Equality and Human Rights Commission
Research report 52

Refugees and asylum seekers
A review from an equality and human rights perspective

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Executive summary

This report examines the situation of asylum seekers and refugees from an equality and human rights perspective. Refugees and asylum seekers are a diverse group, with one thing in common: they are subject to forced migration, and are fleeing from persecution in their countries of origin. They have a range of intersectional identities and can experience discrimination on the grounds of any of the seven equality areas, or because of socio-economic factors. It is also important to remember that asylum seekers and refugees experience a range of distinct problems and inequalities due to their immigration status.

The report seeks to place the evidence within its legislative context but without going into the detail of case law. As there is little official data available on the group and few large-scale quantitative studies, the report draws strongly on qualitative and more localised studies to examine the situation with regard to a number of issues including, among others, health, education and employment.

Population and policy

The focus is on two distinct groups: asylum seekers and refugees.

- The term ‘asylum seeker’ is usually reserved for those who have applied for asylum and are awaiting a decision on their applications and those whose applications have been refused.
- The term ‘refugee’ is usually adopted for those who, having applied for asylum, have been given recognised refugee status. In addition, it also usually encompasses those who have received ‘exceptional leave to remain’ or ‘indefinite leave to remain’ (now included in the term ‘humanitarian protection’).

The data collection systems for these groups provide only a very partial picture. Official statistics give us data on the flows of asylum seekers entering the country who declare themselves principal applicants, but only limited data on the dependants who accompany them. Data allows us to count the number of principal applicants who were recognised as refugees, not recognised as refugees but given leave to remain, and those refused. We do not have information on the number of refused asylum seekers in the country at any one time, or on the number of those who entered the country as principal applicants for asylum and their dependants who remain in the country.

Over the past two decades the issue of migration has been a top public concern, not only in the UK but across Europe and in all industrialised countries. It is important to contextualise measures taken towards asylum seekers and refugees within the

broader range of measures relating to migrants and visitors to the UK. This is because government itself has increasingly sought to integrate the measures taken towards asylum seekers and refugees within broader migration policy. In addition, there is considerable merging of the categories of refugee, asylum seeker and migrant in the public imagination and in press coverage.

The plethora of new laws, policies and operational guidelines introduced in the UK in recent years suggests a continuing uncertainty as to how to address the issue of migration in general and asylum seekers and refugees in particular. The popular conflation of asylum seeking with associations of evasiveness and criminality and the consequent 'culture of mistrust' has done much to undermine the legitimate efforts of those who are genuinely seeking to escape from persecution.

Health status, health and social care

Only limited data are collected on the use of secondary healthcare by asylum seekers and refugees, and there has been little evaluation of their use of different primary care service models. It is clear that uncertainty and lack of clarity among service providers about asylum seekers' eligibility for secondary healthcare has resulted in concerns about the health of these groups, particularly during pregnancy. Strong evidence does exist to show the difficulties asylum seekers face accessing GP treatment. The consequences of these difficulties can be increased reliance on accident and emergency services and the resulting increased costs and pressure on these.

There are specific concerns around vulnerable groups. For women asylum seekers and refugees there is evidence of poor antenatal care and pregnancy outcomes, and low uptake of preventative healthcare measures concerning breast and cervical cancer. There is little evidence of the commissioning of services for disabled asylum seekers and no clear guidance exists on local authority responsibilities towards asylum seekers with care needs. Mental health problems including post traumatic stress disorder, depression and anxiety are prevalent among asylum seekers and refugees, and the provision of mental health services for survivors of torture and organised violence is widely regarded as inadequate.

The vulnerability and ill health of asylum-seeking and refugee children is an area of particular concern, as are the health needs of older refugees. There are also concerns around the provision of healthcare to asylum seekers in detention with communicable diseases and with HIV/AIDS.

Education, training and the labour market

The right to education is enshrined in a wide range of international and national conventions and laws. In practice, asylum-seeking and refugee children's right to education in the UK is hindered as a result of dispersal, residential instability, financial difficulties and inadequate support in schools. Evidence shows that these children can, with suitable measures, overcome the disadvantages they face at school, but initiatives to aid this are patchy and a key ongoing challenge is to identify and collate evidence of good practice and disseminate this. Access to higher education can be very difficult for asylum seekers due to the demand for overseas fees.

Refugees and asylum seekers face a range of barriers to learning, including problems accessing English for Speakers of Other Languages (ESOL) provision and lack of childcare, information and advice, and college places. Problems of access are particularly felt by women, older refugees and asylum seekers, those who are carers and those with a disability. English language acquisition is vital in the process of integration and cuts in provision have considerable negative consequences for asylum seekers and refugees.

There are low levels of labour market participation among refugees, as well as poor terms and conditions of employment, despite the high proportion of refugees and asylum seekers with prior education, qualifications and work experience. There is evidence of a range of initiatives to help refugee professionals, but barriers to employment are still experienced, particularly around non recognition of qualifications gained outside the UK, lack of technical English language and the expense of registration with professional bodies.

Poverty, destitution and access to accommodation and financial support

Asylum seekers are vulnerable to poverty and destitution (defined as not having adequate accommodation or support for themselves and their dependants for the next 14 days) as a result of a number of factors. These include: the circumstances in which they and their dependants arrive in the UK (often without money or accommodation), the complexity of the rules for entitlement to financial and other support for asylum seekers and those refused asylum, the occurrence of administrative and casework errors, and the fact that the vast majority of asylum seekers do not have permission to work. Evidence indicates that refused asylum seekers are the most disadvantaged group and evidence of destitution appears to run counter to Section 11 of Chapter 42 of the Human Rights Act 1988 and Council Directive 2003/9/EC.

Asylum seekers with care needs are particularly vulnerable to poverty and to falling through the gaps between Home Office and social services support. Other vulnerable groups include single women and those with children.

There are concerns about the specific requirements that asylum seekers must meet when lodging a claim in order to be eligible for support. The incompatibility of the Section 55 and 9 provisions with Articles 3 and 8 of the European Convention on Human Rights (ECHR) remains a key concern, as do the conditions that asylum seekers must comply with in order to receive Section 4 support. Complex issues surround the provision of support for unaccompanied asylum-seeking children, and there are doubts as to whether the UK's responsibilities under domestic legislation and international human rights principles are being fulfilled.

Legal and criminal justice system

Asylum seekers experience an interface with legal and criminal justice systems as soon as they enter the UK. Their entry is subject to a wide range of checks instituted by legislation, including the collection of biometric information. Age assessment procedures have also begun to include x-ray and other medical measures. It is important that these measures are continually monitored in order to ensure that they do not restrict the human right to claim asylum or increase the risk of *refoulement* (that is, returning someone seeking refuge against their will to a place where he or she could be persecuted).

Recent changes in the law around illegal working have increased the penalties employers face and have been accompanied by increased Home Office enforcement. It will be important to monitor the effect these measures have on refugees and other foreign nationals who are allowed to work, and whether employers become wary of employing anyone they judge as posing a possible risk of prosecution.

There are relatively few findings on how asylum seekers and refugees engage with the criminal justice system as service users, although there is evidence of harassment and racism towards newly arrived groups. Little specific evidence has been collected on hate crime towards these groups.

The legal process on asylum itself presents particular difficulties for certain groups. Women who have experienced gender persecution have been detained inappropriately in the fast-track system. In addition, there are strong concerns about the implementation of the UK Border Agency (UKBA) gender guidance when dealing with women's asylum claims, and how failing to provide a gender sensitive system means that the potential for fair rulings for women who have suffered gender

persecution is significantly reduced. Similar concerns arise around the lack of guidance for dealing with claims made on the grounds of sexual orientation or trans status, and a lack of awareness within the system of the persecution that LGBT (lesbian, gay, bisexual, trans) people suffer in some countries.

Integration and cohesion

Public perceptions about asylum tend to be negative and misinformed with widespread confusion about the difference between economic migrants, illegal immigrants, asylum seekers and refugees, and others. The term asylum carries many negative connotations, yet people do believe in the importance of offering 'sanctuary' to those who need it. Attitudes towards asylum seekers and refugees are influenced by a range of factors including political and media discourses, educational background, individual demographic characteristics, contact with ethnic minority groups, and income and labour market position.

There are some geographical areas where the perceived extent of cohesion is likely to be lower and where targeted action is needed. These include less affluent rural areas, those experiencing migration for the first time and less affluent urban areas where there may be competition for jobs.

It is vital that integration and cohesion issues are considered as part of the process that disperses asylum seekers around the country. Research on 'including' and 'excluding' neighbourhoods shows that refugees and asylum seekers find areas with histories of immigration more conducive to social inclusion and that there are higher incidences of harassment and assault of these groups in 'excluding' neighbourhoods. In addition, high levels of exclusion, unemployment and underemployment among refugees can result in dispersal areas becoming even more socially marginalised. But the fact that some areas have both high cohesion and deprivation suggests that local action can build resilience to the effects of deprivation.

Many refugees and asylum seekers build strong networks and actively attempt to integrate into their communities, but others feel isolated and vulnerable to harassment. Access to English language tuition is vital in this respect, not only to access employment and training but in order to build social networks and use everyday services. Groups more likely to meet barriers in doing this and to experience isolation include women, older and disabled refugees and asylum seekers, and those with caring responsibilities.

Geographical perspectives

Statistics on the location of asylum seekers in the UK are linked to the support that the asylum seeker receives, and the government publishes statistics broken down by

government office, local authority and parliamentary constituency. But the location of asylum seekers not in receipt of support is unknown. This makes it difficult to assess the equality challenges for public services at a local level. Dispersal has had the effect of distributing incoming asylum seekers across the UK with the consequence that, for some, the specialist services that had previously been established in London and the South East were no longer accessible.

Both the Scottish government and the Welsh Assembly government have taken independent stances on issues such as funding for healthcare, ESOL provision and policies on integration. Public attitudes towards asylum seekers and refugees have been identified as less hostile in Scotland and Wales than in some other parts of Britain, although problems remain.

Implications for data collection

The Commission has been developing an Equality Measurement Framework (EMF) comprising indicators that can be used to assess equality in society across 10 domains. The intention is that these indicators will be available at a national, regional and local level, be primarily quantitative, and be constructed using data collected by surveys or administrative systems. The scarcity of routinely collected administrative data on refugees and asylum seekers and lack of sampling frames for identifying asylum seekers who become refugees (necessary to obtain a representative sample in surveys and qualitative research) means that it is very difficult to populate the EMF with data on these groups.

The first data arising from a survey of refugees and a migrant survey (still at development stage) instigated by the Home Office will be available from 2010. This should provide some data for EMF indicators.

Key strategic issues and scope for intervention

There is an ongoing tension between policies relating to immigration control and those concerned with welfare. This lies at the heart of many of the concerns regarding the equality and human rights of asylum seekers and refugees.

- Processes for removal involving detention and deportation have been the subject of sustained criticism on human rights grounds relating to both the policies underpinning the process and its practical implementation. The fact that families with children are detained remains and a range of human rights concerns have been raised as to the implications of this for children.
- The treatment of unaccompanied asylum-seeking children in the UK, and the fact that only a fraction of children applying for asylum achieve refugee status, is another important issue to consider. The government's removal of the reservation

in relation to the UN Convention on the Rights of the Child is a welcome development, as is the duty to safeguard children's welfare created in the Borders, Citizenship and Immigration Bill, although the duty's acceptance of the need to detain families with children is disappointing. It remains to be seen how policies towards asylum-seeking children will change, and how the proposed duty will work in practice.

- Living conditions and support received by asylum seekers and refugees in the UK also cause concern. There are general inefficiencies within the system: many people do not know or understand the process, and receive different and conflicting advice from different agencies. On accommodation and support, the impact of the Section 55 and Section 9 provisions has been of considerable concern and, despite various clarifications and revisions by the government, may continue to have an adverse impact on asylum seekers. The quality of housing remains problematic and in some instances appears to conflict with the respect for family and home required by Article 8 of the ECHR.
- The restriction on asylum seekers' rights to work forms another key issue. The government sees the right to work as a possible incentive for people to come to the UK and wishes to maintain the restriction. The negative impact of this restriction on asylum seekers, especially those whose claims have been refused, remains a significant concern.
- There is evidence of problems of access to healthcare and serious deficiencies in terms of information available on refugees and asylum seekers. There is a serious lack of clarity with respect to the healthcare entitlements of asylum seekers and this feeds into confusion at ground level.
- Policies and practices within the asylum system covering the seven equality areas, as well as the treatment of vulnerable groups, also cause concern. The provisions put in place by UKBA in order to meet its legal requirements to take gender, race and disability into account have been criticised, and there is clearly a need for more rigorous and widespread equality impact assessments of the various aspects of the asylum system. Furthermore, less consideration is given to those equality areas not subject to the current equality duties. Ideally, the introduction of a new single equality duty covering all seven strands should help to initiate consideration of the issues affecting gay, lesbian, bisexual and trans asylum seekers, as well as those of different ages and with different religion or beliefs.

A number of key evidence gaps exist:

- The official data that is collected on asylum seekers reflects the immediate needs of government in tracking asylum seekers through the system. Once asylum seekers are given leave to remain, they are under no obligation to

disclose their refugee status. They become largely invisible in administrative data collection systems.

- Little focus has been given to intersectionality across the equality areas, or to multiple disadvantage. This report highlights a number of barriers that, for example, disabled and women refugees and asylum seekers face. When these multiple factors are combined with immigration status, it becomes clear that these groups experience a range of intersectional issues yet evidence to document this is limited.
- Our knowledge on where refugees and asylum seekers live is limited. We know numbers who have been dispersed who are living in supported accommodation down to local authority level, but we know nothing about asylum seekers who do not receive accommodation or other support, or whose claims are refused and then disappear from administrative systems.
- How these information gaps can be remedied is beginning to be addressed by government agencies such as the Office for National Statistics and the Home Office. These agencies' wider programmes of research, including the linking of administrative data from different government sources on refugees, will substantially improve our understanding of integration processes in this population. But it is unclear to what extent such sources will meet the needs of those commissioning and providing services at a local level.

Perhaps the time is right for an audit of routine data on asylum seekers and refugees to establish the full extent of the information gaps and implications for the range of stakeholders, especially local authorities, local education authorities and NHS organisations responsible for commissioning or providing services at a local level.

1. Introduction

> I came here to save my life. I did not come here to have a good life.
> (T, from Afghanistan, Rutter et al., 2007)

Refugees and asylum seekers are a diverse group, with one thing in common: they are subject to forced migration and fleeing from persecution in their countries of origin. They can be unaccompanied children, single men and women, single parents, families with children, or older people who have left families behind. Because of this diversity, they have a range of intersectional identities and can experience discrimination on the grounds of any of the current seven equality areas, or because of socio-economic factors. However, in recognising the multiplicity of experiences and identities of these groups, it is important to remember that asylum seekers and refugees also experience a range of distinct problems and inequalities due to their immigration status, and in these situations human rights legislation may be their only protection.

This report aims to examine the situation of refugees and asylum seekers in Britain from an equality and human rights perspective. As there have been several major pieces of asylum legislation in recent years, it seeks to place the evidence within the legislative context but without going into the detail of case law. As there is little official data available on this group and few large-scale quantitative studies, the review draws strongly on qualitative and more localised studies to examine the situation with regard to a number of issues including, among others, health, education and employment.

Report structure

Chapter 2 examines the available data on the refugee and asylum seeker population and introduces some of the major policy initiatives to set the context for the main body of the report. The next four chapters deal with specific policy areas, exploring each in turn to identify what is known about this group in relation to: health status, health and social care; education, training and the labour market; poverty, destitution and access to accommodation and financial support; and the legal and criminal justice system. Chapter 7 explores issues of integration and social cohesion while the following chapter takes a regional perspective, including the situation in Scotland and Wales. Chapter 9 addresses the lack of data available on refugees and asylum seekers and the implications of this for the Equality Measurement Framework being developed by the Commission and others. The report ends by drawing conclusions and suggesting key strategic areas for future policy intervention.

2. Population and policy

2.1 How the 'population' is defined for the study

In undertaking this review it is necessary to define the population. The focus is on the equality and human rights implications for two distinct groups of people, asylum seekers and refugees. While these are often discussed in the same context, there are important differences with respect to legal rights.

- The term 'asylum seeker' is usually reserved for those who have applied for asylum and are awaiting a decision on their applications and those whose applications have been refused.
- The term 'refugee', on the other hand, is usually adopted for those who, having applied for asylum, have been given recognised refugee status. In addition, it usually encompasses those who have received 'exceptional leave to remain' or 'indefinite leave to remain' (now included in the term 'humanitarian protection').

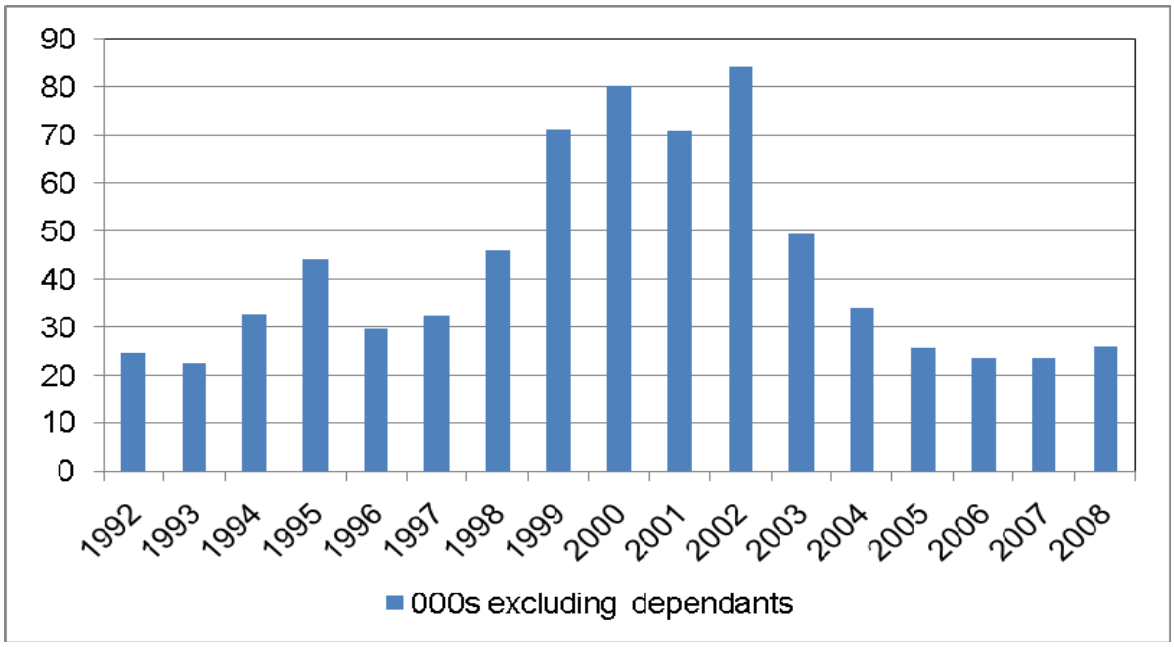
An important issue is how the study should regard refugees with respect to inclusion. One strategy would be to treat refugees as a cohort, such that all those who had entered the country as refugees would qualify as the 'study population', however long they had lived in the UK. Such a definition, for example, would include some 28,000 Asian Africans who, expelled from Uganda, came to the UK in 1972 and around 12,500 Vietnamese resettled in Britain between 1979 and 1982. However, it is clear that, over time, refugees become integrated in the life of the country. The research review has, therefore, adopted the arbitrary cut-off point of around 10 years' residence in the UK for refugees, a definition that is consistent with that used in other research studies (Thomas and Abebaw, 2002).

2.2 The refugee and asylum seeker population

The data collection systems for asylum seekers and refugees provide only a partial picture of the size and characteristics of the stocks and flows of this segment of the population. Home Office data is available for principal applicants for asylum and the most recent shows that in 2008 there were a total of 25,930 such applications for asylum (excluding dependants), 10 per cent more than in 2007. Ninety per cent applied in country, with 10 per cent applying at UK ports of entry. In general, numbers have fallen in recent years, the peak year being 2002 (the 23,385 applications in Q4 2002 and the 8,900 in October 2002 being the highest quarterly and monthly totals recorded) (Figure 2.1). UNHCR (the UN Refugee Agency) data show the UK had the second highest number of asylum applications, including

dependants, of the EU-27 countries in 2006; France had the highest. However, in terms of asylum applications per thousand inhabitants, the UK ranked twelfth.

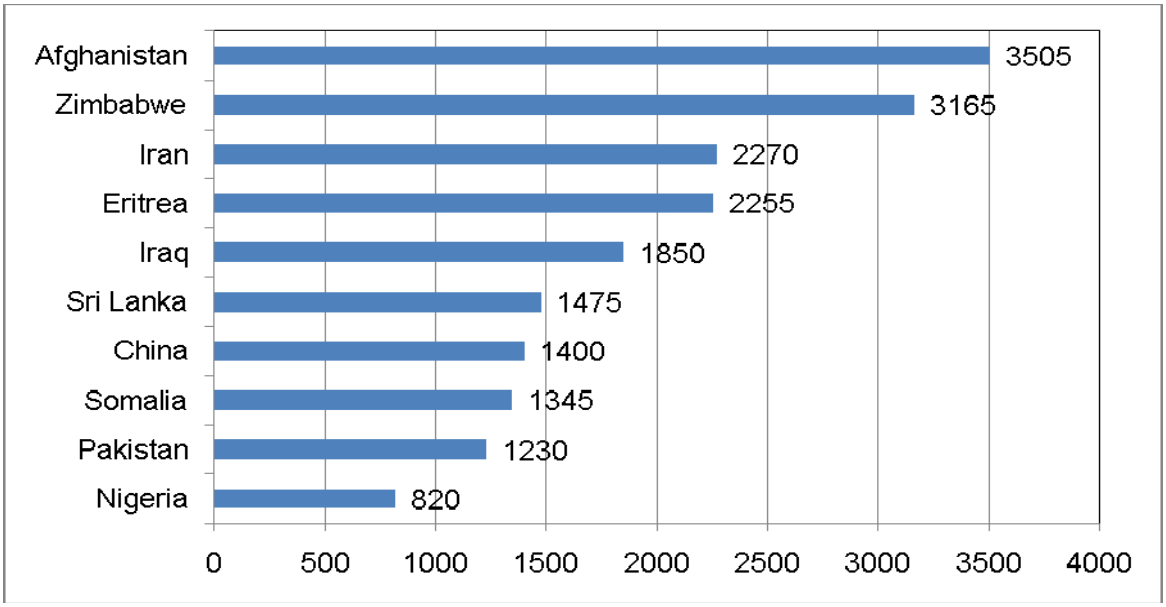
Figure 2.1 Applications for asylum, UK, 1992-2008



Source: Home Office (2009)

Only limited information is available on these asylum applicants, including their nationality. The top five applicant nationalities in 2008 were Afghanistan (13 per cent), Zimbabwe (12 per cent), Eritrea (nine per cent), Iran (nine per cent), and Iraq (seven per cent) (Figure 2.2).

Figure 2.2 Nationality of UK asylum seekers, UK, 2008



Source: Home Office (2009) Supplementary Excel Table, 2A

The Home Office also publishes data on the backlog of asylum applications waiting to be determined: this was 10,600 in December 2008, up by 46 per cent compared with the previous year.

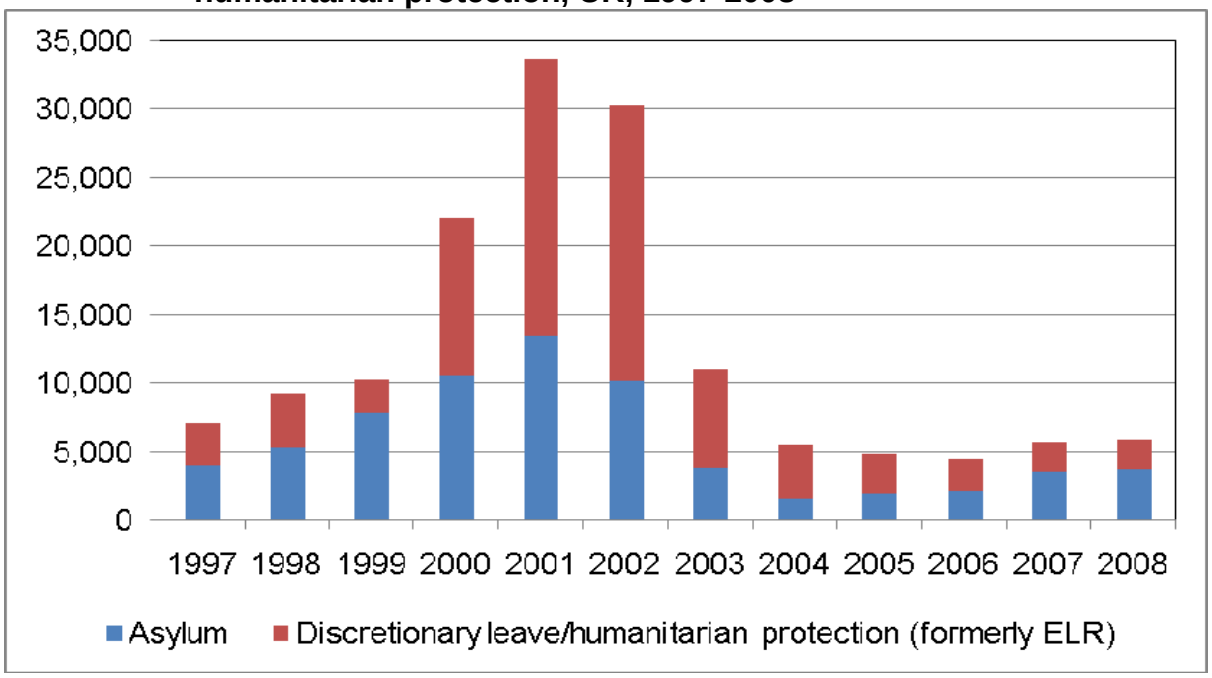
A variety of information is published on asylum decisions, including those granted refugee status. A total of 19,400 initial asylum decisions were made in 2008, 11 per cent fewer than in 2007, and fewer than the number of applications (25,930). Of these, 3,725 principal applicants were granted asylum, 19 per cent of the total. A further 2,165 people were granted discretionary leave to remain or humanitarian protection, 11 per cent of all initial decisions (Table 2.1, Figure 2.3). The most common countries of origin of those granted asylum in 2008 were Eritrea (30 per cent), Zimbabwe (14 per cent) and Somalia (13 per cent).

Table 2.1 Asylum decisions, 1995-2008

	Recognised as refugee and granted asylum		**Not recognised as refugee but given leave to remain**		**Refused**	
	Number	% of initial decisions	Number	% of initial decisions	Number	% of initial decisions
1995	1,295	5	4.410	16	21,300	79
1996	2,240	6	5.055	13	31,670	81
1997	3,985	11	3,115	9	28,945	80
1998	5,345	17	3,910	12	22,315	71
1999	7,815	37	2,465	12	11,025	52
2000	10,605	12	11,495	13	75,680	75
2001	13,495	11	20,190	17	89,310	72
2002	10,205	12	20,135	24	55,130	64
2003	3,865	6	7,210	11	53,865	83
2004	1,565	3	3,995	9	40,465	88
2005	1,940	7	2,880	10	22,655	82
2006	2,170	10	2,305	11	16,460	79
2007	3,545	16	2,200	10	16,030	74
2008	3,725	19	2,165	11	13,505	70

Source: Home Office (2009)
Note: Percentages may not add to 100 because refused decisions due to non-compliance or backlog criteria are not included.

Figure 2.3 Principal applicants granted asylum or discretionary leave/ humanitarian protection, UK, 1997-2008



Source: Home Office (2009)

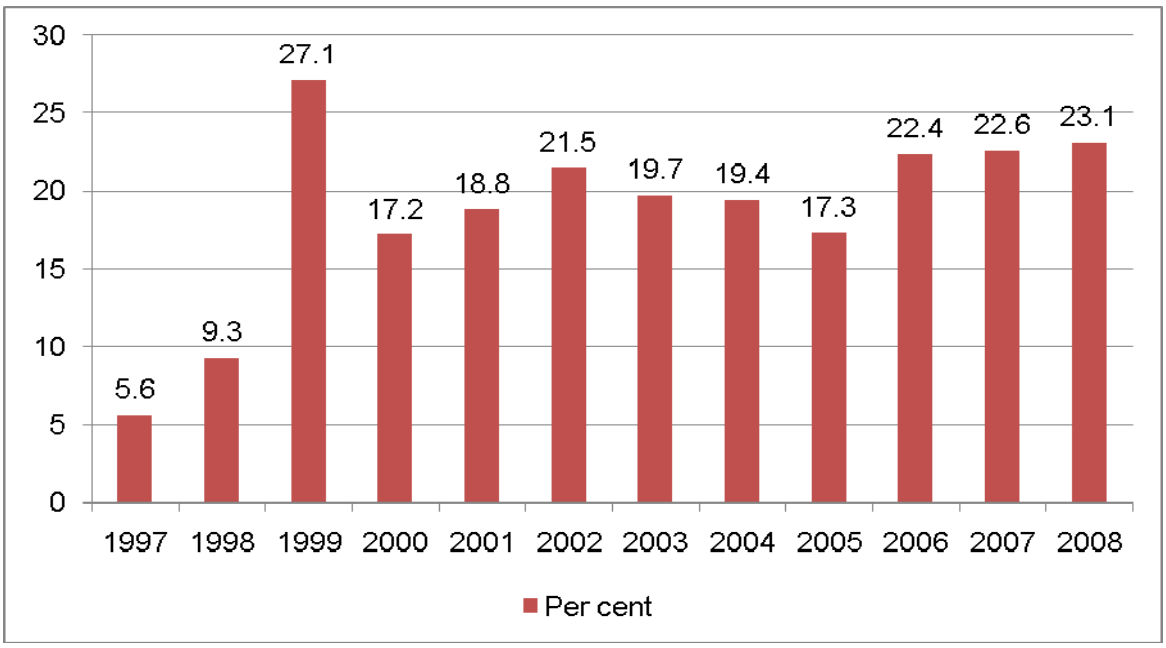
At the end of 2008 there were 10,600 cases awaiting an initial decision. Although this number is low compared to figures from earlier in the decade (in 2002, 41,300 cases were outstanding), it is a significant rise on recent years, representing a 36 per cent increase on 2007. In 2008, 10,720 asylum appeals were determined by adjudicators and judges, and 2,475 (23 per cent) of appeals determined were allowed, a slight increase on the previous year (Figure 2.4).

In addition to this routine reporting of data on asylum seekers, information is available for children. Local authority social services departments also collect data on these children. In 2008, 4,285 unaccompanied asylum-seeking children (UASCs) aged 17 or under applied for asylum in the United Kingdom, 15 per cent more than in 2005 (3,645). The majority (91 per cent, n = 3,905) were made in country; far fewer (five per cent, n = 215) made at port. The main countries of origin were Afghanistan 1,740 (40 per cent), Iraq 475 (11 per cent) Iran 375 (eight per cent), Eritrea 345 (eight per cent) and Somalia 95 (two per cent). A total of 3,375 initial decisions were made in 2008 on applications from UASC (Home Office, 2009).

In 2008, 2,675 initial decisions were made on UASCs who were aged 17 or under at the time of the initial decision. Of these, 285 (eight per cent) were granted asylum, 1,790 (53 per cent) were granted discretionary leave, and 585 (17 per cent) were refused. The remaining 700 initial decisions were made on UASCs aged 18 or over at the time of the initial decision. Of these, 50 were granted asylum, five were granted humanitarian protection, five were granted discretionary leave and 645 were refused.

Home Office figures for 2008 show that 615 children were removed from the country after being detained; 160 of these had been held in Tinsley House and 445 in Yarl's Wood detention centres while 385 of these children were classified as asylum detainees.[1] In September 2006, local authority data estimated there were around 5,700 UASC supported by local authorities, excluding cases that pre-dated the establishment of the asylum support system in April 2000 (estimated at up to 50 cases in December 2006).

Figure 2.4 Appeals allowed, UK, 1997-2008



Source: Home Office (2009)

Clearly, the statistics collected by the Home Office leave many gaps. They give us data on the flows of asylum seekers entering the country who declare themselves as principal applicants. However, we have only limited information on the number of dependants who accompany them. In addition, widespread concern has been expressed about the numbers who enter the country illegally, that is, undocumented migrants who do not subsequently make an asylum application and any dependants who might accompany them. Estimates of these migrants are indicative and frequently contested. With respect to asylum decisions, data is available for those who were principal applicants, so we are able to count the number of principal applicants who were recognised as refugees, not recognised as refugees but given leave to remain, and those refused. We do not have information on the number of failed asylum seekers in the country at any one time. Since the phasing out of embarkation controls in 1994, the government has not been able to produce an accurate figure for the number of people who are in the country illegally, including failed asylum seekers: '…by its very nature it is impossible to quantify accurately and that remains the case' (House of Commons Hansard, 2008a).

With respect to outflows, we only have limited data on those identified through the National and Immigration Directorate procedures. However, as part of the government's 10-point plan for delivery, from December 2008 the majority of foreign nationals have been counted in and out of the country, a measure encompassed in a wide-ranging programme of border protection which includes the global roll-out of fingerprint visas, compulsory watch-list checks for all travellers from high-risk countries before they land in Britain, and identity cards for foreign nationals.

Information on numbers of both asylum seekers and refugees is equally difficult to compile. We have no reliable count of all those who entered the country as principal applicants for asylum and their dependants who remain in the country (including those not recognised as refugees nor given leave to remain but who subsequently ceased to be traceable). Estimates can be compiled of those who were recognised as refugees and granted asylum but statistics are not available on those refugees who subsequently left the country. Thus, we have no data on the prevalence of asylum seekers or refugees in the population of the kind needed for denominators in the calculation of rates. Reliable estimates of these numbers from sources such as government social surveys are impeded as some – such as the Labour Force Survey – only survey people who have been in the country at least six months. Thus, it is not possible to say what proportion of the migrant population in the Census 16 ethnic categories came to this country as asylum seekers and what proportion are currently refugees. This presents a major limitation on our efforts to undertake population-based analytical studies of the asylum seeker and refugee population.

The government does attempt to make estimates of the contribution of asylum seeker flows to international migration but these are indicative only. The data used differs from that published by the Home Office. In order to fit with the United Nations recommended definition of an international long-term migrant, it only includes cases where the asylum seeker remained in the UK for more than 12 months. The data also excludes a number of asylum seekers that are accounted for already in International Passenger Survey (IPS) estimates of migrants, and the adjustments include both principal applicants and their dependants, whereas Home Office figures generally exclude dependants.

2.3 The broad policy context

Refugees and migrants in the UK

> Asylum seekers, regardless of their immigration status, are human beings, with fundamental and basic rights, needs and aspirations ... the UK's treatment of asylum seekers says something about the society we live in and the kind of country we want to be.
> (Joint Committee on Human Rights, 2007a)

Over the past two decades the issue of migration has been at, or close to, the top of public concerns, not only in the UK but also across Europe and in all industrialised countries. Currently the UK can be characterised as allowing three distinct types of migrant: those from the European Union (EU) and other European Economic Area nationals; those who come to the UK to visit, work or study; and those who are fleeing persecution. The first category includes the high numbers of migrants from EU 'accession countries' such as Poland, Lithuania and the Czech Republic who have displaced asylum seekers at the forefront of public and media concern and debate with some estimates suggesting that as many as one million Poles have arrived in the UK since 2004. However, the economic downturn is likely to halt, and in some cases, reverse this trend (Somerville and Sumption, 2009). The second category includes tourists who are generally welcomed and important to the economy and those who come to work or study. The government has expressed some concerns about this category as some people are thought to extend their stay by moving from the category of visitor to that of work or study. While the government has considered the potential for reducing the length of short-stay visits from six to three months, in its response to the consultation on visitors, it concluded that the maximum leave for tourists should remain at six months. However, it adds that it will:

> ... keep our approach to this under review as we develop the capacity to count foreign nationals in and out of the country.
> (Home Office UK Border Agency 2008:7)

While the third category of asylum seekers and refugees is the subject of this report, it is important to contextualise measures taken towards this group within the broader range of measures relating to migrants and visitors to the UK. This is the case for at least two reasons. One is that government itself has increasingly sought to integrate the measures taken towards asylum seekers and refugees within broader policy towards migration. The Home Office five-year plan announced in 2005, and a cornerstone of policy in the area, clearly integrates asylum seekers and refugees within a context of wider measures aimed at controlling borders and immigration. The report states explicitly that, since the late 1980s 'there has been significant abuse of

the asylum system by those who are economic migrants but claim to be persecuted' (2005:17). As argued by a number of researchers, this perception is evidence of a pervasive 'culture of mistrust' towards asylum seekers (see, for example, Finch 2005; Joint Committee, 2007a; Watters, 2008).

A second and related reason is that there is considerable merging of the categories of migrant, refugee and asylum seeker in the public imagination and in press coverage. Press coverage has been almost universally negative and routinely portrays asylum seekers as unscrupulous 'scroungers' duping a gullible government into providing increasingly generous packages of support. Added to this is a general perception that the country is receiving considerably higher numbers of asylum seekers and other migrants than is the case. This is discussed in greater detail in Chapter 7. As noted above, the number of people claiming asylum has in fact fallen considerably in recent years. These negative perceptions have been instrumental in fuelling public disquiet about asylum seekers and refugees and this has resulted in widespread verbal and, on occasions, physical abuse. UNHCR has pointed to the lack of political leadership in dealing with the problem:

> The asylum debate in many industrialised countries is essentially a public debate, with politicians responding to what they perceive to be the mood of their electorates. The numbers of both refugees and asylum seekers are at their lowest levels for 13 years. In the view of the UNHCR, the UK now has the time and the space to take a more rational approach to the management of asylum, and to make a concerted effort to dispel some of the hysteria surrounding the issue.
> (UNHCR magazine 142, 2006:3)

Indeed, the number of new laws, policies and operational guidelines introduced in the UK in recent years more than suggests a continuing uncertainty as to how to address the issue of migration in general and asylum seekers and refugees in particular. As in other industrialised countries, a central distinction is drawn between the 'genuine' refugees the country has a long and proud history of supporting, and those who are not genuine and variously described as illegals, illegal immigrants, undocumented migrants, irregular migrants or bogus asylum seekers. The popular conflation of asylum seeking with associations of evasiveness and criminality and the consequent 'culture of mistrust' has done much to undermine the legitimate efforts of those who are genuinely seeking escape from persecution (Bhabha and Finch, 2006).

Policy and practice at UK borders

The right to 'seek and enjoy in other countries asylum from persecution' is enshrined in Article 14 of the Universal Declaration of Human Rights and incorporated in various conventions to which the UK is a signatory. However, there is concern that

measures aimed at enhancing the security of the UK's borders may have the effect of making it very difficult for genuine refugees to find a means of entering the country and making their claim for asylum. Measures taken since the mid-1990s include increasingly stringent controls on visas from countries associated with a risk of immigration abuse including 'a substantial increase in the nationalities that require visas just to pass through the UK' (Home Office 2005:25). This is viewed as having had a significant impact on unfounded asylum applications. Further measures aimed at deterrence include the expansion of surveillance at borders to detect would be migrants by mechanisms such as heartbeat detector machines, dogs, carbon-dioxide sticks and x-ray machines. In 2002, an estimated 12 per cent of lorries at the Port of Dover were subjected to one or more of these surveillance techniques (House of Commons, 2002). These measures were accompanied by an expansion of carrier liability regulations and companies shown to have transported illegal immigrants are now subjected to substantial per capita fines. These are applied to airlines, trains and ferry companies, and to hauliers that carry people and do not have the right documents (Home Office 2005:26).

A further significant measure has been the introduction of juxtaposed UK border controls on the territories of France and Belgium. Thus the decision as to whether or not to admit someone to the UK can effectively be made on the territory of another country. In announcing this measure in 2004, then Home Office minister Beverley Hughes announced that:

> We are effectively moving our borders across the Channel - UK immigration officers will be able to stop would-be illegal immigrants even before they set off for the UK. We are making it more and more difficult for illegal immigrants to get into Britain.
> (Home Office, 2004)

One of the problems here from a human rights and humanitarian perspective is that these measures may also have the impact of denying the internationally agreed rights of people to seek asylum. This was the conclusion that the Refugee Council recently reached as a result of its one-year research study of overseas UK borders, focusing in addition on the situation in Turkey, where many asylum seekers' journeys are halted (Reynolds and Muggeridge, 2008). The researchers stated that:

> The plethora of UK border controls placed overseas and aimed at preventing irregular migration is preventing refugees fleeing from their own countries and getting to a place of safety.
> (Reynolds and Muggeridge, 2008:4)

The implications of juxtaposed controls have been examined by Bhabha and Finch (2006) in the context of their report on separated children in the UK. They make the following general comment on the controls followed by an expression of specific concerns in relation to separated children:

> If a traveller is not entitled to enter the UK under the Immigration Rules, they are turned back at that point. There are no statistics on the numbers of individuals refused leave to travel to the UK or whether any of those refused are unaccompanied or separated children. This lacuna clearly breaches the recommendation contained in paragraph 20 of the UN Committee on the Rights of the Child's General Comment No. 6 (2005) which states: A determination of what is in the best interests of the child requires a clear and comprehensive assessment of the child's identity, including her or his nationality, upbringing, ethnic, cultural, and linguistic background, particular vulnerabilities and protection needs.
> (Bhabha and Finch, 2006:26)

This raises the broader issue of those who are deterred from entering the UK who may have legitimate protection needs and those who:

> ... are in need of international protection offered by the Refugee Convention but are not coming into contact with the authorities and have no access to the means of claiming asylum.
> (Bhabha and Finch, 2006:27)

It is a matter of concern that human rights issues relating to processes of entry, while significant, are rarely given the attention they merit in investigations of the position of asylum seekers in the UK. In the 2007 Joint Committee on Human Rights report on the treatment of asylum seekers, practices relating to those seeking to enter the UK received relatively scant attention. However, the Independent Asylum Commission's (IAC) first report of recommendations and conclusions (2008a), which followed a nationwide citizens' review of the UK asylum system, argued that 'the UK should have an effective system for controlling our border that lets people seeking sanctuary in, as well as keeping irregular migrants out' (2008a:1).

Policies towards children

In a major investigation of policy and practice towards separated children in the UK, US and Australia led by the Harvard University Human Rights Committee, the authors note that while there are serious deficiencies in policy and practice in the UK it generally compares favourably to the other countries studied with 'striking examples of good practice, of careful reform and of sensitive intervention'. Specifically they commend the:

> ... careful reforms relating to holistic age determination processes and the inclusion of unaccompanied and separated child asylum seekers within the overall provisions of the Children Act.
> (Bhabha and Finch, 2006:177)

These observations have been reflected in a recent comparative study of the reception of asylum seekers in the EU (Watters and Hossain, 2008). However the Harvard authors also note a negative aspect, including:

> ... disturbing evidence of discrimination against children, of indifference towards the hardships they encounter and of wilful violation of international human rights treaty obligations.
> (Bhabha and Finch 2006:177)

They point to a need to enhance the role of immigration authorities at ports of entry in order to offer further protection and care to children who have been trafficked. They also raise concerns about processes of age determination, noting that between 2001 and 2004 the number of children whose ages were disputed has risen rapidly from 11 per cent to 37 per cent, again suggesting evidence of the wider 'culture of disbelief' referred to above. While the authors rightly commend the holistic model of age assessment pioneered by Kent County Council and immigration officials at the Port of Dover, it should be noted that this constituted a limited pilot study evaluated by the University of Kent (Watters, 2005). It has not been replicated more widely and emphasis remains on using controversial physiological scans to determine age, a practice already used in many other EU countries (Essakkili, 2007).

The issue of detention will be discussed below and it must be noted that this is an area of concern in relation to refugee children. While the UK government broadly accepts that unaccompanied or separated children should not be detained, Bhabha and Finch have noted that in practice 'some unaccompanied or separated children were being detained as a result of being wrongly assessed as adults' (2006:183).

The vast majority of referrals from age-disputed children in 2002-03 had been detained in Oakington Reception Centre. According to the Joint Committee Report, children in families are detained 'in significant and growing numbers' (2007a:76). The committee reported that in 2005, 1,860 children were detained under immigration powers (not including those who were age disputed), the majority of whom (85 per cent) were asylum detainees. The Joint Committee concluded that:

> The detention of children for the purpose of immigration control is incompatible with children's right to liberty and is in breach of the UK's international human rights obligations.
> (Joint Committee on Human Rights, 2007a:80)

The government responded to the effect that the vast majority of children in detention are there with their families and it is in the best interests of the child that they remain with their parents. It argues further that 'families with children are normally detained for very short periods and usually at the point of removal' (Joint Committee on Human Rights, 2007b:30). Nevertheless, the lack of specificity implied by the words 'normally' and 'usually' suggests a potential cause for concern. On the issue of age-disputed persons, the government points out that:

> The criteria for detaining a person whose age has been disputed was strengthened so that only those whose appearance and/or demeanour very strongly indicates that they are significantly over 18 and no other credible evidence … exists to the contrary could be detained.
> (Joint Committee on Human Rights 2007b:30)

The Children's Commissioner for England recently raised concerns as to whether the detention of children is compatible with international human rights instruments such as the UN Convention on the Rights of the Child (UNCRC). After a visit to Yarl's Wood detention centre in early 2009, the Commissioner's report argued that:

- Detaining children for administrative reasons is never likely to be in their best interests or to contribute to meeting the government's outcomes for children under the Every Child Matters framework.
- Exceptional circumstances for detention must be clearly defined and only used as a matter of last resort and for the shortest period of time in line with the requirements of Article 37b of the UNCRC.
- The UK Border Agency (UKBA) should develop community-based alternatives to detention that ensure that children's needs are met, and their rights not breached during the process of removal.
- UKBA should set out the accountabilities of all agencies (from the Home Office through to the providers) clearly and unambiguously so that all detainees, interested agencies and the public are aware of the respected agencies' responsibilities and accountabilities with regard to the detention and removal of all failed asylum seekers (11 Million, 2009:7).

The Children's Commissioner's 2010 follow-up report on a further visit to Yarl's Wood Immigration Removal Centre (11 Million, 2010) found that, while significant progress had been made, there were issues around the circumstances in which asylum seekers were arrested and brought into detention, the process of detention itself, and the conditions to which families return:

- Some children were admitted for prolonged periods and sometimes repeatedly.

- Children's experience of arrest continued to cause distress, including the way homes were entered, being physically escorted from their homes, and the use of separate vehicles to transport children and parents at the point of arrest.
- Children's emotional state was inadequately recorded on nursing assessment forms.
- Difficulties were experienced in obtaining healthcare records from the child's previous GP and parents still arrived without possessing the parent-held health record.
- With respect to safeguarding children, there was failure to recognise harm in specific cases.
- Children in detention had emotional and psychological needs that were not always being met.
- The failure to draw on information from the different statutory agencies in preparing Welfare Assessment Reports led to inappropriate decisions about continued detention.
- Educational opportunities were missed with respect to advice on breastfeeding, preparation of formula milk, and the cleaning and sterilising of bottles for families at risk of removal.

The IAC's third report of conclusions and recommendations specifically stated that children should be treated as children, that the best interests of the child should be paramount, that detention for children and unaccompanied young people should be stopped, and that urgent consideration should be given to a form of guardianship for unaccompanied asylum-seeking children (2008c).

The organisation Refugee and Migrant Justice has argued that asylum-seeking children and young people are still subject to a 'culture of disbelief'; that incorrect age assessments are still made; that children are forcibly removed from the UK; that they are interviewed without legal representatives, and that they are kept in detention (Refugee and Migrant Justice, 2009).

In 2008, following a six-month Home Office review of the general reservation on immigration and citizenship to the UN Convention on the Rights of the Child (UNCRC), the government announced its withdrawal of the reservation. This meant that children who are subject to immigration control became entitled to the fundamental human rights set out in the UNCRC. UKBA then published a new 'code of practice for keeping children safe from harm' which came into force in January 2009. The code stated that 'the law and policy relating to asylum and immigration, and the law and policy relating to the welfare of children, should be in step with each other' (2009a:4) and set out some key principles that UKBA must follow.

The code was positively welcomed by stakeholders. However, it was superseded in November 2009 by Section 55 of the Borders, Citizenship and Immigration Act 2009. A new statutory duty requires the UKBA to make arrangements to safeguard and promote the welfare of children in discharging its immigration, nationality and general customs functions. The duty contains a list of underlying principles that must be followed when dealing with any children, including that work with children should:

- be child centred and rooted in child development
- ensure equality of opportunity
- support the achievement of the best possible outcomes for children and improve their wellbeing, and
- involve children and families, taking their wishes and feelings into account.

However, these principles are accompanied with a statement that 'the UK Border Agency should seek to reflect them as appropriate' (UKBA and DCSF, 2009:11). Separate principles follow specifically for UKBA, including:

- every child matters, even if they are someone subject to immigration control
- in accordance with the UNCRC, the best interests of the child will be a primary consideration (although not necessarily the only consideration) when making decisions affecting children
- ethnic identity, language, religion, faith, gender and disability are taken into account when working with a child and their family
- children should be consulted and the wishes and feelings of children taken into account wherever practicable when decisions affecting them are made, even though it will not always be possible to reach decisions with which the child will agree, and
- children should have their applications dealt with in a timely way that minimises the uncertainty that they may experience (UKBA and DCSF, 2009:15).

While the previous code of practice stated that the detention of children beyond 28 days must be reviewed and personally authorised by a Home Office Minister, the new duty does not stipulate this. The new duty states that 'unaccompanied or separated children must be detained only in the most exceptional circumstances while other arrangements for their care and safety are made' (2009:17), and that 'families who have no right to be in this country must be encouraged to leave voluntarily and detention should be used only as a last resort and for the shortest possible time' (2009:17). It takes as given that the detention of some children with their families is necessary, setting out measures to govern the care of families and children in detention.

New Asylum Model (NAM)

The introduction of a New Asylum Model (NAM) will be discussed further in Chapter 5, particularly in relation to arrangements for asylum seekers' accommodation and welfare. The model was introduced as part of the government's five-year strategy announced in 2005 in the document *Controlling Our Borders: Making migration work for Britain* (Home Office, 2005). The government describes the introduction of the new measures as emanating from the successes of the existing procedures, most notably the reduction in the number of asylum applications from nearly 9,000 claims a month in 2002 to 3,000 a month in 2005, and the quickening of processes of asylum determination and removal. Further factors cited include the EU-wide Eurodac fingerprint database resulting in the removal of 200 asylum applicants per month to other EU countries under the terms of the Dublin Convention. Furthermore, applicants from countries deemed to be 'safe' since 2002 have not been allowed to remain in the UK while appeals have been considered.

EU cooperation in the field has resulted in three conceptual elements of an EU-wide asylum policy: the notion of 'manifestly unfounded' asylum claims; the idea of 'safe third countries' transited by asylum applicants en route to their destinations, in which it is assumed a genuine refugee would have claimed asylum; and the idea that there are countries in which no serious risk of persecution is deemed to exist (Good, 2007:50). The notion of an operational list of 'safe' countries is contrary to the advice of the UNHCR which stresses that claims should be considered on their individual merit and not by blanket assessments of the general situation in countries of origin. The list was abolished by the 1999 Act but a further version was introduced in 2002 and extended in 2003 to involve a range of countries including Sri Lanka (Good, 2007:102). A list, as such, is no longer in operation.

Key features of NAM include a new screening process that enables the Home Office to place cases in distinctive tracks in accordance with the characteristics of their claims. The aim is to ensure that cases are dealt with promptly, resulting in either rapid removal or integration. The government suggests an a priori list of five types of claim under which every asylum claim will fit. These all have different degrees of legal and administrative complexity and the placing of asylum seekers in one or the other category aims to ensure that the system does not get bogged down through giving inappropriate degrees of attention to cases. A feature of the new system that has been generally welcomed by agencies involved in the care of asylum seekers and refugees in the introduction of a single case worker who will be responsible for an asylum claim until it is resolved. The Refugee Council has identified this aspect as having the potential to have a 'positive impact on the quality of decision-making' (2007:4). The Joint Committee also welcomed the model as having the potential 'to improve the timeliness of decision-making and the quality of support to asylum

seekers and refused asylum seekers' (Joint Committee, 2007a:29). The IAC stated that 'in recent years there have been significant improvements in the way we decide who needs sanctuary, for which we commend the UK Border Agency' but went on to recommend that UKBA 'takes steps to address remaining flaws' (2008a:1).

From 5 March 2007 all new applicants came under the new model and are dealt with by either case owners in a number of regional teams, or through 'detained routes' or the Third Country Unit. A separate Case Resolution Directorate deals with the majority of applications made prior to this date. There are a total of around 25 teams each comprising 12 case owners allowing for a maximum capacity within the non-detained teams of 18,000 new cases per year. The broad policy of dispersal is continuing, albeit to increasingly defined regions where welfare support is provided through regional consortia.

Despite having some potentially positive elements, concerns have been expressed on aspects of the new proposals. The tightness of the timescale for decisions to be made with respect to 'fast tracked' applications may result in inadequate opportunities to organise legal representation or to disclose difficult or traumatic experiences such as rape, or persecution on the grounds of sexual orientation. This is discussed in greater detail in Chapters 3 and 6. Furthermore, the Refugee Council argues that 'decisions to place asylum seekers in faster segments before their claim has been heard runs the risk of prejudging the outcome of asylum claims' (2007:6).

There are further concerns about the pace of change with Citizens Advice and the Refugee Council highlighting concerns regarding incomplete preparation, including adequate briefing to those working in the field and potential deficiencies in staff training (2007:7).

As the new system is in its infancy at the time of writing, there is currently little evidence as to its potential impact on the various strands covered in this report. There is however, a reasonably based concern with respect to the implications for welfare support for those in the 'fast-track' elements of the new system. There is an urgent need for careful independent scrutiny of the process.

2.4 Summary

This section has given a broad overview of the policy context affecting refugees and asylum seekers in the UK, in order to set the scene for the following chapters, which look in greater depth at a range of issues including health, employment, education, economic support and integration. There are several key issues highlighted by this section:

- Migration has consistently been high on the agenda of public and governmental concerns over the last two decades. The government has increasingly sought to integrate the measures taken towards asylum seekers and refugees within broader policy on migration, and at the same time there has been considerable merging of different types of migrant within public perceptions. The ‘culture of mistrust’ and association of criminality and evasiveness with asylum seekers has hindered the efforts of those genuinely trying to escape persecution.
- The overabundance of new laws, policies and guidelines in the UK suggests a continuing uncertainty on how to address migration in general and asylum seekers and refugees in particular.
- Heightened measures to enhance the security of the UK’s borders and the introduction of juxtaposed controls can have the effect of denying the internationally agreed rights of people to seek asylum.
- While the UK’s policies towards asylum-seeking children and young people have been seen by some as comparing favourably with some other countries, there remain a number of significant concerns, including the protection offered to children who have been trafficked, age determination processes and the detention of children.
- The New Asylum Model has been recognised as having some positive features, particularly the introduction of a single case owner for each claim. However there are still ‘flaws’ in the system, and there are particular concerns about the speed in which the new model was introduced, and whether UKBA staff had enough time to be trained.
- There are also concerns around the fast-track model and whether the tight timescales it involves give claimants adequate time to access legal representation or to disclose difficult experiences of torture, rape and persecution. The rhetoric that underlies the new system has also provoked concern from a humanitarian aspect, particularly the concept of unfounded claims and safe third countries.

3. Health status and health and social care

This chapter documents the areas of disadvantage experienced by asylum seekers and refugees in accessing health and social care services and considers disparities in health and social care outcomes. It looks firstly at issues around provision and access of health and care services, and then goes on to explore health issues and needs that impact upon particular groups of refugees and asylum seekers. The chapter identifies a number of key human rights and equality issues, and the areas that these fall into are:

- Asylum seekers' access to and use of primary care.
- Asylum seekers' access to and use of secondary care.
- Gender specific needs.
- Age specific needs.
- Disability related needs.
- Mental health needs.
- The health needs of asylum seekers in detention.
- The needs of those with communicable diseases.
- The needs of those with HIV/AIDS.
- Death registration.

3.1 Access to and use of care services

Primary care

Asylum seekers may apply for registration with a General Practitioner: GPs must consider such applications on their merits and decline them only if their patient list is formally closed to new registrations or if the practice has other valid and non-discriminatory reasons for refusing an individual. Department of Health (DoH) guidance for England and Wales indicates that GP practices have the discretion to accept failed asylum seekers (including those getting Section 4 support while awaiting departure from the UK) as registered NHS patients or to continue an existing registration. Currently there is no legislation that requires GPs to charge refused asylum seekers for emergencies or treatment that is immediately necessary. At present, the 2009 Court of Appeal judgement (see below) does not affect entitlement to GP care. However, rules of entitlement have been the subject of a period of public consultation[2] and the DoH has indicated that it will continue to address the broader issue of failed asylum seekers' access to both primary and secondary NHS healthcare by foreign nationals. The position remains that there is no law preventing GPs from treating refused asylum seekers and GPs have the discretion whether or not to register refused asylum seekers.[3]

However, there is now an extensive evidence base on the difficulties experienced by asylum seekers in accessing GP treatment. The Joint Committee reported the following problems: the difficulties experienced in registering with a GP (the burden of documentation required to prove address and/or identity, including lack of address for rough sleepers or those in very temporary accommodation); unwillingness to register asylum seekers for time/resource reasons; eligibility mistakes made by receptionists and others in GP surgeries; and a shortfall in the availability of interpreting services. One of the consequences of these difficulties is an increased reliance on accident and emergency services as a substitute, resulting in increasing healthcare costs and pressure on A and E services.

A large number of research studies have documented similar difficulties. This evidence base has been comprehensively reviewed by Aspinall, including rates of GP registration (2007:47-51). Varying levels of GP registration have been reported (a range of 90-98 per cent) and some GPs offer only temporary registration, although data are frequently unavailable on this. There is also some evidence of higher use of A and E services among asylum seekers. Nearly all the studies of asylum seekers and refugees reported identified barriers and problems in accessing health services and a very wide range of access issues are identified in both refugee and asylum seeker accounts and in those of providers and other healthcare professionals. The type and frequency of barriers varies across client groups and services. There is substantial evidence that communication (especially relating to language) is a major barrier in accessing primary care and other services, especially out-of-hours services.

A more recent investigation in a London refugee drop-in centre of the experiences of refugees and asylum seekers themselves in accessing and using GP services has reported many of these barriers (Bhatia and Wallace, 2007). With respect to access, the main problems were locating practices and then language difficulties when arriving at them. This led to difficulties both registering and making an appointment. Once in the consulting room language difficulties were a significant barrier to effective healthcare (including the failure of interpreters to attend and their non-availability for emergency appointments). Other difficulties included poor continuity of care, the experience of not having the same doctor in the practice, a preference for the use of the same interpreter with each consultation, a perception that asylum seekers were a burden on the healthcare system and resources, GPs' reliance on medication and failure to listen to them or provide appropriate advice. Some respondents preferred to use family and friends as interpreters (and were concerned about trusting professional interpreters because of inter-communal violence in their country of origin) while others did not. However, there was no evidence that women were concerned about gender discordant interpreters (Bhatia and Wallace, 2007)

although other studies have reported such concerns (Ngo-Metzger et al., 2003). The study also found worse access to GPs for those refugees without support from friends, family and refugee agencies.

With regard to wider primary care services, a recent review utilises a tripartite framework of gateway, core and ancillary services (Feldman, 2006). Gateway services facilitate entry into primary care by identifying unregistered patients and carrying out health assessments, typically undertaken by nurse-led outreach services and specialist health visitors. Core services provide full registration and may be provided by dedicated practices or by mainstream practices, with or without additional support. Ancillary services are those that supplement and support core services' ability to meet the additional health needs of this group (such as language and information services, specialist mental health services, services for survivors of torture and organised violence, and targeted health promotion). This framework is useful for looking at the effectiveness of primary health care services as a whole for refugees and asylum seekers. In general there is little systematic analysis and evaluation of the different service models and interventions.

Gateway services - including nurse-led outreach services - are usually only found in those areas where there is a concentration of refugees and asylum seekers (mainly London). The Lambeth, Southwark and Lewisham primary care trust (PCT) and Barnet PCT include nurse-led clinics in hostels and health centres and a dedicated clinic at an NHS walk-in centre, and offer such services as full health checks, treatment, liaison with GPs to facilitate registration, and advice and information. The Health Support Teams of Westminster and Kensington and Chelsea PCTs have outreach teams, and over 70 per cent of unregistered patients seen by such teams are registered with GPs on discharge from the team (Burchill, 2004). Another model is that of specialist health visitors for asylum seekers, employed by PCTs. In the Northern and Yorkshire NHS region, half of the health authorities contacted reported that a health visitor facilitated GP and dentist registration for asylum seekers (Feldman, 2006).

Core services – full registration with comprehensive health checks and standard primary care – may be provided in dedicated practices or mainstream practices with no specialist provision. Dedicated practices (frequently nurse-led) may serve a local population of asylum seekers or particular centres and hostels and offer a wide range of services such as tuberculosis screening and vaccination. In dispersal areas they may be linked to housing providers and social care and other services. Although evaluations are few, dedicated practices are effective where there are large numbers of refugees and asylum seekers. Other models for delivering core services include enhanced services (formerly local development schemes) whereby practices receive

incentives to fully register and improve provision for refugees and asylum seekers; the attachment or appointment of specialist staff (such as a doctor, nurse or administrative support); and the provision of a dedicated additional service outside scheduled clinical sessions. There is little in the way of robust evaluations of these different service models.

Ancillary (or supplementary) services come in many different forms, including PCT teams and advocacy/health promotion projects. Feldman (2006) has categorised these services into three groupings: facilitating communication and information; specialist care, particularly in mental health and for survivors of trauma, and training and support for health professionals. With regard to the first, the need to build capacity in community-based organisations is seen as crucial. The range of interpretation, translation and information issues to which such organisations can contribute is substantial: cross-agency collaboration in the provision of services; the provision of information to plan services; recruitment of bilingual staff from refugee communities; the provision of bilingual link workers who provide advocacy for patients (although little use of such workers is reported for asylum seeker and refugee populations), and the facilitation of appropriate written materials.

Dental problems are widely reported to be common among asylum seekers and refugees, and accessing dental services is frequently identified as being difficult. These problems appear to be acute in areas of dispersal. Dental health was the second most frequent issue raised among 27 asylum seekers in West Yorkshire (Wilson, 2001).

Secondary care

The evidence base on the use of secondary care services by asylum seekers and refugees is limited as routine data collection (the contract datasets for inpatient and outpatient care) does not collect this information. Currently, there is a mandatory requirement to collect the ethnic group of NHS hospital inpatients - and ethnic group has been added to the outpatient and A & E contract datasets - but country of birth is not recorded. Limited information is available for hospital maternity services.

In 2004 a number of vulnerable groups (including victims of trafficking who may become asylum seekers), undocumented migrants, failed asylum seekers unable to safely travel home, and failed asylum seekers awaiting deportation, lost the right to freely access most NHS hospitals (Yates and Hughes, 2008).[4] Case studies of the effect that the regulations governing secondary care have had on the health of these groups has caused concern (Kelley and Stevenson, 2006). In some cases there has been uncertainty about the eligibility of asylum seekers to care, whether failed or not. In a Healthcare Commission review of maternity services provided by North West

London Hospitals NHS Trust in 2004/5, staff reported that there was a lack of clarity about the maternity care for overseas visitors, including women described as asylum seekers (CHAI, 2005). This was also found in a record of the views expressed by women kept by the maternity services. This resulted, on at least two occasions, in women leaving an antenatal clinic without receiving care and treatment. In one case a female asylum seeker who was in the advanced stages of her pregnancy was told by the finance department that she would have to pay £2,300 to have her baby: she said that she had no money and could not pay, so would have her baby at home. The Healthcare Commission asked for urgent and immediate action by the Trust to review operational procedures for the management of women who are overseas visitors or asylum seekers.

A recent legal judgement has challenged the legality of this policy.[5] The judge in the case ruled that all asylum seekers who were granted temporary admission (whether at port of arrival or at one of the immigration offices later) and whose claims have been rejected, are in the country legally and are 'ordinarily resident', and are therefore entitled to free NHS treatment. People who claimed asylum (but are still waiting for a final decision on any appeal) are already entitled to free NHS treatment under existing rules. However, people who are completely undocumented (that is, people who have never presented themselves to the immigration authorities, or made any application for leave to remain) are not entitled to NHS treatment under this ruling.

The DoH appealed this judgement, the case being heard in November 2008. In its judgement of 30 March 2009 the Court of Appeal overturned the previous High Court ruling that failed asylum seekers can be considered as 'ordinarily resident' in the UK and, therefore, entitled to free NHS hospital treatment. It also found DoH guidance unlawful for being unclear when to treat overseas visitors in certain circumstances. New guidance has now been issued.[6]

The new guidance makes clear that failed asylum seekers cannot become exempt from charges by virtue of spending one year in the UK and new courses of treatment will be chargeable. The Court of Appeal also held that trusts have a discretion to withhold treatment pending payment and a discretion to provide treatment when there is no prospect of paying for it, but found the current guidance unclear and, therefore, unlawful. In April 2009 the DoH clarified that immediately necessary treatment, including maternity treatment, must never be withheld for any reason. With respect to urgent treatment and non-urgent (routine elective) treatment, the guidance indicates that it will be necessary for an assessment to be made as to when the patient is likely to return home in deciding the need for treatment. However, a Written Ministerial Statement by the Parliamentary Under-Secretary of State for Health,

issued 20 July 2009, indicated that a joint review by the DoH and Home Office of the rules on charging non-UK residents for access to NHS services in England, had agreed further changes.

As indicated in the review, the DoH has now issued details of the changes for public consultation (DoH, 2010). It is proposing a specific exemption from charges for secondary healthcare for those failed asylum seekers who are cooperating with the UK Border Agency and are supported under Sections 4 or 95 of the Immigration and Asylum Act 1999. Section 4 support is available to those adults who are taking all reasonable efforts to leave the UK and where there is a genuine recognised barrier to leaving. An estimated 9,600 applicants are currently supported under Section 4. Section 95 support is provided for all asylum seekers where they would otherwise be rendered destitute. An estimated 7,600 failed asylum seekers are supported under Section 95 in England. Section 4 and Section 95 support does not currently include free healthcare. The DoH also proposes making all non-resident unaccompanied children (those present in the UK without their parent or guardian) exempt from charges. An impact assessment of these exemptions was published in December 2009 and the consultation documents issued in February 2010, with the consultation closing on 30 June 2010.

Victims of human trafficking are treated somewhat differently. The Council of Europe Convention on Action Against Trafficking in Human Beings came into force in the UK on 1 April 2009. This provided a new exemption from charging for anyone who the UK Human Trafficking Centre (or UK Border Agency, where cases are linked to asylum and immigration issues) considers to be either a victim or suspected victim of human trafficking: trusts must not charge these patients.

With regard to completely undocumented migrants, there continues to be dispute with regard to entitlement on the grounds of a human right to healthcare. While the 1976 International Covenant on Economic, Social and Cultural Rights has not been made part of UK law, the DoH has officially acknowledged the government's responsibility to comply with that Covenant (DoH, 2007). However, with respect to its 2010 consultation on charging regulations, the DoH indicates that it is proposing no change to the current position for other people, such as illegal entrants and over-stayers, who will be subject to charges.

Equity of access

Prior to the 2009 Court of Appeal judgement, the UK government had been considering means to abolish the right of failed asylum seekers to NHS primary healthcare (DoH, 2004) (there had been conjecture that, with the upcoming government review of access to NHS services by 'overseas visitors' a change was

considered imminent (Medact, 2007a)). Indeed, Medical Justice had opposed any such change as 'dangerous and unethical' and others - such as Global Health Advocacy Project - had added their voices. By the start of 2008, 276 doctors registered to practice in the UK had signed a Medical Justice petition opposing the policy (Arnold et al., 2008).[7]

Concerns about the proposal related to accumulating evidence of the damaging effects of the rules for secondary care and the lack of research relating to the impact of the extension of these rules to primary care in terms of health outcomes. Indeed, the only health impact assessment which has been carried out on the primary care proposals recommends against charging (Hargreaves et al., 2006). This took place against a wider background of access to health care for undocumented migrants in Europe (The Lancet, 2007). The 2009 Court of Appeal ruling had no effect on primary care and the DoH's 2010 consultation document only covers access to secondary healthcare by foreign nationals (including new rules that exempt from charges failed asylum seekers supported under Sections 4 or 95 of the Immigration and Asylum Act 1999 and for all non-resident unaccompanied children).

The current policies, in relation to both primary care (the discretionary arrangements for GP registration of failed asylum seekers and their entitlement in primary care for emergencies or treatment immediately necessary free of charge) and secondary care (the proposed new charging regulations still leave other failed asylum seekers subject to charges) have implications for compliance with race equality legislation (the Race Relations Amendment Act 2000). In 2003 and 2005 the Commission for Racial Equality wrote to the DoH requesting that both the policy on secondary care and the proposed changes to primary care entitlement be subject to race equality impact assessments in order to ensure non-discriminatory impact on particular ethnic groups. The Health Minister indicated that she had not conducted a race equality impact assessment before introducing the 2004 Regulations. The Joint Committee also noted that no race equality impact assessment had been carried out with regard to the current discretionary arrangements for GP registration. There is currently ongoing concern that the arrangements for charging refused asylum seekers for secondary healthcare gives rise to a risk of race discrimination. Both the European Convention on Human Rights (ECHR) and International Covenant on Civil and Political Rights (ICCPR) expressly prohibit unjustified discrimination on the grounds of nationality and the Joint Council for the Welfare of Immigrants has argued that a race equality impact assessment was particularly important given the nationalities of those being refused or charged for treatment. The Independent Asylum Commission (IAC)'s third report of conclusions and recommendations (2008c:1) argued that:

Healthcare should be provided on the basis of need, and asylum seekers should be eligible for primary and secondary healthcare until their case is successful, or they leave the UK; in particular and specifically, that all peri-natal healthcare should be free.

3.2 Health needs of asylum seekers and refugees

The sections below examine what is known of the health needs of particular groups of refugees and asylum seekers, and how these needs are addressed in the provision of services.

Gender-specific needs

There are specific concerns about the provision of and access to health and care services for vulnerable groups of asylum seekers and refugees. One such group is women, with evidence suggesting that female asylum seekers and refugees are affected by a range of issues around access to health care provision and lack of specific provision to address their needs.

Evidence on access to maternity services, quality of care received, and outcomes for asylum seekers is limited as this group is not identified in routine data collections. However, research studies and specialist datasets provide some information, and there does now appear to be robust evidence that pregnant asylum seekers are experiencing barriers to accessing maternity services, even when they are eligible for such care (Medact, 2007b). This may be a particular difficulty for failed asylum seekers, arising from the confusion among healthcare professionals about eligibility.

Nabb (2006) investigated the perceptions of pregnant asylum seekers in relation to the provision of maternity care while in emergency accommodation in the UK. Based on interviews with healthcare professionals and pregnant asylum seekers, she found that the provision of maternity care was regarded highly by the women and perceived to be organised and appropriate, albeit as recipients of care rather than partners in its planning. She recommended that all women should be given a letter of referral to take with them on dispersal in order to enhance continuity of care; that the development of recognised and appropriate routes of access to healthcare professionals for asylum seekers should be made known; and that an interpreter service should be considered.

However, a number of other research studies report poor antenatal care and pregnancy outcomes among refugees and asylum seekers. Studies of Somali women suggest unequal access to maternity services because of inadequate interpreting services, stereotyping and racism from health service staff, and a lack of

understanding among staff of cultural differences (Davies and Bath, 2002; Bulman and McCourt, 2003). Given the strength of evidence for impeded access and the consequent avoidable morbidity and mortality, this should be regarded as a key public health matter.

With respect to outcomes, a Confidential Enquiry into Maternal and Child Health (CEMACH) study (2004) reported that women from ethnic minority groups were, on average, three times more likely to die (a direct or indirect maternal death). Black African women, especially including asylum seekers and newly arrived refugees, had a mortality rate seven times higher than white women. It found that they had major problems in accessing maternal healthcare.

When considering preventative healthcare, low rates of cervical screening have been reported in many asylum seeker/refugee communities. Of the three studies identified in a systematic review (Aspinall, 2006), uptake was very substantially lower than that found in the general population. Similarly, very few studies of asylum seekers and refugees report rates of breast screening, the two studies identified suggesting a pattern of very low uptake (Nabb, 2006). Studies from the US support these findings for cervical and breast screening. Studies in London also report a low uptake of family planning services, suggesting that there may be barriers to the ability of refugee and asylum seeker women to access these services.

Female genital mutilation (FGM) affects some asylum seekers, especially those from Horn of Africa countries and Kenya, Sudan, Sierra Leone, Egypt, Nigeria, and Yemen. FGM in childhood is normal in Somalia and prevalence may be as high as 90 per cent among migrant Somali women (Mullin et al., 2004). It is now banned in most countries, including the UK under the Female Genital Mutilation Act 2003 (which replaced the Prohibition of Female Circumcision Act, 1985). It is performed across all ages, including newborn, infants, young children, teenagers and at marriage or during first pregnancy. A recent study (Dorkenoo et al., 2007) has revealed that in 2001 nearly 66,000 women with FGM were living in England and Wales, that nearly 16,000 girls under the age of 15 were at high risk of World Health Organisation (WHO) Type III FGM and over 5,000 at high risk of WHO Type I or Type II. Some types of circumcision (Type III procedure, including partial excision and infibulation) are surgically reversible. The procedure carries immediate, short- and long-term health risks, including menstrual problems in puberty, psychological and sexual problems, and effects on fertility and childbirth.

Research among Somali women revealed that they were concerned about a lack of knowledge and understanding of FGM among UK doctors and midwives, and a desire to have easy and timely access to the FGM reversal operation (before

marriage and pregnancy). Service responses have included specialist African Well Woman Clinics – 14 of which have been set up across London and in other major urban centres in the UK (Government Equalities Office, 2008) – to provide culturally sensitive reproductive healthcare to women affected by FGM, and similar provision could be made available in local family planning services. There is a demand for easy and timely access to FGM reversal surgery (before marriage and pregnancy) but currently the provision of such services is patchy. As parents of girls and women subjected to FGM may be caring and able, FGM requires a culturally sensitive approach.

Studies also point to the potential for domestic violence among refugee and asylum seeker women, especially their vulnerability arising from lack of family and community support. However, few studies (Banga and Gill, 2008) have been identified of prevalence, use of services and health outcomes.

Finally, there is some evidence that faith can intersect with gender to disadvantage some asylum seekers and refugees. For example, Muslim women have particular sensitivities around the gender of healthcare and medical staff.

Age-specific needs

The second area of concern about health service provision centres on groups vulnerable because of their age. Asylum seekers and refugees are disproportionately in the younger age groups. The Joint Committee has drawn attention to British Medical Association research on the vulnerability and ill health of refugee children. The Committee has recommended that the Department of Health establish guidelines on health services for unaccompanied asylum-seeking children and for children in families of asylum seekers, including refused asylum seekers, so as to comply with its obligations under the UN Convention on the Rights of the Child.

UK government statistics show a marked rise in the number of unaccompanied children arriving in the UK to seek asylum: in 2008 4,285 applied for asylum, 18 per cent more than in 2007 (3,645) and 45 per cent more than in 2005 (2,965). Overall, asylum-seeking children represent around six per cent of all children served by councils with social services responsibility. Information on the prevalence in the UK of post traumatic stress disorder (PTSD) among refugee/asylum seeker children from war zones and areas that have experienced ethnic conflict is very limited. Evidence from other countries shows that the prevalence of PTSD is considerably higher than reported for the population as a whole, with rates of recovery (especially from PTSD) depending on experience of earlier war trauma and resettlement stress, gender, psychological resilience, and the treatment options available (see Aspinall, 2006, for a review of research studies).

At the other end of the age spectrum, Ditscheid (2004) states that refugees may age faster than people of comparable age in the general population, possibly due to the traumatic experience of forced migration. This can be exhibited in health conditions such as high blood pressure, diabetes and strokes. However, language barriers can be a particular problem for older asylum seekers and refugees when attempting to access services. Some research suggests that this problem is especially experienced by older women refugees and asylum seekers (Saunders, 2004). Evidence also shows that awareness among older refugees of the free services that pharmacies and opticians offer is low (SLWF, 2003). Older refugees and asylum seekers are thought to be especially vulnerable to health problems arising from isolation and 'cultural bereavement' (Derges and Henderson, 2003) as former social roles and networks are lost. The Older Refugees Programme, formed in partnership by Age Concern, the Refugee Council, Age Concern London and the Association of Greater London Women, recommended that further research is undertaken into older refugees' specific care and health needs, and the barriers they may face in accessing services.

Disability-related needs

There is considerable overlap between the needs of some older refugees and asylum seekers and those with disability-related needs, but there is a paucity of information in the literature on the prevalence of chronic conditions and disability among refugees and asylum seekers. Furthermore, as Harris (2003) has argued, 'little consideration has been paid to the particular cumulative constellation of oppressions experienced by disabled refugees and asylum seekers. Cumulative disadvantage may derive from disablement and related impairment arising from torture and war in countries of origin, barriers to accessing social services and the benefits system, and difficulties with respect to social contact' (Harris, 2003).

Only one study of asylum seeker/refugee populations in Britain has been found that provides self-reports of chronic conditions. Among around 400 asylum seekers aged 16 to 58 years old assessed by Blackwell et al. (2002) in North East England, 3.3 per cent reported that they suffered from asthma, 2.3 per cent from diabetes, 6.3 per cent from arthritic disease, 3.8 per cent from hypertension and 3.5 per cent from heart disease. Two therapeutic categories (cardiovascular and musculo-skeletal medicines) accounted for around a fifth of prescribed/purchased medicines.

There is only limited evidence, too, on the prevalence of disability among refugees and asylum seekers, with estimates varying from three to 10 per cent across different samples. In one study unmet personal care needs, unsuitable housing, and a lack of aids and equipment were common (Roberts and Harris, 2002). Other common themes were a lack of knowledge about entitlements or how to get a community care

assessment, communication difficulties, and extreme isolation. A postal survey found little or no commissioning of services for refugees and asylum seekers (DoH, 2001).

The European Union Council Directive on minimum standards for the reception of asylum seekers accords importance to those with special needs including disabled people. The Joint Committee, however, found no clear guidance reflecting recent court decisions regarding local authority responsibilities towards asylum seekers with care needs. The research review found evidence of disability as high as 10 per cent in some samples but little or no commissioning of services for disabled asylum seekers. These circumstances may be indicative of high levels of unmet or unmeasured need.

Mental health needs

Mental health is one of the most frequently reported health problems among both dispersed asylum seekers and those in areas of traditional settlement, including anxiety, depression, phobias and PTSD. Rates are up to five times higher in some samples. A study of over 800 Kosovan Albanian refugees settled in the UK yielded estimates of a diagnosis of PTSD in just under a half, and a major depressive disorder in around one fifth (Turner et al., 2003). Research conducted by Silove et al. (2000) on destitute asylum seekers in the South East of England found that more than half of asylum seekers in the sample were receiving medication for depression. Both pre-migration experiences of violence and post-migration social difficulties appear to determine the severity of PTSD and depression.

Vulnerable groups of asylum seekers and refugees are particularly likely to experience mental health problems, as the high rates of PTSD among children from war zones suggests.

> I feel lonely and uncertain about the future. I am frightened of being arrested and beaten. I have flashbacks to what happened to me in my country. I feel hopeless and helpless. When I was at home I was a happy person.
> (17-year-old girl from Ethiopia, Refugee Action, 2006:82)

A study of asylum seekers and refugees in Warwickshire and Coventry by Phillimore et al. (2006a) found that more than any other group, women discussed the ways in which the asylum system impacted on their mental health: many were experiencing high levels of anxiety about their future as well as about their family's safety within the UK. Research also suggests that lesbian, gay and bisexual people experience high rates of mental health problems compared with the general population (Warner et al., 2004) and this is likely to be true in the asylum seeker population too.

The provision of mental health services for survivors of torture and organised violence is widely regarded as inadequate for the needs of asylum seekers and refugees. Estimates of the proportion of asylum seekers who have been tortured vary from five to 30 per cent, local studies reporting that injuries caused by persecution and torture are one of the most frequent issues raised among asylum seekers. The Scrutiny Report on Access to Primary Care in London (London Assembly, 2003) indicated that to meet mental health needs adequately, PCTs would have to increase their allocation two- or three-fold. The range of current provision includes: a limited number of specialist services for asylum seekers located in mental health trusts or run by independent bodies; trauma services that include survivors of torture or violent conflicts in their patient population; the Medical Foundation for Victims of Torture; inter-agency partnerships developed specifically to provide services for this group; and provision within specialist general practices of in-house sessions with community mental health nurses or counsellors. The third category - training of health workers - has been identified as an important need by both asylum seekers and professionals, especially in relation to mental health, understanding the asylum system and cultural awareness.

The health needs of asylum seekers in detention

Evidence to the Joint Committee indicated that there was an institutional failure to address health and healthcare concerns among those in detention, including a resistance to accept evidence of torture and abuse. Others complained of a lack of knowledge or monitoring of detainees' health, in particular children's health, or of child protection issues. The lack of specialist provision for mental healthcare has also been reported. In one detention centre there was no routine access to female GPs. Some women in detention have complained that they have not been able to disclose information about rape and sexual violence. Up to a quarter of women in some detention centres have not had legal representation. The Home Office has indicated that pregnant women should not normally be detained (Home Office, 2009) but this continues to take place. The Committee concluded that it had concerns about the extent to which the quality of healthcare provided to asylum seekers in detention is fully compliant with international human rights obligations. Particular concern was expressed about gaps in care for people with HIV and with mental health problems and with procedures for identifying and supporting torture victims. The Committee recommended that female GPs and other medical practitioners should be available in detention centres where women are held.

The needs of those with, or at risk of communicable disease

A wide range of communicable diseases has been found among refugees and asylum seekers, including malaria, tuberculosis (TB) and chronic hepatitis B. A Liverpool study found 5.7 per cent of the Somali population were carriers of the

surface antigen and 8.7 per cent of children had evidence of exposure to hepatitis B (Aweis et al., 2001). There is growing concern about the increase in incidence of TB in those recently arrived from in the UK, especially the spread of multi-resistant TB.

Moreover, practice with respect to TB screening is reported to be variable (see, for example Callister et al., 2002). Studies suggest that the Port of Arrival Scheme has had a poor yield, with fewer than half of all eligible new entrants being referred to the Port Medical Inspector (Bothamley et al. 2002), alternative settings including GP practices. TB screening of asylum seekers in the new Induction Centres appears to have been more successful. A study of the Dover Induction Centres describes the results of the tuberculosis screening service in its first year (Harling et al., 2007) and 8,258 asylum seekers were screened, an uptake of 94 per cent of the 8,799 who were eligible. A total of 2.2 per cent of those with completed screens were positive, but one-quarter of Heaf tests[8] were not read because of the rapid dispersal of asylum seekers. The investigators concluded that TB screening services for asylum seekers can achieve a high coverage but at questionable cost-effectiveness, given the low yield of active disease.

With respect to immunisation, low rates of vaccination for children and poor provision are reported in a number of studies in dispersal areas. The rate for BCG (TB vaccine) among a group of newly arrived asylum seekers in Sunderland and North Tyneside was found to be below that required to provide adequate population immunity, and was reported to be low for MMR (Blackwell et al., 2002). In a survey of the health of asylum seekers in Northern and Yorkshire Region, of the seven health authority respondents, only one had made special provision for the immunisation of asylum seeker children (Wilson, 2001). There is some evidence that rates of immunisation may be higher in London. The failure to offer permanent GP registration and the lack of access to interpreters and health advocates may impact unfavourably on the achievement of routine immunisation and increase the risk of contagion.

The needs of those with or affected by HIV/AIDS

> The doctor said I couldn't receive treatment because it was very expensive to treat someone for HIV. He said that he was not permitted by law to treat people who are refused asylum seekers.
> (67-year-old woman from Zimbabwe, Refugee Action, 2006:85)

A major health concern for asylum seekers/refugees from Sub-Saharan Africa is HIV/AIDS. There are two important equality and human rights issues relating to access to treatment for HIV/AIDS: in the circumstances of dispersal, and for failed asylum seekers.

One of the main issues relating to asylum seekers who are HIV positive or have AIDS is access to appropriate healthcare, especially when subject to dispersal. There is a body of evidence that indicates that the policy of dispersing asylum seekers at short notice can have negative implications for their health, including HIV resistance, onward transmission of HIV infection, and avoidable morbidity and mortality. In a questionnaire survey of doctors working in 56 responding GUM clinics around the UK offering HIV treatment, short notice of dispersal was mentioned as a concern by 37 centres and 43 said that dispersal had occurred without their prior agreement (Creighton et al., 2004). Only three centres mentioned appropriate transfer of care while a lack of community support was mentioned by 41 clinics, lack of facilities to support vulnerable asylum seekers with psychological problems (43 clinics), and lack of staff to cope with dispersed asylum seekers (40 clinics). Dispersal was felt to be particularly inappropriate during the initiation of Highly Active Anti-Retroviral Therapy (HAART) (47 doctors) and that patients should not be dispersed if receiving salvage therapy (43 doctors), undergoing investigation (50 doctors), with multiple medical problems (52 doctors), or individuals with AIDS (45 doctors). Some doctors reported that dispersal had led to the unplanned interruption of HAART, mother-to-baby transmission of HIV, and even contributed to the death of patients under their care.

A study in Leeds found that asylum seekers and UK residents were equally satisfied with HIV/AIDS services, but identified unmet needs of asylum seekers with HIV/AIDS, including specialist services for torture victims, befriending schemes to provide informal social support, access to primary healthcare, and educational opportunities (Allan and Clarke, 2005). Legal challenges to dispersal on the ground that access to anti-retroviral therapy would be impeded have been unsuccessful.

Access to AIDS/HIV treatment for failed asylum seekers has emerged as an important public health issue. Under regulations introduced in 2004 and confirmed by the 2009 Court of Appeal judgement, the initial test and related counselling is provided free but HIV treatment, including drugs, is chargeable for refused asylum seekers. However, any course of hospital treatment already underway at the time when the asylum seeker’s claim, including any appeals, is finally rejected should remain free of charge until completion. This has created a number of anomalies, inequities and drawbacks. Treatment for other sexually transmitted diseases and for specified infectious illnesses (such as TB) is free. The charging regime may deter failed asylum seekers from taking up testing services in the knowledge that the costs of such treatment for most would be unaffordable. This is likely to have serious consequences for the health of such asylum seekers as HIV diagnosis often occurs some time after arrival and may be linked to opportunistic infection. Moreover, black Africans tend to present late for HIV/AIDS testing and, consequently, with disease that is more advanced. A further dimension is the confusion over eligibility for free

HIV/AIDS treatment, either through lack of knowledge of the charging rules or difficulty in ascertaining asylum seeker status. Finally, the deportation of failed asylum seekers with HIV/AIDS has human rights implications.

There are clearly a number of public health consequences related to these access issues. Those who cannot afford treatment through anti-retroviral therapy are likely to present later in A and E and intensive care settings at much increased treatment costs. The delay in diagnosis may result in third parties being infected with the disease as such asylum seekers would be unaware of their HIV status. The charging of failed asylum seekers for maternity services – though classed as immediately necessary treatment and provided even if the pregnant woman is unable to pay in advance – may also mean that some pregnant women do not become aware of their HIV status. The guidance does indicate that maternity services can include treatment to prevent transmission of HIV/AIDS from mother to child if considered clinically appropriate.

A further issue relating to access to healthcare has concerned the position of failed asylum seekers facing deportation who are HIV-positive or have AIDS, an example of an area where 'ethicists and healthcare professionals should speak out' (Ashcroft, 2005). In a number of cases that have reached the courts, such asylum seekers have argued that expelling them to countries where access to HIV medication (notably HAART) and medical care was substandard, uncertain or unavailable, constituted a violation of guarantees against inhuman treatment in the European Convention. The higher courts in the UK have ruled that deporting a HIV positive or AIDS-suffering asylum seeker is not a violation of the Convention when 'exceptional circumstances' are absent. Decisions in these several cases have been regarded as reflecting the UK courts' 'narrow approach' to interpretation of the Convention, an interpretation:

> ... that makes it unlikely that the vast majority of persons living with HIV/AIDS will be able to successfully challenge deportation orders even when they face illness and death if expelled.
> (Gibson, 2005; see also Klein, 2006 and English et al., 2005)

In the US, a court agreed that the evidence suggesting that people living with HIV/AIDS may receive substandard medical treatment from public and private hospitals in the Dominican Republic did not constitute evidence of torture (Marceau, 2003).

Death registration

The organisation Human Rights Watch and The Lancet's Who Counts? team have focused attention on counting in the civil registration process and the principle of

government accountability, that is, that citizens and others within a state's borders are officially recognised and counted (Root et al., 2008). The Global Health and Advocacy Project has indicated that there may be an issue around death registration for failed asylum seekers in England and Wales (Yates and Hughes, 2008). They report that applications recently made under freedom of information legislation to two hospital trusts in Bristol and London revealed that neither trust keeps a record of deaths in the population identified as not being eligible for free hospital care.

Lifestyle-related factors

There is a dearth of information on health-related behaviours. A high prevalence of male smoking (47 per cent) has been reported in Vietnamese adults. Somewhat lower levels (43.6 per cent in males, 21.6 per cent in females) were found among dispersed asylum seekers in Sunderland and North Tyneside. These compared with smoking levels of 24 per cent in men and 23 per cent in women in the country as a whole. The prevalence of alcohol consumption in this study was 45.4 per cent and 18.9 per cent among men and women, respectively (Blackwell et al., 2002). There is only limited evidence of illicit drug use among refugees and asylum seekers. However, concern has been expressed about the role of qat where there is evidence of high and regular use in established Somali communities, such as Cardiff. There is also some evidence that substance misuse is used as a coping strategy or as a self-medication. Few studies have reported on diet and nutrition in refugee and asylum seeker communities, yet there is some evidence that poor nutrition may be going undetected in newly arrived asylum seekers. There would appear to be grounds for supporting both rapid assessments of the prevalence and cause of child hunger among this group in specific community settings and broader population-based assessments of food insecurity.

3.3 Summary

This section has examined a number of areas around refugee and asylum seekers' health needs and the provision of and access to services to meet these needs. Some key points with equality and human rights implications have been illustrated:

- Worryingly, equality impact assessments have not been conducted in relation to regulations on healthcare for different types of migrants.
- There is only limited data collection on the use of secondary healthcare by asylum seekers and refugees, and there has been little evaluation of their use of different primary care service models.
- However, there is strong evidence concerning the difficulties asylum seekers face accessing GP treatment. The consequences of these difficulties can be an

increased reliance on A and E services and the resulting increased healthcare costs and pressure on A and E.

- Uncertainty and lack of clarity among service providers about asylum seekers' eligibility for secondary healthcare services has resulted in concerns about the health of these groups, particularly during pregnancy. In 2009 the Court of Appeal overturned a 2008 High Court ruling that failed asylum seekers could be considered 'ordinarily resident' in the UK and thereby entitled to free NHS hospital treatment. It also found DoH guidance unlawful for being unclear when to treat overseas visitors and updated guidance indicating that immediately necessary treatment, including all maternity treatment, must never be withheld for any reason.
- For women asylum seekers and refugees, there is evidence of poor antenatal care and pregnancy outcomes. Uptake of preventative healthcare measures concerning breast and cervical cancer is low, and the provision of culturally aware services around female genital mutilation is patchy. More generally the faith needs of some women need further recognition in the provision of healthcare.
- The vulnerability and ill health of asylum-seeking and refugee children is an area of particular concern, and the prevalence of post traumatic stress disorder among these groups needs more attention. Older refugees and asylum seekers have particular health needs and barriers to accessing services which should be taken into consideration.
- Evidence on the prevalence of chronic conditions and disability among refugees and asylum seekers is very limited but is likely to be higher than many other groups. No clear guidance exists on local authority responsibilities towards asylum seekers with care needs and there is little evidence of commissioning of services for disabled asylum seekers.
- Mental health problems including post traumatic stress disorder, anxiety, depression and phobias are prevalent among asylum seekers and refugees, and vulnerable groups such as victims of torture, children, women and LGBT asylum seekers are particularly affected. The provision of mental health services for survivors of organised violence and torture is widely regarded as inadequate.
- There is evidence of an institutional failure to address health concerns about asylum seekers in detention. More specifically there are concerns about children's health, mental health, treatment for those with HIV and access to female GPs, especially for women who have suffered rape and sexual violence.
- A wide range of communicable diseases has been reported among asylum seekers and refugees, and there are anxieties about low rates of vaccination among children and the spread of multi-resistant TB. The risk of contagion and low level of vaccination is likely to be partially caused by the barriers asylum seekers face in accessing GPs.

- The health of asylum seekers with HIV/AIDs is negatively affected by the policy of dispersal at short notice, which is thought to discourage HIV resistance and encourage avoidable onward transmission of HIV and mortality. The policy of chargeable HIV treatment for refused asylum seekers also impacts negatively on asylum seekers' health, a situation particularly worrying when involving pregnant women. In addition, there are strong human rights implications around the deportation of failed asylum seekers with HIV/AIDS.

4. Education, training and the labour market

This chapter explores a number of key equality and human rights issues relating to education, training and employment. The main areas discussed are:

- Access of asylum-seeking children to schools.
- Differential experience and achievement in refugee groups.
- Uneven spread of education provision based on a variety of models.
- Higher education.
- Access to English for Speakers of Other Languages (ESOL) courses.
- Access to employment for asylum seekers.
- Barriers to employment and training for refugees.
- Specific barriers experienced by refugee professionals.
- Under use of refugees and asylum seekers' existing skills, experience and qualifications.

4.1 Education, children and young people

The right of children to education is enshrined in a wide range of international and national conventions and laws. UN Convention on the Rights of the Child Article 28, for example, confirms that every child has a right to education and this right should be progressively achieved through compulsory and free primary schooling. The United Nations General Assembly Special Session on Children in 2002 produced a document entitled 'A World Fit for Children'. Paragraph 7(5) of the Declaration states:

> All boys and girls must have access to and complete primary education that is free, compulsory and of a good quality as a cornerstone of an inclusive basic education.
> (Antoniou and Reynolds, 2005:153)

The 1951 Convention relating to the Status of Refugees affirms in Article 22 the responsibility of the government of the country of asylum to provide education for refugees (UNHCR, 1994). The UNHCR Executive Committee in 1992 asked that:

> ... the basic primary education needs of refugee children be better addressed and that, even in the early stages of emergencies, educational requirements be identified so that prompt attention may be given to such needs.
> (UNHCR, 2003:10 for Decision 31(d) and UNHCR Action)

In its formal guidelines UNHCR stresses the importance of school in promoting the overall wellbeing of children:

> Attending school provides continuity for children, and thereby, contributes enormously to their wellbeing. For these reasons, education is a priority in terms of protection and assistance activities.
> (UNHCR, 1994)

The European Union Council Directive of 2003 laying down minimum standards for the reception of asylum seekers states in Article 10 on the 'Schooling and Education of Minors' that:

> Member states shall grant to minor children of asylum seekers and to asylum seekers who are minors access to the education system under similar conditions as nationals of the host Member State for so long as an expulsion measure against them or their parents is not actually enforced. Such education may be provided in accommodation centres.
> (European Commission, 2003)

While in many European countries asylum-seeking children live in separate centres and are educated either within the centres or in special 'switch' classes, in the UK asylum-seeking children are integrated as quickly as possible into mainstream schools and classes. According to the European Commission (EC) Asylum Directive, access to education:

> ... shall not be postponed for more than three months from the date of the application for asylum was lodged by the minor or by the minor's parents.
> (European Commission, 2003, Article 10)

In the UK the legal context is provided by Section 14 of the Education Act 1996, which requires local authorities to provide education for children aged between five and 16, including children of asylum seekers and refugees. Current government plans are to extend the requirement so that children remain in education or training until the age of 18 from 2013. Asylum-seeking children are normally placed in local schools and those in the care of social service departments are required to receive a full-time education placement in a local school within 20 school days. Despite the requirement of early access to education, this is often challenged by wider policies of dispersal and the residential instability experienced by many asylum seekers.

The UK National Children's Bureau (NCB) reported that the majority of asylum-seeking children present themselves in the middle of school terms and, in practice 'it can take weeks or months to find a school place and then often only in the lowest performing schools' (Appa, 2005:7).

In a study of local authority and schools responses to asylum-seeking and refugee children, Arnot and Pinson concur that the policy of dispersal has a pivotal role in

children's educational experience. According to one Ofsted school inspector interviewed for their study: 'In reality what happened, the driver was the accommodation and the one aspect that wasn't really looked at is education'. The authors concluded that:

> As a result, asylum seekers and refugees with families could be dispersed to areas where there may not be any school placement for their children, where the schools may not have adequate resources to meet their needs. (2005:16)

The impact of dispersal is also highlighted in a review of educational provision sponsored by NCB. Here it is pointed out that schools in dispersal areas were often ill prepared to receive refugee children and this had negative consequences for their integration (Remsbury, 2003).

In an examination of educational provision for refugee children, Watters has noted a highly complex picture in the UK with a wide variety of central and local government initiatives, and a considerable engagement of a range of voluntary and community organisations (Watters, 2008). However, as noted earlier, the potential strengths of this diversity are often mitigated by a patchiness of provision in which good practices in one locality may be juxtaposed by very poor practice in another. This diversity is apparent in the sphere of education and results in a plethora of policies, strategies and initiatives.

This is demonstrated in a study undertaken by Arnot and Pinson (2005). In this the authors identified a number of distinctive policies and practices adopted in 58 areas. These included five types of policy responses towards meeting the educational needs of asylum-seeking children:

- Specific category within a broader policy (28 per cent of the sample).
- A comprehensive targeted policy (26 per cent of the sample).
- Language policy (16 per cent of the sample).
- School guidance (16 per cent of the sample).
- General policy in relation to special vulnerable groups (16 per cent of the sample).

The report highlights the complexity of the relationship between policy and practice. The authors argue that the absence of policy in some schools should not be taken to indicate an underdeveloped support system 'since some LEAs preferred not to develop explicit policies but focused on provision' (2005:5). This implies that the evaluation of schools' performance should not presume that an absence of policy is tantamount to an absence of good services as arrangements were made 'on the

ground' often without explicit formulation. Furthermore the differing approaches identified were offered within a broader funding context in which asylum seekers and refugees were largely invisible, as: 'there is no specific funding arrangement to support the education of asylum seeker and refugee children' (Arnot and Pinson, 2005:5).

This absence of specific funding was consistent with the view of Ofsted, the national schools inspection body that argued for 'the importance of addressing their needs through mainstream approaches to inclusion and racial equality' (2005:5).

The complexity of the national situation is revealed in a number of areas. Besides differences in policy, local authorities displayed differing educational models and concepts of good practice on the basis of which Arnot and Pinson proposed the following typology:

- EAL (English as an Additional Language) model.
- Holistic model.
- Minority ethnic model.
- New arrivals model.
- Race equality model.
- Vulnerable children model.

The authors point out that these models are not mutually exclusive and that several approaches may be present coterminously within a local education authority. They argue that the typology is important and that distinctive models 'suggest the logic that lies behind different practices and the support offered by a LEA or a school' (2005:41).

Arnot and Pinson's findings are, in many respects, consistent with earlier findings deriving from a review of the impact of dispersal arrangements undertaken by the Audit Commission (2000). They noted that while asylum-seeking children were entitled to school places, many in practice had difficulty in accessing them. They noted, for example, that in one London borough, out of 189 children waiting for a school place, 125 (66 per cent) were from outside the UK and mostly from asylum seekers' countries of origin. They also noted that, while schools that were not full could not legally refuse children a place, asylum-seeking children may encounter difficulty owing to concern that the school lacks adequate support and/or that asylum-seeking children may adversely affect GCSE results. They noted further that attendance at school may be dependent on other types of support and that schooling

can be disrupted by asylum seekers' financial difficulties and a requirement that they change accommodation.

Differential experience and achievement in refugee groups

There is research evidence to demonstrate that different refugee groups may have quite distinctive experiences and levels of performance within British educational systems. A recent report, which focused on the larger migrant groups in the UK rather than specifically on refugees, found that Somali children were significantly more likely than other nationalities to do poorly in schools with results some 22 per cent below the English mean. This contrasted with the scores for other African groups, for example, Nigerian and Ghanaian, who scored slightly above and very slightly below the English mean, +1.5, and -0.8 respectively (Sriskandarajah et al., 2007).

Rutter has undertaken case studies among Congolese, Somali and Sudanese asylum seekers and refugees within British schools. She has noted:

> ... significant under-achievement of Congolese children in tests at 14 years and in GCSE examinations. Significant groups of Congolese children in primary and secondary schools were not progressing through the stages of acquiring English language fluency.
> (2006:172)

Many Congolese children were limited bilingualists as the 'fragility of many Congolese children's first language does not support the learning of a second language' and this in turn inhibited their development at school. A homogenisation of refugee children militated against a recognition of the problems of specific groups of refugee children.

Rutter found that the Somalis are the largest refugee community in the UK and comprised a total of 22 per cent of refugee children in 2002. National figures suggest that Somali children under perform in school tests. Test results, including GCSE statistics, were used to calculate a mean percentage difference from the mean score in English schools; the mean percentage difference for Somali pupils was -22.8. However, there is evidence that this pattern is far from universal. In two local authorities studied by Rutter, Somali students outperformed white students at GCSEs although their results were still 11 per cent below the national average (2006:184). Individual schools and a small number of local authorities had obtained sustained increases in GCSE results for Somali children by focusing interventions on that community. It was notable that there were no significant differences in performance among Somali girls and boys despite strong evidence that among most groups, girls normally significantly exceed boys' school performance. Rutter's evidence indicates

that measures taken at the level of individual schools have had a dramatic outcome in the performance of Somali students.

A third group studied were the Southern Sudanese, a group relatively new to UK schools. Despite their recent arrival 'the majority of the Sudanese children were making progress comparable to, or better than, the targets expected average British children' (2006: 203). Rutter argues that factors that may account for this apparent success include confidence in their identity and maintenance of cultural forms that value education. Furthermore, they had remained committed to school work even in secondary schools where the dominant youth culture did not favour academic success. Further factors include the fact that Southern Sudanese children come from homes where fluent English is spoken and enjoyed relatively high social standing in their country of origin.

Put bluntly, evidence on school performance indicates that refugee children experience significant problems in schools but that, with suitable measures, these problems can be overcome. An ongoing challenge is to identify and collate research evidence of strategies that have led to improved performance and to ensure that good practice is disseminated and implemented. Research undertaken by the Refugee Council (Doyle and McCorriston, 2008) as part of the Inclusive Secondary Schools project set up to research and pilot new ways of working that link schools with refugee and asylum-seeking young people, their parents and carers, and Refugee Community Organisations (RCOs), identified a range of effective measures being taken to challenge the barriers faced by asylum-seeking and refugee children and young people in education. These included:

- Obtaining extended school status to provide activities beyond the school day in order to help refugee parents/carers to play a bigger role in the school and wider community, as well as engaging young people.
- Employing home-school and community link workers who provided important links between communities and schools.
- Using peer mentors to assist with learning, inductions and general support.
- Developing good relations with specialist services and organisations to provide psycho-social support to young people who had been traumatised.
- Providing language support through mainstream provision, but also through a number of other methods such as Saturday schools run by schools and RCOs.
- Providing tailored inductions for both young people and parents/carers, as well as information for parents/carers on the English schooling system.

- Partnership work between secondary schools and RCOs to improve the educational experiences of refugee and asylum-seeking young people, and their parents and carers (2008:6).

Young people interviewed as part of research carried out by Phillimore et al. (2006a) in Coventry and Warwickshire saw the UK education system as an excellent opportunity to learn and generally were satisfied with the level of advice, support and resources to aid their learning. They were also satisfied with the information available to them and felt able to make informed choices about their future. Among students, most aspired to continue with their studies in the UK, although some had run out of study options and were unable to progress to university. Accessing information about learning was not considered difficult, their main constraint being lack of resources for books and higher education level fees.

Higher education

> I need some peace. I need a chance to get away from what I ran from. I want to study – nursing, for example. I am working as a volunteer with disabled people.
> (27-year-old man from the Democratic Republic of Congo, Refugee Action, 2006:79).

Asylum seekers and most refugees are entitled to study at university, but asylum seekers are classed as overseas students for the purposes of fees. The children of refugees and those awarded Humanitarian or Discretionary Leave need normally to have been resident in the UK for three years in order to be eligible for home fees. Universities can decide to waive fees however, or to reduce them to home students' rates. Save the Children's Brighter Futures project has successfully persuaded some leading universities to do this.

4.2 Access to English for Speakers of Other Languages (ESOL) courses

> I must speak English, and listening, for the environment. Because I want to speak to people, example, in the shop, in the supermarket.
>
> It is important to have skills and also to have English, to speak and write English, because then you can get a job and have all your own money and not always take things from other people.
> (Respondents in Brahmbhatt et al., 2007:20)

Despite a strong emphasis on English language acquisition as a central component of integration, the provision of English language teaching to asylum seekers has been the subject of proposed cuts. Proposals were developed by the government to

the effect that only asylum seekers under the age of 19 or anyone given leave to remain in the UK and in receipt of benefits would be entitled to free classes. Those not eligible were required to pay between 19 per cent and 37.5 per cent of the cost of courses. The plans met with widespread opposition including a lobby of parliament in 2007. Opposition was spearheaded by the University and College Union, which highlighted the employment and equalities implications of the proposed measure. Late in 2007 the government reinstated eligibility for asylum seekers after a period of six months in the UK. Funds for ESOL were also being reprioritised at a local level so that spouses of refugees or migrants in low-skilled jobs could gain access to ESOL courses (The Guardian, 2007).

The National Institute of Adult Continuing Education (NIACE) launched its A Right to a Voice campaign in October 2008, arguing that ESOL provision should be free from day one for asylum seekers. NIACE argue that the first six months are the best time for a new arrival to begin learning English, and that after this period it becomes more difficult to engage people. It has produced a cost analysis of not providing ESOL in the first six months, arguing that the costs of supporting someone lacking language skills (for example in terms of benefits and translation costs) are higher than the cost of providing ESOL tuition (NIACE, 2008).

Given the pivotal nature of language acquisition in integration, the threat of cuts in this area could have considerable negative consequences for asylum seekers and refugees. English language acquisition is central to the long-term educational, training and employment prospects of asylum seekers and refugees and to their wider integration in UK society. Problems of access may be particularly acute with respect to women who may be isolated and have limited opportunities to enter training and the labour market. The study by Brahmbhatt et al. (2007) found women to be by far the most disadvantaged when it came to accessing learning or employment because of their childcare responsibilities. Without free childcare many women found it difficult to access ESOL classes and these barriers were even greater for single mothers and widows. There was not much burden sharing of childcare with male partners and women were frequently forced to rely on informal means.

Similarly, in her research into the barriers perceived by women refugees in London, Sargeant (1999, 2001) found that the main barriers to employment experienced by women - lack of English language, awareness of cultural behaviour expected in the workplace, lack of childcare, confidence and self-esteem, lack of acceptance of overseas qualifications, and racial prejudice - were exacerbated by familial responsibilities, domestic arrangements, a lack of available support in coping with these, and separation from family and friends as support. Other studies have

reported a lack of free or subsidised childcare provision offered by course providers and a shortage of classes which take place at 'child-friendly' times, a lack of time to devote to ESOL classes due to conflicts with domestic duties, and anxiety caused by a lack of knowledge of the geographical area and feelings of isolation.

The research carried out by Brahmbhatt et al. also showed that problems related to disability and illness pose important barriers, as does having to perform the role of informal carers in families. Mobility problems related to disability particularly affected older refugees. Recently concerns have been raised about the lack of ESOL for those with sensory impairments, and the absence of ESOL provision that considers the specific needs of older people (Kofman et al., 2009). Absence of language training is likely also to have a negative impact on the parents of refugee children. Research has demonstrated the importance of parents having the skills to support their children at school and, without language support, children's performance is likely to suffer (Watters, 2008).

> Does your mum go along to things like parents evenings for example, or ever come along to your school?
> When we have one she goes … she can't actually speak English very well but we did go to parents evening I explained to her.
> (YP, 18, in Doyle and McCorriston, 2008:19)

In the study by Phillimore et al. (2006a) based on research with around 450 asylum seekers, 56 per cent of respondents had taken part in ESOL courses. The main motivations for learning were to speak English (57 per cent), to help get a job (28 per cent), to improve long-term career prospects (12 per cent), for pleasure or social interaction (11 per cent) and to increase self-esteem (11 per cent). Perceived barriers to learning revealed that English ability was the main issue holding people back (19 per cent), being unsure about availability of courses (nine per cent), responsibility for childcare/dependants (four per cent) and lack of available college spaces (four per cent). In accessing ESOL, employment and vocational training, friends of the respondents' own ethnic and national group had been of particular importance. Asylum support staff from the then National Asylum Support Service (NASS) had signposted respondents to ESOL courses. Voluntary and refugee community organisations were important in directing people to volunteering and paid employment, although some relied on their own initiative (especially those who had been in the UK for longer periods).

The links between English language ability and employability are well established (Arai, 2004; Brahmbhatt et al., 2007), and the sections below elaborate on this point. Attaining a good enough level of English language is also essential in order to move onto other forms of training that help to increase employability and wider integration.

Research demonstrates the value of such training to both refugees and asylum seekers, who are keen to take part and benefit:

> You see I couldn't use the computer but now I can. I really like it. I think it's helped me. I think it's the main reason for my integration. I love it and I enjoy it too.
> (Respondent in Brahmbhatt et al., 2007:20)

The strong influence that English language ability has on wider integration opportunities is discussed in Chapter 7.

4.3 Employment, skills and qualifications

> If you work for example, if you go to a factory, you will mix with everybody… this is very important. I don't mean working only but when you get to a factory you see all types of people… you can mix with them. In my view, this is good, a very good.
> (Respondent in Brahmbhatt et al., 2007:21)

> I don't want to ask for money or housing benefit. I want to work and support myself, make a life, a wife and a family. I would give something to this country. (36 year old man from Algeria, Refugee Action, 2006:79)

Since 23 July 2002, asylum applicants have not been able to work or undertake vocational training until given a positive decision on their asylum application or have been waiting a year for an initial decision. Before this date, principal applicants who had been within the UK for six months could apply for permission to work. This change in policy did not affect those asylum applicants who were allowed to work before 23 July 2002, nor those who had applied for their work restriction to be lifted before this date. It was stated to have been made in the interests of the efficient management of the asylum process, the government at the time anticipating that most decisions would be made within a six-month period. At the same time, the government introduced stronger measures to tackle illegal working to deter employers from informally employing asylum seekers.

At present, an asylum seeker may only apply for permission to work if s/he has waited a year for an initial decision.[9] However, delayed appeals carry no corresponding right, even if they are outstanding for 12 months. The majority of asylum claims are now decided in a timely way (see Chapter 1); in its response to the European Commission's report on the application of the Directive, the UK government stated that it was:

> confident that there have been no cases where an asylum seeker has been detained for 12 months without a first instance decision on the application.
> (House of Commons, 2008)

However, the rules regarding permission to work detrimentally affect two groups of asylum seekers who may not apply for such permission. Firstly, there are those cases where asylum has been refused but removal has not yet been implemented, the Home Office informing the Joint Committee in 2006-07 that it anticipated taking up to five years to clear the backlog of 'legacy' asylum cases.[10] Secondly, there are a significant number of refused asylum seekers who are not able to return to their country of origin in the medium or long term, such as Palestinians without travel documents. The Joint Committee has recommended that asylum seekers should be allowed to apply for permission to work when their asylum appeal is outstanding for 12 months or more and the delay is due to factors outside their control and in circumstances where there is evidence than an asylum seeker will not be able to leave the UK for 12 months or more (Joint Committee, 2007a). The Independent Asylum Commission (IAC)'s second and third reports of conclusions and recommendations stated that 'asylum seekers who pass through the New Asylum Model without final resolution of their case within six months should be entitled to work' (IAC, 2008c:1) and that 'refused asylum seekers who cannot be returned to their country of origin after six months, through no fault of their own, should be eligible for a time-limited, revocable, permit to work in the UK' (2008b:1).

In addition to these constraints, there are some 'purposeful work' programmes in a few parts of the country that provide opportunities for asylum seekers to get involved in volunteering for community activities, or learning English and IT skills.

Consequently, most studies have focused on the skills, qualifications and language abilities of asylum seekers and refugees, and the employment experiences of the latter. In the absence of routine or official sources of information on these matters, much of this chapter relies on what are termed 'skills audits' of asylum seekers and refugees. These relate to asylum seeker and refugee experiences in specific local areas or regions and, while difficult to integrate into a wider national picture, frequently provide a detailed picture for the populations studied. The only 'reference' data is that of the Refugee Council's literature review (undertaken in 1999 and now somewhat dated) that commented on the low levels of employment among refugees in Britain:

> Estimated unemployment rates vary between 75 per cent to 90 per cent depending upon methodology and geographical area. Underemployment is also another major problem. Despite apparently high levels of

> qualifications among refugees in Britain, the majority of refugees work in informal, short term, low paid, menial jobs with no job security.
> (Refugee Council cited in Waddington, 2005)

These findings on low employment levels were repeated in a comprehensive survey undertaken by Alice Bloch on behalf of the Department for Work and Pensions (2002), based on multiple approaches to data collection. These included a survey of 400 refugees and asylum seekers living in five regions of England, focus groups, and secondary analysis of datasets from the Labour Force Survey. Most of the refugees and asylum seekers in the primary research were from the Somali regions, Iraq, Kosovo, Sri Lanka and Turkey. Sixty-one per cent of the sample had been in Britain less than five years and 39 per cent had been in Britain for five years or more.

On arrival in the UK self-reported English language skills were poor: 17 per cent of the sample spoke English fluently or fairly well while the majority (83 per cent) spoke English slightly or not at all. However, at the time of Bloch's survey, there had been a marked improvement: 21 per cent speaking English fluently, 39 per cent fairly well and 40 per cent either slightly or not at all. Nearly two-thirds (65 per cent) had attended an English language course. Thirty-one per cent of those who had studied in the past had not completed their course, mainly for reasons of childcare and family commitments. At the time of the survey 15 per cent of respondents were studying of which around a fifth were studying for a degree. Participation in training was very low: just four per cent of respondents. A further eight per cent had trained in Britain in the past. Yet refugees were very interested in training: 60 per cent said that they wanted to participate in training, especially information technology and languages. Take-up of training was limited by lack of language skills, not knowing what was available, lack of childcare, not knowing what they were entitled to, and family commitments.

A low level of labour market participation was also found: only 29 per cent of refugees were working at the time of the survey. Moreover, those who were working were employed in just a few types of jobs, including catering, interpreting and translation, shop work, and administrative and clerical jobs, to the exclusion of professional jobs despite pre-migration experience. English language proficiency was the factor that most determined labour market participation and the type of employment people had. Among the sample, 51 per cent of refugees who were fluent in English were working, compared with 31 per cent who spoke English fairly well, 14 per cent who spoke it slightly, and 11 per cent who did not speak English at all. Training also enhanced employment prospects: 67 per cent of those who had received training in the past were working, compared with 41 per cent who were currently receiving training, and 25 per cent who had never received training. Qualifications and where they were obtained also were associated with employment,

being highest at 51 per cent among those who had obtained qualifications in the UK and above the 37 per cent working who had qualifications on arrival. The proportion in employment was just 18 per cent for those with no qualifications on arrival and 23 per cent among those with no UK qualifications.

Terms and conditions of employment for refugees and asylum seekers were poor and worse than those experienced by their ethnic minority counterparts. A quarter of refugees were in temporary posts, more than twice the proportion of their ethnic minority counterparts. Only 47 per cent of refugees were entitled to holiday pay, compared with 92 per cent of their ethnic minority counterparts. They were also less likely to be offered training (33 vs 52 per cent). Levels of pay were lower, the average hourly earnings of refugees being on average only 79 per cent of those in people in minority ethnic groups. Levels of pay for refugees also differed by qualification/place of qualification. Among all ethnic minorities the average rate of hourly pay was £13.71, compared with £8.23 among refugees with a degree obtained elsewhere and £12.10 among refugees with a UK degree.

The sample of 400 was also asked about barriers to employment. Thirty per cent identified the ‘main barrier’ as English language/literacy, nineteen per cent as lack of UK work experience, seven per cent no qualifications, six per cent as waiting for decision on case/immigration status and five per cent (each), employer discrimination, qualifications not recognised, unfamiliarity with UK system, and lack of information. However, almost half (48 per cent) saw English language/literacy as a barrier, 42 per cent lack of work experience, around a quarter no qualifications and unfamiliarity with the UK system, and a fifth employer discrimination.

The study by Phillimore et al. (2006a) in Coventry and Warwickshire provided information on respondents’ employment history in their home countries and in the UK. Almost two-thirds (63 per cent) of respondents had been in paid employment before they arrived in the UK. Responses relating to economic activity in the UK indicated that asylum seekers and refugees were highly motivated to find employment with some 96 per cent wanting to work. Some 99 of the 374 survey respondents were legally permitted to work in the UK: however, only 21 per cent were in full-time employment, 32 per cent were unemployed but had actively been seeking work, and a further 27 per cent were claiming Jobseeker’s Allowance. The majority of respondents earned extremely low incomes (half of the refugees working had a gross annual income of between £7,750 and £10,349, one in eight earned between £10,350 and £12,949, while a quarter earned less than £7,750).

The majority of those respondents employed in their home countries had previously had skilled or professional work, but those working once they arrived in the UK were

almost exclusively employed in unskilled jobs. Eighty-five per cent of respondents had been in full-time education and 66 per cent had obtained some kind of qualifications prior to living in the UK. Since leaving full-time education, 59 per cent had undertaken some form of learning or training and around three-quarters (77 per cent) of these had done so since arriving in the UK. However, they were generally unsure about how to have their qualification recognised in the UK.

Among key findings of in-depth interviews undertaken with 26 asylum seekers and refugees, locating courses other than ESOL was a major challenge. Learning experiences, especially ESOL, were reported positively. All participants focused upon learning for tangible outcomes, rather than self-development, getting a job being the main aim. Aspirations in their home country were generally high with interviewees seeking to become doctors, teachers and engineers. Students who were interviewed were disappointed that they had received little support in linking qualifications to jobs and wanted much more guidance on which courses they needed in order to gain particular jobs. However, attitudes to learning were affected by cultural issues with some interviewees struggling to understand concepts of career, aspirations and skill. They tended to have very low aspirations and sought any unskilled job.

The small number of interviewees who had worked in the UK were employed in temporary and unskilled work including portering, warehousing and security: all hoped such work was a stopgap until something better was available. Interviewees highlighted a number of barriers and constraints to future learning including: language; uncertainty regarding asylum status and mental health issues; the cost of further education and confusion about entitlement to it; responsibility for dependants and the availability, quality and cost of childcare; location of some courses; lack of information and guidance; problems receiving misinformation or discouragement from peers; and length of time needed to re-qualify. Findings suggest that the main need for interviewees was information about learning as, on the whole, respondents found locating advice about any issue difficult. The investigators identified as a key finding the fact that highly skilled and qualified people motivated to locate employment were not participating in the labour market and that learning was at low levels. They also recommended more personalised advice on how to assess, utilise and build upon their existing skills, and the development of mechanisms to accredit those skills.

Many of the other skills audits report similar findings. A study in Leicester (Aldridge and Waddington, 2001) examined the skills and qualifications of 440 asylum seekers and the barriers they faced in using their skills in the local labour market. The study reported that very few asylum seekers arrived in Britain with certificates to prove their qualifications to employers and education providers. Some of those interviewed felt

there would be no barriers to achieving their aspirations. However, of those who felt there would be barriers, the following were cited:

- Poor English language skills.
- Places not available on courses.
- Financial need to work as well as study.
- Potential employers are not keen to employ asylum seekers.
- Their own uncertain future.
- Psychological problems.

A study undertaken by the Africa Educational Trust (2002) mapped the numbers of asylum seekers and refugees living in the Learning and Skills Council London North area and explored the issues they face. Interviews with 356 asylum seekers and refugees plus focus groups which included a further 138 people in these categories were undertaken. They found that 82 per cent of asylum seekers and refugees had completed secondary school education or above and 12 per cent had completed university. There were significant differences in the extent to which communities had accessed education and training with Somalis more likely to have undertaken education and training than those from Zairean, Conglolese or Turkish communities.

Finally, a study by Dumper (2002) undertook a skills audit of refugee women in London from the teaching, nursing and medical professions. A total of 231 refugee women from these professions were asked about their skills, qualifications and employment. Among the sample were 53 teachers, 51 nurses, and 75 doctors and other medical professionals, the remainder actively seeking routes into these professions. This study provides robust evidence of the mismatch between the skills and employment of refugee women prior to migration and their experience in the host country. Of the sample, 68 per cent were employed in their country of origin but just 18 per cent at the time of the survey. Similarly, four per cent described themselves as ‘housewives’ in their country of origin but 24 per cent currently. Six per cent were self-employed in their country of origin but 2 per cent currently. However, the proportion who were students had increased from 20 per cent to 31 per cent and those who were unemployed from two per cent to 25 per cent. The numbers who were employed in the professions showed a dramatic drop from those in the country of origin to currently, from 10 per cent to 0 per cent in the case of doctors, from 23 per cent to 0 per cent in the case of nurses, from 23 per cent to four per cent for teachers, from eight per cent to four per cent for other medical workers, and from two per cent to one per cent for social workers.

All these skills audits, and similar ones undertaken in Scotland (for example see Charlaff et al., 2004), prioritise the importance of English language skills in accessing training and employment. In a study of refugees by Brahmbhatt et al. (2007) in Haringey and Dudley, the main reported barriers to accessing employment and vocational training were lack of English language, followed by lack of legal status and unresolved immigration claims, limited access to vocational training and further and higher education, the distance respondents needed to access the sites, and perceived and actual discrimination on the grounds of refugee status, race, nationality, religion and gender (particularly affecting Muslim women):

> No, I don't have a job … I think it is very difficult for someone like me to find a job … It is discrimination. For a woman and because … of my religion and clothes, yes, I have heard many bad things.
> (Respondent in Brahmbhatt et al., 2007:17)

Dumper's study is useful in highlighting the additional difficulties experienced by women above their refugee status. As with all asylum seekers, they are not allowed to work until their asylum claim is determined. Moreover, if they are dependent on their husband for their asylum claim, they are not permitted to work, even when he is. Many of the refugee women in the study lived with a substantial amount of uncertainty about their ability to remain in the country and inability to plan ahead. In addition, the loss of emotional and wider support systems and encouragement that they had traditionally received from family and friends figured prominently in the accounts of these women. This had a particular impact on their ability to arrange childcare. Dumper also refers to the more restricted access refugee women have to the kind of community and professional networks available to male refugees by virtue of their larger numbers and the accepted role that men hold within their respective communities. Frequently, there is a strong reliance on individual champions to assist refugee women access the labour market, such as the Refugee Women's Association.

Several of the skills audits discussed above drew attention to refugees' lack of information about opportunities and also to the fact that some were well qualified and had worked in professional occupations prior to migration. A number of initiatives have been developed to help some of these professional groups, notably, refugee doctors and dentists, utilise their skills in the medical/dental profession. In the late 1990s the Advisory Group on Medical and Dental Education, Training, and Staffing set up a Working Group on Refugee Doctors and Dentists. Its report, published in 2000, aimed to identify and address the problems medically and dentally qualified refugees face when seeking employment or further training in the UK (Advisory Group on Medical and Dental Education, 2000). It pointed out that there was a lack of data on medically qualified refugees available in the UK and recommended compiling

a voluntary database; the delivery of high-quality information in the form of a nationally agreed information pack; the provision of better local support networks; support and help in securing clinical attachments at a suitable stage; and the incorporation of medically qualified refugees into local induction mechanisms. Refugees with medical and dental skills could also be helped by better access to library and information services, the waiving of the fees of General Medical Council registration, achieving proper careers counselling including development plans, and the overcoming of language barriers through the provision of language teaching services. Other issues considered included requalification in the UK, direct placement into training, and the problems of losing welfare benefits when undertaking clinical attachments.

At the time the report was published, there was estimated to be about 2,000 refugee doctors in the UK keen to work (Adams and Borman, 2000). However, a recent study undertaken to explore the perceptions and experiences of refugee doctors trying to practise psychiatry in the UK found that many problems remain (Cohn et al, 2006). Thirty-one refugee doctors participated in qualitative interviews designed to elicit their experiences in trying to practise as doctors in the UK, 20 of whom were re-interviewed six months later. These doctors identified a range of practical problems that made it difficult for them to move towards practising in the UK, including lack of appropriate information, lack of a clear route through the system, and feelings of isolation. Particular difficulties were the English language examination and finding clinical attachments. The investigators concluded that 'the psychological impact of the experience was profound' and tried to assess the national implications. Of the 300 doctors registered with the Refugee Council's database for refugee doctors, only 174 had stated their particular specialty. Ten of the 174 (six per cent) said that it was psychiatry. Extrapolating to the total estimated number of refugee doctors currently in the UK, they estimate that about 120 will be specialists in psychiatry. It has also been pointed out that refugee doctors have the potential to contribute significantly to the development of the discipline (Hilton, 2006).

The British Medical Association coordinates the Refugee Doctor Liaison Group, which brings together representatives of a wide variety of organisations and individuals currently working with refugee doctors. It also established the Refugee Doctor Initiative, which provides a free package of benefits to those working towards GMC registration, and the Refugee Doctors' Database, a voluntary register which collects information on the progress towards employment of refugee doctors in the UK.

Some similar initiatives have been undertaken for refugee nurses. In February 2003 a task force was set up to suggest a national strategy for the successful integration of

refugee nurses into the health and social care workforce. The task force began work in May 2003 and the Royal College of Nursing (RCN) established a national database to assist refugee nurses to continue in their profession and to establish total numbers, where they are living, and what help they need. As of May 2005, 237 refugee nurses were registered on this database; however since then the database and project have ceased.

The NHS Employers' Refugee Healthcare Professionals Programme has recently relaunched its ROSE website, which acts as an information portal for healthcare professionals, the agencies supporting them and employers. A number of cities in England and Scotland have set up their own projects, for example, the Refugee Health Professionals Project in Redbridge and Waltham Forest offers advice and guidance to all refugee and internationally qualified health professionals living in that borough. In 2006 Wales set up its first project to help refugee nurses towards registration with the UK Nursing and Midwifery Council.

4.4 Summary

This chapter has considered a range of issues affecting refugees and asylum seekers in the areas of education, training and employment. Several points with equality and human rights implications have been illustrated:

- While refugee children in the UK are entitled to education as set out in the UNCRC and other legislation, in practice access to education is hindered as a result of dispersal and the residential instability of asylum-seeking families, financial difficulties and inadequate support in schools.
- Evidence shows that refugee children can, with suitable measures, overcome the problems they face at school. But the potential benefits of the wide variety of central and local government initiatives around educational provision for refugee children and the considerable engagement of a range of community and voluntary organisations are hindered by patchiness of provision with examples of bad practice as well as good. A key ongoing challenge is to identify and collate evidence of good practice and to disseminate and implement this.
- With respect to higher education, a distinction between entitlement and access is helpful (Watters, 2008). While asylum seekers may be entitled to higher education, access can be very difficult owing to the demand for overseas fees.
- English language acquisition is vital in the process of integration and cuts in provision have considerable negative consequences for refugees and asylum seekers. Problems of access are particularly felt by women, older refugees and asylum seekers, those who are carers and those with a disability.

Lack of English language skills impacts on families as well as on individuals' employment prospects.

- Refugees and asylum seekers experience a range of barriers to learning, including problems accessing ESOL provision, lack of free childcare, lack of information and advice, lack of college places, length of time to requalify in a profession, mental health issues, and uncertainty about status and the future.
- Current restrictions on asylum seekers' right to work have a general negative impact, but in particular, detrimentally affect refused asylum seekers whose removal has not yet been implemented, and those who are not able to return to their country of origin due to factors outside their control.
- Evidence demonstrates low levels of labour market participation among refugees, as well as poor terms and conditions of employment. It also highlights however, that refugees are keen to access training, and that a significant proportion already have prior education, qualifications and work experience.
- There is evidence of a range of initiatives to help refugee professionals, but barriers are still experienced; particularly around non recognition of qualifications gained outside the UK, lack of technical English language proficiency, the expense of registration with professional bodies and lack of career counselling. In addition, some initiatives have been short lived.

5. Poverty, destitution and access to accommodation and financial support

This chapter looks at the scale of poverty and destitution among asylum seekers. It then examines the statutory regime of accommodation and financial support and explores reasons for such poverty and destitution, including the specific contribution of the different statutory regimes. The key areas discussed in the chapter are:

- Incidences of poverty and destitution among asylum seekers.
- Access to financial and other support.
- Children, young people and families.

5.1 The scale of poverty and destitution

> Almost all the people interviewed … were living from hand to mouth, surviving on the charity of others, their dignity stripped away by this existence. Some seemed to have lost the will to live.
> (Amnesty International, 2006)

> Destitution – it sounds as if people have been put in a bin and are scavenging. It makes me sound like an animal. Perhaps that is what I am now. All I am.
> (67-year-old woman from Zimbabwe, Refugee Action, 2006)

Asylum seekers are vulnerable to poverty and destitution (defined as not having adequate accommodation or support for themselves and their dependants for the next 14 days) as a result of the conjunction of a number of factors, notably, the circumstances in which they and their dependants arrive in the UK - often without money or accommodation - and the complexity of the rules for entitlement to financial and other support for asylum seekers and those refused asylum. Again, there are no official statistics on the numbers of asylum seekers and failed asylum seekers who are living in poverty or destitution or street homeless. Such evidence as we have is a set of research studies that indicates that the most disadvantaged group is failed asylum seekers. These studies provide robust evidence for the existence among asylum seekers of destitution and, in some cases, evidence of its scale.

A survey conducted in Glasgow for a snapshot month (between 30 January and 26 February 2006) revealed that at least 154 asylum seekers, refugees and their dependents were destitute, this number including 25 destitute children under the age of 18 (Green, 2006). The investigator indicated that:

> These numbers are likely to significantly underrepresent the actual number of destitute people because of the methods used and the problems associated with reaching a hidden population.

They included 27 asylum seekers with active claims, seven refugees and 78 refused asylum seekers at the end of the asylum process. Only a third of the sample indicated that they were satisfied with the legal support they had received. Just over two-thirds of the people surveyed (68 per cent) were male and around a third (36 per cent) were in their twenties (10 per cent were under 20 years old and 17 per cent were over 50 years old). Approaching half the sample (47 per cent) had been destitute for longer than six months and around a fifth (22 per cent) for less than two months. The investigators identified a link between people at the end of the asylum claiming process and long-term destitution and a likely contribution of administrative error in the handling of claims to short-term destitution. Three-quarters (77 per cent) of the sample were destitute because they were a refused asylum seeker, nine per cent because of an administrative error, and seven per cent because they had recently received asylum status and had yet to access mainstream support.

Findings reported by Refugee Action (2006) in an England-wide survey provide some similarities. In 2005-6, more than 46,000 asylum seekers and refugees contacted Refugee Action for advice; around 40 per cent of these requests coming from destitute asylum seekers. It therefore commissioned research that was conducted between January and July 2006 and involved interviewing 125 destitute asylum seekers around the English regions, 27 per cent of whom were women (proportionate to their representation as main applicants for asylum). Several of the women were pregnant or had children in the UK, nearly half (47 per cent) having children abroad. Just under half (49 per cent) of this sample had been destitute for up to a year - including about 20 per cent for between one to six months - the remainder having been destitute for one to two years (on average the people interviewed had spent 21 months being destitute). Sixty per cent of respondents had slept on the street on at least one occasion. Nearly all (95 per cent) were under 50 years of age, more men (46 per cent) than women (37 per cent) being in the 21-30 age group. Around 60 per cent of the sample were single.

Over a third (35 per cent) of those interviewed had exhausted all appeal rights and come to the end of the asylum claims process, just under a quarter (24 per cent), however, not being clear what their asylum status was. More than four-fifths (87 per cent, a much higher percentage than in Glasgow) indicated that they had not been treated fairly during the asylum process. The research estimated that the destitution figure among asylum seekers may be as high as 20,000 households.

A second major national report confirms many of these findings (Smart and Fullegar, 2008). Over a one-month period in November-December 2007 the Inter-Agency Partnership (IAP) asked their One Stop Services to record the proportion of people using these services who were destitute, whether they had an outstanding asylum claim, and whether they had claimed asylum since the introduction of the New Asylum Model (NAM) in April 2006. Caseworkers recorded a person as destitute if they are 'currently with no access to benefits/BIA [now UKBA] support/income and are either street homeless staying with friends only temporarily'. The investigators found that 44 per cent (1,524 of 3,466 cases) of the people using the services of refugee agencies were destitute; 27 per cent of the destitute cases were people pursuing a claim for asylum and so were likely to be legally entitled to support but not receiving it because of procedural errors.

The study tried to assess the impact of the introduction of NAM on destitution and found that 20 per cent of NAM cases were destitute asylum seekers, compared with only eight per cent of older cases seen. The majority (58 per cent) of the destitute cases seen are refused asylum seekers who have exhausted their appeal rights. A small proportion of the destitute cases (seven per cent) were people who had been granted asylum but had been unable to access mainstream benefits. There were also a number of cases of people who were destitute because they wished to claim asylum but had not yet been able to register their claim (six per cent of the destitute cases). This evidence of destitution appears to run counter to requirements of Section 11 of Chapter 42 of the Human Rights Act 1998 and the requirements of the Council Directive 2003/9/EC Laying Down Minimal Standards for the reception of asylum seekers which requires EU member states to provide support and accommodation to asylum seekers.

Several regional studies also indicate widespread destitution. The London Housing Foundation (2004) found that one fifth of bed-spaces in direct access hostels undertaking a one-night count were occupied by refugees and asylum seekers, the results indicating that destitution was a significant problem in London. A 2006 study examining the living conditions of asylum seekers in and around London drew on interviews with 50 asylum seekers undertaken by the Refugee Media Action Group. It reported widespread complaints regarding the condition of accommodation and the attitudes of housing staff:

> Problems ranged from poor furnishings, heating and cooking facilities to leaking ceilings, damp, infestation and lack of privacy.
> (Refugee Media Action Group 2006:4)

The report highlighted that accommodation was often inappropriate for people with disabilities. Mixed sex accommodation was of particular concern to females many of

whom were victims of torture and rape. A female asylum seeker was raped and sexually assaulted three times by another resident before he was moved away from the area.

Further evidence is available from studies undertaken in the West and East Midlands. In an investigation of destitution in Birmingham, Malfait and Scott-Flynn (2005) collected information about the number of destitute asylum seekers living within Birmingham and the West Midlands from a range of service providers and other stakeholders. They concluded from this information that 1,000 to 2,000 destitute asylum seekers were living in the area but with less than 50 destitute asylum seekers and refugees presenting in need of accommodation each week.

The Coventry Refugee Centre's report (2004) into destitution among asylum seekers in the city focused on the problems faced by people at the end of the asylum process: over a two-week period in October-November 2004 they registered 50 appointments (visits rather than individuals) relating to destitute clients. Another survey conducted by Refugee Action among asylum seekers in Leicester (2005) during a one-month period in January-February 2005 recorded 253 visits to four voluntary agencies working with asylum seekers, representing 168 individual asylum seekers. The study found that the majority (70 per cent) of asylum seekers who became destitute in the city had been refused asylum (a similar proportion to that in Glasgow). Six per cent were destitute in Leicester because of administrative errors or delays (again, a similar proportion to that in Glasgow) and around seven per cent because they were a new asylum seeker who was yet to access National Asylum Support Scheme (NASS) support. Forty per cent of the people surveyed in Leicester had been destitute for longer than six months (similar to the proportion in Glasgow). Finally, in a survey of 40 destitute people in SE England, 50 per cent were refused asylum seekers who had exhausted their appeal rights and 10 per cent were still awaiting the outcome of an appeal (Dumper et al., 2006).

The Leeds Destitution Steering Group – a coalition of organisations working with asylum seekers in Leeds – investigated destitution among this group in the city (2004). Each of the collaborating organisations recorded the number of destitute asylum seekers who used their services for a sample month (November-December 2004). The 504 recorded visits (rather than individuals) to agencies were considered to be a 'significant underestimate' due to the reluctance of asylum seekers to be recorded and of organisations to share information.

The Joseph Rowntree Charitable Trust has built upon this work by appointing commissioners to look into the problem of destitution among refused asylum seekers (Adie et al., 2007) and commissioning surveys in 2006 (Lewis, 2007), 2008 (Brown,

2008) and 2009 (Lewis, 2009). The latest in this series shows continuing high levels of destitution: 273 destitute clients (a total of 515 visits) were recorded, including 11 adult dependents and 30 children. Destitution was continuing to occur at all stages of the asylum process; 80 per cent being refused asylum seekers, 12 per cent asylum seekers, and five per cent refugees. A third of the clients were destitute while waiting for Section 4 support to begin. Moreover, the number of people being made **newly** destitute was increasing; 60 individuals having their asylum claims processed through the New Asylum Model. More than a third of individuals had been destitute for one year or more. Destitution was linked to country of origin, two-thirds of those surveyed coming from just four countries (Zimbabwe, Iran, Eritrea and Iraq) where it is impossible to arrange safe return. Indeed, National Audit Office figures for 2009 indicate that a fifth of 'legacy' cases (those dealt with before the 2007 introduction of NAM) cannot currently be resolved because of what the UKBA describes as 'external factors'.

Further research undertaken in Leeds reported that many asylum seekers in the city were often denied benefits and accommodation because of constraints applied through Section 55 (Dwyer, 2007). The Economic and Social Research Council (ESRC) who funded the research noted that Yorkshire and Humberside was a particularly good site for a case study of NASS accommodated asylum seekers as it had the highest regional population of this group in the country (ESRC Key Findings: Governance and Citizenship, 2008). Dwyer and colleagues undertook a year-long project examining the basic needs and coping strategies of 23 refugees and asylum seekers from nine countries and interviewed 11 people involved in the delivery of specialist welfare services. Commenting on aspects specific to accommodation, the researchers concluded that:

> Contrary to the image portrayed in some sections of the media, the findings reveal an overall picture where many forced migrants live in poverty and others experience poor housing and harassment from neighbours. One respondent described the leaking lavatories, collapsing ceiling and dangerous wiring in the home of a single woman asylum seeker with two babies. Another, whose application had been refused, said: 'There is no way I can find money. In this country I'm not allowed to beg and I'm not allowed to work. I don't even have accommodation to live in'.
> (Dwyer, 2007)

A variety of additional evidence is offered by welfare agencies. In Manchester, over 70 people are supported each week by a food parcel supplied by Mustard Tree (a Christian homeless project) and the Red Cross (Church Action on Poverty, 2008). The British Red Cross Society reported to the Joint Committee that between January and June 2006, nearly 3,500 asylum seekers approached them in need of

emergency relief from destitution, in nearly half these cases the destitution being due to administrative delays (Joint Committee, 2007a).

The Asylum Support Partnership (a partnership of refugee agencies that are contracted by the UK Border Agency (UKBA) to deliver a range of services to asylum seekers, refused asylum seekers and refugees across the UK) have published two 'destitution tallies', the most recent in May 2009. The key findings from these tallies are that:

- Destitution is widespread and long term.
- It is most common among refused asylum seekers.
- Destitute asylum seekers are largely from a small number of countries; namely Iraq, Iran, Eritrea and Zimbabwe (making up 50 per cent of visits by destitute people to the agencies), but also in smaller numbers from the Democratic Republic of Congo, Sudan, China, Afghanistan, Congo-Brazzaville and Somalia.
- Destitution affects people with dependent children (13 per cent of destitute people visiting the agencies).
- Delays in processing asylum support are a common factor in destitution (with 29 per cent of destitute people visiting the agencies waiting for the outcome of their application).

The partnership makes several recommendations to UKBA on action to decrease destitution, including asking it to:

- Explore solutions to destitution for those currently not entitled to support. Options made available should include provision of support, the right to work and regularisation of status, depending on circumstances.
- Provide cash support without delay for all destitute refused asylum seekers with dependent children regardless of whether the children were born after the asylum application was refused (Smart, 2009:11).

In addition the partnership proposes a range of measures that it argues would improve and speed up the asylum support process, thereby reducing destitution caused by the time periods involved in claiming support and waiting for an outcome.

The Independent Asylum Commission (IAC)'s second report of conclusions and recommendations, which focused on the way the asylum system works when a claim is refused, argued that 'all those who seek sanctuary in the UK deserve to be treated with a dignity over which mere administrative convenience must never prevail' and concluded that 'the use of destitution as a lever to compel refused asylum seekers to

accept return is indefensible, is opposed by 61 per cent of the public, and should end' (2008b:1). The report continued by noting that:

> The scale and complexity of what happens when we refuse people sanctuary requires a wholesale review of current practice and a new approach that mirrors what the New Asylum Model achieved in improving the asylum determination process.
> (2008b: 1)

A range of recommendations follow on what should be incorporated into this review, including that 'where there is a barrier to return that is beyond the individual's control, they should be given some temporary status in the UK, and if after a further period the situation remains unresolved, they should be given leave to remain' (2008b:1).

5.2 Access to financial and other support

The provision of financial and other support to asylum seekers is within the context of a highly complex and frequently changing statutory regime. The legal basis for providing support is Part 6 of the Immigration and Asylum Act 1999 subsequently amended by the Nationality, Immigration and Asylum Act 2002, the Asylum and Immigration (Treatment of Claimants etc) Act 2004 and the Immigration, Asylum and Nationality Act 2006.

The National Asylum Support Service (NASS) was established in 2000 as part of the Immigration and Nationality Directorate of the Home Office to administer asylum support. NASS ceased to exist as a directorate in 2006 and has been superseded by the New Asylum Model (NAM). As mentioned briefly in Chapter 1, the latter was announced in 2005 as part of a five-year strategy for immigration and asylum. Central to the strategy is an emphasis on rapid processing of asylum claims resulting in either integration for successful claimants or removal for unsuccessful ones.

Over the past decade, accommodation problems and difficulties accessing financial support have been particularly associated with a reduction in the welfare rights of asylum seekers resulting from legislative changes. NASS, and now NAM, 'meets its housing responsibilities by subcontracting to a mixture of accommodation providers, including local authorities and private landlords'. To enter this system, 'individuals must be destitute, accommodation is offered on a 'no choice' basis and clients have to agree to be dispersed to an allocated cluster area' (Dwyer and Brown, 2005). While accommodation issues affecting asylum seekers and refugees have been the focus of a range of research projects and reports, Castles et al. note in their survey of British research between 1996 and 2001 on immigrants and refugees that there were significant gaps in the research on housing, particularly a 'lack of focus on different

aspects of homelessness among refugee populations' (2003:197). Specifically, the researchers identified the 'need for well-informed estimates about percentages of refugees among homeless in the UK', and the 'phenomenon of hidden homelessness among refugees (that is, those who are not on the street, but who need a home and may be sleeping on a friend's floor) (Castles et al., 2003:197).

Accommodation is provided in a range of statutory contexts:

i. Firstly, emergency 'initial accommodation' is provided under Section 98 of the 1999 Act, usually in the form of full board in hostels while the Home Office determines whether the applicant qualifies for longer term support under Section 95 of the Act. To qualify for emergency support, asylum seekers must normally apply for asylum at the port of entry or in person at an Asylum Screening Unit (ASU). Emergency 'initial accommodation' - usually comprising full board in hostels, hotels or induction centres – is provided to those who appear destitute. An asylum seeker who is pregnant, has a child or has care needs may attend the office of a voluntary organisation (the One Stop Service) to be admitted to emergency accommodation overnight until they can present at an ASU.

ii. 'Section 95 support' is provided to asylum seekers over 18 and their dependents while their asylum claims have not yet been finally determined and they would, otherwise, be destitute. It can be in the form of 'no choice' accommodation in a dispersal area and subsistence, 'no choice' accommodation only, or subsistence-only support for those staying with friends and family, the cash subsistence being set at 70 per cent of the income support level for adults and 100 per cent for children. In July 2009 the government announced that this amount would be reduced in the following October, from £42.16 to £35.13 a week.

iii. A refused asylum seeker who is destitute and unable to leave the UK due to circumstances beyond their control can claim Section 4 support, so long as s/he is taking all reasonable steps to leave the UK, is unable to leave the UK, or has been granted permission to apply for judicial review of the asylum decision. This support usually comprises shared self-catering accommodation (on a no choice basis, normally outside London), free prescriptions and some other medical treatments, and £35 per person per week in vouchers rather than cash to meet food and essential living needs. The support is dependent on the asylum seeker complying with conditions relating to his or her removal. Under Section 10 of the 2004 Act new regulations give the Secretary of State power to insist on the claimant undertaking activities on behalf of the community as a condition of continuing support. However, such requirements have not been implemented.

iv. There are other sources of support for the vulnerable and children. Under the National Assistance Act 1948, local authorities have a duty to provide 'Section 21 support' - residential accommodation and associated support – to an adult asylum seeker who is in need of care and attention due to old age, ill health, disability or other special reason. They are required to conduct a community care assessment where it appears that the asylum seeker needs require services. Section 54 and Schedule 3 of the 2002 Act prevent local authorities from supporting those who are unlawfully in the UK unless services are needed to avoid a breach of human rights under the terms of the European Convention on Human Rights (ECHR).

v. Local authorities have a duty of care under the Children Act 1989 to provide suitable housing and support for unaccompanied asylum-seeking children, that is, those under the age of 18 years, the duties of care to these children being the same as all other children in need.

Under Section 55 of the 2002 Act support under Sections 4, 95 and 98 can be denied if the Home Office views the asylum claim as not having been made as soon as reasonably practicable following arrival in the UK. From December 2003 this has been taken to mean that the claim should have been made within three days of arrival. This denial of support does not apply to those with dependent children or particular care needs. Following a Court of Appeal judgement in May 2004 the Home Office revised its procedures for determining eligibility for NASS support under Section 55. The Court ruled that the Home Office was in breach of Article 3 of the European Convention on Human Rights because it denied three asylum seekers access to basic state support. The Refugee Council reported that this judgement did not mark the end of Section 55 as the criteria introduced would still be a basis for the assessment of eligibility. However, as a consequence of the judgement, NASS should not refuse to provide support 'if an asylum seeker does not have alternative sources of support' (Refugee Council, 2004:1).

The complexity of the regulations for entitlement to financial support and accommodation among asylum seekers and those whose claims have failed - and evidence of administrative error in the way these statutory regimes are operationalised - contributes to poverty and destitution among asylum seekers, not least as the vast majority of asylum seekers and those whose claims have failed do not have permission to work, even those unable to return to their country of origin (see Chapter 2.2). Firstly, asylum seekers either have to claim asylum at their port of entry or lodge a claim at one of only two Asylum Screening Units (ASUs). There is evidence that asylum seekers sometimes find it difficult to lodge a claim because of lack of knowledge about the location of the ASUs,[11] their limited opening hours, and

lack of funds to undertake the journey and for overnight accommodation (Joint Committee, 2007a).

In addition, concern has been expressed about the 'Section 55' provision that asylum support can be denied if the asylum claim was not made as soon as reasonably practicable after the person's arrival in the UK. The report of the Joint Committee expressed concerns about the implications of Section 55 provisions in that they would lead to a violation of the rights to an adequate standard of living, to be free from inhuman and degrading treatment, and to respect for private life. According to the IAP's submission of evidence to the Joint Committee, in 2003 64 per cent of asylum seekers referred for a Section 55 decision were denied support, resulting in 9,415 individual asylum seekers receiving no form of government support at all. By October of that year Section 55 cases amounted to a quarter of all the judicial review cases lodged in the High Court and 800 cases were then being processed (Joint Committee, 2007a). A further 2004 report by the IAP examined the experiences of 2,904 asylum seekers and found that of those clients who had been refused access to NASS support, 61 per cent were sleeping rough and eight per cent were facing imminent homelessness. Seventy per cent experienced great difficulty in accessing food on a daily basis. Irregular diet and lack of shelter had a negative impact on the health of clients surveyed (IAP, 2004). While there is evidence that legal judgements have since resulted in support continuing to be provided to homeless applicants, Section 55 provisions are being used to refuse cash-only support claims from applicants with accommodation: although the numbers of asylum seekers refused support under Section 55 have substantially fallen, there were, nevertheless, 895 people refused such support in 2006 (Immigration and Nationality Directorate (IND) quarterly statistics, cited by the Joint Committee, 2007a).

Lord Bingham commented in a leading judgement that a general duty to house the homeless or provide for the destitute cannot be spelled out of Article 3:

> But I have no doubt that the threshold may be crossed if a late applicant with no means and no alternative sources of support, unable to support himself, is, by the deliberate action of the state, denied shelter, food or the most basic necessities of life…
> (Joint Committee, 2007a:31)

Following a 2005 court judgement in the case of Limbuela, an asylum seeker denied support under Section 55, the Home Office stated that it would not deny support to anyone who does not have some alternative means of support available. The point is explicitly made in the government's response to the Joint Committee's report that Section 55 does not prevent 'the provision of support if it would be a breach of human rights not to provide it' (2007a:8). However, the Joint Committee report raised

particular concerns about the use of Section 55 to deny subsistence to those living with family or friends. In these instances the continuing use of Section 55 leaves 'many asylum seekers reliant on ad hoc charitable support and with no regular means of providing for their basic daily necessities' (2007a:8). There remains continuing concern that through the use of this section, the government is breaching Article 3 of the ECHR.

Asylum seekers with care needs may be a further group that is being particularly disadvantaged as a result of disputes between UKBA and social services about responsibility, the position in Scotland being complicated by the fact that English case law does not have binding effect. Moreover, Section 21 assistance is usually provided in kind or vouchers which can be stigmatising. Research evidence indicates that destitution presents this group with particular difficulties, especially those with poor mental health. In a recent study for the Care Services Improvement Partnership, a team of researchers examined the position of destitute asylum seekers in a number of locations in the South East of England, excluding London (Dumper et al., 2006). The evidence suggested there were likely to be around 1,780 destitute asylum seekers in the region at any one time. Furthermore, the researchers concluded that there were high levels of mental health problems among destitute asylum seekers and that while some of these problems were precipitated by events prior to coming to the UK, their subsequent experiences had exacerbated the problem. As such, in broad terms these findings accord with significant international reviews of evidence of the deleterious impact of post-migration factors in asylum seekers' experiences and mental health status (Silove, Steel and Watters, 2000). The research evidence noted that asylum seekers associated mental health problems with their inability to work and support themselves. More than half of the asylum seekers were receiving medication for depression suggesting that a high proportion were accessing healthcare. However, there were concerns expressed by a significant number about the difficulties of finding a GP.

Secondly, a variety of support agencies, such as the Citizens Advice Bureau and British Red Cross Society, have reported that casework errors and processing delays may result in asylum seekers being without support for weeks (Joint Committee, 2007a). The Inter-Agency Partnership (an umbrella group comprising six refugee agencies) informed the Joint Committee that in the first quarter of the 2006/07 financial year the IAP agencies saw 3,170 clients who, while eligible for Home Office asylum support, had become destitute as a result of weaknesses in the Home Office's administration of asylum support, including erroneous terminations of support and substantial delays in rectifying these mistakes (Joint Committee, 2007a). Advice about entitlement to support is often poor and the problem appears to have been compounded by a fairly rapid transition to NAM case workers. Concern has been

expressed about the adequacy of training for NAM caseworkers on the provision of advice for asylum applicants by the Citizens Advice Bureau and the Joint Committee.

Linked to shortcomings in these administrative processes is the wider issue of immigration advice and representation, including the availability of legal representation for the asylum support appeal process. No legal aid is available to claimants for representation at appeal tribunals, individuals having no right to accommodation or support while awaiting the appeal hearing. Indeed, the inadequate provision of immigration advice about the asylum claim and Home Office decisions, more generally, was highlighted in witness statements to the Joint Committee. Refugee Action expressed concern at the restrictions on legal aid entitlement and the poor standards of interpreting at the initial application stage, with almost three-quarters of cases being judged to merit further examination by a specialist immigration lawyer.

Thirdly, there is evidence that the conditions attached to support for refused asylum seekers contribute to destitution. While refused asylum seekers with dependent children were normally entitled to continue receiving Section 95 support until the children reached 18, a 2004 Act provided that such support may be withdrawn if the families were considered to have failed to take reasonable steps to leave the UK voluntarily (rendering them ineligible for assistance from local authorities). A pilot running from December 2004 to December 2005 of this new provision appears to have resulted in a few children of the families involved being taken into care (Refugee Action and Refugee Council, 2006) and over a quarter of the families disappearing. During this time asylum support was withdrawn from 26 families, with six families becoming eligible for support again in 2007 (House of Commons Hansard, 2008b). The evidence given to the Joint Committee questioned the Home Office's use of this provision as an incentive for families to return voluntarily, given its potential for damaging family life and causing destitution.

Difficulties have also been experienced in conditions attached to Section 4 support. This is provided under Section 4 of the Immigration and Asylum Act 1999, amended by Section 10 (Asylum and Treatment of Claimants Act 2004). It is sometimes known as hard case support and is provision for end-of-process asylum seekers whose cases have been turned down, who are destitute and unable to leave the UK due to circumstances beyond their control. Inter-Agency Partnership agencies indicated that delay experienced in accessing this support was one of the main causes of destitution among their clients. According to Home Office data, '50 per cent of cases where the applicant was street homeless or had a medical condition were considered within five days, and of the less urgent cases, the majority within 21 days of receipt' (written evidence to the Joint Committee, 2007a). However, Citizens Advice claimed

that, during 2005, inordinate delay and error in processing of applications 'became commonplace'. A report by the Asylum Support Appeals Project recorded an error rate of 80 per cent in decisions on eligibility for Section 4 accommodation during 2006 (Joint Committee, 2007a).

The form of Section 4 support (supermarket or luncheon vouchers[12] to the value of £35 a week, around only 60 per cent of the income support level for a single able-bodied adult over 25) and its coverage (food and toiletries but not winter clothing, travel to see doctors, legal advisers and others, and phone cards) were felt by witnesses to the Joint Committee to be unsatisfactory, stigmatising and inhumane for the user. There was no entitlement to the maternity payment or the extra weekly 'milk' tokens payment for pregnant and nursing mothers provided for those receiving Section 95 support. An additional complication was that support which the Home Office intended as a limited and temporary measure was sustaining individuals for much longer periods, Citizens Advice estimating that the average length of time on Section 4 support was nine months. The very poor quality of accommodation provided to asylum seekers on Section 4 support was also the subject of testimony by witnesses.

Refugee Action found that only about 15 per cent of the destitute people they interviewed were receiving Section 4 support and noted few identifiable differences between those who were getting support and those who were not. Specifically, the existence of Section 4 support did not appear to be related to gender, having children or having health problems (2006:91). However, the researchers did note some convergence with data on nationality with a high proportion of Somalis receiving this support. They hypothesise that a reason for this may be that Somalis are willing to agree to return to their home country because they regard there to be little chance of the process taking place owing to the absence of a state structure and requisite bureaucratic procedures in Somalia. Dumper et al. note that even when asylum seekers apply for Section 4 money it is not always granted. For example, when someone has been surviving without resources for some time, this has been seen as evidence that they are not really destitute (Dumper et al., 2006). After reviewing all of this evidence around Section 4 support, the IAC's second report of conclusions and recommendations stated that 'the use of vouchers for Section 4 (hard case) support should be discontinued' (2008b:1).

Evidence shows that the problems discussed above can impact disproportionately on vulnerable groups. The Refugee Action study on destitution (2006) noted that the group included 'a wide range of people, some particularly vulnerable such as pregnant women, parents who have children left abroad, and those with physical and mental conditions which render them extremely vulnerable. Many have endured

severe persecution, including rape, torture, multiple loss and denial of basic human rights' (2006:12). Female asylum seekers who are single parents with dependent children and those who have left their children behind may have additional stresses in their lives:

> I have left my child behind and I don't know where he is. I feel despairing. I don't know where to turn.
> (30-year-old woman from Côte d'Ivoire, Refugee Action, 2006: 83)

> My son has noticed that I am having to beg. I cannot afford to buy him clothes. This is terrible for me.
> (31-year-old woman from the Democratic Republic of Congo, Refugee Action, 2006:77)

The particular vulnerability of young destitute asylum-seeking women has been highlighted in the House of Lords. Although some special provision is made for pregnant asylum seekers, such as use of One Stop Services to access emergency accommodation, it is limited. When there are unforeseen delays and errors in processing applications, such women are especially vulnerable. For example, in evidence to the Joint Committee, the British Red Cross Society reported a case of a mother who was without support for over two weeks. Women on Section 4 support are not entitled to the maternity payment and extra weekly milk tokens that those on 'Section 95' support receive and their vouchers cannot be used to purchase necessities for babies, such as clothing or nappies.

Little additional protection is afforded to disabled people with respect to the risk of destitution, despite their being identified as a vulnerable group in European Union and other legislation. The European Union Directive of 2003, laying down the minimum standards for the reception of asylum seekers, indicates that reception of groups with special needs - including disabled people - should be specifically designed to meet their needs. While Section 21 support (under the National Assistance Act 1948) is available to adult asylum seekers who are in need of care and attention due to disability, evidence received by the Joint Committee indicated that many local authorities took an ad hoc approach to such provision and that responsibility for those with care needs was frequently disputed.

While local authorities have a duty of care under the Children Act 1989 to provide suitable housing and support for unaccompanied asylum-seeking children, elderly asylum seekers and those whose claims have failed (albeit only a small proportion of the total) may be especially vulnerable.

5.3 Children, young people and families

> I appealed to the social services. The new ones did believe I was 17 and gave me £30 but no accommodation. They say they want to do an examination of me to determine my age.
> (17-year-old girl from Ethiopia, Refugee Action, 2006:89)

> I am a parent but I have nothing to give them. I'm their dad but I can't give them anything. I get depressed - I am thinking so much. If you are not working you feel bad.
> (37-year-old man from Angola, Refugee Action, 2006:79)

There are several issues around financial support and accommodation that affect children, young people and families. A refused asylum seeker with a dependent child is entitled to continue receiving support under Section 95 until the child reaches 18. However, under Section 9 of the Asylum and Immigration (Treatment of Claimants etc) Act 2004 this was changed so that support may be withdrawn if families are considered not to have taken reasonable steps to leave the UK voluntarily. The Joint Committee has noted that families whose asylum support has been withdrawn are ineligible for local authority support although local authorities may use their statutory powers to take children into care. This provision has been viewed as an inhumane threat to vulnerable asylum-seeking families by a range of agencies involved in the protection of refugees, including the Refugee Council, Liberty and the IAP. In its submission to the Joint Committee, Liberty and the IAP argued that Section 9 'clearly breaches Article 8 of the European Convention on Human Rights on the right to the maintenance of family life' (Joint Committee, 2007a:33). In an attempt to assess its implications, the Home Office conducted a pilot study from January to December 2005 in three areas; Croydon/East London, Manchester and Leeds/Bradford. It reported that no children had been taken into care during the period of the pilot, although this was contradicted by Refugee Action, who claimed that four children had been taken into care in this period.

In the Refugee Council and Refugee Action's joint report of January 2006, it was reported that of the 116 families with whom outreach work was undertaken as part of the evaluation of Section 9, 32 had left their accommodation without informing the Home Office or local authority of their whereabouts. Moreover, Refugee Action reported that of the families involved in the pilot around 80 per cent had one parent suffering from a mental health problem. According to Dumper et al.'s 2006 report on Mental Health, Destitution and Asylum Seekers, Section 9 can be criticised for not achieving its desired effect (persuading people to return to their countries), for not being cost effective, and for 'severely damaging a child's development to be separated from its parents' (2006:16). In June 2007 the Borders and Immigration Agency (BIA) published its evaluation of the Section 9 implementation project. It

acknowledged that stakeholder consultation on the pilot revealed concerns about Section 9's impact upon families and children, and local authorities' difficulties in reconciling Section 9 with the principles of child welfare. However, while the government concluded that 'the Section 9 provision should not be seen as a universal tool to encourage departure in every case', it went on to state that it is 'important that we retain an ability to withdraw support from families who are wilfully not co-operating in the process' (BIA, 2007:5).

Turning to unaccompanied asylum-seeking children, a series of Court of Appeal judgements cast doubt on local authorities' powers to provide unaccompanied children with accommodation under Section 17 of the Children Act 1989 and it was amended in 2002. The amendment clarified the position to the effect that local authorities' functions under Section 17 may include 'providing accommodation, giving assistance in kind or, in exceptional circumstances, in cash'. However, a local authority circular issued in 2003 stipulated that 'the power to provide accommodation under Section 17 will almost always concern children needing to be accommodated with their families' (DoH, 2003). A child accommodated under this section of the Act would not be considered 'looked after' and would not benefit from the provisions of the Children (Leaving Care) Act 2000.

The circular added that the local authority should undertake an assessment based on statutory guidance set out in the Framework for the Assessment of Children in Need and their Families and then use the findings of this assessment to determine whether the child should be accommodated under Section 20 of the Children Act or supported by other services under Section 17. A highly relevant passage from the circular comments specifically on the position with respect to unaccompanied asylum-seeking children (UASC) to the effect that, 'where a child has no parent or guardian in this country, perhaps because he has arrived alone seeking asylum, the presumption should be that he would fall within the scope of Section 20 and become looked after, unless the needs assessment reveals particular factors which would suggest that an alternative response would be more appropriate' (DoH, 2003).

A further legislative development had policy implications here. The Hillingdon judgement refers to the result of a judicial review taken out against the London Borough of Hillingdon. It concluded that some former UASC who had been 'assisted' under Section 17 of the Act had essentially been 'looked after' as defined by Section 20 and were therefore entitled to leaving care support. As stated in a recent report: 'The judgement established in law that Section 17 of the Children Act 1989 should not routinely be used to meet the accommodation and support needs of unaccompanied children' (Free, 2005). The implications for local authorities have been summarised as follows:

- All unaccompanied children should, on arrival, be supported under Section 20 of the Children Act until an assessment is carried out.
- Based on an assessment of need, most unaccompanied children should be provided with Section 20 support, including 16-17 year olds.
- The majority of unaccompanied young people will be entitled to leaving care services.
- Section 17 can be used to accommodate unaccompanied children in exceptional circumstances (Free, 2005).

A survey of 18 local authorities undertaken by Save the Children indicated a mixed picture of the use of Section 20 support for unaccompanied asylum-seeking children (Free, 2005). Twelve of the local authorities surveyed were providing Section 20 support for all UASC. Three were providing a form of 'enhanced' Section 17 support and were planning to gradually move to Section 20 support. Three offered Section 17 support and had no plans for changing this. The key findings of the survey included: variation in the quality and provision of leaving care services, concerns among local authority staff about the quality and level of support they were able to provide, the specific problems encountered in trying to provide services to UASCs who were at the 'end of the line' in that they had exhausted all legal avenues for staying in the country and were faced with deportation. Further reported concerns included the perceived inadequacy of grants from the Home Office and problems in their administration, the difficulty in gaining support for work with UASCs from other agencies, negative attitudes of staff to asylum seekers and a lack of senior management and local counsellor support for work in this area.

These findings point to the complex legal and policy interfaces in which unaccompanied asylum-seeking children are located. On the one hand, the Home Office and specifically immigration services, are concerned with the security of national borders and the monitoring and control of would be immigrants pending the determination of legal status. On the other, local authorities have the statutory responsibility for the care of UASCs under legislation aimed at enhancing the standards of care for children in need in accordance with international conventions and national and international research and guidelines on good practice (Watters, 2008). In the field of law and policy towards migrant children further tension between immigration and local authorities has been noted. In a report by Crawley for the Immigration Law Practitioners Association it is argued that:

> The growing tension between family law, policy and practice and immigration law, policy and practice is closely associated with the politicisation of asylum and immigration policy and the growing use of the welfare state as a tool for controlling immigration.
> (Crawley, 2006:1)

These distinctive areas of concern gave rise to potentially competing agendas and disagreement over the appropriate allocation of resources.

Particular concerns have been expressed regarding support to 'end of the line' young people. These young people have been described as living in limbo and are in a position in which they could effectively be returned to their home counties at any time. Home Office advice is that these young people are entitled to receive leaving care support from social services up to the point where they fail to comply with removals directives set by the Immigration Service. Being a failed asylum seeker is not in itself a sufficient reason for withdrawing support; there should be evidence that the person has failed to comply with removal directions. Additionally, they are required to receive support if not to do so would breach Article 3 of the ECHR.

A further area of concern, and one highlighted in the 2007 Joint Committee report, is a phenomenon referred to as 'de-accommodation'. This refers to contexts in which children are taken out of the 'looked after' system and 'provided support under the leaving care provision of the Children Act before they reach 18' (2007a:61). Concerns regarding the equalities and human rights implications of this practice have been raised by the Children's Commissioner, who called for:

> An end to the discriminatory policy of removing unaccompanied asylum-seeking children from the 'looked after' system to avoid care costs. The Commissioner is concerned that growing numbers of young people are being 'de-accommodated', a practice that does not apply to citizen children and potentially breaches articles of the UN Convention on Rights of the Child.
> (Written evidence to the Joint Committee, 2007a)

5.4 Summary

This section has highlighted a series of problems involving the support of asylum seekers, and has illustrated some extremely worrying evidence of destitution among asylum seekers in the UK. Some strong human rights concerns have been highlighted, as listed below:

- Research shows that asylum seekers are vulnerable to poverty and destitution and that refused asylum seekers are the most disadvantaged group. Evidence of destitution appears to run counter to Section 11 of Chapter 42 of the Human Rights Act 1988 and Council Directive 2003/9/EC.
- Poverty is likely as a result of the circumstances under which asylum seekers and their dependants arrive in the UK. However, statutory provision of financial support is subject to frequent changes, and the complexity of the regulations and

the occurrence of administrative and casework errors also contribute to poverty and destitution, especially as the vast majority of asylum seekers and those whose claims have failed do not have permission to work, even those unable to return to their country of origin.

- Accommodation problems and difficulties accessing financial support have been associated with a reduction in the welfare rights of asylum seekers resulting from legislative changes. There are particular concerns about the standard of accommodation for vulnerable groups.
- Asylum seekers with care needs are a group disadvantaged and vulnerable to destitution as a result of falling through gaps between UKBA and social services support. Other vulnerable groups include single women and those with children.
- There are particular concerns about specific requirements that asylum seekers must meet when lodging a claim in order to be eligible for support. The incompatibility of the Section 55 and 9 provisions with Articles 3 and 8 of the ECHR remains a key concern, as do the conditions that asylum seekers must comply with in order to receive Section 4 support.
- The wider issue of availability of legal representation for asylum support appeals and the lack of legal aid is one that is interconnected with the destitution of refused asylum seekers, as are claims of inadequate training for NAM caseworkers.
- Concerns have been raised about the Section 9 provision allowing the withdrawal of support from families and its compatibility with Article 8 of the ECHR. There are also complex issues surrounding the provision of support for unaccompanied asylum-seeking children, and doubts as to whether the UK's responsibilities under domestic legislation and international human rights principles are being fulfilled. Growing tensions between family and immigration law are illustrated in the debates around de-accommodation and 'end of line' young people.

6. Legal and criminal justice system

There are, potentially, a number of intersections between asylum seekers and refugees and the legal and criminal justice system. These split into two categories: the 'negative involvement' of these groups with the system; and how asylum seekers and refugees are using the system as 'service users'. The main areas discussed in this chapter are:

- Entry regulations.
- Falsely obtaining asylum support.
- Illegal working.
- Hate crime and race and religion specific issues.
- Domestic violence and gender specific issues.
- Sexual orientation and trans specific issues.

6.1 Negative involvement

Entry regulations

Asylum seekers experience an interface with legal and criminal justice systems as soon as they enter the UK. The entry of asylum seekers is subject to a wide range of checks instituted by legislation, including the collection of biometric information. Since 2002 asylum seekers in the UK have been required to provide their fingerprints, which are stored on (and checked against) the Home Office (HO)'s Immigration and Asylum Fingerprint System (IAFS) and the European Union fingerprint database Eurodac.[13] Asylum seekers are then issued with an Application Registration Card (ARC) containing a chip with fingerprint data, a photograph and a statement of the holder's employment status. Asylum seekers are required to present the ARC in order to access the services provided for them (HO, 2001). The fingerprints of children can be taken as long as the child's parent or guardian, or the adult taking responsibility for the child, is present.

The government is now gradually introducing compulsory fingerprinting for visa applicants on a country-by-country basis and from 2008 this has applied to all visa applicants (Home Office, 2006a). Their fingerprints are checked against those of visa and asylum applicants in the IAFS biometric database.[14] In the trial period, between July and December 2005, 321 out of 40,151 visa applicants at nine posts (mostly in East Africa) were refused a visa as the result of a biometric match (0.7 per cent) (Home Affairs Committee, 2006). While fingerprints are not automatically checked at the border to compare them with the prints given with the visa application, nor against police databases of fingerprints, it is the intention of government to link

systems together so that biometric information from a visa applicant can be used at the border to check that person's identity and status.[15] In addition, UK Visas' Biometrics Programme and the Police Information Technology Organisation are developing the 'necessary technical solutions to provide checks against Police fingerprint records prior to the issue of a visa' (Home Office, 2006b).

However, the government's movement towards e-borders with 'fixed' identities established by biometric testing has not been welcomed by all. The Refugee Council contends that 'the requirement to provide a fingerprint may put some refugees lives at risk' (Reynolds and Muggeridge, 2008:31). For some asylum seekers, the only way to escape persecution is to use false documents. This might involve claiming to be of another nationality in order to leave a particular country. Fingerprinting in this case could mean that a person is deported back to the wrong country. Furthermore, 'in the case of a refugee forced to lie about his or her identity in order to flee persecution, the fixing of an identity has a negative effect on credibility, which could lead to a refusal of asylum' (2008:31). The Refugee Council also has concerns that the sharing of biometric data between countries could lead to information being shared with an asylum seeker's transit or country of origin, potentially putting their life at risk on arrival there. It makes a number of recommendations in this area, including:

- When considering the treatment of individuals who travel without proper documentation, the UK should take into account the lack of choice of those fleeing persecution, including where there are no facilities for issuing passports within the country of origin, due to it being a country in upheaval or where certain profiles are illegitimately denied passports.
- Safeguards should be put in place to ensure that where a false identity is used for the purposes of fleeing persecution, the false identity is not electronically 'fixed'. This could lead to inappropriate refusal of an asylum claim and possible chain *refoulement*, that is, returning against their will someone seeking refuge to a place where he or she could be persecuted (Reynolds and Muggeridge, 2008:32-33).

Even more controversial is the UK Border Agency's Human Provenance pilot project.[16] This is aimed at targeting those who the agency believes are making false claims about their nationality when applying for asylum, or where there is doubt regarding the claimed relationship between a child and adult who present themselves in the Asylum Screening Unit (ASU). Testing was started in the ASUs in September 2009 and will run for up to 10 months. Human Provenance testing analyses the isotope configuration as stored in a person's tissue 'to help identify a person's true country of origin', and also DNA to provide 'an indication of their possible nationality'. One goal of the project is to determine whether asylum seekers claiming to be from Somalia and fleeing persecution are actually from another African country, such as

Kenya. While it was announced as a 'proof of concept' pilot, it has been widely criticised as not scientifically valid by geneticists and ethically inappropriate.[17]

In addition, there are specific concerns regarding age assessment procedures for unaccompanied minors. Despite the international praise that the UK received for its former holistic approach to age assessment (Bhabha and Finch, 2006), the government has now moved in the direction of x-rays as part of this process. Crawley (2007) argues that age assessment should not be done at ports or screening units because 'the difficulties inherent in the assessment of age are exacerbated when a child or young person is assessed immediately on arrival and in an immigration setting' (2007:61). In addition:

> Any medical assessments of age - including through the use of x-rays and dental assessments - should only take place in the context of a holistic assessment process. Any medical examination must take place with consent which is genuinely informed. It is not possible to secure the genuine informed consent of separated asylum-seeking children immediately or soon after their arrival.
> (Crawley 2007:61)

Falsely obtaining asylum support

This is another area where asylum seekers may come into contact with the legal and criminal justice system. The government has described asylum fraud as 'a serious problem'.[18] There are no comprehensive statistics on the size of asylum fraud, although estimates have been made. To calculate the extent of asylum support fraud, the Immigration and Nationality Directorate (IND) looked at the amount of fraud and error in Income Support and Jobseeker's Allowance identified by the Department for Work and Pensions (DWP). In 2004/05, fraud and error represented 5.4 per cent of the DWP budget. If fraud and error in IND's total asylum support budget also amounted to 5.4 per cent this would be equivalent to £32.5 million of IND's predicted spend on asylum support in 2006/07. IND estimated that it had identified and recovered only £3 million in 2005/06, rising to £3.3 million in the first seven months of 2006/07. According to one parliamentary report:

> In 2005/06 over 15 fraud cases have been identified involving frauds exceeding £10K. The lowest amount being £12K and the highest being £64K. These are significant sums of public money being lost to false representation and dishonesty and it is considered right that such cases should be prosecuted.
> (Thorp, 2007)

The IND predicted that fraud and error in the asylum budget might have been as high as nine per cent, equivalent to £54 million in 2006/07, and set out the likely scale of

its response: 'In the first year of operation (financial year 2007/08), we expect to conduct approximately 25 prosecutions … IND has Accredited Counter Fraud Investigators in place (similar to DWP) and an Enforcement Unit to undertake those arrests' (Home Office, 2007).

Illegal working

> I worked for two years (illegally) as a chef. I am trained in this. One day I had a row with my boss and he sacked me. It was then I found that I couldn't get another job. I didn't know I wasn't supposed to be working. (24-year-old man from the Democratic Republic of Congo, Refugee Action, 2006:80)

The evidence base on illegal working focuses on employers who give employment to illegal migrants rather than the migrants themselves, the point of access being the legislation that prohibits such employment. The change in the law that came into force at the end of February 2008 has resulted in a very substantial increase in the number of businesses found to be employing illegal migrants: 137 cases in just the two months of March and April 2008. This is 10 times the number identified in the whole of 2007 and more than double the number prosecuted in the previous decade. Employers now face fines of up to £10,000 for each illegal migrant employed, fines totalling about £500,000 being handed out in March and April 2008. In these two months, there was a 40 per cent increase in the numbers of UKBA enforcement operations. Latest data indicates that in 2008 there were, for example, a total of 1,685 enforcement visits made to restaurants and take-away food outlets, as a result of which 3,168 arrests of immigration offenders were made (House of Commons, 2009).

As yet there is no evidence on how the changes have impacted on migrants themselves and whether finding employment has become more difficult for refugees as a result. The Refugee Council and the Commission recently published guidance for employers clearly illustrating the documents refugees have that allow them to work legally in Britain.

6.2 Asylum seekers and refugees as service users

Hate crime and race and religion specific issues

There are relatively few findings on how asylum seekers and refugees use the criminal justice system as 'service users'. A recent review on hate crime indicated that no information exists on such crimes directed towards recently arrived migrants and asylum seekers (Gavrielides, 2007). However, concern arises from the bias against new migrants and frequent vulnerability of asylum seekers when housed

together in concentrations. In particular, the July 7, 2005 London bombings triggered an immediate wave of backlash violence against people perceived to be Muslims. These attacks ranged from verbal abuse, spitting and assaults in the street to property damage, arson attacks and murder (Human Rights First, 2007).

As Chapter 7 discusses, prejudice towards asylum seekers is strong, and media debates over asylum and migration can combine with racism and xenophobia to expose refugees and asylum seekers to hate crime, targeted at them because of their immigration status, and sometimes combined with race or faith. A questionnaire survey of how stakeholders view the organisation reported that:

> Asylum seekers' experiences of racism needs researching – it's grossly underreported. It comes to my attention when there's been a serious attack – only when it gets to that level. Racism doesn't come from nowhere, it starts from name calling, stone throwing. Then it can end up serious. It's important for us to map where it's taking place so we can direct resources and actions.
> (Refugee Action, 2006)

There have been a few accounts that looked at the experiences of racism for population samples and particular groups such as asylum seekers. Carey-Wood et al. (1995) reported that around half of a sample of 263 adult asylum seekers in Britain had experienced racial discrimination, a third reported being subject to verbal abuse, 18 per cent the experience of threats, and 13 per cent the victims of a physical attack. Stanley (2001) found that almost a third of a sample of 125 young asylum seekers had reported direct and indirect experience of harassment, racism or bullying: young asylum seekers living outside London or in areas with a relatively small black and minority ethnic population reported more racial harassment than those living in London. A study in Glasgow found that 50 per cent of 80 asylum-seeking and refugee women in the city had experienced racial harassment and 61 per cent reported feeling unsafe in their local area (Refugee Women's Strategy Group, 2007). Significantly, three out of five of those who had been a victim of racism had not made a complaint to the police. Respondents also expressed concern about the safety of their children and described their children's experience of racism. A small number of women had children who had been physically attacked by other young people. Young refugees and asylum seekers in London report a range of experiences as victims of crime and racial abuse:

> When I am at work or anywhere, we talk to them about anything and when you get to know them, they make comments like 'go back to your country, you asylum seekers' and that hurt us, but they don't know that.
> I remember walking with my mum at times and getting these sour looks, and even though I couldn't speak English, you can tell people are talking

> ’bout you, know what I mean? I remember one man ... he goes, ‘something coon’, and I didn’t find out what that meant ’til later on. (Patel et al., 2004)

Clearly, if an attack refers to the victim’s race, the offence is covered by existing race legislation, which does not refer specifically to refugees and asylum seekers. The Metropolitan Police Authority has indicated that work to address the needs of refugee and asylum seekers in London who are victims of domestic violence and/or hate crime ‘…is in its early stages and very much under development’ (Metropolitan Police Authority, 2007). Issues that have been identified as needing development include providing services to those with no access to public funds, issues affecting newly arrived communities, and enhancing current work with agencies representing refugees and asylum seekers. The previous London Mayor’s Refugee Integration Strategy also considered this matter (Greater London Agency (GLA), 2006), focusing in particular on the ‘low expectations’ of asylum seekers and refugees with regard to reporting harassment and abuse. It considered various types of local action that could help connect asylum seeker and refugee communities with police protection and the criminal justice system, including integrated borough plans, awareness-raising projects, and the setting up of third party reporting mechanisms that do not involve the police. A few other cities, including Bristol and Gateshead, have drawn up hate crime strategies that acknowledge the needs of asylum seekers but most are in an early stage of development.

One particular initiative in Wales merits mention. Wrexham was chosen to be part of the Safe Communities Initiative Five Cities Project to support local agencies with their investigation into the causes of the Caia Park disorder in June 2003 and to help them find ways of working together to manage community tensions in the future (Commission for Racial Equality, 2007). North Wales Police had a leading role in the response of the criminal justice system and worked with Wrexham County Borough Council to set up hate crime reporting centres. The work is underpinned by a ‘charter of belonging’ for the area, publicised through an advertising campaign.

Domestic violence and gender specific issues

With regard to domestic violence, the Home Office has a robust policy on this matter when asylum-seeking women experience domestic violence in the accommodation it provides (NASS, 2004). However, there are some shortcomings. In its own research, the Home Office (2006c) reported that some women who had experienced various forms of gender persecution – including violence in the family or community or harm within their marriage - had been detained inappropriately in the fast track detention system when they should not have been placed there and had experienced difficulty in being taken out of that system (see also Cutler, 2007).

Asylum Aid's (2007) response to the Home Affairs Committee's inquiry on domestic violence highlighted some particular issues with regard to the criminal justice system. Its main concern is about the situation of women escaping domestic violence abroad who come to this country seeking protection, especially in regard to collecting evidence, late disclosure, and cultural practices. To facilitate the latter, it recommends that female asylum seekers should be automatically allocated to female case workers (a practice reported to routinely happen only in Cardiff); that childcare should be provided during asylum interviews; and that the then Border and Immigration Agency (BIA) should fully implement the Asylum Policy Instruction on gender issues in the asylum claim: this states that 'if an applicant does not immediately disclose information relating to her claim, this should not automatically count against her' (BIA, 2004). These recommendations came together to make up Asylum Aid's Charter for Asylum Seeking Women, published in June 2008. Shortly afterwards, the IAC's third report concluded that 'there should be appropriate training on a regular basis for UKBA staff to make sure they understand initiatives related to women's rights, and implement them accordingly' (2008c:1). More specifically, it argued that family-friendly improvements such as baby changing facilities should be provided in all UKBA client-facing premises.

Asylum Aid claims that UKBA has not been implementing its own gender guidance (Ceneda and Palmer, 2006). Moreover, it is concerned that, in September 2006, the Asylum and Immigration Tribunal (AIT) declared that the Immigration Appellate Authority's 2000 gender guidelines – which refer to domestic violence as a form of serious harm within the meaning of the Refugee Convention – '…were not the policy of the AIT'. Asylum Aid is also concerned that women fleeing gender persecution and sexual and domestic violence abroad find it difficult to have their fears on such traditional and cultural practices as forced marriage, female genital mutilation and so-called honour crimes taken seriously. In its recent response to the government's consultation paper 'Together we can end violence against women and girls', Asylum Aid argued that:

> There is a marked disparity between the experiences of female victims of violence against women going through the criminal process in the UK and that of women asylum seekers going through the asylum process. For a truly integrated strategy, the policies and practices developed for women victims of violence against women in the criminal justice system need to be transferred to the asylum system.
> (2009b:4)

Sexual orientation and trans specific issues

While there are questions about the implementation of the gender guidelines, in other areas such as sexual orientation, guidelines do not exist at all. A House of Lords

ruling established that 'homosexuals' can constitute a 'particular social group' as set out in the Refugee Convention.[19] However, according to the Information Centre about Refugees and Asylum Seekers (ICAR), the asylum system still contains 'the idea that homosexuality is in essence "wrong" or "immoral"', and attitudes that 'LGB people would not suffer any persecution if they would just not be openly gay in their country' are still apparent (ICAR, 2005). The Immigration Appellate Authorities (IAA) Asylum Gender Guidelines 2000 had a brief section on 'homosexuals/sexual life' but, as mentioned above, these guidelines have now been removed from the Asylum and Immigration Tribunal's website.

The Home Office does not collect data on the sexual orientation of applicants for asylum or human rights protection, and there has been little research on the issue since the House of Lords ruling. The Home Office guidance for caseworkers on gender has a short section on gender recognition, which covers dealing with a person with a Gender Recognition Certificate, but does not look at the specific experiences of persecution that trans people may have had in their home country. The persecution that trans people face in their countries of origin can be linked to perceived sexual orientation, but there are also some more distinct issues, and these need further exploration (ICAR, 2005). In recognition of all of these factors, the IAC's third report recommended that 'specific guidelines for UKBA case owners on the sensitivities of handling the cases of lesbian, gay, bisexual or transgender asylum seekers should be developed' (2008c:1).

6.3 Summary

As this chapter demonstrates, the legal and criminal system impacts on asylum seekers and refugees in a number of ways, both in terms of negative involvement and as service users, not least related to their own experiences of the legal system deciding their asylum claims. The key areas with equality and human rights implications are:

- Increasingly, measures are being implemented in order to collect biometric information as part of entry regulations in the UK. Age assessment procedures have also begun to include x-ray and other medical procedures. It is important that these measures are continually monitored in order to ensure that they do not restrict the human right to claim asylum or increase the risk of *refoulement.*
- Recent changes in the law on illegal working have increased the penalties employers face and have been accompanied by heightened UKBA enforcement. It will be important to monitor the effect these measures have on refugees and other foreign nationals who are allowed to work, and whether employers become more wary of employing anyone they see as posing a possible risk of prosecution.

- Little specific evidence has been collected on hate crime directed at newly arrived migrants, including refugees and asylum seekers. However, there is evidence of backlash violence directed against those perceived to be Muslim after the 2005 London bombings. More research is needed in this area, particularly looking at what happens when assumptions about immigration status conflates with those about religion.
- The legal process around asylum itself presents particular difficulties for women, with some women who have experienced gender persecution detained inappropriately in the fast-track system. In addition, there are strong concerns about the implementation of the gender guidance when dealing with women's asylum claims, and how not providing a gender-sensitive system means that the potential for fair rulings for women who have suffered gender persecution is significantly reduced.
- Similar concerns arise around the lack of guidance for dealing with claims on the grounds of sexual orientation or trans status, and a lack of awareness within the system of the persecution that LGBT people suffer in some countries.

7. Integration and cohesion

This section considers the areas of cohesion and integration from several different perspectives in order to explore the equality and human rights issues within this complicated field. The key areas it looks at are:

- Public attitudes on and knowledge about asylum seekers and refugees.
- Incidences of racism and discrimination.
- The challenges to integration and cohesion facing communities and service providers.
- The experiences of asylum seekers and refugees.

7.1 Attitudes, racism and discrimination

> I think there was a slight misunderstandings around because people assume that people who come to England are here just for the benefits because we supposedly get help from the government but really, we're just running away from tyrants, dictators and trying to save our lives ...
> I did especially with my hijab [head covering] I have received a lot of comments, looks, usually dirty looks, people who were probably ignorant of what the hijab meant to me.
> (Patel et al., 2004)

Information on attitudes to asylum seekers in the wider society is limited. Social attitude surveys, for example, provide some contextually based measures; the 2006 Scottish Social Attitudes Survey explored discriminatory attitudes in three contexts: marriage and relationships, employment, and the provision of goods and services (bed and breakfast) (Bromley et al., 2007). Only the questions on marriage and relationships asked specifically about asylum seekers. Around a third (37 per cent) of respondents said they would be unhappy if a relative married an asylum seeker. This was lower than the half who indicated this with respect to a transsexual person (described in the survey as 'someone who has had a sex change operation') but the same or similar as for a Gypsy/Traveller (37 per cent) and someone of the same sex (33 per cent). By way of contrast only around 10 per cent expressed unhappiness at the possibility that a relative might form a relationship with someone who was black or Asian, Jewish or from a Chinese background. In general, those with more educational qualifications, younger people, and those who say they know someone who belongs to a particular group are less likely to express unhappiness.

Somewhat different findings are reported in the 2003 Citizenship Survey, at least among young people (Farmer, 2005). Of the young people who believed there was racial prejudice in Britain, half cited prejudice against black and Asian people

(50 per cent and 49 per cent), the next most commonly mentioned being 'asylum seekers' or 'refugees' (15 per cent) and Chinese people (10 per cent). Among young people who thought there was racial prejudice in Britain today, older respondents were more likely than younger respondents to feel there was more prejudice against Asian people and asylum seekers or refugees. For example, among young people aged 15 who thought there was racial prejudice in Britain today, 60 per cent cited prejudice against Asians and 17 per cent cited prejudice against asylum seekers or refugees. Among young people aged 12 who thought there was prejudice in Britain today, the equivalent proportions were 38 per cent and nine per cent. The proportion citing prejudice against asylum seekers varied by ethnic group: white 15 per cent; Asian 12 per cent; and black 21 per cent.

Further evidence has been reported by the Centre on Migration, Policy and Society (Crawley, 2005). A MORI poll undertaken on behalf of Oxfam in 2005 found that of 1,000 Scottish adults, 46 per cent believed that 'the number of asylum seekers living in Scotland is a problem; and only 26 per cent disagreed. A further 28 per cent were undecided or refused to express an opinion. Almost 40 per cent believed that asylum seekers did not make a positive contribution to life in Scotland while 28 per cent said that they did. A YouGov poll commissioned by the Commission for Racial Equality (CRE) in 2004, specifically designed to identify differences in attitudes between white and 'non-white' respondents, found that 35 per cent of 'non-white' respondents had a fairly or very low opinion of asylum seekers compared with 51 per cent of white respondents. However, the survey found some similarities between white and 'non-white' respondents in relation to integration issues, suggesting a surprisingly high degree of hostility among existing ethnic minority communities towards asylum and migration (YouGov, 2004).

Another notable finding is the considerable overestimate of the size of the asylum-seeker population. An ICM poll for The Guardian newspaper conducted in 2001 found that when asked to estimate the proportion of the population consisting of migrants and asylum seekers, the modal estimate was 51 per cent+, despite the real figure being around four per cent (Saggar and Drean, 2001).

Crawley (2005) found that attitudes towards asylum seekers and refugees were influenced by a complex set of factors, including labour market position and income, educational background, individual demographic characteristics including age, gender and race/ethnicity, contact with ethnic minorities groups, knowledge of asylum and migration issues, and the context in which attitudes are formed, including dominant political and media discourses.

The majority of people who responded to the IAC's Citizens Speak consultation in 2008 were 'critical of the asylum system and felt aggrieved by asylum seekers and the government' (2008a:4). In particular, respondents felt that there were too many asylum seekers; many of them were bogus; they were here to steal jobs and welfare benefits; they get preferential treatment in housing and public services; and that Britain was a 'soft touch', taking more than its fair share. There was widespread confusion about the differences between asylum seekers, refugees, economic migrants and illegal immigrants. However, further research commissioned by the IAC to try and gain a deeper understanding of these attitudes showed that 'people strongly believed that it is a good thing that the UK provides sanctuary to those fleeing persecution', but at the same time these people 'do not share a common understanding of the term "asylum" and do not strongly associate it with people fleeing persecution' (2008a). Despite their belief in the moral and positive value of 'sanctuary', respondents had 'a strong perception that "asylum" is bad, and has a negative impact on their local area'. These findings led the IAC to recommend that the term asylum should be avoided and that public information on those seeking sanctuary needs to be improved: 'politicians, government, media and civil society must work together to develop and promote a centre ground for sanctuary in line with mainstream British values' (2008a).

A large number of bodies have expressed concern about negative media reporting on asylum seekers and the influence this has on the public perceptions discussed above. Among those expressing such concerns cited by the Joint Committee (2007a) were the UNHCR, Oxfam, the CRE, Liberty and the Scottish Refugee Policy Forum. Research by ICAR indicated that coverage had improved but with a remaining preoccupation with negative issues (Smart et al., 2007). The UK Independent Race Monitor's report for 2005 voiced concern about the potential for hostile news coverage to affect immigration decision-making (Coussey, 2006).

Examples of good practice were much more limited: they included positive initiatives by press organisations such as Presswise/Mediawise, work by the National Union of Journalists in supporting refugee media support networks, the Commission for Racial Equality's Race in the Media awards scheme, and a few local projects.

The Press Complaints Commission (PCC) did not accept that there was a problem in how asylum seeker issues were reported, pointing to its Code of Practice (clauses covering accuracy and discrimination) and its guidance note on refugees and asylum seekers which highlights the importance of appropriate terminology.[20] In evidence, however, ICAR argued that there was room for improvement, PCC guidance having least impact on the widely circulating papers. Oxfam, too, believed that the PCC guidance 'remains too general and weak and is disappointing in its enforcement'

(evidence to the Joint Committee, 2007a). Another point of criticism was that the PCC's clause relating to discrimination covered only individuals and not groups. The Joint Committee's recommendation was that the Home Office should encourage newspapers to act more responsibly and lend its support to the networks working in this area.

7.2 Challenges to cohesion

The IAC's first report recommended that 'there must be an emphasis on the moral and humanitarian imperative of offering sanctuary, through information and education, in order to secure long-term public support' and that 'efforts must be made to promote tolerance and neighbourliness towards those seeking sanctuary and assist integration at a local level' (2008a:1).

The Commission on Integration and Cohesion (CIC), which had produced its final report the previous year, had only had a limited focus on asylum. But its findings had many similarities to those of the IAC. In its report, 'Our Shared Future' (CIC, 2007), the CIC addressed a number of issues raised in its national MORI survey on integration and cohesion undertaken in January 2007. One finding was that settled communities were concerned about the way migration was managed and the resultant increasing diversity of the population in their local area. The concern was expressed not just by settled white communities but also Asian and black respondents. The CIC hypothesised that such views might result from confusion among respondents about the difference between UK-born minorities, settled migrants who had been in the country some time, current legal migrants, asylum seekers, and illegal migrants.

A second major concern in the MORI poll was about the fair allocation of public services: more than half the respondents (56 per cent) felt that some groups in Britain are accorded unfair priority in the allocation of public services like housing, health services, and schools. Just 16 per cent disagreed with the statement. The groups perceived to so benefit most often were asylum seekers, refugees and immigrants. The CIC indicated that this was a stronger national than local perception, where locally only 25 per cent felt that some groups got unfair priority. The CIC's research found that some of the public's unease about cohesion was being fed by the media (see Greenslade, 2005), that there was a perceptions gap between how migration was perceived nationally and experiences on the ground, and that confusion existed about terms such as asylum seeker, refugee and economic migrant.

Within these broad areas of concern, the CIC indicated that there are some specific geographical areas or 'family groups' where current perceptions of cohesion are likely to be below average and where targeted action on integration and cohesion may be needed. These include, for example: changing less affluent rural areas; experiencing complex patterns of migration for the first time; stable less affluent urban areas with and without manufacturing decline; and changing less affluent urban areas, including some coastal towns (where, for example, there may be competition for jobs). In addition, there were a few 'outliers' with much lower levels of cohesion than the model-based estimates predicted. The latter were often linked to a single issue such as terrorism arrests or a proposed centre for asylum seekers. Thus, there is a strong geographical component to the patterns of public perceptions about issues of integration and cohesion.

This geographical component is also evident in the findings the CIC presented on deprivation, although the relationship between measures of cohesion and deprivation is a complex one. The CIC argued that deprivation remains 'a key influencer of cohesion'. However, some areas have high deprivation and high cohesion (and, equally, some affluent areas have poor cohesion) and the CIC suggested that this may indicate that local action can build resilience to the effects of deprivation. The 2005 Citizenship Survey (Department of Communities and Local Government (DCLG), 2006) found that people who lived in more affluent areas were more likely to agree that people of different backgrounds got on well together and ethnic differences were respected.

Table 7.1 Level of deprivation and attitudes to integration/cohesion

Index of deprivation	Agreed that people from different backgrounds got on well together %	Agreed that residents respect ethnic difference between people %
1 (least deprived)	88	94
2	83	89
3	83	88
4	83	86
5	82	85
6	79	84
7	79	81
8	74	79
9	72	72
10 (most deprived)	69	69
All	**80**	**83**

Source: Commission on Integration and Cohesion (2007)

Other issues addressed in the CIC's report included the wider barriers to integration and social cohesion, such as language difficulties, especially among asylum seekers, the issue of destitution among asylum seekers, and levels of disengagement with

civic society related to these and other barriers. The CIC listed more systematically a set of seven key factors often proposed as linked to integration and cohesion:

- deprivation
- discrimination
- crime and antisocial behaviour
- level of diversity
- immigration
- perceptions of fairness, and
- influences of the global on the local.

Among the barriers to integration and cohesion, they identified:

- lack of practical information about how to live in the UK
- lack of knowledge of rights and responsibilities, and the advice available
- non-recognition of qualifications
- lack of language or employment skills
- difficulties accessing English classes that meet their needs
- lack of opportunities to meet local people and socialise with them
- some public hostility and ignorance, and
- restrictions attached to their immigration status.

Although the UK has a National Refugee Integration Strategy, the CIC indicated that – as a minority of migrants – support for the majority of refugees is left to local areas. This, they argued, has led to a plethora of local initiatives springing up in response to demand. While many provide examples of good practice, there is duplication of effort with respect to such matters as welcome packs. They contrasted this situation to that in a number of other EU countries that have national or regional introductory programmes for all new migrants, in some cases tailored to individual migrants' needs. The CIC's report cited examples of a number of these local projects that have been set up to address particular needs.[21] Some activity is also instigated by specific asylum seeker support organisations, such as the Inter-Agency Partnership (IAP) on Asylum Support and West Midlands Strategic Partnership for Asylum and Refugee Support (WMSPARS). In addition, the CIC made the important point that if people hear about the reasons that led asylum seekers to flee their country and come to the UK, they are more sympathetic to their position (for example, see Lewis, 2005).

The CIC also expressed concern that local councillors in local authorities are able to make inflammatory statements that have a direct impact on cohesion, with no recourse for the communities involved. The CIC therefore recommended that the

Electoral Commission – in association with the Equality and Human Rights Commission (the Commission) – should seek a voluntary agreement on the part of political parties to behave as if they are bound by the positive duty in the Race Relations Amendment Act, with the duty to promote good relations enforceable by the Commission, as had been done by the legacy commissions in Wales. The CIC also recommended that Local Authorities should work with the media to actively rebut myths and misinformation, both in between and during election periods. For such purposes a rapid rebuttal unit should be established jointly with partners including the Commission, DCLG, Local Government Association (LGA) and Local Government Information Unit (LGiU), and that this unit should produce training packs for local officials and councillors dealing with positive media messaging and diversity awareness. The CIC also proposed a new integration and cohesion forum for employers, to be coordinated by the CBI and Commission. This would convene regularly, enabling representatives of employers and employees (from both the public and private sectors) to set out clear action plans for how employment issues can contribute to integration and cohesion. These forums should be regional with a national steering committee, and should act as the catalyst for additional work in this area.

Asylum seeker dispersal and cohesion

Surprisingly the final report of the CIC had nothing to say on the dispersal of asylum seekers. Dispersal has been defined as the process of moving asylum seekers to a different area of residence in the UK so as to share the call on resources and public services among a wider range of local authorities instead of one particular area of the country. Under the Immigration and Asylum Act 1999 and the Nationality and Asylum Act 2002, an asylum seeker requiring support and accommodation may be dispersed anywhere in the UK. Dispersal is managed by the Home Office's UK Border Agency (formerly by the division called the National Asylum Support Service (NASS)). Support is provided to asylum seekers while their applications are being considered so as to avoid their destitution (as noted in Chapter 4, asylum seekers are not permitted to work in the UK). Claims for asylum are processed by a different body, the Asylum Casework Directorate of the Immigration and Nationality Directorate. While asylum seekers may have a preference for a particular area to be dispersed to, NASS cannot take this into account.

There have been only a few efforts to assess the impact of the dispersal process on integration and cohesion. A study by Anie et al. (2005) used a combination of quantitative and qualitative methods to investigate which factors affected the successful dispersal of asylum seekers. The quantitative analysis focused on 77 local authorities in the North East, North West, Yorkshire and Humberside, East Midlands, West Midlands and East of England regions. The qualitative research was based on

38 semi-structured interviews and four focus groups, which were used to explore the range of experiences with dispersal. The statistical analysis indicated that local authorities with a higher proportion of dispersed asylum seekers tended to have higher proportions of residents in social grade (SG) E (that is on state benefit, unemployed or in the lowest grade jobs) and more vacant housing stock. However, in nearly all these local authorities the number of dispersed asylum seekers - as a proportion of the resident population - was below the maximum recommended by NASS of 0.5 per cent (one in 200). Two local authorities had 0.5 per cent or more dispersed asylum seekers. There was no statistically significant relationship between the proportions of dispersed asylum seekers and resident ethnic minority populations.

Three dispersal area characteristics - the proportion of asylum seekers, the proportion of residents in SG E, and the proportion of the vacant housing stock - were found to be significantly associated with an increased likelihood of incidents of verbal harassment, racial harassment and physical assault of asylum seekers. The interviews and focus groups with stakeholders indicated that NASS had made substantial improvements to dispersal processes over time but there remained areas of concern, notably, the need for clarification from NASS about the responsibilities of all those involved in dispersal and the perceived significant difficulties in communication between agencies, stakeholders and NASS which can lead to logistical problems and long delays in dispersal. Respondents called for more consistent and comprehensive induction for asylum seekers before and after dispersal, advanced notice to stakeholders (such as health agencies) on asylum seeker needs, and appropriate information about asylum seekers for host communities. Variations in the standards of accommodation and support services were a concern for stakeholders and asylum seekers, and these were often attributed to differences in the details of NASS contracts with various accommodation providers. Stakeholders wanted more detail and standardisation in NASS contracts and for NASS to invest greater effort in monitoring accommodation standards.

Only a few of the themes identified by Anie et al. have been pursued in other research studies. One of these was the issue of whether the proportion of ethnic minority residents as a basis for selecting dispersal areas should be considered beneficial for community relations. There was broad agreement among respondents that dispersing groups of asylum seekers to established communities with similar characteristics, such as language, could give comfort and support to asylum seekers and ensure that service providers are better prepared with access to established resources. However, the view was also expressed that while this may be beneficial in the short term, long-term impacts on social cohesion may be less favourable: clustering (especially linguistic clustering) could contribute to an emerging ‘ghetto’ of

asylum seekers and refugees in highly deprived areas, hindering refugees' future integration. With respect to these perspectives, Sim et al. (2007) argued that cities such as Glasgow may be areas where asylum seekers can successfully settle once they have received refugee status, given the creation of new multicultural communities in such cities.

Other studies have focused on the employment of refugees in dispersal areas. Phillimore et al. (2006b) looked at the potential impacts of dispersal policy on the economic prosperity and social cohesion of UK dispersal areas, particularly the currently high levels of unemployment experienced by refugees and the location of those who are working in low-skilled jobs with earnings substantially below the average. The investigators argue that the high levels of unemployment and underemployment experienced by refugees may result in their exclusion from society in dispersal areas, thereby adding to existing social exclusion in such areas. To allay that prospect, they suggest that initiatives should be introduced in these deprived areas to help refugees to access work that matches their skills, qualifications and experience.

Two other perspectives have been offered by research studies: the impact of asylum seeker dispersal on 'host' communities and its impact on UK refugee community organisations. With respect to the first, the argument of McGhee (2006) is that in the various UK government reports on community cohesion and asylum (including the Home Office's Strength in Diversity consultation strategy of May 2004), integrating 'new' migrants into British society takes precedence over other considerations, especially the problems facing the already disadvantaged white 'host' communities that receive 'new' migrants through the dispersal scheme. He contrasts the stance taken in some of these reports with the recommendations in the Community Cohesion Panel's report (2004), which advocated a balanced approach combining the managed settlement of asylum seekers into 'host' communities. McGhee contends that the Home Office is too fixated on managing migration, to the detriment of managing the impact of migration, and calls for a better balance between managing migration and managing settlement. This is a constructive approach to the achievement of cohesion and integration as it addresses the needs of both the migrants and the communities into which they settle.

Zetter (2005) focuses on the impact of asylum seeker dispersal on UK refugee community organisations, exploring the impacts of dispersal on the formation of refugee community organisations, and showing how dispersal has consolidated a core of established organisations in London that has stimulated a regional periphery of volatile semi-secure and insecure organisations competing for limited financial support. These investigators challenge the popular conception of refugee community

organisations as mediators of the process of integration, arguing that their role has become largely short-term in an unsympathetic policy environment. Rather, they underline the importance to the integration process of informal networks in refugee communities (see also Griffiths et al., 2006).

7.3 The experiences of asylum seekers and refugees

> I am living here for four years now. During my first year here, I went to distribute to everyone Christmas cards. I thought maybe we could be friends. But when I went out, they didn't say hello to me. People back home don't know how unfriendly the UK is.
> (L, from Afghanistan, Rutter et al., 2007:109)

A dimension of integration and cohesion that frequently is overlooked is the experiences of asylum seekers and refugees themselves, particularly their everyday interactions with the wider society. As discussed in Chapter 4, Brahmbhatt et al.'s (2007) study of refugees and asylum seekers in Haringey and Dudley highlighted the importance of English language when attempting to find employment or access training. It also illustrated that improved English increases the potential for making friends and meeting people of multiple nationalities and ethnicities, exposure to other cultural influences and norms, the feeling of being treated as equals, the scope for networking with people as being instrumental in learning English, the greater happiness and wellbeing deriving from developing new skills and speaking better English, and the prevention of sadness and distress when isolated. Non-participation in these various social networks appeared to have an adverse effect on integration.

These respondents reported that not learning English was one of the most significant barriers that affected their ability to integrate. The ability to speak English gave access to friends outside their own communities and, thereby, to informational resources. It was also important for fulfilling everyday tasks, such as shopping, paying bills and asking directions. The impacts of not being able to work were reported as forced reliance on statutory forms of support, the frustrations of enforced dependency, humiliation at media exploitation of such dependency, extremely limited income, the psychological impact of not being able to work, and not being able to contribute to the country in which they live. The extent to which people felt isolated and depressed could be exacerbated by lack of access to informal co-ethnic friendship networks.

Not all respondents in the research had equal access to different types of networks. Female asylum seekers and those with children were noticeably absent from formal social networks in Haringey and this was also the case in Dudley, although there were significant examples of women in the latter who had entered formal networks

and single men from particular groups who had been excluded. Female respondents were hindered in accessing sites of social networking and attending courses and employment by a lack of childcare and support in paying childcare costs. However, there were examples of some more positive gendered dimensions to accessing social networks, with those operating across ethnic or refugee/non-refugee lines arising between women as a consequence of childcare responsibilities. Several parents interviewed as part of Doyle and McCorriston's (2008) research on secondary schools expressed a clear wish to be involved with other parents with children at the same school:

> If they could encourage things such as concerts, performances where parents are coming to watch children's performance and meet other parents and children's friends. You may not know children's friends … I know my children's friends but not their parents. And, I miss it! I need to know them. Do you see what I mean?
> (Doyle and McCorriston, 2008:21)

Brahmbhatt et al. also found older refugees to be particularly at risk of isolation in Haringey and Dudley. For example, one older refugee in Haringey commented that while a community organisation existed serving people of her nationality, its focus on activities geared towards families and children meant she did not feel comfortable attending herself. The research showed that older refugees have particular difficulties in accessing social networks, the investigators arguing that community empowerment initiatives in Haringey should take particular account of this group. However, another respondent reported that there were classes for older refugees who want to learn basic English communication skills. In addition personal ill health and disability, including mental health problems resulting from their experiences, and also the need to care for family members with these difficulties, frequently limited personal mobility and kept people in their homes, thereby limiting social networking opportunities. This was a particular problem in Dudley where respondents had to travel further distances to meet friends, work and learn English.

More generally, the short-term aspirations of Brahmbhatt et al.'s respondents were to meet urgent needs, including getting accommodation and a job, making friends, learning English and obtaining a good education. Long-term aspirations were less functional and more focused on emotional integration and equality: to be 'happy and safe', security for their families, the same opportunities in life as British people for their children, getting married and starting a family, and equality in citizenship. Achieving a sense of normality was important.

Rutter et al. (2007) explored the experiences and feelings of refugees and asylum seekers through in-depth interviews with a diverse sample of 30 people in these

groups, focusing on their social networks and interactions. Most of the interviewees in this sample felt they had strong social networks and were socially well integrated. Indeed, some four-fifths or more maintained UK-based friendships with people from their countries of origin and had made friends with people outside their country of origin, including other migrants and those considered to be British. This finding challenges the view that migrants limit their friendships to members of their own community rather than the wider society. Such mixing also took place in 'super-diverse' cities. Leisure activities, including volunteering and political activities, had been an important setting for forging such friendships.

However, a small proportion of interviewees - around a fifth - were socially isolated, having few UK-born friends or those from their own community. A lack of English language fluency was a factor for about half in this group, and childcare responsibilities, the demands of work, poverty and overcrowded housing were also factors. Around just one in seven or eight of the interviewees felt they were friends with their neighbours, most not knowing or ever having spoken to their neighbours. In fact, interviewees saw the unfriendliness of their neighbours as the most significant barrier to social interactions outside their communities. This unfriendliness and hostile social interactions prevented many interviewees feeling that they 'belonged' in their locality.

> I remember in three years I said hello to my neighbour no more than 10 times, so there was no connection, no contact, no attempt at conversation. I never had a conversation with anyone when I was there, over three years. The way our flats were designed were not meant for this, it was just a door and then the stairs. (E, from Chile, in Rutter et al., 2007:106-107)

> The biggest shock I had when I came to the UK is that people don't talk to each other. It is very difficult to interact in the British society. I can talk to my next-door neighbour and say hello to the children, but still I feel a bit strange. I don't feel I belong in my neighbourhood because people don't talk to each other. (Anon, in Rutter et al., 2007:108)

In some cases, economic hardship and a lack of acceptance in UK society caused the interviewees to turn towards people who had had similar experiences. Opportunities for such neighbourhood social interactions were limited by the occupation of temporary accommodation and having to move home frequently. Also influential was the built environment, including access to 'soft infrastructure' such as parks, sports and community facilities.

More than two-thirds of interviewees had experienced racial harassment, including name-calling, verbal abuse, damage to their property, and, in a few cases, racially aggravated violence. Much of this hostile behaviour took place around their homes.

Almost all those from a visible minority ethnic group indicated that they felt safer in multicultural areas. A quarter felt that the UK had become a more hostile place for migrants and visible minority communities since the terrorist attacks of 2001 and 2005.

This study is important in that it shifts the responsibility for social integration away from an exclusive focus on asylum seekers and refugees to one also involving the majority community; that is, a two-way process: 'Communities receiving migrants have responsibility for the integration of new arrivals - everyone needs to be a good neighbour' (Rutter et al., 2007:117). It also indicates that neighbourliness is very important to the feeling of belonging and that this is sometimes inhibited by low pay, long working hours, long-term unemployment and a lack of fluency in English. Given the individualisation of UK society, the 'recovering of the public sphere' - collective public places such as neighbourhood parks, museums and galleries, and courtyards - may also be important to social integration. Also volunteering - this small sample being more likely to volunteer than the general UK population - and the activities of informal community associations play an important part in refugees' lives.

There is a scarcity of such accounts as that by Rutter et al. One in particular, however, develops some of Rutter et al.'s themes regarding neighbourliness and social networks, but at a larger spatial scale, that is, the experiences of asylum seekers and refugees of entire neighbourhoods, shifting the focus from components of the social environment such as immediate neighbours and collective public spaces. Spicer (2008) draws on the findings of the National Evaluation of the Children's Fund team (in-depth interviews with recent refugee families - 14 parents and 12 children - and nine workers from voluntary organisations) to characterise asylum seeker and refugee experiences of neighbourhoods in the UK as either: low-income white neighbourhoods with few immigrants ('excluding neighbourhoods') and neighbourhoods with histories of immigration ('including neighbourhoods').

The former were seen by interviewees as threatening places, in which many parents were fearful of racist harassment and violence towards family members:

> I was alone, I didn't know what was going to happen, where I was going to go … [people were] … targeting Asians and people, who weren't, you know, white … In the first couple of months I hardly went out of the house. It was a totally English area. And we were very worried because … our
>
> children were also feeling that we are not safe … They were throwing stones, they were throwing eggs, they were racially bullying us. (Spicer, 2008:496)

Parents felt their children to be vulnerable and in need of parental supervision. Public street places were felt to be unsuitable environments for their children. In such circumstances the home was constructed as a place of refuge and the most appropriate place for children. Children also shared their parents' sense of hostility and threat in these neighbourhoods. By contrast, 'including neighbourhoods' limited the risk of racist harassment. Neighbours from a range of minority ethnic backgrounds were found to be more accepting and tolerant of difference, leading to a strong sense of community. Neighbours' surveillance meant that public places were safe and appropriate places for their children who, in turn, could develop social bonds with other children.

The two different types of neighbourhoods impacted significantly on refugees' ability to establish social links. In the 'excluding' neighbourhoods healthcare and social care services were seen to be less inclusive of asylum seekers and refugees, less familiar with their particular needs, and often indifferent, unapproachable or hostile. Both parents and children constructed these neighbourhoods as places of limited basic resources, such as shops selling appropriate foods, religious institutions and community-based organisations. Schools in these different neighbourhoods were also constructed as 'excluding' or 'including' schools. Many parents preferred to enrol their children in local schools with high intakes of children from black and ethnic minority groups found in including neighbourhoods. Culturally diverse schools were seen to offer more support where their children experienced less bullying and were able to form friendships with peers from similar backgrounds.

Problems were also experienced in establishing social bonds and bridges in excluding neighbourhoods.[22] Parents in these neighbourhoods experienced difficulties in forming social bonds as relatively few ethnic minority families lived locally; social bridges were also problematic as they were cautious about approaching white and ethnic majority families. Many parents experienced difficulties in enrolling their children in schools and accessing children's health services. Parents felt isolated and insecure in these neighbourhoods, tending to avoid contact with people living locally. Including neighbourhoods, in contrast, were seen as places of practical and emotional support where parents could develop social networks.

> The people here …treated us very well and we are very pleased for that…it's been fine up to now; we respect them, they respect us. There is mutual respect.
> (Spicer, 2008:502)

There was a feeling of solidarity with families in these neighbourhoods, some based on shared experiences of hostility from ethnic majority communities. The social bonds they developed provided emotional support and protection against depression

and stress. In some cases voluntary organisations had helped foster these social networks. In the children's accounts, difficulties were experienced in establishing friendships in the excluding neighbourhoods, resulting in them spending more time at home under parental surveillance. In including neighbourhoods, children could develop social networks with other children, especially those from similar cultural backgrounds, and peer group solidarity made them feel safer in public places. Many children developed a strong sense of attachment to these inclusive neighbourhoods and schools.

The findings of this study are important with respect to government policy on integration, which promotes positive social bridges between ethnic minority and ethnic majority communities to promote social cohesion and cross-cultural understanding. However, this study shows that asylum seekers and refugees find neighbourhoods with histories of immigration as more conducive to social inclusion. Spicer argues that this should be fully acknowledged by the UK dispersal programme to avoid the prospect of refugees becoming socially and geographically marginalised. Central to Spicer's hypothesis is the intolerance of, and hostility towards, asylum seekers and refugees among some white and ethnic majority communities, reconnecting to Rutter's emphasis on integration as a two-way process.

7.4 Summary

This section has considered the concepts of integration and cohesion from several different directions, from public attitudes and perceptions on migration and asylum to the everyday experiences of refugees and asylum seekers themselves. The key equality and human rights issues identified are:

- Public perceptions about asylum tend to be negative and misinformed with widespread confusion about the differences between economic migrants, illegal immigrants, asylum seekers and refugees. Attitudes towards asylum seekers and refugees are influenced by a range of factors including political and media discourses, educational background, individual demographic characteristics, contact with ethnic minority groups, and income and labour market position.
- The term asylum carries many negative connotations, yet many people do believe in the importance of offering 'sanctuary' to those who need it. Local authorities should work jointly with partners, including DCLG, the Commission and the LGA to actively rebut myths and misinformation and to promote the idea of sanctuary.
- The negative media reporting of asylum is of significant concern among stakeholders and there is doubt as to whether the PCC guidance is effective enough in this respect. The media is in a position to take positive action to

encourage cohesion; for example, by spreading knowledge of the reasons that lead asylum seekers to flee their countries.

- Evidence suggests that there are some geographical areas or 'family groups' where perceptions of cohesion are likely to be below average and where targeted action is needed. These include less affluent rural areas, those experiencing migration for the first time and less affluent urban areas where there may be competition for jobs. The fact that local councillors in these areas are able to make inflammatory statements that have a direct impact on cohesion has been highlighted as in need of attention.
- It is vital that integration and cohesion issues are considered as part of the dispersal process. Research on 'excluding' and 'including' neighbourhoods shows that refugees and asylum seekers find areas with histories of immigration more conducive to social inclusion and that there are higher incidences of harassment and assault of asylum seekers and refugees in 'excluding' neighbourhoods.
- More consistent and comprehensive inductions are needed for asylum seekers before and after dispersal, and stakeholders and host communities also need to be fully briefed in advance. Duplication of induction materials and schemes within local areas could be avoided by greater national leadership.
- High levels of exclusion, unemployment or under employment among refugees can lead to dispersal areas becoming even more socially excluded. But the fact that some areas have both high cohesion and deprivation suggests that local action can build resilience to the effects of deprivation. Good practice exists in such areas, for example, involving volunteering schemes and improving public spaces.
- Many asylum seekers and refugees build strong networks themselves and actively attempt to integrate, but others feel isolated and vulnerable to harassment. Access to English language tuition is vital in this respect, not only to access employment and training but in order to build social networks and access services. Some groups are more likely to meet barriers in doing this and more likely to experience isolation, including women, older and disabled refugees and asylum seekers, and those with caring responsibilities.

8. Geographical perspectives

This chapter explores a number of geographical perspectives concerning refugees and asylum seekers. It examines:

- The geographical distribution of asylum seekers.
- The situation in Scotland.
- The situation in Wales.

8.1 Geographical dimension

Information on the geographical distribution of asylum seekers for small geographies is not available. Statistics on the location of asylum seekers in the UK are linked to the available information on the support that the asylum seeker receives, the location of those asylum seekers not in receipt of support being unknown. For those in receipt of support, the government publishes statistics broken down by government office region, local authority and parliamentary constituency, these breakdowns being available from December 2002. These deficiencies in data make it difficult to assess equality challenges for the public services at a local level.

The most recent data - for September 2009 - show that over 24,000 asylum seekers were supported in dispersed accommodation (a small number of asylum seekers receiving subsistence-only support are excluded from the table) across the UK (Table 8.1). The Government Office Regions with the largest number are the North West (6,460), followed by Yorkshire and the Humber (3,795) and West Midlands (3,655). Scotland had 2,650 such asylum seekers, Wales 1,695, and Northern Ireland 260. Four cities had a thousand or more asylum seekers in dispersed accommodation: Glasgow (2,650), Birmingham (1,370), Liverpool (1,270) and Manchester (1,000).

The regional tier of government is perhaps the most important in exploring the geographical dimension. Eleven regional consortia across the UK were established as a result of the Immigration and Asylum Act 1999 which provided the legislation that asylum seekers would be dispersed to regions across the UK. All these regional consortia were core funded by the Home Office and were established to coordinate activities regarding the dispersal, accommodation and support of asylum seekers and the integration and social inclusion of referees. The recent regionalisation of the UKBA has been viewed favourably as providing a more locally grounded approach. The Welsh Refugee Council (WRC), for example, has argued that:

> … regionalisation has enabled better dialogue locally and that improved communications and faster local decision-making on support issues has led to improved services for asylum seekers and refugees.
> (Welsh Refugee Council, 2007)

The dispersal programme has had a number of consequences for the public services. When asylum seekers and refugees were substantially concentrated in London and the South East, a number of specialist services were developed in this area, including those to treat the victims of torture. Dispersal has had the effect of distributing incoming asylum seekers across the UK to give a much more even spatial pattern but with the consequence that for some these specialist services were no longer accessible. In 2003 the Medical Foundation for Care of Victims of Torture decided that it would open offices outside London, the first such centre being established in Manchester (to serve the North West) in late 2003, followed by centres in Newcastle upon Tyne (for the North East) and Glasgow. Clearly, these locations were selected to serve the critical mass of asylum seekers outside London and the Foundation was unable to justify opening an office in Wales because of the numbers (relatively low at 2,500 compared with other regions in the UK).

This may also be true of other services. With respect to Wales, for example, the WRC has argued that 'specialist services and specialist knowledge within mainstream services have continued to be lower than for some other regions' (WRC, 2007). They cite the example of specialist expertise around unaccompanied asylum-seeking children, Welsh local authorities having found it difficult to develop such expertise in those areas where these children only occasionally present and are consequently small in numbers. This need for distributed expertise is seen in the policy of the WRC, established in 1990 and the lead voluntary sector agency working with refugees and asylum seekers in Wales, with offices in Cardiff, Newport, Swansea and Wrexham, the four dispersal areas.

The particular situation in Scotland and Wales is considered below in more detail.

Table 8.1 Asylum seekers supported in dispersed accommodation by local authority and UK government office region, end of September 2009[1,2,3)]

Number of applicants (including dependants)

Region	Local authority[4]	Dispersed	Disbenefited[5]	Total
England				
North East	Darlington	65	-	65
	Gateshead	200	-	200
	Hartlepool	30	-	30
	Middlesbrough	440	-	440
	Newcastle upon Tyne	630	-	630
	North Tyneside	95	-	95
	Redcar and Cleveland	*	-	*
	South Tyneside	110	-	110
	Stockton-on-Tees	290	-	290
	Sunderland	225	-	225
	Total	2,095	-	2,095
North West	Blackburn with Darwen	460	-	460
	Bolton	565	-	565
	Bury	405	-	405
	Cheshire East	*	-	*
	Liverpool	1,275	-	1,275
	Manchester	1,000	-	1,000
	Oldham	610	-	610
	Rochdale	565	-	565
	Salford	660	-	660
	Stockport	165	-	165
	Tameside	235	-	235
	Trafford	70	-	70
	Wigan	450	-	450
	Total	6,460	-	6,460
Yorkshire and the Humber	Barnsley	290	-	290
	Bradford	520	-	520
	Calderdale	165	-	165
	Doncaster	295	-	395
	Kingston upon Hull	245	-	245
	Kirklees	405	-	405
	Leeds	680	-	680
	Rotherham	415	-	415
	Sheffield	555	-	555
	Wakefield	220	-	220
	Total	3,795	-	3,795

East Midlands	Charnwood	5	-	5
	Derby	195	-	195
	Gedling	5	-	5
	Leicester	390	-	390
	Nottingham	430	-	430
	Rushcliffe	*	-	*
	Total	1,020	-	1,020
West Midlands	Birmingham	1,370		1,370
	Coventry	535	-	535
	Dudley	355	-	355
	Newcastle-under-Lyme	*	-	*
	Sandwell	240	-	240
	Stoke-on-Trent	495	-	495
	Walsall	100	-	100
	Wolverhampton	555	-	555
	Total	3,655	-	3,655
East of England	Epping Forest	5	-	5
	Ipswich	55	-	55
	Luton	25	-	25
	Norwich	85	-	85
	Peterborough	95	-	95
	Rochford	*	-	*
	Southend-on-Sea	5	-	5
	Total	275	-	275
Greater London	Barking and Dagenham	80	-	80
	Barnet	45	-	45
	Brent	5	-	5
	Bromley	5	-	5
	Camden	*	-	*
	Croydon	45	-	45
	Ealing	5	-	5
	Enfield	245	5	245
	Greenwich	15	-	15
	Hackney	10	-	10
	Haringey	260	-	260
	Harrow	10	-	10
	Havering	10	-	10
	Hillingdon	115	-	115
	Hounslow	60	-	60
	Islington	10	-	10
	Kensington and Chelsea	*	-	*
	Lambeth	15	5	15
	Lewisham	30	-	30

	Merton	10	-	10
	Newham	55	-	55
	Redbridge	85	-	85
	Richmond upon Thames	10	-	10
	Southwark	5	-	5
	Waltham Forest	50	-	50
	Total	1,185	5	1,190
South East	Dartford	*	-	*
	Hastings	70	-	70
	Oxford	5	-	5
	Portsmouth	155	-	155
	Southampton	115	-	115
	Total	350	-	350
South West	Bristol	195	-	195
	Gloucester	105	-	105
	Plymouth	280	-	280
	South Gloucestershire	50	-	50
	Swindon	90	-	90
	Total	720	-	720
	Total (England)	19,560	5	19,565
Wales	Cardiff	980	-	980
	Newport	225	-	225
	Swansea	435	-	435
	Wrexham	60	-	60
	Total	1,695	-	1,695
Scotland	Edinburgh	*	-	*
	Glasgow City	2,650	-	2,650
	Total	2,650	-	2,650
Northern Ireland	Belfast	245	-	245
	Lisburn	5	-	5
	Newtownabbey	10	-	10
	Total	260	-	260
	Total (United Kingdom)	**24,165**	**5**	**24,170**

Source: Table 7, Control of immigration: Quarterly statistical summary, UK. July-September 2009. Home Office
Notes:
*(1) Figures rounded to the nearest 5 with * = 1 or 2. Figures may not sum to the total*

because of rounding.
(2) Excludes unaccompanied asylum-seeking children supported by local authorities, estimated around 4,500 in September 2009.
(3) Excludes those in initial accommodation, 820 as at the end of September 2009.
(4) Only those local authorities where dispersed or disbenefited cases are resident are shown.
(5) Disbenefited cases are cases which were previously supported under the main UK benefits system and have been moved onto asylum support. Some of these cases have remained in the original social services accommodation.

8.2 Scotland

Background

Since the Second World War Scotland has been host to thousands of people fleeing persecution. Until the late 1990s, responses to asylum seekers and refugees could largely be seen to reflect the wider context of the UK government programmes for those fleeing persecution as a result of various international crises. Those accommodated have included; in the 1970s, Ugandan Asians expelled by Idi Amin, and Chileans fleeing the Pinochet regime; in the 1980s, 1,150 Vietnamese boat people; and, in the 1990s, several hundred Bosnians . A large-scale protection programme was introduced in 1999 to support Kosovans fleeing Serbian forces, involving the coordination of the Scottish Refugee Council and three local authorities.

When, in 1999, the government set out its proposals to disperse asylum seekers away from London and the South East, Glasgow City Council was the first local authority to sign up to offer accommodation and support under the new arrangements. It entered into a five-year contract with NASS in April 2000 to provide 2,000 units of family accommodation and 500 units of accommodation for single people. In August 2006 there were over 5,000 asylum seekers living in 11 different local authorities in Scotland. The vast majority of these were in Glasgow with a further 82 asylum seekers living with friends or relatives in 10 other local authorities (Convention of Scottish Local Authorities (COSLA), 2007). Latest figures show that numbers have declined to an estimated 2,970 as a consequence of an overall reduction in numbers entering the UK. Nevertheless, Glasgow retains a position as the recipient of the largest numbers of dispersed asylum seekers in the UK (Home Office, 2009).

Although virtually all the asylum seekers in Scotland live in Glasgow, the numbers account for less than 0.5 per cent of the city's total population of around 580,000. It is not possible to calculate the number of refugees in the city. According to a calculation from 2006, the main countries represented by asylum seekers arriving in Glasgow at that time were: Pakistan and Iran (nine per cent each), the Democratic Republic of

Congo and Somalia (eight per cent each), and Iraq and Turkey (seven per cent each). Other asylum seekers have come from Afghanistan, Albania, Algeria, China, Sri Lanka and Zimbabwe (ICAR, 2009).

Agencies involved

The care of asylum seekers and refugees in Scotland operates at the complex interface of a range of statutory, private and voluntary sector institutions and agencies. The COSLA Strategic Migration Partnership (CSMP) was established in 2004 to facilitate the delivery of accommodation and support services to asylum seekers and refugees. As part of this partnership, the Scottish Strategic Co-ordination Group, which is composed of a number of agencies and institutions, makes policy decisions and offers operational guidance.

Housing

Glasgow Housing Association/Glasgow City Council provides the majority of housing for newly arrived asylum seekers (81 per cent) while the Scottish Refugee Council also offers accommodation in partnership with the Young Men's Christian Association (COSLA, 2007). Many arrivals were placed in the district of Sighthill, an area with large numbers of council houses which scores highly on indicators of socio-economic deprivation. In stakeholder interviews conducted at the Scottish Refugee Council (SRC) in March 2008, the view was expressed that in general, the quality of Section 95 accommodation was unsatisfactory and fell short of Article 8 of the ECHR. Asylum seekers were generally placed in previously unoccupied accommodation and the introduction of asylum seekers into the Sighthill area of the city from the year 2000 resulted in a 60 per cent increase in the ethnic minority population of the area. Specific concerns about the quality of housing in Scotland were raised with the Joint Committee (2007a; SRC, 2007), specifically where asylum seekers were housed in tower blocks awaiting demolition and essential repairs were not carried out. In evidence to the Joint Committee, it was noted that in 2006:

> Since NASS issued new contracts this year, mainly to private suppliers, evidence has emerged of major problems in Glasgow and elsewhere with the quality of accommodation and of families having to make sudden and unplanned moves.
> (2007a:07)

The SRC agreed with the conclusions of the Committee in this respect:

> We fully support the finding of the Committee that the standard of some accommodation around the UK for asylum seekers is 'inadequate' and again could be breaching human rights and like the Committee, we welcome the Home Office's assurance that it will standardise accommodation contracts to bring accommodation provided under

> Section 4 into line with accommodation provided under Section 95 by the end of 2007.
> (SRC, 2007)

Many of the Sighthill tower blocks were demolished in 2008 and the inhabitants rehoused.

Moreover, the Scottish Refugee Policy Forum drew attention in its submission to the Joint Committee to the impact that rapid changes in accommodation can have on the provision of other support services including access to schools and health services. Evidence from Scotland supports the view expressed in the Chartered Institute of Housing submission to the Joint Committee that 'accommodation problems are at the root of many of the difficulties asylum seekers and refugees face'.

A report by Netto and Fraser (2007) highlighted problems in the transition from asylum seeker to refugee status. Shortage of appropriate permanent accommodation contributed to prolonged stays in temporary accommodation for some individuals while lack of safety from criminality or racial harassment meant that some asylum seekers were homeless for periods of time. There were unmet needs for support among refugees who had moved into permanent accommodation which meant having to cope with partially furnished or unfurnished flats and poor housing conditions such as dampness, lack of heating, broken windows, faulty plumbing and lack of connection to electricity supply. The findings included the observation that some refugees wanted to live close to other refugees while others did not, and challenged assumptions that refugees from specific parts of the world would wish to live close to one another. Delays in claiming benefits including Jobseeker's Allowance and Child Tax Credit were also noted.

Destitution

Research by the SRC into destitution involved a quantitative study in Glasgow in February 2006 and aimed to offer a snapshot of destitute asylum seekers, refugees and their dependants. Just under half had been destitute for a period of longer than six months. Over three-quarters (77 per cent) were destitute because they had been refused asylum, nine per cent because of an administrative error and seven per cent because they had recently received asylum status and had yet to access mainstream support (Green, 2006). Other findings focused on Section 4 provision, for example on the 'unnecessary, short-term destitution that arises as a result of administrative errors'.

The Refugee Survival Trust (RST) provides grants to asylum seekers and refugees living in Scotland to alleviate poverty and destitution or help refugees and asylum

seekers overcome obstacles in accessing educational and employment opportunities. RST uses the information and experience gained from providing these grants to encourage procedural changes, and to encourage government to improve conditions for asylum seekers and refugees in Scotland. Over the past six years, RST has seen a significant increase in the number of grants made to support destitute refugees and asylum seekers. In 2006 it provided grants to 1,158 asylum seekers, and grants are now being made to support around 100 people each month. Grant monitoring records show the causes of destitution remain widespread and varied, many a result of the frequent changes made in legislation relating to asylum and immigration.

Table 8.2 Refugee Survival Trust grants to asylum seekers and refugees

	2001	2002	2003	2004	2005	2006
Numbers supported	303	405	501	833	612	1,158
Adults	180	285	317	627	511	765
Children	123	120	184	206	101	393

Source: http://www.rst.org.uk/who_we_help/grant_statistics_07-08

Healthcare

While bodies such as the SRC have noted some examples of good practice in service provision, there remain areas of concern. Many arose from confusion with respect to the responsibilities of healthcare providers towards failed asylum seekers. There were also significant areas of tension between the UK government's policies and emerging policies in Scotland. Particular concerns were raised with respect to a policy issued by the Department of Health to charge failed asylum seekers for healthcare treatment which received a generally negative reaction in Scotland. (This issue has been discussed more generally in Chapter 3.) In Scotland, refused asylum seekers are treated as exempt from charges for services beyond emergency care.

Specific concern has been expressed by the SRC and the Scottish Refugee Policy Forum with respect to very poor provisions for asylum seekers with care needs (SRC, 2007), seen to arise from disputes between the then Border and Immigration Agency and Glasgow City Council about responsibility for their care. Furthermore, problems of GP access, especially in circumstances where a refused asylum seeker has been moved to another part of Glasgow and tries to register with a new GP, have been noted. In general, maternity services were viewed as being of a good standard and there were a variety of innovations with respect to mental healthcare, including the coordination of care by COMPASS, a specially convened body of mental health professionals who offered clinical support to asylum seekers and refugees.

Integration of asylum seekers and refugees

In the early stages of the dispersal process, local resentment was fuelled by views to the effect that asylum seekers were receiving more favourable support than locals in terms of the speed at which repairs were undertaken and had generous 'handouts' of housing appliances such as washing machines, cookers etc. These views were amplified through some news media. In August 2001 a Kurdish asylum seeker, Firsat Yildiz, was murdered by a local man and this tragic incident resulted in an outpouring of commonly expressed concern both about housing and social conditions in the area and the plight of asylum seekers in Scotland (BBC, 2001).

The Scottish government has developed policy responses and services aimed at integration which differ from the rest of Britain. In contrast to funding provided by the Home Office which is only permitted to those granted refugee status, humanitarian protection or discretionary leave, funding of integration activities in Scotland can commence from the point of arrival for asylum seekers.

Given the importance of language in assisting integration in local communities and in opening up employment possibilities, the provision of training and support is crucial. A HM Inspectorate of Education report in 2007 offered very positive comments on the education of asylum seekers and their children, including the increase in nursery care and the positive approach towards access to higher education. Asylum seekers are entitled to attend full- or part-time ESOL courses free of charge in Scotland and are also eligible to apply for support to help with travel and study costs from the Hardship Fund (Scottish Government, 2007a). Refugees and those with leave to remain who are ordinarily resident in Scotland can apply for fee and student support for further and higher education, while the Scottish Government is now funding university places for some asylum-seeking children.

Children and young people

In 2003 the then Scottish Executive introduced distinctive measures to support unaccompanied minors including an educational maintenance allowance and have established a Children's Panel along the lines of that at the Refugee Council in London (Thomas Coram Research Unit, 2008). The SRC has set up a pilot for a guardianship scheme, as recommended in the Joint Committee report and developed a handbook for unaccompanied minors in Scotland.

Research in 2005 investigated the needs and experiences of unaccompanied asylum-seeking children in Scotland (Hopkins and Hill, 2005) and concluded that many of the children had experienced traumatic events in their countries of origin and had found their way to Scotland by an agent. Around half of the children did not know that Scotland would be their final destination and many had little knowledge of their

journey there. Service providers reported that the children experienced high degrees of stress and anxiety associated both with the absence of relatives and friends and also with a lack of understanding and knowledge of the asylum system.

In terms of the profile of service provision, there was considerable variation from location to location in the range of services available and the expertise of staff. Education services were highly valued by the children but at the time, frustrations were felt at their ineligibility for Education Maintenance Allowances. As noted, it appears that as a consequence of the report, these have subsequently been introduced in Scotland. More generally, there was concern that service providers lacked information about the children and their needs and of relevant laws and policies. This problem was particularly acute in the complicated statutory context arising from Scottish devolution. A key recommendation was that service providers received clearer guidance 'with regards the remits and responsibilities of the Scottish and UK Parliaments' (Hopkins and Hill, 2005).

The Scottish government has stated that it aims to look at the asylum-seeking process from the perspective of the child (Scottish Government, 2007b). Prominent issues that have had an impact on policy development include the detention of children in Dungavel immigration detention facility in South Lanarkshire, operated by UKBA, and the UKBA case resolution process legacy review (Sunday Herald, 2007). The aim of case resolution is to review all relevant cases within five years, prioritising family cases and then moving on to individuals, as broadly welcomed by the Scottish government and city councils.

In May 2009, UKBA announced a pilot project in Glasgow, in partnership with Glasgow City Council and the Scottish government, intended to test alternatives to detention for families. It follows on from the 12-month pilot project in Ashford, Kent, for refused asylum seekers with children which UKBA states (UKBA, 2009b) did not produce the outcome hoped for and was derided in the media due to its cost and the fact that only one of the families involved voluntarily returned home. The families in the Scottish pilot will stay in designated flats, where they will receive targeted help to prepare for voluntary return to their home country.

Public attitudes and the media

Research commissioned by the Scottish Executive in 2003 found that asylum seekers and refugees attracted extensive and continuing media interest and that much of the coverage was negative (Barclay et al., 2003). The report recommended that:

> Media strategies that can counter persistent negative coverage and promote positive images of asylum seekers were shown to be necessary, particularly in the interests of better community relations. There is a need to develop an early media response strategy and work with local press.

In a 2005 report by the Institute of Public Policy Research (IPPR) into public attitudes towards asylum seekers, it was noted that attitudes in Scotland were more tolerant than those in England (Lewis, 2005). Further IPPR research in 2006 drew on 13 focus groups in Glasgow, Edinburgh and Dundee and grouped people together from similar backgrounds in terms of age, economic status and ethnicity (IPPR, 2006). Despite a generally positive picture the report warns against complacency noting that people in Glasgow who did not have direct contact with asylum seekers were the most intolerant towards them and those aged between 17-19 in all three areas felt asylum seekers could be a threat to their jobs. The report's author stated:

> Scotland's largely positive attitude to asylum seekers is because the Scottish Executive, refugee groups and the media have done much to change public opinion for the better. But they need to guard against complacency. Intolerance is still strong in Glasgow, particularly among the young.
> (IPPR Press Release 19 June 2006)

On the ground, lively grassroot community organisations such as Kingsway in Glasgow have sprung up to support asylum-seeking individuals and families at risk of removal (The Guardian, 2008). In interviews conducted by the researcher in 2008, the Scottish Refugee Council noted improvements in press coverage and specifically mentioned the Herald, Scotsman and 'even' the tabloid Daily Record in this context.

Other developments

The UK and Scottish governments have differed in their approach to asylum seekers. In 2005, the progress report of the Scottish Refugee Integration Forum - Action Plans was published. The new Race, Religion and Refugee Integration funding stream is now in operation, a Scottish government programme designed to improve the lives of minority ethnic and faith communities in Scotland, including refugees, asylum seekers, migrant workers and Gypsies/Travellers. Substantial funding has been made available from 1 July 2008 to 31 March 2011 and can be for one or two years or for the whole period. The Voluntary Action Fund (VAF) will arrange the assessment process for the new fund, working with the Race, Religion and Refugee Integration Team, and will then manage the grants that are made through it.

Furthermore, the IAC recognised the independence shown by the Scottish government in its dealings with asylum seekers (The Herald, 2008). One practical response has been the introduction of 'lead professionals' who are responsible for

visiting and assessing asylum-seeking families, administered by the head of Immigration at Glasgow City Council, possibly as a response to the campaign against dawn raids to remove asylum seekers, as embodied by Kingsway (see above).

8.3 Wales

Wales has a long history of providing a home to refugees and asylum seekers. However, before the implementation of the 1999 Immigration and Asylum Act, numbers were relatively small. In 1997, for example, one investigator estimated that there were just over 3,500 refugees living in Wales, some of whom had been long-settled, an 'invisible minority' with only limited contact with service providers (Robinson, 1997). When the dispersal process began in 2001, asylum seekers were dispersed to four areas in Wales: Cardiff, Swansea, Newport and Wrexham. Recent data, excluding unaccompanied asylum seeking children supported by local authorities (Home Office, 2009), show that the largest number is in Cardiff (980 in dispersed accommodation in September 2009), with substantially smaller numbers in Swansea (435) and Newport (225). Wrexham (60) had around three per cent of the total. As receiving areas, they are themselves diverse communities and some are areas of relative deprivation. Refugee and asylum seeker populations living in Wales are distinct from such wider UK populations (Robinson, 2005; Crawley and Crimes, 2009). They are more concentrated into a limited number of towns and cities, they are drawn from a more limited range of nationalities and linguistic groups, and they are less likely to have chosen to come to live in Wales (as nearly all are 'support and accommodation' cases).

In Wales immigration and asylum are not devolved issues, powers in relation to such being reserved to the UK government. However, the Welsh Assembly Government (WAG) does have devolved responsibilities over some key aspects of support for asylum seekers, including health, education and children's services. Once asylum seekers are granted leave to remain - become refugees -- the WAG assumes the same responsibilities towards them as for other citizens. It also has responsibilities in relation to broader inclusion or integration issues and community cohesion which it can influence through its powers in relation to community development, community safety, further and higher education and training, and its responsibilities in relation to equality of opportunity and human rights in general.

Housing

The WAG and its partners have developed some specific initiatives in the area of housing and accommodation: guidance on asylum seeker and refugee housing provision (WAG, 2005a) (including the Refugee Well Housing programme that funds targeted advice and information for refugees, particularly those who have recently

gained status, through advice workers based in the Welsh Refugee Council in each dispersal area) and funding for refugee housing support. WAG's Housing Action Plan (WAG, 2006a) sets out measures to address barriers to refugee inclusion. The City and County of Swansea Council Refugee Resettlement Service, part funded by the Welsh Assembly Government BME Housing Grant Scheme, helps those who have recently received refugee status to settle in Swansea through providing advice and help in finding a home, information on other key services and signposting to key organisations while a partnership project in Newport uses housing in the private rented sector to avoid pressure on social housing.

Some difficulties remain, including maintenance of funding for voluntary sector initiatives. Further, the WRC has expressed concern about the enforced mobility of families that is linked to regimes of financial support and shortage of housing stock. They cite examples of families where the youngest child whose case has been refused reaches 18 and the family is put on Section 4 support, frequently being required to move to a different region in the UK. Pregnant women, especially those on Section 4, may be dispersed at a stage in their pregnancy where they should not be travelling and their special dietary requirements are probably not being met in the full board initial accommodation in Cardiff. A recent survey of 123 refugees in Wales (Crawley and Crimes, 2009) found that most respondents (89.4 per cent) lived in rented accommodation, just 4.1 per cent owning/buying their property. Four out of five respondents had problems with their accommodation, including lack of permanency (36.6 per cent), the condition of the accommodation (28.5 per cent), insufficient rooms (20.3 per cent), problems with neighbours or community (14.6 per cent), and cost (13 per cent).

Healthcare

Two key issues have been highlighted in policy documents and by the wider constituency of voluntary sector stakeholders. The first concerns the introduction in 2004 of charging for secondary healthcare for refused asylum seekers. The Welsh Refugee Council (WRC) has expressed particular concern about this policy in regard to pregnant women and children, arguing that many women are deterred from accessing maternity services (WRC, 2007). Even though the legislation indicates that women should not be charged up front for maternity services, in some cases bills have been sent to women prior to delivery which has resulted in them being too frightened to go to hospital for the delivery.

The WRC reports other cases when very young children have been refused essential treatment on the grounds that the mother cannot afford to pay. WAG has adopted a different position on this matter to the UK government and in 2007 pledged to withdraw charging for secondary healthcare for refused asylum seekers in Wales.

Following changes to the National Health Service (Wales) Act 2006, failed asylum seekers in Wales have been able since 15 July 2009 to obtain free healthcare, in contrast to the position of failed asylum seekers in England (WAG, 2009).

The WRC has also expressed concerns about access to mental health services (WRC, 2007), reporting to the Independent Asylum Commission that some of its clients with acute need for mental health services were unable to access them. It suggests that this has resulted from a failure of GPs to make the necessary referrals of patients to mental health services and the lack of specialist knowledge and expertise among health practitioners, sufficient time and interpretation services to identify mental health needs within the asylum-seeking population. The WRC has argued that there should be a specialist mental health professional in each dispersal area working with refugees and asylum seekers, an objective which the WAG stated its intention to deliver in its Refugee Inclusion Strategy. They also point to the absence of a regional office of the Medical Foundation for the Care of the Victims of Torture in Wales, for which there emerged a need during focus group research: 'a great deal of evidence of trauma, including torture, emerged in the general focus groups. These individuals have not been treated' (WRC, 2007).

Integration of asylum seekers and refugees

A particular strength of the policy approach in Wales has been the focus on inclusion, integration and social cohesion. The WAG established an All Wales Refugee Policy Forum in November 2003 followed by development of a Refugee Inclusion Strategy and scoping work (WAG, 2005b). A comprehensive refugee strategy has now been published accompanied by a three-year plan. One Wales, the agreement underpinning the coalition in the National Assembly, contains a commitment to implement the strategy. This approach has been facilitated by a broad political consensus in the National Assembly around refugee and asylum seeker issues and close working between the National Assembly and stakeholders in the voluntary sector.

A partnership of voluntary groups in Wales has drawn up a Manifesto for Refugees and Asylum Seekers in Wales, its five pledges being to: welcome people seeking safety from persecution; empower refugees to rebuild their lives; provide fair and equal access to services; protect children and young people, and develop a strong evidence base. [23] All four party leaders have pledged their commitment to implementing the five-point manifesto. Moreover, refugees and asylum seekers were involved in the development of the strategy and were provided with opportunities to participate in the consultation exercise.

This has provided a somewhat novel approach to integration and social cohesion which differs in some important respects to the rest of the UK. The commitment by all party leaders in Wales to making asylum seekers exempt from charges for secondary healthcare treatment by NHS trusts has already been mentioned. The WAG has also developed a different policy on ESOL, providing free ESOL classes for asylum seekers in contradistinction to the practice of placing restrictions on asylum seekers accessing free ESOL classes in England. However, three problems have emerged: the level of demand, availability of tutors, and need for flexibility. A Strategic Migration Partnership has been established; working in dispersal areas all asylum seekers receive a welcome pack. Furthermore, the consultation with asylum seekers and refugees on the Refugee Inclusion Strategy has provided a focus on the removal of refused asylum seekers, participants identifying fear of deportation as their highest concern. Finally, focus groups also reported asylum seekers' concerns about the unevenness and patchiness of provision of translation and interpretation services (Threadgold and Clifford, 2005).

Employment and skills

Only two surveys of the skills and labour market experiences of refugees in Wales have been identified. A skills audit undertaken by the WRC (2007) found that, while 78 per cent of refugees living in Wales had been working for employers before coming to the UK, 64 per cent were now unemployed. Similarly, the survey by Crawley and Crimes (2009) of refugees in Wales reported that two-thirds (63.4 per cent) of respondents were employed before coming to the UK, but less than a third (31.7 per cent) of respondents had a job at the time of the study.

The WRC (2007) survey found that 60 per cent of refugees living in Wales had a further or higher education qualification and that 27 per cent of these had university degrees. In the Crawley and Crimes (2009) survey, three-quarters (76.4 per cent) of respondents held a secondary school certificate of education, 43.9 per cent a diploma, over a quarter (28.5 per cent) had a university degree from their country of origin and 8.9 per cent had a postgraduate qualification. Since coming to the UK, a third (32.5 per cent) had gained an English language qualification and 13.8 per cent a university degree or postgraduate qualification. Half of all respondents had attended a training course since their arrival in the UK. A skills questionnaire is now issued to all refugees in Wales while a refugee Employment and Skills Action Plan has been developed.

The University of Glamorgan has a programme on retraining and reaccrediting refugee health professionals and there are other projects targeting the same groups, such as the Wales Asylum Seeking and Refugee Doctors Group and the Wales Silver Lining Refugee Project. These have assisted refugee doctors and nurses with

exam preparation (Western Mail, 2008). Access to ESOL has already been mentioned above.

The asylum determination process

The Welsh Refugee Council has argued on the grounds of hardship that people should be able to claim asylum, in-country, locally, at Borders and Immigration Agency regional officers or police stations, rather than just the Asylum Screening Units (ASUs) at Croydon and Liverpool. Unless considered vulnerable by UKBA, such people are entirely dependent on charitable support if they need to travel and are at risk of destitution and street homelessness. The WRC has also argued that the initial screening interview can be deficient, especially with regard to its efficacy at identifying specific health and social care needs which need referral for specialist care. In some cases such conditions which may affect the need for travel remain unidentified prior to the first stage of dispersal. While all asylum seekers are now able to access legal advice before the interview, WRC question whether this is always adequate following the introduction of a financial threshold of five hours' work for legal advice around the initial decision-making process in asylum cases by the Legal Services Commission. Asylum seekers in Wales may be disadvantaged by the general shortage of law firms offering immigration advice in the region. While cases considered under the New Asylum Model (NAM) get some legal advice, access is very difficult for legacy cases.

> One example is of an Eritrean woman who presented on a Friday afternoon at the Borders and Immigration Agency offices in Cardiff. She was alone, spoke no English and had no means to support herself. She said she was smuggled into the UK and dropped at Cardiff. As she was not classed as 'vulnerable' she was told that she must find her own transport to claim asylum in Croydon on the Monday and find her own accommodation in the meantime.
> (Welsh Refugee Council, 2007)

Indeed, the lack of access to timely legal advice may be reflected in the quality of decision-making, as measured by the number of claims that are successful on appeal. Here again, there may be a barrier to fair determination as access to legal representation at the appeals stage has been made more difficult by the introduction of the merits test for legal aid (addressed in Wales by the establishment of a charity called Asylum Justice to offer free legal advice to asylum seekers). It is perhaps too early to judge the fairness of NAM: the WRC is conducting exit interviews when people leave the Initial Accommodation in Cardiff to gain feedback on asylum seekers' experiences.

Children and young people

Partnerships in the voluntary sector have expressed concerns around the current procedures for age assessments and that incorrect age assessments might result in children being put in a position where they are vulnerable to people operating within trafficking in Wales (WRC, 2007; Amnesty International, 2007).[24] They also argue that all unaccompanied asylum-seeking children should have a responsible guardian and access to funded independent advice and advocacy services. The WRC has argued that while the Home Office funds a Children's Panel at the Refugee Council to provide services in England,[25] there is currently no equivalent to the Children's Panel in Wales, although there is all-party support in the National Assembly for Wales for the development of such a service and a grant by WAG to begin an initial programme.

The lack of specialist expertise around unaccompanied asylum-seeking children, including the application of child protection policies, has also been identified. This has now been addressed by WAG's funding of a Children's Officer post within the Consortium in Wales to provide specialist advice for local authorities and the charitable funding of a Child Protection Policy officer for the refugee sector.

Public attitudes and the media

There is some research evidence that public attitudes to asylum seekers in Wales may be less hostile than in other parts of the UK (Lewis, 2005): the interesting finding has been proposed that the stronger sense of national identity that has developed in Wales since devolution may have had a positive impact on attitudes towards refugees and asylum seekers and possibly contributed to a sense of belonging among asylum seekers in Wales. Local support groups have been set up by local people, for example, a literary initiative and publishing house in Swansea and an arts and crafts and general activity group in Newport. However, there still remains much prejudice and discrimination, members of the Cardiff School of Journalism identifying daily experiences of racism and discrimination and more serious physical and verbal attacks in focus groups with refugees (Threadgold and Clifford, 2005) and measures have been introduced to improve community safety. Research by Save the Children with young asylum seekers in Wales also found that racist bullying was widespread (Hewett et al., 2005).

As noted in Chapter 4, the media and attitudes of government representatives can be a positive or negative force with regard to integration. In Wales, a joint programme by Oxfam and the School of Journalism, Media and Cultural Studies at Cardiff University has undertaken a number of positive initiatives, including media monitoring, work with refugees and asylum seekers to build their confidence in engaging with the media, and work with journalists to build a better understanding of refugee and asylum

issues. Refugee Media Group in Wales has published a guide for refugee practitioners working with the media (2004) while Welsh press coverage has been identified as less negative than in some parts of the UK (Spears, 2001). This and work by IPPR has shown how intersections between politicians, the media and the public can fuel negative attitudes to refugees and asylum seekers. In Wales, the work of the Refugee Council and other voluntary sector partners has positively engaged the National Assembly members in asylum seeker and refugee issues.

8.4 Summary

This chapter has illustrated the specific situation for refugees and asylum seekers in Scotland and Wales, and discussed the consequences of the practice of the geographical dispersal of asylum seekers across Britain. The main issues are:

- The only data available on the location of asylum seekers are linked to the support they receive. The location of asylum seekers who are not getting support is unknown.
- A consequence of geographical dispersal is that some specialist services are not accessible to asylum seekers who are located outside the main concentrations, for example, those in Wales.
- There has been tension between the Scottish Government and Welsh Assembly Government in their dealings with Westminster over asylum seekers. Both countries have taken independent stands on issues such as funding for healthcare, ESOL provision and policies on integration. Unlike the rest of Britain, funding of integration activities in Scotland for asylum seekers can commence from their point of arrival.
- Public attitudes towards asylum seekers and refugees have been identified as less hostile in Scotland and Wales than in some other parts of Britain, although problems remain.
- The vast majority of asylum seekers in Scotland live in Glasgow, but account for around half of one per cent of the city's total population. Glasgow Housing Association/Glasgow City Council provides the majority of housing to newly arrived asylum seekers. In Wales, asylum seekers are located in four areas with the largest single group in Cardiff.

9. Implications for data collection

9.1 The Equality Measurement Framework (EMF)

The Equalities Review (Cabinet Office, 2007) defined equality in terms of:

- Opportunity: whether everyone has the same substantive freedom to flourish.
- Agency: what degree of choice and control an individual has in achieving the valued activity.
- Process: whether discrimination (or some other barrier or process) causes or contributes to a particular inequality.

This approach has been developed by the Commission and others and is reflected in a measurement framework that can be used to assess equality in society across 10 domains that focus directly on the things in life that people say are important to them (Alkire et al., 2009). These 10 domains are: life; health; physical security; legal security; education and learning; standard of living; productive and valued activities; individual, family and social life; identity, expression and self-respect; and participation, influence and voice.

The framework identifies the need for a monitoring system based on spotlight indicators highlighting important aspects of equality for each dimension, while additional indicators will reflect other aspects of that dimension. The intention is that these indicators will be available at a national, regional and local level, be primarily quantitative, and be constructed using data collected by means of surveys or administrative systems. While the Equalities Review claims that 'the implementation of the framework of measurement will not be difficult', the experience of data collection and monitoring suggests otherwise. Populating the measurement framework with indicator data on asylum seekers and refugees is especially problematic as there is scarcely any routinely collected administrative data and no sampling frames for identifying asylum seekers who become refugees (necessary to obtain a representative sample in surveys and qualitative research), a problem recognised by Alkire et al. (2009). Moreover, with respect to some of the equality strands, major gaps exist. While data on age, gender and ethnicity are frequently available, it is much more scarce for disability and religion, and virtually non-existent for sexual orientation and transgender (Alkire et al., 2009; Aspinall and Mitton, 2008a and 2008b).

The Equalities Review (Cabinet Office, 2007) also indicated that it wished to capture issues of intersectionality across the strands. Again, it acknowledged that 'analysis

across dimensions may present difficulties'; clearly, as there is virtually no administrative data that facilitates this, it would be dependent on surveys asking questions about all the equality strands and having a sufficiently large sample to yield robust analyses. In practice, a number of groups who are not well identified in mainstream surveys or administrative data have been identified through the process of selecting the indicators for the EMF (Alkire et al., 2009). These include refugees and asylum seekers as well as Gypsies and Travellers, homeless people, people with learning difficulties and others in the non-household population such as care home residents. These 'special populations' are at high risk of inequality, and populating the EMF with the data necessary to derive indicators will be problematic.

The following sections demonstrate just how limited routine data collection on asylum seekers and refugees is across the key public services. In the absence of administrative data, there is a key policy need for data based on record linkage, for example, that of administrative records created at the time of asylum seeker entry to the UK such as Form IS96 (given to everyone when they claim asylum or leave immigration detention), and the data generated by administrative systems linked to the government's delivery of public services.

The Home Office has looked at the scope for new immigrant household surveys, including a longitudinal survey to provide data on migrants over time (ONS, 2006). A feasibility study, methodological review and pilot survey were carried out, but did not result in a full survey. However, there was a survey of 5,000 new refugees who were granted a positive decision of asylum, humanitarian protection or discretionary leave between December 2005 and March 2007. The refugees were surveyed soon after receiving the decision on their asylum claim and then eight, 15 and 21 months later. The first report from this survey is due in 2010. There is also a new, cross-departmental, large-scale survey of 6,000 migrants planned which will include asylum seekers and refugees in England. At the time of writing, the survey is in the development stage with a view to fieldwork starting in 2010/11 with the survey reporting in 2011/12, should finance be available.

9.2 Data availability

Health and social care

Populating the EMF with data on the capabilities to be alive and to be healthy is currently problematic with respect to asylum seekers and refugees (ONS, 2006). Currently, there are virtually no data collected in the health and social care sector on either country of birth or asylum seekers (Aspinall, 2007). The deficiencies are notable in every dataset. In population-based (public) health, an essential requirement is the ability to use a population denominator (that is, every relevant

individual in the study population). This is needed, for example, to derive rates of access to health and social care services and to measure disparities in health outcomes at the population level. There are no reliable data on the number of asylum seekers and refugees in the UK that could be used for a population denominator. In addition to the absence of such stock data, we do not have satisfactory data on change in the asylum seeker population, that is, flow data that provides counts of asylum seekers entering the country and those leaving. The main source of data is that on principal applicants for asylum. Consequently, nearly all our evidence on health and social care in this population is based on case studies or small research samples. Alternative strategies, such as data capture-recapture, are not feasible. Correa-Velez and Gifford (2007) have argued that across Europe the lack of statistical data on asylum seekers has, in effect, erased health inequalities in this vulnerable population and made it invisible.

The only data we have on mortality is country of birth and this is at the level of country aggregates to protect confidentiality. Consequently, it is not possible to calculate years of life lost through premature mortality. The measurement of the standard of physical and mental health in the asylum seeker population is also problematic. Information on generic health (such as limiting long-term illness and general health) is collected in the decennial population census and is available by country of birth and ethnic group. That for the population of London born in countries of Africa shows a very wide range of rates, especially for countries that have contributed significant populations of asylum seekers (Aspinall and Chinouya, 2008). Age-standardised rates of limiting long-term illness are highest (above 120 where 100 = general population) in people born in Morocco, Burundi, Somalia, Sudan, Eritrea, Algeria and Uganda.

Information sources on access to healthcare are equally sparse. Of all the commissioning datasets (CDS) and those supporting the National Service Framework topics, few collect information on either country of birth or asylum seekers. The exceptions are: the decennial ‘Count-Me-In’ Census on mental health and learning disability inpatients (now identifying asylum seekers by ‘referral route’ only); Maternity Services Dataset (country of birth and refugee/asylum seeker status); Child Health Dataset (refugee and asylum seeker status only), and the CDS for Sexual Health (country of birth). Among other routine health and social care data sources, the National Surveillance of New Diagnoses of HIV Infections and Enhanced Tuberculosis Surveillance collects data by country of birth. However, information on asylum-seeking children in need has been recorded since 2002.

Information on lifestyles (drinking, smoking, exercise) is very limited: smoking prevalence data and use of stop smoking services is available for the 16 census

ethnic groups but not by country of birth. The only data on drinking and exercise is that for ethnic group based on national surveys. However, the National Drug Treatment Monitoring System (NDTMS) core dataset on use of drug treatment services has data fields for ethnicity and nationality of client, but neither is mandatory.

In conclusion, then, health and social care data to populate the measurement framework on its health and social care domains is almost wholly absent. Barriers include omission of country of birth and refugee/asylum seeker status from most routine datasets, sensitivities around collecting the data in this population, and data protection issues relating to small counts and the risk of statistical disclosure.

Employment and training

There is relatively little information on the skills and abilities of asylum seekers and refugees. One area where one might expect monitoring data is the number of asylum seekers who are enrolled on Skills for Life ESOL programmes. The main provider of these courses is the Learning and Skills Council (LSC) through the Skills for Life (SfL) Strategy. Data on further education learners are gathered for the LSC through the Individualised Learner Record (ILR), the primary function of which is to capture learner suitability to a learning aim and ensure correct payment to the provider of learning (House of Commons Hansard, 2007). The SfL policy means that when a learner has an identified learning need, this is the reason for fee remission and, consequently, no other reason is looked for or recorded on the ILR. Consequently, the LSC does not record whether a learner is an asylum seeker. The learner's 'country of domicile' (that is, their normal country of residence) is often recorded as England as this is where the learners currently live. An analysis of ESOL enrolments in 2004/05 by country of domicile in three broad categories found that: 90 per cent were for England, four per cent for new EU accession states and six per cent for the rest of the world. The Chief Executive of the LSC concluded:

> Whilst this shows the majority as having the country of domicile as that of England we believe that this is not the full picture and many of these learners, whilst currently living in the UK, have originated elsewhere. There is no field on the ILR designed to capture this migration movement (House of Commons Hansard, 2007)

There are relatively few data sources for refugees with respect to their skills and level of employment. The Greater London Authority (GLA) (Dumper, 2002) refers to refugee women as 'hidden members of London's society and the UK as a whole' and data as being 'not easy to analyse for their presence'. It finds 'insufficient monitoring of refugee women's participation in the labour market'. Indeed, nearly all the information we have is based on small research samples (Dumper, 2002; Bloch,

2002, for example). Overall, Dumper concludes that the lack of information on refugee women and their invisibility '…has resulted in the system failing to cater for their needs'. The Department of Health similarly found an absence of information when it looked at the position of refugee doctors and dentists:

> It is clear from the information obtained by the Group that there is a lack of data available relating to the numbers of medically qualified refugees in the UK, their levels of knowledge and experience, and their desire, if feasible, to continue their medical careers.
> (Dumper, 2002)

Some databases have been set up listing refugee professionals but, as discussed in Chapter 4, some have not survived long. Data collected as part of the recently introduced Refugee Integration and Employment Service (RIES), funded by the Home Office and contracted to organisations such as Refugee Council and Refugee Action, may help to fill the information gaps on refugees' skills, but will not include asylum seekers.

Education

There is a paucity of information on the education of asylum-seeking and refugee children. Currently, there are no official statistics on how many asylum seeker and refugee pupils attend government-funded and other schools in England and Wales. Such data as we have come from the Refugee Council and other voluntary organisations and 'represent an informed guess rather than accurate statistics' (Arnot and Pinson, 2005). Statistical information collected by government through the School Census (Pupil Level Annual School Census) includes ethnic origin and language of pupils: asylum seeker and refugee status are not included as categories. There may be a number of reasons for this, including the fact that the status of asylum seeker is subject to change in the short term, the difficulty in collecting the information, and the fact that it may be inaccurate because of sensitivities around the status and the mobility of refugees and asylum seekers. Arnot and Pinson (2005) state that statistical data on the presence, dispersal, and admission of refugee and asylum seeker pupils in schools:

> … can facilitate appropriate educational support and provision and such data can also help to monitor pupils' progress,

adding:

> … the lack of specific data … has considerable implications for schools and LEAs especially in relation to the development of appropriate educational and social service provision.

One of the consequences of the lack of data collection is that it is not possible to plan satisfactorily for the needs of these pupils, or to monitor their legal right of access to education. Further, the option given to schools of excluding them from their examination result league tables if they have been less than two years in the country might result in them 'taking away the message that they have limited responsibility towards these children and that they are not entitled to the same opportunity as other pupils' or that such pupils '…may only be perceived as temporary and therefore have less status in the school' (Arnot and Pinson, 2005).

The situation is somewhat different in Scotland. The Scottish Government collects information on pupil ethnicity, asylum seeker status and refugee status (Scottish Government, 2008a), demonstrating the feasibility of collection for these two groups of pupils. The data reveals that asylum seeker and refugee pupils are predominantly of White Other, Pakistani, Asian Other, Black African or Other ethnicity. Numbers of asylum seekers and refugees appear reasonably stable across 2006 (1,640 asylum seekers and 667 refugees) and 2007 (1,655 and 775), asylum seekers comprising around 70 per cent of the total. As mentioned earlier, they were almost exclusively concentrated in Glasgow City, which accounted for 95-96 per cent of the asylum seekers and 88-91 per cent of the refugees across the two years.

In Wales, the Schools' Census collects information on ethnic background and nationality identity but not asylum seeker or refugee status: consequently, it suffers the same drawbacks as that for England (National Statistics, 2005).

Accommodation

The main source of information is that collated by NASS on the number of asylum seekers in NASS-supported accommodation. There is no routinely reported information on such matters as the quality of accommodation, number of rooms, the size of the household occupying it, rate of turnover or transfers. Evidence given to the Joint Committee indicated that Section 95 accommodation was subject to monitoring to ensure that standards were maintained: however, this does not appear to result in centrally reported data. While the Home Office stated that it intended to standardise the accommodation contracts to make all Section 4 accommodation of the same standard as Section 95 accommodation by the end of 2007, the lack of routinely collected information on such matters as extent of shared facilities, provision of heating and state of repair make it difficult to assess whether such accommodation meets the family's right to respect for family and home life as set out in human rights legislation.

The only other source of data is the Regulatory and Statistical Return (RSR) Data Set. Each year the Housing Corporation publishes a set of tables summarising the

information provided by Housing Associations in the RSR: this includes temporary housing for asylum seekers in NASS and non-NASS contracts. While the smallest category of non-social housing that Housing Associations own/manage is NASS-contracted asylum seeker accommodation, NASS units accounted for almost a quarter of non-social housing units managed on behalf of others, with a small number of Housing Associations managing a significant number of units (Housing Corporation, 2005).

Financial and other support

Statistical information on receipt of benefits is limited. In February 2005 the Department for Work and Pensions (DWP)'s Information Directorate released administrative benefit data on Asylum Seekers under the Freedom of Information Act: this encompassed benefit applicants in Great Britain over the previous 10 years using data from the department's administrative computer systems. For the income-related benefits – Income Support (IS), Jobseeker's Allowance, Housing Benefit and Council Tax Benefit – the administrative data enables identification of asylum seekers in receipt of these benefits, plus other details of the benefit award such as claim start date and amount of benefit in payment. However, no information is held on the DWP's statistical data extracts relating to the immigration status or nationality/country of origin of the claimant. The DWP's Quarterly Statistical Enquiry (QSE) for IS has routinely published caseloads of asylum seekers claiming IS, plus average amounts of IS paid each quarter since February 1997. Prior to this, the data were published in the Income Support Quarterly Statistical Enquiry in a different format and are available for the period 1994-6. The latter shows a total of 48,500 asylum seekers in receipt of IS.[26]

There are virtually no data on how the various regimes of financial support impact on asylum seekers and those whose claims have failed. The Joint Committee stated that 'there are no official statistics to indicate how many asylum seekers are destitute or street homeless' (Joint Committee, 2007a). The only data on the latter are a number of empirical surveys into destitution carried out by asylum seeker and refugee organisations (see Chapter 5).

Integration and cohesion

The Commission on Integration and Cohesion report a number of findings relevant to data collection and the populating of the EMF. Their premise is that the challenges to integration and cohesion are often very local in their characteristics, so the solutions are also often local. Indeed, they encourage local areas to develop their own indicators of integration and cohesion. Such indicators would not be monitored nationally but could be included in local strategies and plans and shared through an online database of integration and cohesion indicators.

The CIC further recommend that the Audit Commission should ensure that locally determined integration and cohesion measures are clearly incorporated into the Comprehensive Area Assessment regime, particularly where areas are identified as being at risk (via the Best Value Performance Indicators data).

Data collection in the devolved administrations of Wales and Scotland

Many of the deficiencies in data reported with respect to the key public policy areas are identified, collectively, in the policies of the devolved administrations on asylum seeker and refugee inclusion.

The Scottish Executive introduced an action plan for the integration of refugees and asylum seekers in 2003 and published a progress report in 2005. At that time the Scottish Executive indicated that it '…is not in a position to ensure that statistical and tracking information about the asylum seeker and refugee communities in Scotland is gathered at a national and local level', adding that 'officials in the Scottish Executive do not receive information or data on individual asylum seekers in Scotland' (Scottish Government, 2005). They set out some of the practical difficulties in obtaining data, including the fact that, once given refugee status, asylum seekers should not feel obliged to – and may not wish to - disclose their refugee status:

> Home Office, health authority and local authority statistics should be cross referenced and analysed to improve understanding of refugee needs, and provide baseline management information.
> (Scottish Government, 2005)

The Scottish Refugee Integration Forum was reconvened in December 2005 to review the action plan and consider a number of key issues affecting refugee integration in Scotland and how these might be addressed by stakeholders.
A plan was drawn up for inclusion in the National Strategy and Action Plan for Race Equality. However, the government changed in May 2007 and the decision was taken to publish a race statement rather than a strategy in December 2008.
The statement acknowledges:

> ...that data is still limited in some areas and not always available on issues of interest to race and faith equality. We have committed to carrying out further work to develop a more complete evidence base. (Scottish Government, 2008b).

The Welsh Assembly Government has focused on a number of key areas of data collection and statistical reporting necessary for providing an evidence base on its asylum seeker and refugee inclusion strategy, the policy measures needed to achieve inclusion, and the ability to assess the impact of its policies (WAG, 2006b). They encompass the need to develop mechanisms for capturing and analysing

reliable data on the profile, distribution and needs of refugee, asylum seeker and receiving communities; to map and analyse racial incidents affecting refugees and asylum seekers reported to the police; to record and monitor the number of asylum seekers and refugees accessing ESOL classes across Wales; to research the skills and qualifications of refugees and asylum seekers and their current uptake of higher and further education courses; to collect routine data on the health of selected minority populations to help make systematic comparisons with the general population and inform future service delivery, and to undertake further need-based research that addresses the diversity of the refugee and asylum seeker population.

The Welsh Assembly Government has devised a comprehensive programme to monitor and evaluate their strategy every three years, based on standardised data collection and performance indicators. The indicators they are proposing are for:

- employment (use of a skills audit based on surveys, the Wales Asylum and Refugee Doctors database, and Welsh Refugee Council and other employment projects)
- health (access to medical services and translation, based on surveys)
- housing (Refugee Housing Action Plan and Welsh Refugee Council Move On programme)
- education (access to ESOL, based on surveys of refugees and providers)
- 'social connection' (surveys to establish friendliness and engagement with refugee organisations; numbers of registered refugee community organisations, and data on the percentage of asylum seekers who stayed in the host community on gaining refugee status), and
- 'social bridges' (surveys to establish the percentage who have attended and completed a citizenship course, who have an ESOL qualification and who have attempted a Welsh course).

In both administrations there are likely to be difficulties in operationalising data collection because of the problems in identifying and tracing asylum seekers once they receive refugee status.

9.3 Summary

The EMF should provide a baseline of evidence to evaluate progress towards equality and help decide priorities. This section suggests however that:

- Routine data collection on asylum seekers and refugees across the key public services such as health and education is very limited. Similarly, little data exists on the employment and skills of this group.
- Administrative sources of data are largely absent, suggesting a key policy need for data based on record linkage.
- The first data arising from the survey of refugees will be available in 2010, and the new migrant survey should report in 2011 to 2012, funding permitting. Both should provide much needed data for the EMF indicators.
- Both the Scottish Government and Welsh Assembly Government have acknowledged the lack of data currently available on asylum seekers and refugees. The Welsh Assembly Government has developed a comprehensive programme of data collection and statistical reporting for refugees and asylum seekers, covering employment, health, housing, education and social integration.

10. Key strategic issues and scope for intervention

This final chapter considers some of the key findings of the preceding chapters and discusses the issues that should form priorities for policymakers and stakeholders. It looks first at some of the main strategic policy issues that need further consideration and action. It then goes on to consider the positive findings of this review, and to ask 'what works'? Finally, it turns to the significant evidence gaps that exist in this area, and what the implications of these gaps are for policy and for further research.

10.1 Main strategic policy issues

In broad terms there is ongoing tension between, on the one hand, policies relating to immigration control and, on the other, those concerned with welfare. This tension lies at the heart of many of the concerns regarding the equality and human rights of asylum seekers and refugees. The introduction of the New Asylum Model from 2007 requires a fast process in dealing with asylum claims that culminates either in rapid removal from the UK or in integration into UK society.

Processes for removal involving detention and deportation have been the subject of sustained criticism on human rights grounds. These concerns relate both to the policies underpinning the process and its practical implementation. In the 2007 Joint Committee report on the treatment of asylum seekers, no less than 26 recommendations out of a total of 62 were concerned with issues of detention and removals. The Committee raised particular concerns regarding the implications of detaining vulnerable adults and children that 'were clearly a violation of the UK's human rights obligations'. As the government's response to the Committee's report demonstrates, there is clearly a difference in perception as to what official policy consists of. The Committee, for example, raised particular concerns regarding the detention of pregnant women. The government countered by arguing that the general rule is that pregnant women should not be detained adding that the 'exception to the general rule is where removal is imminent and medical advice does not suggest confinement before then' and furthermore, 'pregnant women of 24 weeks and over must not be detained as part of the Detained Fast Track process' (2007a:26). It remains the case here that pregnant women may be detained in some part of the process and this is contrary to human rights obligations.

In 2008 these concerns had not lessened when the Independent Asylum Commission (IAC) argued that 'there should be a root and branch review of the detention of asylum seekers, from the starting point that it is appropriate only for those who pose a threat to national security or where there is absolutely no

alternative to effect return' (2008c). Furthermore, 'the detained Fast Track process should be phased out because it is unfair, contrary to the spirit of the Refugee Convention, and can lead to unjust decisions' (2008c:1).

Further concerns have been raised with respect to the implications of detaining families with children, with evidence that an annual figure of some 2,000 children are detained for administrative purposes (11 Million, 2009). The government argues that detention is only used in very specific instances and 'families with children are normally detained for very short periods and usually at the point of removal'. The fact that families with children are detained remains and a range of human rights concerns have been raised as to the implications of this for vulnerable adults and children. More generally, considerable concern has been expressed regarding the welfare of asylum-seeking children. Specific issues have been raised with respect to a pervasive 'culture of disbelief' whereby only a fraction of the children applying for asylum achieve refugee status. Neither are they generally returned to countries of origin and exist in something of a state of limbo in the UK. There are specific concerns regarding age assessment procedures and it is disappointing that the government has moved in the direction of introducing x-rays at a time when the introduction of a holistic model of age assessment in the UK has elicited international praise and support (Bhabha and Finch, 2006).

International studies suggest that the treatment of unaccompanied asylum-seeking children in the UK may be relatively good as compared with other industrialised countries (Bhabha and Finch, 2006; Watters and Hossain, 2008). However, concerns remain with respect to issues of housing, detention, access to education and legal support. The government's removal of the reservation in relation to the United Nations Convention on the Rights of the Child (UNCRC) is a welcome development, as is the duty to safeguard children's welfare in the Borders, Citizenship and Immigration Bill, although the acceptance in the duty of the need for the detention of families is disappointing. It remains to be seen how policies towards asylum-seeking children will change, and how the proposed duty will work in practice.

Besides issues concerning detention and removal a wide range of concerns have been highlighted with respect to the living conditions and support received by asylum seekers and refugees in the UK. One ongoing concern relates to the general inefficiencies within the system; the fact that many people do not know or understand the process, that they receive different and often conflicting advice from different agencies and are left in a position of profound uncertainty at a time of considerable vulnerability. A major international review of the implications of asylum policies for asylum seekers' mental health has concluded that this combination of confusion and

delays may cause depression and anxiety disorders as well as exacerbate the impact of post traumatic stress disorder (Silove, Steel and Watters, 2000).

With respect to accommodation and support, the impact of Section 55 and Section 9 provisions has been of considerable concern and, despite various clarifications and revisions by the government, may continue to have an adverse impact on asylum seekers. The threat of the removal of children from their parents even if unintended and rarely initiated is likely to add to the fear and desperation of asylum-seeking families. The quality of housing remains of concern and in some instances appears to conflict with the respect for family and home required by Article 8 of the European Convention of Human Rights (ECHR) and the Human Rights Act (HRA). The voucher scheme introduced under Section 4 is likely to continue as the government sees this as sending out an important message to asylum seekers that they have reached the end of the process and their entitlements are subsequently drawing to a close.

A further issue is that of allowing asylum seekers to work as is the case in some European Union (EU) countries. The government sees this as a possible incentive for people to come to the UK and wishes to maintain its restrictions in this area. However, the 2003 EC Reception Directive allows asylum seekers to work in instances where no decision has been made on their claim within a period of 12 months. The government has suggested compliance with this but insists that, given that most decisions are made within two months, there are likely to be few instances where this is enacted.

Within the sphere of healthcare there is evidence of problems of access and serious deficiencies in terms of information available on asylum seekers and refugees. As noted in the case of Scotland, but certainly not confined there, the asylum process itself can mitigate against appropriate access to GP services. There is a serious lack of clarity with respect to the healthcare entitlements of categories of asylum seekers and this feeds into confusion at ground level resulting in inequitable treatment and resources. Current government reviews of entitlement and processes for charging categories of asylum seekers will require ongoing scrutiny.

When considering policies and practice within the asylum system concerning the seven equality areas, as well as the treatment of vulnerable groups, a range of concerns have been highlighted. The IAC called for urgent action ‘to remedy situations where the dignity of those who seek sanctuary is currently compromised, particularly those who are detained, or women, children, torture survivors, those with health needs, and lesbian, gay, bisexual and trans asylum seekers (2008c:1). The provisions put in place by the UK Border Agency (UKBA) to meet its legal requirements to take gender, race and disability into account within the asylum

process have come under criticism about their effectiveness, application and recognition of these groups' specific needs (see consultation responses on UKBA's race, disability and gender equality scheme, from the Refugee Council (2009) and Asylum Aid (2009a)). There is clearly a need for more widespread and rigorous equality impact assessments of the various aspects of the asylum system. Furthermore, consideration of equality issues around those areas not subject to the current equality duties are even less well recognised. Ideally, the introduction of a new single equality duty covering all seven strands as part of the Equality Bill should help to initiate consideration of the specific needs of gay, lesbian, bisexual and trans asylum seekers, as well as those of different ages and with different religions or beliefs. The duty's reach in terms of the procurement of outsourced services will need consideration, especially when thinking about detention centres and deportation measures.

10.2 What works?

While there are significant and legitimate concerns regarding many aspects of the asylum system in the UK, the fact that there are many examples of good practice in the field should not be overlooked. Seven aspects that can be identified are as follows:

- The role of civil society. This aspect was highlighted in a major comparative study undertaken by the Harvard University Committee on Human Rights. The quality and quantity of non-governmental organisations in the UK was highlighted as a major contributory factor in the relatively good services for unaccompanied asylum-seeking children (Bhabha and Crock, 2007).
- The 'mainstreaming' of asylum seekers in UK society is arguably a positive development and compares favourably with their isolation in many EU countries where they are placed in residential centres often far away from towns and cities (Watters and Hossain, 2008). This can facilitate integration and community participation.
- The placing of asylum-seeking children under the provisions of the Children Act 1989 allows a relatively equitable and comprehensive system of care.
- The ongoing scrutiny of the care of asylum seekers and refugees by a range of statutory and voluntary organisations ensures that policymakers' processes of accountability are maintained. The degree and quality of critical scrutiny in the UK compares favourably to that in any other industrialised country.
- It is too early to evaluate the impact of the New Asylum Model but there are some positive aspects that have been commended by the Joint Committee and the Refugee Council. A particularly welcome development is the introduction of a Single Case Owner for each asylum claimant.

- The plethora of grassroots organisations and individuals working in the area has ensured that a diversity of service provision has been available, albeit unevenly spread. This has included a range of mentoring and advocacy schemes. This grassroots activity in the field has been noted by other EU countries who have sought to emulate this aspect of services in the UK (Watters et al., 2003).
- A central issue here is the role of pilot projects and their evaluation and impact on policy. There have been a number of successful pilots of innovative services for asylum seekers and refugees but some of these have had a limited impact on policy. These include the Safe Case Transfer project for unaccompanied minors undertaken in a partnership between Manchester Metropolitan Authorities and Kent County Council. The project was evaluated by the University of Kent and shown to have many positive outcomes (Watters and Robinson, 2006). A further study involved a pilot of age assessment procedures at the Port of Dover. Not only was the project the subject of a generally positive evaluation, it was cited as a positive example of good practice in the field within a major international study (Watters, 2005; Bhabha and Finch, 2006). It is important that, in the ongoing assessment of 'what works', mechanisms are developed to ensure a pooling of the best available evidence of good practice in the field.

10.3 Key gaps in evidence and implications for policy

There are a number of major gaps in the evidence base for asylum seekers and refugees: these arise largely from poor or no data collection systems or the lack of central reporting of the data where it is collected. The official data that are collected clearly reflect the immediate needs of government in tracking asylum seekers through the various administrative processes. The approach of instrumental rationality provides data on applicants, decisions, appeal outcomes, and removals, for example, but very little comprehensive data on such matters as the education, training, and health status of asylum seekers. Once asylum seekers are given leave to remain, attaining the status of refugees, they become ordinary residents in the country and may not wish, nor are under any obligation to, declare their refugee status. Consequently, nearly all our knowledge about the circumstances of refugees is based on research samples: they are largely invisible in administrative data collection systems.

Furthermore, little focus has been accorded in the literature to intersectionality across the equality strands and multiple disadvantage. The previous chapters have highlighted the multiple barriers that disabled and women refugees and asylum seekers face, and disabled refugees and asylum seekers have been termed as 'among the most socially and emotionally disadvantaged members of society in the UK today' as 'the status of disability, refugee and minority ethnic group are each

linked to discrimination and oppression' (Harris, 2003). Frequently, for example, age interacts with health status, and gender with religion and race. When these multiple factors are combined with immigration status as a refugee or asylum seeker, it becomes clear that these groups face a range of intersectional issues that cannot be regarded as solely due to their race, age or gender. The lack of knowledge about asylum seekers and refugees is recognised by agencies:

> There is a surprising lack of research, statistical data and evidence on: the economic contribution made by refugees and economic migrants in the UK; the level of unemployment and underemployment among refugees; the engagement of asylum seekers in irregular employment; their skills and qualifications on arrival; economic outcomes for refugees over time; tracking outcomes for those who have received various kinds of training and support, such as language courses, New Deal, Work Based Learning for Adults, educational grants, start up grants, CV writing, interview skills, etc.
> (ICAR, 2007[27])

This report has highlighted a number of gaps. While we know how many asylum seekers are principal applicants, data is poor on their dependants. We do not have information on those who voluntarily leave the country during the decision process (which, in the case of legacy cases, may take years) or later, including those granted refugee status who return, that is, those now defined as 'ordinarily resident' in the country. In addition, there are large numbers of migrants who enter the country illegally (undocumented migrants) who do not formally enter the asylum-seeking process: government estimates are no more than indicative. One of the consequences of these gaps and omissions is that it is not possible to provide a count of asylum seekers in the country at any one time, those whose claims have failed but disappear from administrative systems prior to removal, and asylum seekers who become refugees. The UK has relied on decennial censuses rather than population registers and the censuses do not enumerate asylum seekers and refugees: questions are asked on ethnic group and country of birth but migrant status is not further explored. The range of estimates for some of these groups is very substantial, for example, fourfold or more in the case of Somalis and Zimbabweans.

The consequences of the lack of this data are substantial. It precludes the population-based analysis of the health status and healthcare of asylum seekers and the profiling of their access to services and socio-economic position. For a population-based approach, a population denominator is needed yet, in the case of asylum seekers and refugees, that is missing and currently unattainable. Additionally, there is no sampling frame for these populations which is needed to yield data from health and social surveys that is generalisable to these populations. Consequently, much of our knowledge is based on opportunistic or convenience sampling which

may suffer from sampling bias. Compared with some other countries, such as Canada and Australia, the UK is particularly disadvantaged in terms of access to basic statistical data on these populations.

In addition, our knowledge on where asylum seekers and refugees live is limited. We know numbers who have been dispersed who are living in supported accommodation down to local authority level but nothing at all about asylum seekers who do not receive accommodation or other support or where those whose claims fail but who disappear from administrative systems reside. Similarly, once asylum seekers become refugees, they become invisible with respect to their refugee status, yet many continue to be destitute or in poverty. This has significant consequences for service providers at the local authority level, including education authorities and NHS trusts, as forward planning has to be based on inadequate statistical data.

How these information gaps can be remedied is beginning to be addressed by government agencies such as the Office for National Statistics and the Home Office. Reference has already been made to improvements in the enumeration of in- and out-migrants (Chapter 1) and surveys of refugees and migrants (Chapter 9). The Survey of New Refugees has significant potential to improve our understanding of what happens to asylum seekers and refugees who become ordinarily resident here, with respect to their integration and socio-economic position.

The Home Office's research, including the linking of administrative data from different government sources on refugees, will substantially improve our understanding of integration processes in this population, but it is unclear to what extent such sources will meet the needs of those commissioning and providing services at a local level. A number of notable gaps in the evidence base have been identified in this review and are likely to continue to have significant implications for policy in the immediate future. They include:

1. Lack of information on the health status of refugees and asylum seekers, including their health-related behaviour: much of what we know is based on small research samples. There is the potential to provide more systematic information based on the health screening undertaken at ports of entry and ASUs. Very little systematic information is available on health needs and the extent to which they remain unmet.

2. Absence of systematic data on the education of asylum seeker children: in England information is not collected on asylum seeker/refugee status in the annual school census (Pupil Level Annual School Census). Consequently, very little is known about such matters as eligibility for free school meals, special

educational needs, school exclusion, educational attainment, and language spoken at home. The experience of Scotland demonstrates that information of quality on these groups can be collected in this census.

3. Information on training undertaken and the need for training is very limited. There have been a number of 'skills audits' based on local samples or particular occupational groups but these cannot be generalised to the asylum seeker and refugee population as a whole. The Home Office's Immigration and Statistics Service has recently undertaken a postal survey on the skills, qualifications, and English language competency of people granted refugee status and exceptional leave to remain. This survey will be the most extensive skills audit yet undertaken and should go some way to addressing the current gap in the evidence base.

4. There is virtually no systematic information on the levels of employment and unemployment among refugees. Indeed, a study undertaken by the Home Office and published more than a decade ago continues to be cited as a key source of evidence, even though it predates much of the recent legislation on immigration and asylum (Carey-Wood et al., 1995). A subsequent survey was carried out by Bloch (2002) but most of the other published studies pre-date that by Bloch.

5. The evidence base on the housing circumstances of asylum seekers under the various regimes of funding is very weak, especially on the quality of housing (state of repair, density of occupancy and overcrowding, degree of self-containment, and amenity level). Most of what we know is based on general comments by voluntary sector agencies. While the quality of accommodation is stated to be monitored, there are no centrally reported statistics. Furthermore, the evidence on the transfers of asylum seekers resulting from changes in the contracting process is largely undocumented. The evidence base on the housing circumstances of refugees is equally weak.

6. Cross-cutting issues relating to equality are poorly reported, again for data availability reasons. The extent to which asylum seekers and refugees are multiply disadvantaged across the statutorily recognised equality strands - the issue of 'intersectionality' - can only be established by analysing datasets that collect information on these strands. Until the 2009 Integrated Household Survey there was virtually no routine data collection for sexual orientation (Aspinall and Mitton, 2008b). Moreover, collection on some of the other strands is patchy, especially that of religion (Aspinall and Mitton, 2008a). There is a need for much more robust data collection across all strands: where the use of forms is inappropriate, full use needs to be made of more sensitive modes of collection, including qualitative methods.

Perhaps the time is opportune for an audit of the collection of routine data on asylum seekers and refugees to establish the full extent of the information gaps and implications for the range of stakeholders, especially local authorities, local education authorities and NHS organisations responsible for commissioning or providing services at a local level.

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Endnotes

[1] Persons detained under Immigration Act powers who are recorded as having sought asylum at some stage.
[2] According to the Joint Committee on Human Rights' 10th report, the consultation responses showed strong support for clearer rules on eligibility, clearer definition of what constitutes immediately necessary treatment, and support for disease specific exemptions from charging.
[3] See BMA guidance on this issue: http://www.bma.org.uk/ethics/asylum_seekers/asylumhealthcare2008.jsp. Also, D. Florey. Letter to Chief Executives, 2 April 2009. Subject: Advice for overseas visitor managers on: 1a) failed asylum seekers and ordinary/lawful residence; 1b) when to provide treatment for those who are chargeable; 2) victims of human trafficking. London: Department of Health (and accompanying 'table of entitlement to NHS treatment', correct as of April 2009).
[4] The regulations in question are the National Health Service (Charges to Overseas Visitors) Regulations 1989SI/1989/306, effective from 1 April 2004.
[5] R (A) vs. Secretary of State for Health (Defendant) and West Middlesex University Hospital NHS Trust (Interested party): Court reference CO/8095/2006. 11 April 2008.
[6] Flory, D. *Failed asylum seekers and ordinary/lawful residence; and when to provide treatment for those who are chargeable (Dear colleague letter)*. London, Department of Health, 2 April 2009. See: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_097384
[7] The petition states: 'This would impose serious health risks on [undocumented migrants] and on the general public. It would also interfere with our ability to carry out our duties as doctors. It is not in keeping with the ethics of our profession to refuse to see any person who may be ill, particularly pregnant women with complications, sick children or men crippled by torture. No one would want such a doctor for their GP. We call on the government to retreat from this foolish proposal, which would prevent doctors from investigating, prescribing for, or referring such patients on the NHS. We pledge that, in the event this regulation comes into effect, we will: (a) continue to see and examine asylum seekers and to advise them about their health needs, whatever their immigration status; (b) document their diagnoses and required clinical care; (c) with suitable anonymisation and consent, copy this documentation to the responsible ministers [members of parliament] and the press; (d) inform the public of the human costs, to harness popular disgust at what is being ordered by the government in their name; (e) campaign to speedily reverse these ill-advised policies'.
[8] A skin test, no longer available, used to determine if someone is immune to tuberculosis.
[9] This is consistent with article 11 of the EC Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers.
[10] The latest information reveals that 52,000 cases in the asylum backlog (legacy cases include unresolved asylum applications lodged with the Border and Immigration Agency before 5 March 2007 which were not being processed by case owners in the regional asylum teams on that date) have been concluded by the Border and Immigration Agency, of which about 16,000 have led to removals. The government claims to be on track to conclude all these cases by the summer of 2011. *Lords Hansard*. Written Answers. 17.3.2008. Col. WA11 [HL 2105].

[11] Such offices are only in Croydon and Liverpool so may entail travelling substantial distances for some asylum seekers.
[12] The voucher system for asylum seekers had originally been scrapped in 2002. In January 2008 the Secretary of State for the Home Department indicated that there were no plans to change these arrangements. HC *Hansard*. Written Answers. 14.1.2008. Col. 1042W [177064].
[13] Section 141 of the Immigration and Asylum Act 1999 (as amended) lists the people whose fingerprints can be taken. As well as asylum seekers it also includes people who have been detained or arrested under immigration powers, and their dependants. See http://europa.eu for information on Eurodac.
[14] EU countries are also introducing finger-scanning in the visa application process under EU regulations which do not bind the UK.
[15] Home Office, Borders, Immigration and Identity Action Plan, December 2006, paras 2.2 and 3.6: http://www.ind.homeoffice.gov.uk
[16] UK Border Agency (2009). Stakeholder letter from Deputy Director, Country Analysis and Returns Strategy Team, dated 11 September 2009.
[17] Anon. Genetics without borders: A UK government scheme to establish nationality through DNA testing is scientifically flawed, ethically dubious and potentially dangerous. *Nature* 2009 (8 October); 461(7265): 697.
[18] See UK Borders Bill, Bill 53 of 2006-7, EN para. 147: http://www.publications.parliament.uk/pa/pabills/200607/uk_borders.htm
[19] Rulings on Shah and Islam made by Lord Steyn and Lord Millet. www.icar.org.uk/
[20] See the Press Complaints Commission for further information: http://www.pcc.org.uk/
[21] The CIC cites the example of the RESTORE project, a project of Churches Together in Birmingham. 'Befrienders' or members of the local community are linked with an individual asylum seeker or refugee or family in the city. The project contributes to integration by challenging myths about asylum. Another example is the YWCA Doncaster Women's Centre that offers groups for asylum seeker and refugee women, including English language provision. In Walker in Newcastle, the Asylum seekers Support Group - initiated as a clothing store and drop-in centre – now serves the whole community and has organised awareness-raising activities for the whole community around the issues faced by refugees and asylum seekers. The Princes Trust Red Road project is focused on the Red Road area of North Glasgow, an area that has had high levels of refugee and asylum seeker dispersal. The partnership aims to integrate groups and individuals into wider personal development programmes available locally from a range of local partner organisations.
[22] The typology of social bonds (connections within communities defined by ethnic, national or religious identities), social bridges (connections between communities with different ethnic, national or religious identities), and social links (connections with institutions, agencies and services) is that of Agar and Strang (2004).
[23] Amnesty International, Asylum Justice, Cardiff Asylum Seeker Support Group, Children in Wales, Church Action on Poverty, Commission for Race Equality, Cytûn – Churches Together in Wales, Displaced People in Action, Newport and District Refugee Support Group, Oxfam, Refugee Voice Wales, Save the Children, Swansea Bay Asylum Seeker Support Group, and Welsh Refugee Council. See http://www.keepawelcome.co.uk/index.php
[24] The research from Amnesty International UK estimated that there are some 60 victims in Cardiff at any given time, the evidence also showing that the trade

is not restricted to the cities of Wales but persists in smaller communities across the country.

[25] Although this funding for the England Children's Panel has now been withdrawn.

[26] This data was also released under the Freedom of Information Act in 2005.

[27] See: http://www.icar.org.uk/1038/statistics/statistics.html

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This report examines the situation of asylum seekers and refugees from an equality and human rights perspective. As there is little official data available on the group and few large-scale quantitative studies, it draws heavily on qualitative and more localised studies. It explores a number of issues including, among others, health, education, employment, poverty and destitution. Findings suggest there is an ongoing tension between policies relating to immigration control and those concerned with welfare. This lies at the heart of many concerns regarding the equality and human rights of this group.

Equality and Human Rights Commission

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