The social care needs of refugees and asylum seekers

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Preface

The Social Care Institute for Excellence's (SCIE) aim is to improve the experience of people using social care services by developing and promoting best practice in service delivery. Since the *Race equality discussion papers* were published in June 2005, SCIE has hosted a seminar to discuss the issues raised in the papers. This was done to explore some of the challenges facing social care in providing accessible and appropriate services for black and minority ethnic people. The papers have been re-published, informed by the discussion at the seminar and the comments received.

As a result of the seminar there is a commitment to undertake a review that pulls together examples of social care working with refugees and asylum seekers. This is part of SCIE's work programme in 2006-07.

The seminar and the development of our race equality scheme have provided an opportunity to restate a commitment to embracing diversity as a core value at the heart of our work. SCIE is committed to improving our knowledge and understanding of the needs and aspirations of black and minority ethnic service users, practitioners and other stakeholders. We will draw on the experience and expertise of people and organisations from black and minority ethnic communities and those undertaking race-specific work.

SCIE will also work with non-black and minority ethnic people and organisations to explore race equality issues within the context of social care when taking part in its work programmes.

Bill Kilgallon
Chief Executive
Social Care Institute for Excellence

Foreword

The Social Care Institute for Excellence's (SCIE) role is to develop and promote knowledge about best practice in social care. By working with people and organisations throughout the social care sector, it can identify useful information, research and examples of best practice. The information is used to produce free paper and web-based resources, which bring together existing knowledge about specific areas of social care, identifies gaps in knowledge and draws out key messages for best practice.

SCIE aims to improve the experience of people who use social care services by developing and promoting knowledge about best practice in social care in relation to equality and diversity.

Attention is being paid to race equality and the future challenges for social care. The needs of black and minority ethnic people have often been neglected or marginalised in the provision of social care services. On the one hand myths of black and minority ethnic communities 'looking after their own' prevail; on the other hand black and minority ethnic communities are over-represented in the acute psychiatric system.

Over the years concerns have been raised about inaccessible and inappropriate service provision. Also, changes in the demographic profile of the black and minority ethnic population, such as increasing numbers of older people and refugees and asylum seekers, have placed growing demands on the social care sector. The Race Relations (Amendment) Act 2000 outlaws discrimination in employment, in the provision of goods or services and in all the activities of public bodies. The challenge for policy makers and social care practitioners lies in tackling institutional racism and finding ways of responding to the needs of black and minority ethnic people in ways that value diversity, respect human rights and promote independence.

There is a body of knowledge that details the factors that hinder black and minority ethnic people from accessing services. However, there appears to be less knowledge and best practice on the organisational barriers and enablers that facilitate good access and delivery of services.

To start to explore and debate some of the future challenges for social care, SCIE has commissioned three discussion papers. These focus on:

- independent living
- refugees and asylum seekers
- characteristics of social care organisations that successfully promote diversity.

While the discussion papers only capture the tip of the iceberg in terms of key issues within social care, it is hoped that they will open up a much needed dialogue with a range of stakeholders on the challenges to be met.

The first edition of the race equality discussion papers formed the basis of the SCIE's race equality seminar in July 2005. In light of discussions at the seminar, the papers have been revised. They will be used to set a context, stimulate debate and inform

SCIE's future work. For example, a project mapping best practice in meeting the social care needs of refugees and asylum seekers is in the pipeline. As with the first edition of the discussion papers, we welcome your comments or contributions.

Nasa Begum
Principal Adviser, Participation
Social Care Institute for Excellence

Summary

People with social care needs are some of the most vulnerable people within refugee communities and their needs are frequently overlooked. This discussion paper attempts to describe the specific experiences of refugees and asylum seekers with social care needs. It also makes a series of recommendations for services to meet their needs more effectively. This paper also highlights how the terms 'refugee' and 'asylum seeker' are often used interchangeably, suggesting that they refer to the same people. This is not the case. In law refugees and asylum seekers are very different.

The experience of exile is what distinguishes refugees from migrants and from other groups in society. Refugees may have experienced traumatic events such as detention, torture and/or the death of loved ones, and once in the UK refugees and asylum seekers often face poverty and acute anxiety about their legal status. They also experience racism, social exclusion and isolation, all of which is compounded by language barriers and the absence of existing social networks.

A number of environmental factors shape their social care experiences. First, within the context of UK policy and legislation, the provision of social and welfare support for asylum seekers has gradually been removed from the mainstream framework. Additionally, frequent and high-profile changes to legislation have generated much confusion about entitlements, creating further barriers to accessing services.

With about a third of refugees and asylum seekers arriving in the UK without any English language skills (the proportion is even higher for women), language and communication are major barriers to accessing social care services. The disapproving tone of public discourse about asylum contributes to an environment in which negative public attitudes to it exist, even among service providers. Finally agencies' lack of information about the numbers, characteristics and needs of local refugees and asylum seekers is a significant barrier to appropriate social care provision.

Against this policy and practice backdrop, social care providers have responded by treating refugees and asylum seekers as part of the larger generic 'black and minority ethnic' category without appropriate regard for their distinct experiences and needs. This is also apparent in service planning where decisions are often made on the basis of data collected according to existing ethnic monitoring categories.

Good practice in service provision to refugees and asylum seekers includes effective partnerships between the statutory and voluntary sectors and an holistic view of individual needs, which takes into account practical, legal and social issues. Beneficial partnerships could be formed with refugee community organisations in the planning, design and provision of social care services, yet their potential remains untapped.

This discussion paper concludes with a number of recommendations, including:

- As part of planning and designing services, social care agencies should carry out local mapping and consultation exercises to collect data and information about refugees and asylum seekers. As those with social care needs are likely to be the hardest to reach, innovative methods should be used.

- The social care needs of refugees and asylum seekers cannot and should not be met by local authority 'asylum teams'. Instead, specialist teams and services should plan and deliver services that meet the needs of service users who are refugees or asylum seekers. Consultation and feedback with refugees and asylum seekers would be a good basis for doing this.
- The refugee community and voluntary sectors should play a far bigger role in the planning, design and delivery of social care services.

Notes on the authors

Bharti Patel

Bharti Patel joined the policy team at the Refugee Council in June 2000 and was appointed Head of Policy in May 2003. In 2003, she was seconded to the Commission for Racial Equality to develop the Commission's strategy on immigration and asylum issues.

Bharti qualified as a solicitor in 1997 and practised until joining the Refugee Council, specialising in immigration and asylum work. Her extracurricular activities have included four years as a local councillor and voluntary work at a local centre.

Nancy Kelley

Head of UK and International Policy Section, Refugee Council

Prior to taking up her post with the Refugee Council in September 2005, Nancy was a Principal Policy Officer for Barnardo's where she focused on education, mental health and asylum-seeking children and families. While at Barnardo's, Nancy chaired the Refugee Children's Consortium. Previous posts include Programme Manager with the Children's Rights Commissioner for London and Advocacy Legal Adviser for Mind.

Nancy is an experienced trainer, particularly in the fields of advocacy, legal rights and participatory practice. In addition to regular public speaking Nancy has appeared as a spokesperson on most news programmes from BBC Breakfast News to Skynews, and in print media at national and local levels.

Nancy has published a range of work, from articles in the mainstream and specialist press, to policy reports such as *Minor problems: The future of advocacy and legal services for children* and *The end of the road: The impact of s9 of the Asylum and Immigration (Treatment of Claimants) Act 2004*. Forthcoming is an article on children's role in policy development for the journal *Children's Geographies*.

Nancy has a BA and MRes in English as well as an LLB.

Introduction

Meeting the social care needs of refugees and asylum seekers is essential to their inclusion in society. People with social care needs are the most vulnerable members within refugee communities, yet their voices are not heard and their needs are frequently misunderstood and overlooked.

The barriers faced by this group in terms of access to social care support can be significant, and yet the response from policy makers and service providers is often inadequate. There is a tendency to view the needs of refugees and asylum seekers within the generic category of 'black and minority ethnic' service users, or to view them as the responsibility of local authority asylum teams. Constant changes to the entitlement framework and negative public discourse about refugees and asylum seekers perpetuate ignorance about needs and entitlements, and can act as further barriers. This discussion paper attempts to describe the specific experiences of refugees and asylum seekers and their social care needs, and makes a series of recommendations to meet these needs more effectively.

Background

The United Nations High Commission for Refugees (UNHCR) estimated that, at the end of 2004, the number of people in need of international protection or assistance was 19.2 million, of which 9.2 million were refugees. Over that time, there were 676,000 applications for asylum and appeals against initial decisions. The UNHCR estimates that in 2004 the UK hosted 298,854 people in need of international protection.[1]

Asylum applications to the European Union have fallen for the third successive year. In the UK, applications now stand at 33,960 compared with 84,130 in 2002. The main countries of origin for asylum seekers in 2004 were:

- Iran (10.2%)
- Somalia (7.6%)
- China (7%)
- Zimbabwe (6%)
- Iraq (5%)
- Democratic Republic of Congo (4.3%)
- India (4.1%)
- Afghanistan (4.1%)
- Sudan (3.9%).

Applications from these countries represented over half of all applications.[2]

The number of people granted refugee or other protected status has fallen over the past few years. In 2004, the Home Office estimated that only 24% of applicants were successful (that is, individuals were granted refugee status, humanitarian protection or discretionary leave to remain), compared with 27% in 2003 and 40% in 2004.

Against this backdrop, the terms 'refugee' and 'asylum seeker' continue to be hugely controversial in popular and political discourse: attitudes about asylum are increasingly bound up in growing anti-immigration sentiments expressed in terms of 'flooding' or 'tides' of migrants, or an 'abuse' of the benefits system.[3] A 2004 survey commissioned by the mental health charity Mind found that while 65% of the public agreed that refugees coming to this country have often fled traumatic situations, just a third (32%) agreed that, as a society, we should meet and support refugees' mental health needs.[4]

Five successive pieces of asylum and immigration legislation have been enacted in the past 11 years (in 1993, 1996, 1999, 2002 and 2004), and a further one is currently progressing through parliament.[5] Recurrent themes within asylum policy during this period have included speeding up the asylum process by reducing appeal rights, removing support for asylum seekers from the mainstream framework and tougher treatment of asylum seekers at the end of the process.

In the Nationality, Immigration and Asylum Act 2002, the government withdrew 'refused asylum seekers'' entitlement to social care services provided for under the National Assistance Act 1948. With the (Charges to Overseas Visitors) Regulations 1989 and the 2004 Amendment, their entitlement to secondary and tertiary healthcare was withdrawn.

Alongside the continuing tough stance on asylum, the government has recently restated its commitment to the Refugee Convention 1951,[6] which is the key legal document in defining who is a refugee, their rights and the legal obligations of states. The government has also published the first ever national refugee integration strategy with a focus on the inclusion and integration of refugees.[7]

Definitions and entitlements

In everyday language, the terms 'refugee' and 'asylum seeker' are often used interchangeably, suggesting that they refer to the same people. This is not the case. In law refugees and asylum seekers are very different.

The context for meeting the social care needs of each group is complex, both in terms of the public debate on refugees and asylum seekers and because of the complex framework of entitlements to welfare and social care services.

Refugees

A refugee is an individual to whom the UK government has offered protection in accordance with the Refugee Convention 1951. Some refugees are granted humanitarian protection or discretionary leave to remain as part of this 'protection'. Since August 2005, people granted refugee status and those granted humanitarian protection are given leave to stay in the UK for five years, at the end of which their protection needs are reviewed and their status could be revoked.[8] Discretionary leave is usually granted for three years, although it can be given for a shorter period of time.

Asylum seekers

An asylum seeker is a person who has asked for protection but has not received a decision on their asylum claim.

Asylum seekers are excluded from many mainstream services and benefits. If they are destitute, they can apply to the National Asylum Support Service, which provides accommodation and limited cash support set at 70% of the Income Support level. Currently, Income Support for a single adult over 25 is set at £39.34 a week. Subsistence-only support is available for individuals who make their own arrangements for accommodation.

The National Asylum Support Service disperses asylum seekers across the UK. The dispersal process can lead to extreme isolation and, as a consequence, many people 'choose' the subsistence-only option so that they can remain in London or other cities with established migrant communities.

Additional support for asylum seekers with social care needs within the National Asylum Support Service is limited. The service can make special payments to meet particular needs, but in practice this power is rarely exercised.

Local authority social services departments have a duty to assist asylum seekers in the following circumstances:

- If they have needs that are not due solely to destitution, for example needs arising from a disability. This is a requirement under the National Assistance Act 1948.
- If they are leaving a mental health or psychiatric hospital after being detained for treatment and require after care support in the community. This is a requirement of the Mental Health Act 1983.
- If they have been looked after as children in local authority care or are unaccompanied asylum-seeking children. This is required under the Children Act 1989.

Refused asylum seekers

A refused asylum seeker is someone whose asylum application has been unsuccessful and may face removal from the UK. However, in recent years an increasing number of asylum seekers at the end of the asylum process have been unable to return to their country of origin. The reasons for this vary and include illness, risk of persecution, having no safe route home and a lack of appropriate documentation.

Refused asylum seekers are entitled to virtually no welfare, health or social care services. Once an asylum application has been rejected, all entitlement to support from the National Asylum Support Service, including limited social care, secondary and tertiary healthcare, is cancelled. Limited support (in the form of accommodation and vouchers) is available under the Nationality, Immigration and Asylum Act 2002, but only to people who cannot be returned, or who agree to cooperate with the process of being returned. Unaccompanied children, and families with children, are exceptions to this rule and continue to be eligible for support until returned.[9]

The complexity of this entitlement framework leads to a situation where even those who are eligible for a service are unlikely to understand their rights. Also service providers may not recognise their capacity or their duty to provide a service.[10] The relationship between a complex entitlement framework and the practical accessibility of a service for asylum seekers is visible in areas such as healthcare, where they are routinely refused services they are legally entitled to receive.

Migrants

In contrast to refugees and asylum seekers, migrants generally exercise choice over their decision to migrate, and their motives are often based on a desire to improve their economic position. Many people migrate to the UK for employment or to study at UK universities, while others come to join spouses or relatives as part of family reunion schemes. In addition, European Union nationals are able travel to the UK each year as part of their right under European Community law to exercise free movement. However, the social care needs and experiences of migrants are outside the scope of this discussion paper.

Entitlements

People who have been granted refugee status, humanitarian protection or discretionary leave to remain have the same welfare and social care entitlements as UK citizens.

Among other entitlements, they may be eligible for:

- social care services
- Housing and Council Tax Benefits
- local authority housing
- Jobseeker's Allowance
- Social Fund payments
- disability benefits.

Numbers, characteristics and needs

Demographic data about refugees and asylum seekers are inadequate. The Home Office gathers limited information about the person seeking asylum, and only information on 'the number' of dependents is collected. Therefore little is known about those granted refugee status, or given leave to remain. Even less is known about asylum seekers whose claims have failed and have consequently lost all contact with statutory services. As a result, it is impossible to develop an accurate picture of the social care needs of refugees and asylum seekers.

The picture locally and nationally appears to be the same; services for refugees and asylum seekers are often commissioned based on assumptions drawn from working with black and minority ethnic communities. A reliance on ethnic monitoring categories not only overlook the immense diversity of experience and need within black and minority ethnic communities, but the diversity within refugee and asylum-seeking communities.

In the absence of official data, many useful studies have been carried out into the experiences of and the needs within refugee and asylum-seeking communities. This evidence suggests that as with other communities, vulnerability arising from disability, chronic illness, impairment and aging is present, but unlike in other communities the experience of trauma and loss, language barriers, poverty, isolation and the anxiety caused by having an insecure legal status add to the vulnerability of this group.

Cross-cutting issues

Language and communication

> "We were both feeling very depressed and did not know what was wrong. We tried one GP but he did not understand us. When we found this doctor, he understood us and gave us anti-depressants and we felt a lot better."[11]

Language and communication problems are a significant barrier to many services and are possibly more acutely felt among vulnerable groups. For example, due to their disengagement from the job market, older refugees have less incentive and fewer opportunities to pick up English language skills.

In a skills audit of people granted refugee status and exceptional leave to remain conducted between November 2002 and January 2003, a quarter of all female respondents had no English language skills compared with 28% of men. Women from Somalia were particularly unlikely to have any knowledge of English – over a half (55%) had no English skills compared with 24% of men. Therefore language will be crucial to any attempts by refugees and asylum seekers to get on in many aspects of life in the UK.[12]

Refugee languages are not the same as the main black and minority ethnic languages already spoken in the UK. This reflects the fact that unlike post-war immigration to the UK, drawn predominantly from the Commonwealth countries, refugee settlement is more diverse. Refugees and asylum seekers have said that the provision of, and access to, interpreting services is a 'primary need'.

Ensuring access to interpreting services, and more equitable access to language learning opportunities, is essential for the appropriate provision of social care to refugees and asylum seekers.

Poverty and insecurity

> "At times when I am unwell I have not been able to go to the post office to get the weekly allowance. I end up borrowing money.... This week I should have gone to the post office but I have been unwell, so I have no food until Saturday."[13]

Subsistence levels for asylum seekers are set below normal Income Support rates and they do not get the premiums normally paid to families with children, disabled people or older people. A study of organisations working with refugees and asylum seekers found that 85% of the organisations interviewed reported that their service

users experience hunger; 95% reported that their service users cannot afford shoes or clothes; and 80% reported that their service users were unable to maintain good health.[14]

Increasingly, asylum seekers are ineligible for asylum support or struggle to live on the support they receive. Among them are asylum seekers who fail to make their claim 'as soon as is reasonably practical' after reaching the UK[15] under Section 55 policies, and refused asylum seekers supported by the voucher system.[16]

Even refugees granted leave to remain are more likely to live in poverty than British citizens. A report published by the Department for Work and Pensions (DWP) found that only 29% of the refugees in their sample were in employment compared to 60% of people from black and minority ethnic communities.[17]

Studies looking at the destitution faced by refugees have highlighted its impact on their health and mental well-being[18] that can amplify existing social care needs or create new ones. The impact can be direct (destitute mothers unable to breastfeed their babies due to a lack of food) or indirect (mental health problems being exacerbated by unemployment).[19]

In addition, living in poverty makes it harder to access services. Refugees and asylum seekers have said that they do not have easy access to a telephone or the Internet, or sometimes find it impossible to pay for public transport to reach appointments.

Insecure legal status is another significant issue, particularly for asylum seekers and refused asylum seekers. In a study of asylum seekers with special needs who were living in temporary accommodation, the most pressing issue was not their unmet care needs, but the uncertainty about their future and finding secure accommodation.

Women

While the number of women seeking asylum is small, when numbers of female dependants and those seeking family reunion are added the proportion may be approximately the same as men.[20]

Women who claim asylum as dependents are completely reliant on their husbands for accessing support and legal security. They are less likely to have English language skills and are often isolated at home with young children. They may have experienced rape in their country of origin and in the process of flight. Many refugee women become the sole carer for their children as a result of the separation from their partners during the process of flight.[21]

Adult social care services

Disability services

> "I am a single parent of two children who are autistic … I asked for help but could not get any because they said I was at home so I should look after them. I agree to a certain extent but I think they do not know how difficult it is practically."[22]

While there are no official statistics on the prevalence of disability within refugee and asylum-seeking communities, estimates range from 3% to 10% of the population of refugees and asylum seekers. Although there is a dearth of research into disability within refugee and asylum-seeking communities, one recent study[23] identified a number of issues. Unmet personal care needs, such as difficulties with washing and dressing, were common. Many of those interviewed had relatively low expectations of service providers and there was a general lack of awareness that agencies such as social services departments could be approached for assistance. In other cases, although aware of services, the shame associated with disability acquired through torture prevented individuals from seeking help.

Isolation was common – partly as a result of disability-related barriers, but also because of language difficulties and separation from family. Although not universal, refugee community groups, and particularly refugee disability groups, played a key role in people overcoming isolation.

Communication was a significant barrier, especially when a person's disability affected their ability to communicate. For example, deaf people were particularly isolated and relied on family members to communicate on their behalf. Rarely were they in contact with other deaf people. The knowledge and use of British Sign Language within this community also highlighted the need for service providers to develop appropriate communication methods.

The study also highlighted a need for support for disabled parents to fulfil their parenting roles. For some parents, enforced separation was particularly hard to bear, especially if they did not know their children were safe. Single disabled parents felt particularly distressed that their disability prevented them from caring for their children. In some cases, this was a more pressing concern to them than the disability itself.

Disability services for asylum seekers

Meeting the social care needs of disabled asylum seekers is complicated by the fact that they are largely supported outside the mainstream framework and that their entitlements tend to be linked with their asylum status rather than their level of need. In theory, individuals with extra needs should have them met through the community care framework by local authority social services departments.

A study carried out by the Refugee Council, which looked at experiences of asylum seekers at the front end of the National Asylum Support Service,[24] found a high prevalence of unmet need. Although all of the participants in the survey qualified for

a community care assessment, only a third had received one. The average waiting time for an assessment was four weeks and, in some cases, twice that length of time. Half of those who had received an assessment were still waiting for some form of service provision. The most common cause of delay was disagreement between the National Asylum Support Service and the local authority over who should take responsibility for the social care needs; in some cases, the dispute had reached a deadlock.

These findings highlight serious shortcomings in the arrangements for referral and in the assessment protocols operated by social services departments and the National Asylum Support Service.

Mental health needs

> "I don't think anyone worries about me. Why should they worry about me?... perhaps because I am depressed and rude sometimes they fear I may become violent and harm myself. I feel like that at times. What is the point of living in such a state?" [25]

One in six of the general population is said to have mental health needs,[26] and in the case of refugees and asylum seekers this is likely to be much greater. Studies of the mental health of refugees often divide their experience into three episodes:

- First, there are the traumatic conditions refugees may have experienced in their home countries, including war, torture or persecution.
- Second, there is flight from the home country, which can be as hazardous and stressful as the problems that the refugees are seeking to escape. They may have had to pay smugglers large amounts of money to be transported across borders and have lived under the constant threat of discovery, torture or incarceration. In addition, refugees may have been subject to physical or sexual abuse or deprivation during the journey.
- Third, refugees' problems do not end when they reach their destination. The anxiety and stress of an insecure legal status, along with a drop in social and economic living standards, lead many to experience mental distress at this stage.

The Refugee Council's specialist team in Brixton, South East London, has worked for many years to help service users access specialist healthcare, including mental health services. The team has identified a number of barriers to refugees' access to appropriate care, which include low take-up of services due to cultural barriers and stigma, including a fear of being labelled 'mad'. There is also a fear that personal problems will be revealed to other members of their community and, in some cases, that it will have an adverse impact on their asylum status. Even if a service user is willing to engage with service providers, this is often hampered by linguistic barriers.

When there is a willingness by professionals to engage with refugees and asylum seekers, the professionals can often attempt to treat symptoms with medication without helping service users to address the practical needs (lack of housing, low income, lack of adequate legal representation) that may be contributing to their distress.

Mental health professionals are also part of society and are not immune to the general discourse on the issue of asylum. As a result, privately held beliefs can affect their attitudes to service users, whether consciously or not. In one example, a community psychiatric nurse working with Refugee Council staff complained that her mental health team was "overrun" with asylum seekers and that "there was nothing we can do for these people". It is difficult to imagine someone who holds such views providing a helpful service to clients seeking asylum.

Examples of good practice do exist and are based on partnership between refugee agencies and mental health services. These tend to be culturally appropriate and employ bilingual advocates and/or interpreters who are professionally trained. Services that take an holistic view of an individual's social situation, consider a person's cultural background and address practical, social and legal needs, either directly or through good referral links with appropriate agencies, are more likely to work.

Older people

Asylum statistics show that in 2004, only 3% of applicants were aged 50 and over. These statistics are of limited usefulness, for example they do not show how many older people join the principal asylum applicant as dependants. In addition, they do not reflect the demographic profile of people who remain in the UK once the asylum process has ended.

In the UK, older people are often equated with 'pensioners' or people of pensionable age. This age threshold of 60 or 65 applies to free prescriptions and free or reduced travel charges, and within the social security system. But using age as a condition for the receipt of services can be problematic where older refugees are concerned.

For refugees, the base age of 60 or 65 is inappropriate – 50 or 55 might be more appropriate. This is because refugees are more likely to become physically and/or mentally frail at an earlier age due to their life experiences which can include: malnutrition, starvation, illness and untreated conditions, stress, rape and torture in their country of origin; the stress of travelling to the UK and once here the stress of awaiting asylum decisions; poor living conditions, being separated from family and community, and exposure to racism and racist activity.

Also using age as a specific condition for receipt of services can be problematic. Many refugees and asylum seekers come from societies where the exact date of birth is not recorded, or an individual's documents may show an older or younger age because of inaccurate record keeping or deliberate alteration as part of the process of securing a safe exit from the country of persecution. As a result, the only practical option may be self-definition.

Similarly, there are issues about when a person ceases to be considered a refugee. For example, a report on respite care services for older Asian people in Leicester does not include the word 'refugee' although given Leicester's migration history it seems likely that many of them came as refugees from East Africa.[27] However, if the approach advocated by experts is adopted – that is, the definition of integration used by the

European Council on Refugees and Exiles (ECRE) – then identification as a refugee may continue long after arrival and possibly into the next generation.

Older refugees are often discussed in the context of black and minority ethnic elders, but their experiences (and therefore their needs) may be quite different. These include: greater deprivation and loss; a greater degree of dislocation, declining physical health and 'more fragile' mental health; a renewed sense of trauma; danger of abuse or exploitation; poverty; and a lack of effective choices. ECRE stresses that while "older refugees are not a homogeneous group" and that their individual needs must be addressed, they do have common issues, including low income, language barriers, the loss of social networks, generational role reversal and psychological and emotional difficulties.[28]

Older refugees also experience poor access to information and advice on health and social care services, as well as isolation.[29] Even those living with family may experience extreme loneliness and the lack of an appropriate role. However, there is a strong view that the family or the community is the proper source of support.

Views from social care practitioners who work with refugee communities suggest that the best use of current resources may be to allocate some of the existing provision for specific and increased use by particular communities. One example is given of a local authority home in Bradford that has some designated care specifically for Polish residents, as well as day care and a weekly therapy group. Older people and community leaders felt they should be entitled to receive the same benefits as the indigenous population. This was achieved by recruiting home help from the local refugee communities and making Meals on Wheels more accessible through observing dietary requirements.

Many lunch clubs run by black and minority ethnic communities also act as day centres and should be funded accordingly. In all cases, such provision could be delegated to an already established refugee organisation ensuring the employment of specialist workers for their older members.[30]

Children's services

Refugee and asylum-seeking children in families

Official data about the number of refugee children is limited, and while statistics on unaccompanied asylum-seeking children are published, figures for children entering the UK as dependants are not. However, it is estimated that there are probably more than 120,000 refugee and asylum-seeking children in the UK including 80,000 in UK schools.[31]

The extraordinary experiences refugee children are exposed to increase their vulnerability. These often include:

- horrific experiences in their home countries and during the period of flight to the UK

- living with families who experience a drop in their standard of living and status in society
- interrupted education
- changing care arrangements through loss of parents or their usual carers
- living with families who do not know their legal and social rights in the UK including rights to basic services such as health and education
- speaking little or no English on arrival.

Refugee and asylum-seeking children have the same entitlements to assessment, protection and support from social services departments as any other child. However, recent legislative developments have left asylum-seeking children with less protection than their peers – for example, under the Asylum and Immigration (Treatment of Claimants etc) Act 2004, families at the end of the asylum process can have their support withdrawn, leaving children at risk. Likewise the duty to cooperate and safeguard children under the Children Act 2004 does not apply to immigration officers at ports of entry, immigration removal centres and other key agencies working with asylum-seeking children and families. In addition, there are no national statistics that monitor the assessment outcomes, take-up and support provided by social services departments for asylum-seeking children.

Concerns highlighted in a review of social services provision included:[32]

- local authorities referring children in families to asylum teams for assessment and support, despite clear and explicit assessment procedures for refugee children, which identify this as an inappropriate course of action
- local authorities not using interpreters to assess children in families
- local authorities telling asylum-seeking and refugee families that social services have no responsibility to provide care or support
- local authorities failing to recognise that there is a high degree of mobility, especially in London, preventing continuity of care
- local authorities displaying an apparent lack of focus on refugee communities in children's services plans.

Monitoring the outcomes for children and families was seen as essential if the social care needs of these groups were to be met. Key knowledge and research gaps must also be bridged, including the recording and assessment of children's and families' own experiences of assessment and support by social services departments and the experiences of disabled refugee and asylum-seeking children.

Unaccompanied refugee and asylum-seeking children

The UNHCR defines unaccompanied children as "those who are separated from both parents and are not being cared for by an adult who, by law or custom has responsibility to do so".[33] Thus, in the UK, unaccompanied refugee children include:

- children who have become separated from their parents and have arrived in the UK by themselves
- children who are cared for by older siblings, distant relatives and family friends (that is, not their usual carers)

- children who arrive in the UK with family, or family friends, but whose care arrangements break down after arrival.

In 2004, 2,990 unaccompanied children made applications for asylum in the UK. In April 2004, there were 6,603 under-8s and 2,360 over-18s being supported by local authorities in England under the Children Act 1989. In England and Wales, unaccompanied children are supported under the Children Act 1989, and are covered by the Children (Leaving Care) Act 2000 and the Adoption and Children Act 2002.

Studies into the experiences of unaccompanied children have found that the quality of care they receive depends more on the local authority responsible than on individual needs. Separated children aged 16 and 17 are particularly disadvantaged since they are mostly not 'looked after' (that is, placed in local authority care) and they are often categorised – statistically and in terms of needs – with adults.

Many live in poor quality accommodation, with insufficient money, and are vulnerable to exploitation. In cases where social services departments have contracted out care and accommodation to private companies (often outside of their area) young people are left without adequate support or care. Generally there is a paucity of policies, training and planning for working with unaccompanied children separated from their families in most local authorities. There is also, in some local authorities and among immigration officials, a growing culture of disbelief with respect to the age of unaccompanied minors that can result in under-18s being detained.[34]

One of the major barriers to meeting the needs of unaccompanied children is the tendency of professionals to see them as adults rather than children. While specialist skills and knowledge are helpful in meeting the additional needs of young people, practice with this group should be firmly based in high-quality children's services and conducted by professionals experienced in direct work with children and young people.

Many of the examples of innovative and progressive practice in this area relate to partnership working. This may be between direct service providers – for example joint work between refugee and children's agencies to provide care packages, befriending or advocacy services. Also important are good communication among all those involved in supporting the child as well as flexible policies to take account of the diverse circumstances of unaccompanied children. This can range from a 16-year-old to a sibling group spanning a wide age range entering local authority care. As with any child, a full needs-led assessment should be followed by appropriate support and care packages, which would mean an end to the use of hostel accommodation and vouchers.

Conclusion

While conclusions in relation to specific social care areas have already been drawn, there are several themes that emerge with regard to all of the areas discussed.

The dearth of data and information about refugees and asylum seekers has been illustrated throughout this discussion paper, yet without accurate information service providers cannot plan and monitor services. Information about local refugee and asylum populations should be collected through local mapping and consultation exercises. However, groups in need of social care services are likely to be the hardest to reach and so innovative methods will need to be explored.

The existence of asylum teams appear to act as a barrier to high-quality assessment and support for the social care needs of asylum seekers. Asylum teams were set up following the Asylum and Immigration Act 1996 to meet needs arising from destitution, yet there is evidence that all asylum seekers – and even refugees – are referred to these teams irrespective of needs. The social care needs of refugees and asylum seekers cannot and should not be met by generic asylum teams. Instead, specialist teams and service providers should plan and deliver services that meet the needs of clients who are refugees or asylum seekers. Consulting with refugees and asylum seekers, and receiving their feedback, would be a good first step towards this goal.

A strong element in the good practice that has emerged from across social care service areas is partnership between the statutory sector, refugee community groups and other voluntary organisations. There is still significant scope for partnership between the statutory and refugee voluntary sector to increase awareness and access to social care, including scope for delivering social care services. In particular, the potential of refugee community organisations is significant not only in relation to advice and signposting activities, but also as providers of specialist social care services.

The adult health and social care White Paper, *Our health, our care, our say: a new direction for community services*,[35] offers some opportunities for, and challenges to, the effective provision of social care for refugees and asylum seekers. For example, the commitment to building community capacity could create an opportunity for local authorities to work alongside refugee community organisations to provide culturally appropriate and community-enhancing social care. Likewise the new strategic needs assessments, led by directors of adult social services in local authorities, could enable more effective information gathering and long-term planning to meet the social care needs of refugee and asylum-seeking communities.

Yet the mantra of control and choice reflected in the White Paper fails to recognise the challenges faced by refugees and asylum seekers with social care needs such as living in poverty, often surrounded by an unwelcoming community with limited access to information. In this context, self-assessment and direct payments may seem unobtainable.

Ultimately, if refugees and asylum seekers with social care needs are to attain the independence, well-being and choice outlined in the original Green Paper[36] and echoed in the White Paper, there must be an end to the system of using welfare, health and social care services as a tool to control immigration. What is needed is a firm commitment to meeting the needs of this vulnerable and diverse group of people.

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AUGUST 2006

The social care needs of refugees and asylum seekers

People with social care needs are some of the most vulnerable people within refugee communities and their needs are frequently overlooked. This discussion paper attempts to describe the specific experiences of refugees and asylum seekers with social care needs. It also makes a series of recommendations for services to meet their needs more effectively.

This publication is available in an alternative format upon request.

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