



Supporting disabled refugees and asylum seekers: opportunities for new approaches



November 2008

Summary and policy recommendations

Foreword

Barbara Roche,
Chair of Metropolitan Support Trust

I have great pleasure introducing the first piece of research for 2008/09 commissioned by the Research and Consultancy Unit (RCU) at Refugee Support/ Metropolitan Support Trust. *Supporting disabled refugees and asylum seekers: opportunities for new approaches* examines the role of refugee community and mainstream disability organisations in supporting disabled refugees and asylum seekers in London.

This research is extremely important as it fills a huge gap in terms of what has been written about the issues facing disabled refugees and asylum seekers.

I am grateful to those individuals that took part in the research and know that their experiences will contribute a great deal to our understanding of the issues disabled refugees and asylum seekers face.

There have been many people involved with this research project. I would like to thank Neil Amas, Director of the Information Centre about Asylum and Refugees (ICAR) and his researchers, Kim Ward and Jacob Lagnado, for undertaking this research and producing the report and executive summary. Olani Namera has kindly volunteered his time to assist the Research and Consultancy Unit throughout this research project. I would also like to express my sincere thanks to the research project steering group that included: Paul Birtill, Charlotte Keeble and Sarah Walker from the Refugee Support/Metropolitan Support Trust, Berhanu Kassayie from Praxis, Claire Glasman from WinVisible and Amna Mahmoud from the Greater London Authority.

The full report is available as download only and can be accessed from the Refugee Support website at:

www.refugeesupport.org.uk/researchandconsultancy.html

Please refer to the 'glossary of terms' for a comprehensive list of all definitions.

Supporting disabled refugees and asylum seekers: opportunities for new approaches

Summary and policy recommendations

Contents

Foreword	2
Acknowledgements	4
Background to the research	5
1. Introduction	6
2. Aims and objectives	7
3. Research methodology	7
4. Main findings	8
5. Conclusion	11
6. Key recommendations	13
Glossary of terms	14
Refugee Support and Metropolitan Support Trust	17
Information Centre about Asylum and Refugees	18
Research project steering group members	19

Acknowledgements

The Information Centre about Asylum and Refugees (ICAR) would like to thank Charlotte Keeble and the Research and Consultancy Unit at Refugee Support/ Metropolitan Support Trust and the project Steering Group for their assistance and guidance. Special thanks are also due to the following for their expertise and advice through various stages of the research:

Tess MacManus from Disability Action in Islington

George Binnette from Camden Council

Jhon Marulanda from for the Latin American People's Disabled People Project

Mike McPeake from the Disability Trust

Karem Sabir and Osman Sarbest from the Kurdish Disability Organisation

We would also like to thank Christine Goodall from Disability Law Service for her helpful comments, and former ICAR interns Carmel O'Sullivan and Laura Zorrilla Fernandez for their valuable assistance with the research. We are grateful to all of the organisations and agencies that assisted us by recruiting asylum seekers and refugees and by providing data or giving their time for interviews. We would also like to pay special thanks to the refugees and asylum seekers that shared their experiences with us.

Background to the research

This research was commissioned by the Research and Consultancy Unit (RCU) at Refugee Support/Metropolitan Support Trust (MST). A key aim of the RCU is to undertake and commission research that will benefit refugees, asylum seekers and migrant populations. The RCU identified the issue of disability among refugees and asylum seekers as a major research gap and, more specifically, the barriers faced by this group in accessing support and advice.

In July 2008, the RCU commissioned research into the role of refugee community and mainstream organisations in supporting disabled refugees and asylum seekers in London. The research was commissioned to the Information Centre about Asylum and Refugees (ICAR).

From its inception, the Greater London Authority has endorsed the research project and is represented on the steering group. Deputy Mayor, Richard Barnes stated: "it is important that all disabled Londoners are able to access the services to which they are entitled. If they are disabled refugees, access may often be especially difficult. Ensuring their full integration into the city's life means getting a better understanding of these refugees' needs, and of ways of meeting their needs through support services in the community, voluntary and statutory sectors."

The RCU is also working in partnership with Praxis (an advice and support service to migrants and refugees) and WinVisible (an advocacy and support service for women with visible and invisible disabilities), who are both represented on the research project steering group.

1. Introduction

Large numbers of asylum seekers and refugees have been arriving in the UK since the 1980s and particularly since the mid-1990s. The majority settled in London and the South East before the Government's dispersal programme redirected new arrivals to urban areas around the country. While asylum applications have declined in recent years, the capital is still estimated to host the majority of the UK's refugee and asylum seeking population¹.

London's new asylum seeking and refugee populations come from a vast array of national and ethnic backgrounds, the more vulnerable sections of which present a correspondingly diverse range of support needs. Disabled asylum seekers and refugees have been found to face particular disadvantage. They bring new challenges to existing support services, just as these services present particular challenges to them. Experiences of war or torture, cultural and linguistic differences and a system of rights and entitlements for immigrants that is complex and increasingly restrictive, means that this population present a very specific set of needs and experiences. Some of these are shared with the UK's existing ethnic minority populations, but others are additional and 'refugee-specific.'

Apart from in the specific field of mental health, there is a significant lack of research on disabled asylum seekers and refugees in the UK. What little does exist, together with anecdotal evidence drawn from specialists in preparation for this study, indicates that this is a largely 'hidden' population, unknown in size and need, which faces particular and often multiple disadvantages. There appears to be a gap in knowledge about asylum seekers and refugees with physical or sensory impairments or learning difficulties. It is thought that Refugee Community Organisations (RCOs) and specialist disability RCOs, are picking up the strain; and that, on limited resources, they are attempting to meet a range of disabled asylum seeker and refugee needs that are unmet by mainstream providers.

This research aims to get to the heart of this issue. By capturing the perspectives of so-called 'hard-to-reach' disabled asylum seekers, refugees and RCOs, it seeks to examine not only the nature and extent of disability amongst this population but also the nature and extent of the support they are receiving from refugee community and other organisations in London. By also interviewing a sample of representatives from the larger network of voluntary and statutory support services, this study additionally aims to build a picture of the broader support environment and to examine the adequacy of this support.



1. The Greater London Authority estimated London's asylum seeking and refugee population at between 252,000 and 422,000 in 2000. (GLA, 2001)

2. Aims and objectives

The overall aim of the research is to identify how refugee community and other organisations assist and support disabled asylum seekers and refugees in London.

The research objectives are to:

- map the work of RCOs and other organisations working with disabled asylum seekers and refugees;
- assess the unmet needs of disabled asylum seekers and refugees in relation to mainstream provision, RCO support and more generally;
- explore ways in which asylum seeking and refugee populations might experience and conceive disability differently, both in relation to each other and to the wider population;
- identify any shortfalls in the provision of mainstream services;
- explore the potential for RCOs to address any shortfall in these services; and to
- identify any support and resources that RCOs and other organisations may require if work on disabilities is to be improved and/or expanded.

3. Research methodology

The research was conducted in two parts: a literature review of relevant policy, legislation and research, followed by qualitative research with both service providers and disabled refugees and asylum seekers. Initially 51 short telephone interviews were carried out with Refugee Community Organisations (RCOs), disability organisations, Citizens Advice Bureaux, and refugee support organisations. Then 19 of these service providers gave further in-depth interviews about their work. This was complemented by 6 further telephone interviews with representatives of local and central government and specialist solicitors. Finally in-depth semi-structured interviews were held with 21 disabled refugees and asylum seekers – including asylum seekers who have had their asylum claims refused.

4. Main findings

Refugee community and other voluntary sector organisations

- Few of the Black, Asian and Minority Ethnic (BAME) disability organisations contacted worked with disabled refugees and asylum seekers, and a number were unclear about their rights and entitlements. Significant levels and breadth of support were found to be given by both refugee support organisations and - in particular - RCOs. However the latter had very limited contact with mainstream disability organisations. Both reported that mental health problems were by far the most common kind of disability among 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, and little consistency in collection methods when recorded.
- RCOs interviewed were found to provide very significant levels and scope of direct support to disabled refugees and asylum seekers. They are however hampered by a lack of resources which impact on this support in a number of ways, from inability to support housebound clients in their own homes to office premises without adequate access for disabled people with mobility problems. In some cases RCOs are also seen to lack expertise on disability issues. Their lack of resources is further threatened by reductions in 'single issue' funding. Some RCOs are looking at forming partnerships and expanding their services in an attempt to remain sustainable. The support from family, friends and 'communities' is a vital complement to that of RCOs in the lives of many, but disabled refugees and asylum seekers do not benefit from the same social networks as their BAME counterparts.

“(RCOs) provide an incredible amount of practical support to disabled refugees and asylum seekers. However, the disability movement hasn’t infiltrated RCOs. Disability can be stigmatising in some cultures and people don’t want to be labelled disabled. On the whole the disability issue is not put forward by RCOs but they provide a lot of care by providing meals, driving people around, going to appointments, interpreting. RCOs do a huge amount for no money.”

[Solicitor]

Statutory services and the asylum process

- There was a marked contrast between the experiences of disabled refugees and disabled asylum seekers in accessing statutory services for health, housing and benefits. For refugees the experience had been generally positive, whilst asylum seekers had encountered numerous barriers, particularly with regard to social services departments. The most common difficulty at doctors' surgeries concerned the lack of provision of interpreting. 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.

“I tried contacting the social services, but they were not that helpful. They told me ‘oh you don’t have status.’ And I would say to them what does status mean when you have a person who is in need and wants to use their services? They came up with all sorts of answers until I just gave up...

... (They) came into the picture when I had a child. They suddenly thought ‘whoops, she is disabled, she does need help.’ I thought, you were not there when I really needed you, so why are you here now? They took away my baby. They thought that because of the nature of my disability I wouldn’t be able to care for her...my child was in foster care for five solid months. I was forced to give up breast feeding, so between me and the baby there was not that bond... Then they acknowledged that taking the child away from me was the wrong move and shouldn’t have happened.”

[Female asylum seeker, 27 – genetic condition]

“We have to threaten legal action to get an assessment carried out in the first place or to get services offered. Even when we have threatened Judicial Review on a number of occasions with a particular Social Services, it’s still needed to get an assessment carried out and that’s when the disability is quite obvious – where there is clear medical evidence for example.”

[Solicitor]

Barriers to access

- Significant barriers to accessing services which tend to cross organisational boundaries include the impact of immigration status on entitlements; language issues including lack of interpreters and provision for the deaf and blind; and additional disadvantages experienced by women, such as addressing sensitive issues with GPs or being the sole carer of children and unable to secure sufficient income. 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.

“The Home Office is not accessible. The asylum process and the interviews are impossible for deaf people as they don’t provide interpreters or a ‘deaf relay service’. They don’t make provisions. How do we know whether deaf people are expressing themselves in their applications and explain why they have come to this country.”

[Disability organisation]

“There is a huge need for training for GPs in understanding community needs, particularly in the area of mental health but also specific health needs like Female Genital Mutilation (FGM) or tuberculosis (TB) (...) there is a need to train them in working with interpreters and health advocates as well... it is also about educating GPs about (...) disabilities which are particularly prevalent amongst particular communities, and also about culturally sensitive issues.”

[Refugee support organisation]

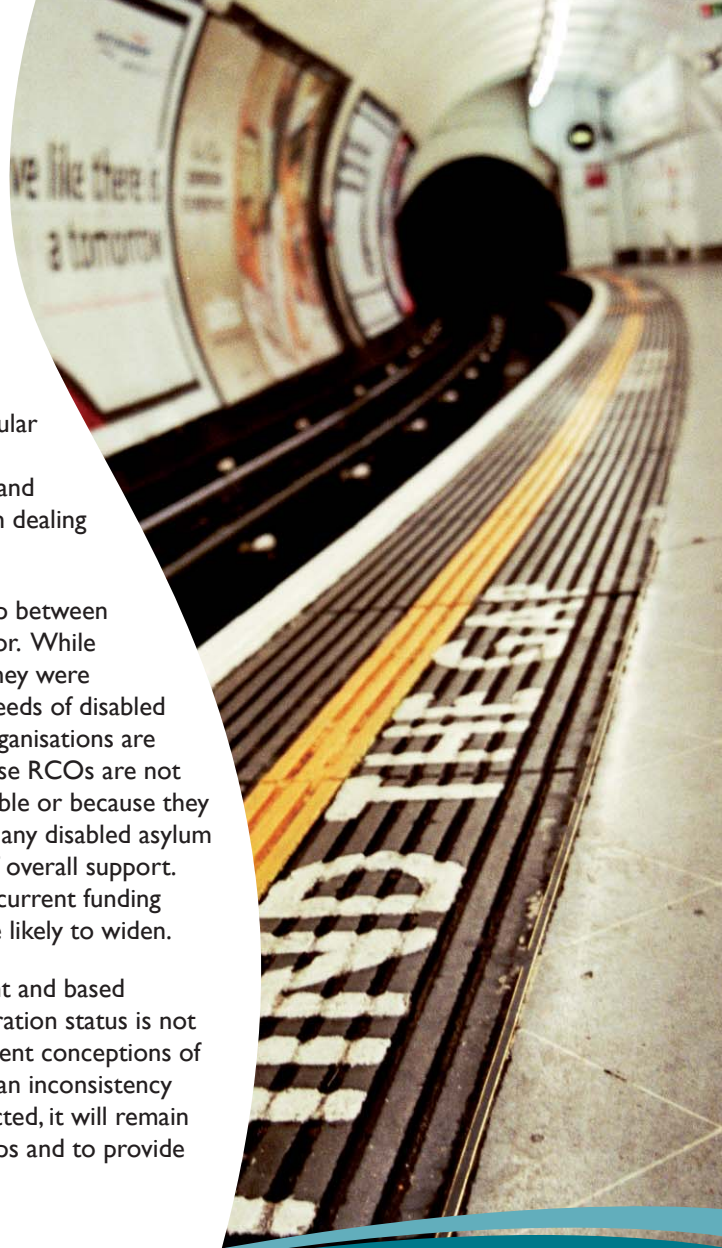


5. Conclusion

RCOs are disproportionately taking the strain of supporting London's disabled asylum seekers and refugees. Estimates indicate that these small and under-resourced organisations are assisting a large number of disabled people backed by little more than a room, a coordinator, a handful of volunteers and a considerable amount of goodwill. Mainstream disability organisations, apart from one or two notable exceptions, are largely not supporting these populations. Statutory providers, in particular the UK Border Agency and local borough social services departments are found to be applying the law around care and support inconsistently or on occasion inappropriately when dealing with disabled asylum seekers in particular.

This suggests that there remains a considerable support gap between the specialist refugee sector and mainstream disability sector. While RCOs play a huge role, resources are over-stretched and they were found to be falling short of comprehensively meeting the needs of disabled asylum seekers and refugees. Most mainstream disability organisations are also failing to meet the needs of these groups, either because RCOs are not referring there, because their services are seen as inaccessible or because they are confused about eligibility. Hence it would appear that many disabled asylum seekers and refugees are falling through the net in terms of overall support. With mainstream providers doing little to reach them and current funding trends threatening to further weaken RCOs, these gaps are likely to widen.

Reliable data on this population remains absent, inconsistent and based largely on estimates. In common with other sectors, immigration status is not monitored by mainstream disability organisations and different conceptions of disability among those that do record status contribute to an inconsistency in diagnosis and categorisation. Unless reliable data is collected, it will remain difficult to comprehensively assess the needs of these groups and to provide concrete evidence to target services and leverage funding.



Confusion and ignorance about entitlements were found at every level of service, from RCOs to hospitals and, perhaps unsurprisingly, amongst asylum seekers and refugees themselves. This has led to misapplications of the law and the refusal of services by statutory service providers and (in some cases) the voluntary sector, and contested responsibility for care and support between UKBA and Social Services.

Asylum seekers and refused asylum seekers have been disproportionately disadvantaged by this, having been reportedly turned down for community care assessments despite eligibility and therefore denied appropriate support. Many of the testimonials in this study indicate strongly that it is these groups – asylum seekers and refused asylum seekers – that are especially vulnerable to poverty, hardship and associated mental health problems. And yet it is they who face particular exclusion from benefits and support.

Some of the barriers to accessing support experienced by disabled asylum seekers and refugees are shared by existing disabled populations in the UK, and in particular those from established ethnic minorities. However, they face a number of additional disadvantages including: a lack of interpreters and sign language interpreters for the diverse range of languages spoken; limited social networks on which to rely for informal support; restricted income experienced by carers who are asylum seekers and refused asylum seekers; multiple and compounded physical and mental health problems as a result of the forced migration experience; and the impact of immigration status on rights and entitlements.

Significant work remains to be done by researchers, policy makers, service providers and advocates if the pressing needs of disabled asylum seekers and refugees are to be addressed.



6. Key recommendations

This section identifies four key policy recommendations. There are further supplementary recommendations listed in the full report available as a download on the Refugee Support website at:

www.refugeesupport.org.uk/researchandconsultancy.html

- 1) Mainstream and BAME disability organisations should review existing practises and policies in relation to the accessibility of disability services for refugees and asylum seekers, taking a more proactive approach towards these groups, including consulting them on service development.
- 2) Regular training for mainstream disability organisations, statutory services, UKBA and RCOs on some or all of the following: asylum seeker, refugee, migrant worker and other immigrants' rights and entitlements; on disability law and definitions; on cultural and gender issues and identifying and dealing with 'unfamiliar' and multiple disabilities such as those caused by war, violence and bereavement; and on the use and provision of interpreters.
- 3) The Home Office should review, in consultation with disability experts, disability support for asylum seekers and refused asylum seekers. This should include the use of vouchers where cash payment causes less hardship and the need for specialist and additional subsistence support.
- 4) Review of existing client data collection systems by mainstream disability organisations, statutory providers, refugee support organisations and RCOs to enable better recording of information on the needs of disabled asylum seekers and refugees whilst ensuring choice and confidentiality in regards to self-identification of immigration status.



Glossary of terms

Asylum Process is the legal process asylum seekers must go through as the UK Border Agency (see below) assesses their application for asylum and includes asylum screening, Home Office asylum interviews and appeals.

An **Asylum seeker** is a person who has fled their country of origin to make an application for protection in another country and is awaiting a decision on their claim.

Asylum support, also referred to as 'UKBA support', is a form of support provided by the UK Border Agency (see below) to asylum seekers who are destitute and consists of accommodation and/or subsistence support. If they have additional care needs, due to chronic illness or disability asylum seekers may also be eligible to support from their local authority.

BAME (Black, Asian and minority ethnic) refers to those in black, Asian or minority ethnic groups. BME refers to Black Minority Ethnic groups and is the language often used within the equalities field. The London Development Agency and all related bodies use the acronym BAME.

Citizens Advice Bureau (CAB) The Citizens Advice service helps people resolve their money, legal and other problems by providing free advice and information, and by influencing policymakers. Each Citizens Advice Bureau is an independent registered charity.

Community Care Law relates to the provision of services to children and adults in the community by the local authority, which is governed by law. It is a complicated field with overlapping legislation, guidance and an ever-expanding body of case-law: for every general rule, there is at least one exception. However, the overarching duty on local authorities is set out in the NHS and Community Care Act 1990. Under this Act, local authorities have a duty to carry out an assessment of need for community care services with people who appear to them to need such services (known as a Community care assessment) and then, having regard to that assessment, decide whether those needs call for the provision by them (local authorities) of services.

Dispersal is an asylum policy which came into force when the *Immigration and Asylum Act 1999* introduced new measures, transferring newly arrived asylum seekers to other parts of the country. Since April 2000, unless there are exceptional circumstances, asylum seekers who qualify for Asylum support and who need both subsistence and accommodation are offered accommodation outside London and the Southeast.

The Greater London Authority (GLA) is the city-wide governing body for London. It is made up of a directly elected Mayor - the Mayor of London - and a separately elected Assembly - the London Assembly, which has scrutiny powers.

Mainstream disability organisations (MDOs) are organisations who provide services to disabled people. The term includes organisations led by disabled people but does not include RCOs that focus on disability as they are covered by the term RCO.

Refugee. The term 'refugee' has a strict legal definition set out in the Refugee Convention (see below) meaning a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...'.²

However, for the purposes of this report, the term refugee will be understood in its most general sense as referring to all migrants who were forced to leave their country of origin and have been granted some form of leave to remain in the UK.

Refugee Community Organisations (RCOs) or Refugee Support Organisations (RSOs) are 'organisations rooted within, and supported by, the ethnic or national refugee/asylum seeker communities they serve...these RCOs are established by the refugees and asylum seekers themselves'.²

Refugee Convention means the 1951 United Nations Convention Relating to the Status of Refugees and its 1967 Protocol, and is the key legal document in defining who is a refugee, their rights and the legal obligations of states. Originally drafted as a temporary way of dealing with the large number of displaced persons in Europe after the Second World War, the 1967 Protocol expanded the Convention to non-Europeans and removed the temporal limitation.

Refugee status is a form of immigration status awarded to someone the Home Office recognises as a refugee as described in the Refugee Convention. Since September 2005 individuals awarded refugee status are no longer granted indefinite leave to remain in the country, as they were prior to this date. Instead, refugees are now granted a limited period of five years leave to remain after which their cases will be reviewed to determine whether or not they are still in need of protection, and thus able to remain in the UK.

2. Zetter, R. and Pearl, M (2000) 'The minority within the minority: refugee community based organisations in the UK and the impact of restrictionism' *Journal of Ethnic and Migration Studies*. Vol. 26 (4), pp. 675-98.

A **Refused asylum seeker** is a person whose application for asylum has not been accepted by the Home Office and who has exhausted all rights of appeal against this decision.

Refugee Support Organisations (RSOs) or Refugee Community Organisations (RCOs) are organisations that provide advice, support, and sometimes specialist services (on issues such as mental health and disability) to refugees and asylum seekers. They may employ refugees or asylum seekers but were not set up by particular ethnic or national refugee and asylum-seeking communities.

Sensory impairment means an impairment of any of the five main senses and includes Deafness, Deafblindness and other visual impairments.

Social Services is the body run by a local authority or council which provides a number of services for adults, children and families who require advice, support or care because of their particular need.

Statutory service is a service that is required to exist by law, e.g. social services and the National Health Service.

United Kingdom Border Agency (UKBA) is part of the Home Office and is responsible for securing the United Kingdom borders and controlling migration in the United Kingdom. UKBA also considers applications for permission to enter or stay in the United Kingdom, citizenship and asylum, and is also responsible for managing accommodation and support for asylum seekers. UKBA was formed in April 2008 from a merger of the **Border and Immigration Agency (BIA)**, Customs and UK Visas. Prior to that date, the BIA was the agency responsible for overseeing asylum support, and before that asylum support was overseen by the **National Asylum Support Service (NASS)**.

Refugee Support and Metropolitan Support Trust

Refugee Support is one of the country's leading providers of housing and support for refugees and asylum seekers, and is the brand name of Metropolitan Support Trust's (MST) refugee services.

Refugee Support was established in 1957, as the British Council for Aid to Refugees (BCAR) Housing Society. Its first challenge was to house some of the Hungarian refugees who came to the UK after the 1956 uprising. In 1994 BCAR Housing merged with the Refugee Council's Housing Division, to become Refugee Housing Association. In 1997, Refugee Housing Association became an independent subsidiary of Metropolitan Housing Partnership (MHP) – a family of social businesses that support and complement each other's work. Refugee Housing Association changed its name to Refugee Support in 2007 when it became part of Metropolitan Support Trust.

One of the exciting initiatives within Refugee Support is the new programmes made possible by the Ashmore Fund. The Ashmore Fund is restricted within MST and was created from the free reserves of the former Refugee Housing Association. It is named after the former Chair, Gillian Ashmore. The purpose of the fund is to support innovative initiatives for the benefit of refugees, asylum seekers and migrants, and the Research and Consultancy Unit has received funding for its set up costs from it. While housing continues to be the anchor of all MST's work, as it remains a priority element of refugees' integration, MST organises its services around the individual and aims to assist every service user to make a positive contribution to the UK.

Metropolitan Support Trust (MST) was created in April 2007 from four organisations (Refugee Housing Association, StepForward, Threshold Support and Walbrook Support) coming together to provide a wide range of specialist services to vulnerable people. MST is a registered social landlord and a registered charity. It operates across London, the East and West Midlands, and Yorkshire and Humberside, and works with refugees, people with mental health needs and learning disabilities, older people and other client groups. MST also advocates for progressive social policy. MST is part of Metropolitan Housing Partnership and is the specialist care and support provider.

Metropolitan Housing Partnership is one of the fastest growing registered social landlords in the UK, responsible for over 34,000 homes in London, the Midlands and East Anglia. It also builds shared ownership properties and is involved in housing regeneration projects and community development.

Information Centre about Asylum and Refugees (ICAR)

The Information Centre about Asylum and Refugees (ICAR) is an independent information and research organisation based in the School of Social Science at City University, London.

ICAR encourages understanding, public debate and policy-making about asylum and refugees in the UK, grounded in accurate and academically-sourced information. Established in 2001, ICAR aims to:

- collect and make available independent information on asylum in the UK;
- undertake research on asylum and refugee issues;
- explore ways of improving the lives of refugees and asylum seekers in the UK;
- generate new thinking on asylum and raise the level of public debate;
- provide consultancy expertise to government, practitioners, funders and community organisations.

ICAR does not have a Centre view. The views and opinions expressed in this report are those of the authors.



Information Centre about Asylum and Refugees
School of Social Science
City University
Northampton Square
London, EC1V 0HB
Tel: 020 7040 4595
Fax: 020 7040 8580
Email: icar@city.ac.uk
www.icar.org.uk

Research project steering group members

MAYOR OF LONDON

The Greater London Authority (GLA) is a unique form of strategic citywide government for London. It is made up of a directly elected Mayor – the Mayor of London – and a separately elected Assembly – the London Assembly. There are around 600 staff to help the Mayor and Assembly in their duties.

www.london.gov.uk



Praxis

The place for people displaced

Praxis is a busy centre in East London visited by over 10,000 people each year. It provides a wealth of advice and support services to migrants and refugees from all over the world, as well as a welcoming meeting place for displaced communities.

www.praxis.org.uk



WinVisible
Women with Visible and Invisible Disabilities

WinVisible brings together asylum-seeking, refugee and UK-born women, with visible as well as invisible disabilities such as polio, Sickle Cell Anaemia and cancer. Since 1984, WinVisible's grassroots group has been an independent voice for women of all ages and situations. It provides self-help information and advocacy, including: on homecare, welfare benefits, employment, transport, and against violence, sexism, racism and other discrimination.

www.allwomenscount.net/EWC%20WwDisabilities/WVindex.htm



Metropolitan Support Trust (MST) Registered Office, Cambridge House,
109 Mayes Road, London, N22 6UR. MST is registered in England and
Wales No 01993366. Registered with the Housing Corporation, No. LH3741
and registered with the Charity Commission, No. 298096.
MST is part of Metropolitan Housing Partnership (MHP).

www.refugeesupport.org.uk