on working with the PCTs who were not familiar with the complexity of working with asylum seekers and refugees, further substantiating this perspective:

I think one of the dilemmas is the lack of understanding of the PCT, understanding the nature of this work and how to measure the quality of the work. I'm involved in developing a sort of framework for commissioners, which will be helpful, and I am part of that consultation. But many services, and the PCT, feel threatened and many have been closed (Ali, Caring for Health, U.K.).

Opportunities:

The opportunities that some participants discussed were often as a result of joint working with partners, in particular with other NGOs or sections of government. This often involved a direct challenge to government legislation and policy. Participants often described how members of government (DIMIA or the Home Office) would privately disclose how they were aware that policy was not working, and that they did not know how to deal with the problem. One participant described that in the context of detention in Australia:

People were desperate for an alternative, what is the alternative. Our alternative was within the existing legislation, we found a few avenues that existed, a few of them were unsustainable. We did home detention for three clients because they would have died, what were we going to do, they

were going to be sent back to Detention, better to have a social worker working with that than have them go back into Detention and that is what the Department would have done, though we were compromised, we were constantly evaluating our ethics... we decided that we want to engage with the Department (Gadiel, Safe House, Aus).

Participants described the difficulty of working within tight constraints, and attempting to seek a resolution to this problem. The description above acknowledged the compromise of working with the community detention model and how it challenged the ethics of the organisation, however the decision was taken that working with the department was in the best interests of the clients, and preferable to them returning to a detention centre. Despite many NGOs being critical of the community detention program, some of the participants in this study were directly involved with the support and management of asylum seekers and saw it as a positive move. Khushi observed:

I think the community detention programme is a really positive step where you know, kids and vulnerable people are out of detention. I think that programme is a good programme that's worked well in Victoria. I can't sort of vouch for other states. I know that other states haven't sort of enjoyed as good a relationship as we have with immigration but I think, you know, it's important to acknowledge progress where there's been progress (International Safety, Aus).

Frontline workers acknowledged in some cases that the department was responsive to change, and had implemented new measures to address problems. One participant stated that in response to challenges made against DIMIA where they placed an Australian citizen in detention, the department was directed by an external review to address the culture of the organisation:

They are saying the culture of Immigration is what caused the problem. So what they have done now is instituted a multi-million dollar program to change the culture. They have a so-called college of Immigration, not a physical environment, but a mythical college, and sending people out to do courses and training them up to be nice. And I must say they are more polite than they used to be, you ring them up and they are nice and attentive, their tone of their voice. I suppose I shouldn't rubbish it because I've been trying to change it, in advocating for people. And if you really put the screws on them and you have got the evidence, you do get a change in decisions (Parveen, AS Multi-agency, Aus).

Many participants described what they saw as opportunities to subvert government policy, and to provide services to asylum seekers and refugees even when they were not technically included in their mandate. This might include examples such as attending English classes, when the student was not eligible. One worker stated, 'so I'm sure there was the occasional asylum seeker in the class that probably shouldn't have been' (Samar, Build Capacity, U.K.). This also occurred in relation to emergency accommodation, where some workers engaged in 'creative accountancy' to fund asylum seekers. Many believed they had a duty of care towards service users who were so marginalised. One frontline worker commented:

I said it to someone the other day that basically I feel like I am just trying to help people get through a horrendous system. And to understand the system, and to help with all the problems and mistakes of the system (Khadijah, Education for All, Aus.).

Some workers raised how they had to emphasise the asylum seekers' poor mental health in order to be eligible for services. The medicalisation of what were essential social care needs was increasingly cited as a strategy to secure services and resources. One participant said:

If you're applying for someone on support on the basis that they are destitute and their health is such that they cannot travel then you have to make the most of, you know, the health issues that they have and, you know, and so... but, you know, how much can you stretch that and still be sort of within the law I guess? (Sol, Assist, U.K.).

Interestingly, some frontline workers described how government policy often had the reverse effect of what might have been intended. For example, many described what they saw as a policy of neglect when NASS dispersed asylum seekers to remote parts of the country, often to live in poor housing in deprived areas, with high levels of poverty and unemployment. However, a number of frontline workers described how newly arrived communities, with children and families, had brought in new life, developed new services, and created employment opportunities:

And also thanks to the dispersal policy which has created ethnic minority and refugee community organisations around this area where people have set up their own communities, their own, you know, let's say institutions in order to meet their needs (Aaron, Assist, U.K.).

Many participants argued that the perceived asylum crisis was an opportunity to develop multi-agency relationships and recommend change to policy. They described

situations where NGOs became active in opposing policy, such as the voucher system in the U.K., and had overturned decisions which stigmatised asylum seekers.

Summary

The participants in Australia and the U.K. had direct experience of policy development in their work. Some were highly active and worked directly in a advocacy role with policy makers, and others contributed outcomes or knowledge from their casework and community work to assist their agency to challenge government policy. The dilemma of how closely to work with government departments and immigration officers was a daily reality for many frontline workers, with some NGOs being more involved than others. The community detention pilot scheme in Australia exposed tension in the sector; however overall it appeared to have had beneficial outcomes for asylum seekers at risk.

Some frontline workers described how they attempted to subvert policy by assisting refugees and asylum seekers who were not eligible for services. In some cases they used the policies they had been critical of, such as the medicalising of displacement and loss as a mental health concern, to secure services. This strategy enabled service users to have access to support, and to facilitate the frontline worker into a more active role.

A final point of interest was the dispersal of asylum seekers and refugees to more remote parts of Australia and the U.K. While frontline workers initially were critical of this policy on the basis of isolating people from city-based communities, many later acknowledged the positive benefits this had for both the host and newly arrived communities.

5. Research, Education and Training

Many participants spoke about the importance of research and how it needed to be considered part of the role of both frontline practitioners and services. Research was considered vital for understanding and analysing practice, documenting changes in the field, evaluating services and obtaining service users' perspectives. Many practitioners emphasised how it was important to move from adversarial political positions by critically reviewing policy and practice, and promoting good practice. Some argued that independent research was required in order to address current issues:

So one issue that's come up more recently for more attention is the whole issue of removals of failed asylum seekers or people who get labelled as failed asylum seekers and they're people who have exhausted all their

avenues for appeals and reviews and Ministerial intervention and so on. So if people... the failed asylum seekers in the community are having to face return options what is best practice around that?... So that's to me an issue that is ripe for some good research and investigation around, you know, best practice models and... So again with community care pilot there's a few experiments with this that are... It's really needing to be more professionally investigated (Cassius, International Safety, Aus).

Many frontline workers described their interest in research and how they attended higher education in order to write about their experience of working with asylum seekers and refugees. Some had received encouragement to publish their work and to promote the issues facing refugees and asylum seekers in their specific field of practice:

And the other thing in my role is mainly to do with my study, and that is research, and I've published. I've tried to address policy at a local and national level, and I've worked very hard to try and get some of the issues addressed at those levels (Drew, Wellbeing, U.K.).

Participants who raised the issue of research emphasised how necessary it was in documenting NGOs' experience of working with refugees and asylum seekers, but that there was a lack of such research.

Many of the participants provided education and training on a number of issues facing asylum seekers and refugees. Frontline workers described how important it was to be engaged with education and training with all services working with asylum seekers and refugees including mainstream and specialist health and social care services, schools, local government departments, and community agencies. Many of the NGOs provided education and training which invariably involved raising awareness about cultural diversity, racism, and working with difference.

Dilemmas

Frontline workers described the tension between direct practice, research and policy, which they recognised was reflected in health and social care more broadly. Overall participants did not feel that they had the time to read academic research, nor did it reflect the current issues they dealt with. They described how they felt the role of NGOs was often maligned in the press or by government, and they were frequently stereotyped as being 'bleeding hearts' and not holding a critical perspective:

I see my role as trying to convince the UK to treat... well to respect the right to seek asylum and to treat refugees in the way that it's... I mean firstly in the way that it's legally signed up to to treat refugees...it's policy work, trying to change policy but I feel that it's difficult because I don't feel like I have access enough to people who make decisions so I don't have access to high enough decision makers and I think NGO's have a bad image with governments. I think they're very sort of stereotyped (Hanna, Assist, U.K.).

Frontline workers noted how research skills were often not developed in their teams, and frequently new graduates were not adequately trained in both conducting and critiquing research. Some frontline workers with an interest in policy argued the need for solid and impartial research was essential in the field, given how politicised it was. It was seen as an area where practitioners did not feel confident, and therefore avoided it. One participant noted with frustration the emphasis in social work training on casework and not on research:

Youth workers and social workers come out of their training and they have this aversion, like almost like an attitude to research, evaluation, writing and they might parrot that they love reflective practice. I mean seriously! (Sabir, International Safety, Aus).

Training mainstream services in the needs of diverse groups of asylum seekers and refugees was often seen to be controversial. Some participants noted how their associates were dismissive of their work and did not understand the complexity of working with the client group. In addition, workers described how they would often be challenged for working with asylum seekers or refugees. Audene commented on a situation she experienced recently:

And we do quite a lot of lobbying. We do quite a lot of educational work. So we go out to sort of universities and hospitals and educate nurses and doctors, medical students, nursing students. We do a lot of sort of lectures and training and things like that. We do workshops with outside organisations to create awareness. And I think that is the problem as well, publicly, is the lack of awareness of the health needs and the general issues of asylum seekers...Quite often an asylum seeker will be moving from borough to borough. They will be moving from area to area. They might be dispersed across the country. They might be deported. So the response was quite unrealistic and I think that the response [from health care professionals] was due to a lack of awareness of number one the

immigration system and number two the issues that surround this client group (Audene, Assist 2, U.K.).

Participants stressed the importance of acknowledging the contributions of refugees and asylum seekers and the diversity of culture in their training and education to other health and social care practitioners.

Opportunities:

Many participants recognised that they were working in uncharted areas, and that little empirical research had been done on working with asylum seekers and refugees.

Cassius commented:

I think research is one big way to help with that. So I really think getting some research done and some... some of these issues unpacked and explored in the professional literature will help (International Safety, Aus).

Many of the participants in both the UK and Australia were studying in areas affecting refugees, including health and social care, law, international relations and politics. They were involved in higher education at undergraduate and postgraduate levels, and described the benefits to themselves in terms of having a better awareness of research and international work that informed their practice. Many frontline workers developed research projects related to their work, specific refugee communities, and work practices. It enabled them to participate more actively in their organisation and frame debates in relation to specific policy such as those affecting health and social care, and broader political issues including international protection and human rights.

Despite some negative exposure to racism, participants who worked in education and training were quick to observe positive changes. Participants described the high quality of education and training that was provided by agencies with expertise in the area and how that informed much of the positive change and created opportunities in the health and welfare sectors. In the UK many participants described the opportunities they had to meet with a variety of professionals at a range of different levels, particularly in health:

I think there are opportunities for teaching and training colleagues. And the opportunity to make a large difference to peoples' views, and the other aspect is to make a contribution to policy, and to research as well (Caring for Health, UK).

Many participants described the change they had witnessed in the community, with an increased understanding and empathy from those in contact with refugees and asylum seekers. Madiah described her experience:

I have been doing training for volunteers who want assistance... the people come from all walks of life, and are all ages, and sometimes in some instances you might think they look quite conservative in some respects, they still want to do something towards working with asylum seekers, and Safe House works with asylum seekers who often have no income at all and are not eligible for any income at all, including from the Red Cross, so they are pretty hidden in difficult circumstances. In asking those people, literally little old ladies who live in Balwyn, who cook and bake cakes for the local charities, (smiling) and you ask them why do you want to be involved, and for some it is about their idea of justice or the lack of justice that is being shown to asylum seekers... There are some real signs of hope that attitudinal change is possible when people have access to accurate information about what is happening (Refugee Community Support, Aus).

A number of participants highly rated the training and education that was provided by multicultural liaison officers in the police and in other public sector areas, specifically those with a brief to address issues of racism and equality. These views were prominent in Australia and the U.K., and participants spoke of the benefits they had seen in the last ten years in terms of raising awareness and the improvement of interdisciplinary teamwork. Many participants cited the range of opportunities as a result of training, and how this contributed to valuing the work of the team and bolstering morale. Participants repeatedly stated that the opportunity to work in refugee and asylum seeker NGOs provided them with the freedom to develop innovative community based models of practice. Importantly many mentioned the ways that practice findings such as information and education are conveyed to a broader audience. One participant said:

Perhaps an opportunity to see a broader picture or trend, and that is terrific, and the great opportunity with that of course, is to draw on the experience of case work and the people involved, the difficulties and challenges and the strengths of certain people, it's important not to get bogged down with all of the difficulties and so forth, and try and convey that in resources and writing and articles or what ever, to a wider group of people, particularly service providers, and find ways gently of providing education and information (Lorna, Refugee Community Support, Aus).

This connected with the points made in relation to research above, where participants saw the need for linking theory with practice, and validating their experience and expertise.

Summary

Research was emphasised as an important element of working with asylum seekers and refugees by participants in both Australia and the U.K. There was acknowledgement that more research based on empirical work was needed, such as evaluating the effectiveness of services and interventions. Many of the participants had been involved in higher education and received support to publish their work, and promote their findings. Some frontline workers were critical of social work training for not equipping new graduates with robust research skills. Given the highly politicised nature of the NGO sector working with asylum seekers and refugees, participants argued that research was an important mechanism for negotiating with government and immigration departments, and vital to influencing and changing policy.

Participants in Australia and the U.K. played a role in providing education and training to a range of different services and community events. Many of them confronted resistance from mainstream health and social care services reflecting broader public attitudes towards asylum seekers and refugees. They saw the role as challenging the stereotypes often perpetuated in the tabloid press, and promoting the human story of the refugee. In most cases this work was rewarding and the response from people ranging from healthcare professionals, to teachers in schools, to volunteers in small charities was positive.

Conclusion.

The examination of the role of frontline workers providing services in NGOs in Australia and the U.K. highlights many similarities in health and social care practice with asylum seekers and refugees. Although there were different policy frameworks that impacted on asylum seekers and refugees, overall the themes that emerged from the interviews were remarkably consistent.

The main challenge that was identified was the tension of working between two systems: immigration and health and social care. The ideological and structural differences meant that frontline workers were stuck between incompatible systems. This experience manifested in seeking out approaches that would facilitate a common language and approach to advocacy, sometimes to the detriment of their own practice and health. The resistance that was offered by frontline workers emerged out of the

very dilemmas in their practice that they identified as constraints. They often reframed these as opportunities, and sought to develop innovative and constructive solutions.

Some of the differences between Australia and the U.K. appeared to be on issues of scale, such as NGOs' access to senior government ministers and policy makers. In Australia the NGOs appeared to have greater access to government, which may simply reflect the differences in the size of the population and the relationships between NGOs and government. U.K. participants noted that they often felt excluded from relevant forums and that they were stereotyped in particularly negative ways. This difference may be reflective of the participants and/or types of NGOs in this particular research.

Issues of access to services by asylum seekers and refugees raised concerns in terms of informed consent, their exclusion from services, and the framing of mental health needs. Immigration policy limiting access to secondary health care services in the U.K. was arguably implemented to minimise 'medical tourism' (people seeking out treatment and services in other countries), however participants in this research identified concern that maternal health and oncology services were being denied to asylum seekers who were waiting for decisions on their claims.

Frontline workers exposed to the destitution of asylum seekers who were refused access to services once their claims had been refused generated considerable concern. In many cases asylum seekers were not able to return 'home' due to it not being safe, and many found they were neither able to work nor have access to emergency aid. This position of 'statelessness' had repercussions for accessing legal aid. Frontline workers identified a duty of care towards asylum seekers who had their claims refused and described how they were placed into a particularly difficult situation, one where they felt their ethics and values were challenged, if not compromised. These issues are discussed further in the next Chapter where I analyse these key themes that emerged from the interviews.

Chapter 7 Discussion

Introduction.

The findings of this thesis contribute to understanding how frontline workers navigate and negotiate systems to provide health and social care services to asylum seekers and refugees. Frontline workers often described their role as 'helping people through a horrendous system' (Madiah, Refugee Community Support, Aus.), the title of this research, and that they were often in direct conflict with other service providers, government departments and immigration officials. Frontline workers work with complex social problems, and are often caught between social policies that aim to support and assist vulnerable adults and children, and refugee immigration policies that seek to regularise and restrict new arrivals, particularly those claiming asylum. The research highlights a new field of work, the activities of NGOs in host countries providing services to refugees and asylum seekers, and one that is undeveloped both theoretically and in practice. Fook's use of contextuality is relevant here (as noted on page 65 in Chapter Three) where she refers to the importance of understanding specific contexts and how they affect the ability of frontline workers to work in and with the *whole* context (2007, p 34). Many mainstream providers underestimate the capacity of frontline workers to straddle domestic and international policy in this area of work. In this research the issues facing frontline workers who support refugees and asylum seekers reflect the specific concerns of those working with a highly marginalised service user group in both an inward facing (both micro and meso levels) and an out-facing (macro level) capacity, and one where there is limited public knowledge and scrutiny of public policy.

There is a tension between existing theoretical frameworks and studies of migration, and Castles argues that part of the process of the emergence of new research is developing new theoretical and empirical frameworks based on interdisciplinary work linked to understanding social transformation processes (Castles, 2010, p 1569). Grounded theory can assist in capturing this fluidity, as it can illuminate practices 'on the ground' by providing some distance between the researcher and the field. Grounded theory in the context of this research provided distance from the activities of the field by opening up categories prioritised by the participants, and not the hypothesis or assumptions of the researcher (Suddaby, 2006). This research aimed to highlight the complexities and uncertainties of the work in NGOs in this new area of practice.

The interviews highlight issues and tensions about the professional roles, political ethics, and the experience and identification of frontline workers with asylum seekers

and refugees. In this research the experiences of frontline workers are situated between and across the two prominent discourses: immigration and health and social care. The findings from both Australia and the U.K. emphasise the concerns of frontline workers in relation to substantive issues such as policies of deterrence, destitution, the lack of work rights, detention, removals that lack preparation, poor adherence to human rights legislation and limited access to legal aid and health care. In particular, Chapter Five of the findings presents the conflict between asylum procedures and health care that compromises the role of the frontline practitioners and Chapter Six identifies the different work practices that frontline workers employ to negotiate the boundaries in their work, and ensure that the needs of asylum seekers and refugees are taken into account.

In the literature review I demonstrate how migration has linked illegalisation (Dauvergne, 2008) with an increase in regulation and by implication a change in definition of asylum seekers and refugees, with moral panic about increased migratory flows (Castles and Miller, 2009). The literature on health and social care identifies new arrivals as being amongst the most vulnerable, socially excluded and marginalised groups in our society (Burnett and Peel, 2001; Tribe, 2002). The ways in which asylum seekers and refugees are portrayed in the media and consequent political debate has impacted on the way in which services are planned and delivered (Sales, 2002). Frontline workers balanced and negotiated these demands and revealed both public and private narratives in the interviews (Plummer, 1995; Maher, 1997). The public narratives provided a more critical and often political analysis of their dilemmas and government policy, whereas the private narratives often reflected the 'unsayable' aspects of their work and selves that they could not present in public forums. One of the advantages of using qualitative methods was the ability to capture the varying degrees of disclosure of the participants. Many of the frontline workers disclosed that they would not say in public what they were saying to me due to the way forced migration had become so politicised. This was one of the key advantages of grounded theory in this research and this thesis is characterised by the strength and detail of the data collected. The quality of the data was high due to access to participants, experience in the field, and the sensitive use of power in the interviews and negotiations with participants.

The participants in both Australia and the U.K. were critical about what they perceive to be unduly harsh policy directed at asylum seekers. They were critical of the exploitation of asylum seekers in the context of harnessing nationalistic sentiment for self-interest, as happened in the case of Tampa in Australia (Dauvergne, 2008, p 51;

Neumann, 2004, p 111) and the London bombings of 7/7 (Sales, 2007, p 2). In this research frontline workers clearly saw themselves as advocates for refugees and asylum seekers, and to varying degrees working against the controlling role of the immigration services. The literature review illustrated how the origins of social science focused on the role of the nation state, and that there is continued academic interest in the apparatus of government and institutions in maintaining or disrupting the social order, including by social welfare workers. Researchers have argued that the ways in which governments categorise migrants (voluntary/forced/other) enforces control and facilitates a biased process of selection (Castles and Loughna, 2004; Hayes and Humphries, 2004). Some of the concerns regarding care and control in health and social care are replicated in the debates in the field of forced migration. The ideological and political rhetoric of the host country that receives refugees and asylum seekers influences both access to and degree of entitlement to services.

This Chapter discusses the key findings of the previous two Chapters. The first section identifies the theoretical dilemmas that pull frontline workers between complicity with and resistance against policy in the course of their work in the context of debates about care and control in health and social care, and the role of frontline workers. The second section discusses the practice issues and barriers frontline workers face in NGOs that work with asylum seekers and refugees. The two key areas in this section will identify the challenges facing NGOs and issues that highlight building support for frontline workers.

Section 1. Theoretical implications.

Debates in care and control.

A number of tensions arose in what I call the care and control debates in terms of how frontline workers experience their work, and its key challenges. These debates include issues of agency, the surveillance of the asylum seeker and refugee, and of the frontline workers, and forms of resistance. I discuss these issues respectively.

As discussed in the literature review in Chapter Two, the presentation of asylum seekers and refugees is frequently polarised between a discourse of victim status or resilient hero (Sales, 2005). Practitioners in this research frequently challenged the ways in which refugees were stereotyped as victims and noted that they were skilled and experienced in organising their own services and activities. Consideration of the issues of agency and resilience of refugees and asylum seekers arose in the interviews and practitioners moved between describing service users as victims and/or survivors. Frontline workers described the importance of recognising resilience in refugee and

asylum seeker communities and individuals. They frequently stated how they felt resilience was underestimated, and that the discourse of the refugee as a 'victim' (of risk, of PTSD, of vulnerability) undermined the capacity of newly arrived communities to find their own sense of agency and purpose. Academics in consultation with practitioners have repeatedly stated that health and social care services need to be open to alternative approaches that welcome the contribution of refugees and asylum seekers and to look at strategies that build capacity in newly arrived communities (Watters, 2001; Ingleby, 2005; Mitchell, Kaplan and Crowe, 2007; Mitchell and Correa-Velez, 2010).

Frontline workers were aware that the service user may exercise agency and control in the only way they are able, by withholding information, and their strategy was to choose to engage, or not. It may be that they resist in terms of their 'non-compliance' with certain treatments or their participation (or not) in activities. There are parallels here with criminal justice and mental health systems where people are judged to be 'bad' or 'mad', and they exercise agency in a way that makes sense to them (Barnes and Bowl, 2001). This division has accentuated the ideological foundations in the provision of welfare and suggests the division into 'good' and 'bad' clients. In this case refugees and asylum seekers in public discourses are labelled according to how compliant and accepting they are of what they are 'given' (therefore 'good') or whether they are critical of or challenging towards services (read 'bad'). Participants in this research noted how asylum seekers who were both angry and vulnerable were often labelled bad as a result of their desperate actions:

And the problem is that these people have been here 10 or 12 years, they've been relying on charity for all of that time, to be told they've got to go back to their country whether or not they have a real... you know, a real fear or whether or not it's going to be as awful as they think it is they've got so much invested in their fight to stay here and they're so broken psychologically that we end up with, you know, people threatening suicide (Myesha, Multi-Agency, Aus).

In writing about people in detention in Australia, writers have commented that politicians frequently called this behaviour 'manipulative' and state that government is not going to be bullied into making decisions on claims, despite 90% of claimants meeting UNHCR definitions of refugee status (Marr and Wilkinson, 2003; Maley, 2004; Gale, 2004).

Far from blaming the victim, frontline workers in this study articulated a complex understanding of the attributes of refugees and asylum seekers, and their adaptability

to a new culture. In addition, there was evidence of voluntary groups across Australia and the U.K. that are excellent advocates with and on behalf of newly arrived refugees, and actively worked to assist them in becoming independent and reducing reliance on NGOs. This suggests that a thriving and diverse voluntary sector, including NGOs, has developed all over the U.K. (Griffiths, Sigona and Zetter, 2005) and Australia (Gosden, 2006).

However, and in contrast, evidence of the promotion of the individual within a medical discourse came from the Australian participants who had been negotiating with the Conservative Government for ten years. They described how in different contexts they both challenged and adopted the dominant individual humanitarian discourse, and that there was a tension between a collective international human rights framework and an individualistic case-by-case framework. Frontline practitioners from Australia described how their negotiations with government faltered when these two ideological positions clashed. Participants in this research had experience of working directly with ministers in both the U.K. and Australia to intervene in decisions regarding deportation and the granting of refugee status. Interestingly, when this was addressed and partnerships involving training or joint meetings were arranged, mutual agreement took place, outcomes were agreed, and change occurred. This strategy was described as advantageous in some cases but not in others, such as the example of the community detention model in Australia. It appeared to depend on the political persuasion of the NGO that the practitioner belonged to and the ability to challenge the government in power, along with his/her professional background. I return to this theme of partnership working in the conclusion of this chapter (see page 282).

Increasingly debates in the literature have emerged about the way in which the bio-legitimacy of asylum claims (the physical and psychological 'evidence' of abuse) has taken precedence over a human rights discourse. This research has highlighted how the medicalising discourse has indeed permeated services in Australia and the U.K., and poor mental health, as noted previously, is virtually a requirement of any successful asylum claim, though does not always guarantee it. Critics of detention have noted that anyone remaining in detention for unspecified periods of time is susceptible to mental illness (Steel and Silove, 2001; Coffey 2006; Coffey et al, 2010) but are wary of labelling asylum seekers and refugees. Some services were criticised for positioning and medicalising mental health needs above other health and social care needs, and in turn for dominating the sector by privileging the medical model and bio-legitimacy. This resonates with research done by Summerfield (1999) and Fassin (2001). It could be argued that many organisations do this to attract funds, and to align

themselves with government objectives that position individual rights over collective rights. This however does run the risk of stigmatising, controlling, and essentialising the refugee through the disclosure of mental ill health. Some of the literature warned of the risks of medicalising refugee experience and of inappropriate service provision:

The voice of the refugee is only heard within predefined and compartmentalised contexts that conform to and reinforce institutional structures within the health and social care field (Watters, 2001, p 1710).

Asylum seekers are confronted with a range of surveillance technologies, including biometric eye scanning and finger printing (Home Office, 2004), are frequently monitored via the police and must routinely visit immigration services. The issues of surveillance and the targeting of asylum seekers and refugees are controversial and raise a number of ideological and political debates about the role of both the nation state and the welfare state in the provision of care. Some academics are highly critical of any surveillance role by health and social care workers and argue that social workers in particular must actively resist any attempts to collude with government against the needs of asylum seekers and refugees (Cohen et al, 2002; Hayes and Humphries, 2004).

The observation and monitoring of asylum seekers and refugees applies only to those who are under the gaze of bureaucrats and frontline workers. In many cases asylum seekers exist outside of systems of support and control, and frontline workers in this study were acutely aware of their marginalised existence. In some cases their liminal existence was not intentional, but rather as a result of bureaucratic incompetence. In her research in Tanzania Malkki (1995) described how the position of liminality could challenge categorisations of refugees as it was being *outside* of the prescribed structures that opened up new ways of seeing. For frontline workers in this research, however, the invisible liminal asylum seeker who was not in detention or reporting to services was seen to be at risk of exploitation and abuse. The lack of visibility also reflected an ideological position about the exclusion of asylum seekers, and a dominant discourse of not being wanted. Positioning asylum seekers outside the range of services placed the frontline workers in this research in a challenging position and one where, in some cases, their commitment to providing a duty of care outweighed that of meeting organisational criteria forbidding them to provide services.

The research highlights similarities and discrepancies between frontline workers in Australia and the U.K., as well as commonalities with the generic social care literature of positioning the 'deserving' from the 'undeserving' (Grove and Zwi, 2005). I argue

that the government policies of deterrence and restriction to refugee status have located asylum seekers and refugees within the 'undeserving', which is related to discourses of poverty, dependency and risk. As the drive to reduce and, in Zetter's terms, fraction the label of refugees into a variety of lesser entitlement categories and reduce access to Convention defined refugee status (Zetter, 2007) NGOs are left to work with increasingly marginalised and destitute people without access to state sanctioned and funded support. Frontline workers along with refugees and asylum seekers are therefore locked into a dynamic of both compliance and resistance with bureaucratic immigration controls. These discourses are interrelated across areas of government policy, direct practice and organisational arenas.

The role of frontline workers in NGOs in host countries is a relatively new one. Charities, church and other faith group members have always supported members of newly arrived communities; however, funding by government of services has emerged in the last fifty years. Many theorists have written about the 'gaze' of the professional (Goffman, 1968; Foucault, 1979) and one of the main critiques of the medicalisation discourse has been that it has minimised the subjects' participation and sense of agency and elevated the role of doctor to expert (Conrad and Schneider, 1992). Feminist literature has been highly critical of the medicalisation of women's bodies and minds and has identified this disempowering relationship as central to women's oppression (Butler, 1993). As noted previously frontline workers in NGOs were often seen as the experts on asylum seeking and refugee issues but held that power, and in Foucault's terms bio-power, with a degree of ambivalence. This research identified a contradiction for frontline workers who saw themselves as both an expert based on the knowledge of the client (as their advocate) and their training, but also not an expert, or that 'no-one is an expert' (Mohammed, Refugee Community Support, Australia). This tension is due to the changing nature of the work due to immigration regulations and an ever-changing population of new arrivals that necessitates new knowledge and practice. But it is also due to the recognition from the frontline workers of a 'new professionalism' that reflects the incorporation of the views of refugees and asylum seekers and that they often know what is best for them (Fook, 2007).

The majority rejected the disciplining role and accepted the narratives of the asylum seeker and refugee, although some expressed doubts. The discourses of power, discipline and control that operate through the regulation of asylum seekers and refugees had implications for the frontline workers in this research. They identified the increased regulation of their work, the monitoring of their activities and higher demands for paperwork as a hindrance to their contact with service users. These changes in

health and social care practice have been featured by academics critical of the reduction in time for frontline workers and the change in emphasis away from building trusting relationships (McLaughlin, 2008; Parton, 2008). This research with frontline workers supports the findings of research conducted with social work staff in mainstream mental health settings and children and families teams that suggests managerialism constricts the development of therapeutic relationships, and reduces contact with service users to a minimum (Evans et al, 2006). The frontline workers in this research experienced the pressure of the target culture (such as set numbers of cases per worker and unit cost funding), but also sought to resist it to meet the needs of the service user. Thus they sought to construct a new type of expertise in the role, one that is seen as flexible and dynamic and something acquired over time via the relationship with service users. This is an area for further research in the context of knowledge and theory creation in this sector.

The findings in this study suggest a degree of resistance from frontline workers towards punitive government policy. NGOs are increasingly required to provide the identifying characteristics of service users (such as those with mental health needs or survivors of torture) in order to attract appropriate funding and meet government targets. The frontline workers were critical of the classification of asylum seekers and refugees that constituted a form of surveillance, contributed to the 'othering' of them, and separated them out from other mainstream groups eligible for support. These practices raise questions about the compliance of both Australian and U.K. governments to international UN Conventions that protect the right of a person to have access to support when fleeing persecution, while claiming asylum. These surveillance strategies also raise the spectre of how citizens resist and oppose them, and whether to engage in acts of civil disobedience.

Some of the Australian participants interviewed commented on the tension of maintaining professional impartiality when writing reports and representing cases to the Immigration Minister and the Refugee Review Tribunal. They described how the position of impartiality was not possible when they formed a relationship with an asylum seeker over a long period as it was the quality and duration of the working relationship that provided the credibility of their story and narrative. Research by Jones (1998) highlights that when working with people who have been subjected to human rights abuses, neutrality was seen to be aligned with the perpetrator's perspective and that it was critical to accept refugees' narratives in order to aid recovery and to ensure their trust. The importance of advocacy in the relationship and the process of gaining the

testimony of human rights abuses is a key role of health professionals who would not expect to be complicit in systems of abuse (Silove, 1999; Coffey, 2008).

A dimension of governmentality is the resistance of subjects themselves to the expected requirements or mechanisms of control. Where there is power there is resistance and identifying both opportunities and constraints in the practice of frontline workers exposed this. In reflecting on this concept, Lupton posits how Foucault articulated an interest in the:

local techniques and strategies of power, or the micro-powers that are exercised at the level of everyday life, and the ways that resistance may be generated at those levels by people refusing to engage in these techniques and strategies (2000, p 103).

Understanding how frontline workers engaged with government emerged as key to this research and became an interesting dimension of the study. Resistance was seen in the practices of some frontline workers such as through incorporating asylum seekers into activities they knew they were not 'classified' to attend, or providing services they were not 'eligible' to receive, as noted above. Frontline workers were also involved in political campaigns and social activities with asylum seekers. Many wrote for journals and newsletters, others provided training and education, and worked closely with refugee communities to support them in their activities.

This research featured the experiences of frontline workers who struggled to change structural barriers in their work with asylum seekers and refugees. As such it supports the argument that we need a sociology of forced migration, a sociology of 'exile, displacement and belonging' and that it is located in the context of a 'global social transformation' and an interdisciplinary and transnational project (Castles, 2003, p 14). Forced migration research must be grounded in the structural dimensions, not only the cultural and social. The findings in this research suggest that participants were all engaged in some degree of resistance against the policies and procedures formulated by immigration departments that in some way vilified asylum seekers and refugees. Where there was a discrepancy between the values and objectives of the workers and the NGO or immigration department, the frontline workers would actively subvert policy.

There is evidence from research examining social services (Evans et al, 2006) of a number of strategies that workers can employ including withholding co-operation in an organisation (Lipsky, 1980, p 17) and these are utilised as a means of expressing

frustration and antipathy. These however, were not evident in this research. Some frontline workers commented that there was absenteeism due to illness, and that there were 'sticky boundaries' for some workers, but overall there appeared to be a high level of commitment and loyalty to the values of their organisation. Lipsky claimed that workers have a right to minimise danger and discomforts and maximise income and personal gratification and argued that organisations are only interested in these factors so long as they impacted on productivity and effectiveness (1980, p. 18). It is this division, he suggests, which leads street level bureaucrats to see their interests as separate from manager's interests. The issues of being separate from management, and management not having an interest in the demands of the work were reflected in some of the interviews. There was a tension between the identification with management and the service overall, and a need to exert autonomy in carrying out the work.

The issue of admitting resistance and engaging in active strategies to undermine policy, subvert policy, or engage in acts of 'disobedience' is a complicated one. Frontline workers in this research were employed to provide health and social care services in the voluntary sector, and had a responsibility to do so ethically. In some cases the frontline workers described being more able to respond to the needs of refugees and asylum seekers when working in the voluntary sector, as compared to the statutory. However, in others they described feeling more vulnerable with regard to future funding. How the frontline workers navigated these tensions in the context of their professional role required political and moral ethics and an understanding of the issues facing asylum seekers and refugees.

Frontline workers frequently acknowledged that they were trying to ameliorate structural and systemic problems and ease the stress and isolation facing service users. However they noted that they could also come to be identified as part of an abusive, potentially corrupt and inhumane system. In the literature review some research identified frontline workers presenting a lack of resistance to work practices that condoned marginalisation and victimisation, and indeed actively colluded in abusive practice (Humphries and Hayes, 2004). Frontline workers in this research identified working to change systemic problems and barriers in their practice. They were aware that some service users were suspicious of them, and that they were often seen by asylum seekers to be aligned (or indeed working) with government immigration services, despite explaining otherwise. In this research all of the participants spoke about the inherent contradiction of both being part of and actively challenging 'the system'.

Despite these tensions and confrontation with determining good practice, frontline workers described the personal rewards of enrichment they gained and the ongoing challenges they faced in their professional roles as a result of working with continually changing newly arrived communities. They also stated they needed to remind themselves of 'holding' both perspectives or discourses, of the asylum seeker and refugee as both resilient and vulnerable. Many frontline workers stated that they liked to work with refugee communities because they found it rewarding working with refugees, many of whom are highly motivated to study and work, to do well, and seek better lives for themselves and their children.

The Role of Frontline Workers

Academic debates about the degree of responsibility the state has for the care of global citizens and the role of social policy had a direct impact on what practitioners described as their duty of care (Morris, 2002; Alcock and Craig, 2009). They often described being in between two systems that represented asylum seekers and refugees in completely different ways. Government immigration departments were seen as critical and suspicious of asylum seekers and refugees whom they defined as a *risk* to security, economic stability, and social cohesion; whereas humanitarian NGOs provided health and social care services to those they defined as *at risk* and vulnerable. This clash was evident in the example provided by Madiyah in relation to the Refugee Review Tribunal who accepted that there had been torture and trauma of the refugee, but that the decline in their mental health was not specifically related to the incident recorded by the advocate (see p 204).

Practitioners tread a fine line between being controlling agents of the state, and promoting a philosophy of self-determination and empowerment to reduce the effects of social inequality. Participants in this research frequently described how the legislative immigration and refugee frameworks conflicted with human rights and welfare models, and how this often left them feeling like the service user, powerless and outside of any supportive mainstream structures.

The role of frontline workers in policy making is highlighted in this research, as the participants negotiated between the two systems with their different approaches. As noted in the literature review (page 59), research suggests that street level bureaucrats make policy at two levels: first they exercise wide discretion in decisions about the people with whom they interact, and second their individual behaviour collectively becomes agency culture and behaviour (Lipsky, 1980, p. 13). The frontline workers in this research sought out ways to subvert the policies of their government and in some

cases, their NGOs. Some of the strategies included redefining the asylum seeker's needs in order to continuing working with them, and referring people to other organisations who had more flexible approaches, or were not in receipt of government funding. In their casework frontline workers did not include some service users on their statistics forms, or else included them in other activities so as to legitimise seeing them. These actions then became part of the organisation's culture, and a sense of camaraderie and support was established in teams that legitimised, within reason, these practices.

The frontline workers in this study identified their role working in NGOs as more flexible than that in statutory government services. In this context they are not formally complicit in controlling asylum seekers and refugees and they challenged and resisted practices that relegated them as a 'poor law enforcer' (Cohen, 2002, p 141). There are many positive examples in this research of frontline workers promoting change and addressing inequality within their work, including advocacy, community development, casework, policy development, research, and education and training.

Advocacy was central to all of the frontline work with asylum seekers and refugees although the actual activities varied in Australia and the U.K., particularly in relation to partnership working with government. The participants argued that it promoted change and opportunities to feature the needs of asylum seekers and refugees, particularly in mainstream settings. Indeed, the range of dilemmas that frontline workers discussed in relation to casework generated more similarities between Australian and U.K. participants than differences. In the U.K. voluntary return appeared to be promoted more widely and NGOs argued that return needed to be seen as a viable option and that asylum seekers have a right to impartial information. In some cases this had a positive outcome for returnees, as the NGOs collaborated more closely with international agencies and were able to link them into supports and services. Australian participants suggested that they were not so well connected to international agencies, nor prepared to offer voluntary return as an option. This may reflect the country of origin of the people they were working with at the time who had fled from wars in Afghanistan and Iraq and their reluctance to return people to these countries. One Australian participant described the pressure she had received from legal advisors who told her not to provide counselling or assistance but to prepare the person (a 'failed' asylum seeker) for return; a task she saw as inconsistent with her counselling role in an NGO and one for which she was neither appointed nor trained to do.

The participants from both Australia and the U.K. described the tension of working within a quickly changing immigration policy framework that does not prioritise the needs of service users and is at odds with the ideological and humanitarian values of NGOs. The literature review focused on the extensive changes to the area of immigration and the theoretical frameworks that underpin policy which conflicts with social care roles. Many frontline workers spoke about their frustration in wanting to provide care in order to assist in the recovery of service users, but described how this brought them into conflict with a culture of suspicion and distrust: a system that aligned them with the refugee as not to be trusted. It was this tension that service providers sought to confront and challenge in a variety of ways. As one participant put it, 'departments of Immigration are not experts on human service delivery' (Cassius, International Safety, Aus), suggesting that frontline workers needed to take a more proactive role in directing and influencing policy. Frontline workers observed that it was important to build a body of knowledge based on their expertise of working with asylum seekers and refugees. This knowledge needs to be based on a well-informed understanding of immigration policy and practice and the causes and management of the health and social care problems of refugees. This is a key area for intervention.

In the private narratives the Australian and U.K. participants shared scepticism about being part of a 'refugee industry' and questioned whether the resources spent were well placed. One frontline worker suggested that if the resources were made available to newly arrived communities in different ways, there could be more opportunities and different outcomes for them. They also raised doubts about the effectiveness of overseas development aid and the role of UNHCR in the targeting of humanitarian programs. The literature review highlighted concerns about the role of international protection regimes (raised by authors such as Harrel-Bond, 1999; Sen, 2000; Castles and Miller, 2009) and frontline workers shared those views that were critical of strategies used by the West to maintain economic domination and exclude developing countries from participating on equal terms.

Frontline workers in NGOs working with asylum seekers and refugees in the past ten years in Australia and the U.K have seen an increase of restrictive policy that prohibits the intervention of services for so-called 'failed' asylum seekers and people on temporary protection visas. Frontline workers have both adapted to and in some cases resisted these changes. All of the frontline workers spoke actively about their disagreement with the policies and practices that have been implemented and serve to keep asylum seekers and refugees isolated and marginalised. There were some cases where workers felt complicit in a controlling role, and that they were part of an abusive

international 'protection' system. Despite holding views consistent with UN Conventions and actively engaging in human rights discourses, they found themselves battling with mainstream service providers, and each other, for resources to assist vulnerable and disenfranchised service users. This issue was consistently raised by all of the frontline workers both in Australia and the U.K. and contributed to tension in the role. Many frontline workers expressed frustration about how to advocate on behalf of service users with agencies that denied them access. They often had limited means to obtain resources or to alternative strategies to negotiate the conflict, and relied on good will. Particular substantive issues of conflict caused concern. First the diagnosis of mental illness and PTSD; second, the age determination of young people in the U.K; third work rights, and fourth working with women. I will discuss these in turn.

First, Australian and U.K. frontline workers' reported similar difficulties when defining the mental health problems of service users. They were wary of using PTSD to describe experiences of loss and adjustment, but at the same time were aware that the use of the term was influential in presenting service users' claims for asylum and accessing services. Workers in both countries expressed concern about medicalising trauma rather than emphasising human rights issues. Participants described how frequently mainstream funders or commissioners did not understand torture and trauma and that the interface with mental health services were often restricted and limited. This was particularly the case in relation to detention centres where workers had been informed of brutal treatment of asylum seekers. This exposed an ethical dilemma for many frontline workers in NGOs: whether they should or should not see clients in detention.

This research confirmed the previously noted deterioration of newly arrived asylum seekers' and refugees' mental health (Silove, Steel and Watters, 2000; Burnett and Peel, 2001; Tribe 2002). Typically, service users have high hopes on arrival, only to find them deflated over time as the hardships of life in the new host country become more apparent. Some participants were not happy with service responses to these needs and expressed doubts about the models of service that were offered in Western countries with an emphasis on 'talking therapies'. Indeed both researchers and service users have stated that these approaches are culturally inappropriate, or lack evidence of success (Warfa et al, 2003; Basoglu, 2007). Participants highlighted that some service users have never experienced stability in their lives, and have only known conflict, and argued that this has implications for service delivery models and the 'treatment' of trauma. They frequently challenged the stereotyped views of asylum seekers and refugees promoted by mental health services, and sought to develop

innovative models within their own services. Nonetheless frontline workers, along with approaches that tackled social inclusion, discrimination and issues around employment, supported the primacy of the caring relationship. These factors are consistent with recent research findings (Keleher and Armstrong, 2005).

Second, in the U.K. the issue of age determination of minors was raised in the interviews about casework. Frontline workers felt they were put into difficult situations where they had to assess the age of young people. They commented that there was no clear guidance and local authorities used arbitrary measures that included inadequate information about factors that might impact on age such as malnutrition, country of origin, and cultural, social and behavioural norms. This problem has been previously documented in the literature, particularly the tensions between theoretical legal frameworks and the role of the service providers supporting young people (Kohli, 2007; Watters, 2008). Frontline workers who work with young people described their work as continually challenging mainstream services that were often reluctant to work with unaccompanied minors and saw refugee children as outside their remit.

Third, the issue of work rights arose throughout the research, and particularly in the discussions about casework. In both the U.K. and Australia the lack of opportunity for refugees to participate in meaningful activity was seen as a hindrance to integration and the maintenance of good mental health. Frontline workers argued that forced destitution due to the lack of work rights was inhumane, particularly when asylum seekers were prevented from obtaining benefits if their claim was rejected. Frontline workers in this research were critical of policy that promoted a marginalising existence for asylum seekers, one that prevented them from participating in voluntary work, and relegated them to the black market for survival. The issue of work rights locked asylum seekers into a no win position with the general public. The public resented their dependency on the state if they were eligible for benefits, were angry at the prospect of losing their jobs to cheaper labour if they were working, and hostile towards those who engage in criminal activity to survive as a result of being excluded from the market. Advocates of work rights have argued that these three problems would be resolved if working visas were provided (Asylum Seeker Project Hotham City Mission, 2005; Refugee Council Let Them Work Campaign, 2007). Researchers note that governments 'tacitly use asylum and undocumented migration as a way of meeting labour needs without publicly admitting the need for unskilled labour' (Castles, 2003, p 16). However, this is not always the case, evidence from an Australian study demonstrated that asylum seekers who were not able to work could meet the skill shortage in certain trades and industries (Black, 2009).

Fourth, the challenge of working with women was a key theme throughout this research and frontline practitioners were ambivalent about the subject positions of women, reflecting dominant societal views. In some cases they favoured a discourse of victimhood and vulnerability and in others they promoted women's sense of agency and activity in the process of change. Both Australian and U.K. participants described dilemmas in relation to gender, often relating to culturally sensitive work practices. Some of the frontline workers argued that there is little direction provided regarding how best to work with women from specific cultures who may have been exposed to particular types of trauma. They described their frustration with the lack of coherent theory informing their practice in relation to gender, and they frequently struggled to work effectively with women from different cultures.

In many cases frontline workers were feminists and promoted views of women that challenged traditional patriarchal stereotypes. In their practice they developed a range of models of service that promoted friendships between women, strengthening their cultural ties and providing support for self-help. The practitioners acknowledged the enormous cultural shifts facing women and families when they move to the West, and were careful to avoid transposing Western ideals as the norms onto other cultures. They identified a suspicion of feminism, and feminist practice, from both male service users and colleagues, and struggled to articulate women centred culturally respectful practice. They were concerned about promoting a dependence on services that worked against the women's self-sufficiency. Many frontline workers in this research acknowledged the achievements of women in the host country, and promoted these in the context of successful feminist interventions. However, others were cautious about imposing Western models of 'success' that favoured individualistic achievement rather than a collective framework for inclusion and integration.

Despite specific programmes developed by UNCHR to assist women (such as 'women at risk' in Australia), frontline workers in host countries argued that often women were left on their own to manage complex systems and processes to gain support. The experience for women moving to Western countries tended to expose traditional patriarchal family structures and introduce them to other gendered orthodoxies. In some cases this raised conflict about gendered roles. Frontline workers were concerned about family violence, women's health issues, and gender sensitivity in terms of interpreting services. The example in Australia of access to English classes illustrated the systemic problems women face, and how they are frequently stuck between silos. In this case women could not access childcare to complete their English classes, which had an impact on their ability to access employment and/or

further education. The workers argued that English classes were essential to women integrating successfully and that the time limit and lack of childcare did not take into account their personal and family circumstances.

Despite many of the challenges, it is important to note that all of the participants in this research stressed the opportunities and positive elements of working in the 'refugee' sector. They described how being client centred and a witness to change in the life of refugees and asylum seekers was a rewarding component of the work. They also commented on how they were able to promote empowering work practices and as a result cultural diversity was celebrated and valued in the broader community. Many of the dilemmas and challenges discussed by the frontline workers in this research opened up opportunities for innovative practice and highlighted the benefits of working in the field.

Section Two. Practice issues: the challenges facing NGOs and frontline workers.

Challenges facing NGOs

The findings suggest a range of issues for consideration by NGOs and researchers. These relate closely to understanding the roles and responsibilities of the frontline workers. In order to do this we need to focus on the key issues that emerged from the grounded theory which includes partnership working, funding arrangements, assessment processes, the development and promotion of innovative service delivery, increased service user involvement and tackling racism. I discuss these key themes in turn.

The literature identified concerns about international NGOs and the interface with national politics and international relations (Lewis, 2001). It identified how governments are increasingly reliant on NGOs (Kendall, 2003; Lewis, 2001; Griffiths, Sigona and Zetter, 2005). The ways in which NGOs are funded can restrict the role they have in providing specific support to particular communities (Zetter and Pearl, 2000). However there is a need for further research that examines the role of frontline workers who support refugees and asylum seekers in health and social care settings, and the positioning of NGOs with government.

A number of participants in this research were critical of activist positions that challenged government policy and practices. Others were critical of NGOs who worked too closely with government, and expressed the view that they were 'in bed with the devil'. All, however, recognised the tension and ambivalence of working with

government particularly when they were in receipt of government funding from DIMIA and the Home Office. Many were critical of the overall international protection systems for refugees and asylum seekers, and the lack of political will to challenge views that promoted racism and discrimination against asylum seekers and refugees. There was a diverse range of views presented by frontline workers about the willingness of many civil servants to engage with services and to provide information and support to NGOs. Far from seeing the exchange of information as only one way, many frontline workers acknowledged the benefits of changes made to systems as a result of improved partnership working. Overall frontline workers had positive experiences of working with bureaucrats and civil servants, many of whom were equally frustrated with systemic problems.

NGOs increasingly have to ration their activities based on their access to funds, and also engage health and social care professionals in the assessment and management of demand. Central to the frontline workers' understanding of their effectiveness was how they balanced the tension in their role of between 'control' and 'care' and negotiated the division between expert and subject. For many frontline workers having the flexibility to both challenge and subvert policy had become an important element of their identity and efficacy.

Many of the participants acknowledged that NGOs are independent of government to varying degrees. The decision to accept or reject government funding is a complex organisational decision, and the frontline workers had a range of diverse perspectives on the issue. The participants came from a range of organisations that were situated on a continuum ranging from activists who worked against government policy and services (and were not in receipt of government funds), to independent agencies who selectively worked with government (and were in partial receipt of government funds), to agencies who actively worked in partnership with government (and were funded by government). The participants in this research had different views as to the degree of success of partnership working that took place with government. Frontline workers frequently noted how small the sector was and how people in both the U.K. and Australia tended to know each other. This had a positive outcome in most cases, with long-term trusting relationships between workers and agencies developed over time. It also enabled organisations to take strategic positions in arguing against or for particular policies, creating change and new policy.

For some participants it was crucial to be independent of government funding and to be able to voice objections to policy and practices free of interference and fear of funding

being withdrawn. For others they saw the access to funding as critical to the provision of services for asylum seekers and refugees, and a responsibility of government to meet its international responsibilities and commitments. Some of the participants noted that there was a lack of understanding by commissioners and funders of the types of programs offered, and the place these have in health promotion and public health more broadly. Some pointed out how commissioners did not understand the proposals nor methods of their work in the sector, and that they were limited by models which expected short-term outcome measures. The literature suggests that there is limited promotion of research and evaluation of alternative mental health strategies for refugees and asylum seekers (Ingleby, 2005; Palmer, 2006). Frontline workers were critical of how their access to funding was limited by models favoured by mainstream providers, and how there was a perceived bias against models that promote community inclusion. The workers in this study commented that community development models were not as favoured as clinical work, which had more kudos and status. The emphasis on clinical work was challenged by some participants who noted that utilising a holistic community based approach when working with specific communities (such as newly arrived Africans in Australia) was far more effective. This is also reflected in recent research advocating inclusive approaches to evaluation in community development (Mitchell and Correa-Velez, 2010).

Negative labelling of refugees and asylum seekers is compounded due to the far-reaching consequences of immigration into social, economic and political realms. One of the key tasks of the frontline worker is history taking and assessment, and recording the narrative of refugees and asylum seekers. McLaughlin (2008) identifies one of the key roles of social workers as the process of determining who might be seen to be 'at risk' and who is eligible for support. Increasingly there is an assessment of risk, and frontline workers have to judge whether the asylum seeker is at risk in terms of vulnerability (as a victim), or if they are a risk to themselves or others (as a perpetrator). This process of subjectification of asylum seekers and refugees as 'at risk' (particularly of mental health disorders) has implications for practice and for access to scarce resources. The response of government and health and social care services to the management of risk is identified in the literature as an attempt to regulate uncertainty (McLaughlin, 2008; Lavalette, 2007). While some theorists have argued that the assessment role functions as a means to refer people to the most appropriate service, others have been explicit that the assessment role of social work has surveillance and policing components (Garrett, 2004). Participants in this research expressed a range of views with some commenting that they were restricted by the number of contacts and services they could offer, and others stating that they had a

high degree of flexibility. For many the advantage of working in the voluntary and community sector was that they could be client centred in a way that statutory services could not be, and that they had a good degree of support from management to pursue their work in a range of contexts.

The issue of assessment as a means to regulate demand was raised by a number of participants. The literature described how services are often locked into a vicious cycle: when more funding becomes available the demand simply increases (Lipsky, 1980). So too with many of the NGOs who participated in this research. Frontline workers generally argued that they maintained some degree of independence in addressing the needs of asylum seekers and refugees when they sought assistance from their service. However, others were aware that they had to 'bend the rules' or 'turn a blind eye' to those who were deemed not eligible. Many frontline practitioners in both Australia and the U.K. were critical of a market economy business approach that does not take into account the needs or vulnerability of service users, and restricts contacts to arbitrary numbers. However participants acknowledged that assessment criteria seemed the only way to regulate demand, and the NGO's only strategy, short of raising additional funds, was to expand or contract the criteria for services accordingly. A key area for development here is to ensure that frontline workers participate in the establishment of the criteria, and that it is not established using a 'top-down' approach.

The assessment process raises questions about the nature of 'truth' telling, and whether the person's story is going to be accepted or rejected by the listener. The organisational culture of NGOs in this study was to believe the service user, and this formed the basis of the therapeutic relationship. The language of suspicion and distrust did, however, enter the narratives of the participants. For example there had been concerns about whether clients had been perpetrators of violence and human rights abuses while seeking asylum. Frontline workers acknowledged that some service users might have been perpetrators as well as victims, such as in the case of civil war and child soldiers. Frontline workers stated that it was not their role to question the validity of claims, although privately some did, reflecting the dichotomised debates and discourse on this topic.

In this research some workers raised feelings of shame about questioning the validity of the story of certain asylum seekers with whom they worked. This represented the 'unsayable' element of the private narrative, and one that was not disclosed publicly. Frontline workers commented that they raised these concerns with colleagues and supervisors but felt anxious about 'feeding into' the dominant discourse of suspicion

and doubt of asylum seekers and refugees. Frontline workers often described themselves as being in an unsympathetic system that made them part of the 'problem' and that they felt vulnerable to the intrusion of negative stereotypes, at both conscious and unconscious levels.

One of the most prominent issues that emerged from frontline workers' discussions of their direct service work was the need to adapt their practices from individualised models of casework, to more inclusive community development models. Participants noted that one to one casework has continued to be the favoured model in the delivery of services despite the research that interviewed refugees and asylum seekers highlighting alternative community development models (Craig and Lovel, 2005; Mitchell, Kaplan and Crowe, 2006; Mitchell and Correa-Velez, 2010). Participants in this research suggested that some of these alternative approaches were often at odds with more bureaucratic structures. Practitioners have promoted more inclusive community based models (Warfa et al, 2003), and raised concerns about the pathologising effects of individualistic models of service provision. Much of the research available on different approaches is in reports and short term evaluations, many of which are not published or made available to other practitioners, or are only available online (see Bassiouni et al, 2007).

The importance of collective approaches to problem solving, particularly in relation to issues of settlement and support, have been emphasised by refugees and asylum seekers. In some cases frontline workers described how refugees and asylum seekers had directly challenged their services in terms of what was available to them, and demanded a different model of practice and advocacy. Many newly arrived communities were suspicious of the bio-medical model and particularly any suggestion of 'madness' associated with poor mental health. Frontline workers described how they worked collaboratively with newly arrived communities across many areas, including housing, health, education and employment. In so doing, they were able to address issues of trust, assist in rebuilding lives that had been destroyed in their homelands, and address structural inequalities.

However, despite this work frontline workers commented that there was very limited service user involvement in their organisations. Government departments in both Australia and the U.K. have been advocating service user involvement at a variety of levels in health and social care services, including representation on Boards of Management, Partnership Boards, and via evaluative focus groups (Carr, 2004). All of the frontline workers who spoke on the issue said that their organisation was not doing

enough to promote and elicit the views of service users. There was evidence of the welfare discourse that promoted the division between expert and subject, and a lack of mechanisms to facilitate training and promotion in services.

In particular frontline workers who came from refugee backgrounds raised the lack of service user participation in the development of services. They experienced members of their communities coming to them and complaining that services were not meeting their needs. They described this as being very difficult, and that on occasion the NGOs' management found it difficult to accept and respond to criticism. The lack of service user participation was seen to have a major impact on the degree of trust the organisations were afforded from newly arrived communities and also contributed to what was identified as a paternalistic model of service provision. Some frontline workers in this study noted a paternalistic attitude towards people from refugee backgrounds. Academics have speculated as to whether paternalism is a reflection of the predominant medical model in mental health discourse that disempowers services users, and more specifically constitutes institutional racism (Thompson, 2003).

A number of barriers and organisational constraints facing asylum seekers and refugees in participating in NGOs were identified in the interviews. There was a perceived lack of representation in services, reflecting limited opportunities for black and ethnic minorities. This research highlighted that few people from refugee backgrounds were working in services, particularly in senior posts. Some frontline workers suggested it was due to the structural organisational demands, such as working late nights, frequent travel, report writing and tight timeframes that were placed on workers that excluded people with family commitments and other responsibilities from meeting the demanding requirements of posts. Frontline workers suggested that there was a division between the dominant white professionally trained population who filled senior posts and people from refugee or newly arrived communities who worked in less skilled frontline worker positions. This highlights an absence of affirmative action in employment policies established to combat racism in addition to a lack of family friendly policies that support more flexible working.

Racism was embedded in the ways in which asylum seekers and refugees were represented at a number of levels throughout this research. Racism was perceived to be operating at international and national levels in the process of selection of refugees, in the discrimination against particular groups seeking asylum, in services, and in the broader community. Frontline workers described how their clients were often subjected to racist attacks and they concealed the extent of them. They were conscious of a high

level of ignorance and hostility that was directed towards asylum seekers and refugees in both Australia and the U.K. Frequently the public did not know the difference between an asylum seeker and a refugee, nor the different levels of status and entitlement to services; this included colleagues in mainstream health and social care services. There were examples of the public abusing people in the street, calling them names of an entirely different nationality, and being unable to distinguish staff from service users. The discourse of racism is connected to that of risk, and was seen by frontline workers to be promoted by the tabloid media and politicians. The bombing of the Twin Tower buildings on 9/11 and London in 2006 (known as 7/7) raised considerable fear and uncertainty of 'others'. This has been increasingly directed at Muslims, and frontline workers described accounts of cruel and humiliating treatment. Many described their role as key to engaging with community groups and schools in order to combat racism and promote social inclusion.

There was, however, active resistance to racism and positive examples were cited of services engaging with communities and supporting multi-cultural events to promote understanding and friendship. In both Australia and the U.K. there were numerous examples of the community offering support, housing, and considerable voluntary time to directly assist asylum seekers, including those released from detention centres. This was reflected in the literature (Neumann, 2004; Gosden, 2006; Griffiths, Sigona, and Zetter, 2005) and in this research.

Building Support for Frontline Workers

One of the key findings in this research is that there is limited information about frontline workers working with refugees and asylum seekers in relation to their role and responsibilities in NGOs in host countries. In particular, three key issues of concern for frontline workers emerged in the interviews: supervision, accountability, and training and education. I turn to examine these now.

The participants in this research presented a great deal of knowledge, expertise, and experience. However, they often suffered from a lack of structural organisational support. The organisations that provided support and supervision had higher levels of staff retention, and there were pathways for workers to develop their careers. A number of frontline workers expressed concern about the way in which the sector did not support or protect them from the high level of demand. A number of the participants in this research experienced stress, and in some cases they had little or no access to supervision. This theme was interwoven throughout this research, and appeared to have a devaluing effect on the workforce. The participants also noted how

frequently workers from a particular refugee background were expected to work exclusively with 'their' community and that often caseloads were overburdened with complex demands; including family and community violence, high levels of unemployment and poverty, homelessness, and young people at risk.

The literature review presented research that argued supervision is a critical component of providing services to people in distress, providing direction, support and expertise (Van der Veer, 1998; Bor et al, 2009). Supervision provided a safe place to reflect on the work, to identify dynamics that might contribute to secondary trauma, and to ensure the long term well being of frontline workers. The literature also suggested that without formal support social care workers were at risk themselves, particularly as a result of stress (Braye and Preston-Shoot, 1995; Century, Leavey and Payne, 2007; Deighton, Gurriss and Traue, 2007; Huxley et al, 2005; McLaughlin, 2008). The provision of services without supervision has been shown to contribute to less effective practice and burnout (Lloyd, King and Chenoweth, 2002; Collins, 2008).

The NGOs in this study had different mechanisms for supervising and monitoring direct service work or clinical practice. In some cases practitioners were critical of the lack of supervision and argued it was beneficial and a key factor that sustained them in the role. In others they were critical of the emphasis on meeting targets of service users (including set times to spend with service users and ending contacts) that had become part of the monitoring relationship in supervision, with no differentiation between supervision and line management.

The NGOs often failed to appreciate the particular demands on staff when they worked with women refugees and asylum seekers. Frontline workers were confronted with painful and complex issues such as rape, female genital mutilation, and birth as a result of rape. These issues profoundly affected the workers and when there was no supervision they found it difficult to process or contain their emotions. For feminists issues of power were central to the level of engagement with women and their families, and many spoke about strategies that they utilised to ensure the voices of women were heard. However, there was often no consensus about how to address the complexities of gender and culture, and indeed some feminist practitioners felt marginalised in organisations. In some cases there was an organisational emphasis on culturally specific practice, which implied prioritising the needs of black and minority ethnic groups over issues of gender. The literature is critical of the double discrimination of women of colour (Thompson, 2003). However, frontline workers frequently described

how they were isolated in arguing for the importance of women's health and social care needs and strategies to improve their practice.

A lack of supervision in the U.K. compared to Australia was noticeable for the practitioners who participated in this research. In the majority of NGOs in Australia supervision and debriefing, often provided by external psychologists with expertise in working with trauma, was described as essential to enabling frontline workers to do their work. In the U.K. burnout and stress were evident in some of the interviews with practitioners. In some cases practitioners from a refugee background stated that their own experience of managing trauma assisted them in coping. However in others, there was resentment and a sense that the organisation was exploiting them for their labour, and replacing them when they were burnt out. Some frontline workers in the U.K. described work practices that impacted on their health and well-being and that there was very little containment provided by management. In some cases targets were set, but with very little guidance or assistance from management about how to reach them. In other cases there were no targets, and frontline workers were simply told to meet the demand. In the case of one worker, that meant seeing 10 to 12 people in one day, leaving her feeling 'head wrecked' (Audene, Assist, U.K.). These variations may reflect the training and professional backgrounds of those involved in this study and possibly the ideology and values of the organisational culture of the specific NGOs.

The dimension of supervision that had more negative connotations however was consistent with what Foucault (1980) called 'normalisation'. He described normalisation as the process of the subject internalising desired behavioural norms. Foucault acknowledged that there was agency on the part of the subject; in this case the frontline worker, and it therefore had both a repressive and a productive role. Supervision assists the worker in processing the work with service users, and it suggests a normative process both for the work and the service user. Supervision as an activity may be perceived by some to be overly professionalising the tasks and roles of frontline workers, and further creating distance between the 'expert' and the service user. Indeed, in the literature supervision is sometimes perceived as a form of surveillance of frontline workers and may be resisted as such (McLaughlin, 2008; Parton, 2008). It could be argued that it is repressive if it contributes to the frontline worker having to reach particular targets, and being actively engaged in the monitoring and directly, or indirectly, controlling the asylum seeker or refugee.

Frontline workers were critical of the lack of accountability of some providers in the voluntary and mainstream statutory sectors. They raised concerns about having to rely

on services 'outside' of mainstream provision, and that there were not the usual methods of accountability available. Professional independence and worker discretion when working with refugees and asylum seekers is critical. However these elements must be balanced with credible and skilled frontline workers. They were not always able to vouch for someone who offered their services (in some cases counselling or psychological services) for free. In some ways frontline workers were part of a 'black market' of agencies and individuals who provided support and services in a similar way to that often experienced by refugees and asylum seekers. One theme in the literature identified how social workers are themselves seen as a risk to others, either by neglect of their duties or actively abusing service users and have as a result become more highly regulated (Lavalette, 2009; McLaughlin, 2008). Debates have ensued about whether the increased regulation is thwarting innovative social work practice or ensuring service users are protected from risk (Warner, 2006). The increased measures of accountability have been seen by some as an important mechanism to ensure quality services, and through processes of registration with professional bodies frontline workers have had access to training, education, and support. These debates may not necessarily apply to all NGOs, as some of these may be seen to be so marginal that they are not scrutinised in this way. However, with the increased demands for accountability of the Third Sector, services are coming under more stringent controls and regulation.

Over half of the participants in Australia and the U.K. were independently engaged in higher education, which provided them with an opportunity for engaging with the literature on migration and conducting research. The majority of those participating were paying for their own education and did not receive any work time for their studies. Many noted that this was not incorporated into their day-to-day work, and that there was a division between academia and direct practice. Some participants stated that there was ambivalence towards research and that it was not valued in the same way as reflective practice in social work training. Frontline workers noted that many new graduates did not understand nor have the skills to engage in research and social policy work. This is an important area for further development in higher education institutions, including schools of medicine, social work, nursing and other allied health professions.

Conclusion.

The findings highlight a division between theory and practice in the work of frontline workers with asylum seekers and refugees. Many had limited knowledge of or were

unaware of the theoretical literature that came from the areas of mental health and social work (Silove, 2002; Tribe, 2002; Burnett and Gebremikael, 2005; Humphries and Hayes, 2004; Evans et al, 2006), and refugee organisations (Zetter and Pearl, 2000; Griffiths, Sigona, and Zetter, 2005; Correa-Velez, Gifford and Bice, 2005; Maddison and Denniss, 2005). Many of the frontline workers in both Australia and the U.K. described what they saw as a gulf between theory and practice and how the day-to-day demands of the work prevented them from engaging with academic literature, and importantly, that it did not speak to them. This raises questions in terms of the accessibility of research and the relevance of theory as guidance for empirical work.

Frontline workers expressed concern that research was not readily available to practitioners, or that the application of academic research was not relevant to their casework. Some were critical of evidence-based practice and they described their work as being in constant conflict and chaos as they had to continually negotiate changing laws and regulations. The work with marginalised communities meant that gaining access for clients to services was in itself a major achievement. They suggested that there was a lack of coherence in migration theory and that NGO work in the sector was undervalued, both politically and ideologically.

In this research the ideological position of the NGOs, and the workers in them, tended to assert the primacy of the client perspective and adopt a position of trusting the story of the asylum seeker and refugee. Frontline workers identified themselves as advocating for the needs and rights of the service users, and 'battling' a system that cast them and their clients out of the mainstream as not worthy of support. A key element of the resistance they offered was to challenge the discourse of mistrust of refugees and asylum seekers and to promote their rights to services and support in addition to underlining their skills and other contributions to offer society. They commented on the need to balance the 'at risk' and 'the risk to' dichotomy in their practice.

Discourses of human rights were present in the interviews, and many frontline workers identified the power dynamics inherent in the institutions of medicine and the media. Foucault described how the institutions of law, religion and medicine were institutions of normative coercion (Turner, 1997) and that they are accepted as normal and individuals collude with their power. Turner noted:

These institutions of normative coercion exercise a moral authority over the individual by explaining individual 'problems' and providing solutions for them (Turner, 1997, p xiv).

One of the risks of not being engaged with the academic literature may be the lack of understanding of these issues and collusion with these institutional practices.

This research raises a number of challenges for services working with asylum seekers and refugees at global, national and local levels. There are four key areas I identify as salient: the need for improved training and development for frontline workers; development and improved links between theory and practice in work with asylum seekers and refugees; further development of partnership working; and addressing discrimination and racism in services and the wider community.

One of the pivotal challenges facing the voluntary sector and NGOs is ensuring that the voices and perspectives of frontline workers are validated and that their experiences are recognised. There were mixed views with regard to the professional expertise of the 'frontline worker', and the perception of other services and providers. On the one hand there was a sense of having been marginalised from mainstream services, and dismissed as advocates of asylum seekers. But on the other, many participants discussed the ways in which their professional expertise is increasingly valued as a result of the sector developing a more coherent and collective voice, a voice acknowledged and represented more broadly in public policy. There is a sense that the 'refugee' sector is becoming a more visible and distinctive area of work in both Australia and the U.K., having previously been marginalised and relegated to the sidelines in social work and health and social welfare. This status was reflected in the limited education and training frontline workers received in preparation for working in the sector, and the way in which it was viewed as supplementary to, not part of, mainstream training and practice in health and social care.

There is a need for improved training and higher education for frontline workers in health and social care services working with asylum seekers and refugees. Participants noted that there were very few higher/further education courses and often no modules on working with refugees in social work or nursing curricula; many had to seek out specialist courses often run by NGOs. Supervision and training and education were widely identified as strategies to support the retention of staff. In addition to incorporating refugee and migration issues in mainstream education, there is a distinctive and specific need to promote research skills and build the confidence of new researchers to engage in empirical research in this arena. These are twin issues that are interrelated and need to be addressed as a matter of urgency.

The educational agenda overlaps with the theoretical or conceptual lens adopted by frontline workers in their daily practice. Many experience a tension between the medical model dominant in health and social care, and the immigration discourse. Increasing reliance on the medical model as a legitimate means of challenging immigration officials' distrust and cynicism of the refugee, along with their decision making authority and power, is reflected in its routine adoption by frontline workers. The medical framework accords credibility to refugees and asylum seekers in a system increasingly hostile to the 'threat' posed by immigrants/new arrivals. Frontline workers who did not adopt this perspective became, along with the asylum seeker and refugee, excluded from mainstream services and viewed as a 'risk to the nation' (Morris, 2002).

The research findings suggest that valuing the work and expertise of frontline workers is critical to preventing burn out. Many argued that working effectively with their clients was emotionally taxing and that they received very little organisational or systemic support from their employer. This had a direct impact on burn out and rates of staff turnover. The majority, however, also emphasised the other side of the coin: the personal rewards and their high level of commitment to working with asylum seekers and refugees.

The second imperative is the more developed understanding of the relationship between service users and frontline workers and NGOs. Frontline workers highlighted how their one to one work, and work with women in particular, needed to be guided by the experience of service users. In many cases they expressed concern about top down models of practice, and that services needed to be more responsive to issues of diversity, particularly as framed by refugees and asylum seekers themselves. Frontline workers navigated a range of complex tensions between complicity and resistance to policy in both the immigration and health and social care domains.

The issue of surveillance of asylum seekers and refugees raised by the participants' presents a number of contradictions and challenges. On one level there are high levels of surveillance of asylum seekers and refugees who are 'logged into' systems via immigration departments; including using biometrics and reporting requirements. NGOs have also developed systems to monitor the activities of frontline workers and identify contacts with service users. Frontline workers are put in the position of being 'judges of normality' (Foucault, 1977, p 304) and specifying criteria to enable access to services. In some cases this leads to tensions in the cultures of organisations, and splits between frontline workers and management, and co-workers within teams. It also leads to tensions and competition between actors in the sector. This tension in micro

level dynamics is one that mirrors society's attitudes and views towards refugees and asylum seekers and is reflected in the macro level dimensions of society and policy. Whilst the work of frontline workers and surveillance of the movements of asylum seekers are perceived to have increased, paradoxically there is evidence of a higher level of neglect of those refugees who exist outside 'the system' living a marginalised and liminal existence. There is an institutional focus on processing and managing those inside the immigration machine and near abandonment of those outside it.

Third, the separation of refugee health and social care services from mainstream service provision is reflected in a division between the voluntary and community sectors and professional/statutory services. Many of the participants identified the barriers to enabling joint working between agencies and workers. This is evidenced in the competition between services and sectors for limited funding. Funding constraints represent a key incentive - alongside greater efficiency and coherence - to improve partnership working between sectors, services and professionals. At the same time there is a tension in the relationship between NGOs and government agencies and questions about how far strategic partnerships between the two camps can work together to meet the health and social care needs of asylum seekers and refugees. Specifically, participants expressed concerns about the extent to which working with government would compromise the role and independence of NGOs and corrupt their ideological base. One of the key functions of NGOs is to challenge the dominant immigration discourse of suspicion and doubt and hold the state to account for its failures to recognise and meet the needs of asylum seekers and refugees. These tensions exist at every level of the system: from the macro level of international protection, through national debates, to the meso level in statutory and voluntary sector services, down to the micro level of practices employed by frontline workers

Finally, there was evidence of underlying institutional racism in many public sector organisations that played a primary role in marginalising and discriminating against asylum seekers and refugees. Participants in this study cited examples of direct racism from staff in health care settings and social services departments, and less frequently in NGOs. Frontline workers were frequently positioned against their colleagues in advocating for services and they themselves faced racist abuse.

Indirect racism, for example the lack of opportunities for people from black or ethnic minorities to move into senior positions, was more commonly observed. The participants in this study, who were a culturally diverse group, tended to be managed by senior staff that were predominantly white. The dominance of senior managers and

policy makers who were not from refugee backgrounds was particularly evident when frontline workers attended INGO meetings. There was a distinct lack of process encouraging the inclusion of people from refugee backgrounds to work in NGOs, notably an absence of mechanisms for advancement such as training and development, mentoring and coaching.

This Chapter has highlighted a number of key challenges and implications for action for agencies, including NGOs, managers providing health and social care services, and education providers including allied health and social work. The discussion reflects the issues as identified by the participants working in NGOs with asylum seekers and refugees. Grounded theory contributed to the process of illuminating the issues and detail and guided the research where the literature review was unable to provide direction. In some cases literature from a diverse interdisciplinary field could not encapsulate the tensions specific to this area of work. The findings contribute to this newly developing and under researched topic. The concluding Chapter provides an overview of the research, including future directions for services and research, in addition to reflections on the research process and my personal commentary.

Chapter 8 Conclusion

Introduction

It is an internationally accepted imperative of all countries, irrespective of size, to respond to the arrival of refugees at their borders. Research has confirmed the global increase in the movement of people Zolberg predicted over twenty years ago and, in particular, the increase in the numbers of refugees due to 'the formation of new states and confrontations over the social order in both old and new states' (Zolberg, 1989, p 416). The developed world's response to refugees, as encapsulated by UNHCR, continues to rest with two main strategies: the provision of aid to those who are in the developing world and the implementation of strict policy guidelines for admission to capitalistic democracies. These policies are influenced by political, economic and demographic factors for recipients such as age, class and gender, along with racially biased stereotypes:

Decision making about eligibility for exit, transit, entry and stay is dominated by regulatory and classification systems, both implicit and explicit, which reflect assumptions about legitimacy, vulnerability and desirability related to these demographic characteristics (Bhabha, 2007, p 16).

Some of the measures to restrict access have been labelled 'state crime' and have positioned the refugee as 'deviant' on the basis of challenges to the Western systems seeking to exclude them (Grewcock, 2010). There continues to be violence and inter-ethnic conflict in many parts of the world, along with widening disparities of income and wealth (Craig and Lovel, 2005, p 135; Cohen, 2006; Castles and Miller, 2009). There are restrictions on gaining access to Australia and the U.K. to claim asylum including stringent border controls, the use of mandatory detention and blanket interdiction or removal. These strategies comprise a hostile approach by the state towards refugees and have alienated, criminalised and abused unauthorised migrants (Grewcock, 2010, p 36). This research highlights the experiences of frontline workers in NGOs in Australia and the U.K. who provide health and social care support to newly arrived asylum seekers and refugees who are subjected to these measures. The policy response to the needs of asylum seekers and refugees varied between individual treatment of mental illness to community development to support newly arrived groups address exclusion and marginalisation. The findings have implications for all frontline workers in health and social welfare settings who provide care, and highlights practices of power and resistance.

The previous Chapter identified the four key areas that have emerged from this research. In this Chapter I provide a brief overview of the findings and the implications for services and future research. I highlight reflections on the research process at the micro, meso and macro levels and conclude with a personal commentary on my experience in conducting the research.

1. The findings and implications for services and research.

The need for improved training and development for frontline workers.

People who choose to work with refugees are a valuable and scarce resource and it is important to understand their experience in order to provide positive outcomes for service users. There has been an absence of research investigating how those working with refugees and asylum seekers in health and social care settings experience their role. One of the key findings of this research is that frontline workers are reliant on the trauma discourse dominant in the medical model of health and social care services. This discourse is afforded power and credibility and enabled them to gain access to resources for support. Despite many believing that one ought not to medicalise problems that obscure human rights abuses, many frontline workers reluctantly resorted to it. Ingleby notes:

The discourse of medicalisation is a central feature of modern Western cultures: it is the language in which we attempt to objectify suffering and administer remedies, and as such it has a potency which can at times be even greater than that of moral or political discourses (2001, p 6).

This has implications for consideration of the frontline workers role in relation to training people to be appropriate citizens, and in turn how service users adopt particular positions (such as depressed or traumatised) in order to access support (Bhabha, 2007). These issues are related to the level of participation of service users in services, a point I discuss further on page 283 of this Chapter.

This research identified a number of tensions frontline workers face in assisting refugees and asylum seekers to navigate complex political, economic and social systems with the aim of resettlement. It presented a number of discourses, located in specific structural and theoretical domains, which expressed particular positions and experiences of the work relating to surveillance and resistance. Frontline workers described how being aligned with the asylum seeker and refugee necessitated their being engaged as an advocate. However, they were often caught in tension between

the identification with the client, the tasks of the NGO and with the policy and laws of government; leaving them frustrated and limited in their role.

Frontline workers frequently felt that they or their work was not valued, and that they were marginalised within health and social care services. They often worked with people in the most deprived circumstances with complex health and social needs. They described a beleaguered workforce, with poor pay, conditions and career structure. In many cases there was limited or poor supervision. For frontline workers who did not receive supervision and had high exposure to levels of distress there was evidence of burnout. Many of the participants wanted to discuss the impact of working in close proximity to people in distress, particularly those who had been in detention and had suffered human rights abuses. In contrast, for those who had supervision and support within their organisation, including peer supervision, there was a culture of recognition of the work and the value of their skills. This culture of support contributed to staff retention, and a more positive experience of the work. They expressed their own positive experience of working with asylum seekers and refugees and how they overcame the obstacles often placed in their way by organisations, legislation and government policy. The cultures of NGOs had protective factors when they worked to serve the interests of their employees and promoted benefits to ensure the longevity of serving staff.

Understanding the links between service users, frontline workers and NGOs.

One of the most apparent issues raised by frontline workers was the lack of academic input to practice issues that were relevant to frontline workers. Many of the frontline workers had training in social work, psychology, nursing or community development. However, all of the participants said that they had not covered issues related to asylum seekers or refugees in their training and education. They had sought out courses often run by the NGO or voluntary sector to gain knowledge and information. This lack of preparation for frontline workers needs to be rectified, particularly given the demand for their services and the international importance of migration.

More specifically frontline workers appeared to struggle with models of practice that failed to address gender and complex cultural issues. They stated that they did not receive guidance from the literature or from their services to deal with these questions. This raised a number of questions for me in relation to the lack of involvement of academic researchers in this highly topical area of work. In particular, why is it that academics are not speaking to frontline workers? Why are the issues central to the

functioning of NGOs working with asylum seekers and refugees so marginalised in the literature? The literature reflects the voices of those in power, often based in universities and hospitals. However, frontline workers appeared not to be valued in the literature, with their absence suggesting that they do not have anything of worth to say. This deficit needs to be addressed.

The impact of surveillance on service users and the implications of this to the practice of frontline workers needs further consideration. The role of the social work professions as an instrument of governmentality has been identified as one that reproduces dominant state discourses:

Social policy, enacted via a range of institutions (schools, universities, hospitals, workplaces) aims to act on the 'well-being' of the population as a whole promoting social cohesion while simultaneously acting on the innumerable decisions taken by individuals in their everyday lives thus managing their conduct (Gilbert and Powell, 2010, p 5).

Governmentality needs to be analysed in the area of immigration control in relation to the activities NGOs are undertaking, with attention to the micro dynamics as noted in the previous chapter. The use of data to demonstrate the needs of asylum seekers and refugees needs to be considered within a framework that locates power relationships constructed on marginalisation and dependency. Foucault identified that power can be both a repressive and creative force, and is underpinned by resistance practices (1979). These resistance practices need to be further explored so as to not simply conform to limited stereotypes, particularly the role of women (Bhabha, 2007, p 19), nor engage in the participation of scrutinising immigration status to determine those seen as 'deserving' of services (Sales, 2002, p 461). The organisations that had the systems in place to support the claims of refugees and asylum seekers were often those seen as more powerful in the sector and as having the ear of government and other funding bodies. As I've argued throughout the thesis this raises concerns about the independence and the role of NGOs.

Development of partnership working.

The findings of this research suggest that NGOs frequently worked in isolation from mainstream services and other NGOs. This is consistent with research findings in other areas of health and social care which suggest there are few effective models for joint partnership working and success is usually due to historical factors and personal leadership styles (Glasby and Littlechild, 2004; Dowling et al, 2004). There is however

an emphasis on interagency collaboration and multi-agency working in the refugee sector, with UNHCR (2006) emphasising the importance of partnership working with governments, other UN agencies, NGOs, the private sector and the refugee community (p 186). The competition between services for limited funding means that joint working and partnerships are critical for future longevity. However, what appeared to be absent from academic attention, and one of the issues that emerged consistently throughout this research, was the lack of focus on the meso level. The meso level reflected the organisational functions of NGOs and importantly how the frontline workers acted as intermediaries between the two levels of government policy (health and immigration) and the service user. There was a lack of literature about the impact this had on a number of levels including government policy, NGOs and practice issues. It would be valuable for further research to consider how NGOs resist practices that alienate, criminalise and abuse asylum seekers and refugees.

A key element of liberal governmentality is the ability of individuals to engage in practices that oppose the government in legitimate ways. Activism with regard to refugees has been prominent in the U.K. and Australia (Tvedt, 2002; Siapera, 2005; Maddison and Denniss, 2005; Gosden, 2006), and the interface of these activities in the context of working with NGOs would benefit from further analysis. Researchers have suggested that educators engage with these issues using Foucault's notion of ethics and fearless speech (*parrhesia*) (Christie and Sidhu, 2006, p 460), and similar work with health and social care workers would strengthen our understanding of resistance and partnership in the field. It would also contribute to challenging the practices of frontline workers seen to be patronising and infantilising of refugees and asylum seekers (Lange, Kamalkhani and Baldassar, 2007, p 39).

Social work is a socially constructed activity (Gregory and Halloway, 2005, p 49) and as such is both exposed to and shaped by dominant discourses. The frontline workers in this study sought to challenge these discourses, and to find a language of support and care within a human rights framework. This was not always possible however, and the narratives of the frontline workers provide insight into the tensions of working in generic health and social care work which is embedded in a moral conundrum of care and control.

Addressing discrimination and racism in services and the wider community.

One of the prominent issues frontline workers raised in this research was the absence of participation of refugees and asylum seekers at all levels of their organisation.

There was a lack of service user participation in NGOs, as evidenced by their involvement in focus groups, community consultation models, Boards of Management, and in the evaluation of services. There were a number of participants from refugee backgrounds who worked in services at the frontline; however, the majority argued that they could not proceed into the senior levels of the organisation. This was the case in both Australia and the U.K. with participants raising concerns about the lack of equal opportunities and institutional racism.

The lack of participation extended to exclusion in the development and implementation of culturally appropriate service delivery models. This had a number of implications for NGOs and service users, including not learning from the experience of asylum seekers and refugees in order to plan effectively. Receiving help is ideologically loaded with many cultural and practical implications (Lange, Kamalkhani and Baldassar, 2007; Westoby and Ingamells, 2009). Top down models of service that do not reflect an understanding of community needs are not helpful, and indeed can work against community interests and not reflect the skills and social capital available (Zetter and Pearl, 2000; Mitchell and Correa-Velez, 2010). Evidence from the mental health field suggests that this is not cost efficient, and without service user input, NGOs may not be providing efficient or effective services (Brown, 2004; Barnes and Bowl, 2001; Fernando and Keating, 2009).

The impact of racism in the community directed at refugees and asylum seekers was particularly challenging for frontline workers. They identified the media as distorting and providing inaccurate information about the experiences of refugees, and that debates tended to polarise the community and separate people into deserving and undeserving categories. The ambivalent message of social inclusion contrasted with the punitive policy they confronted:

The social exclusion and stigmatization to which they are exposed in this period damage their chances of settling, while racist discourse against asylum seekers impact on everyone from these communities whatever their legal status (Sales, 2002, p 474).

Continued work addressing racism and discrimination in the wider community needs to be an ongoing commitment of all frontline workers and NGOs and integrated into all levels of activity.

Recommendations for further research:

Consideration and review needs to be undertaken of the working conditions in NGOs including pay and conditions, health and safety, caseload protection with regard to

numbers of service users, access to regular supervision, and exploring different models of support. Clearly addressing these issues costs money, time, additional resources, and requires expertise. NGOs and government need to recognise the implications of these conditions not being in place and weigh these up against a variety of costs.

Academics working with NGOs providing care to asylum seekers and refugees need to be engaged in an examination of the models of practice frontline workers utilise, in particular the medical model and its implications. Research needs to explore and validate other types of approaches based on evaluation and examination of what is happening in practice. Orme and Shemmings (2010) document the increased research emphasis in social work in the U.K. via initiatives such as the Social Care Institute for Excellence (SCIE) and the Joint University Council Social Work Education Committee (JUC SWEC). In Australia Fook (2003) argues for a robust higher education sector focus on promoting research:

Although jobs are threatened by de-professionalisation, with less room for research, there remains a strong discourse about the needs and value of research, which is underpinned by the requirements of the professional accrediting body. There is also clear support for a range of methods and approaches which allow for more integration of research and practice (p 45).

This emphasis needs to address all frontline workers employed by NGOs with the aim of raising skills, confidence and practice in research.

There is a necessity for more participative research based on frontline work with asylum seekers and refugees, including work that explores theoretical models of practice. Further exploration of the skills and the expertise of those working in services with asylum seekers and refugees, and mechanisms of articulating and valuing the work are essential. This extends to the evaluation of services provided by NGOs and strategies to link interventions and outcomes, particularly utilising qualitative methodologies.

Research into the effects of surveillance and the marginalisation of asylum seekers and refugees and those who work with them needs to be undertaken, utilising qualitative methods to elicit in-depth information. There is literature examining the role of surveillance and mechanisms of power in social work relations that affect service users, carers and social workers which may have relevance to this sector (Gilbert and Powell, 2010; McLaughlin, 2008). Consideration of power, resistance and governmentality are relevant when examining the intersection of health and

immigration policy. In addition to this an examination of the roles of NGOs is required and how their activities contribute to a body of evidence to highlight the effects of surveillance on frontline workers.

There is a risk of focusing only on what individual frontline workers can do to ameliorate the effects of institutionalised immigration policy and exclusionary policies in health and social care. Examining the competing discourses of independence and control of frontline workers in NGOs in a refugee specific context is complex. However, further research into what constitutes good practice in the role of NGOs and the interface with government is recommended.

Further research into the different models of practice necessary to meet the needs of asylum seekers and refugees, including the strategies used to address equal opportunities and racism in services must be undertaken. This includes training and development of awareness of refugee health issues and the interface with immigration issues. The evaluation of practice utilising user involvement and jointly defined measures of success in refugee health needs further consideration. This involves academic research into service user involvement in this sector. Based on this study there are a number of topics that warrant academic concern including further analysis of the location of services between the discourses of immigration and health and social care; further investigation on the marginalisation of frontline workers from mainstream activities; and the development of strategies to promote writing and publishing on these issues.

2. Reflections on the research process.

The research design was well suited to this project and elicited rich and detailed data. There is considerable debate 'about' refugees and asylum seekers that represents them as abstracted and suffering, however, there are few studies that have explored the experience of those who work with them on a day-to-day basis.

As stated previously grounded theory is a valuable set of procedures for thinking theoretically about textual materials, and in particular the analysis of language and interviews. However there are considerable divisions and tensions in the field of grounded theory and these relate to concerns about the variety of practice and the conclusions drawn. The conflict in part relates to the split that occurred between the two academics that developed grounded theory in the 1960s, Glaser and Strauss, and the divergence between them in later work. This in turn has contributed to significant differences in approaches by other researchers and academics. For example Miles

and Huberman (1994) are technical and mathematical in their approach in comparison with Charmaz (2000) who highlights broad principles that she argues are helpful in qualitative research. I focused on the benefits of grounded theory more in line with the approach of Charmaz and combined it with other qualitative methods, particularly narrative approaches, to develop a different type of approach to this area of this research. A traditional position of the researcher might have been to simply locate the social care worker as an arm of the state and discussed findings in relation to this hypothesis. In contrast to this approach, I wanted to turn that position around and focus on the subject position of the frontline worker.

One of the advantages of grounded theory in this thesis was to identify the 'voice' and concerns of the frontline workers that appeared to be absent from academic and theoretical literature. The strength of this thesis is that it brings to the fore key themes and concepts that are not evident in existing literature. LaRossa argues that grounded theory promotes principles that emphasise "the centrality of language in social life, the importance of words as indicators, the significance of empirical and conceptual comparisons, the value of thinking about how variables are linked, and the mechanics and aesthetics of crafting a story line" (2005, p 855). This was particularly helpful in this area of research, which is a new, and emerging field informed by social theory and competing discourses on forced migration and immigration.

While no researcher comes to the work without preconceptions about the field, grounded theory encourages one to leave this knowledge aside, and to open up your mind to new approaches and ways of seeing. In this context it required an open approach to understanding the practice dynamics of the frontline workers, to listen carefully to the narratives of the participants and to enter their world. This creation of what is known as *a posteriori* knowledge (knowledge that is known by experience drawing from the data and then theorised) contributed to identifying the key issues articulated in Chapter Seven.

Much of the literature has focused on the role of the 'nation state' rather than the cross cutting themes that emerged through the interviews with these practitioners. This research explored how frontline workers viewed and interpreted the world, and acted within it. This study challenges the nationalist orientation of asylum policy that is framed in an immigration context, and advocates the examination of wider global trends. The majority of the frontline workers are well informed about the global factors contributing to migration, and argue that there needs to be a redistribution of resources from developed countries to the developing world to address structural inequality in

order to combat the root causes of migration. The literature highlighted two key areas that I have called the micro and the macro levels and I discuss this research in this context.

Micro level.

The micro level focused on the actual experience of the refugee and reflected literature examining the effect of migration on mental health, settlement issues, integration and so forth. In the literature review I highlighted the role of social policy and how NGOs address the needs of refugees and asylum seekers against a background of competing public policy agendas. These issues are reflected in the ways in which services are provided to asylum seekers and refugees and also how they impacted on the workers themselves. The nature of the work, which involved close personal contact involving sensitive handling of material, is in complete contrast to the meta-narratives of migration studies. This research contributes to the understanding of the perspectives on and changes in attitudes and policy as a result of various discourses including the role of experts, politicians, and bureaucrats.

One of the strengths of this research is the contribution to the development of the ideas in critical postmodernist thought regarding practice (Fook, 2004; Stepney and Poppler, 2008, p 155 - 160). Postmodernist considerations have emphasised an interpretivist approach to knowledge production that places the importance of values and context in the constructing of meaning. It values plurality of meaning (even if contradictory) and identity, which has emerged throughout this research. The meaning and role of frontline workers was not and is not fixed, and the advantage of qualitative methodologies including ethnographic, narrative and case studies is that they produce rich discursive data. There is an increasing emphasis in health and social care on evidence based practice; however this has been criticised for complementing the modernising discourse, with its emphasis on rational/objective reasoning and evidence, and neo-positivist epistemology (measurement and observation). The methodologies of random controlled trials (RCTs), cognitive behavioural therapies (CBT) have been favoured as examples of task centred practice and again are seen to support a managerial agenda (Stepney and Poppler, 2008; Mooney and Law, 2007; Parton 2008).

There were a number of challenges related to methodological issues including consideration of power dynamics, the analysis of the data, and dissemination. I consider these issues in turn. One of the key areas of consideration in this research

related to the power dynamics inherent in both belonging to and being an outsider in the sector working with asylum seekers and refugees. The issue of a power differential when conducting research emerged in the context of my shifting roles. As stated throughout, feminist researchers have challenged the subject/object dichotomy of the positivist paradigm and the notion of value free research and the researcher as separate from the researched. The belief that the 'personal' lived experience must be incorporated into the 'doing' of research, and minimising the power relationship which exists between researchers and researched is said to provide more valuable social research (Stanley and Wise, 1981). The dialectical relationship between the subject and object of research, this 'intersubjectivity' (Westkott in Klein, 1983, p 94), has been an attempt to bridge difference and make for more meaningful research findings. However, the notion of intersubjectivity has been criticised for its failure to acknowledge the power differences that remain between the researcher and the researched (Patai, 1991). While recognising this as a valid point, this research utilises what Mies calls 'conscious partiality', that is an awareness of a position, in my case of a former frontline worker, rather than a value free/objective base (1983, p 122).

Another dimension of power that emerged for me was that some years ago I had been part of the management group of one of the participating organisations. There was recognition that I had a close understanding of the issues that we were discussing, but I had also been on 'the other side' in terms of my position in the organisation. So while the discussion about confidentiality was confirmed with consent, there was a risk of 'what was I going to say?' and how might the discussion or findings be communicated to 'management'. I aimed to be as explicit as possible in reassuring participants about confidentiality, and did not have any evidence of them withholding in interviews. In some of the interviews there was explicit criticism of the management of the organisation, and frustration expressed about the changes in direction and policy. It was essential to deal with any feelings of discomfort in supervision, or with colleagues, that were related to what may have been seen as a conflict of interest with the agency where I once worked and the management team who were facilitating access to frontline workers within service time.

Some of the participants expressed a fear of criticism and concern about the potential of any 'trick questions' that might be critical of their practice. They highlighted concerns about the demonisation of the client group in broader social welfare debates, and were wary of researchers who were not sympathetic. Feminist scholars have been actively engaged in this area of ethical debate, and have long protested about the exploitation

of the 'subject' by supposedly value free social scientists, as noted in Chapter Four. Akeroyd comments:

knowledge is not only a source of enlightenment but also of power and property and...entails the power both to harm and to benefit those studied (in Finnegan, 1992, p. 216).

Related to this point are concerns about the use of data about service users, and how to handle 'hot' information. Researchers have identified a number of issues in the context of research with poor and working class participants who may reinforce negative stereotypes, or where the research may be taken out of context (Fine et al, 2000, 116; Armstead, 1995). Fine et al (2000) argue, however, that it is important to include the so called 'bad stories' as well as the 'good', and to ensure that the hard truths are spoken with 'theoretical rigor and political savvy' (2000, p. 125). This means locating and connecting them in historical, structural and economic relations and is of particular relevance in the context of working with asylum seekers and refugees where the work is highly politicised in public discourse. It is important to reflect on what makes a 'good' story and what makes a 'dull' one, and whether as researchers we are being simply voyeuristic or whether the 'good' story is one with which we agree or align ourselves with in some way. This may be the case with some refugee stories that might be exploited in an opportunistic manner in reports or funding bids. Indeed often the coding of data can be done along lines of the most dramatic or explicit examples of stories and experiences, rather than on the subtleties of the narrative. I aimed to be aware of this and be inclusive as possible.

Macro level.

This research has highlighted the practices of frontline workers in two important countries of reception in the industrial world, Australia and the United Kingdom. Both of these countries have continued to look to each other for policy solutions to the 'problem' of refugees, and for ways of controlling admission, particularly in relation to the employment of migrants in general. Both have an 'island' mentality, securing borders by sea, unlike Europe where people traverse across land. This has led to strategies such as off-shore processing in Australia and juxtaposed controls in France for the U.K., to avoid asylum claims on-shore or in-country, thereby eluding the aims of the UN Convention. Both Australia and the U.K. have had active anti-immigration campaigns, both from within and external to government, and yet have maintained a position of being generous to refugees in the 'national imagination' (Anderson, 1991; Neumann, 2004).

The literature on the macro level examined debates about the impact of migration, and the location of them in a global context. Immigration controls and the socio-political structures that maintain them, including legal frameworks, globalisation, and economic issues pertaining to employment and market trends, have all become key areas of research and debate. The role of the nation state in the preservation of political, economic and social activities has come under scrutiny, and some might argue threat, from those arguing for a more international approach (Castles and Miller, 2009).

Key to developing a framework of good practice is the consideration of access and entitlement to services (Watters, 2008, p 157). Entitlement is related to macro level questions concerning laws and policies, whereas access relates to the micro and meso level of actual delivery of services and practices at the frontline. There may be tension between what refugees and asylum seekers are entitled to and what they actually receive, which has implications for the role of frontline workers who may subvert and resist policy. The way in which the problems of refugees and asylum seekers are socially constructed, such as suffering from mental health disorders or as criminal deviants, influences the development and implementation of services. Attention to ensuring that services are based on the principle of entitlement and have a variety of strategies to enable access, functioning at both active and protective levels, has been demonstrated to address need in a client-led approach (Watters, 2008, p 158). The evidence in this research suggests this practice is widespread, confirming frontline workers role, in Lipskys terms, as 'street-level bureaucrats' (1980).

The study has illustrated the value of taking gender seriously and ensuring that consideration of gender inequality is integrated to all levels, both macro and micro. Considerable research has identified the risks of gender inequality to women's mental health (Williams, 2005) and these concerns have been amplified for refugee women (Donato et al, 2006; Kofman et al, 2000). Research has highlighted how key issues such as the labour market, reproductive rights and protection against gendered violence remain on the policy agenda and that this is:

Particularly true for those women who are simultaneously confronted with both gendered and other modes of exclusion such as sexual orientation, ethnicity/race, immigration status and/or class (van Walsum and Spijkerboer, 2007, p 2).

Awareness of the nuances of gender politics in migration is key to working effectively with women in health and social care.

Academics suggest that it is critical that researchers must anticipate how the public and policy makers might 'receive, distort, and misread our data' (Fine et al, 2000, p 123). This is pertinent to services and providers in the field of refugees and asylum seekers due to arguments that position scarce resources being 'taken away' from indigenous communities, or other client groups seen to be in need. I was acutely aware of this throughout the research. The risks need to be weighed up against the value and benefits of research. There are always concerns about how the results are interpreted by others, and whether they threaten the future of the work in any way, including one's own credibility. As noted above by Armstead (1995) and other academics, the role of the researcher is often seen as incompatible with 'real life' (Robson, 1993; Gray 2009) and can provoke suspicion and distrust. Additionally the role of the researcher in empirical studies can come under scrutiny from academics that privilege more theoretically driven research. In the example of social work:

The theory-practice separation, where social workers' presence in the 'real world' is contrasted with social scientists' abstracted, conceptualized version is, though less commented upon, neatly reflected amongst many social researchers (Sheppard, 1995, p 269).

In addition to work being seen with suspicion or as irrelevant are the problems identified by some researchers with policy driven research that tends to be done on refugees and predefines the parameters of research. It is argued that this may inhibit original and innovative thinking. Some research might focus on short term aims and objectives driven and commissioned by policy makers. Castles suggests:

This is because narrowly focussed empirical research, often designed to provide an answer to an immediate bureaucratic problem, tends to follow a circular logic. It accepts the problem definitions built into its terms of reference, and does not look for more fundamental causes, nor for more challenging solutions (Castles, 2003, p 26).

This point is relevant to this research as the expectation of services is to respond quickly to changes in policy made at a macro level. It also illustrates the often short academic life of migration/forced migration studies, and how, due to the rapid pace of change the work might quickly date. Also, the rapid proliferation and variety of publications in the area of forced migration can make it difficult to stay up to date with the literature.

The tension between policy and practice and efficacy is evident in this research and highlighted a parallel process of disempowerment; one where the frontline workers experienced and mirrored the feelings of powerlessness of the refugees. It was

important to adopt a reflexive approach and discuss these tensions and issues with colleagues and supervisors throughout the whole research process.

3. Personal commentary.

This study has been demanding, challenging on many levels, and very satisfying. Many academics have reflected on the relevance of incorporating personal life and feelings into research (Ellis and Bochner, 2000, p 737; Mason, 2002, p 13). In contrast to the distanced and 'neutral' perspectives of social scientists who write dispassionately about their topic of interest, many researchers encourage the inclusion of the self into the text. This can include reflections on body language, stories, our histories, as well as our subjective experience into the research process (Plummer, 2001). This has been an essential dimension of my work and I have maintained my interest in the endeavour throughout. I have kept a record and diary of my own reflections on the process of the research, and sought the views of others to strengthen my reflexivity. This has included presenting at conferences and seminars in both Australia and the U.K. obtaining feedback and criticism. Plummer in his work on humanist methodology describes this reflexive process as:

a much greater social and self-awareness/consciousness of the whole intellectual/research process: of (a) the subject of the research along with (b) the social spaces in which the research knowledge is produced, as well as (c) a much fuller sense of the spaces/locations – personal, cultural, academic, intellectual, historical – of the researcher in actually building the research knowledge (2001, p 208).

In terms of reflecting on my position as a researcher, I would argue that my relative insider status placed me in a privileged position with regards to accessing participants, visiting services, and asking questions about the day-to-day activities of frontline workers in a highly sensitive area. Other students would not have access to this work environment. I brought to the research a theoretical sensitivity and 'awareness of the subtleties of meaning of data' (Strauss and Corbin, 1990, p 41) that provided an insight into the role and the challenges facing frontline workers. However, it could be argued that this also made obtaining distance and objectivity challenging in theorising from the data. A criticism of this research might be that it was difficult to be critical of the participants subject positions. However, I actively employed a range of strategies to confront these criticisms. These included an open style of interviewing participants, an ongoing engagement with and analysis of the data, and regular consultation with my supervisors.

This research encouraged a reflective process, and one that required me to elicit and explore the tensions in the role of frontline workers in order to make sense of the difficulties they faced in their day-to-day work. This analysis was critical to informing the recommendations for services and practitioners to further develop good practice. Researchers have identified a key practical element of empirical studies as the 'recognition of alternative ways of doing things and a capacity therefore to learn from the experience of others' (Hill, 2006, p 10). This was my approach throughout and it enabled me to reflect on my own experience and learn from others.

Since the beginning of this research there have been changes in government in both Australia (from Conservative to Labour) and more recently the U.K. (from Labour to Conservative/Liberal Democrat). These changes will no doubt impact on the delivery of services to refugees and asylum seekers, as the combination of political, social and economic pressures force through change and are in a constant state of flux. It is interesting to reflect on whether the types of service responses in Australia will change as there appears to be a return to policies reflecting multi-culturalism and a move away from assimilation, and whether these will impact on the draconian immigration policy that characterised the previous Howard Government. These may however be undermined by the recent announcement of the re-opening of detention centres that were closed when the Labour Government came into power (UNHCR 2010b). Similarly in the U.K. the Liberal Democrats have proposed policies to ease the destitution of asylum seekers, however they may have a battle with the Conservatives, with whom they are in partnership, to implement them. No doubt both countries will continue to look to each other for inspiration in both health and social care and immigration policy, and the challenges will remain for those working in the NGO sector to build partnerships and challenge policy that impacts negatively on asylum seekers and refugees.

Conclusion.

This research has brought to light considerable similarities in practice in the U.K. and Australia and present a local manifestation of a global phenomenon. This reflects the growing trend internationally to implement immigration policy that promotes deterrence and in turn creates dilemmas for frontline workers. The ramification for frontline workers is a conflict between the two discourses of care and immigration. There are concerns about the harm done by humanitarian workers in the field of working with refugees due to a lack of cultural sensitivity, lack of co-ordination, the promotion of dependency and the use of interventions as political motivated (Summerfield, 1999; Wessells, 2008). Frontline workers must confront these difficulties and challenges and

not become immobilised by them or complacent. Theory can contribute to the development of work on the ground and research is critical to 'scrutinise and problematise what practical knowledge takes for granted, not to sustain or legitimise it' (Turton, 2003, p 17).

There are ongoing debates about practitioners moving into research in the social work literature, in particular focusing on the demands of shifting roles (Fook, 2004; 2007). This tension, described in the literature on active reflexivity (Orme and Shemmings, 2010; Mason, 2002) is linked to discussion about the role of power of frontline worker in interactions with service users (Evans and Harris, 2004; Gilbert and Powell, 2010). My aim with this research was to examine the viewpoint of the frontline workers to explore their position in relation to the ways in which policy impacted on their work, and how this operated in NGO service delivery settings. I briefly raised some of the issues in the literature review in relation to social policy (on pages 38 ff) and the challenge of a 'new professionalism' (Fooks, 2007) (on page 65 ff) to highlight debates about the elements of and challenges to the control and power exercised by frontline workers. However the focus of this research was not on the theories or practices of professional power. Problematizing power and control in the role of the frontline workers in NGOs and charitable voluntary sector services in their relations with refugees and asylum seekers is an area for future research. It requires different methodological considerations and methods, such as ethnographic observation on site, to examine the work of frontline workers in terms of how they engage with and resist practices of surveillance in their interactions with refugees and asylum seekers. This work needs to build on existing recommendations for frontline workers including transcultural and inclusive practices in social and community development work to transform working relations with asylum seekers and refugees. Hessele notes:

Social workers are at the frontline of solidarity with vulnerable groups in all societies and international exchange of knowledge is necessary for dealing with trans-cultural problems (2007, p 240).

In addressing these questions, research can make a difference to the lives of refugees and asylum seekers.

This research was concerned with frontline workers' experience of their work with service users, however they also described their concerns about those whom they did not see. They were aware that many asylum seekers and refugees lived liminal lives caught between two spaces, the legitimate and illegitimate. Exile has been described as a discontinuous state of being (Said, 1984) and for many refugees and asylum seekers who did not come into contact with services, they survived undetected and in

an underground world. In some cases frontline workers had experienced contact with refugees and asylum seekers who had been trafficked, who had gone underground as a result of their claims being refused, or who had worked in prostitution or criminal worlds. The lack of attention to the asylum seekers and refugees who were not incorporated into systems of surveillance was in stark contrast to those regularly monitored.

Listening to frontline workers provides opportunities for innovation in NGOs working with refugees and asylum seekers. This may include imagining different approaches to immigration such as those suggested by Neumann including increasing numbers, providing amnesty, and establishing a separate government department working with refugees (2004, p 100). Other strategies range from promoting change within their organisations and the sector, doing advocacy work with other agencies and sectors, and conducting research which addresses the tension between the provision of health and social care to refugees and asylum seekers in the context of immigration controls. This involves challenging the legal frameworks governing the determination of immigration status, utilising participatory methods and strategies with service users and refugee communities to reflect their needs and concerns, and working with the broader community advocating for change in attitudes and government policy. If these challenges were met, the woman described in the introduction would not be exposed to such human rights abuses in seeking asylum.

Chapter 9 Bibliography

Agamben, G. (1998) *Homo Sacer: Sovereign Power and Bare Life*. California: Stanford University Press.

Adam, B. & Beck, U. and Van Loon, J. (2000) *The Risk Society and Beyond: Critical Issues for Social Theory*. London: Sage

Adamson, C. (2005) Complexity and Context: An Ecological Understanding of Trauma Practice. In Nash, M, Munford, R. and O'Donoghue, K. eds. *Social Work Theories in Action*. London: Jessica Kingsley Publishers.

Adelman, H. (1999) Modernity, globalization, refugees and displacement. In Ager, A. ed. *Refugees. Perspectives on the Experience of Forced Migration*. London: Continuum.

Ager, A. (1993) *Mental health issues in refugee populations: a review*. Project on International Mental and Behavioural Health. Harvard Medical School. Department of Social Medicine.

Ager, A. (1999) Perspectives on the refugee experience. In Ager, A. ed. *Refugees. Perspectives on the Experience of Forced Migration*. London: Continuum.

Ager, A. (2005) The Challenge of Simple Questions: Positioning Refugee Mental Health in the Global Health Agenda. *International Journal of Migration, Health and Social Care* 1 (1)

Ager A., Strang, A. and Abebe, B. (2005) Conceptualising community development in war-affected populations: illustrations from Tigray. *Community Development Journal* 40 (2), 158-168.

Ager, A. and Strang, A. (2008) Understanding Integration: A Conceptual Framework. *Journal of Refugee Studies* 21 (2), 166-191.

Ahearn, L. F. Jr. (2000) Methodological Approaches to the Study of Refugees. In Ahearn, L. F. Jr. ed. *Psychosocial Wellness of Refugees. Issues in qualitative and quantitative research*. New York/Oxford: Berghahn Books.

Ahmed, S. and Potter, D.M. (2006) *NGOs in International Politics*. Bloomfield, USA: Kumarian Press.

Alcock, P. and Craig, G. eds. (2009) *International Social Policy. Welfare Regimes in the Developed World*. 2nd Ed. Basingstoke: Palgrave Macmillan.

Allen, K. (2004) Director of Amnesty International U.K. *Presentation to the Conservative Women's National Conference* 11 March.

Altheide, D. L. and Johnson, J. M. (1998) Criteria for Assessing Interpretive Validity in Qualitative Research. In Denzin, N. and Lincoln, Y.S. eds *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Anderson, B. (1991) *Imagined Communities. Reflections on the origin and spread of nationalism*. London: Verso

American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental Disorders, DSM4*. Washington DC, USA.

Amnesty International (1991) *Women in the Front Line: Human Rights Violations Against Women*, United Kingdom. Amnesty International Publishers.

Amnesty International (2007) Eyes on Dafur [Online] Available from: <http://www.eyesondarfur.org/> [Accessed 1 March 2010].

Anderson, I. (1997) The National Aboriginal Health Strategy in Gardner, H. ed. *Health policy in Australia*. South Melbourne: Oxford University Press.

Anderson, K. and Jack, D. C. (1991) Learning to Listen: Interview Techniques and Analyses. In Gluck, S. B. and Patai, S. eds. *Women's Words. The Feminist Practice of Oral History*. London: Routledge.

Anheier, H. K. (2005) *Nonprofit Organizations. Theory, management, policy*. Great Britain: Routledge.

Antares Foundation (2006) *Managing stress in humanitarian workers. Guidelines for good practice*. Amsterdam, Netherlands. Available from: www.antaresfoundation.org [accessed 7 February 2010]

Arendt, H. (1967) *The origins of totalitarianism*. 3rd edn. London: George Allen and Unwin.

Armstead, C. (1995) Writing contradictions: feminist research and feminist writing. *Women's Studies international Forum*, 18 (5/6), 627 – 636.

Archer, L., Hollingworth, S., Maylor, M., Sheibani, A. and Kowarzik, U. (2005) *Refugee Assessment and Guidance Unit Challenging Barriers to Employment for Refugees and Asylum Seekers in London*. London Metropolitan University. The SEQUAL Development Partnership (DP). University of Surry. Available from: <http://www.surrey.ac.uk/politics/cse/seqal-reports/seqal-final-report-londonmet.pdf> [Accessed 7 February 2010]

Astbury, J. et al (2000) The impact of domestic violence on individuals. *Medical Journal of Australia*, 173, 427-431.

Asquith, S., Clark, C. and Waterhouse, L. (2005) *The role of Social Work. A Literature Review*. Edinburgh, Scottish Executive, 2005 Available from: <http://www.scotland.gov.uk/Publications/2010/01/27154047/1> [accessed 7 February 2010]

Asylum Aid, Women's Asylum Resource Project. [Online] Available from: <http://www.asylumaid.org.uk/> [Accessed 25 February 2010].

Asylum Seeking Project Hotham Mission (2003) *Welfare issues and immigration outcomes for asylum seekers on Bridging Visa E*. Melbourne: Hotham Mission.

Australian Visa Bureau [Online] Available from: <http://www.visabureau.com/australia/news/02-09-2009/australia-visa-statistics-for-refugees-released.aspx> [Accessed 25 February 2010].

Bacon, C. (2005) *The Evolution of Immigration Detention in the UK: The Involvement of Private Prison Companies*. [Online] Refugee Studies Centre Working Paper No. 27. Available from: <http://www.rsc.ox.ac.uk/PDFs/RSCworkingpaper27.pdf> [Accessed 26 February 2010]

Bailey, R. and Brake, M. (1975) *Radical Social Work*. London: Edward Arnold

Baldock, J. (2007) *Social Policy, Social Welfare, and the Welfare State*. In Baldock, J., Manning, N. and Vickerstaff, S. eds. *Social Policy* 3rd Edition Oxford: Oxford University Press.

Barnes, M. and Bowle, R. (2001) *Taking over the Asylum* Basingstoke: Palgrave.

Basch, L. G., Glick-Schiller, N. and Blanc-Szanton, C. (1994) *Nations Unbound: Transnational Projects. Post-colonial Predicaments, and De-territorialized Nation-States*. Langhorne, PA. Gordon and Breach.

Basoglu, M. (2006) Rehabilitation of traumatised refugees and survivors of torture. *British Medical Journal*, 333, 1230-1231.

Bassiouni, D., Cheung, C. M., Chtereva, E., Dajani, L., Hughes, T., Male, L. and Sosseh, E. (2007) *Report of the Community Led Research Project Focussing on Knowledge and Perceptions of the use of Compulsory Powers in Mental Health among Black & Minority Ethnic communities*. By Dorset Mind; Community in Bournemouth, Poole & East Dorset. Community Engagement Project. The CSIP Mental Health Programme. [Online] Available from: <http://www.its-services.org.uk/silo/files/report-of-the-community-led-research-project-focussing-knowledge-and-perceptions.pdf> [Accessed 18 February 2010]

Bauman, Z. (2001) *Community: Seeking Safety in an Insecure World*. Cambridge: Polity Press.

Bauman, Z. (2004) *Wasted Lives: Modernity and Its Outcasts*. Cambridge: Polity Press.

Beck, U. (1992) *Risk society: Towards a new modernity*. London: Sage.

Beck, U. (2000) *What is Globalization?* Cambridge: Polity Press.

Becker, R. and Silove, D. (1993) Psychological and psychosocial effects of prolonged detention. In Crock, M. ed. *Protection or punishment: The detention of asylum-seekers in Australia*. Sydney: Federation Press.

Bendell, J. (2006) *Debating NGO Accountability*. New York and Geneva: United Nations Non-Governmental Liaison Service.

Bennet, K; Heath, T and Jeffries, R (2007) *Home Office Statistical Bulletin 14/07: Asylum Statistics United Kingdom 2006*, 2nd edn. HO, London.1

Berry, J. W., Poortinga, Y. H., Segall, M. H. and Dasen, P. R. (2002) *Cross-Cultural Psychology: Research and Applications*. Cambridge: Cambridge University Press.

Bhabha J. (2004a) Demography and Rights: Women, Children and Access to Asylum *International Journal of Refugee Law* [Online] 16(2), 227-243. Available from: <http://ijrl.oxfordjournals.org/cgi/content/abstract/16/2/227> [Accessed 6 March 2010].

Bhabha, J. (2004b) *Seeking Asylum Alone: Treatment of Separated and Trafficked Children in Need of Refugee Protection*. [Online] Harvard University. Faculty Research Working Papers Series. RWPO-4-014 Available from: <http://web.hks.harvard.edu/publications/workingpapers/citation.aspx?PubId=2065> [Accessed 7 March 2010].

Bhabha, J. (2007) Border Rights and Rites. Generalisations, stereotypes and gendered migration. In van Walsum, S. and Spijkerboer, T. *Women and Immigration Law. New variations of classical feminist themes*. Oxon: Routledge-Cavendish.

Bhabha, J. and Crock, M. (2007) *Seeking Asylum Alone: Unaccompanied and Separated Children and Refugee Protection in Australia, the UK and the US*. Sydney: Themis Press.

Bhugra, D. and Becker, M. A. (2005) Migration, cultural bereavement and cultural identity. *World Psychiatry* 4 (1), 18-24.

Black, R. (2001) Fifty years of refugee studies: From theory to policy. *International Migration Review* 35, 57-78.

Black, R., Collyer, M., Skeldon, R., and Waddington, C. (2005) *A survey of the illegally resident population in detention in the UK* Home Office Online Report 20/05. Available from: <http://www.homeoffice.gov.uk/rds/pdfs05/rdsolr2005.pdf> [accessed 7 February 2010]

Blackwell, D., Holden, K. and Tregoning, D. (2002) An interim report of health needs assessment of asylum seekers in Sunderland and North Tyneside. *Public Health*, 116, 221-226.

Blainey, G. (1984) *All for Australia*. North Ryde: Methuen Haynes.

Blank, R. H. and Burau, V. (2007) *Comparative Health Policy*. 2nd edn. Hampshire: Palgrave Macmillan.

Bloch, A. and Shuster, L. (2005) At the extremes of exclusion: deportation, detention and dispersal. *Ethnic and Racial Studies*, [Online] 28 (3), 491-512. Available from: <http://www.informaworld.com/smpp/content~content=a713722042&db=all> [Accessed 7 March 2010].

Bloor, M (2004) Addressing social problems through qualitative research. In Silverman, D. ed. *Qualitative Research. Theory, Method and Practice*. 2nd edn. London: Sage Publications.

Blumenthal, S., Lavender, T., and Hewson, S. (1998) Role clarity, perception of the organization and burnout amongst support workers in residential homes for people with intellectual disability: a comparison between a National Health Service Trust and a charitable company. *Journal of Intellectual Disability Research*, 42 (5), 409-417.

Bohle, P. (1993) Work Psychology and the Management of Occupational Health and Safety: An Historical Overview. In Quinlan, M. ed. *Work and Health. The Origins, management and regulation of Occupational Illness*. Australia: Macmillan Education Pty Ltd.

Bonnett, C.B. (2008) Symposium in migrant women: rape disclosure in women refugees. *European Psychiatry*. [Online] 23 S1-S80. Available from: http://www.sciencedirect.com.chain.kent.ac.uk/science?_ob=ArticleListURL&_method=ist&_ArticleListID=1240864831&_qd=1&_view=c&_acct=C000010239&_version=1&_urlVersion=0&_userid=125871&md5=7ef7768b21b3f5349fc26e41943767c0 [Accessed 8 March 2010]

Bor, R., Gill, S., Miller, R. and Evans, A. (2009) *Counselling in health care settings*. Basingstoke: Palgrave Macmillan.

Bourdieu, P. (1967) Systems of Education and Systems of Thought. *International Social Science Journal* 19. 338 - 358.

- Bourdieu, P. (1986) The Forms of Capital. In Richardson J. ed. *Handbook of Theory and Research for the Sociology of Education*. New York: Greenwood Press.
- Bourdieu, P. and Waquant, L. J. D. (1992) *An Invitation to Reflexive Sociology* University of Chicago: Polity Press.
- Bracken, P. J., Giller, J. E. and Summerfield, D. (1995) Psychological responses to war and atrocity: the limitations of current concepts. *Social Science Medicine* 40 (8), 1073-1082.
- Brannick, T. and Goghlan, D. (2007) In Defense of Being "Native". The Case for Insider Academic Research. *Organizational Research Methods*. 10 (1), 59 – 74.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3 77 – 101.
- Braye, S. and Preston-Shoot, M. (1995) *Empowering Practice in Social Care*. Buckingham: Open University Press.
- Brettell, C.B. (2000) Theorizing migration in anthropology: The social construction of networks, identities, communities and globalscapes. In *Migration Theory: Talking Across Disciplines*. In Brettell, C.B. and Hollifield, J.F. eds. Routledge: New York.
- British Medical Association (2002) *Asylum Seekers: Meeting their healthcare needs*. [Online] Available from: http://www.bma.org.uk/ethics/asylum_seekers/Asylumseekers.jsp [Accessed 7 February 2010]
- Broeders, D. (2007) The New Digital Borders of Europe: EU Databases and the Surveillance of Irregular Migrants. *International Sociology*. 22: 71-92
- Brown, H. C. (2005) Carrying Out Research in Social Work. In Adams, R., Dominelli, L, and Payne, M. *Social work futures: Crossing Boundaries, transforming practice*. Basingstoke: Palgrave Macmillan.
- Brown, L. (2004) Feminist Paradigms of Trauma Treatment. *Psychotherapy: Theory, Research, Practice, Training*. 41 (4), 464 - 471.

Brunner, E. and Marmot, M. (2000) Social organization, stress, and health. In Marmot, M. and Wilkinson, R. G. eds. *Social Determinants of Health*. New York: Oxford University Press.

Bryman, A. (Ed.) (1988) *Doing Research in Organisations*. London: Routledge.

Bryson, L. (2001) Australia: The Transformation of the Wage-Earners' Welfare State. In Alcock, P. and Craig, G. eds. *International Social Policy*. Basingstoke: Palgrave Macmillan.

Bryson, L. and Verity, F. (2009) Australia: From Wage-Earners to Neo-Liberal Welfare State. In Alcock, P. and Craig, G. eds. *International Social Policy Welfare Regimes in the Developed World*. 2nd Ed Basingstoke: Palgrave Macmillan.

Buchanan, A. (1999) *What works for troubled children: Family support for children with emotional and behavioural problems*. Barking: Barnardos.

Burchell, G., Gordon, C., and Miller, P. eds. *The Foucault Effect*. Brighton: Harvester Wheatsheaf

Burnett, A. and Gebremikael, L. (2005) Expanding the primary mental health team for refugees and asylum seekers. *Primary Care Mental Health*. 3, 77-81.

Burnett, A. (2002) Meeting the health needs of refugee and asylum seekers in the UK. An information and resource pack for health workers: [Online] London: Department of Health. Available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010199 [Accessed 29 May 2010]

Burnett, A. and Peel, M. (2001) Health needs of asylum seekers and refugees. *British Medical Journal*. 322, 554 – 547.

Burns, T. and Stalker, G. M. (1966) *The Management of Innovation*. 2nd edn. London: Tavistock.

Burr, V. (1998) Overview: realism, relativism, social constructionism and discourse. In Parker, I. ed. *Social Constructionism, Discourse and Realism*. London: Sage Publications.

Burr, V. (2003) *Social Constructionism*. 2nd edn. Hove: Routledge.

Butler, J. (1993) *Bodies That Matter: On the Discursive Limits of "Sex"*. New York: Routledge.

Calderon, F. and Piscitelli, A. (1990) A latin american perspective on comparative methodology and theory. In Oyden, E. ed. *Comparative Methodology. Theory and Practice in International Social Research*. London: Sage Publications

Callamard, A. (1999) Refugee women: a gendered and political analysis of the refugee experience. In Ager, A. ed. *Refugees. Perspectives on the Experience of Forced Migration*. London: Continuum.

Cambridge, P. and Williams, L. (2004) Approaches to Advocacy for Refugees and Asylum Seekers: a Development Case Study for a Local Support and Advice Service. *Journal of Refugee Studies* 17 (1), 97-113.

Carmel, E. and Harlock, J. (2008) Instituting the 'third' sector as a governable terrain: partnership, procurement and performance in the UK. *Policy and Politics*, 36 (2), 155-171.

Carlsson, J. M., Olsen, D.R., Mortensen, E.L. and Kastrup, M. (2006) Mental Health and Health-Related Quality of Life. A 10-Year Follow-up of Tortured Refugees. *The Journal of Nervous and Mental Disease*, 194 (10), 725-731.

Carr, S. (2004) *Has service user participation made a difference to social care services?* Online. Social Care Institute for Excellence. (SCIE) Position paper No 3. London.

Castles, S. (1992) The Australian Model of Immigration and Multiculturalism: Is It Applicable to Europe? *International Migration Review*, 26 (2), 549-567.

Castles, S. (2003) Towards a Sociology of Forced Migration and Social Transformation. *Sociology* 37 (1), 13-34.

Castles, S. (2007) The Migration – Asylum Nexus and Regional Approaches. In Kneebone, S. and Rawlings – Sanaei, F. *New Regionalism and Asylum Seekers. Challenges Ahead*. Oxford: Berghan Books.

Castles, S. (2010) Understanding Global Migration: A Social Transformation Perspective. *Journal of Ethnic Migration Studies*. 36, 10, 1565 – 1586.

Castles, S. and Loughna, S. (2004) Globalization, migration and asylum. In George, V. and Page, R. *Global social problems and global social policy*. Cambridge: Polity

Castles, S. and Miller, M. (2003) *The Age of Migration. International Population Movements in the Modern World*. 3rd edn. London: Macmillan Press Ltd.

Castles, S. and Miller, M. J. (2009) *The Age of Migration. International Population Movements in the Modern World*. 4th edn. London: Macmillan Press Ltd.

Century, G., Leavey, G., and Payne, H. (2007) The experience of working with refugees: counsellors in primary care. *British Journal of Guidance and Counselling*, 35 (1), 23 - 40.

Charmaz, K. (2000) Grounded Theory: Objectivist and Constructivist Methods. In Denzin, N. and Lincoln, Y. S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications.

Charnotvitz, S. (2007) Accountability of Non-Governmental Organizations in Global Governance. In Jordan, L. and Tuijl, V. P. eds. *NGO Accountability. Politics, Principles and Innovations*. London: Earthscan.

Chimni, B. S. (1998) The geo-politics of refugee studies: A view from the South. *Journal of Refugee Studies* 11, 350-374.

Chimni, B. S. (2000) Globalisation, humanitarianism and the erosion of refugee protection. In *RSC Working Paper*. Oxford: Edited by Refugee Studies Centre. 1-23.

Chimni, B. S. (2009) The Birth of a Discipline: From Refugee to Forced Migration Studies. *Journal of Refugee Studies* 22 (1), 11-29.

Cho, J. and Trent, A. (2006) Validity in qualitative research revisited. *Qualitative Research*. [Online] 6 319 – 340. Available from: <http://qri.sagepub.com/cgi/content/abstract/6/3/319> [Accessed 3 December 2009].

Clarke, J. and Glendinning, C. (2002) Partnership and the remaking of welfare governance. In Glendinning, C., Powell, M. and Rummery, K. eds. *Partnerships, New Labour and the Governance of Welfare*. Bristol: The Policy Press.

Clarke, M. (2008) Poverty: Concepts, Measures, Trends and Responses in Kingsbury, D., McKay, J., Hunt, J., McGillivray, M. and Clarke, M. eds. *International Development. Issues and Challenges*. Basingstoke: Palgrave Macmillan.

Cochrane, A. (1997) Comparative Approaches and Social Policy. In Cochrane, A. and Clarke, J. eds. *Comparing Welfare States. Britain in International Context*. London: SAGE Publications Ltd.

Coffey, G. (2006) Locked Up Without Guilt or Sin: The Ethics of Mental Health Service Delivery in Immigration Detention. *Psychiatry, Psychology and Law*, 13 (1), 67-90.

Coffey, G. J., Kaplan, I., Sampson, R. C. And Tucci, M. M. (2010) The meaning and mental health consequences of long-term immigration detention for people seeking asylum. *Social Science and Medicine*. [Online] 70(12), 2070-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20378223> [Accessed 8 June 2020].

Cohen, R. (1997) *Global diasporas: An introduction*. London: UCL Press.

Cohen, R. (2006) *Migration and its enemies. Global Capital, migrant labour and the nation state*. Basingstoke: Ashgate.

Cohen, S., Humphries, B. and Mynott, E. eds. (2002) *From Immigration Controls to Welfare Controls*. London: Routledge.

Chouliaraki, L. and Fairclough, N. (1999) *Discourse in Late Modernity. Rethinking critical discourse analysis*. Edinburgh: Edinburgh University Press.

Collins, S. (2008) Statutory Social Workers: Stress, Job Satisfaction, Coping, Social Support and Individual Differences. *British Journal of Social Work*. 38, p 1173 – 1193.

Commaraswamy, R. (1999) Keynote Speech. In *NGO Consultation with the UN/IGOs on Trafficking in Persons, Prostitution and the Global Sex Industry. Trafficking and the Global Sex industry: Need for Human Rights Framework*. June 21-22 Room XII Geneva Switzerland: Palais des Nations.

Commonwealth of Australia (2005) *Inquiry into the Circumstances of the Immigration Detention of Cornelia Rau. Report*. Canberra: Australian Government Press.

Conrad, P. and Schneider, J. (1992) *Deviance and Medicalization: From Badness to Sickness*. 2nd edn. Philadelphia: Temple University Press.

Cook, A. and England, R. (2004) Pain in the heart: primary care consultations with frequently attending refugees. *Primary Care Mental Health*, 2, 107-13.

Cooper, C.L. (1983) Identifying stressors at work. Recent research developments. *Journal of Psychosomatic Research*. 27 (5), 369-376.

Correa-Velez, I. and Gifford, S. M. and Bice, S. J. (2005) Australian health policy on access to medical care for refugees and asylum seekers. *Australia and New Zealand Health Policy*, 2 (23) 1 – 12 Available from:
<http://www.anzhealthpolicy.com/content/pdf/1743-8462-2-23.pdf> [Accessed 6 March 2010]

Correa-Velez, I. and Gifford, S. M. (2007) When the right to be counted doesn't count: The politics and challenges of researching the health of asylum seekers. [Online] *Critical Public Health*, 17 (3), 273-281. Available from:
<http://www.informaworld.com/smpp/content~content=a781911271~db=all~order=page> [Accessed 11 September 2007].

Craig, G. and Lovel, H. (2005) Community development with refugees: towards a framework for action. *Community Development Journal*. 40 (2) 131 – 136.

Crawley, H. (2005) Introduction: Europe – fortress or refuge? *Forced Migration Review* 23. [Online] 14 – 16. Available from:
<http://www.fmreview.org/FMRpdfs/FMR23/FMR23full.pdf> [Accessed 6 March 2010].

Creighton, B. (1993) Occupational Health and Safety Regulation: The Role of the International Labour Organization Standards. In Quinlan, M. ed. *Work and Health. The Origins, management and regulation of Occupational Illness*. Australia: Macmillan Education Pty Ltd.

Crisp, J. (2003) A new asylum paradigm? Globalization, migration and the uncertain future of the international refugee regime. In *New Issues in Refugee Research*, Geneva: Edited by UNHCR, 1-14.

Daniel, E. V. and Knudsen, J.C. (1995) Introduction in Daniel, E. V. and Knudsen, J.C. (eds.) *Mistrusting Refugees*. Berkeley: University of California Press.

Dauvergne, C. (2008) *Making People Illegal. What Globalization Means for Migration and Law*. New York: Cambridge University Press.

Davies, C. A. (1999) *Reflexive Ethnography: A Guide to Researching Selves and Others*. London: Routledge.

Department for Education and Skills (2003) *Every Child Matters*. [Online] Cm 5860. London: The Stationary Office. Available from: <http://www.dcsf.gov.uk/everychildmatters/> [Accessed 7 February 2010].

Department of Immigration and Multi-cultural Affairs (DIMA) (2001) Annual Report 2000/2001 [Online] Available from: <http://www.immi.gov.au/about/reports/annual/2000-01/report18.htm> [Accessed 15 May 2010].

Department of Immigration and Citizenship (DIAC) (formerly the Department of Immigration and Multi-cultural and Indigenous Affairs, DIMIA) Online Statistics, 2008. [Online] Available from: <http://www.immi.gov.au/media/statistics/statistical-info/visa-grants/refugee.htm> [Accessed 29 March 2008].

Department of Immigration and Citizenship (DIAC) Facts Sheet 60 [Online] Available from: <http://www.immi.gov.au/media/fact-sheets/60refugee.htm> [Accessed 25 February 2010]

Department of Immigration and Citizenship (DIAC) Facts Sheet 60 [Online] Available from: <http://www.immi.gov.au/media/fact-sheets/61asylum.htm> [Accessed 25 May 2010]

Department of Immigration and Citizenship (DIAC) (2009a) Settler Arrival Data Available from: <http://www.immi.gov.au/media/statistics/statistical-info/oad/settlers/setdata.htm> [Accessed 10 March 2010].

Department of Immigration and Citizenship (DIAC) (2009b) Annual Report 2008/9. Commonwealth of Australia. [Online] Available from: <http://www.immi.gov.au/about/reports/annual/2008-09/pdf/annual-report-2008-09-complete.pdf> [Accessed 10 March 2010].

Department of Immigration and Citizenship (DIAC) (2010) Immigration Detention Statistics Summary. *Community and Detention Services Division, DIAC*.

Deighton, R. K., Gurriss, N., and Traue, H. (2007) Factors Affecting Burnout and Compassion Fatigue in Psychotherapists Treating Torture Survivors: Is the Therapist's Attitude to Working Through Trauma Relevant? *Journal of Traumatic Stress*, 20 (1), 63-75.

Denscombe, M. (1998). *The Good Research Guide: For Small-scale Social Research*. Buckingham: Open University Press.

Denscombe, M. (2003). *The Good Research Guide: For Small-scale Social Research*. 2nd edn. Buckingham: Open University Press.

Denzin, N. K. (1997) *Interpretive ethnography*. Thousand Oaks, California: Sage.

Denzin, N. K. (1998) The Art and Politics of Interpretation. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Denzin, N. K. and Lincoln, Y.S. eds. (1994) *Handbook of Qualitative Research* London: Sage Publications.

Denzin, N. K. and Lincoln, Y.S. (1998) Introduction: Entering the Field of Qualitative Research. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Denzin, N. and Lincoln, Y.S. eds. (2000) *Handbook of Qualitative Research* 2nd edn. London: Sage Publications.

Denzin, N. K. and Lincoln, Y.S. (2000) Introduction: The Discipline and Practice of Qualitative Research. In Denzin, N. and Lincoln, Y.S. eds *Handbook of Qualitative Research* 2nd edn. London: Sage Publications.

- Dona, G. and Berry, J.W. (1999) Refugee Acculturation and re-acculturation. In Ager, A. (ed.) *Refugees: Perspectives on the Experience of Forced Migration* London: Continuum.
- Donato, K.M., Gabaccia, D., Holdaway, J., Manalansan, M. and Pessar, P. R. (2006) A glass half full? Gender in Migration Studies. *International Migration Review*, 40 (1), 3-26.
- Dowling, B., Powell, M. and Glendinning, C. (2004) Conceptualising successful partnerships. *Health & Social Care in the Community* 12 (4), 309 - 317.
- Durkheim, E. (1951) *Suicide*. New York: Free Press.
- Dowling, M. and Sextone, P. (2011) Refugees and asylum seekers. The social work role. In Seden, J., Matthews, S., McCormick, M. and Morgan, A. *Professional Development in Social Work. Complex Issues in Practice*. Routledge: Oxon
- Durkheim, E. (1992) *The Rules of Sociological Method*. New York: Free Press.
- Easteal, P. (1996) Double jeopardy: Violence against immigrant women in the home. *Family-Matters*, 45, 26-30.
- Eastmond, M. (1998) Nationalist Discourses and the Construction of Difference: Bosnian Muslim Refugees in Sweden. *Journal of Refugee Studies* 11(2). 161 - 181
- Eastmond, M. (2000) Ethnographic Approaches. In Ahearn, L. F. Jr. ed. *Psychosocial Wellness of Refugees. Issues in qualitative and qualitative research*. New York/Oxford: Berghahn Books.
- Eastmond, M. (2007) Stories as Lived Experience: Narratives in Forced Migration Research *Journal of Refugee Studies*, 20 (2), 248-264.
- Edwards, J., Oakley, A. and Popay, J. (1999) Service Users' and Providers' Perspectives on Welfare Needs. In Williams, F. Popay, J. and Oakley, A. *Welfare Research. A Critical Review*. London: UCL.
- Eisenbruch M. (1991) From post-traumatic stress disorder to cultural bereavement: diagnosis of Southeast Asian refugees. *Social Science and Medicine*. 33, 673-680.

Elliot, J. (2005) *Using Narrative in Social Research. Qualitative and Quantitative Approaches*. London: Sage.

Ellis, C. and Bochner, A. P. (2000) Autoethnography, Personal Narrative, Reflexivity. In Denzin, N. K. and Lincoln, Y. S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications, Inc.

Elman, R. A. (1996) Testing the Limits of European Citizenship: Ethnic Hatred and Male Violence. *National Women's Studies Association Journal*, 13 (3), 49 – 69.

Etzioni-Halevy, E. (1990) Comparing Semi-corruption among Parliamentarians in Britain and Australia. In Oyen, E. ed. *Comparative Methodology. Theory and Practice in International Social Research*. London: Sage Publications.

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T. and Katona, C. (2006) Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75-80.

Evans, T. and Harris, J. (2004) Street-Level Bureaucracy, Social Work and the (Exaggerated) Death of Discretion. *British Journal of Social Work*, 34 871 – 95

Every Child Matters [Online] Available from:

<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/> [Accessed 7 February 2010]

Eyber, C. (2002) *Forced Migration Guides*. [Online] Available from:

<http://www.forcedmigration.org/> [Accessed 7 February 2010]

Fassin, D. (2001) The biopolitics of otherness: Undocumented foreigners and racial discrimination in French public debate *Anthropology Today* 17 (1), 3-7.

Fassin, D. (2005) Compassion and Repression: The Moral Economy of Immigration Policies in France. *Cultural Anthropology* 20 (3), 362 – 307.

Fassin, D. and D'Halluin, E. (2005) The Truth from the Body: Medical Certificates as Ultimate Evidence for Asylum Seekers. *American Anthropologist*, [Online] 107 (4), 597 – 608. Available from:

<http://www3.interscience.wiley.com/journal/120128590/abstract?CRETRY=1&SRETRY=0> [Accessed 5 December 2009].

Fassin, D. (2008) Beyond good and evil?: Questioning the anthropological discomfort with morals. *Anthropological Theory*. [Online] 8, 333 – 344. Available from: <http://ant.sagepub.com/cgi/content/abstract/8/4/333> [Accessed 3 March 2009].

Favell, A. (2008) The New Face of East-West Migration in Europe. *Journal of Ethnic and Migration Studies*, 34 (5), 701-716.

Fernando, S. (2001) *Mental Health, Race and Culture*. 2nd edn. London: Palgrave Macmillan.

Fernando, S. and Keating, F. eds. (2009) *Mental Health in a Multi-Ethnic Setting. A Multi-disciplinary Handbook*. Hove: Routledge.

Figley, C. R. (ed.) (1995) *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised*. New York: Brunner/Mazel.

Fine, M. (1998) Acute and continuing care for older people in Australia: contesting new balances of care. In Glendinning, C. ed. *Rights and Realities: Comparing New Developments in Long-Term Care for Older People*. Bristol: Policy Press.

Fine, M., Weis, L., Weseen, S., and Wong, L. (2000) Qualitative Research, Representations, and Social Responsibilities. In Denzin, N.K. and Lincoln, Y.S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications.

Finnegan, R. (1992) *Oral traditions and the verbal arts*. A guide to research practices. Great Britain: Routledge.

Flax, J. (1987) Postmodernism and Gender Relations in Feminist Theory. *Signs* 12 (4) 621 – 643.

Flick, U. (1998) *An Introduction to Qualitative Research*. London: Sage.

Fontana, A. and Frey, J. H. (1998) Interviewing: The Art of Science. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Fook, J. (2003) Social Work Research in Australia. *Social Work Education*. 22, 145 – 57.

Fook, J. (2004) What Professionals Need from Research. Beyond Evidence-Based Practice. In Smith, D. ed. *Social Work and Evidence-Based Practice*. London: Jessica Kingsley Publishing.

Fook, J. (2007) Uncertainty: the defining characteristic of social work? In Lymbery, M. and Postle, K. (eds) *Social Work A Companion to Learning*. Sage Publications: London.

Forum of Australian Services for Survivors of Torture and Trauma (FASST) (2006) *Annual Report*.

Foucault, M. (1979) *Discipline and Punish: The Birth of the Prison*. New York: Vintage.

Foucault, M. (1980) The politics of health in the eighteenth century. In Gordon, C. ed. *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*, Brighton: The Harvester Press.

Foucault, M. (1980) Truth and Power. In Gordon, C. ed. *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*, Brighton: The Harvester Press.

Foucault, M. (1991) On Governmentality. In Burchell, G., Gordon, C., and Miller, P. eds. *The Foucault Effect: Studies in Governmentality*, Brighton: Harvester Wheatsheaf.

Fraser, N. and Naples, N. A. (2004) To Interpret the World and to Change It: An Interview with Nancy Fraser. *Signs*, 29 (4), 1103-1124.

Fraser, N. and Bedford, K. (2008) Social rights and gender justice in the neoliberal movement: A conversation about welfare and transnational politics. *Feminist Theory* Vol 9, 225-245.

Fuller, R. and Petch, A. (1995) *Practitioner Research. The reflexive social worker*. Buckingham: Open University Press.

Furedi, F. (2005) *Politics of Fear. Beyond Left and Right*. London: Continuum International Publishing Group.

- Gabriel, Y., Schwartz, H. (1999) Organizations, from concepts to constructs: psychoanalytic theories of character and the meaning of organization. *Administrative Theory and Praxis*, 21 (2)176-91.
- Gale, P. (2004) The refugee crisis and fear: populist politics and media discourse. *Journal of Sociology*. 40 (4), 321 - 340.
- Galjick-Velasoski, O. and Stewart, D. E. (2007) Women Trafficked Into Prostitution: Determinants, Human Rights and Health Needs. *Transcultural Psychiatry* [Online] 44 (3), 338 – 358. Available from <http://tps.sagepub.com/cgi/content/refs/44/3/338> [Accessed 22 November 2007].
- Garrett, P.M. (2004) The electronic eye: emerging surveillant practices in social work with children and families. 7 (1), 57-71. Available from: <http://www.ingentaconnect.com/content/routledg/eurswk/2004/00000007/00000001/art00005> [Accessed 8 March 2010].
- George, V. and Page, R.M. (2005) eds. *Global Social Problems*. Cambridge: Polity Press.
- Giddens, A. (1971) *Capitalism and modern social theory. An analysis of the writings of Marx, Durkheim and Max Weber*. Cambridge: Cambridge University Press.
- Giddens, A. (1976) *New Rules of Sociological Method: A Positive Critique of Interpretive Sociologies*. London: Hutchinson and Co. Publishers Ltd.
- Giddens, A. and Pierson, C. (1998) *Conversations with Anthony Giddens. Making Sense of Modernity*. California: Stanford University Press.
- Giddens, A. (1987) *Social Theory and Modern Sociology*. Cambridge: Polity Press
- Giddens, A. (1990) *The Consequences of Modernity*. Cambridge: Polity Press.
- Giddens, A. (1998) *The Third Way. The Renewal of Social Democracy*. Cambridge: Polity Press.
- Giddens, A. (2001) *The Global Third Way Debate*. Cambridge: Polity Press.
- Giddens, A. (2006) *Sociology*. 5th edn. Cambridge: Polity Press.

Gilbert, T. and Powell, J. L. (2010) Power and Social Work in the United Kingdom: A Foucauldian Excursion. *Journal of Social Work*. 10 (1) p 3 – 22.

Glasby, J. (2007) *Understanding Health and Social Care Practice*. Bristol: Policy Press.

Glasby, J. and Littlechild, R. (2004) *The Health and Social Care Divide. The experiences of older people*. Policy Press, U.K.

Glaser, B.G. and Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for qualitative research*. Chicago: Aldine.

Gluck, S. B. and Patai, D. eds. (1991) *Women's Words: The Feminist Practice of Oral History*. London: Routledge

Goetz, A. M. and Jenkins, R. (2002) *Voice, Accountability and Development: The Emergence of a New Agenda*. [Online] Human Development Report, New York: United Nations Development Program. Available from:

http://hdr.undp.org/en/reports/global/hdr2002/papers/Goetz-Jenkins_2002.pdf

[Accessed 9 March 2010].

Goffman, E. (1968) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Harmondsworth: Penguin.

Gordon, C. (1991) Governmental Rationality: An Introduction. In Burchell, G., Gordon, C., and Miller, P. eds. *The Foucault Effect*. Brighton: Harvester Wheatsheaf.

Gosden, D. (2006) What if no one had spoken out about this policy? The rise of asylum seeker and refugee advocacy in Australia. *Journal of Multidisciplinary International Studies* [Online]. 3 (1). Available from

<http://epress.lib.uts.edu.au/ojs/index.php/portal/article/view/121/87>

[Accessed 8 December 2009].

Grady, P. (2004) Social Work Responses to Accompanied Asylum-seeking Children. In Hayes, .D. and Humphries, B. eds. *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*. London: Jessica Kingsley.

Gray, D. E. 2009 *Doing Research in the Real World*. 2nd edn. London: Sage

Grewcock, M. (2010) *Border Crimes. Australia's War on Illicit Migrants*. Annandale: Federation Press.

Griffiths, D., Sigona, N. and Zetter, R. (2005) *Refugee Community Organisations and Dispersal. Networks, resources and social capital*. Bristol: The Policy Press.

Griffiths, D., Sigona, N. and Zetter, R. (2006) Integrative Paradigms, Marginal Reality: Refugee Community Organisations and Dispersal in Britain. *Journal of Ethnic and Migration Studies*. 32 (5) 881 – 898.

Gross, E. ed. (1986) *Feminist Challenges: Social and Political Theory*. Sydney: Allen and Unwin.

Grove, N. J. and Zwi, A. B. (2006) Our health and theirs: Forced migration, othering and public health. *Social Science and Medicine*, 62, 1931-1942.

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. *Field Methods*, 18(1), 59-82.

Gupta, J., Acevedo-Garcia, D., Hemenway, D., Decker, M. R. Raj, A. and Silverman, J. G. (2009) Premigration Exposure to Political Violence and Perpetration of Intimate Partner Violence Among Immigrant Men in Boston. *American Journal of Public Health*, 99 (3), 462-469.

Gwatirisa, P. (2009) Points of Departure Discussion Paper National Issues for Immigrant and Refugee. [Online] Women Multicultural Centre for Women's Health. Available from:

[http://www.mcwh.com.au/downloads/POD Discussion Paper May2009.pdf](http://www.mcwh.com.au/downloads/POD_Discussion_Paper_May2009.pdf) [Accessed 25 February 2010].

Hage, G. (2003) *Against Paranoid Nationalism: Searching for hope in a shrinking society*. Sydney: Pluto Press.

Hansard 27 March 2001: Column 246. Available from:

<http://www.publications.parliament.uk/pa/cm200001/cmhansrd/vo010327/index/10327-x.htm> [Accessed 6 March 2010].

- Hantrais, L. (1995) *Social Science Update. Comparative Research Methods*. Department of Sociology. University of Surry.
- Hantrais, L. and Mangen, S. (1996) Method and management of cross-national social research. In Hantrais, L. and Mangen, S. eds. *Cross-National Research Methods in the Social Sciences*. London: Pinter.
- Harding, A. (1996) Cross-national research and the 'new community power'. In Hantrais, L. and Mangen, S. eds. *Cross-National Research Methods in the Social Sciences*. London: Pinter.
- Harding, S. (1987) Introduction: Is There a Feminist Method? In Harding, S. (ed.) *Feminism and Methodology*. Milton Keynes: Open University Press.
- Harrel-Bond, B. (1999) The experience of refugees as recipients of aid. In Ager, A. ed. *Refugees. Perspectives on the Experience of Forced Migration*. London: Continuum.
- Harrington, A. R. (2005) Victims of Peace: Current Abuse Allegations against U.N. Peacekeepers and the Role of Law in Preventing Them in the Future. Paper 630 *Bepress Legal Series*. Available from: <http://law.bepress.com/cgi/viewcontent.cgi?article=3113&context=expresso> [Accessed 7 February 2010].
- Hart, E. and Bond, M. (1995) *Action Research for Health and Social Care: a guide to practice*. Buckingham: Open University Press
- Hart, C. (1998) *Doing a Literature Review. Releasing the Social Science Research Imagination*. London: Sage.
- Haskins, M.E., Liedtka, J and Rosenblum, J. (1998) Beyond Teams: Toward an Ethic of Collaboration, *Organisational Dynamics*, 26 (4), 34-51.
- Hatzidimitriadou, E. and Cakir, S.G. (2009) Community Activism and Empowerment of Turkish-Speaking Migrant Women in London. *International Journal of Migration Health and Social Care* [Online], 5 (1), 34 - 36. Available from: <http://pierprofessional.metapress.com/content/24q02w2q5105743r/> [Accessed 15 November 2009]

Hathaway, J.C. (2007) Forced Migration Studies: Could we just agree to 'date'? *Journal of Refugee Studies*, 20 (3), 349-369

Hayes, D. (2004) History and Context: The Impact of Immigration Control on Welfare Delivery. In Hayes, D. and Humphries, B. eds. *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*. London: Jessica Kingsley.

Hayes, D. and Humphries, B. eds. (2004) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*. London: Jessica Kingsley.

Heath, I. (2008) A modest thoughtfulness. *British Medical Journal*, 336, 535.

Heath T., Jeffries, R., and Purcell, J., (2004) *Asylum Statistics 2003: United Kingdom*. Home Office. Available from: <http://press.homeoffice.gov.uk/press-releases/progress-report.html> [Accessed 15 October 2006].

Herman, J. (1997) *Trauma and Recovery. The aftermath of violence – from domestic abuse to political terror*. New York: Basic Books.

Hesse-Biber, S. N. and Leavy, P. (2006) *The Practice of Qualitative Research*. London: Sage Publications.

Hessle, S. (2007) Globalisation: implications for international development work, social work and the integration of immigrants in Sweden. In Dominelli, L. (ed) *Revitalising Communities in a Globalising World*. Farnham: Ashgate

Holmes, J. (2007) Humanitarian action: a Western-dominated enterprise in need of change. *Forced Migration Review* 29, 4 -5.

Hill, M. (2006) *Social Policy in the Modern World. A Comparative Text*. Oxford: Blackwell Publishing.

Home Office (1998) *Fairer, Faster, Firmer: A modern approach to immigration and asylum*. Government White Paper. 4018 London: HMSO.

Home Office. (2001) *Asylum Statistics: 3rd Quarter 2001 United Kingdom*. [Online] Available from: <http://www.homeoffice.gov.uk/rds/pdfs/asylumq301.pdf> [Accessed 25/2/10]

Home Office. (2004) *Increase use of biometrics to tackle asylum abuse*. Press Release. Available from: http://press.homeoffice.gov.uk/press-releases/Increased_Use_Of_Biometrics_To_T.html [Accessed 6 March 2010].

Home Office. (2005) *Crime and Policing. Crime Types. Domestic Violence*. [Online] Available from: http://www.homeoffice.gov.uk/crime/domestic_violence/index.html [Accessed 28/05/05].

Home Office (2005a) *Asylum Statistics: First Quarter 2005 United Kingdom*, 2nd edn. London: Research Development and Statistics Directorate.

Home Office. (2007) *Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children*. [Online] Immigration and Nationality Directorate, Home Office. Available from: <http://www.bia.homeoffice.gov.uk/sitecontent/documents/aboutus/consultations/uasc/consultationdocument.pdf?view=Binary> [Accessed 1 March 2010].

Home Office. (2008) *Statistical Bulletin. Control of Immigration Statistics*. [Online] Available from: <http://www.homeoffice.gov.uk/rds/pdfs09/hosb1409.pdf> [Accessed 25/2/10].

Home Office. (2010) *Control of Immigration: Quarterly statistical summary. United Kingdom. October – December 2009*. [Online] Available from: <http://rds.homeoffice.gov.uk/rds/pdfs10/immiq409.pdf> [Accessed 1 June 2010].

Huberman, A. M. and Miles, M. B. (1994) *Qualitative Data Analysis*. 2nd edn. London: Sage Publications.

Huberman, A. M. and Miles, M. B. (1998) *Data Management and Analysis Methods*. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Hughes, M., McNeish, D., Newman, T., Roberts, H. and Sachdev, D. (2000) *Methods and Tools – Making Connections: Linking Research and Practice*. York: Joseph Rountree Foundation.

Human Rights and Equal Opportunity Commission (HEREOC) (1998) [now called the Australian Human Rights Commission] *Those who have come across the seas; detention of unauthorised arrivals*. Sydney: J S McMillan Printing Group. Available at http://www.hreoc.gov.au/human_rights/immigration/seas.html [Accessed 10 October 2006].

Human Rights and Equal Opportunity Commission (HEREOC) (2004) *A Last Resort? National Inquiry into Children in Immigration Detention*, Sydney: J S McMillan Printing Group. Available from: http://www.hreoc.gov.au/human_rights/children_detention_report/report/PDF/alr_comp_ete.pdf [Accessed 8 February 2010]

Humphries, B. (2004) An Unacceptable Role for Social Work: Implementing Immigration Policy. *British Journal of Social Work*, 34, (1) 93 – 107.

Hutchinson, T. and Martin, F. (2005) *The Mental Health Implications for Unaccompanied Minors Seeking Asylum in Australia*. 29th International Congress on Law and Mental Health, Paris, July.

Huxley, P. Evans, S., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T. and Katona, C. (2005) Stress and Pressures in Mental Health Social Work: The Worker Speaks. *British Journal of Social Work*, 35, 1063-1079.

Ife, J. (1997). *Rethinking Social Work: Towards Critical Practice*. South Melbourne, AU: Addison Wesley Longman Australia.

Ife, J. (2001) *Human Rights and Social Work. Towards Rights-Based Practice*. Cambridge: Cambridge University Press.

Indra, D. (2004) ed. *Engendering Forced Migration. Theory and Practice*. New York: Berghahn Books.

Indra, D. (2004) Interview with Harrel-Bond. In Indra, D. ed. *Engendering Forced Migration Theory and Practice*. New York: Berghahn Books.

Ingleby, D. (2001) Asylum Policies: Part of the Solution or Part of the Problem? Friday, 22 June, Croatia. Key Note Address. 6th International Conference for Health and Human Rights Communities in Crisis: Strengthening Resources for Community Reconstruction. Refugee Convention and Health

Ingleby, D. ed. (2005) *Forced Migration and Mental Health: Rethinking the Care of Refugees and Displaced Persons*. New York: Springer.

Ingleby, D. and Watters, C. (2005) Mental Health and Social Care for asylum seekers and refugees: A comparative study. In Ingleby, D. ed. (2005) *Forced Migration and Mental Health: Rethinking the Care of Refugees and Displaced Persons* New York: Springer.

Ingleby, D., Chimenti, M., Hatziprokopiou, P. and Ormond, M. (2005) *The role of health in integration*. In the Network of Excellence on Immigration, Integration and Social Cohesion in Europe Report. IMISCOE Cluster B5 Social integration and mobility: education, housing and health. Available at: http://www.coe.int/t/dg3/socialpolicies/socialcohesiondev/source/Trends/Trends-18_fr.pdf [Accessed 15 June 2009].

Institute for Public Policy Research (2006) *Irregular Migration in the UK* [Online] London: Institute for Public Policy Research. Available from: www.ippr.org.uk/publicationsandreports/publication.asp?id=308 [Accessed 6 March 2010]

International Organisation for Migration. (2005) *Mission Statement*. Available from: <http://iom.fi/About/MissionStatement> [Accessed 7 March 2010].

International Organisation for Migration. (nd) *Facts and Figures*. Available from <http://www.iom.int/jahia/Jahia/about-migration/facts-and-figures/lang/en> [Accessed 7 March 2010].

International Organisation for Migration (2010) *Global Migration and Trends*. [Online] Available at: <http://www.iom.int/jahia/Jahia/about-migration/facts-and-figures/global-estimates-and-trends#4> [Accessed 8 February 2010]

Jacobsen, K. and Landau, L. B. (2003) The Dual Imperative in Refugee Research: Some Methodological and Ethical Consideration in Social Science Research on Forced Migration. *Disasters*, 27 (3) 185 – 206.

Jaranson, J. M. et al. (2004) Somali and Oromo Refugees: Correlates of Torture and Trauma History. *American Journal of Public Health*, 94 (41), 591-598.

Johnston, V., Allotey, P., Mulholland, K. and Markovic, M. (2009) Measuring the health impact of human rights violations related to Australian asylum policies and practices: a mixed methods study. *BMC International Health and Human Rights*. [Online] 9, 1 – 12. Available from: <http://www.biomedcentral.com/content/pdf/1472-698X-9-1.pdf> [Accessed 25 May 2010].

Joint Committee on Human Rights (2007) *Treatment of Asylum Seekers*. [Online] House of Lords, House of Commons. London Stationary Office Limited. Available from: <http://www.publications.parliament.uk/pa/jt200607/jtselect/jtrightts/81/81i.pdf> [Accessed 1 March 2010]

Jones, L. (1998) The question of political neutrality when doing psychosocial work with survivors of political violence. *International Review of Psychiatry*, 10, 239-247.

Jordan, L. and van Tuijl, P. V. (2007) Rights and Responsibilities in the Political Landscape of NGO Accountability: Introduction and Overview. In Jordan, L. and Tuijl, V. P. eds. *NGO Accountability. Politics, Principles and Innovations*. London: Earthscan.

Jordan, B. and Jordan, C. (2000) *Social work and the Third Way: Tough Love as Social Policy*. London: Sage.

Joseph, J. (2005) *Social Theory: A Reader*. Edinburgh: Edinburgh University Press.

Keleher, H. and Armstrong, R. (2005) *Evidence-based Mental Health Promotion Resource*, Public Health Group, Victorian Department of Human Services, Melbourne.

Kendall, J. (2003) *The Voluntary Sector*. London: Routledge.

Kendall, J. and Knapp, M. (1996) *The Voluntary Sector in the UK*. Manchester: Manchester University Press.

- Kincheloe, J. L. and McLaren, P. (2000) Rethinking Critical Theory and Qualitative Research. In Denzin, N. K. and Lincoln, Y. S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications.
- Kingsbury, D., McKay, J., Hunt, J., McGillivray, M. and Clarke, M. eds. (2008) *International Development. Issues and Challenges*. Basingstoke: Palgrave Macmillan.
- Klein, R. D. (1983) How to do what we want to do: Thoughts about feminist methodology. In Bowles, G. and Klein, R. D. eds. *Theories of Women's Studies*. London: Routledge and Kegan Paul.
- Kleinman, A. (1978) Culture, Illness and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research. *Annals of Internal Medicine*. 88, 251 -258.
- Kleinman, A. (1980) *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. California: University Press.
- Klocker, N. (2004) Community Antagonism Towards Asylum Seekers in Port Augusta, South Australia. *Australian Geographical Studies*. 42 (1), 1 – 17.
- Kofman, E., Phizacklea, A., Raghuram, P. and Sales, R. et al. (2000) *Gender and International Migration in Europe*. London: Routledge.
- Kohli, R. K. S. (2007) *Social work with unaccompanied asylum seeking children*. Basingstoke: Palgrave Macmillan.
- Kramer, S. (2005) Getting Closer. Methods of research with refugees and asylum seekers. In Ingleby, D. (ed.) (2005) *Forced Migration and Mental Health: Rethinking the Care of Refugees and Displaced Persons* New York: Springer.
- Knudsen, J.C. (1995) When trust is on Trial: Negotiating Refugee Narratives. In Daniel, E. V. and Knudsen, J.C. eds. *Mistrusting Refugees*. Berkeley: University of California Press.
- Kumar, S., Guite, H. and Thornicroft, G. (2001) Service users experience of violence within a mental health system: A study using grounded theory approach. *Journal of Mental Health*, 10 (6), 597-611.

Lange, C., Kamalkhani, Z. and Baldassar, L. (2007) Afghan Hazara Refugees in Australia: Constructing Australian Refugees. *Social Identities*. 13 (1) 31 – 50.

LaRossa, R. (2005) Grounded Theory Methods and Qualitative Family Research. *Journal of Marriage and Family*. 67 (November) p 837 – 857.

Lather, P. (1993) Fertile obsession – validity after post-structuralism. *Sociological Quarterly*, 34 (4), 673-693.

Lauten, B. (2007) Time to reassess capacity-building partnerships. *Forced Migration Review*. 28, 4 – 6.

Lavalette, M. (2007) Social work today: a profession worth fighting for? In Mooney, G. and Law, A. eds. *Hard Labour/New Labour*. Bristol: Policy Press.

Lee, M. (2007) Women's Imprisonment as a Mechanism of Migration Control in Hong Kong. *British Journal of Criminology*. 47 p 847 – 860.

Lesley-Lloyd, K. (1995) *Recognising asylum claims based on refugee womens human rights violations*. University College London. Faculty of Law. PhD Thesis.

Lewis, D. ed. (1999) *International Perspectives on Voluntary Action. Reshaping the Third Sector*. London: Earthscan.

Lewis, D. (2001) *The Management of Non-Governmental Development Organizations*. Routledge, Oxon U.K.

Levy, C. (2005) The European Union after 9/11: The Demise of a Liberal Democratic Asylum Regime? *Government and Opposition Ltd*. Oxford: Blackwell Publishing.

Lincoln, Y. S. and Guba, E. G. (2000) Paradigmatic Controversies, Contradictions, and Emerging Confluences. In Denzin, N. and Lincoln, Y. S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications.

Lipsky, M. (1980) *Street-level Bureaucracy; Dilemmas of the Individual in Public Services*. New York: Russel Sage Foundation.

Lloyd, C., King, R. and Chenoweth, L. (2002) Social work, stress and burnout: A review. *Journal of Mental Health*. 11 (3) p 255 – 265.

Loncar, M., Medved, V., Jovanovic, N. and Hotujac, L. (2006) Psychological Consequences of Rape on Women in 1991-1995 War in Croatia and Bosnia and Herzegovina. *Croat Medical Journal*, 47, 67-75.

Lumley, R. (2003) Children in Detention. A Refugee Council Discussion Paper. [Online] Refugee Council. Available from:
http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/policy_responses/child_detention_nov03.pdf [Accessed 6 March 2010].

Lupton, D. (2000) Foucault and the medicalisation critique. In Peterson, A. and Bunton, R. eds. *Foucault. Health and Medicine*. London: Routledge.

Lutz, H. (1997) The limits of European-ness: Immigrant women in Fortress Europe. *Feminist Review*. 57, 93-111.

Lynn, P. (2001) *Developing Quality Standards for Cross-National Survey Research: Five Approaches*, Working Papers of the Institute for Social and Economic Research, paper 2001-21. Colchester: University of Essex.

McLaughlin, K. (2006) From ridicule to institutionalisation: anti-oppression, the state and social work. *Critical Social Policy Ltd.* 25 (3), 283-305.

McLaughlin, K. (2008) *Social work, politics and society*. From radicalism to orthodoxy. Bristol: Policy Press.

McLellan, D. (1977) *Marx: Selected Works*. Oxford: Oxford University Press.

Mc Nevin, A. and Correa-Velez, I. (2006) Asylum seekers living in the community on Bridging Visa E: Community sector's response to detrimental policies. *Australian Journal of Social Issues*. 41 (1) 125 – 139.

Maddison, S. and Denniss, R. (2005) Democratic Constraint and Embrace: Implications for Progressive Non-Government Advocacy Organisations in Australia. *Australian Journal of Political Science*. 40 (3), 373 – 398.

Maher, L. (1997) *Sexed work: gender, race and resistance in a Brooklyn drug market*. Oxford: Oxford University Press.

Mahoney, J. (2007) Qualitative Methodology and Comparative Politics. *Comparative Political Studies*. [Online] 40 (2) 122 - 144. Available from <http://cps.sagepub.com/cgi/content/abstract/40/2/122> [Accessed 3 December 2009].

Maley, P. (2010) Tamils face return in UN review. *The Australian* [Online] 9 April. Available from: <http://www.theaustralian.com.au/news/tamils-face-return-in-un-review/story-e6frg6n6-1225851588026> [Accessed 15 May 2010].

Maley, W. (2003) Asylum-seekers in Australia's international relations. *Australian Journal of International Affairs*, 57 (1), 187 – 2002.

Maley, W. (2004) Refugees. In Manne, R. ed. *The Howard Years*. Melbourne: Black Inc. Agenda.

Malloch, M. .S. and Stanley, E. (2005) The detention of asylum seekers in the UK. Representing risk, managing the dangerous. *Punishment & Society*, 7, No. 1, 53-71.

Malouf, D. (2003) Made in England. Australia's British Inheritance. *Quarterly Essay* 12. Melbourne: Black Ink Publisher.

Malkki, L. (1992) National geographic: Rooting of peoples and the territorialisation of national identity among scholars and refugees. *Cultural Anthropology* 7, 24-44.

Manne, R. with Corlett, D. (2004) Sending Them Home. Refugees and the new politics of indifference. *Quarterly Essay* 13. Melbourne: Black Ink Publisher.

Manning, P. K. and Cullum-Swan, B. (1998) Narrative, Content, and Semiotic Analysis. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Mares, P. (2001) *Borderline. Australia's treatment of refugees and asylum seekers*. Sydney: University of New South Wales.

Marfleet, P. (2006) *Refugees in a Global Era*. Basingstoke: Palgrave Macmillian.

Marmot, M. (2005) The Social Determinants of Health. *The Lancet*. 365 (9464) 1099 - 1104.

Marr, D. and Wilkinson, M. (2003) *The Dark Victory*. Sydney: Allen and Unwin.

- Mason, J. (2002) *Qualitative Research*. 2nd edn. London: Sage Publications.
- May, T. (2001) *Social Research. Issues, Methods and Processes*. 3rd edn. Buckingham: Open University.
- Means, R., Richards, S. and Smith, R. (2009) *Community Care*. 4th edn. Basingstoke: Palgrave Macmillan.
- Menjivar, C. and Salicido, O. (2002) Immigrant Women and Domestic Violence. Common Experiences in Different Countries. *Gender and Society*, 16 (6), 898 – 920.
- Mies, M. (1983) Towards a methodology for feminist research. In Bowles, G. and Klein, R. D. eds. *Theories of Women's Studies*. London: Routledge and Kegan Paul.
- Miles, B. B. and Huberman, A.M. (1994) *Qualitative Data Analysis*. 2nd edn. London: Sage.
- Miles, B. B. and Huberman, A.M. (1998) Data Management and Analysis Methods. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications
- Miller, J. and Glassner, B. (2004) The “inside” and the “outside”: finding realities in interviews. In Silverman, D. ed. *Qualitative Research. Theory, Method and Practice*. 2nd edn. London: Sage Publications.
- Mills, D., Jepson, A., Coxon, T. Easterby-Smith, M. Hawkins, T. and Spencer, J. (2006) *Demographic Review of the UK Social Sciences*. Swindon, ESRC.
- Minichiello, V., Aroni, R., Timewell, E., Alexander, L. (1995) *In-depth Interviewing. Principles, Techniques Analysis*. 2nd edn. Melbourne: Longman.
- Mitchell, J., Kaplan, I. and Crowe, L. (2007) Two Cultures: One Life. *Community Development Journal*, 42 (3), 282-298.
- Mitchell, J. and Corraera-Velez, I. (2010) Community development with survivors of trauma: an evaluation framework. *Community Development Journal*. 45, (1) 90 – 110.
- Modood, T. (2007) *Multiculturalism*. Cambridge: Polity Press.

- Mommers, C. and van Wessel, M. (2009) Structures, values, and interaction in field-level partnerships: the case of UNCHR and NGOs. *Development in Practice* 19 (2), 160-172.
- Mooney, G. and Law, A. (2007) New labour, 'modernisation' and welfare worker resistance. In Mooney, G. and Law, A. (eds.) *Hard Labour/New Labour*. Bristol: Policy Press.
- Moorehead, C. (2005) *Human Cargo. A journey among refugees*. London: Chatto and Windus.
- Morris, L. (1997) Globalization, Migration and the Nation-State: The Path to a Post-National Europe? *The British Journal of Sociology*, 48 (2), 192-209.
- Morris, L. (2002) Britain's asylum and immigration regime: the shifting contours of rights. In *Journal of Ethnic and Migration Studies* 28 (3), 409-425.
- Morrison, K. (1995) *Marx, Durkheim, Weber. Formations of Modern Social Thought*. London: Sage.
- Morrison, J. and Crossland, B. (2001) *The trafficking and smuggling of refugees: the end game in European asylum policy?* Working Paper No.39, New Issues in Refugee Research. Geneva: United Nations High Commission for Refugees. Available from: <http://www.unhcr.org/cgiin/texis/vtx/search?page=search&docid=3af66c9b4&query=Morrison,%20J.%20and%20Crossland,%20B>. [Accessed 8 February 2010]
- Moses, J. W. and Knutsen, T. L. (2007) *Ways of Knowing. Competing Methodologies in Social and Political Research*. Hampshire: Palgrave Macmillan.
- Muecke, M.A. (1992) New Paradigms for Refugee Health Problems. *Social Science and Medicine* 35 (4), 515-523.
- Multiverse (2003) Statistics on Asylum-Seeking Children in Schools 2003 [Online] <http://www.multiverse.ac.uk/ViewArticle2.aspx?Keyword=refugee+children&SearchOption=And&SearchType=Keyword&RefineExpand=1&ContentId=384> [Accessed 31 May 2010]

Murali, V. and Oyeboode, F. (2004) Poverty, social inequality and mental health. *Advances in Psychiatric Treatment*. 10, 216-224.

Naidoo, J. and Willis, J. (2008) *Health Studies: An Introduction*. 2nd edn. Basingstoke: Palgrave.

Nassari, J. (2009) Refugees and Forced Migrants at the Crossroads: Forced Migration in a Changing World. *Journal of Refugee Studies*. 22 (1), 1-11.

National Association for the Development of Language Curriculum (NALDIC) 2010 [Online] Available from <http://www.naldic.org.uk/ITTSEAL2/teaching/Refugeechildreninschool.cfm> [Accessed 31 May 2010.]

Neumann, K. (2004) *Refuge Australia. Australia's Humanitarian Record*. Sydney: University of New South Wales Press Limited.

No Borders U.K. [Online] Available from: <http://noborders.org.uk/> [Accessed 26 February 2010].

Oakley, A. (1981) Interviewing Women: a contradiction in terms. In Roberts, H. ed. *Doing Feminist Research*. London: Routledge and Kegan Paul.

Oakley, A. (2000) *Experiments in Knowing. Gender and method in the social sciences*. Cambridge: Polity Press.

Office for Standards in Education (2003) *The education of asylum-seeker pupils*. London: Ofsted. Available from: [http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Education/Inclusion/Asylum-seeker-children/The-education-of-asylum-seeker-pupils/\(language\)/eng-GB](http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Education/Inclusion/Asylum-seeker-children/The-education-of-asylum-seeker-pupils/(language)/eng-GB) [accessed 8 February 2010]

Office for the Third Sector. (nd) Research and Statistics. Available from: http://www.cabinetoffice.gov.uk/third_sector/research_and_statistics.aspx [Accessed 8 March 2010].

Ogata, S. (1996) Humanitarian Responses to International Emergencies. In Otunnu, O. A. and Doyle, M. W. eds. *Peacemaking and Peacekeeping for the New Century*. New York: Rowman and Littlefield Publishers Inc.

Ong, A. (2003) *Buddha is Hiding. Refugees, Citizenship, the New America*. Berkeley: University of California Ltd.

Olesen, V. L. (2000) Feminisms and Qualitative Research At and Into the Millennium. In Denzin, N. and Lincoln, Y. S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications.

Orloff, L. and Kaguyutan, J.V. (2002) Offering a Helping Hand: Legal Protections for Battered Immigrant Women: A History of Legislative Responses. *Journal of Gender, Social Policy, and the Law*. 10 (1), 95-183.

Orme, J. and Shemmings, D. (2010) *Developing research based social work practice*. BASW Practical Social Work Series. Hampshire: Palgrave Macmillan.

Oyen, E. ed. (1990) *Comparative Methodology. Theory and Practice in International Social Research*. London: Sage Publications.

Oyen, E. (1990) The Imperfection of Comparisons. In Oyen, E. ed. *Comparative Methodology. Theory and Practice in International Social Research*. London: Sage Publications.

Palmer, M. J. (2005) *Inquiry into the Circumstances of the Immigration Detention of Cornelia Rau Report*. [Online] Commonwealth of Australia. Attorney General's Department, Canberra. Available from:
<http://www.immi.gov.au/media/publications/pdf/palmer-report.pdf> [Accessed 10 August 2006].

Palmer, D. (2006) Imperfect prescription: mental health perceptions, experiences and challenges faced by the Somali community in the London Borough of Camden and service responses to them. *Primary Care Mental Health*, 4, 45-56.

Papadopoulos, R. K. (2001) Refugee families: issues of systemic supervision. *Journal of Family Therapy*, 23, 405-422.

Parekh, B. (2000) *Rethinking Multiculturalism. Cultural Diversity and Political Theory*. Basingstoke: Macmillan Press Ltd.

- Parton, N. (1998) Risk, Advanced Liberalism and Child Welfare: The Need to Rediscover Uncertainty... *British Journal of Social Work*. 28 (1) 5 – 27.
- Parton, N. and O'Byrne, P. (2000) What do we mean by 'constructive social work'? *Critical Social Work*, [Online] 1 (2), 1 – 40. Available from: <http://www.gptsw.net/papers/constsw.pdf> [Accessed 6 March 2010].
- Parton, N. (2008) Changes in the Form of Knowledge in Social Work: From the 'Social' to the 'Informational'? *British Journal of Social Work* 38, 253 – 269.
- Parker, G. and Schneider, J. (2007) Social Care. In Baldock, J., Manning, N. and Vickerstaff, S. eds. *Social Policy* 3rd edn. Oxford: Oxford University Press.
- Patai, D. (1991) U.S. Academics and Third World Women: Is Ethical Research Possible? In Gluck, S. B. and Patai, S. eds. *Women's Words. The Feminist Practice of Oral History*. London: Routledge.
- Patel, B. and Kelley, N. (2006) *The social care needs of refugees and asylum seekers*. Stakeholder Participation Race Equality Discussion paper 2. Social Care Institute for Excellence. Bristol: The Policy Press.
- Patel, N and Mahtani, A. (2007) The politics of working with refugee survivors of torture. *The Psychologist*, 20 (3), 164 - 165.
- Pawson, R., Boaz, A., Grayson, L., Long, A. and Barnes, C. (2003) *Types and Quality of Knowledge in Social Care*. Social Care Institute for Excellence, London.
- Perakyla, A. (2004) Reliability and validity in research based on naturally occurring social research. In Silverman, D. ed. *Qualitative Research. Theory, Method and Practice*. 2nd edn. London: Sage Publications.
- Pessar, P. and Mahler, S. (2003) Transnational migration: bringing gender in. *International Migration Review*, 37 (3), 812 – 846.
- Pendersen, D. (2002) Political violence, ethnic conflict and contemporary wars: Broad implications for health and social well-being. *Social Science and Medicine*, 55, 175-190.

Pho, T. and Mulvey, A. (2003) Southeast Asian Women in Lowell. Family relations, Gender Roles, and Community Concerns. *Frontiers: A Journal of Women Studies*, 24 (1), 101 – 129.

Pittaway, E. (2002) A brief history of refugee policy in Australia, *Mots Pluriels*, 21. Online. Available at: http://motsluriels.arts.unwa.edu.au/MP2101edito2_1. [Accessed 13 May 2010].

Plummer, K. (1995) *Telling Sexual Stories: Power, Change and Social Worlds*. London: Routledge.

Plummer, K. (2000) Symbolic Interactionism at the end of the twentieth century. In Turner, B. ed. *The Blackwell Companion to Social Theory*. 2nd edn. Oxford: Blackwell.

Plummer, K. (2001) *Documents of Life 2: An invitation to critical humanism*. London: Sage Publications.

Pollard, K. C., Thomas, J. and Miers, M. (2009) *Understanding Interprofessional Working in Health and Social Care. Theory and Practice*. Basingstoke: Palgrave Macmillan.

Porter, S. (2007) Validity, trustworthiness and rigour: reasserting realism in qualitative research. *Journal of Advanced Nursing*. [Online] 60 (1) 79 – 86. Available from: <http://www3.interscience.wiley.com/journal/118487099/abstract?CRETRY=1&SRETRY=0> [Accessed 31 May 2010]

Potocky-Tripodi, M. (2002) *Best Practices for Social Work with Refugees and Immigrants*. New York: Columbia University Press.

Potter, J. (2004) Discourse analysis as a way of analysing naturally occurring talk. In Silverman, D. ed. *Qualitative Research. Theory, Method and Practice*. 2nd edn. London: Sage Publications.

Powles, J. (2004) *Life history and personal narrative: Theoretical and methodological issues relevant to research and evaluation in refugee contexts*. In *New Issues in Refugee Research*. Geneva: United Nations High Commission for Refugees, 1-14.

Pupavac, V. (2002) *Therapeutising refugees, pathologising populations: International psycho-social programmes in Kosovo*. In *New Issues in Refugee Research*. Geneva: United Nations High Commission for Refugees, 1-18.

Racine-Welch, T. and Welch, M. (2000) Listening to the sounds of silence: a nursing consideration of caring for the politically tortured. *Nursing Inquiry*, 7, 136-141.

Ramazanoglu, C. and Holland, J. (2002) *Feminist Methodology. Challenges and Choices*. London: Sage.

Rees, M., Blackburn, P., Lab, D., and Herlihy, J. (2007) Working with asylum seekers in a clinical setting. *The Psychologist*, 20, (3) 162-163.

Refugee Action (2006) *The Destitution Trap Research into destitution among refused asylum seekers*. London: Refugee Action.

Refugee Council (2005) *Making women visible. Strategies for a more woman-centred asylum and refugee support system*. London: Refugee Council. Available at: <http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/WomenstrategyMarch2005.pdf> [Accessed 8 February 2010]

Refugee Council (2005) *Refugee and Asylum Seeking Women: Challenges, changes, choices*. Report of a conference organised by the Refugee Council Regent's College, London 23 March 2005. Available at <http://www.refugeecouncil.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=87E76D3F-CF32-4FC2-9E0E-> [Accessed 8 February 2010]

Refugee Council Online (2007) *Let them work campaign* Available from: <http://e-activist.com/ea-campaign/clientcampaign.do?ea.client.id=121&ea.campaign.id=2672> [Accessed 6 March 2010].

Rennie, D. L. (2000) Grounded Theory Methodology as Methodical Hermeneutics: Reconciling Realism and Relativism. *Theory Psychology*. 10 (4) 481 – 502.

Richards, T. J. and Richards, L. (1998) Using Computers in Qualitative Research. In Denzin, N. and Lincoln, Y.S. eds. *Collecting and Interpreting Qualitative Research*. London: Sage Publications.

Richards, L. (2009) *Handling Qualitative Data. A Practical Guide*. 2nd edn. London: Sage.

Richardson, J. I. (2001) *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers*. Centre for Research on Violence Against Women and Children in London, Ontario for the Family Violence Prevention Unit, Health Canada. Available from: <http://www.crvawc.ca/documents/guidebook%20on%20vicarious.pdf> [Accessed 8 February 2010].

Richmond, A.H. (2002) Globalization: Implications for immigrants and refugees. *Ethnic and Racial Studies*, 25, 707-727.

Roberts, V. Z. (1994) The organisation of work: contributions from open systems theory. In Obholzer, A. and Roberts, V. Z. eds. *The Unconscious at work. Individual and organisational stress in the human services*. Hove: Brunner-Routledge.

Robinson, K. (1997) It is no life this fear. Women's Experiences of Services as Survivors of Domestic Violence. *Australian Journal of Primary Health – Interchange*, 5 (1), 53-59.

Robinson, V., Andersson, R. and Musterd, S. (2003) *Spreading the Burden? A review of policies to disperse asylum seekers and refugees*. Bristol: Policy Press.

Robjant, K., Hassan, R. and Katona, C. (2009) Mental health implications of detaining asylum seekers: systematic review. *The British Journal of Psychiatry*. 194, 306 – 312.

Robson, C. (1993) *Real World Research. A Resource for Social Scientists and Practitioner Researchers*. Oxford: Blackwell Publishing.

Rose, N. (1999) *Governing the soul: the shaping of the private self*. London: Free Associations Books.

Ruff, A. (1989) The Immigration (Carriers' Liability) Act 1987: it's Implication for Refugees and Airlines. *International Journal of Refugee Law* 1 (4); 418 -500.

Saakvitne, K. W. and Pearlman, L. A. (1996) *Transforming the Pain. A workbook on Vicarious Traumatisation. For helping professionals who work with traumatised clients*. New York: W. W. Norton and Company, Inc.

Said, E. (1978) *Orientalism*. 1st edn. London: Vintage Books.

Said, E. (1984) The Mind of Winter: Reflections on Life in Exile, *Harper's Magazine*, September 269, 49–55.

Salamon, L. (1994) The Rise of the Nonprofit Sector. *Foreign Affairs*, [Online] 73 (4), 109 – 122. Available from:

<http://heinonline.org/HOL/LandingPage?collection=journals&handle=hein.journals/fora73&div=72&id=&page=> [Accessed 8 March 2010].

Sales, R. (2002) The deserving and the undeserving? Refugees, asylum seekers and welfare in Britain. *Critical Social Policy*, 22, 456-478.

Sales, R. (2005) Secure Borders, Safe haven: A contradiction in terms? *Ethnic and Racial Studies* [Online] 28 (3) 445 – 462. Available from:

<http://www.informaworld.com/smpp/content~content=a713722040&db=all> [Accessed 15 August 2007].

Sales, R. (2007) *Understanding Immigration and Refugee Policy. Contradictions and continuities*. Bristol: Policy Press.

Salt, J. (2009) *International Migration and the UK. Annual Report of the UK SOPEMI Correspondent to the OECD*. London, Migration Research Unit UCL.

Sampson, R., Correa-Velez, I., and Mitchell, G. (2007) *Removing Seriously Ill Asylum Seekers from Australia*. Melbourne: Refugee Health Research Centre

Sanders, J., Schuman, M.W. and Marbella, A.M. (2009) The epidemiology of torture: A case series of 58 survivors of torture. *Forensic Science International*, 189 1-7.

Scott, D. (2007) The Role of the Voluntary and Community Sectors. In Baldock, J., Manning, N. and Vickerstaff, S. eds. *Social Policy* 3rd edn. Oxford: Oxford University Press.

Schein, E. (1996) Three Cultures of Management: The Key to Organisational Learning. *Sloan Management Review*, 9-20.

Scheuch, E. K. (1990) *The Development of Comparative Research: Towards Causal Explanation*. In Oyden, E. ed. *Comparative Methodology. Theory and Practice in International Social Research*. London: Sage Publications.

Sen, A. (2000) *Development as Freedom*. New York: Anchor Publishing.

Shacknove, A.E. (1985) Who is a refugee? *Ethics* 95, 274-284

Schuster, L. and Solomos, J. (1999) The politics of refugee and asylum policies in Britain: Historical patterns and contemporary realities. In Bloch, A. and Levey, C. eds. *Refugees, Citizenship and Social Policy in Europe*. Basingstoke: Macmillan.

Schuster, L. (2004) *The Exclusion of Asylum Seekers in Europe*. [Online] Centre on Migration, Policy and Society Working Paper No. 1, University of Oxford. Available from: <http://www.compas.ox.ac.uk/fileadmin/files/pdfs/WP0401.pdf> [Accessed 26 February 2010].

Shah, P. and Mountain, D. (2007) The medical model is dead, long live the medical model. [Online] *British Journal of Psychiatry*, 191, 375 – 377. Available from: <http://bjp.rcpsych.org/cgi/reprint/191/5/375pdf> [Accessed 6 March 2010].

Sheppard, M. (2004) *Appraising and Using Social Research in Human Services. An Introduction for Social Work and Health Professionals*. London: Jessica Kingsley Publishers.

Siapera, (2005) Minority Activism on the Web: Between Deliberative Democracy and Multiculturalism. *Journal of Ethnic and Migration Studies*. 31, (3), 499 - 519.

Silove, D. (1999) The psychosocial effects of torture, mass human rights violations, and refugee trauma: toward an integrated conceptual framework. *Journal of Nervous and Mental Diseases*, 187, (4), 200 – 207.

Silove, D. (2002) The asylum debacle in Australia: A challenge for psychiatry. *Australian and New Zealand Journal of Psychiatry*, 36 (3), 290 – 296. Available from <http://www.informaworld.com/smpp/content~content=a772545216&db=all> [Accessed 22 November 2007]

Silove, D., Austin, P. and Steel, Z. (2007) No Refuge from Terror: The Impact of Detention on the Mental Health of Trauma-affected Refugees Seeking Asylum in Australia. [Online] *Transcultural Psychiatry*, 44, 359 – 393. Available from <http://tps.sagepub.com/cgi/content/abstract/44/3/359> [Accessed 22 November 2007].

Silove, D. and Ekblad (2002) How well do refugees adapt after resettlement in Western countries? *Acta Psychiatrica Scandinavica*, 106, 401-2.

Silove, D. and Sinnerbrink, I. Field, A., Manicavasagar, V. and Steel, Z. (1997) Anxiety, depression and PTSD in asylum seekers: associations with pre-migration trauma and post-migration stressors. *British Journal of Psychiatry*. 170, 351-357.

Silove, D., Steel, Z., McGorry, P., and Mohan, P. (1998) Psychiatric symptoms and living difficulties in Tamil asylum seekers: comparisons with refugees and immigrants. *Acta Psychiatrica Scandinavica*, 97 (3), 175 – 181.

Silove, D. Steel, Z., Susljik, I., Frommer, N., Loneragan, C., Brooks, R. et al (2006) Torture, mental health status and the outcomes of refugee applications among recently arrived asylum seekers in Australia. *International Journal of Migration, Health and Social Care*, 2 (1), 4 – 14.

Silove, D., Steel, Z., and Watters, C. (2000) Policies of Deterrence and the Mental Health of Asylum Seekers. *Journal of the American Association*, 284 (5) 604-611.

Silverman, D. (2000) *Doing Qualitative Research. A Practical Handbook*. London: Sage Publications.

Silverman, D. ed. (2004) *Qualitative Research. Theory, Method and Practice*. 2nd edn. London: Sage Publications.

Southall Black Sisters (2004). *Domestic Violence, Immigration and No Recourse to Public Funds*. Research and Briefings. A Briefing to amend the Domestic Violence, Crime and Victims Bill. <http://www.southallblacksisters.org.uk/research.html> [Accessed 06/07/05].

Stanley, L. ed. (1990) *Feminist Praxis. Research, Theory and Epistemology in Feminist Sociology*. London: Routledge.

Stanley, L. and Wise, S. (1983) *Breaking Out: Feminist Consciousness and Feminist Research*. London: Routledge and Kegan Paul.

Steel, Z. and Silove, D. M. (2001) The mental health implications of detaining asylum seekers. *Medical Journal Australia*. 175, (11 – 12), 596 – 599.

Stepney, P. and Pople, K. (2008) *Social Work and the Community. A Critical Context for Practice*. Basingstoke: Palgrave Macmillan.

Stiglitz, J. E. (2008) Making Globalisation Work – The 2006 Geary Lecture. *The Economic and Social Review*, [Online] 39 (3), 171–190. Available from http://www.esr.ie/Vol39_3/Vol-39-01-Stiglitz.pdf [Accessed 25 February 2010]

Strang, A. and Ager, A. (2003) Psychosocial interventions: some key issues facing practitioners. *Intervention* [Online] 1, (3), 02 – 12. Available from: <http://www.interventionjournal.com/downloads/13pdf/02-12%20Alison%20Strang.pdf> [Accessed 4 March 2010].

Strauss, A. and Glaser, B. (1977) *Anguish: A Case History of a Dying Trajectory*. Oxford: Martin Robertson.

Strauss, A. L. (1987) *Qualitative Analysis for Social Scientists*. Cambridge: Cambridge University Press.

Suddaby, R. (2006) From the Editors: What Grounded Theory is Not. *Academy of Management Journal*. Vol. 49, No 4., 633-644.

Summerfield, D. (1998) The Social Experience of War and Some Issues for the Humanitarian Field. In Bracken, P.J. and Petty, C. eds. *Rethinking the Trauma of War*. London: Free Association Books.

Summerfield, D. (1999) Sociocultural dimensions of war, conflict and displacement. In Ager, A. ed. *Refugees. Perspectives on the Experience of Forced Migration*. London: Continuum.

Summerfield, D. (2000) War and mental health: a brief overview. *British Medical Journal*, 321, 232-255.

Summerfield, D. (2001) The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *British Medical Journal*, 322, 95-98.

Summerfield, D. (2004) Cross cultural perspectives on the medicalisation of human suffering. In Rosen, G. (ed.) *Posttraumatic Stress Disorder. Issues and Controversies*. West Sussex: John Wiley.

Summerfield, D. (2005) My whole body is sick...My life is not good A Rwandan asylum seeker attends a psychiatric clinic in London. In Ingleby, D. ed. *Forced Migration and Mental Health: Rethinking the Care of Refugees and Displaced Persons* New York: Springer.

Suvin, D. (2005) Displaced Persons. *New Left Review*, 37 107 – 123.

Swerissen H. and Duckett, S. (1997) Health policy and financing in Gardner, H. ed. *Health policy in Australia* Oxford: Oxford University Press.

Tamas, K. and Palme, J. eds. (2006) *Globalizing Migration Regimes. New Challenges to Transnational Cooperation*. Institute for Future Studies, Sweden. Research in Migration and Ethnic Relations Series. Basingstoke: Ashgate

Taylor-Gooby, P., Dean, H., Munro, M. and Parker, G. (1999) Risk and the welfare state. *British Journal of Sociology*, 50 (2) 177-194.

Teune, H. (1990) Comparing Countries: Lessons Learned. in Oyen, E. ed. *Comparative Methodology. Theory and Practice in International Social Research*. London: Sage Publications.

Tew, J. (2005) Power Relations, Social Order and Mental Distress. In Tew, J. ed. *Social Perspectives in Mental Health. Developing Social Models to Understand and Work with Mental Distress*. London: Jessica Kingsley Publishers.

Thompson, N. (2001). *Anti-Discriminatory Practice*. 3rd edn. Basingstoke: Palgrave Macmillan.

Thompson, N. (2003) *Promoting Equality. Challenging Discrimination and Oppression*. 2nd edn. Basingstoke: Palgrave Macmillan.

Thompson, P. (1978) *The Voice of the Past: Oral History*. Oxford: Oxford University Press.

Titmuss, R. M. (1974) *Social Policy*. London: Allen and Unwin

Tribe, R. (2002) Mental health of refugees and asylum-seekers. *Advances in Psychiatric Treatment*, 8, 240-248.

Turner, B. S. (1997) From governmentality to risk. Some reflections on Foucault's contribution to medical sociology. In Peterson, A. and Bunton, R. eds. *Foucault, health and medicine*. London: Routledge.

Turton, D. (2003) *Refugees, forced settlers and 'other forced migrants': Towards a unitary study of forced migration: New issues in refugee research*. Working paper 94. UNHCR. Geneva.

Tvedt, T. (2002) Development NGOs: Actors in a Global Civil Society or in a New International Social System? *International Journal of Voluntary and Nonprofit Organizations* 13, (4), 363-375.

United Kingdom Border Agency (2010) Immigration Removal Centres (Online). <http://www.ukba.homeoffice.gov.uk/aboutus/organisation/immigrationremovalcentres/> [Accessed 21 May 2010]

United Nations Convention Relating to the Status of Refugees. (1951) Geneva, July 28, Entered into force April 22, 1954. 189 U.N.T.S. 137.

United Nations High Commissioner for Refugees (UNHCR) (1995). *Sexual Violence against Refugees. Guidelines on Prevention and Response*. Geneva

UNHCR (1996) Policy on Refugee Children *Refugee Survey Quarterly*.; 15: 48-56

UNHCR (2002) Civil and Political Rights, Including the question of Torture and Detention. [Online] Report of the Working Group on Arbitrary Detention. Available from: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G02/153/91/PDF/G0215391.pdf?OpenElement> [Accessed 1 March 2010]

UNHCR (2005). *Statistical Year Book* (online) Available from:
<http://www.unhcr.org/464478a72.html> [Accessed 22 May 2010].

UNHCR (2001). *Statistical Year Book* (online) Available from:
<http://www.unhcr.org/4a02e3406.html> [Accessed 22 May 2010].

UNHCR (2006) *The State of the Worlds Refugees. Human displacement in the new millennium*. Oxford: Oxford University Press.

UNHCR (2010a) *Asylum Levels and Trends in Industrialized Countries 2009: Statistical Overview of Asylum Applications Lodged in Europe and Selected Non-European Countries* [Online] Available from: <http://www.unhcr.org/4ba7341a9.html> [Accessed 8 June 2010].

UNHCR (2010b) UNHCR disappointed at Australian decision to reopen detention centre for asylum-seekers. [Online] Available from:
<http://www.unhcr.org/4bcd99956.html> [Accessed 9 June 2010]

UNICEF United Nations Convention on the Rights of the Child (1989) Available from:
<http://www.unicef.org/crc/> [Accessed 6 March 2010].

United Nations Treaty Collection (2010) *Refugees* [Online] Available from:
<http://treaties.un.org/pages/UNTSONline.aspx?id=2> [Accessed 8 June 2010].

Vakil, A. (1997) *Confronting the Classification Problem: Toward a Taxonomy of NGOs*. In Jordan, L. and Van Tuijil, P. V. (2007) eds. *NGO Accountability. Politics, Principles and Innovations* London: Earthscan.

Van der Kwaak, A. (1982) *Female circumcision and gender identity: a questionable alliance?* *Social Science and Medicine* 35 (66), 77 - 787.

Van der Veer, G. (1998) *Counselling and therapy with refugees and victims of trauma: psychological problems of victims of war, torture and repression*. 2nd ed. Chichester: Wiley.

Van Walsum, S. and Spijkerboer, T. (2007) Introduction. In van Walsum, S. and Spijkerboer, T. *Women and Immigration Law. New variations of classical feminist themes*. Oxon: Routledge-Cavendish.

- Vertovec, S. (2004) Migrant transnationalism and modes of transformation. *International Migration Review*, 38 (3) 970 -1001.
- Vesti, P. and Kastrup, P (1992) Psychotherapy for torture survivors. In Basoglu, M. ed. *Torture and its consequences: Current treatment approaches*. Cambridge: Cambridge University Press.
- Vidich, A. J. and Lyman, S. M. (2000) Qualitative Methods: Their History in Sociology and Anthropology. In Denzin, N. and Lincoln, Y. S. eds. *Handbook of Qualitative Research*. 2nd edn. London: Sage Publications.
- Vin, V. and Duckett, S. (1987) Structural interests and organisational dimensions of health system reform. In Gardner, H. ed. *Health policy in Australia* Oxford: Oxford University Press.
- Visvanathan, S. (2006) Nation. *Theory, Culture and Society*. 23 (2-3), 532 - 538.
- Walzer, M. (1981) The Distribution of Membership in *Boundaries: National Autonomy and its Limits*. Brown, P. G. and Shue, H. Totowa: Rowan and Littlefield.
- Warfa, N. et al (2006) Post-migration geographical mobility, mental health and health service utilisation among Somali refugees in the UK: A qualitative study. [Online] *Health and Place*, 12 (4) 503 – 515. Available from: <http://digitalcommons.macalester.edu/cgi/viewcontent.cgi?article=1077&context=bildhan> [Accessed 1 March 2010]
- Warner, J. (2006) *Community Care and the Location and Governance of Risk in Mental Health*. [Online] Forum: Qualitative Social Research 7 (1) Available at: <http://www.qualitative-research.net/index.php/fqs/article/viewArticle/59/121> [Accessed 5 July 2009].
- Waters, T. (2001) *Bureaucratizing the Good Samaritan. The Limitations of Humanitarian Relief Operations*. Colorado: Westview Press.
- Watters, C. (2001) Emerging Paradigms in the mental health care of refugees. *Social Science and Medicine*, 52, 1709 – 1718.
- Watters, C. (2007) Refugees at Europe's Borders: The Moral Economy of Care, *Transcultural Psychiatry*, 44, 394 - 417.

Watters, C. (2008) *Refugee Children. Towards the next horizon*. Oxon: Routledge.

Watters, C. and Hossain, R. (2008) *Policy in Practice. Reception practices and minimum standards*. End report for ARGO. 10th European Conference on the Reception of Asylum Seekers, Malta 5-7 March. Available from: <http://www.enaro.eu/thehub/download/hub-closing-report.pdf> [Accessed 8 February 2010].

Watters, C. and Ingleby, D. (2004) Locations of care: meeting the mental health and social care needs of refugees in Europe. *International Journal of Law and Psychiatry*, 27, 549 – 570.

Watters, C., Ingleby, D., Bernal, M., De Freitas, C., De Ruuk, N., Van Leeuwen, M. and Venkatesan, S. (2003) *Good practices in mental health and social care for asylum seekers and refugees*. Final report of project for the European Commission (European Refugee Fund). Canterbury: University of Kent.

Watts, C. and Zimmerman, C. (2002) Violence against women: global scope and magnitude. *The Lancet*, 359, 1232-1237.

Wazana, R. (2004) Fear and Loathing Down Under: Australian Refugee Policy and the National Imagination. *Refuge* 22, (1) 83 – 95.

Weber, M. (1992) *The Protestant Work Ethic and the Spirit of Capitalism*. London: Allen and Unwin.

Weedon, C. (1987) *Feminist Practice and Poststructuralist Theory*. Oxford: Basil Blackwell Ltd.

Welch, M. and Schuster, L. (2005) Detention of asylum seekers in the UK and USA: Deciphering noisy and quiet constructions. *Punishment Society*. [Online] 7 (4) p 397 – 415. Accessed from: <http://pun.sagepub.com/cgi/content/abstract/7/4/397> [Accessed 22 April 2010].

Wessells, M. G. (2008) Do No Harm: Challenges in Organizing Psychosocial Support to Displaced People in Emergency Settings. *Refuge: Canada's periodical on refugees*, 25 (1) 6 – 14.

- Westoby, P. and Ingamells, A. (2009) A Critically Informed Perspectives of Working with Resettling Refugee Groups in Australia. *British Journal of Social Work*. Advance access. 1-18. <http://bjsw.oxfordjournals.org/cgi/content/abstract/bcp084v1> [Accessed August 23 2009].
- Westin, C. (1999) Regional analysis of refugee movements: Origin and response. In *Refugees: Perspectives on the Experience of Forced Migration*. Ager, A. ed. Continuum. London.
- Williams, F. (1997) Gender, race and class in British Welfare Policy. In Cochrane, A. and Clarke, J. eds. *Comparing Welfare States. Britain in International Context*. London: SAGE Publications Ltd.
- Williams, F., J. Popay and A. Oakley (1999), 'Changing paradigms of welfare', in F. Williams, J. Popay and A. Oakley eds. *Welfare Research: A Critical Review*. London: UCL Press Limited.
- Williams, J. (2005) Women's Mental Health. Taking Inequality into Account. In Tew, J. ed. *Social Perspectives in Mental Health. Developing Social Models to Understand and Work with Mental Distress*. London: Jessica Kingsley Publishers.
- Williams, L. (2006) Social Networks of Refugees in the United Kingdom: Tradition, Tactics and New Community Spaces. *Journal of Ethnic and Migration Studies*. 32 (5), 865 – 879.
- Wilson, N., Meininger, H. and Charnock, D. (2009) The Agony and the Inspiration: Professionals' Account of Working with People with Learning Disabilities. *Mental Health Review Journal*, 14 (2) 4-13.
- Winder, R. (2004) *Bloody Foreigners. The story of Immigration to Britain*. London: Little Brown Book.
- Wise, D. E. (1997) Size and Administration Costs in the Voluntary Sector: A Note. *Financial Accountability and Management*. [Online] 13 (1), 81. Available from: <http://www3.interscience.wiley.com/journal/119154868/abstract?CRETRY=1&SRETRY=0> [Accessed 5 March 2010]

Witchiter, C. S. G. (2010) Negotiating Transcription as a Relative Insider: Implications for Rigor. *International Journal of Qualitative Methods*. Vol 9 (2) 122 – 132.

World Health Organization (1948) Constitution of the World Health Organization [Online] Available from: http://www.searo.who.int/LinkFiles/About_SEARO_const.pdf [Accessed 10 March 2010].

World Health Organisation (1986) Ottawa Charter [Online] Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> [Accessed 10 March 2010].

World Migration (2005) *Costs and Benefits of International Migration*. Geneva: International Organisation for Migration.

Wood, G. and Gough, I. (2006) A Comparative Welfare Regime Approach to Global Social Policy. *World Development*, 34, (10) 1696-1712.

Woodhouse, J. and Lalic, M. (2009) Home Office legislation since the 1997 General Election, Home Office Library. [Online] Available from: <http://www.parliament.uk/briefingpapers/commons/lib/research/briefings/snha-03352.pdf> Accessed 31 May 2010.

Wright, S. ed. (1994) *Anthropology of Organizations* London: Routledge.

Wulf, D. (1994) The Reproductive Health Needs of Refugee Women. In D. Wulf ed. *Refugee Women and Reproductive Health Care: Reassessing Priorities*. New York: Women's Commission for Refugee Women and Children, and Reproductive Health for Refugees Consortium (1998), *Refugees and Reproductive Health Care: The Next Step*. New York: Reproductive Health for Refugees Consortium.

Yassen, J. (1995) Preventing secondary traumatic stress disorder. In Figley, C. R. ed. *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised*. New York: Brunner/Mazel.

Zolberg, A.R. (1989) The Next Waves: Migration Theory for a Changing World. *International Migration Review*. 23 (3), 403 – 430.

Zetter, R. (1991) Labelling refugees: Forming and transforming a bureaucratic identity *Journal of Refugee Studies*, 4, 39-63.

Zetter, R. (1991) International perspectives on refugee assistance in Ager, A. ed. *Refugees. Perspectives on the Experience of Forced Migration*. London: Continuum.

Zetter, R. and Pearl, M. (2000) The minority within the minority: refugee community-based organizations in the U.K. and the impact of restrictionism on asylum seekers. *Journal of Refugee Studies*. 26 (4), 675-697.

Zetter (2007) More Labels, Fewer Refugees: Remaking the Refugee Label in an Era of Globalization. *Journal of Refugee Studies*, 20 (2), 172-192.

Appendices.

Appendix 1.

Definition of a refugee.

Both Australia and the U.K. are signatories to the 1951 United Nations Convention Relating to the Status of Refugees and the Protocol Relating to the Status of Refugees 1967 (Refugee Convention). This defines a refugee as someone who:

owing to 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 is unable or, owing to such fear, is unwilling to avail himself of the protection of that country or to return there because there is a fear of persecution.

In addition to this is the agreement, in principle, of seeking asylum as a right to all. The claimant has in law the right to have their case independently and fairly assessed. UNHCR supports durable solutions for refugees, and these are incorporated into immigration policy internationally. The durable solutions are: voluntary repatriation as soon as possible in conditions of safety and dignity; or local integration in the country of first asylum if repatriation is not feasible; or resettlement in a third country if neither of the above two options are possible or suitable. The closest safe country to which the refugee has fled normally provides first asylum and allows for the U.N.'s preferred 'durable solution' of return to the home country in safety and dignity as soon as possible (DIAC Online Statistics, 2008).

The Convention relating to the Status of Refugees sets out the fundamental principles on which international refugee protection is built:

non-refoulement, which emphasises that refugees should not be returned to any place where they could face persecution; and impartiality, whereby all refugees are provided protection without discrimination (UNHCR, 2006, p 1).

There is considerable debate in the literature about the way in which developed countries have sought to restrict access and have adopted a narrow interpretation of the Convention to do so (Grove, and Zwi, 2006; Zetter, 1991 and 2007). In 1969 the African Union, who accepted the definition of the 1951 Refugee Convention (which only applied to Europe), expanded it to include people who were compelled to leave their country not only as a result of persecution but also owing to:

external aggression, occupation, foreign domination, or events seriously disturbing public order in either part or the whole of his county of origin...is compelled to seek refuge...outside his country of origin (in Zetter, 1999, p 52).

This attempted to address the needs of African nations, who host up to 30% of the global refugee population (Grove and Zwi, 2006, p 1932). In addition the African Union's definition acknowledged non-state groups as perpetrators of persecution (such as militia groups), and it did not demand that a refugee shows a direct link between herself or himself and the future danger. It is sufficient that the refugee considers the harm sufficient to force her/him to abandon his/her home, which can differ from interpretations under the UN convention.

In 1984, ten Latin American states adopted the Cartagena Declaration on Refugees which contain an extension of the refugee definition found in the 1951 refugee Convention. The refugee definition of the Cartagena Declaration built upon the OAU (Organization for African Unity) definition, adding to it the threat of generalized violence, internal aggression, and massive violation of human rights:

...persons who have fled their country because their lives, safety, or freedom have threatened by generalised violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed pubic order (Cartagena de Indias, 22 November 1984).

This is similar to the 1951 refugee Convention that required individuals to show that they risked persecution as a particular individual rather than in general, unlike the OAU definition, and a refugee must show a link between herself or himself and the real risk of harm. This definition was approved by the 1985 General Assembly of the Organization of American States, and although not formally binding, the Cartagena Declaration on Refugees has become the basis of refugee policy in the region and has been incorporated in to the national legislation of a number of states in America.

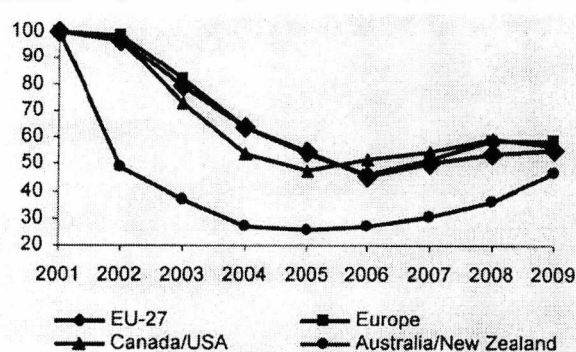
Appendix 2.

Number of applications for asylum applications; international, U.K. and Australia.

In 2009 an estimated 377,200 asylum applications were recorded in 44 European and non-European countries covered in the UNHCR Report on Asylum Levels and Trends in Industrialized Countries 2009 (p 4, 2010a). This was a reduction from the highest level of 620,000 asylum claims in 2001 (UNHCR, p 4, 2010a).

The following tables illustrate asylum trends:

Fig 1 Regional asylum trends (2001=100)



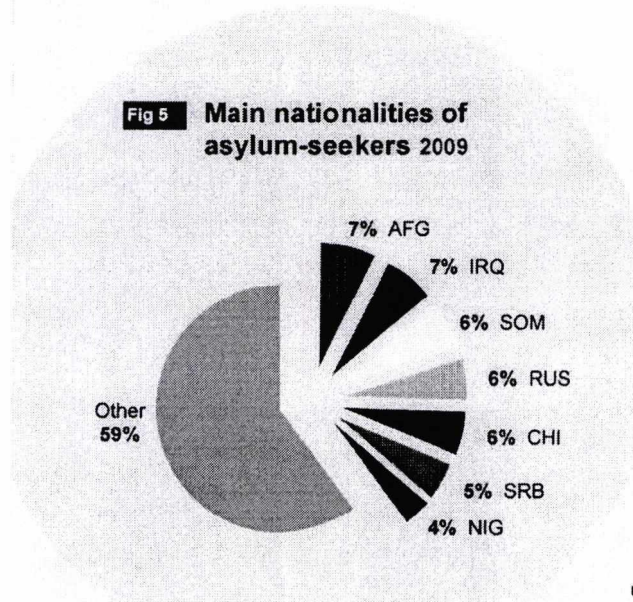
(UNHCR, 2010a, p 4)

TABLE 1 Asylum claims lodged in selected regions

	2007	2008	2009	Change '09-'08
Europe	249,600	283,700	286,700	1%
- EU-total	223,700	239,200	246,200	3%
- EU-old	198,100	217,200	221,100	2%
- EU-new	25,600	21,900	25,100	15%
USA/Canada	79,100	86,500	82,300	-5%
Australia/New Zealand	4,200	5,000	6,500	30%
Japan/Rep. of Korea	1,500	2,000	1,700	-15%
Total	334,400	377,200	377,200	0%

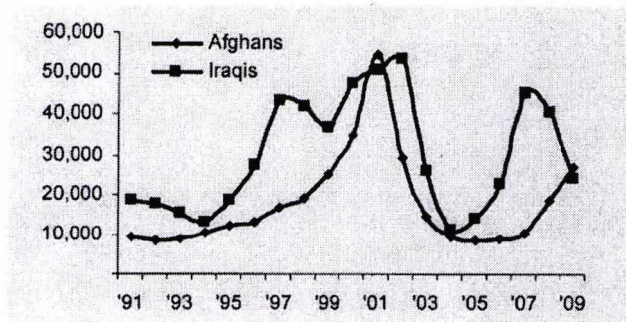
See notes in Annex Table 1 for list of countries included.

(UNHCR, 2010a, p 5)



(UNHCR, 2010a, p 10)

Fig 6 Afghan and Iraqi asylum requests 1991-2009



(UNHCR, 2010a, p 10)

U.K.

The number of applications, excluding dependants, for asylum was 6 per cent lower in 2009 (24,250) compared to 2008 (25,930). In 2009, 24,550 initial asylum decisions, excluding dependants, were made, an increase of 27 per cent compared with 2008 (19,400). Total figures for 2009 show 73 per cent of initial decisions were refusals, 17 per cent were grants of asylum and 10 per cent were grants of Humanitarian Protection or Discretionary Leave. (Home Office, 2009, p 3.)

The number of asylum applications rose from 23,000 in 2007 to 26,000 in 2008. About 30 per cent were granted some form of protection (Salt, 2009, p 3). Excluding

dependants, the number of asylum applications received in 2008 was 25,930, 11 per cent more than in 2007 (23,430). Including dependants, the number of asylum applications was 31,315 in 2008, 11 per cent more than in 2007 (28,300) (Home Office, 2008, p 12).

Applications for asylum in the U.K., excluding dependants, fell by 8% in 2006 to 23,610 (Bennet, Heath and Jeffries, 2006). The nationalities accounting for the highest numbers of applicants were Eritrean, Afghan, Iranian, Chinese and Somali. Including dependants, applications to the rest of the EU fell by 22% in 2006, compared with an 8% fall for the UK. An estimated 6,225 of the 23,610 applications in 2006 resulted in grants of asylum, or Humanitarian Protection or Discretionary Leave (2,185). An estimated 20,700 people, including dependants, became failed asylum seekers in 2006, 54% less than 2005 (45,200) (Bennet, Heath and Jeffries, 2006).

Australia.

In 2008–09 the government announced an increase in the Humanitarian Program to 13,500. This included 6,500 offshore refugee places, with a one-off increase of 500 places to assist people affected by the conflict in Iraq. From 2009–10 onwards, there will be an increase of 750 places in the Special Humanitarian Program to 7,750 places (DIAC, 2009b).

The key outcomes for the Humanitarian Program in 2007–08 included delivery of 13,014 visas. This number included 10,799 visas granted under the offshore component and 2,215 visas granted under the onshore component. Of the total 13,014 visas, 46 per cent were granted to refugees and 37 per cent were Special Humanitarian Program visas. The remaining 17 per cent were Protection and other visas granted onshore. Around 13.7 per cent of refugee visas were granted to Woman at Risk cases (DIAC, 2009b).

Detention Statistics (cited in DIAC, May 2010)

As at 21 May 2010, there were 3,612 people in immigration detention, including 1,283 in immigration detention on the mainland and 2,329 in immigration detention on Christmas Island. Of the 1,283 people in immigration detention on the mainland, 245 were children (aged under 18 years) - eight were detained in the community under residence determinations, 97 were in alternative temporary detention in the community, 78 were in immigration residential housing and 62 were in immigration transit accommodation.

Of the 2329 people in immigration detention on Christmas Island, 207 were children (aged under 18 years) - one was detained in the community under a residence determination and 206 were in alternative temporary detention in the community (DIAC, 2010)

Appendix 3. United Nations International Treaty Collection. (Pertaining to Refugees)

Registration Number	Title	Participant	Conclusion Date	EIF Date	Treaty Type
I-2545	Convention relating to the Status of Refugees...	See Details	28/07/51	22/04/54	Open Multilateral
I-283	Constitution of the International Refugee Organization*...	See Details	15/12/46	20/08/48	Open Multilateral
I-8791	Protocol relating to the Status of Refugees...	See Details	31/01/67	04/10/67	Open Multilateral
I-44054	Cooperation Agreement between the Government of the Kingdom of Morocco and the Office of the United Nations High Commissioner for Refugees...	Morocco <hr/> United Nations (United Nations High Commissioner for Refugees)	20/07/07	20/07/07	Bilateral
I-43711	Agreement between the Office of the United Nations High Commissioner for Refugees and the Government of the Islamic Republic of Afghanistan...	Afghanistan <hr/> United Nations (United Nations High Commissioner for Refugees)	20/02/07	20/02/07	Bilateral
I-43701	Arrangement between the Government of the Federal Republic of Germany and the Government of the Republic of Uganda concerning technical cooperation in the project "Advisory Assistance for the Ugandan Directorate of Refugees"...	Germany* <hr/> Uganda	28/05/97	17/09/97	Bilateral
I-43701	Arrangement amending the Arrangement between the Government of the Federal Republic of Germany and the Government of the Republic of Uganda concerning technical cooperation in the project "Advisory Assistance for the Ugandan Directorate of Refugees"...	Germany* <hr/> Uganda	17/12/98	12/07/00	Bilateral
I-42312	Agreement between the Office of the United	Sri Lanka	07/12/05	07/12/05	Bilateral

	Nations High Commissioner for Refugees and the Government of the Democratic Socialist Republic of Sri Lanka...	United Nations (United Nations High Commissioner for Refugees)			
I-41736	Agreement between the Office of the United Nations High Commissioner for Refugees and the Government of the Federal Republic of Germany concerning the office of the United Nations High Commissioner for Refugees in Germany...	Germany United Nations (United Nations High Commissioner for Refugees)	01/07/05	01/07/05	Bilateral
I-41444	Cooperation Agreement between the Office of the United Nations High Commissioner for Refugees and the Government of the Republic of Burundi...	Burundi United Nations (United Nations High Commissioner for Refugees)	02/09/04	02/09/04	Bilateral
I-40920	Cooperation Agreement between the Office of the United Nations High Commissioner for Refugees and the Government of the Republic of the Congo...	Congo United Nations (United Nations High Commissioner for Refugees)	17/12/04	17/12/04	Bilateral
I-40683	Tripartite Agreement for the voluntary repatriation of Liberian refugees between the Governments of Ghana and Liberia and the Office of the United Nations High Commissioner for Refugees...	Ghana Liberia United Nations (United Nations High Commissioner for Refugees)	22/09/04	22/09/04	Closed Multilateral
I-40684	Tripartite Agreement for the voluntary repatriation of Liberian refugees between the Governments of the Republic of Sierra Leone and the Republic of Liberia and the Office of the	Liberia Sierra Leone	27/09/04	27/09/04	Closed Multilateral

	United Nations High Commissioner for Refugees...	United Nations (United Nations High Commissioner for Refugees)			
I-40686	Tripartite Agreement for the voluntary repatriation of Liberian refugees between the Governments of Guinea and Liberia and the Office of the United Nations High Commissioner for Refugees...	Guinea Liberia United Nations (United Nations High Commissioner for Refugees)	27/09/04	27/09/04	Closed Multilateral
I-40685	Tripartite Agreement for the voluntary repatriation of Liberian refugees between the Governments of Côte d'Ivoire and Liberia and the Office of the United Nations High Commissioner for Refugees...	Côte d'Ivoire Liberia United Nations (United Nations High Commissioner for Refugees)	27/09/04	27/09/04	Closed Multilateral
I-40687	Memorandum of understanding between the Government of the Republic of Liberia and the United Nations High Commissioner for Refugees for the voluntary repatriation and reintegration of Liberian refugees...	Liberia United Nations (United Nations High Commissioner for Refugees)	27/09/04	27/09/04	Bilateral
I-40362	Country Agreement between the Office of the United Nations High Commissioner for Refugees and the Government of the Republic of Panama...	Panama United Nations (United Nations High Commissioner for Refugees)	01/04/04	01/04/04	Bilateral
I-39512	Letter of Understanding between the Government of the Hashemite Kingdom of	Jordan	15/04/03	15/04/03	Bilateral

	Jordan and the Office of the United Nations High Commissioner for Refugees...	United Nations High Commissioner for Refugees			
I-39430	Agreement between the United Nations High Commissioner for Refugees and the Government of the Republic of Tajikistan on cooperation...	Tajikistan <hr/> United Nations (United Nations High Commissioner for Refugees)	08/05/03	08/05/03	Bilateral
II-1248	Cooperation Agreement between the Office of the United Nations High Commissioner for Refugees and the Government of the Democratic Republic of East Timor...	Timor-Leste <hr/> United Nations High Commissioner for Refugees	20/05/02	20/05/02	Bilateral
I-38126	Agreement between the Government of the Republic of Armenia and the Government of the Federal Republic of Germany on financial cooperation (Extraordinary project for refugees)...	Armenia* <hr/> Germany	05/05/95	05/05/95	Bilateral
II-1242	Memorandum of understanding between the Economic Community of West African States (ECOWAS) and the United Nations High Commissioner for Refugees (UNHCR...	Economic Community of West African States <hr/> United Nations (United Nations High Commissioner for Refugees)	19/11/01	19/11/01	Bilateral
II-1239	Cooperation Agreement between the Office of the United Nations High Commissioner for Refugees and the Organization of African Unity...	Organization of African Unity <hr/> United Nations (United Nations High Commissioner for Refugees)	09/04/01	09/04/01	Bilateral
I-37321	Letter of agreement between the Government of the Republic of Chad and the United Nations	Chad <hr/>	15/12/00	15/12/00	Bilateral

	High Commissioner for Refugees for the repatriation of Chadian refugees...	United Nations (United Nations High Commissioner for Refugees)			
I-36869	Cooperation Agreement between the United Nations High Commissioner for Refugees and the Gabonese Republic...	Gabon <hr/> United Nations (United Nations High Commissioner for Refugees)	16/06/00	16/06/00	Bilateral
I-36615	Agreement concerning cooperation between the Office of the United Nations High Commissioner for Refugees and the Government of the Republic of Chad...	Chad <hr/> United Nations (United Nations High Commissioner for Refugees)	03/05/00	03/05/00	Bilateral
I-36584	Co-operation Agreement between the United Nations High Commissioner for Refugees and the Republic of Croatia...	Croatia <hr/> United Nations (United Nations High Commissioner for Refugees)	17/03/00	17/03/00	Bilateral
I-36585	Co-operation Agreement between the Government of the Czech Republic and the Office of the United Nations High Commissioner for Refugees...	Czech Republic <hr/> United Nations (United Nations High Commissioner for Refugees)	08/02/00	08/02/00	Bilateral
I-40428	Exchange of notes constituting an agreement between the Government of the Islamic Republic of Pakistan and the Government of the Federal Republic of Germany concerning the project "Basic Education for Afghan Refugees"...	Germany <hr/> Pakistan*	15/12/98	07/09/99	Bilateral
I-35960	Memorandum of understanding between the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Government of	Colombia	28/01/99	28/01/99	Bilateral

	the Republic of Colombia concerning cooperation for the solution of the problem of forced displacement...	United Nations (United Nations High Commissioner for Refugees)			
I-35370	Co-operation Agreement between the United Nations High Commissioner for Refugees and the Government of the Republic of Moldova...	Republic of Moldova <hr/> United Nations (United Nations High Commissioner for Refugees)	02/12/98	02/12/98	Bilateral
I-33151	Protocol on amendments to article 4, paragraph 2 of the Agreement between the United Nations High Commissioner for Refugees and the Government of Ukraine...	Ukraine <hr/> United Nations High Commissioner for Refugees	23/09/98	23/09/98	Bilateral
I-34777	UNHCR Cooperation Agreement between the United Nations High Commissioner for Refugees and the Government of Turkmenistan...	Turkmenistan <hr/> United Nations High Commissioner for Refugees	04/03/98	04/03/98	Bilateral
I-33999	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Liberia. ...	Liberia <hr/> United Nations High Commissioner for Refugees	18/08/97	18/08/97	Bilateral
I-33952	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Jordan. ...	Jordan <hr/> United Nations High Commissioner for Refugees	30/07/97	30/07/97	Bilateral
I-33371	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Slovenia...	Slovenia <hr/> United Nations High Commissioner for Refugees	04/10/95	19/11/96	Bilateral

I-33151	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Ukraine...	Ukraine <hr/> United Nations High Commissioner for Refugees	23/09/96	23/09/96	Bilateral
I-33145	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Georgia. ...	Georgia <hr/> United Nations High Commissioner for Refugees	11/09/96	11/09/96	Bilateral
I-33125	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Armenia. ...	Armenia <hr/> United Nations High Commissioner for Refugees	26/08/96	26/08/96	Bilateral
I-32954	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Azerbaijan...	Azerbaijan <hr/> United Nations High Commissioner for Refugees	09/07/96	09/07/96	Bilateral
I-32952	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Yugoslavia. ...	United Nations High Commissioner for Refugees <hr/> Yugoslavia	02/07/96		Bilateral
I-32952	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Yugoslavia. ...	United Nations High Commissioner for Refugees <hr/> Yugoslavia	02/07/96	02/07/96	Bilateral
I-32589	Headquarters Agreement of the Office of the High Commissioner for Refugees in Ouagadougou...	Burkina Faso <hr/> United Nations High Commissioner for Refugees	19/02/96	19/02/96	Bilateral
I-31365	Agreement on the establishment of a United	Ghana	16/11/94	16/11/94	Bilateral

	Nations High Commissioner for Refugees field office in Ghana...	United Nations High Commissioner for Refugees			
I-31489	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Sierra Leone...	Sierra Leone United Nations High Commissioner for Refugees	19/01/95	19/01/95	Bilateral
I-31362	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Benin...	Benin United Nations High Commissioner for Refugees	15/11/94	15/11/94	Bilateral
I-31189	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Cambodia...	Cambodia United Nations High Commissioner for Refugees	13/09/94	13/09/94	Bilateral
I-31185	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Uganda...	Uganda United Nations High Commissioner for Refugees	02/09/94	02/09/94	Bilateral
I-30888	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Albania...	Albania United Nations High Commissioner for Refugees	13/04/94	13/04/94	Bilateral
I-30118	Agreement on the United Nations High Commissioner for Refugees Office in Bulgaria...	Bulgaria United Nations High Commissioner for Refugees	22/07/93	22/07/93	Bilateral
I-30092	Memorandum of understanding concerning the establishment of United Nations High	Saudi Arabia	22/06/93	22/06/93	Bilateral

	Commissioner for Refugees field offices in Saudi Arabia...	United Nations (United Nations High Commissioner for Refugees)			
I-29155	Agreement on the establishment of a United Nations High Commissioner for Refugees field office...	Russian Federation <hr/> United Nations High Commissioner for Refugees	06/10/92	06/10/92	Bilateral
I-28673	Agreement concerning the legal status, immunities and privileges of United Nations High Commission for Refugees (UNHCR) and its personnel in the Republic of Poland...	Poland <hr/> United Nations (United Nations High Commissioner for Refugees)	27/02/92	27/02/92	Bilateral
I-28390	Agreement governing the legal status, privileges and immunities of the United Nations High Commissioner for Refugees Office and its personnel in South Africa...	South Africa <hr/> United Nations High Commissioner for Refugees	02/10/91	02/10/91	Bilateral
I-27094	Agreement regarding the office of the United Nations High Commissioner for Refugees representative for Nordic countries to be situated in Stockholm...	Sweden <hr/> United Nations High Commissioner for Refugees	31/08/85	01/01/86	Bilateral
I-27626	Agreement on the establishment of a United Nations High Commissioner for Refugees field office in Nicaragua...	Nicaragua <hr/> United Nations High Commissioner for Refugees	01/11/90	01/11/90	Bilateral
I-26758	Grant Agreement concerning assistance in the transport of relief commodities to Afghan refugee camps in Pakistan...	Pakistan <hr/> United States of America*	30/09/81	30/09/81	Bilateral
I-26128	Tripartite Agreement for the voluntary repatriation of the Surinamese refugees...	France <hr/> Suriname	25/08/88	25/08/88	Closed Multilateral

		United Nations High Commissioner for Refugees			
I-26502	Agreement relative to the establishment of a branch office of the United Nations High Commissioner for Refugees in Madrid...	Spain	14/03/88	10/04/89	Bilateral
I-25895	Agreement concerning the establishment of the United Nations High Commissioner for Refugees branch office in Malawi...	Malawi United Nations High Commissioner for Refugees	28/04/88	28/04/88	Bilateral
I-24813	Convention concerning international co-operation in administrative assistance to refugees...		03/09/85	01/03/87	Open Multilateral
I-23441	Exchange of letters constituting an agreement between the United Nations (United Nations Relief and Works Agency for Palestine Refugees in the Near East) and the Government of Cyprus relating to the assignment of a UNRWA staff to Cyprus...	Cyprus United Nations Relief and Works Agency for Palestine Refugees in the Near East	26/06/85	05/07/85	Bilateral
I-22088	Agreement concerning financial co-operation-- Financing of measures to improve the social infrastructure of the border areas affected by the influx of refugees. ...	Federal Republic of Germany* Thailand	07/08/81	07/08/81	Bilateral
I-21025	Exchange of notes constituting an agreement concerning protection of refugees. Bangkok, 30 September 1980...	Thailand United States of America*	30/09/80	30/09/80	Bilateral
I-20402	European Agreement on transfer of responsibility for refugees...		16/10/80	01/12/80	Open Multilateral
I-15783	Supplementary Agreement No. 3 to the above-mentioned General Convention of 10 July 1950, concerning the situation with respect to social security of refugees and displaced persons who	Federal Republic of Germany	10/07/50	21/12/51	Bilateral

	are or have been employed alternately or successively in France and in the Federal Republic of Germany (with official German translation). Signed at Paris on 10 July 1950...	_____			
		France*			
I-14691	OAU Convention governing the specific aspects of refugee problems in Africa. ...		10/09/69	20/06/74	Open Multilateral
I-14508	Letter Agreement relating to refugee relief in South Viet-Nam and Laos. Signed at Washington on 13 November 1974, and at Geneva on 2 December 1974...	United Nations High Commissioner for Refugees	02/12/74	02/12/74	Bilateral

		United States of America*			
I-14400	Agreement concerning the sojourn of refugees within the meaning of the Convention relating to the Status of Refugees (Geneva Convention of 28 July 1951 and Protocol relating to the Status of Refugees of 31 January 1967)....	Austria	21/10/74	24/07/75	Bilateral

		France*			
I-13928	Protocol relating to refugee seamen		12/06/73	30/03/75	Open Multilateral
I-13444	Protocol I annexed to the Universal Copyright Convention as revised at Paris on 24 July 1971 concerning the application of that Convention to works of Stateless persons and refugees...		24/07/71	10/07/74	Open Multilateral
I-13440	Agreement relating to education for Palestinian refugees. ...	United Nations Relief and Works Agency for Palestine Refugees in the Near East	12/07/74	12/07/74	Bilateral

		United States of America			
I-13101	Exchange of letters constituting an agreement regarding Danish assistance to the resettlement and rehabilitation of refugees and war victims in South Viet-Nam. Bangkok, 12 September 1973...	Denmark*	12/09/73	12/09/73	Bilateral

		Republic of Viet-Nam			
I-42891	Agreement between the United Nations High Commissioner for Refugees and the Government of the Republic of the Sudan		01/08/68	15/09/68	Bilateral
		Sudan			

	concerning the establishment of a branch office of the High Commissioner in Khartoum...	United Nations High Commissioner for Refugees			
II-1238	Agreement between the Office of the United Nations High Commissioner for Refugees and the Administrative Secretariat-General of the Organization of African Unity...	Organization of African Unity United Nations (United Nations High Commissioner for Refugees)	13/06/69	13/06/69	Bilateral
I-8955	Exchange of letters constituting a provisional agreement concerning assistance to Palestine Refugees. Jerusalem, 14 June 1967....	Israel United Nations Relief and Works Agency for Palestine Refugees in the Near East	14/06/67	14/06/67	Bilateral
I-8688	Exchange of notes (with related notes) constituting an agreement concerning the movement of Cuban refugees to the United States. Havana, 6 November 1965...	Cuba United States of America*	06/11/65	06/11/65	Bilateral
I-7952	Agreement concerning the residence of refugees within the meaning of the Convention relating to the Status of Refugees with schedule and annex (Geneva Convention of 28 July 1951)....	Austria* Belgium Luxembourg Netherlands	15/02/65	01/04/65	Closed Multilateral
I-7632	Exchange of letters constituting an agreement between the Governments of the Netherlands, Belgium and Luxembourg, on the one hand, and the Swiss Federal Council, on the other, concerning the movement of refugees...	Belgium Luxembourg Netherlands* Switzerland	14/05/64	15/06/64	Closed Multilateral
I-7633	Exchange of letters constituting an agreement	Belgium	14/05/64	15/06/64	Closed

	between the Governments of the Netherlands, Belgium and Luxembourg, on the one hand, and the Swiss Federal Council, on the other, concerning the right of return of refugee workers...	Luxembourg Netherlands* Switzerland			Multilateral
I-7384	Agreement relating to refugee seamen...		23/11/57	27/12/61	Open Multilateral
I-6137	Exchange of notes constituting an agreement amending the above-mentioned agreement, relating to funds for the Permanent Refugee Housing Program in Austria. Vienna, 18 May and 14 June 1962...	Austria United States of America*	14/06/62	14/06/62	Bilateral
I-6182	Agreement regarding the admittance into Sweden of certain refugees from China. ...	Sweden* United Nations High Commissioner for Refugees	08/10/56	08/10/56	Bilateral
I-5492	Exchange of letters constituting an agreement relating to rebels and political refugees. New York, 15 December 1960...	Cambodia Thailand	15/12/60	15/12/60	Bilateral
I-5375	European Agreement on the abolition of visas for refugees...		20/04/59	03/09/60	Open Multilateral
I-4262	Exchange of notes constituting an agreement concerning the movement of refugees. Luxembourg, 4 May 1955...	Luxembourg Netherlands*	04/05/55	30/07/55	Bilateral
I-4170	Agreement concerning the movement of refugees. Signed at Paris, on 15 February 1957...	France Netherlands*	15/02/57	28/05/57	Bilateral
I-4063	Exchange of letters constituting an agreement concerning assistance to Palestine refugees in the Gaza Strip. Israel and Beirut, 9 November 1956....	Israel* United Nations Relief and Works Agency for Palestine Refugees in the Near East	09/11/56	09/11/56	Bilateral

I-3834	Agreement between Belgium and France on the movement of refugees...	Belgium* _____ France	15/02/57	15/05/57	Bilateral
I-2937	Protocol 1 annexed to the Universal Copyright Convention concerning the application of that Convention to the works of stateless persons and refugees...		06/09/52	16/09/55	Open Multilateral
I-2846	Exchange of letters constituting an agreement between Belgium and the Netherlands to improve the condition and facilitate the movement of refugees settled in Belgium and the Netherlands...	Belgium* _____ Netherlands	16/02/55	04/04/55	Bilateral
I-2847	Exchange of letters constituting an agreement between Belgium and Luxembourg to improve the condition of refugees settled in Belgium and the Grand Duchy of Luxembourg and to facilitate their movement between the two countries...	Belgium* _____ Luxembourg	04/04/55	19/04/55	Bilateral
I-2728	Exchange of notes constituting an over-all agreement between the United Nations Relief and Works Agency for Palestine Refugees in the Near East and Lebanon...	Lebanon _____ United Nations Relief and Works Agency for Palestine Refugees in the Near East	26/11/54	26/11/54	Bilateral
I-2554	Agreement between the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the Government of the Republic of Egypt concerning economic and engineering surveys for the development projects in the Sinai Peninsula and in the Gaza District...	Egypt _____ United Nations Relief and Works Agency for Palestine Refugees in the Near East	30/06/53	30/06/53	Bilateral
I-2554	Exchange of letters constituting an agreement prolonging the Agreement of 30 June 1953 between the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the Government of the Republic of Egypt	Egypt _____	28/01/54	28/03/54	Bilateral

	concerning economic and engineering surveys for the development projects in the Sinai Peninsula and in the Gaza District...	United Nations Relief and Works Agency for Palestine Refugees in the Near East			
I-2555	Project Agreement between the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the Permanent Council for the Development of National Production of the Republic of Egypt...	Egypt <hr/> United Nations Relief and Works Agency for Palestine Refugees in the Near East	14/10/53	14/10/53	Bilateral
II-495	Exchange of letters constituting an agreement amending the Preliminary Agreement between the Hashemite Kingdom of Jordan and the United Nations Relief and Works Agency for Palestine refugees in the Near East concerning the Yarmuk-Jordan Valley Project...	Jordan <hr/> United Nations Relief and Works Agency for Palestine Refugees in the Near East	30/12/53	30/12/53	Bilateral
II-506	Basic Agreement between the International Labour Organization and the United Nations Relief and Works Agency for Palestine Refugees in the near East for the provision of technical assistance...	International Labour Organisation <hr/> United Nations Relief and Works Agency for Palestine Refugees in the Near East	31/12/52	12/01/53	Bilateral
II-506	Exchange of letters constituting an agreement between the International Labour Organization and the United Nations Relief and Works Agency for Palestine Refugees in the Near East amending the Basic Agreement of 31 December 1952 and 12 January 1953 for the provision of technical assistance...	International Labour Organisation <hr/> United Nations Relief and Works Agency for Palestine Refugees in the Near East	29/10/53	24/11/53	Bilateral
I-2332	Agreement between the Kingdom of Denmark and the Federal Republic of Germany concerning repayment of expenditure incurred in	Denmark*	26/02/53	05/10/53	Bilateral

	connexion with the stay in Denmark of German refugees from 1945 to 1949...	Federal Republic of Germany			
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Appendix 4. British Medical Association Table 1 (2002).

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| <ul style="list-style-type: none"> - Communicable diseases - Tuberculosis - Hepatitis A, B, C - HIV/Aids - Parasitic infections
 - Effects of war and torture - Landmine injuries - Amputated limbs - Lameness - Partial loss of vision - Hearing difficulties - Mental health problems (see column 2) - Injuries arising from beatings and torture (including dental torture) - Rape/sexual assault - Malnutrition (could affect development in children) - Lack of personal protection - Conscription into the army (adults and children) - Prolonged squalor in camps - Detention - Witnessing death and torture of others - Held under siege - Forcible destruction of home/property - Disappearance of family/friends | <ul style="list-style-type: none"> - Psychological and social health problems - Depression - Anxiety - Stress - Stress related physical ill health: - Heart disease - Cancer - Increased susceptibility to infection - Gastrointestinal disturbances - 'Fear syndrome' or fear of people in authority - Deprivation of human rights - Political repression - Harassment/racial harassment - Loss of status - Homesickness - Separation from family - Change in climate - Uncertainty around the process of claiming asylum in the U.K. - Lack of awareness about services available - Coping with new culture/limited or no access to community network |
|--|--|
- Held hostage/human shield

(BMA, 2002, p 7)

Appendix 5. Australian Humanitarian Program figures (DIAC).

Humanitarian Program grants by category 2003–04 to 2008–09

Category	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09
Refugee	4134	5511	6022	6003	6004	6499
Special Humanitarian	8927	6755	6836	5275	5026	4625
Onshore Protection	788	895	1272	1701	1900	2378
Temporary Humanitarian Concern	2	17	14	38	84	5
Total	13 851	13 178	14 144	13 017	13 014	13 507

Offshore resettlement regional balance from 2003–04 to 2008–09

Region	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09
Middle East & SW Asia	24.29%	26.24%	33.98%	27.95%	35.25%	33.46%
Africa	70.78%	70.16%	55.65%	50.91%	30.48%	33.24%
Asia and the Pacific	1.87%	3.43%	9.88%	20.70%	33.67%	33.09%
Europe and the Americas	3.06%	0.17%	0.49%	0.44%	0.60%	0.21%

2008–09 offshore visa grants by top ten countries of birth

Countries	Number of visa granted
Iraq	2874
Burma/ Myanmar	2412
Afghanistan	847
Sudan	631
Bhutan	616
Ethiopia	478
Congo (DRC)	463
Somalia	456
Liberia	387
Sierra Leone	363

Settler Arrivals: Five Year Age Groups by Gender, for the Financial Year 2008–09

Five year age group	Male	Female	Persons
0–4	7 891	7 537	15 428
5–9	6 529	6 131	12 660
10–14	5 854	5 499	11 353
15–19	5 217	5 306	10 523
20–24	5 203	9 201	14 404
25–29	9 437	13 494	22 931
30–34	10 213	10 761	20 974
35–39	8 280	8 605	16 885
40–44	6 264	6 048	12 312
45–49	3 894	3 580	7 474
50–54	1 902	2 251	4 153
55–59	1 356	1 667	3 023
60–64	1 067	1 272	2 339
65 and over	1 618	1 944	3 562
Total	74 725	83 296	158 021

DIAC (2009) Settler Arrival Data.

Appendix 6. Philosophical traditions of research paradigms.

Philosophical Foundations	Positivism	Hermeneutic and Postmodernism	Critical Realism and Action Research
Ontology	Objectivist	Subjectivist	Objectivist
Epistemology	Objectivist	Subjectivist	Subjectivist
Theory	Generalisable	Particular	Particular
Reflexivity	Methodological	Hyper	Epistemic
Role of Researcher	Distanced from data	Close to data	Close to data

(Coghlan and Brannick (2007, p 63)

Appendix 7. Anonymous participant profile: Australia.

	Pseudonym	Pseudonym	Agency Funding	Country	Type of NGO	Refugee background	Gender
1	Mohammed	Refugee Community Support	1,2	Aus	2/3	N	M
2	Madihah	Refugee Community Support	1,2	Aus	2/3	N	F
3	Ghazi	Refugee Community Support	1,2	Aus	2/3	N	M
4	Lorna	Refugee Community Support	1,2	Aus	2/3	N	F
5	Tony	Refugee Community Support	1,2	Aus	2/3	Y	M
6	Parveen	AS Multi-agency	2	Aus	1/3/4	N	F
7	Myesha	AS Multi-agency	2	Aus	1/3/4	N	F
8	Khadijah and Ramey	Education for All	2	Aus	5	N Y	F M
9	Deepa	On Arrival	1	Aus	3,5	N	F
10	Samar	Build Capacity	2	Aus	3	N	F
11	Sabir	International Safety	2,3	Aus	1,2,3,4	N	M
12	Gadiel	International Safety	2,3	Aus	1,2,3,4	N	M
13	Khushi	International Safety	2,3	Aus	1,2,3,4	N	F
14	Charlotte	Safe House	4	Aus	3,4	N	F
15	Cassius	International Safety	2,3	Aus	1,2,3,4	N	F
Total		7 services				2 Ref B'ground	6 M 10 F

Anonymous Participant Profile : United Kingdom

	Pseudonym	Pseudonym	Agency Funding	Country	Type of NGO	Refugee background	Gender
1	Aaron	Assist. Team 4	1,2	U.K.	4	Y	M
2	Sol	Assist. Team 4	1,2	U.K.	4	N	M
3	Leonie	Assist. Team 4	1,2	U.K.	4	N	F
4	George	Assist. Team 1	1,2	U.K.	1/2	N	M
5	Farid	Assist. Team 1	1,2	U.K.	1/2	Y	M
6	Sasha	Children First	1	U.K.	3,5	N	F
7	Hanna	Assist. Team 3	1,2	U.K.	4	N	F
8	Austin	Assist. Team 1	1,2	U.K.	2,4	Y	M
9	Brenda	Asylum Europe	1,3	U.K.	1,2,3,4	Y	F
10	Bessie	Asylum Europe	1,3	U.K.	1,2,3,4	N	F
11	Halah	Assist. Team 2	1,2	U.K.	2,4	N	F
12	Audene	Assist. Team 2	1,2	U.K.	2,4	N	F
13	Penelope	Care	1	U.K.	1,2,3,4	N	F
14	Drew	Wellbeing	1,2	U.K.	2	N	M
15	Ali	Caring for Health	2,4	U.K.	2,4	N	F
Total		6 NGOs				4 Ref B'ground	6 M 9 F

Appendix 8. Anonymous organisational typologies.

NGO Pseudonym	Country	Service User	Type of NGO service	Staff size	Funding type
Refugee Community Support	Aus	Asylum Seekers & Refugees	2,3,6	80+	1,2
Safe House	Aus	AS	3,4	10+	4
AS Multi-agency	Aus	AS	1,3,4,6	50+	2
International Safety	Aus	AS	1,2,3,4	800+	2
Education for all	Aus	Asylum Seekers & Refugees	5	10 (+ volunteers)	2
On Arrival	Aus	AS	3,5	500+	1
Build Capacity	Aus	Asylum Seekers & Refugees	3	20+	2
Care Assist.	U.K.	AS	1,3,4,6	500+	1
Team 1	U.K.	AS & R	4	400+ (+ volunteers)	1,2
Team 2			1,2,6	35+	
Team 3			1,2,3,6	10+	
Team 4			1,4	5+	
			3,4	20+	
AS Europe	U.K.	AS	1,2,3,4	100+ (+ volunteers)	1,3
Caring for Health	U.K.	Asylum Seekers & Refugees	1,2,3,4,6	100+	2,4
Children First	U.K.	Asylum Seekers & Refugees	3,5	100+	1

Type of NGO service (task)

1. Asylum Seeker Specific
2. Therapeutic Services
3. Social Care Services (housing, family support, financial aid, emergency relief, food)
4. Information based and referral Services
5. Education
6. Health

Funding Sources of NGO.

1. Government funding (Central or Local, Federal or State)
2. Philanthropic or self generated
3. International NGO (politically neutral)
4. Church or religious based

Background to Organizations who agreed to participate in the study: Australia

1. Refugee Community Support is a non-profit organization managed by an elected committee of management in Australia. It receives funding from a variety of charitable trusts and private donations, and also from the State and Commonwealth Government. Its primary aim is to meet the needs of refugees, with a small caseload of asylum seekers. It is non-denominational, politically neutral and non-aligned.

2. Safe House

Safe House is a Church based organization, which provides support and housing to asylum seekers in Australia. It has a small staff team, who provide an intensive casework model of support. They also refer to specialist services as appropriate.

3. Asylum Seeker Multi-agency.

ASM is a large inter-professional organization that provides a range of services to asylum seekers in Australia. It is based on an advocacy model, and promotes the independence of the person. It has wide community links, as well as specialist services.

4. International Safety

International safety provides a range of diverse services to both refugees and asylum seekers. It is a non-denominational organisation, and works with large numbers of volunteers. It provides advocacy and support in relation to health and social care.

5. Education for All.

Education for All provides educational services to low income adults and children. It has a focus on providing education to those excluded from mainstream services, and this includes asylum seekers. It has been particularly active around meeting the health and social care needs of women.

6. On Arrival.

On Arrival is commissioned by the Government to provide specialist support to newly arrived individuals and families. It has a focus on training and employment, and works with local community services to facilitate integration.

7. Build Capacity.

Build Capacity provides support to excluded adults and families, and has a focus on education and training, and health care. It promotes wellbeing and a non-judgemental approach, and seeks to engage with marginalised communities.

Background to Organizations who agreed to participate in the study: U.K.

1. Asylum Seeker and Refugee Resources.

ASRR is a large organization in the U.K. which provides support and advocacy to asylum seekers and refugees. It works with adults and families and has broad links with a variety of services and supports throughout the country. It receives Government funding, including from the Immigration Department and from a variety of charitable trusts and private donations. It has a range of teams providing services to adults, children and families.

2. Asylum Europe

AE is a large charity, which provides a range of services throughout the U.K. It offers a number of specialist services, as well as general information and advice. It has strong links with other advocacy groups and human rights organizations.

3. Support 4 All.

Support 4 All is a small charity funded by the Home Office in the U.K. Its role is to provide information and assistance to all non-nationals and to assist them in finding the correct services for them and their families.

4. Caring for Health

Caring for Health is a health service providing direct services to asylum seekers and refugees. It is a charity that has a variety of health professionals who assist and support vulnerable children, adults and families.

5. Children First

Children First is a large NGO that advocates on behalf of children in the U.K. While it is not specifically focused on refugee children, it plays a role in advocating for their needs, and employs specialist researchers and social workers. It has been a key service provider to children.

Appendix 9. Ethics approval MASC, SSPSSR, University of Kent.

DRAFT

RESEARCH APPLICATION FOR MASC ETHICS COMMITTEE.

**MS KIM ROBINSON
PhD STUDENT 2006****TITLE:**

The Social Construction and Representation of Migration – A Comparative Study of Refugees in Australia and the United Kingdom.

STUDENT:

Ms Kim Robinson

Tizard Centre

University of Kent

Beverley Farm

Canterbury, Kent

CT2 7LZ

Phone: (w) 01227 824 128

(h) 01227 272 175

Email: k.robinson@kent.ac.uk**SUPERVISORS**

1. Dr Charles Watters; MASC University of Kent, Canterbury, U.K.
2. Professor Sandy Gifford; Refugee Health Research Centre, La Trobe University, Melbourne, Australia.

1. BACKGROUND

There is increasing interest and research in the area of forced migration. Migration affects and determines the economy, family and community settlement, and the host countries capacity to meet its international obligations and commitments. There are considerable implications for social policy and service delivery in meeting the needs of refugees and asylum seekers. Planning and providing services is an important issue facing all governments, and needs to be informed by empirical research.

As noted above, the research is a comparative study, to highlight the differences and similarities in the ways in which refugees are represented and services are provided.

The research aims to explore the ways in which service providers' grapple with some of the contradictions of supporting refugees and asylum seekers within a complex legal, historical and social care framework. It will review the multi-disciplinary literature, and locate the key debates in the social and political sciences. The researcher will interview service providers working with refugees and asylum seekers, based in torture and trauma services, in Australia and the U.K. The interviews with the service providers will explore key themes such as their role, dilemmas in practice, the general mood of the public and how this impacts on the work, and government and social policy (see Appendix 1).

There is little research in the area of service provision by countries receiving refugees and asylum seekers. There are no studies looking at a comparison in this area between Australia and the United Kingdom that the author is aware of.

1. HOW WILL YOU DO YOUR RESEARCH?

The researcher will be conducting the research independently, while based at the University of Kent. I will be conducting the fieldwork in both Australia and the U.K. I will be targeting service providers working with refugees and asylum seekers in the context of torture and trauma services. These services have strict access criteria, and work both individually and in groups, with adults and children. The staff are trained in a variety of professions, however are predominantly qualified social workers, social welfare workers, and counsellors. It is planned to interview staff from the Victorian Foundation for Survivors of Torture (VFST), and the Queensland Program of Assistance to Survivors of Torture and Trauma (QPAST) in Australia, and the Traumatic Stress Clinic and the Medical Foundation for the Care of Torture Survivors in the U.K.

The research will take place at the workers place of work, in a private interview room. The interviews will be voluntary, not paid, and aim to minimise any inconvenience. The prospective interviewees will be invited in writing to participate in the research, of the aims of the research, and the key themes covered. A consent form will be provided, and signed prior to the interview (see Appendix 2). Participants will be notified that the interview will take from one hour to one hour and a half. The interviews will be tape recorded, with additional notes taken as appropriate. Interviewees will be advised that they can withdraw from the process at any stage, including after having completed the interview.

The supervision is provided by Dr Charles Watters, based at UKC. He provides monthly supervision sessions to guide and support the research. In addition, Professor

Sandy Gifford at the Refugee Health Research Centre at La Trobe University, in Melbourne, will provide secondary supervision in relation to the Australian literature and fieldwork. The fieldwork will be monitored by Dr Watters, who will also be available online for any correspondence.

The research is personally funded at this stage, however I will apply for specific funding.

1. TIMETABLE

The research is currently at the stage of the literature review. Pilot interviews will be conducted in Australia in September 2006. The upgrade is planned for March 2007. Fieldwork in the U.K. will be arranged for April 2007, with further fieldwork in Australia later in the year. The writing up of the research will take place in 2008.

This may change according to the availability of participants, including those in Australia and organising visits to agencies to interview participants.

1. METHODOLOGY

In this research I argue for a qualitative approach to explore the views of people who work directly with refugees and asylum seekers. Some of the methodological principles for this research are interdisciplinary study, a historical understanding, a holistic approach, and commitment to transnational social transformation (Castles, 2003, p.29).

I am keen to interview people in both the U.K and Australia about their views on the recent changes and the perceived restriction of policy, and the impact on social and cultural identity. I am interested in their experience of implementing the changes, the impact they see in terms of their workplace, their working practice, and any broader implications.

I will interview 12 people in each country, from Health and welfare services (VFST and QPAST) and the Medical Foundation for the Care of Torture and Trauma Survivors and the Traumatic Stress Clinic. There are a number of reasons for this decision including the ongoing relationship with the Australian services, with whom I have worked previously (over five years ago), evidence of high quality service provision to a client group with specialist and general needs, qualified and experienced staff, diverse service provision including individual casework and group work with adults and children, and finally the international reputation of credible services who play a role in influencing policy, and also are required to respond to it.

As noted above, the interviews will be tape recorded and transcribed. These data will be analysed with INVIVO (qualitative research software).

Having placed the research into a wider global and multidisciplinary context, I will look at the arguments for doing a comparative study, and relevant documentary sources in the form of official publications, policy documents, and the press.

1. ETHICAL ISSUES

There are limited risks posed in this research. One of the most key elements is protecting the identity of the participants who are interviewed. As I will not be interviewing refugees or clients of the services, the ethical risks will not impact on them. Similarly, if participants refer to clients, their identity will be protected. It is important that they retain anonymity, and is one of the reasons why it is argued that two agencies in each country are used. The sample will aim to address gender, role, ethnicity and experience in working with asylum seekers and refugees. The workers all speak English, if not as their first language, so the interviews will be conducted in English, taped and transcribed.

As noted above, informed consent will be gained in writing once the participant has accepted the invitation to be involved with the research. A letter will be sent to each person directly, clearly outlining the aims of the research, the methods and why I am interested in interviewing them about their perceptions of their work and overall environment.

There are always issues of power imbalances in conducting research. My professional background as a social worker has prepared me for conducting interviews, and working with a diverse client group. I have also had experience of managing large and diverse teams of people, and feel confident in my ability to ensure the interview is done in a relaxed manner, sensitive to the participants needs. If the interviewee did not want to continue the interview, or for some reason became distressed, the interview would be immediately terminated. If it were possible to re-negotiate the interview I would attempt to do so. If not, the participant's wishes will be respected and if consent is withdrawn, the material would not be included in the research.

Participants will be given clear directions if they need to complain about any aspect of the research. The key point of contact will be Dr Charles Watters. Any complaints made will be responded to in person if appropriate, and in a written response.

The participant will be informed about the limitations of confidentiality, and that if any information is disclosed which may pose a risk to the person themselves, another person or child, or any criminal activity, then this will be reported to the appropriate authority. If sensitive material emerges in the course of the interview, the researcher will identify an appropriate source of referral for the participant. If it were appropriate, the researcher could offer a debriefing interview.

The participant will be provided with information about how to contact the researcher, if they would like to make contact. All participants will be sent a copy of the research once completed.

It is not envisaged that the focus of the research will change, however if it does the researcher will re-submit an ethics proposal.

1. DATA PROTECTION

The researcher will be using digital recording equipment. The interviews will be transcribed by the researcher, and stored electronically. It will also be stored in hard copy for analysis. The data will be stored for the required five years on the Tizard Centre premises at the University of Kent. After this time the data will be destroyed and deleted from electronic sources. All transcribed interviews will be anonymised as will be the text in the research, and any publications.

DISSEMINATION

The research will be documented as a PhD thesis. All participants will receive a summary of the research, and a full copy on request.

The research will form the basis of publications and conference papers. As noted above, all references to individuals will be eliminated and anonymous. Pseudonyms will be used in all references to individuals, location (other than Australia and the U.K.), and organisations.

Kim Robinson	PhD Student	The Social Construction and Representation of Migration – A Comparative Study of Refugees in Australia and the United Kingdom	Approved with changes	5-7-2006
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Appendix 10. Letters of invitation to participants.

European Centre for the Study of Migration and Social Care.
University of Kent, United Kingdom.

To

31 August 2006

Dear,

My name is Kim Robinson, and I am writing to you in the capacity of a post graduate student. I am currently doing some research looking at the ways in which attitudes towards refugees and asylum seekers impact on people who work in services and on service delivery.

I would like to interview you about your experience. The interviews are very open, looking at key themes rather than specific questions. The interviews would take between an hour and two hours, and I would be able to do them at Foundation House, the Refugee Health Research Centre at La Trobe University, or another suitable location if that suits you better. I am keen to do the interviews in the first couple of weeks of September 2006, and am flexible about the time.

I attach the consent form for your information. If you have any queries please contact me on 0406 437 618.

Yours truly,

Ms Kim Robinson
PhD Student
University of Kent

Appendix 11. Consent form.**INFORMED CONSENT FORM**

TITLE OF THE PROJECT:

Working with asylum seekers and refugees: Dilemmas in adapting to changing social policy. A comparative study of frontline workers in refugee non-government organizations in Australia and the United Kingdom.

NAME OF INVESTIGATOR:

Ms Kim Robinson

DEFINITION OF THE PROJECT:

The aim of this research is to explore the ways in which the attitudes towards asylum seekers and refugees may have changed in recent times and influenced service delivery. I am interested in the views of social care workers and their perspectives. This research seeks to explore how service providers find a balance between planned and carefully delivered services and responding to increasing human needs and demands. The research will compare and contrast the experiences of the U.K and Australian models.

POSSIBLE HAZARDS INVOLVED:

The staff employed at specialist trauma services will be interviewed about their practice with asylum seekers and refugees. This may raise issues and emotions about the specific situation of their clients. Debriefing will be available after the interview if required.

All measures will be taken to ensure confidentiality of the staff member and the agency they work in.

TIME REQUESTED:

One to one interviews will be held in a private interview room. These will be recorded digitally, and will take approximately one to two hours each.

BENEFITS:

The research aims to benefit those working with asylum seekers and refugees and the agencies which specialise in working with this client group. It aims to identify areas of concern, and to strengthen the evidence for promoting good practice.

WITHDRAWING YOUR CONSENT:

You are free to withdraw your consent and to discontinue participation in the study at any time of the project. If you have any questions about the project you can direct them to

Dr Charles Watters
Director
MASC
University of Kent
Beverley Farm
Canterbury
CT2 7LZ
U.K.

COMPLAINTS:

If you have any concerns, worries or complaints about the project you can direct them to :

Dr Charles Watters
Director
MASC
University of Kent
Beverley Farm
Canterbury
CT2 7LZ
U.K.

INFORMED CONSENT:

Ihave read and understood the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time.

I agree that research data collected for the study may be published or provided to other researchers on the condition that my name is not used.

Signed:

Appendix 12. Interview questions.

PHD QUESTIONS (FOR PARTICIPANT)

INTRODUCTION

- Introduction as a researcher at UKC.
- Timeframe; one to two hours.
- Data; recorded and notes
- Confidentiality; anonymity of name and agency (will use Aus and U.K)
- How will the data be used; publishing the results and dissemination.

KEY THEMES

GENERAL

- What are the main problems facing asylum seekers and refugees at the moment?
- Can you describe how these have changed in your experience?

YOUR ROLE

- How would you describe your role?
- Can you reflect on the opportunities and constraints that you face in your role?

DILEMMAS IN PRACTICE

- Can you describe any dilemmas in your working practice? (efficiency versus effectiveness; 'good clients' versus 'bad clients')

GOVERNMENT POLICY

- How would you describe current government policy in relation to (a) refugees and (b) asylum seekers?

SOCIAL

- How would you describe the mood of the Australian/British people in relation to refugees and asylum seekers?
- How would you describe the role of culture in your practice?

PHD QUESTIONS

(FOR RESEARCHER: INCLUDES PROMPTS/AREAS OF ENQUIRY)

INTRODUCTION

- Introduction as a researcher at UKC.
- Timeframe; one to two hours.
- Data; recorded and notes
- Confidentiality; anonymity of name and agency (will use Aus and U.K)
- How I am going to use the data; publishing the results, dissemination.

KEY THEMES

GENERAL (orientation, current situation as compared to previously)

- What are the main problems facing asylum seekers and refugees at the moment?
- Can you describe how these have changed in your experience?

YOUR ROLE (task, effectiveness, stress, vicarious trauma)

- How would you describe your role?
- Can you reflect on the opportunities and constraints that you face in your role?

DILEMMAS IN PRACTICE ('street level bureaucracy', implementation of policy)

- Can you describe any dilemmas in your working practice? (efficiency versus effectiveness; 'good clients' versus 'bad clients')

GOVERNMENT POLICY (knowledge and understanding)

- How would you describe current government policy in relation to (a) refugees and (b) asylum seekers?

SOCIAL (external pressures, differences, culture, client groups perceived differently?)

- How would you describe the mood of the Australian/British people in relation to refugees and asylum seekers?
- How would you describe the role of culture in your practice?

Appendix 13. Thank-you letter to participants.



European Centre for the Study of Migration and Social Care.
University of Kent, United Kingdom.

To

17 March 2008

Dear,

I am writing to thank you for your participation in the research interview with me. The interview was very interesting and will assist me in looking at the comparison of service provision in the area of migration with the U.K. and Australia

I will send a copy of the interview, if you would like one, once it is transcribed. I will also provide you a copy of a summary of the research once it is completed, again, if you would like that. If you are interested in this, please let me know by email below.

Thanks again. Yours sincerely,

Kim Robinson

MASC

University of Kent

Beverley Farm

Canterbury

CT2 7LZ

U.K.

Phone +44 (0) 1227 824128

Fax +44 (0) 1227 763 674

K.Robinson@kent.ac.uk

Appendix 14. Correspondence from non-government organisations.**Case 1.**

after much discussion and deliberation (we) have decided it will not be possible at this time for X to assist you with your research program. (We) express our regret that currently X do not have the means to support such research, but that structures were being put in place so that X could be involved in projects in the future. (email contact)

Case 2.

To be honest, an hour out from my fire-fighting is a lot. I work for a 2-man organization and we get desperate calls from 600+ failed asylum seekers a month. We are crippled for time. I don't know who to suggest you approach because all the similar organizations we work with are in the same boat.

We all want to focus on the plight of asylum seekers rather than NGO workers, most of whom have British passports, get a salary (even if it's small) and have a warm home to go to at the end of the day. If we change the lack of justice for asylum seekers, NGO workers in the asylum rights field could give up their low-paid work and go back to the "normal" world and earn a proper salary, very happy in knowing asylum seekers had their rights.

sorry, I know this is not what you want. perhaps try someone at the X or some other big, funded organization - their staff may have the time. Again, very sorry. I wish things were different. (email contact).

Appendix 15

NVivo nodes (example of).

Tree Nodes

Name	Sources	References	Created
[-] Key issues facing AS&R	21	70	28/08
[-] Key issues facing AS&R			
Name	Sources	References	Created
[-] Asylum procedures	20	67	28/08/08
[-] Asylum Seekers	9	57	17/09/08
[-] Change of family roles	5	8	22/08/08
[-] Childcare	3	12	17/09/08
[-] Children	7	11	22/08/08
[+] Destitution	16	28	22/08/08
[+] Detention Centre	14	44	22/08/08
[-] Employment	16	25	01/10/08
[-] Family reunion	3	4	17/09/08
[-] Gender	9	17	22/08/08
[-] Health care	18	37	17/09/08
[-] Housing	11	18	17/09/08
[-] Human Rights	5	18	22/08/08
[-] Legal representation	3	4	08/10/08
[-] Mental health	14	34	01/10/08
[-] Poverty	6	9	22/08/08
[-] Racism	13	22	01/10/08
[+] Resilience	8	10	22/08/08
[+] Settlement	7	15	22/08/08
[-] Torture and trauma	8	10	22/08/08
[-] Violence	6	8	22/08/08
[+] Women	10	16	22/08/08
[-] Young People	6	15	22/08/08
Name	Sources	References	Created
[-] Methodological issues	5	6	17/09
[-] NGOs, Role	20	72	17/09
[-] NGOs, Role			
Name	Sources	References	Created
[-] Conflict with Imm	4	7	18/09/08
[-] Funding	5	8	25/09/08
[-] Partnerships	13	23	17/09/08
[-] Policy	9	16	17/09/08
[-] Preventing NGOs	5	5	17/09/08
Name	Sources	References	Created
[+] Political Context	18	60	19/08
[-] Role of frontline worker	28	167	17/09
[-] Role of frontline worker			
Name	Sources	References	Created
[+] Advocacy	15	34	22/08/08
[-] African Communities	9	29	17/09/08
[-] Asylum procedures	12	54	28/08/08
[-] Boundaries in doing social justice work	11	27	22/08/08
[-] Burn out	13	27	17/09/08
[-] Capacity building	11	15	22/08/08

Tree Nodes

Name	Sources	References	Created
Asylum procedures	16	62	13/09
Aus public response	16	57	22/08
Case studies	25	91	22/08
CBOs	1	2	10/10
Dilemmas	27	110	22/08

Name	Sources	References	Created
Asylum procedures	16	58	28/08/08
Boundaries in doing social justice work	17	36	17/09/08
Conflict with legal frameworks	9	17	28/08/08
Constraints	19	40	17/09/08
Critique of Counselling	3	6	22/08/08
Culture	19	41	22/08/08
Ethics	15	35	22/08/08
Gender	6	8	28/08/08
Human Rights	8	23	28/08/08
MH diagnosis PTSD	4	5	22/08/08
New arrivals	9	13	22/08/08
NGOs, Role	17	48	22/08/08
Welfare	14	20	22/08/08

Name	Sources	References	Created
Dispersal	1	1	05/11
Govt Policy	30	143	22/08

Name	Sources	References	Created
African Communities	9	29	17/09/08
Assessment	5	16	28/08/08
Asylum procedures	22	72	22/08/08
CBOs	1	1	17/09/08
Children	12	13	28/08/08
Citizenship	2	2	22/08/08
Destitution	14	27	01/10/08
DIMA	9	16	22/08/08
Education	12	32	22/08/08
Employment	14	23	22/08/08
Globalisation	4	7	22/08/08
Health care	18	38	05/11/08
Home Office	7	13	08/10/08
Human Rights	11	27	28/08/08
Humanitarian Entrants	9	17	22/08/08
Integration	7	9	22/08/08
International protection	18	40	22/08/08
Multi-culturalism	7	8	22/08/08
Poverty	5	8	28/08/08
Preventing arrivals	3	3	08/10/08
White Aus policy	1	1	22/08/08

Tree Nodes

Create	Created By	Modified On	Modified By
13/09/	KR	10/10/08 14:51	KR
22/08/	KR	26/09/08 14:44	KR
22/08/	KR	05/11/08 15:12	KR
10/10/	KR	10/10/08 14:23	KR
22/08/	KR	05/11/08 14:59	KR

Created On	Created By	Modified On	Modified By
28/08/08 13:09	KR	15/10/08 17:13	KR
17/09/08 13:34	KR	10/10/08 16:41	KR
28/08/08 13:10	KR	15/10/08 17:13	KR
17/09/08 14:15	KR	05/11/08 15:06	KR
22/08/08 13:24	KR	17/09/08 14:19	KR
22/08/08 13:24	KR	15/10/08 17:25	KR
22/08/08 13:24	KR	05/11/08 14:59	KR
28/08/08 13:29	KR	15/10/08 17:13	KR
28/08/08 13:27	KR	05/11/08 14:59	KR
22/08/08 13:24	KR	26/09/08 12:32	KR
22/08/08 13:24	KR	09/10/08 11:48	KR
22/08/08 13:24	KR	10/10/08 16:41	KR
22/08/08 13:24	KR	15/10/08 17:13	KR

Create	Created By	Modified On	Modified By
05/11/	KR	05/11/08 14:53	KR
22/08/	KR	05/11/08 15:12	KR

Created On	Created By	Modified On	Modified By
17/09/08 10:21	KR	17/09/08 10:21	KR
28/08/08 13:26	KR	09/10/08 15:00	KR
22/08/08 13:24	KR	10/10/08 16:41	KR
17/09/08 14:04	KR	17/09/08 14:04	KR
28/08/08 13:13	KR	05/11/08 15:11	KR
22/08/08 13:24	KR	01/10/08 16:13	KR
01/10/08 17:01	KR	10/10/08 16:44	KR
22/08/08 13:24	KR	26/09/08 14:41	KR
22/08/08 13:24	KR	15/10/08 17:15	KR
22/08/08 13:24	KR	01/10/08 17:27	KR
22/08/08 13:24	KR	15/10/08 17:13	KR
05/11/08 15:13	KR	05/11/08 15:15	KR
08/10/08 17:28	KR	05/11/08 15:11	KR
28/08/08 13:27	KR	05/11/08 15:11	KR
22/08/08 13:24	KR	09/10/08 11:48	KR
22/08/08 13:24	KR	15/10/08 17:15	KR
22/08/08 13:24	KR	10/10/08 15:05	KR
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28/08/08 13:14	KR	25/09/08 13:52	KR
08/10/08 17:05	KR	15/10/08 17:13	KR
22/08/08 13:24	KR	22/08/08 13:24	KR

Tree Nodes

Name	Sources	References	Created
Key issues facing AS&R	21	70	28/08
Asylum procedures	20	67	28/08/08
Asylum Seekers	9	57	17/09/08
Change of family roles	5	8	22/08/08
Childcare	3	12	17/09/08
Children	7	11	22/08/08
Destitution	16	28	22/08/08
Detention Centre	14	44	22/08/08
Employment	16	25	01/10/08
Family reunion	3	4	17/09/08
Gender	9	17	22/08/08
Health care	18	37	17/09/08
Housing	11	18	17/09/08
Human Rights	5	18	22/08/08
Legal representation	3	4	08/10/08
Mental health	14	34	01/10/08
Poverty	6	9	22/08/08
Racism	13	22	01/10/08
Resilience	8	10	22/08/08
Settlement	7	15	22/08/08
Torture and trauma	8	10	22/08/08
Violence	6	8	22/08/08
Women	10	16	22/08/08
Young People	6	15	22/08/08
Methodological issues	5	6	17/09
NGOs, Role	20	72	17/09
Conflict with Imm	4	7	18/09/08
Funding	5	8	25/09/08
Partnerships	13	23	17/09/08
Policy	9	16	17/09/08
Preventing NGOs	5	5	17/09/08
Political Context	18	60	19/08
Role of frontline worker	28	167	17/09
Advocacy	15	34	22/08/08
African Communities	9	29	17/09/08
Asylum procedures	12	54	28/08/08
Boundaries in doing social justice work	11	27	22/08/08
Burn out	13	27	17/09/08
Capacity building	11	15	22/08/08