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London enriched

Reference document: supporting evidence for the strategy

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1 Introduction

This reference document should be read in conjunction with *London Enriched: The Mayor's Refugee Integration Strategy for London*. It offers quantitative and qualitative evidence on the range of issues faced by asylum seekers and refugees living in London, drawing on the available data, research and literature.

1.1 Scope of this document

The main challenge in drafting this reference document is the lack of quantitative data available regarding refugee and asylum seekers living and settling in the UK and in London.

For example, there is no system by which national government or local authorities keep records or registration of number of refugees living in the English regions or London boroughs.

However, this reference document has been drafted with the purpose of providing as much evidence as possible from the available sources to show the experiences and challenges refugees face in integrating into London life.

There is an increasing demand for comprehensive and consistent information on new migrants arriving to the UK. This includes refugees and asylum seekers. In 2006, the GLA commissioned a piece of work (Rees and Boden 2006) to identify the most appropriate way of providing more accurate estimates of new migrant numbers and provide profiles of their socio-demographic attributes. The study advocates for the development of formal integration of available datasets, which collectively could provide a more informed picture.

While carrying out preparatory work for the Board for Refugee Integration in London (BRIL), it became apparent that a pan-London document, drawing together the key issues facing refugee Londoners, would be useful to a range of people. This document provides much of the background information and evidence that assisted the Mayor in developing his strategy for refugee integration in London.

In some instances, and where quantitative information is not available, qualitative local sources of information have been used.

2 Asylum in London

2.1 Asylum trends in London

London has hosted refugee populations for many hundreds of years, but the late 1980s marked a turning point in asylum migration to the UK.

Asylum numbers increased (Figure 2.1) and asylum-seekers became much more diverse in relation to their countries of origin. The drivers included conflict and human rights abuses (Rutter *et al* 2007) but also the increased ease of transcontinental travel, the establishment of smuggling routes and the dominance of the English language. In addition, the prior settlement of migrants from countries such as Somalia and Sri Lanka has meant that asylum-seekers have been drawn to London, to join compatriots already settled – a process sometimes described as ‘chain migration’ (Griffiths 2002; Koser and Pinkerton 2002).

By 1990 a much more diverse range of asylum-seekers were arriving in the UK, with the largest groups in the period 1985–1995 being Iranians, Sri Lankan Tamils, Iraqis, Turkish nationals (including Kurds), Poles, Ugandans, Ghanaians, Ethiopians, Eritreans and Somalis.

This post-1990 refugee migration has contributed to the ‘population super-diversity’ seen in London and other capital cities in which many different communities live side-by-side (Vertovec 2006). These communities are different not only in their national origin, but also in terms of their residency status, ethnicity, language, household composition, employment experiences, educational qualifications as well as factors such as religious and political affiliations.

In the last decade, asylum numbers have fallen substantially from a peak of 84,130 in 2003 to 23,430 in 2007 (Home Office 2008). The trend of the last few years suggests that numbers of asylum applications have stabilised to some degree:

2004	33,960
2005	25,710
2006	23,610
2007	23,430

(Source: Home Office)

2.2 Definition of a refugee

In 1951 the term refugee became an international legal construct through the UN Convention Relating to the Status of Refugees. The convention and its 1967 Protocol define a refugee as someone who has fled a country of origin, or is unable to return to it:

‘owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular group or political opinion’

(From the 1951 UN Convention Relating to the Status of Refugees).

The UK has acceded to both the Convention and Protocol, and they were incorporated into British immigration law in 1993. These legal instruments enshrine the rights of asylum-seekers and refugees, preventing them being returned to countries where they fear persecution. In legal terms, the competent legal authority in the state of sanctuary affords the condition of being a refugee.

2.3 The asylum process

2.3.1 Entry and application

In order to secure refugee status, an asylum-seeker and his/her dependants must lodge a claim for political asylum with the UK Border Agency (UKBA), either at the port of entry, or 'in-country. There is no time limit on applications but agencies advise clients to apply 'as soon as possible' (Refugee Council 2008) both to boost the credibility of their claim and access to support (see 2.3.2).

On application, the asylum seeker goes through a screening process:

- Those judged to have no legitimate claim, deemed 'a clearly unfounded application', enter a fast track procedure and may be detained prior to removal from the UK. This group includes those from countries judged to be safe and those who have passed through a safe third country.
- Other asylum seekers enter the full asylum determination procedures and present oral and written evidence to UKBA.

Since 2004, a small number of people – just over a thousand (Source: UNHCR 2009) – have been granted refugee status overseas and actively resettled to the UK as part of the Gateway Protection Programme. The number of available annual places was increased in 2008/2009 from 500 to 750. At the time of writing, no London local authority is involved in Gateway (Home Office 2008).

There have at times been programmes of temporary protection residency offered in

emergency situations, most recently to Bosnians admitted through the Bosnia programme (1992–95) or the Kosovo programme (1999). Around 8,000 were admitted under these schemes and were dispersed outside of London.

It should be noted that a significant though unquantifiable proportion of London's irregular migrant population are forced migrants who for one reason or another have not applied for asylum. The Home Office estimate of the irregular migrant population in the UK as a whole is between 310 thousand and 570 thousand (Woodbridge 2005).

2.3.2 Asylum support

Asylum seekers who are unable to support themselves can apply for UKBA support at any time during the asylum process. (Local authorities support unaccompanied minors).

Those without accommodation can access UKBA accommodation. They will be housed in initial accommodation for a short time, before dispersal to longer-term accommodation, usually outside London or the South East.

- Only 890 asylum-seekers resident in London were being supported in accommodation by UKBA (Home Office 2008).

Asylum seekers who do not need accommodation can apply to UKBA for a 'subsistence only' package that comprises a cash allowance. On 31 March 2008:

- Twenty-one per cent of asylum applicants were in receipt of 'subsistence only' support,

of whom 68 per cent (4,640) were living in Greater London (Home Office 2008).

This high figure is probably explained by the fact that many asylum seekers would rather remain in London, close to friends or their communities, than be dispersed, even if this means living in sub-standard housing. The level of cash support on the 1 January 2009 was:

Qualifying couple	£66.13
Lone parent aged 18 or over	£42.16
Single person aged 18 but under 25	£33.39
Single person aged 25 or over	£42.16
Person aged 16 but under 18 who is not a member of a qualifying couple	£36.29
Person aged under 16	£48.30

Source: UKBA

2.3.3 Decision

Asylum decisions are made on the basis of oral and written evidence submitted to the UKBA. As Figure 2.1 makes clear, since 1994 (with the exception of 1999) the level of refusal has been around or well above the 70 per cent mark.

Figure 2.1 Asylum applications and decisions 1988-2007

Year	Asylum applications	Refugee status (as a percentage)	ELR/HP/DL	Refusal
1988	3,998	23	58	19
1989	11,640	32	55	13
1990	26,205	23	60	17
1991	44,840	10	44	60
1992	24,605	6	80	14
1993	22,370	9	64	27
1994	32,830	5	21	74
1995	43,965	5	19	76
1996	29,640	6	14	80
1997	32,500	13	11	76
1998	46,015	17	12	71
1999	71,160	42	12	46
2000	80,315	10	12	78
2001	71,700	9	17	74
2002	85,865	10	24	66
2003	49,370	6	11*	83
2004	33,930	3	8**	88
2005	25,710	7	10**	83
2006	23,610	10	11	79
2007	23,430	16	11	73

Source: Home Office

*Figures for 2003 include those granted ELR, Humanitarian Protection (0 per cent) and Discretionary Leave. Source: Home Office. Figures exclude dependants.

** From 2004-2006 no applicants were granted humanitarian protection

2.3.4 Grant of status

A person who is successful in their asylum application will be given one of three statuses:

- Refugee status
- Humanitarian protection (HP)
- Discretionary leave (DL).

None of these statuses allow a person to stay in the UK permanently, including those granted full **refugee status** who, since August 2005, have only been given permission to stay for five years, after which they can apply for an extension that will be granted if:

- The conditions in the country of origin have not improved significantly.
- The person has not been involved in actions against the Refugee Convention principles (for example, serious crimes).
- The person passes an English language and UK society test.

If the Home Office decides a person doesn't need protection afforded by refugee status, HP or DL can be applied for and granted.

A person granted **humanitarian protection** is also given permission to stay in the UK for five years, after which they can apply for an extension.

Discretionary leave is granted for three years or less (although on expiry an extension can be applied for) by the Home Secretary outside the provisions of the Immigration Rules to:

- Those refused asylum, but who cannot be returned to their home country or a safe

third country.

- Unaccompanied children who have been refused asylum or HP, who cannot be legally returned until they are 18.
- Other exceptional cases.

Those with DL are presently barred from applying for ILR for at least six years.

Therefore, all three forms of status are temporary, and permanent settlement is only granted when the Home Office grants 'indefinite leave to remain'. (Before April 2003, the Home Office were also granting 'exceptional leave to remain' or 'exceptional leave to enter' for periods of four years or less after which a person could apply for ILR).

Under the provisions of the new Borders, Immigration and Citizenship Bill (published Jan 2009) a new 'pathway to earned citizenship' is being introduced and with it the right to permanent settlement. This has three stages:

- entry as a temporary resident (up to five years)
- time as a probationary citizen (up to five years)
- full citizenship.

Persons granted refugee status, HP, DL have broadly the same rights and entitlements as all other UK residents and citizens. (This may change under the new bill.)

- the right to work
- access to healthcare through the NHS
- access to welfare benefits
- access to free education and training.

Refugees can also apply for council housing, but there are limits on this right that have

implications for London, as applicants now have to apply in the areas to which they were dispersed as asylum seekers. This measure was brought in to restrict 'drift back' to the capital by refugees.

Those with refugee status and HP (but not DL) can apply for family reunion (husband or wife and children under 18).

2.3.5 Appeal

Those asylum seekers who are not granted any of the statuses above are entitled to appeal. However, recent legislation has curtailed the appeals process, and legal aid is restricted. (The 2009 Bill proposes to further restrict appeal rights).

In 2007 some 23 per cent of asylum appeals resulted in an initial asylum decision being overturned (Home Office 2008).

2.3.6 Refusal

As Figure 2.1 above indicates, the majority of asylum-seekers have their cases refused. When this happens a person is asked to take immediate steps to leave the country, they are evicted from their UKBA accommodation and they lose UKBA support.

Some refused asylum-seekers choose to leave the UK voluntarily. Since 1999, the Home Office has been running the Voluntary Assistance Return Programme (VARP) through which some 24,000 refused asylum seekers left the UK (IOM 2006). Various financial incentive packages have been made available to voluntary returnees – at present it is £500 as a cash relocation grant and an extra £1,500 to help with business start up, retraining, return costs, accommodation costs or a child's schooling.

If an asylum seeker does not return home voluntarily they are liable to be detained or forcibly removed at any time. Home Office figures do not distinguish between enforced or voluntary return. In 2007, 8,095 asylum-seekers and their dependents left the UK voluntarily or were removed (Home Office 2008).

A further group remain in the UK, having been refused asylum. There are a number of reasons why this may happen:

- Suspension or moratorium on return (at present there is a suspension on returns to Zimbabwe and of non-Arab Darfuris to Sudan).
- Lack of routes for return.
- Individual circumstances, such as illness or pregnancy.

Figure 2.2 Asylum appeals allowed 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
Asylum appeals allowed, excluding dependants	3,340	8,155	13,875	16,070	10,845	5,870	3,610	3,385

Source: Home Office

Some people in this situation can apply to be supported under Section Four of the Immigration and Asylum act 1999 and receive vouchers and accommodation from the UKBA¹. On 31 March 2008 9,365 persons were supported this way (Home Office 2008).

However, this is a low proportion of the refused asylum seekers who remain in the UK. The estimated tens of thousands who are not on Section Four support are in a legal limbo and join the population of irregular migrants (Institute for Public Policy Research 2006). Some will be working illegally to support themselves; others will be destitute and relying on community or charity support.

2.4 Refugee population data

In the UK there is a lack of specific demographic data about refugee numbers, which makes estimating the size of this population in London very challenging. The Home Office publishes quarterly asylum statistics, giving data on asylum applications, decisions, appeals and removals, as well as persons supported by the UKBA. However, once a positive decision has been made on an asylum case, the Home Office ceases to collect data on these persons.

Other sources of data can be used as a proxy measure of the population size of refugee communities. The 2001 Census included questions about country-of-birth that can be analysed alongside other variables such as housing tenure, employment and levels of education. The Labour Force Survey (LFS) is a comprehensive quarterly survey of households

conducted by the Office for National Statistics (ONS) with the aim of providing information on the labour market. It, too, includes a country of birth question.

Although the Census and LFS represent the best quantitative data currently available about different country of birth groups, there are some inherent problems in their use to estimate refugee numbers. Obviously a ten-yearly census lacks immediacy. Also, neither the Census, nor the LFS include questions about immigration status. The LFS is a survey based on a sample and is prone to sampling errors: the smaller the estimate of population size, the more errors (ONS 2003). Therefore, the LFS cannot be used to produce data about small country of birth groups, for example, those born in Ethiopia or Eritrea.

In both the census and LFS, response rates also tend to be lower for minority groups, and in the case of the LFS there can be an under-reporting of migrant groups because business addresses and non-private communal accommodation are not covered by the survey (ONS 2003).

There are some administrative datasets that can be utilised to help estimate refugee numbers (Greater London Authority 2005). For example, the National Pupil Dataset contains longitudinal information about every child who attends an English school. It does not contain data relating to immigration status or country of birth, but its ethnicity data is much more detailed than the Census or LFS, through the use of extended ethnicity codes (Department for Education and Skills 2006). NHS Flag

Four data includes questions about a person's previous country of residence.

Given the problems of existing population data discussed above, most demographers now agree that the most accurate way of estimating refugee numbers is to combine or triangulate the above datasets. The University of Leeds, supported by the GLA, has pioneered a methodology whereby these different datasets can be placed together, in order to come up with the best quantitative data about refugee and migrant populations (GLA, 2006).

Analysis of these datasets suggests that post-1989 refugee populations in London comprise about 600,000 people or about seven per cent of the total population. This figure includes persons given refugee status or other leave to remain, asylum seekers and refused asylum seekers.

Estimates drawn from the LFS on country of birth groups in London suggest that the largest refugee populations in Greater London comprise Sri Lankans (1), Somalis (2), Afghans (3), Ugandans (4), Iraqis (5), Iranians (6) Vietnamese (7), Zimbabweans (8) and Congolese (9) (see Table 2.3). While some of these populations may be new to the UK, others are longer settled.

Figure 2.3 Population of large refugee groups by country of birth, 2008*

	Greater London	UK
Sri Lanka	68,000	97,000
Somalia	56,000	97,000
Afghanistan	39,000	57,000
Uganda	36,000	60,000
Iraq	24,000	58,000
Iran	23,000	63,000
Vietnam	16,000	27,000
Zimbabwe	12,000	101,000
Dem Rep Congo	10,000	20,000
Horn of Africa/1	26,000	43,000
Former Yugoslavia/2	25,000	38,000
Other Sub-Saharan Africa/3	21,000	29,000
Latin America/4	18,000	34,000
West Africa/5	17,000	24,000
Other Middle East/6	9,000	23,000

Source: LFS

*Figures rounded to the nearest thousand

1 Ethiopia, Eritrea, Sudan

2 Kosovo, Serbia

3 Angola, Burundi, Rwanda, Congo (Rep)

4 Chile, Colombia, Peru

5 Ivory coast, Liberia, Sierra Leone, Guinea

6 Lebanon, West Bank/Gaza, Syria

Women make up varying proportions of the refugee communities in London. In some cases, such as Latin Americans, Vietnamese, Somalis and West Africans, constituting a large proportion, in others, such as women from Afghanistan and Middle East, being outnumbered by men from the same nationalities.

Figure 2.4 Female proportion of large refugee groups by country of birth 2008* (in Greater London)

	Male	Female
Afghanistan	61%	39%
Dem Rep Congo	42%	58%
Iran	49%	51%
Iraq	45%	55%
Somalia	40%	60%
Sri Lanka	50%	50%
Uganda	48%	52%
Vietnam	38%	62%
Zimbabwe	53%	47%
Horn of Africa	51%	49%
Former Yugoslavia	56%	44%
Other Sub-Saharan Africa	56%	44%
Latin America	31%	69%
West Africa	38%	62%
Other Middle East	59%	41%

Source: LFS

*Figures are estimated using four quarters of the LFS and should be presented as % rather than numbers

- Horn of Africa = Ethiopia, Eritrea, Sudan
- Former Yugoslavia = Kosovo, Serbia
- Other Sub-Saharan Africa = Angola, Burundi, Rwanda, Congo
- Latin America = Chile, Colombia, Peru
- West Africa = Ivory Coast, Liberia, Sierra Leone, Guinea
- Other Middle East = Lebanon, West Bank/Gaza, Syria

The proportion of refugee communities regarded as 'older' is relatively small, though in London, refugee communities do contain many people in middle and older age – perhaps reflecting the fact that these communities are quite

long established. The Refugee Council's client database (containing mainly asylum seekers) shows that only a small number of its clients, around one per cent, are over 60 years of age. (Source: Refugee Council)

Figure 2.5 Population of large refugee groups by country of birth & age*, 2008 (Greater London)

	0-15	16-24	25-39	40-59	60+
Afghanistan	8%	25%	41%	20%	7%
Dem Rep Congo	14%	10%	43%	27%	7%
Iran	4%	12%	26%	39%	19%
Iraq	7%	13%	34%	36%	10%
Somalia	21%	15%	36%	21%	6%
Sri Lanka	2%	8%	37%	37%	16%
Uganda	4%	7%	27%	42%	19%
Vietnam	3%	11%	22%	46%	19%
Zimbabwe	5%	27%	28%	39%	0%
Horn of Africa	7%	19%	24%	44%	6%
Former Yugoslavia	12%	17%	38%	32%	2%
Other Sub-Saharan Africa	8%	17%	44%	29%	2%
Latin America	7%	24%	27%	35%	8%
West Africa	3%	22%	35%	28%	13%
Other Middle East	5%	5%	33%	32%	26%

Source: LFS

*Figures are estimated using four quarters of the LFS and should be presented as % rather than numbers

- Horn of Africa = Ethiopia, Eritrea, Sudan
- Former Yugoslavia = Kosovo, Serbia
- Other Sub-Saharan Africa = Angola, Burundi, Rwanda, Congo
- Latin America = Chile, Colombia, Peru
- West Africa = Ivory Coast, Liberia, Sierra Leone, Guinea
- Other Middle East = Lebanon, West Bank/Gaza, Syria

2.5 Settlement patterns and integration

Until 1997, almost all refugees to the UK chose to stay in London. Between 1980 and 1997 it was estimated that some 90 per cent of the UK's refugees lived in the capital (Refugee Council, 1997). Despite an overall increase in migrant numbers in London, the proportion of them who are asylum seekers (in particular) and refugees has fallen. This is largely the result of the introduction in 2000 of asylum seeker dispersal to other parts of the UK. On 31 December 2007, just over 17 per cent of asylum-seekers supported by the UKBA were resident in London (Home Office 2008).

Despite the impact of dispersal, there is significant 'drift-back' to London from other parts of the UK of both asylum seekers and those granted refugee status. Research suggests that about 30 per cent of asylum-seekers move from their place of dispersal before an asylum decision is made, with others moving to the capital after a decision has been made (Robinson *et al* 2003).

Those asylum seekers who move to London from other parts of the UK while an asylum application is still pending will lose UKBA support and accommodation and so, like refused asylum seekers, can fall into destitution, become reliant on friends or their compatriot communities or be forced to work in the informal economy. (Asylum-seekers are not allowed to work). There also may be impacts in relation to housing overcrowding and the unauthorised sub-letting of social housing, as well as difficulties enforcing taxation and employment standards in informal

sector employment (Epstein, 2003; ippr, 2005; Kossoudji and Cobb-Clark, 2003).

In the last five years there has also been significant secondary migration from other EU countries of people who have secured asylum and citizenship in other European member states (Van Hear and Lindley 2007). Some of the largest communities of this type of migration are:

- Somalis from the Netherlands, Germany and Scandinavia
- Sri Lankan Tamils from France and Germany
- Congolese and Ivorians from France
- Latin Americans from Spain.

Data on the numbers is very difficult to estimate. LFS estimates for 2007 suggest that about nine per cent of Danish, Dutch, German and Sweden nationals who live in the UK are of black or Asian ethnicity. Research has also suggested that about 40,000 of the Somali community resident in the UK are likely to have migrated from another European country (Rutter *et al* 2008).

2.6 Future Patterns

A key question for London government concerns planning for future migration flows, both into and from Greater London, to meet service provision need. Although it is very difficult to predict the drivers of future refugee migration, it is likely that significant numbers of refugees will continue to leave countries of conflict and human rights abuse and a small proportion will make their way to the UK. Both at the UK and EU level, the government has taken extensive measures to tighten borders and restrict irregular migration, through the use of such measures as juxtaposed controls, visa regimes and penalties

on carriers. But as Figure 2.1 shows, asylum numbers, after dropping substantially between 2002 and 2005, have stabilised at around 20,000-25,000.

In the longer term, environmental pressures, above all from climate change, could see forced migration increase around the globe – with implications for all states. In 2005 UN experts forecast 50 million environmental refugees worldwide by 2010, rising threefold by 2050. More recent estimates are higher². They may include people fleeing conflict over dwindling resources, as well as those directly displaced by environmental change. Even if only a tiny proportion of these environmental refugees come to London, this would nonetheless represent a substantial inflow.

3 Housing

3.1 Introduction

Many London refugees are living on low incomes so are competing for access to affordable housing, which is in very short supply. The amount of affordable permanent social housing dropped by one third from 1998–2004 (Association of London Government 2004), and an estimated 35,400 new homes are needed per year up to 2012 to meet London's projected housing needs (Mayor of London 2004b).

As with other chapters, proxy data has to be used to give a picture of the housing situation of refugees – but it is clear that refugees are among the most likely groups in London to live in overcrowded or sub-standard housing.

3.2 The housing entitlements of asylum-seekers and refugees

On arrival in the UK, asylum seekers often have nowhere to go and end up staying with friends and compatriots. Others sleep rough (Broadway and Refugee Council 2004; Amnesty International 2006). An asylum seeker is entitled to apply for what is termed initial accommodation provided by UKBA, which is short term housing, often in a hostel or a bed and breakfast hotel, prior to dispersal into longer-term accommodation.

Although the Asylum and Immigration (Appeals) Act 1993 and the Asylum and Immigration Act 1996 amended asylum-seekers' entitlements to social housing, the biggest change to housing entitlements for asylum-seekers resulted from the Immigration and Asylum Act 1999. It removed rights to mainstream social housing and required asylum

seekers to live in accommodation sourced and administered by UKBA. Private property management companies provide most of this 'Section 95' housing, with some provided by local authorities, but almost all of it is outside London and the South East.

If an asylum seeker is granted refugee status, HP or DL they have 28 days to find new accommodation. They can apply for an integration loan (not those with DL), which can be used for a deposit on a private rented property or they can apply for social housing. However, the Immigration and Asylum (Treatment of Claimants, etc) Act 2004 amended the Housing Act 1996 by stipulating that people needed to have a local connection if they wanted to apply for social housing, as an attempt to prevent a drift-back of refugees to London and the South East (Refugee Council 2004).

The Borders, Immigration and Citizenship Bill 2009 proposes that settled status be abolished and instead replaced with a status termed 'probationary citizenship', lasting up to five years before a grant of citizenship or refusal, with restrictions on entitlement to social housing or most benefits during this period.

3.2.1 Housing tenure patterns

As refugees become more settled, find work and see their incomes grow they can and do move into more secure forms of housing, including home ownership, but research shows that many spend protracted periods of time in insecure accommodation (Cole and Robinson 2003, Garvie, 2001) which limits their integration.

Using data from the LFS³, Figure 3.1 presents a national picture of housing tenure among UK-born and migrant communities. Figure 3.2 presents data on housing tenure patterns for country of birth groups who make up refugee populations resident in Greater London.

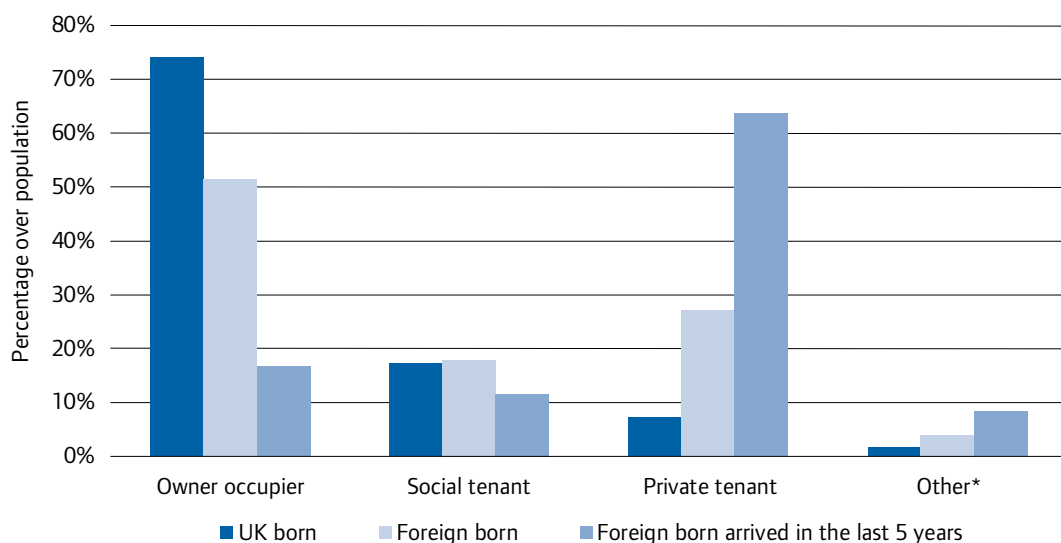
Figure 3.1 shows new migrants, including many refugees, are overwhelmingly housed in the private rental sector, but over time they leave this type of accommodation and become social tenants or owner occupiers, (Rutter and Latorre forthcoming).

In London, higher proportions of refugees become social tenants than owner occupiers. As figure 3.2 shows, this is particularly true for those born in Afghanistan, the Democratic

Republic of Congo, Iraq and Somalia. Research⁴ shows that six factors influence tenure patterns among refugee communities:

- Household income and savings, thus ability to purchase property.
- Demographic factors such as family size. Larger families with lower incomes may be unable to afford to purchase suitable property and will be reliant, if entitled, on social housing.
- Employment conditions, such as the availability of tied accommodation.
- Immigration status, thus entitlement to social housing.
- Local housing markets: where housing is of highest cost greater proportions of refugees may live in rental accommodation.
- Refugees' perceptions about particular forms

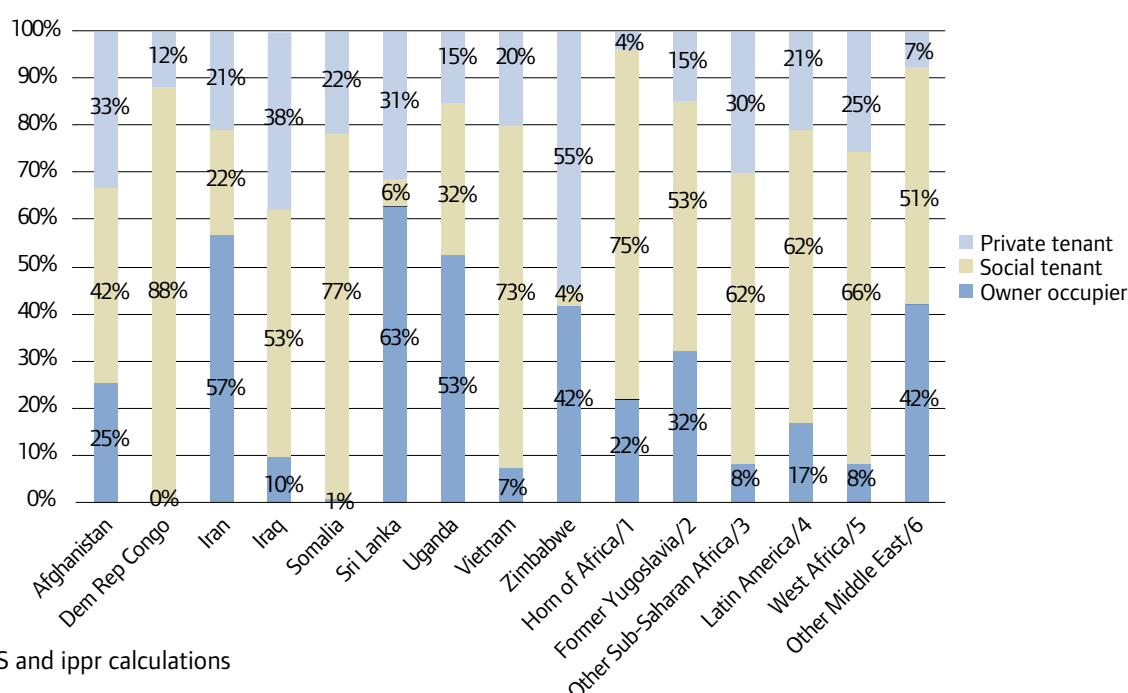
Figure 3.1: Housing tenure by country of birth



Source: LFS 2006 Q4 – 2007Q3

*includes rent relative to household member or related to work

Figure 3.2 Population of large refugee groups resident in Greater London by country of birth & housing tenure, 2008



Source: LFS and ippr calculations

of housing and their safety in particular areas. Some parts of London are felt to be 'off limits' because of the risk of racially aggravated violence (Hewitt 2003). There is some evidence of refugees choosing to live in private rental accommodation rather than large social housing estates, as they felt safer in the former (Rutter et al 2007).

3.3 Refugee Homelessness

Although refugees are entitled to benefits and social housing, and can work to pay for private accommodation or to buy a property, there is an issue of refugee homelessness.

One of the key times when refugees become homeless is after a positive asylum decision.

Theoretically they should have more housing choices than asylum-seekers, but in practice they may struggle to find housing within the 28-day period before they are evicted from UKBA accommodation.

If refugees find themselves homeless they can qualify as statutorily homeless and in priority need by local authorities, in which case they can be housed in emergency or temporary accommodation, prior to being housed in permanent accommodation.

Greater London has the highest proportion per head of households in temporary accommodation of any government region. Partly as a result of their location in

London, minority ethnic communities are overrepresented in temporary accommodation and spend longer in temporary accommodation than do UK-born households. Larger families also spend longer periods in temporary accommodation (Shelter 1995; London Housing Federation 2004).

There has been extensive research about the impact of hostel and temporary accommodation on the education and social welfare of children (Shelter 1995; Power *et al* 1998). Children living in temporary accommodation perform less well at school and have difficulties maintaining friendships. The social cost of temporary accommodation has been recognised in the Mayor's draft Housing Strategy, as well as in work to end child poverty and promote refugee integration (Mayor of London 2008)

Other refugees, particularly single men, do not qualify as a priority, but can be housed in hostels, paid for by housing benefits. Projects working with the single homeless suggest that refugees who live in hostels comprise two types of clients:

- Those who are new to the street and have found themselves homeless because they have lost their job or been evicted from their housing.
- Refugee clients with multiple social needs, for example, poor mental health, victims of domestic violence and those with poor English language skills. There is evidence that homeless organisations sometimes struggle to meet the complex needs of this group of clients (Homeless Link 2006).

A snapshot survey of refugees in homeless shelters (Broadway and Refugee Council 2004) found:

- Nineteen per cent of London's hostel beds were occupied by refugees (474 of 2,431 bed spaces).
- Of the 12 day centres which responded to the survey – four saw no refugee clients, five saw 1-15 per cent of refugee clients, two saw 16-30 per cent of refugee clients and one saw an estimated 31 per cent of refugee clients.

People refused asylum fall into the category of migrants without rights to benefits or accommodation. Nonetheless they may be supported by local authorities under other provisions sometimes referred to as 'No recourse to public funds'.

Estimates suggest that in London each local authority is supporting between 30 and 300 individuals in this category. Many are spending considerable sums of money on support which often comprises emergency accommodation and vouchers (London Borough of Islington 2006).

Asylum-seekers who have opted for 'support only' from the UKBA, as well as those refused asylum, make up a group described as the 'hidden homeless'. They survive by staying with friends or compatriots – so called 'sofa surfing'. There have been many attempts to enumerate the hidden migrant homeless. Westminster City Council advanced a figure of 11,000 in 2007, including many refugee groups such as Iraqis and Sudanese (City of Westminster 2007). Local authorities continue to argue that hidden

homeless are under-counted in the mid-year population estimates used to determine the financial support given by central government to local public services (London Councils, 2007).

A final group who could be categorised as homeless are refugees living in intolerable housing conditions, eg severely overcrowded or lacking in basic amenities. There is, of course, a raft of housing legislation designed to protect tenants; however, reduced staffing levels, budget cuts and skills shortages among environmental health officers and staff responsible for regulation of the private rental sector limits their ability to enforce minimum standards (Roney and Cook 2008). There is also evidence that suggests that housing legislation for minimum standards including overcrowding is not being enforced consistently by local authorities (Low Pay Commission 2006).

3.4 Access to housing advice

Research suggests that some refugees have limited awareness of their housing rights, and limited knowledge of how to search for accommodation. They may not know their rights in relation to tenancy agreements or housing fitness standards. Many know little about their entitlement to housing benefits. Limited English language fluency and fear of retaliatory actions by landlords are other factors. A study in 2007 found awareness of housing rights and ability to undertake housing-related case-work was low among many refugee and migrant community organisations (Kofman et al 2007). The low uptake of housing benefit/local housing allowance by refugees has been identified as an

issue by a number of housing advice agencies (Roney and Cook 2008).

3.5 Meeting the additional needs of refugee communities

Against this backdrop, a number of social landlords in London are delivering services that aim to meet the additional support needs of refugees, and thus assist in their integration (Bloch 2004b; Rutter *et al* 2007).

Some local authorities offer support for more vulnerable social tenants including refugees, through regeneration programmes such as the New Deal for Communities (NDC) or the welfare-to-work focused Working Neighbourhoods Fund (WNF), SureStart and Learning and Skills Council funding. Many of these interventions are initiated through local strategic partnerships (LSPs) and local area agreements (LAAs).

Some housing associations have developed partnership agreements with refugee or minority ethnic housing associations. However, research shows that among many housing associations, lack of knowledge about background of refugee tenants prevents them from developing services to meet the specific needs of this group (Rutter and Latorre forthcoming).

4 Employment, skills and enterprise

4.1 Introduction

Overall, the available research and evidence suggests refugee communities experience higher levels of unemployment, underemployment and economic inactivity than the UK-born population. Wage levels are also lower. This section examines the labour market experiences of refugees in London and the reasons that some communities have lower wage levels. As with other chapters, proxy data has been used, as refugee specific data sets are not available.

4.2 Entitlements to work

Refugees and those granted leave to remain in the UK have full rights to work. Asylum-seekers have not been allowed to work in the UK since 2003 (except in exceptional circumstances) although research shows that some asylum-

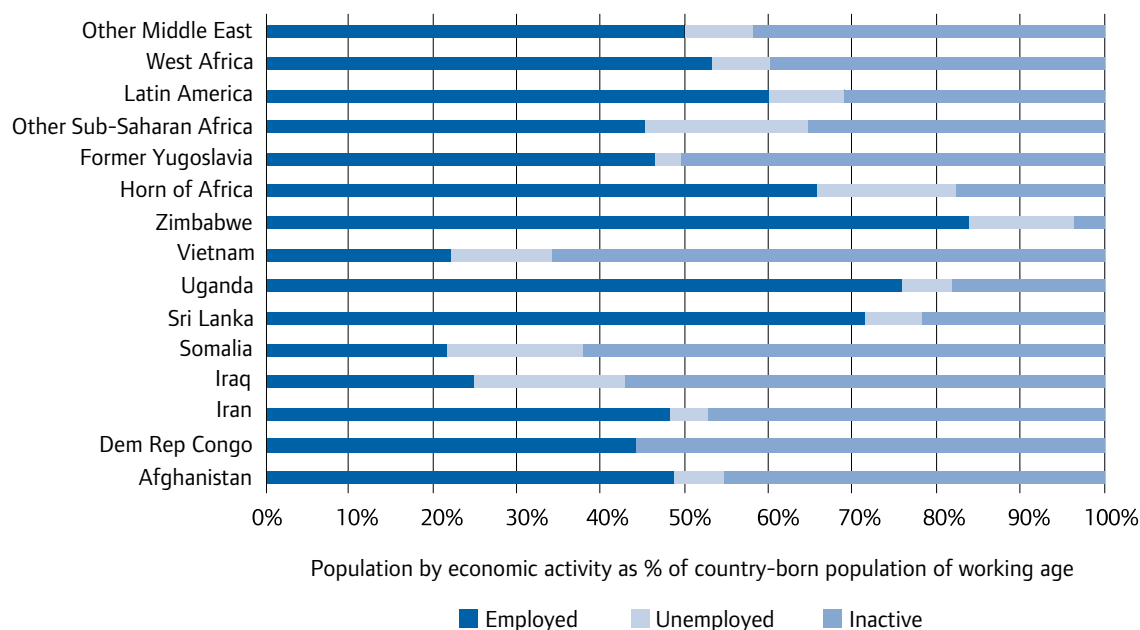
seekers do work in contravention of immigration law (Rutter *et al* 2007).

4.3 Labour market participation

There are many differences on the labour market experiences between and within refugee communities. Figure 5.1 shows the proportion of the working-age population of the main refugee producing countries (excluding those who are in full-time education) that are recorded as in employment, unemployed and inactive.

Generally, refugee communities have employment rates (29 per cent) much lower than the UK average (74 per cent) (Bloch 2002) and the employment rate among refugee women is lower still. A study in 2002, showed

Figure 4.1



that while 68 per cent of refugee women had been employed in their country of origin only 18 per cent were employed in the UK (Dumper 2002).

Some refugee groups such as those from Sri Lanka have experienced greater levels of employment over the ten years, although research undertaken in the early 1990s suggests this relative success came after many years of experiencing high levels of unemployment (London Borough of Brent, 1993). Certainly there is a strong relationship between length of residence in the UK and employment among some refugee groups, although not in all communities. Research evidence also shows that some refugee communities have higher rates of self-employment than do the UK-born population.

Employment rates change over time. There have been some improvements in the employment rate among refugee communities since 1997. The healthier economy and a contracting UK-born workforce account for some of this positive change over this period. A prolonged recession could see this reverse, although no data is available yet.

Research shows that underemployment among refugees is a serious problem, particularly among professionals (LORECA, 2006), with highly qualified refugees working well below the level they are used to or think appropriate as a result of perceived discrimination or lack of recognition of overseas qualifications (Psoinos, 2007). One study suggested that refugees represent the most underemployed group in the UK (Bloch 2002).

Much research about migrant employment in the UK cites the possession of a UK qualification as being a much more significant factor in determining labour market participation than the mere possession of qualifications (Bloch 2004a). In other words, employers favour UK qualifications over overseas qualifications. In addition, some overseas qualifications are not recognised by NARIC (the National Recognition Information Centre), professional bodies or universities.

4.3.1 Types of employment

As Figure 4.2 shows, those refugees who are in employment are employed across a wide spectrum of sectors. This LFS data again shows the limits of generalising about very different refugee communities.

4.4 Enterprise and business

Enterprise and business represent an important means of integration and employment in the life of many refugees. Difficulties in accessing other types of employment, close family networks, and cultural background encourage many refugees to establish their own businesses rather than become employees, though no data is available on number of refugees establishing their own company, and their success rates.

It has, however, been identified that refugees share similar barriers to establishing businesses as other migrants. For example:

- More difficulty accessing credit due to problems with identification documents.
- Not having developed a 'credit rating' because of recent arrival.

Figure 4.2 - Population of large refugee groups by country of birth and industry sectors, 2008

	Manufacturing	Hospitality	Financial services	Public services	Other
Afghanistan	9%	54%	0%	20%	18%
Dem Rep Congo	0%	44%	16%	24%	16%
Iran	4%	23%	25%	33%	15%
Iraq	0%	38%	37%	0%	25%
Somalia	24%	14%	15%	0%	48%
Sri Lanka	5%	39%	23%	19%	13%
Uganda	4%	21%	37%	33%	6%
Vietnam	24%	23%	0%	53%	0%
Zimbabwe	0%	8%	33%	43%	16%
Horn of Africa/1	0%	16%	33%	28%	23%
Former Yugoslavia/2	12%	7%	20%	5%	56%
Other Sub-Saharan Africa/3	8%	11%	52%	0%	29%
Latin America/4	0%	10%	66%	14%	10%
West Africa/5	8%	21%	14%	41%	15%
Other Middle East/6	0%	34%	12%	30%	24%

Source: LFS

*Figures are estimated using 4 quarters of the LFS and should be presented as % rather than numbers

- Horn of Africa = Ethiopia, Eritrea, Sudan
- Former Yugoslavia = Kosova, Serbia
- Other Sub-Saharan Africa = Angola, Burundi, R
Rwanda, Congo
- Latin America = Chile, Colombia, Peru
- West Africa = Ivory Coast, Liberia, Sierra Leone, Guinea
- Other Middle East = Lebanon, West Bank/Gaza, Syria

- Periods of high mobility or homelessness.
- Lenders' concern about temporary status.

The Refugee Council has produced a briefing which details the main issues facing refugees who are trying to open bank accounts or

access credit. Included are recommendations for individuals to tackle negative decisions and for policy makers to improve access through strategic-level changes. These include:

- Recognition of refugee enterprise potential

in the Refugee Integration and Employment Service (RIES).

- Granting indefinite leave instead of temporary leave to recognised refugees.
- Raising awareness of refugee rights to access credit and other forms of financial support.
- An increase in initiatives providing credit to refugees. (Refugee Council, 2007).

4.5 Earnings

Figure 4.3 shows the average hourly pay of economically active working-age people by country of birth for refugee populations, based on data for respondents' main jobs.

Refugee groups generally have lower mean average earnings than the general UK

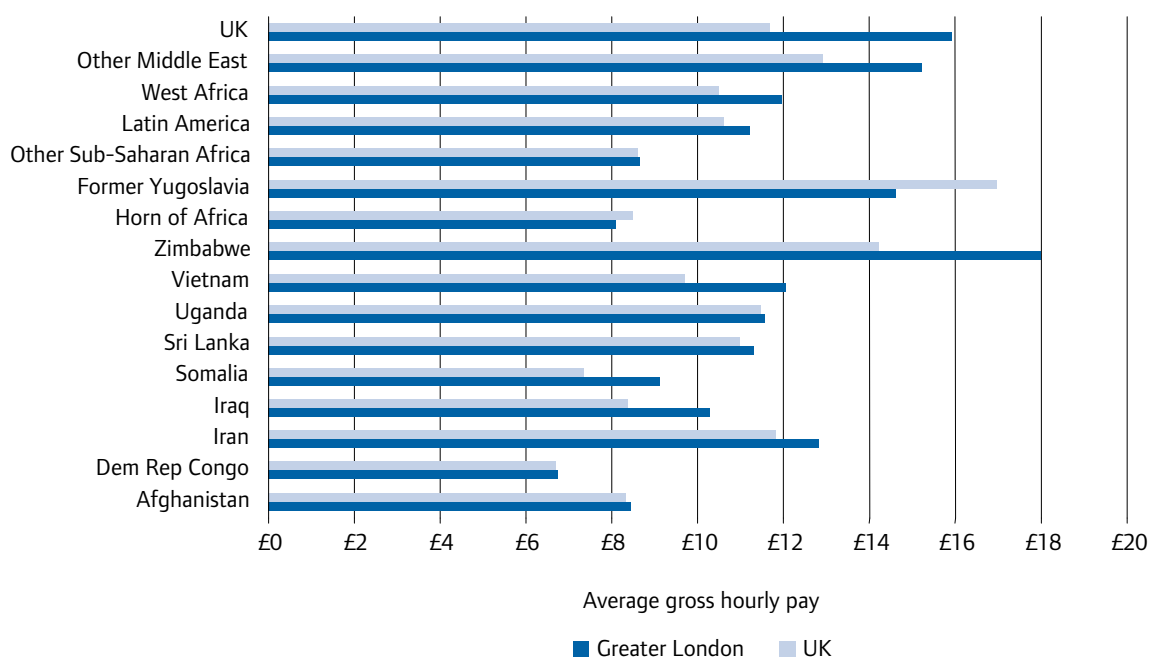
population, particularly in London, though this does not apply to all groups, and there are major differences within those groups.

4.6 Qualifications

The possession of qualifications influences labour market outcomes for all ethnic groups in the UK. Figure 4.4 shows the proportion of people of working age from selected country-of-birth groups holding various levels of qualifications.

The data shows the polarised nature of refugee communities in London in relation to qualifications profiles. Among some communities significantly more hold higher-level qualifications than the overall UK population,

Figure 4.3 Average gross hourly pay of population of large refugee groups by country of birth and region of residence, 2008



Source: LFS and ippr calculations

although these qualifications are not always recognised. Among other refugee groups large proportions hold few qualifications.

4.7 English language fluency

English language fluency is the single most important factor affecting interviewees' ability to find work, their type of employment, promotion prospects and earning potential (Bloch 2004b; Rutter *et al* 2008) and accounts for differential rates of employment among refugee groups.

Research has also shown that there is a gender difference in relation to English language skills on arrival in the UK, with migrant women from many countries being less likely to speak English (Bloch 2004a).

Men and women who lacked fluent English usually express a strong desire to learn the language, although may face many difficulties finding a course that is appropriate to their

needs – a finding in all research on the subject (Rice *et al* 2004; National Institute of Adult Continuing Education 2006; O'Leary 2008).

One major report suggested that two-thirds of all recent immigrants could not find ESOL provision (House of Commons Education and Skills Select Committee 2007).

Another inquiry found 'significant unmet demand for ESOL' across England and that a London further education college might typically have a waiting list of a thousand students (National Institute of Adult Continuing Education 2006).

In 2007, policy changes amended entitlements to adult ESOL, shifting money away from basic teaching into employment-related training. The restrictions have particularly impacted on asylum seekers over 18 who are no longer allowed free ESOL provision unless they have

Figure 4.4 Qualifications and basic skills profiles of selected country of birth groups, 2007

Country of Birth	16-74 (with higher level of qualifications)	(16-74) with lower level of qualifications)	Aged 16-74 with no or unknown qualifications	Aged more than 16 with language or literacy difficulties keeping/finding job
UK	18%	46%	35%	2%
Sri Lanka	33%	55%	12%	21%
Iraq	49%	25%	26%	33%
Iran	51%	32%	17%	15%
Zimbabwe	37%	54%	9%	2%
Somalia	12%	37%	51%	30%

Source: ippr calculations, Census 2001 and LFS as cited in Rutter, 2009

waited more than six months for a decision, or are in receipt of Section 4 support⁵. Asylum-seekers without permission to work are also no longer entitled to enrol on training courses funded by the European Social Fund (ESF). Many courses run by RCOs, as well as further education colleges, are funded by the ESF. There are now reports of large cuts in basic (Level 1 and 2) ESOL provision, particularly in London, as well as tutor redundancy.

Since the initial funding changes, the government has indicated that it will reconsider the way it funds ESOL provision and focus free ESOL on those at risk of unemployment as well as areas where migrant integration is lowest (Learning and Skills Council 2008).

Research has also highlighted other concerns. The quality of teaching is sometimes poor and not all tutors have qualifications (National Institute of Adult Continuing Education 2006). Many students fail to make progress, with their English language fluency remaining poor over their lifetime (O'Leary 2008).

A presentation on ESOL by Bird (2008) showed the extent of provision in London:

- London has the highest amount of ESOL provision in the country – 30 per cent of national budget.
 - London has an estimated 600,000 people with varying levels of ESOL need.
 - The highest concentrations of ESOL participation are in East and Central London.
 - The majority of provision now is at entry level ESOL but this does not get people to a level of competence needed for work.
- After the removal of automatic fee remission in 2007, pressure from voluntary groups, providers and organisations such as NIACE led to the setting up of the ESOL Transition Fund (ETF) (£17 million).
 - In 2007-08, the LSC had a Discretionary Learner Support Fund (DLSF) of £4.6 million to support those inadvertently harmed by the removal of fee remission (e.g. non-working spouses and those in low-paid employment).
 - Department for Work and Pensions is supporting an ESOL pilot with £9 million in west and east London through the two City Strategy Pathfinders, to target parents with ESOL needs (addressing the child poverty agenda and including parents with English language needs).

A study in four London boroughs, Barnet, Enfield, Haringey and Waltham Forest, with 356 refugee interviews and 12 focus groups among five communities, Somali, Turkish, Tamil, Kurdish and Congolese, came up with the following findings:

- Refugees want to be taught about 'British culture' and the roles and responsibilities of service provider.
- Respondents wanted more ESOL provision in the four boroughs.
- Service providers face problems identifying the numbers of asylum seekers and refugees in their area.
- Refugees did not mix sufficiently with the British population because there is a lack of appropriate settings for the two groups to meet.

4.8 Other factors affecting economic integration

In addition, to English language fluency and qualifications, research suggests that a number of additional factors determined a refugee's likelihood of finding work and progressing in their employment. On the negative side:

- Employer prejudice, particularly against older refugees.
- Knowledge of job-seeking processes in the UK.
- Length of residence in the UK.
- The willingness to move within London and the UK for work.
- Childcare obligations.
- Poor health among some refugee groups.
- Fear of loss of benefits.

On the positive side:

- Work experience in the UK.
- Volunteering experience.
- References from a UK employer.
- Long-term and often informal advice and support offered by trusted lecturers or community members.
- Social networks, as members of communities were able to offer advice on job-seeking (Marshall 1989; Bloch 2004b; Somerville and Wintour 2006).

In the largest survey of refugee women conducted in the UK (Dumper 2002), difficulties in accessing employment faced were:

- Detrimental effects of the asylum process.
- The uncertainty of not knowing how long they will be able to remain in this country.

- The loss of all the support systems that they traditionally received from family and friends.
- The loss of the emotional support and encouragement.
- A lack of community and professional networks.

Childcare obligations are also a significant barrier to employment and promotion for refugee women. This is despite a major increase the provision of early years care for under-fives and after-school clubs for primary school children since 1997, as well as tax credits that subsidise childcare for working parents on low incomes. Some refugees, who may have lost their support networks, appear to find it difficult to find childcare in the evenings and weekends when they are working. The attitudes of community elders may also discourage refugees from using available child care (Rutter *et al* 2008). Much research shows that the use of formal childcare – nurseries, nannies and registered child minders – is lower among some minority ethnic groups (Daycare Trust 2008).

4.9 Interventions to support employment

Refugees are entitled to support from a range of organisations that help improve qualifications or entry to the labour market.

Some of those are public sector interventions, such as Job Centre Plus or further education colleges. The Home Office now funds the Refugee Integration and Employment Service (RIES), which provides a 12-month service to each person granted refugee status or humanitarian protection, including:

- An advice and support service offering help in addressing initial critical needs such as housing, education and access to benefits.
- An employment advice service to help the person enter long-term employment at the earliest opportunity.
- A mentoring service offering the person an opportunity to be matched with a mentor from the receiving community.

The Refugee Council delivers this service in London.

There has been a range of initiatives and interventions by non-governmental organisations and community groups to help refugees into employment. And the private sector also provides employment training.

There is limited research on refugees' interactions with these support organisations. The research that exists suggests that many refugees feel dissatisfied with Jobcentre Plus provision, for the following reasons:

- Advisers do not appear to have enough time
- They do not tailor their services to the needs of refugee individuals.
- They also lack understanding of the background of refugee and migrant groups.

Refugees appear to value accessing employment services offered by community organisations, however the capacity and cost effectiveness of community groups to offer more formal welfare-to-work programmes appears limited.

4.10 Informal economy

It is very likely that many refugees with status, as well as asylum seekers and refused asylum seekers, are working in the informal economy in London. As with so many areas in this reference document, it is extremely difficult to estimate the size of the informal economy in the UK and London.

One estimate is that it is worth nearly six per cent of GDP or £75 billion (Small Business Council 2005), while ippr, working off Home Office figures, made a very broad estimate that around 200,000 irregular migrants were working in 2006, and that if they were 'regularised' the contribution to the exchequer would be £485 million a year (ippr 2006).

Such figures should be treated with great caution. By its very nature, the informal economy is extremely difficult to quantify. More research is needed into this area, while recognising the sensitivity in studying strictly 'illegal activities' among people of extreme vulnerability.

5 Health

5.1 Introduction

Healthcare issues fall into two general areas.

- Refugee access to healthcare
- Awareness, treatment and prevention of conditions that occur in greater frequency among refugee populations.

Much information is based on data held in the harpweb site⁶ and the Health of Londoners Project (1999) which, although now seven years old, is one of the most comprehensive studies of refugee health in London available. This study, among others, highlights some of the health inequalities faced by refugees in London – already a city with longstanding inequalities in life expectancy and good health.

5.2 Entitlement to healthcare

Both asylum-seekers and refugees are entitled to use NHS services, although asylum-seekers supported by the UKBA are obliged to obtain documentation (HC1 form) in order to obtain free prescriptions and dental care.

Refused asylum seekers do have restrictions on access to health care. In 2004, they were denied access to non-emergency hospital care, and the government also proposed denying access to primary health care, though in 2008, the Court of Appeal overturned the decision (Department of Health 2008).

There is some evidence that the decision to deny access to healthcare has made asylum-seekers more reticent to seek healthcare, compromising the prevention of infectious diseases such as TB and HIV/AIDS (ippr, 2004).

5.3 Access to healthcare

Asylum-seekers and refugees find it difficult to gain access to healthcare and related social services. Newly arrived refugees may not know how the healthcare system works, for example, or understand the role of the GP in mediating access to hospital care or the role of professionals such as health visitors. They need, but may not know about, the HC2 form, which is issued by the UKBA on behalf of the Department of Health, and allows them to receive free prescription medication and help with other costs.

Many asylum-seekers and refugees experience high levels of residential mobility and may have to repeatedly re-register as they move. There is also some evidence that refugees are refused registration with a GP more than other sectors of the population (Health of Londoners Project 1999). Although primary healthcare and hospitals have access to telephone and face-to-face interpreting in London, a lack of fluency in English can also act as a barrier to healthcare.

5.4 Healthcare issues more common among refugee populations

There are a number of conditions that occur in refugee populations at a greater frequency than non-refugee populations in the UK (although these conditions are not exclusive to refugees and do not affect all refugees). These include:

- Physical and psychological after-effects of war, torture and flight (journey from home country) and mental health issues.
- The effects of the process of refugees' settlement in the UK.
- Possibility of increased prevalence of

communicable diseases due to various factors, such as poverty and overcrowding

- Specific community/cultural health-related issues.

Additionally, refugees are likely to have conditions that are more prevalent in particular ethnic groups, for example, haemoglobinopathies such as sickle cell anaemia. Refugees also experience health conditions that are more common among marginalised, disadvantaged and socially excluded people living in London. Many of these issues are well documented in literature about refugee health⁷. The section below outlines some of the conditions that have been highlighted in literature relating to refugee health in London.

5.4.1 Infectious diseases

Most refugees in the UK have come from countries where the primary healthcare system may be overburdened or have broken down in situations of conflict. Many have also experienced prolonged periods in transit or in refugee camps. This can have a number of health impacts:

- lack of immunisation
- exposure to inadequate sanitation and lack of clean water
- exposure to communicable diseases such as TB gastro-intestinal infections and parasites and malaria (Health Protection Agency, 2006b).

Tuberculosis is rising in England, Wales and Northern Ireland.

- Up ten per cent from 2004 to 2005, from 7,167 cases 8,113 cases.

- Most of the TB cases continue to occur in young adults: in 2005, 61 per cent of TB sufferers were aged 15-44 years.
- London has the highest proportion of cases and, in 2005, accounted for 43 per cent of all notified cases in England, Wales and Northern Ireland (Health Protection Agency, 2006a).
- Seventy per cent of TB cases occur in people born outside of the UK (Health Protection Agency, 2006a).
- But around 40 per cent of people born overseas who develop TB in this country have lived here for over ten years.
- Among the non-UK born reported cases in 2005, 78 per cent had arrived in the UK two years or more prior to the diagnosis (Health Protection Agency, 2006a).
- Poor housing, poor diet and overcrowding experienced by many asylum-seekers and refugees increase the likelihood of active TB infection and the spread of the disease.

5.4.2 People living with HIV and AIDS

In much of sub-Saharan Africa the rate of HIV infection is much higher than the UK, with HIV infection also growing in a number of other refugee-producing countries. In the Democratic Republic of Congo, for example, the antenatal prevalence of HIV is so high that in 1999 about ten per cent of all children born have been vertically infected with HIV (Royal College of Paediatricians, 1999).

While there is no reliable data on the prevalence of HIV among refugee populations in the UK, a study by Clark and Mytton (2007) found that higher prevalence rates among this population were not reliable) Health Protection Agency

(HPA) data suggests that 70 per cent of HIV cases reported in England, Wales and Northern Ireland were in patients born outside the UK and their numbers include refugees (Health Protection Agency 2006).

In the UK, anti-retroviral drugs have greatly extended the life expectancy of those with AIDS. As well as drug treatment, a range of social support is available to individuals and families affected by HIV/AIDS. For example, in central London the Terrence Higgins Trust offers complementary therapies, advice and support to African families affected by HIV/AIDS. Smaller community groups are also giving advice and social support, as well as information on prevention, although some of this work lacks funding and is not well coordinated. Additionally, there are many concerns that among some refugee communities, individuals are not coming forward for testing or treatment and social support because fears about stigmatisation and immigration status, as well as misunderstandings about entitlement to hospital care (Rutter, 2003).

A study of refugees and HIV (Weston 2003) found that the refugees with HIV found that their condition was compounded by their treatment in the asylum system. Findings included:

- Policy makes asylum seekers vulnerable to destitution which further endangers asylum seekers who are HIV positive.
- Dispersal policy discourages asylum seekers from testing for HIV and often disrupts continuity of care for those that are HIV positive.

- Ignorance amongst health workers about rights and entitlements of migrants leads to inconsistency of care across the UK.
- Stigma from within communities can discourage individuals from continuing with treatment which can have visible side effects.
- The living conditions and limited income experienced by asylum seekers can make it difficult for individuals to follow recommended treatments and diet.
- There is a general lack of appropriate agencies to provide psychological support to asylum seekers and refugees with HIV.

There is still a need for more research about HIV/AIDS among refugee populations from regions other than sub-Saharan Africa.

5.4.3 Mental health

There is an extensive literature on the psychological sequel of exposure to armed conflict and human rights abuses, much of which focus on post traumatic stress disorder (Macksoud 1992; Bracken 1998). Literature drawn from UK studies suggests that refugees face a higher prevalence of mental ill health than the general population (Taylor and Gair 1999). However, there are some international studies that suggest that refugees do not experience increased long term psychiatric morbidity compared with other urban populations (Allodi 1989; Munroe-Blum *et al* 1989; Rousseau and Drapeau 2003).

Notwithstanding these contested debates, many GP practices and community mental health services in London will encounter refugees experiencing mental ill-health (Vernon and

Feldman 2006). Exposure to armed conflict, human rights abuse, prolonged flight, the difficult process of settlement and adjustment to life in the UK renders some refugees more vulnerable to a range of mental illness.

There are a range of barriers to refugees' ability to access treatment and support. These include:

- the stigma of mental illness within some cultures
- lack of understanding of services and difficulty finding them (Lane, 2006).

Research among LGBT refugees suggests they are particularly prone to mental health issues, partly because of additional stigma issues within their communities and the extreme exclusion that follows.

5.5 Health inequalities

In the UK there are also significant health inequalities by country of birth – inequalities that relate to both life expectancy and occurrence of specific conditions (Mayor of London 2008).

Almost all migrant groups have a lower life expectancy than the UK-born population, although there are significant differences in the causes of death among different country of birth groups. Analysis of the Census longitudinal study – a one per cent post census population study, suggests that there is higher mortality among young adult Eastern European men and among young adult women born in Africa than the UK-born population. Death from cardio-vascular disease is significantly higher among West African-born populations,

but death from heart disease is much lower (Griffiths et al, 2007).

Recent ONS data suggests that stillbirth at term and infant mortality is significantly higher among African, Asian and Caribbean-born populations than it is for those born in the UK (Mayor of London 2008). It is highest for Pakistan-born populations, a trend partly attributed to cousin marriage. But infant mortality is almost as high for among mothers born in West Africa, where consanguinity is uncommon⁸. Poverty and absence of contact with health professionals are factors that may contribute to increased mortality (Taylor and Newall 2008).

Maternal mortality rates among communities likely to have high refugee populations are higher than among white mothers: 5.6 times higher among Black African women and 2.9 times higher among Middle Eastern women (Lewis 2007).

A study questionnaire, looking specific health inequalities in two London PCT areas – Brent and Harrow - showed that older refugees reported very high levels of pain and discomfort (78 per cent) and anxiety/depression (68 per cent) (Alli 2002).

5.6 Gaps in research

Despite a growing body of literature on health conditions faced by refugees, there are still some major research gaps. Epidemiological data on the health of migrants is still under-analysed in the UK. The absence of health data on migrant populations and the newness of migrant populations in the UK make it difficult

to examine migrant epidemiological trends over time. Clearly, these health inequalities need further monitoring, particularly in London.

Research and analysis that considers strategic solutions to refugee health inequalities is also limited.

6 Community safety

6.1 Introduction

Refugees' social exclusion means their experience may often be poorly reflected by official surveys. Though victimisation is known to undermine people's confidence and their ability to contribute to London life, community safety research specific to refugees is very limited. Equally, there has been little work enabling refugees themselves to say how they can contribute to achieving community safety.

Many community safety issues faced by London refugees are common to Londoners as a whole, BAME groups in general or people who live in deprived areas. But as far as possible, this chapter looks at the evidence base as it relates to refugee Londoners.

The chapter focuses on crime and policing, but refugees as a group are also more likely to have their safety compromised in other ways. For instance, the 'difficult to reach' are identified as the group in society most at risk from fire, and this includes certain minority ethnic communities and low-income households, including refugees.

6.2 Relations with the police and other authorities

For refugee communities, a range of substantial barriers may impede the crucial relationship between citizen and police. Some arise also for non-refugee migrant Londoners, above all problems in communication because of language and cultural difference. Others are linked more specifically to the refugee experience. They may be summarised as follows⁹:

- **Experience in country of origin:** Refugees' experience of 'security' services as oppressors or accomplices in persecution, before they fled, will often translate into fear and suspicion of police, the criminal justice system and even the emergency services in the UK.
- **Lack of information and understanding:** Refugees, especially if they have arrived recently or are isolated from people speaking the same language, may know almost nothing about services available to them in London, or about their rights.
- **Alienation from the public realm:** For refugee communities, disengagement from the police is often just one aspect of a wider sense of alienation from UK public institutions, extending from the court system to parents' role in schools.
- **Low expectations:** Closely linked to the sense that they are outsiders, is the feeling among refugees and asylum seekers that a degree of harassment and abuse is 'to be expected' – and that, if they report them, such offences will anyway not be taken seriously by the police.
- **Enforcement and security measures:** Feelings of alienation may be reinforced by UK state measures, which seem actually to be targeting refugee communities for investigation and control. Immigration enforcement is one major area where official action could have this effect. Counter-terrorism laws or police security operations could in some cases pose a similar risk, deepening refugees' sense that state agencies generally regard them with suspicion.

6.3 Exposure to crime

There are three ways in which refugees are more likely to be victims of crime than the average Londoner.

- As a result of relative socio-economic disadvantage, such as being housed in deprived estates, for example.
- As a result of their ethnicity.
- As a result of their immigration status.

The first of these is beyond the scope of this chapter, but numerous studies have shown the link between social deprivation and exposure to crime.

No specific data is collected on how many asylum seekers and refugees are victims of crime, and how their experience compares with the general population. However, statistics are collected by the Metropolitan Police on hate crime, some of which may be directed at asylum seekers and refugees.

Hate crime was a serious concern in the early part of the decade, with recorded offences to April 2000, doubling to more than 23,000 on the previous 12 month period, of which 63 per cent were violent offences

However, latest statistics from the Metropolitan Police Service (2007) show reported hate crimes have been falling:

- 2005/2006 - 15,663
- 2006/2007 - 12,464
- 2007/2008 (to Jan) - 8,758.

Metropolitan Police Service figures for racist crime have also been falling:

- 2006 - 10,216
- 207 - 8,818.

Figures for faith hate crime are also reported by the MPS:

- 2005/2006 - 1103
- 2006/2007 - 823
- 2007/2008 (to Jan) - 521.

In March 2006, the Metropolitan Police Service began registering Islamophobic crimes separately from faith hate crimes. Islamophobic crimes, too, show a decline:

- 2006/2007 - 206 incidents of which 188 were crimes
- 2007/2008 - 106 incidents, of which 89 were crimes.

6.3.1 Under-reporting

There may however be some under-reporting of crime and harassment by refugees (Association of Chief Police Officers 2001). Migrant groups, including refugees, can be distrustful of the police after experiences in their home countries or be afraid that police will require bribes (Audit Commission 2007). The fact that the Metropolitan Police works with UKBA on the enforcement of immigration rules and in the detention estate may also sow some distrust, as many people who go through the asylum process will experience a period in detention.

6.4 Harassment and sense of community safety

There is some evidence that refugees' sense of safety in London is diminished by more low-level harassment linked to negative perceptions of them among the host population. One study commissioned by the Mayor of London (ICAR 2004) found that:

- Harassment of refugees and asylum seekers was occurring on a daily basis, according to refugee community leaders.
- This harassment was largely unrecorded and rarely reported to the authorities, and therefore unrecognised.
- There was 'anecdotal' information to suggest that the incidence is increasing.
- Evidence from one borough that has a specialist racial harassment-monitoring unit suggests that refugees and asylum seekers may be being targeted.

Across the UK, many reputable agencies have suggested that refugees and asylum seekers have been particularly targeted for harassment. In submissions to the Joint Committee on Human Rights, groups including UNHCR, Oxfam, CRE and Liberty reported that asylum seekers and refugees faced increased racial abuse, harassment and attacks throughout the country especially since the dispersal policy began in 1999. In some cases this was blamed on media vilification.

6.5 Women

The study of refugee women's experiences cited elsewhere in this document (Dumper 2002) found that the 149 respondents had very high

levels of fear of crime and nearly a third had been victims:

- Eighty-three per cent of newly arrived women lived under self-imposed curfew, locking themselves indoors by 7pm each evening.
- Thirty per cent walked everywhere because they couldn't afford public transport, adding to their feeling of vulnerability.
- Thirty per cent had been verbally or physically abused, including being spat on or shouted at.

Refugee women have a particular issue with domestic violence. Many enter the UK on their partner's papers, in which case their own documents state 'no recourse to public funds'. This limits their options if they face domestic violence. Lack of understanding of rights and services, as well as language difficulties and cultural factors, are other factors. (Refugee Council *et al* 2005)

A report by the Joint Council for the Welfare of Immigrants (2004) outlined multiple problems faced by refugee women after suffering domestic violence, including:

- lack of prompt legal advice
- inability to access legal aid
- lack of legal representation.

6.5.1 Female genital mutilation (FGM)

FGM is a major concern facing some refugee communities in the UK, particularly those from Sudan, Ethiopia and Somalia, even though female circumcision is illegal in the UK, as is travel abroad for the operation on girls resident in the UK. Legal protection against FGM is also incorporated into child protection legislation by

many London local authorities, and there are cases where there has been action to protect girls at risk. But intervention is often difficult, and many social workers face the dilemma of whether intervention will permanently divide a girl from her family.

There has also been criticism of educational campaigns among communities that practice female genital mutilation as being badly coordinated and not reaching all members of those communities (Minority Rights Group, 1992).

6.6 Youth

A GLA survey (GLA 2003) of young BME people in London found just over 30 per cent had been victims of crime or had family members who had been victims of crime. 70 per cent thought they had been unfairly treated by the authorities, and 80 per cent had experienced bullying or racism, in the form of name-calling and verbal threats. Ten per cent had experienced a physical racist attack. Among other issues that young refugees raised were:

- Participation – their voices were not heard in tackling crime.
- Isolation – they felt they were alone, were losing their childhoods and were not accepted by mainstream society.
- Need for tolerance – they felt society should accept that it is 'safe to be different'.

A report (Greater London Authority 2004) showed there were a number of factors that put young refugees at risk of drug misuse, including:

- poor access to education
- health problems, such as loneliness and

depression

- unemployment
- poor housing
- breakdown of family and social networks
- social exclusion.

6.7 Security and Terrorism

Particularly since the attacks of 2005, terrorism has been a major issue of public concern and public policy. Despite some newspaper reporting, there is no evidence that refugees are more likely to be involved in terrorist related activity than any other section of UK society.

A study by the Refugee Council (Rudiger 2007) found that refugees suffer 'multi-dimensional fears' of terrorism. This combines a fear and condemnation of terrorism, equal to that of the general public, with a fear of the public's perception of refugees as terrorists and the repercussions of that perception. At the same time refugees' fears of terrorism can be heightened by first-hand experiences in their home countries. Many refugees come from places where terrorism is much more frequent than in the UK (Iraq, Afghanistan) and indeed it may have been a factor in their flight from their countries.

6.8 Refugees and crime

Largely because of inaccurate media reporting, the perception that asylum seekers and refugees are disproportionately inclined to commit crime is widespread. The use of terms such as 'illegal asylum seekers' has added to this perception, creating the impression that the act of claiming asylum is itself illegal. Guidance from the Press Complaints Commission to journalists has gone some way

to correcting the use of such terms, (ICAR 2006) but complaints to the PCC continue.

There is no data that shows criminality among London refugees either way. A number of reputable bodies have stated that refugees and asylum seekers are generally law abiding, including ACPO, the Home Office and the GLA

7 Refugee children and young people

7.1 Introduction

The Mayor of London is putting a high priority on the needs of children and young people and recognises that those who provide services to them need to understand the specific needs of refugee children and young people. In particular, some of these children arrive in the UK without their usual carers and therefore need very specific support

As with refugees in London in general, there is a scarcity of data, and limited research into their particular needs.

7.2 Definitions of refugee children

Refugee children include those who are living with their parents and those who are separated from their family or usual carers. Children within families are usually included in their parents' asylum claim and an asylum decision usually applies to the whole family. As already noted, while an asylum decision is being processed, the family is supported by the UKBA.

Asylum-seeking children also arrive in the UK after becoming separated from their parents or usual carers – a group usually termed separated children or unaccompanied asylum-seeking children.

7.3 Data on refugee children

As with adult asylum-seekers, data on children is rather patchy. Home Office asylum statistics provide data on the numbers of dependents of primary asylum applicants, as well as the numbers of unaccompanied asylum-seeking children.

- In 2007 3,900 children entered the UK as dependents of primary asylum applicants,

and 3,525 applications from unaccompanied asylum-seeking children were lodged with the UKBA (Home Office 2007).

- The main countries of origin of unaccompanied asylum-seeking children comprised Afghanistan (1), Iran (2), China (3), Iraq (4) and Eritrea (5).

As already noted, once an asylum decision has been made, the Home Office ceases to collect data about refugee or refused asylum seeker populations. Other sources of data need to be used as a proxy measure of the population of refugee children. The LFS suggests that in Greater London there may be as many as 306,100 children born in countries that produce refugees.

A study of London local authorities (Refugee Council and British Agencies for Adoption and Fostering 2001) estimated they were supporting approximately 3792 children (average over period April 2000 – February 2001).

The National Pupil Dataset (sometimes called the School Census), now amended each term, contains longitudinal information about every child who attends an English school. It does not contain data relating to immigration status or country of birth, but its ethnicity data is much more detailed than the Census or LFS, through the use of extended ethnicity codes (Department for Education and Skills 2005b). Examples of extended ethnicity codes attached to school records are BSOM (Somali) ASLT (Sri Lankan Tamil) and BCON (Congolese). London Councils has access to data from extended ethnicity codes.

At the same time as data for the National Pupil Dataset is collected, the Ethnic Minority Achievement Teams in many local authorities also collect data about newly arrived migrant children. In the past, the Refugee Council has analysed this data to produce statistics on refugee children who attend school, given below.

Figure 7.1 Population estimates of refugee children in Greater London

Date	Refugee Children in Greater London
Dec 1993	20,100
Dec 1995	28,100
Dec 1997	39,800
Dec 1998	47,100
Dec 2001	62,700
Dec 2003	64,700

Source: (Rutter 2006)

The 2003 data suggests that one child in 19, or six per cent of London's school population were refugees. However, this way of collecting data relies on teacher reporting, and probably under-estimates refugee numbers. It does not include children who are not attending school, or in non-school based post 16 education, so overall proportions of refugee children may be higher (Rutter 2006).

The above 2006 school data suggested that the main countries of origin of refugee children living in London are:

- Somalia (1)
- Sri Lanka (2)
- Turkey (3)
- Zimbabwe (4)

- Iraq (5)
- Afghanistan (6)
- Iran (7).

(Rutter 2006)

Both unaccompanied asylum-seeking and refugee children as well as those living with family are not distributed evenly across London. In 2003 the local authority with the largest population of refugee children was Newham with 7,128 refugee children, followed by Haringey, which had the highest proportion of school-age refugee children in the UK, at 19.4 per cent of the total school role.

In 2003, London local authorities with more than 2,000 asylum-seeking and refugee children in schools were Barnet, Brent, Camden, Ealing, Enfield, Hackney, Haringey, Hounslow, Islington, Lewisham, Newham, Redbridge, Waltham Forest and Westminster (Rutter 2006). Refugee numbers in schools have decreased since then, as asylum applications have fallen and there has been greater dispersal of asylum-seekers across the UK.

Refugee children are not evenly distributed across a local authority's schools. As most refugee children arrive in the UK outside the normal admission times for reception classes and secondary education, they tend to end up in schools which have surplus places mid-term. Often these schools are those which are judged to be under-performing by more settled parents. Hence refugee children may be disproportionately admitted to schools that already have a challenging cohort of pupils or are facing other difficulties (Dobson, 2004; Mott, 2000).

7.4 Unaccompanied asylum seeking children

These children apply for asylum using the same processes as adults, although a child who is under 18 does not usually go through fast track asylum procedures. Far fewer unaccompanied asylum-seeking children are granted refugee status or leave to remain than are adults: just six per cent of all decisions in 2007. If the Home Office does not recognise them as refugees, but arrangements cannot be made for their safe return home, they are given discretionary leave to remain until they reach 17.5 years old. They can then apply for a review and, if this is unsuccessful, the UKBA may seek to remove them when they turn 18.

Many cases where a young person claims that they are under-18 years old are disputed by the UKBA. There were 1,915 age disputed cases in 2007. In such cases the young person is treated as an adult until he or she can provide credible evidence to show otherwise (Crawley, 2007).

At present all unaccompanied children are the responsibility of the local authority social services departments (SSD) to which they present themselves. The level of support they receive varies but includes the following:

- placement in foster care
- placement in a residential home
- an allocated social worker
- a personal adviser (if over 16)
- a care or pathway plan
- financial support and leaving care services (ILPA 2005).

Unaccompanied asylum-seeking and refugee children are not evenly distributed across

London. Over the last 15 years, Croydon and Hillingdon have supported the greatest numbers of these children who may present themselves to the UKBA (in Croydon) or at Heathrow (Hillingdon).

7.5 Services and support for refugee children

The 1989 UN Convention on the Rights of the Child and the government's strategy for children *Every Child Matters*, provides the architecture for the support of asylum seeking and refugee children.

7.5.1 Schooling

In England, the Revised School Admission Code (Department for Children Schools and Families 2008) outlines the rights of asylum-seeking and refugee children – termed 'children from overseas' – to education, giving them the same entitlement to schooling as other children. As with all other children, parents are obliged to ensure that their children receive an education. Schools and LEAs must offer school places in accordance with their published admissions arrangements and must ensure that all children resident in that local authority receive full time education.¹⁰

While there have been improvements in the system, evidence shows that some refugee children face significant difficulties in securing a school place (Children's Society 2004; Rutter 2006). There are a number of reasons for this:

- Parents may not understand a school's admissions procedures.
- High residential mobility may extend the time refugee children spend out of school.

- Schools' reluctance to admit children who have had little schooling in their home country.

Those arriving in the UK late in their educational careers appear to experience the greatest difficulties finding a school place. Research shows that some schools are unwilling to provide places for such children, as they may perceive it could have an adverse affect on their GCSE results (Children's Society, 2004).

There is no national guidance that outlines refugee children's entitlements to early years provision.

Most refugee children are educated alongside their peers in mainstream classes but all local authorities in London employ specialist teachers whose job is to meet the additional educational needs of refugee children. These teachers are usually funded by the Ethnic Minority Achievement Grant (EMAG), which is targeted funding administered by the Department for Children, Schools and Families. EMAG is mostly used to fund English as an additional language support for newly arrived migrant children and others who enter the school system speaking little or no English. It also funds induction programmes for newly arrived migrant children.

While positive school experiences among young refugees are widely documented in much research, the overall school experiences of young refugees are very varied. Many refugee children report bullying and isolation at school (National Children's Bureau, 2003).

Data for England on the National Pupil dataset shows evidence of significant educational under-achievement in national tests and GCSEs among some refugee groups, although there is also data that suggests other groups of refugee children secure better test and examination results than their UK born and white British peers (Department for Education and Skills 2005b) (ippr, 2007).

- Congolese, Somali, Turkish and Kurdish children are under-achieving at school.
- Iranians and Sri Lankan Tamils may be securing better results than their white UK peers (Jones and Ali 2000; Mehmet Ali 2001; Department for Education and Skills 2005a; Rutter 2006).
- There is a large gender gap in achievement for all ethnic groups. Boys in all ethnic groups do less well than girls in tests and at GCSE.
- Nationally, one of the largest gender gaps between boys and girls results is among the Somalis and it appears to have increased since the mid 1990s (Rutter et al 2008).

The reasons for this differential educational achievement vary among different ethnic groups. For example, among Somalis research suggests that under-achievement may be caused by:

- The complex psycho-social consequences of war.
- An interrupted or non-existent prior education in Somalia or during the journey to the UK.
- A lack of additional school support for children with little or no prior education.
- Parental illiteracy limiting parents' ability

to work and be involved in their children's education.

- Parental stress and mental ill-health.
- Household poverty – the lack of disposable income with which to purchase books or to engage in enrichment activities.
- Limited English as an additional language support at school, even for those children whose prior education was not interrupted.
- Teacher stereotyping of both boys and girls and low levels of teacher expectations.
- An almost universal experience of racial harassment and bullying.
- Acculturation into anti-educational cultural forms: 'laddishness'. This was often a survival strategy to help bullied Somali children gain greater acceptance.
- High levels of absenteeism from school (Kahin 1997; Jones and Ali 2000).

7.5.2 Post 16 provision

Asylum-seeking and refugee young people are entitled to free study in 16–18 educational provision, whether in college or at school. This fee concession ceases at 19, when asylum-seekers are classified as overseas students. There is some evidence that shows that refugee students are less likely to be enrolled in post-16 education than UK-born students, although this trend requires more research (McDonald, 2000). Research also shows that refugee students who undertake post-16 education are much less likely to study for a two-year A-level course, followed by university than white students. Their post-16 education pathways are much more diverse, longer and more likely to be interrupted (McDonald 1995; Rutter *et al* 2008).

Beyond the age of 16, further and higher education can offer a route to becoming a successful young Londoner, but for young asylum seekers (unless they get a positive decision on their claim) it will be blocked by restrictions on entitlement or financial support when they reach 19. Some universities and colleges, often after campaigns from student groups, are deciding to charge home fees for asylum seekers rather than overseas rates, but asylum seekers are not normally entitled to student support (London Metropolitan University, 2007).

7.5.3 Poverty

While there is no data specifically on the poverty experienced by refugee children, many fall within one or more of the groups of London children most at risk of living in poverty. For example, London children with a high risk of living in poverty are those in black ethnic groups (51 per cent), those living in lone parent families (60 per cent), workless lone parent families (79 per cent) and workless couple families (88 per cent) (London Child Poverty Commission 2006).

Among asylum-seeking and refugee families, poverty has different causes. Asylum-seekers are not allowed to work while they wait for an asylum decision. As already noted, there are high levels of unemployment and underemployment among refugees who are allowed to work. Supporting workless compatriots may also tip host families into poverty. Household poverty can have long-term developmental impacts on children and is one of the most significant predictors of children's educational achievement.

7.5.4 Housing conditions

Housing is a major determinant of health and wellbeing, and poor housing is a common feature of young refugees' lives. GLA-commissioned research showed high levels of overcrowding among asylum-seeking households, with some sharing with unrelated households (Mayor of London 2004b). This research, along with a number of other studies, expressed concern about lack of safe space to play, dampness and unsafe property (Garvie, 2001; Rutter, 2009 forthcoming). Poor housing can also limit children's friendship groups through their reluctance to invite their peers home, so it has a major effect on integration. Better local authority regulation of housing decency standards will have some impact on housing conditions, although it is very difficult to take action to limit housing overcrowding.

7.5.5 Health

As noted in Chapter 4, refugee children may have specific health needs. Many refugees in the UK have come from poor countries that are experiencing conflict where the primary healthcare system in these countries may be overburdened or have broken down. Among the health issues facing these children are:

- a lack of immunisation
- poor diet
- lack of registration with a GP.

Refugee children also suffer from the consequences of having had to flee suddenly and settle in a new environment. Responses to trauma and difficult settlement can include:

- sleeping problems

- anxiety and depression
- poor concentration and memory impairment
- aggressive and violent behaviour.

These issues can have an impact on emotional, social and physical development and educational performance (Health of Londoners Project 1999). HIV, AIDS and TB have particular implications for refugee children and young people. Access to healthcare can be difficult for young refugees (The Children's Society Refugee & Homelessness Team 2006) and this may have an impact on their engagement with vital services such as sexual health services and access to support for emotional or mental health issues.

7.6 Children trafficking

Some refugee children may have been trafficked into the UK, though the extent of this trade is not really known. One official estimate put the number of traffic children at approximately 250 over a five year period (UNICEF UK, 2003), but the vast majority of cases go unreported, so this figure is likely to be much lower than the reality. World wide its estimated more than a million children are trafficked each year (UN, 2002). Research has shown that children from Africa and Eastern Europe are trafficked into the UK for off street prostitution, but that children arriving as unaccompanied asylum seekers or with people claiming to be parents or carers also end up being sexually exploited. (Somerset 2001, 2004). The same research showed that Social Services departments in London had limited understanding of how to recognise and deal with children who had been trafficked and that services for them were limited.

8 Community development and participation

8.1 Introduction

The Mayor and the Board made community development a crosscutting theme of the Refugee Integration Strategy for London.

The strategy recognises the important role of community development in refugee integration and identifies three key levels at which community development needs to be promoted. These are:

- The ability of refugee communities to represent community interests.
- The capacity of refugee communities to provide the services and engage in other activities by which they promote integration.
- Successful engagement with the wider voluntary and community sector for representation and support.

The strategy also identifies a number of key challenges and potential solutions for refugee community development. In response to these challenges, the strategy proposes a set of actions towards implementing key solutions in Year 1 and Years 2-4 of the delivery period.

This reference document presents the information, evidence and ideas on which the community development theme of the strategy has been based. Key sources were workshop discussions with MRAP and four pan-London second-tier organisations, as well as a review of research and policy papers. The Home Office and the LDA supplied funding information.

The document presents refugee community development as a work in progress, reflecting

the lack of consensus among refugee community activists and the agencies that work with them. It does, however, include some guiding principles that have emerged from the work of the GLA, BRIL and MRAP. It also explores in greater detail the challenges for refugee community development and the options for meeting these challenges, including those options that were included in the strategy.

8.2 Community development and integration

Community development is about people working together to bring about positive change. The Strategic Framework for Community Development (2001) cites learning, the acquisition of skills, building links with other communities, social justice, collective action and equality as key principles in the practice of community development.

This definition resonates strongly with the experience of refugees and the process of building confidence, acquiring skills and forging the linkages that enable London's refugee communities to engage on multiple fronts:

- With newly arrived and often isolated refugees, offering space where they can feel psychologically and culturally secure.
- With other communities, including other refugees, and the voluntary and community organisations representing these communities.
- With the city's public services and other public bodies, giving refugee communities a voice in London's governance.

Refugee representation and voice, based on strong engagement with other communities and with public bodies, will thus be at the core of an effective integration strategy.

Integration Matters, the National Refugee Integration Strategy developed by the Home Office in cooperation with the multi-agency National Refugee Integration Forum and published in 2006, highlighted the role of refugee community organisations (RCOs) in promoting integration. As part of the strategy, the Home Office commissioned Praxis to produce a framework for refugee community development (2006). It describes refugee community development as ‘a process of fostering opportunities for collective action to address the shared needs and interests of refugee settlement and integration’. This process, it suggests, should unfold through:

- challenging barriers
- enabling refugees to participate actively as equal UK citizens
- building links with receiving communities
- giving refugees a voice in planning services and in the wider democratic process.

In 2007, BRIL adopted its own definition of refugee community development for London:

Refugee community development for London is the process by which these communities build up the relationships, resources and confidence they need to play their full part in collective action to secure equality of opportunity for the city’s refugees.

The refugee integration strategy aims to develop and implement the principles and practical measures to support this process.

8.3 Principles of refugee community development

In reviewing the research and practice in this area, and in discussions with MRAP and second-tier refugee organisations, a set of principles emerged:

- 1 Community development extends far beyond capacity building. While it has to involve building organisational capacity, it must also include development skills and confidence at individual level, and promoting community engagement and voice.
- 2 Community development means opening up public decision making to refugee participation – especially in statutory planning and consultative processes at local or regional level, but also where non-statutory service providers and funders are making decisions with wide local consequences.
- 3 Building partnership between refugee organisations is crucial for community development but generates costs, which must be recognised by funding regimes that call for partnership as their delivery vehicle.
- 4 Shared interest in providing services or achieving change is the only realistic basis:
 - For bringing RCOs together in joint work and reducing their fragmentation or
 - For building relationships between refugees and ‘receiving’ communities (or other migrant groups)
- 5 Community development means creating and resourcing channels for engagement by

refugees who are outside RCO membership – probably a large majority of the city’s refugee population

- 6 Effective community development needs open discussion of equalities within RCOs and their communities, and action to apply within these communities the same human rights and principles of anti-discrimination that they, the Mayor and the LSMP wish to establish for refugee Londoners in general.
- 7 Support structures at borough or subregional (cross-borough) level, including refugee-led networks, should be recognised as playing a key part in sustaining refugee community development in the long term – whether providing shared resources for new or smaller groups, brokering joint bids for contracts, running courses, or giving refugees a stronger voice in local decision making.
- 8 Mainstream or ‘generic’ voluntary sector agencies, especially generic infrastructure organisations that support voluntary sector development and voice, should acknowledge their potential role in the refugee community development process and get engaged to perform it effectively. They could achieve this by working, for example, in co-operation with refugee second-tier bodies and RCOs, or offering support to individual refugees and communities of interest that feel organisations within the refugee sector cannot cater for them.

8.4 Refugee community development: actors and roles

Individual refugees are of course key actors the community development, bringing their skills, knowledge, social capital and energy to

achieve positive change, and acquiring new skills, knowledge and networks in the process. But community development is about people working together, and refugee community development can encompass all of the following:

- Refugees working with other refugees, whether they share a nationality, language, culture or simply the experience of being a refugee.
- Individual refugees as part of other communities of interest or place, working towards joint aims.
- Refugee community organisations joining forces with other community groups to achieve common goals.

Individual engagement can take a number of avenues, including:

- Volunteering. Refugees and asylum seekers frequently contribute time and energy. The 2008 Citizenship Survey for London showed that refugees volunteered at similar rates to the wider community. Another found higher rates of volunteering among refugees than among the general public (Rutter, 2007).
- Civic participation. The 2008 Citizenship Survey for London found refugees to be as confident as other groups in their ability to influence decisions in London, but confidence for all groups is relatively low.
- Voting and political engagement. For some refugee groups, political engagement may be strong (Rutter 2007), but for others it is weak.

Other actors in refugee community development are:

- refugee community organisations
- networks and forums of RCOs
- specialist second-tier or infrastructure organisations which support RCO development and voice
- generic second-tier or infrastructure organisations which support development and voice for the wider voluntary and community sector
- statutory bodies at local, regional and national level.

8.4.1 RCOs

Although the strategy emphasises that community development is more than capacity building, RCOs are clearly a main vehicle for refugee community development. A recent national study by the Refugee Council and Refugee Action made contact with 335 active RCOs in London, though the size and volatility of the sector make it hard to estimate numbers, and there could well be 400–500 RCOs in London. RCOs thus represent a substantial component of the voluntary sector and, within it, of subsectors such as advice.

RCOs engage in a wide variety of activities on behalf of their communities, including many that only community-led organisations can provide. These fall into the following broad categories:

Services, activities and support for individual refugees. These may include material support, a place of welcome and security, advice, information and advocacy, health promotion, interpreting and translation, training and careers advice, supplementary schools, services for families and children,

ESOL instruction and a range of cultural, social, faith-related and leisure activities. RCO public awareness activities promote understanding and break down barriers between communities.

Information and monitoring. RCOs can play an important role in helping service providers and others to understand and meet the needs of refugee communities.

Engagement, participation and voice. RCOs can engage with public bodies to ensure that refugees have a voice in policy, planning and service development. Some do so effectively, but there are barriers: a recent study (Amas and Price, 2007) found RCOs poorly represented in LSPs and other mainstream bodies.

RCOs can thus be key agents in the process of community development, providing a focus for the collective efforts of refugees to achieve positive results for their communities.

8.4.2 RCO networks and forums

A growing phenomenon both in London and across the UK, RCO networks and forum often give refugees a stronger voice by joining together. Networks also offer scope for sharing experience and good practice, and for coordinating activities and planning. There are some 20 local RCO (or MRCO – migrant and refugee community organisations) networks in London, as well as one pan-London network.

8.4.3 Specialist refugee organisations

Some voluntary organisations specialise in providing a wide range of services to refugees, including some that are also offered by RCOs.

Their activities can promote refugee community development by enabling refugees to work together or with other communities to bring about positive change.

Specialist organisations provide a range of infrastructure functions for RCOs, including community development support, information, advice, training and representation. By understanding the particular challenges faced by refugees and RCOs, they provide more specialist support than generic infrastructure organisations. Specialist organisations in London include the Refugee Council, Evelyn Oldfield Unit, Praxis and MODA.

8.4.5 Generic voluntary organisations

Generic voluntary organisations also provide services for refugees. These include organisations working in the areas of housing, employment, children's services, services for women, services for older people, services for people with disabilities and equalities. They can promote refugee community development by engaging with refugees and facilitating refugee engagement with other service users.

Generic organisations provide development support, representation and other infrastructure functions for frontline voluntary and community organisations. These include local Councils for Voluntary Service as well as regional bodies such as the London Voluntary Service Council. They can contribute to refugee community development by ensuring that their services are accessible and appropriate to refugee communities.

8.4.6 Statutory bodies

Statutory service providers contribute to refugee community development by engaging with refugees and encouraging them to engage with other service users, and by enhancing the confidence, skills and abilities that refugees bring to joint action towards common goals.

Some statutory bodies – including local government, local strategic partnerships and regional bodies – are opportunities for engagement with refugee communities to inform policy, planning and service development. They can play an important role by facilitating refugee participation in these processes.

8.5 Community development challenges and funding

The strategy has identified some important challenges for refugee community development. Meeting those challenges requires a clear understanding of their nature and how to meet them, coordinated action by key players, and funding.

8.5.1 Awareness-raising and coordination of RCO activity

The refugee sector is fragmented and often uncoordinated. The large number of RCOs, combined with static or declining funding, has intensified competition for resources. The increased emphasis on commissioning presents an additional challenge.

The role of community development and RCOs in integration needs to be promoted more strongly. Greater understanding of the outcomes RCOs deliver will encourage engagement

and investment by funders and other key stakeholders. Partnerships and specialisation among RCOs need to be encouraged and facilitated. Subregional hubs, linked where appropriate to existing subregional structures, could help build capacity, coordinate services and planning, including allocation of specialist roles, and facilitate partnership development, particularly in response to commissioning. Awareness raising and improved co-ordination can be the basis more effective relationships with funders.

It will be crucial to integrate RCO and other frontline activities with the new Refugee Integration and Employment Service. This is a limited service that will rely heavily on signposting to other providers. The recent commissioning of the RIES services also highlighted the need both for commissioning processes that realise the potential for RCO involvement and effective support for partnership building.

This work also needs to build on relevant mainstream initiatives. Local Area Agreements offer scope for highlighting the contribution of RCOs and for building relationships with local stakeholders. Recent research (Lukes, Jones and San Juan 2009, Phillimore, Goodson, Hennessy and Ergün 2009) funded by the Joseph Rowntree Foundation explored the ways in which RCOs can use information and their knowledge of communities and relationships with local stakeholders to improve services and strengthen community development.

The new comprehensive area assessments will measure LA performance on equalities, cohesion

and third sector development, among other things. The community empowerment strategy will introduce new duties to engage with local communities and encourage local bodies to promote community development.

The £130 million Grassroots Grants Programme funded by the Office of the Third Sector and administered by the Community Development Foundation represents government investment in community activity and provides a new funding opportunity for RCOs. The Office of the Third Sector will also set up a £70 million Communitybuilders fund that will support community-based activities.

The recent consultation on the draft Cohesion Guidance for Funders highlighted the need to raise awareness of how community groups promote equality as a basis for cohesion, and to facilitate greater partnership and coordination to ensure effective use of resources and services that reach all in the community.

8.5.2 Second-tier organisations

Specialist infrastructure support for refugee community development is limited. The UKBA planned to fund an RCO Advice and Consultancy service as part of RIES, but this was dropped, along with other funding for refugee integration. The Big Lottery Fund BASIS programme funds a national capacity-building project for RCOs that provides limited support in London.

Regional BASIS funding also funds some specialist development work in London, including new services provided by the Evelyn Oldfield Unit.

Changeup, the Government's framework for developing voluntary and community sector infrastructure that is now administered by Capacitybuilders, supports specialist infrastructure through the Improving Reach programme. Improving Reach in London fund a number of Londonwide, sub-regional and local infrastructure projects.

Most Changeup investment has been in generic infrastructure, a specialist infrastructure organisations working with refugee communities can play an important role in helping generic organisations make their services more accessible and appropriate for RCOs.

Greater coordination among specialist and generic second-tier organisations can improve practice and result in more effective use of limited resources to support refugee community development.

Second-tier organisations, particularly specialist agencies, should develop specific services that support RCO coordination and facilitate partnerships and specialisation that can unlock new funding and respond successfully to commissioning.

Second-tier organisations can work with funders and frontline organisations to develop a coordinated approach to funding based on better information about community needs and RCO activities. Supporting improved and coordinated data collection and needs assessment is another potential development activity. Second-tier organisations can also build capacity for engagement to ensure that refugee

communities benefit from the community empowerment agenda.

8.5.3 Statutory bodies

Statutory bodies, from local and regional government to service providers, can facilitate refugee engagement with planning and service development, enabling them to highlight and help meet the needs of refugee communities.

Many statutory bodies will be bound by the extended duty to involve which is being introduced as part of the community empowerment agenda, but also by existing duties under equalities legislation. Duties aside, statutory bodies benefit from engaging with community groups to understand and reach communities.

9 Crosscutting themes: equalities and inclusion

9.1 Introduction

As with many other aspects of refugee life in London, data sources and evidence from research are very limited in this area.

A particular challenge is that London is a city characterised by super diversity, with many different migrant communities living side by side. These communities are diverse not only in their national origin, but also in terms of their residency status, age, gender, ethnicity, language, household composition, employment experiences, educational qualifications as well as factors such as religious and political affiliations. This super-diversity presents challenges to those concerned with equality and inclusion as much existing quantitative data uses very broad ethnicity codes, and these aggregate very diverse groups – among which refugees are sometimes just a small component.

What data and evidence exists suggests that refugees are disproportionately likely to be living in poverty, which is accepted as a reasonable indicator of social exclusion. Refugee communities in the UK are generally considered among the poorer groups in the population – with many of them disadvantaged across a number of the formal equalities strands.

9.2 Accessing services for social inclusion

Accessing social care has been identified as a particular problem for refugees, particularly as a result of the steady removal of asylum seekers from the mainstream framework. When granted refugee status, and with it the right to mainstream services, a lack of familiarity

with the range of services and of entitlements, combined with the lack of knowledge and experience among service providers, leads to exclusion (Patel and Kelley 2005).

This is compounded by the fact that social care providers tend to treat refugees as part of the black and minority ethnic category and decisions are made on basis of data collected according to existing ethnic monitoring categories.

Refugees often have difficulties in understanding their entitlements and eligibility for support, and accessing it. As an example, a study of refugee women in London (Dumper 2002) found that on arrival most turned to personal contacts or refugee groups for help, rather than mainstream services:

- friends and family – 63 per cent
- Refugee Community Organisations (RCOs) – 16 per cent
- the Refugee Council's One Stop Service – 16 per cent.

Later in their stay (when some would have achieved refugee status and so would be entitled to mainstream support) families and friends were relied on less (34 per cent) with others (22 per cent) turning to CABs or (18 per cent) to refugee organisations.

A fifth (21 per cent) mentioned that getting advice was a problem and often required travelling great distances across London.

This accords with studies which have shown that among migrants who are entitled to benefits, their uptake is at a lower rate than the UK-born

population (London Child Poverty Commission 2006). Reasons for this include:

- inability to understand the application process
- limited English language fluency
- inability to produce documentation to support a benefit claim.

As well as advice and support services, there are other local services that can assist social inclusion and integration that refugees are not accessing. In a survey carried out in the London Borough of Greenwich (Greenwich Borough Council 2007), young people from refugee communities expressed feeling excluded from youth services and many women from African/Muslim refugee communities were reluctant to use public leisure services, as did some communities with high prevalence of HIV/AIDS.

Another study in refugee communities in Islington (Kofman et al 2007) identified similar issues restricting full participation in the borough :

- A lack of knowledge about services and resources.
- A lack of ESOL provision.
- A lack of interpreting services (meaning some refugee were paying private interpreters to help them).
- Unwelcoming tenants associations.
- A lack of social interaction with British-born people (most refugee contacts were with people from their own ethnic group or other migrants).

9.3 Refugee Women

A first comprehensive overview of refugee women's experiences (149 participants) in

the UK was carried out in 2002 (Dumper 2002). Findings on safety are included in the Community Safety chapter, but other key findings included:

- Seventy per cent were in the UK without a spouse, many because they have been widowed or separated by the conflict from which they were forced to flee.
- Thirty-seven per cent of those who are mothers were separated from their children
- Most had no family links in the UK.
- They found it difficult to get their health needs met.
- They described lives of loneliness, despair and loss.
- Fifty-six per cent suffered from depression (compared with a national average of 26 per cent).
- Only 17 per cent described their English as good or fluent.
- However, 50 per cent found they were effectively barred from English language classes by a lack of childcare facilities.
- Fifty-three per cent had secondary level education or above. Between them, they offered a range of occupations from hairdressing to accountancy, with teaching being the most cited profession.
- Sixty-five per cent hoped to return home when conditions improved in their country.

The difficulties facing women refugee with young children were highlighted in a study that surveyed 147 refugee mothers with children under five, from 27 different countries, living in 19 different boroughs across London (Barnabas 2005). It found:

- Forty-two per cent of the respondents were living in temporary accommodation.
- Eighteen per cent of respondents had no access to any childcare provision.
- Only seven per cent said they gained information about childcare service through structured efforts of the providers. The majority found out about it through personal contacts.
- Only 13 per cent were in employment and in most cases this was in low-paid jobs making it difficult to cope with the costs of childcare as they work long hours for minimal pay.

9.4 Older refugees

The Refugee Council and Age Concern England recently completed an Older Refugees Project, which included a literature review and some new, if limited, research. Refugee community interviewers conducted 20 semi-structured interviews with asylum seekers or refugees over the age of 50, ten of whom resided in London at the time. The interviewees were from a range of nationalities, held different legal statuses and had been resident in the UK for between 16 months and 26 years. Key findings included:

- Barriers to integration included poverty, lack of secure legal status and health and language difficulties.
- Perceptions of a lack of appropriate services and support for elderly refugees.
- Burdens put on families and friends, particular lack of support identified for those caring for disabled dependants.
- Inappropriate accommodation provided to some elderly refugees.
- Lack of language skills and difficulties with procedures for claiming benefits seen as significant barriers to accessing services.
- Asylum seeker respondents had little involvement with community organisations.
- Participants identified a number of barriers to accessing education and employment such as language difficulties, poor health, perceived age discrimination and a lack of clear information, notably a lack of signposting to employment schemes such as Pathways to Work or the New Deal 50+.

9.5 Disabled refugees

Roberts and Harris (2001) have carried out comparatively extensive research on disabled refugees. In 2000, they conducted a survey focused on London. Its key findings were:

- Forty-four organisations were in contact with 5,312 disabled refugees or asylum seekers.
- Iranians reported contact with the largest number of disabled refugees or asylum seekers, followed by Iraqi, Somali, Turkish and Kurdish refugees.
- A range of impairments were identified, although physical impairments were the most common (52 per cent).
- Twenty per cent of people were identified as having mental health problems.

A recent report by the Refugee Support Trust (Ward et al 2008) involved qualitative research with both service providers and disabled refugees and asylum seekers. It found:

- Few of the black, Asian and minority ethnic disability organisations worked with disabled refugees and asylum seekers, and they were

unclear about their rights and entitlements.

- Support was provided instead by both refugee support organisations and – in particular – RCOs. However the latter had very limited contact with mainstream disability organisations.
- Mental health problems were by far the most common kind of disability amongst their refugee and asylum seeking clientele, followed by physical impairments.
- Across all the kinds of organisations contacted, there was a lack of reliable data on numbers of disabled refugees and asylum seekers.
- RCOs interviewed were found to provide very significant levels and scope of direct support to disabled refugees and asylum seekers. They were however hampered by a lack of resources and expertise.
- The support from family, friends and communities is a vital complement to that of RCOs in the lives of many.
- For disabled refugees the experience of accessing statutory services had been generally positive, while asylum seekers had encountered numerous barriers, particularly with regard to social services departments.
- The asylum process itself separated disabled asylum seekers from support networks through dispersal and UKBA staff were seen as making inappropriate decisions concerning accommodation and support provision.
- Cultural misunderstandings between service providers and disabled refugees and asylum seekers along with the stigma attached to disability in some refugee populations were also raised.

9.6 LGBT refugees

For refugees, the impact of negative attitudes and ignorance is compounded by the isolation and poverty brought about by experiences of discrimination and of the asylum process in the UK. A recent paper described the combination of challenges faced by LGBT refugees as ‘almost overwhelming’ (Heath Hutching 2006).

There is no data available on numbers of LGBT refugees.

A particular problem for LGBT refugees is that activists and professionals seem to see refugees as refugees first and only, and assume – inappropriately – that refugees can and will turn to ‘their community’ for help when on many issues, especially perhaps sexuality and transgender status, ‘their community’ is one of the least likely sources of help.

Other issues particular to LGBT refugees include:

- mental health problems and depression
- marginalisation, isolation, exclusion.
- the difficulty of case building for an asylum claim based on sexual orientation eg need to prove you are gay
- lack of knowledge of services, support
- lack of sexual outlet /social outlet
- pressure to disguise sexuality
- homophobia
- gaps in services because complex needs are difficult for generic organisations to recognize or tackle/serve
- refugee organizations not tackling LGBT issues; LGBT organisations not tackling refugee issues.

9.7 Extreme exclusion

Since the mid-1980s increasing proportions of asylum seekers have had their welfare support diminished or removed, and a proportion have been rendered destitute. (Although those with refugee status - or other forms of status - keep benefit entitlements, there is evidence that they too can fall into destitution, particularly during the immediate period after a grant of status). This process - which continues with new bill likely to restrict further the rights to benefits of migrants - dates back to the mid 1990s:

- For most asylum-seekers, housing and support cease after the asylum and appeal process is exhausted.
- Government's own estimates suggest that about 300,000 refused asylum-seekers remain in the UK at the end of this process, unable or unwilling to return to their home country.
- Some of them have found irregular work, but many live a hand-to-mouth existence, reliant on the charity of compatriots and non-governmental organisations (Lewis, 2007).
- In 2003, it was estimated that 10,000 people per year - around 25 per cent of all asylum seekers getting help from London agencies were being made destitute in London as a result of the policy known as Section 55, though this is now in abeyance (Mayor of London 2004a).

In 2007, five leading refugee agencies (Smart and Fullegar 2008) asked their one stop services across the UK to record the proportion of clients who were destitute during a one month period:

- Of the 3,466 cases recorded by the agencies

during the month of monitoring, 1,524 cases (44 per cent) were destitute.

- Some 404 cases were destitute (26 per cent) despite having an ongoing claim for asylum. (11.66 per cent of all the cases seen). Most of these were likely to be eligible for support but were prevented because of procedural errors.
- Some 878 of destitute cases (57 per cent) were refused asylum seekers with exhausted appeal rights.
- Some 113 cases (seven per cent) of all destitute cases seen (three per cent of total) were people with refugee status.
- Some 86 people (six per cent of the destitute cases (2.5 per cent of total) had not registered an asylum claim.

In 2006, Amnesty International interviewed 21 refused asylum seekers from eight countries who were based in London. Findings included:

- Most were living in abject poverty.
- Many were depressed and some had severe mental health problems.
- No-one had made an application for voluntary return.
- The majority were moving from place to place, some living with friends, some living on the streets.
- A small proportion were receiving Section 4 support.
- Those on Section 4 support experienced delays in processing their application and were destitute in the interim.

A Refugee Council study (Doyle L 2008) of the impact of the use of vouchers to support people receiving Section 4 support involved surveying

73 organisations, 21 of which were in London.

Key findings included:

- sixty-eight per cent of clients unable to buy enough food
- seventy per cent unable to buy essential items such as nappies and toiletries
- ninety-five per cent experienced travel difficulties
- eighty-one per cent unable to maintain good health
- forty-four per cent of clients reported hostility from other shoppers.

9.8 Public perception and the media

Public attitudes to immigration have been extensively polled and surveyed in recent years, but as researchers have pointed out, even studies like the British Social Attitudes tend not to be framed to separate out views on refugees, as opposed to other migrants (Crawley 2005)

In particular, concerns that refugees and other migrants receive priority in the allocation of social housing, and that social housing allocation systems are unfair to the white British population are a dominant aspect of anti-refugee sentiments in many parts of London (Pillai 2007). Research shows that severe social housing shortages and other under-resourced public services have greater capacity to increase hostility to new migrants. In London, the sale of social housing and its subsequent use as private rental accommodation for migrants has also fuelled misconceptions about the allocation of social housing.

An ippr study on public attitudes (Lewis 2005) using various focus groups in Birmingham,

Cardiff, Camden, Norwich and Weymouth showed that age and socio-economic characteristics had a bearing on attitudes to refugees and asylum seekers, as well as ethnicity.

- Social classes ABC1 (middle class) aged 25 to 50 – generally most tolerant and well informed.
- Social classes ABC1 (middle class) aged 51 or over – more hostile than younger ABC group.
- Social classes C2DE (working class) living in social housing aged 25 to 50 – little knowledge and largely hostile.
- Social classes C2DE (working class) living in social housing aged 51 or over – the most hostile and least well informed.
- Young people aged 17 to 19 – most diverse range of views.
- People from black and minority ethnic (BME) backgrounds (recruited to reflect the largest ethnic groups in each area) – largely fairly tolerant.

Other factors that shaped attitudes to asylum seekers included:

- The extent to which an individual perceives themselves to be threatened economically increases negative attitudes.
- The amount of meaningful contact a person has with asylum seekers, other migrants or minority ethnic communities increase positive attitudes (superficial contact can exacerbate prejudice and hostility).

Generally, the London borough featured in the study, Camden, showed the most positive attitudes towards refugees and asylum seekers

of all the localities. Although perceptions were mixed, a higher number of people than elsewhere were welcome or at least indifferent, and most respondents were positive about Camden's diversity.

A GLA funded study in London in 2004 into the impact of media coverage on refugees and asylum seekers uncovered what it called 'clear evidence' of negative, unbalanced and inaccurate reporting, particularly in the national press, which was leading to fear and tension within communities in London (ICAR 2004). The local London press was found to present a much more balanced picture. Other conclusions reached were that:

- Hostile attitudes to asylum seekers and refugees and attacks on them were most likely when hostile media images coincide with local experiences of deprivation and competition for services.
- Anti-asylum reporting helped to reinforce and legitimise prejudices.
- The police and local government were anxious about community unrest and harassment of asylum seekers and refugees following negative, hostile and inflammatory press coverage.
- Refugees and asylum seekers who had been victims of harassment, as well as representatives of refugees communities, felt strongly that the press presented hostile images of them and that this was in itself a form of harassment.

10 Monitoring and evaluation

10.1 Introduction

A strategy for long-term change is only as good as the system to check if it is working. From its first discussion of the Mayor's Refugee Integration Strategy, BRIL agreed that it must

'incorporate methodology for monitoring and evaluating its proposed actions and outcomes... which will work consistently across all the strategy's thematic areas'.

This chapter sets out the methodology which BRIL called for. First it explains three concepts at the centre of this discussion. Then it notes criteria which information used for monitoring and evaluating a strategy must meet, if it is not to distort the strategy's outcomes. Next the chapter lists four information sources meeting these criteria, which should be used to assess how well the strategy is working.

Together the four sources make up its monitoring and evaluation (M & E) framework. Some will give data: that is, information that is quantified so it can be used in numerical indicators. Others give qualitative information, like people's description of problems they face or their opinions on services. Lastly the chapter lists quantitative indicators proposed for use in monitoring and evaluating the strategy's actions, across its major themes - while emphasising that qualitative information will be just as important for these tasks.

10.2 Key concepts

10.2.1 Objectives

Since monitoring and evaluation are both to do with appraisal, they must begin with objectives.

For this strategy, objectives are defined by the Mayor's concept of integration, shaping all its proposals for action: that is, equality of opportunity for refugees. In each of its thematic areas, the fundamental goal is to achieve equality of opportunity with other Londoners in relation to that theme (language, housing, employment and so on) or age group (in the case of children and young people).

10.2.2 Monitoring

This is about looking for change in lives of refugees, their communities, and for London. Across all the themes of London Enriched, it aims to find out:

- whether the city is moving towards equality of opportunity for refugees, or not
- if possible, its rate of progress towards this goal.

By its nature 'opportunity' has to be identified indirectly, via outcomes for individuals and groups which suggest they have been given a fair chance (for example) of getting into jobs, acquiring skills, being in good health, staying safe, moving into a decent home, and so on. Whether techniques used are quantitative or descriptive, monitoring for *London Enriched* therefore has to focus on outcomes.

10.2.3 Evaluation

This is about examining the methods (actions) of the strategy itself, to guide the Mayor in deciding whether to revise them in future. So it asks if these actions have been successful in bringing greater equality of opportunity; have failed; or have had some effect, but less than might be achieved in other ways.

Evaluation builds on monitoring. Its first step is to look at reports on London's progress towards integration. Given those results – positive or negative – it then aims to find out what produced them. Sometimes they may reflect a wider context, such as changes in government policy, which regional strategy could not influence. Otherwise the Strategy's evaluation process must assess what part its own actions played in achieving them.

This may raise questions about efficiency. Information to answer such questions – on resource inputs and outputs for each action in the strategy – will no doubt be gathered by agencies that help to deliver it, as part of their own performance management. If they find a given action uses resources inefficiently, the Mayor and board will need to know that.

But for their strategic purposes, evaluation focuses not on project inputs or outputs but on how effective each action has been – that is, how far it has made a practical difference to refugees' lives and to their opportunities, and how it has worked to produce that result. A focus on effectiveness is one reason why evaluation in this strategy must draw widely on qualitative evidence of people's experience.

10.3 M & E information: criteria

Though vital for a strategy's success, M & E also poses a major risk. The information it uses (indicators, variables, opinion measures) is designed to be visible and accessible to practitioners. It may thus exert a stronger pull on effort and resources than the strategic goals it is meant to serve. M & E information or

'targets', unless specified to fit exactly with the strategy's true objectives, can easily displace them and distort outcomes. To safeguard the Mayor's Refugee Integration Strategy against this risk, information used in its monitoring and evaluation framework is chosen to meet the following criteria:

Parity in monitoring

The Mayor's commitment to equality and mainstreaming rules out treating refugees as a statistical special case. To assess their integration by special sets of variables would imply that they must aim at achievements not expected of 'host' communities. M & E for this strategy seeks information from refugees that falls broadly within the same categories as surveys for Londoners in general.

Accuracy

Measures adopted for this M & E framework should correspond directly and as accurately as possible to equality outcomes that the strategy is actually aiming at. The more proxies or indirectly 'relevant' measures it includes, the greater the risk that its M & E process will distort or displace the strategy's own priorities.

Transparency

Since M & E for the Mayor's strategy itself relies on their feedback, partners including refugees should be able to see what the measure or information category is about, and why it is significant for the strategy.

Stability

To be useful in assessing the very long-term process of integration, each indicator or other

information category must retain over a long period – certainly at least the next decade – the following attributes:

- policy significance, reflecting outcomes that are important to the strategy
- relative significance or ‘weight’, compared to other M & E information
- being replicable: it must be feasible to carry on collecting this information, on a similar basis, at intervals through the period.

10.4 M & E framework

To get M & E information of a quality that will meet criteria above (10.3), the strategy will draw on four information sources, together making up its monitoring and evaluation framework. Their selection has been guided by commissioned research as well as Board discussion.¹¹ The four sources are as follows:

Service provider data on refugee and asylum seeker users

In theory, providers could generate much data on refugees’ and asylum seekers’ use of London services by logging them as they make contact. In practice, few may be able reliably to supply good-quality information in this way for the long term. Experience with such exercises elsewhere signals a variety of possible problems such as user reluctance to self-identify; erratic recording by staff; and the cost of processing data outside existing databases. Change to agencies’ recording systems may need national agreement, adding to delays.

Adaptation of existing citywide surveys to add refugee/asylum seeker variables

Valuable information about refugee (and

possibly asylum seeker) experience might be collected by adding them as a category to existing surveys of London’s population, for example on health or housing needs or the major UK source, the Annual Population Survey¹². Detailed scoping work and discussion with agencies running them will be needed to see if it is feasible to adapt them in this way.

Specially-commissioned periodic surveys

A special London-wide survey, designed to cover a sizeable structured sample of the city’s refugees and asylum seekers, offers the most reliable way of gathering baseline and monitoring information, across all the strategy’s core themes. Repeated at (say) two-year intervals, it will give a reasonably robust base for assessing progress in implementing the Mayor’s strategy.

Community / practitioner voice

The final key component of the proposed M & E framework is descriptive reporting by community members, together with front-line practitioners. With a structured format and repeated on a regular basis, this should:

- give a richer understanding of the strategy’s outcomes, and how they come about
- throw light on the effectiveness of specific strategy actions, informing evaluation.

Existing channels for such input include the Mayor’s Refugee Advisory Panel (MRAP) and the board’s link arrangements. But this source is likely to become fully productive, yielding high-quality information citywide, only when refugee community structures have been reformed and strengthened through actions set

out in this strategy. The following are examples of channels through which communities might feed in their views as the strategy's community development actions takes effect:

- Periodic survey of views of RCOs and key voluntary sector support agencies.
- Structured feedback from refugee forums at borough level.
- Reporting via the Board's link bodies and refugee advisory group ('new' MRAP).
- Other ongoing comment and feedback.
- (to be discussed) Annual pan-London refugee assembly.

- relate to key challenges for refugee integration, as identified in Part B above; and
- could be aligned to comparative data for the wider population.

Equalities groups among refugees and asylum seekers are assumed to be identified, so far as possible, in data for these indicators. But data-gathering problems and sample size may rule out meaningful findings for most of these groups. Separate research may then be the best way of assessing how far they are sharing in progress towards integration.

10.5 Quantitative indicators for 'London Enriched'

Experience in the Mayor's strategic work confirms that the best way to monitor results is by focusing on a few indicators. Again it is emphasised that quantitative indicators do not have to tell the whole M & E story. The 'target' for the Mayor's strategy is not a set of numerical indicators, but refugee integration as he has defined it. So these indicators are just part of a range of instruments deployed to monitor and evaluate *London Enriched*.

Since the strategy's objective is equality for refugees, it will be vital to design each indicator so it can be compared with measures of the relevant outcome for Londoners in general. This also fits of course with the first criterion for M & E information (10.3 above), that it should ensure parity of monitoring. Table 10.1 lists indicators which:

Figure 10.1: Indicators of progress towards equality of opportunity

Thematic area: outcome/ indicator
Housing A % getting access to social housing, relative to share of local housing need B housing conditions: % refugees in overcrowded, unfit dwellings
Employment training and enterprise A employment rate % (possibly measured at intervals after asylum decision e.g. 12 months, three years ...) B employment level and job quality: % of refugee employees by occupation/sector
Health A Access to services: % receiving treatment, compared to 'expected' % B Self-assessed health: % reporting good health
Community safety A Incidence of hate crime on 'asylum' grounds B Perception of crime/fear of crime
Refugee children and young people A educational attainment: % achieving standard targets by age B health status: % refugee young people presenting with ill health C perceptions of London life eg home life, making friends
Community development and participation A RCO stability/survival rate B refugee participation in local decision-making eg local strategic partnership, boards of PCTs/ school governors
Cross-cutting theme I: poverty household income: <ul style="list-style-type: none"> • % gap from comparator population • take up of benefits
Cross-cutting theme II: language A acquisition of English language skills : <ul style="list-style-type: none"> • extent of skills • level attained

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- 1 www.ukba.homeoffice.gov.uk/asylum/support/apply/section4/
 - 2 Institute for Environment and Human Security, United Nations University in Bonn, Germany (UNU-EHS).
 - 3 The Continuous Recording of Lettings and Sales (CORE), a record of social tenants held by Communities and Local Government now has a nationality question, but data returns from housing associations and local authorities is very incomplete and only gives a picture of social tenants
 - 4 Cole and Robinson 2003; Phillips 2006; Gordon et al 2007; Robinson et al 2007.
 - 5 Section 4 of the Immigration and Asylum Act 1999 provides support for refused asylum-seekers who cannot be returned to their home country – a group known as ‘hard cases’.
 - 6 www.harpweb.org.uk
 - 7 www.harpweb.org.uk
 - 8 ONS tables, Live Births, Still Births and Infant Mortality by Mothers Country of Birth, 2005.
 - 9 The following list draws especially on: GLA scoping study for LOFRASACS, Oct. 2005; MRAP consultation Sept. 2006.
 - 10 The obligation of an LEA to provide a school place is outlined in Section 14 of the Education Act 1996. In drawing up admissions arrangements, schools and LEAs must comply with the Race Relations Act 1976 and the Race Relations (Amendment) Act 2000.
 - 11 Michael Bell Associates, The Mayor’s Refugee Integration Strategy: Review of Options for Monitoring and Evaluation (April 2007); report to BRIL 13 Sept. 2007 Agenda item 3.
 - 12 Conducted by the Office of National Statistics, this incorporates the former Labour Force Survey.

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Chinese

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Vietnamese

Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مراسلة العنوان أدناه

Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.