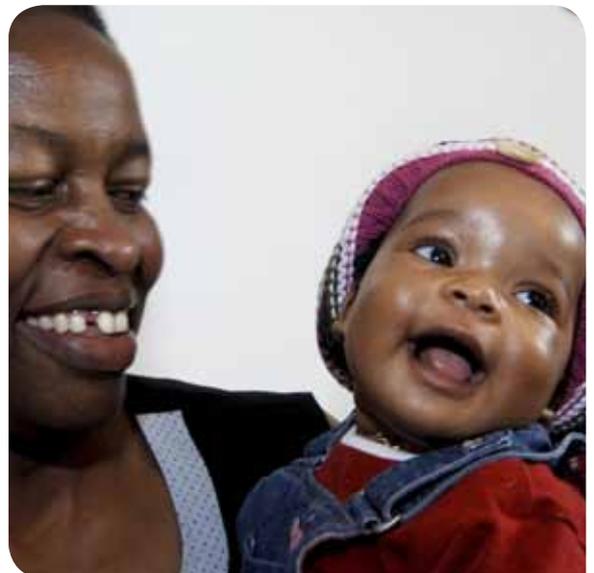
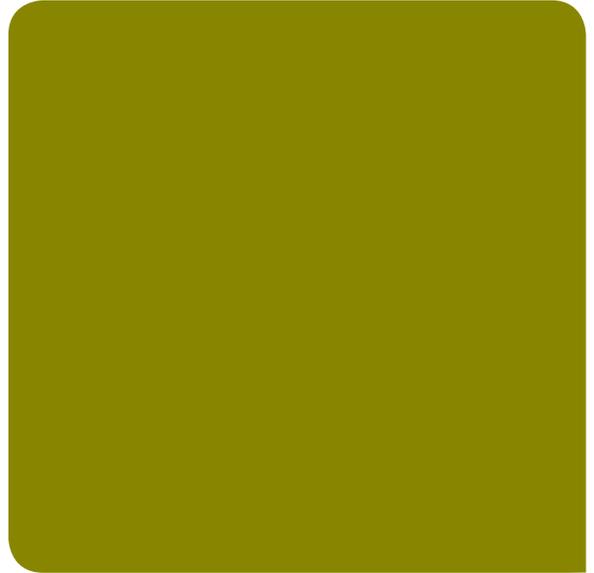


Good practice in social care for asylum seekers and refugees



Good practice in social care for asylum seekers and refugees

Karen Newbigging, International School for Communities, Rights and Inclusion and Professor Nigel Thomas, School of Social Work, University of Central Lancashire

with Jacqueline Coupe, Zemikael Habte-Mariam, Nadia Ahmed, Professor Ajit Shah and Joanna Hicks, International School for Communities, Rights and Inclusion

First published in Great Britain in June 2010
by the Social Care Institute for Excellence

© SCIE 2010
All rights reserved

Written by Karen Newbigging and Professor Nigel Thomas, with Jacqueline Coupe,
Zemikael Habte-Mariam, Nadia Ahmed, Professor Ajit Shah and Joanna Hicks, International School for
Communities, Rights and Inclusion

This report is available online
www.scie.org.uk

Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB
tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

Front cover photograph kindly supplied by Photofusion

Acknowledgements	vi
Abbreviations and terminology	vii
Executive summary	x
1 Introduction	1
1.1 Terms of reference	1
1.2 Research objectives	1
1.2.1 Systematic literature review	2
1.2.2 Practice survey	2
1.3 Stakeholder involvement	2
2 Background	3
2.1 Asylum seekers and refugees in the UK	3
2.2 Social care needs of asylum seekers and refugees	5
2.3 Policy and practice context	6
2.3.1 Children and young people	6
2.3.2 Adults and older people	8
2.4 Pointers for good practice for social care for asylum seekers and refugees	9
3 Methodology	11
3.1 Updated literature review	11
3.1.1 Review questions	11
3.1.2 Search strategy	11
3.1.3 Criteria for inclusion and exclusion	12
3.1.4 Analysis	12
3.2 Practice survey	13
3.2.1 Aim	13
3.2.2 Methodology	13
3.2.3 Data analysis	17
3.3 Data synthesis	17
3.4 Confidentiality and ethical issues	17
4 Updated literature review	18
4.1 Overview of the literature	18
4.2 Children and young people	19
4.2.1 General needs	19
4.2.2 Needs in relation to social care	20
4.2.3 Meeting social care needs	25
4.2.4 Barriers to meeting social care needs	28
4.3 Adults and older adults	32
4.3.1 Overview	32
4.3.2 Good practice in meeting social care needs	36
4.3.3 Barriers to meeting social care needs	39
4.4 Discussion	42
4.4.1 Methodological issues and limitations	42
4.4.2 Findings	43

5	The views of asylum seekers and refugees	45
5.1	Participants	45
5.2	Children and young people	46
5.2.1	Understanding the role of social services	46
5.2.2	Being part of a family	47
5.2.3	Education	47
5.2.4	Emotional wellbeing	47
5.2.5	Specific needs	48
5.3	Adults (mixed gender focus groups)	48
5.3.1	Lack of knowledge about social care provision	48
5.3.2	Needs of asylum seekers and refugees in relation to social care	48
5.3.3	Uncertainty about entitlements	49
5.3.4	Status	49
5.3.5	Language and knowledge of different cultures	49
5.3.6	Assessment of needs	49
5.3.7	Isolation	50
5.3.8	Social exclusion and marginalisation	50
5.3.9	Value of community organisations	50
5.3.10	Quality of social care provision	51
5.3.11	Recommendations for improving social care services	51
5.4	Adults (women-only focus group)	51
5.4.1	Isolation, exclusion and racism	52
5.4.2	Role as mothers	52
5.4.3	Educational and volunteering opportunities	52
5.4.4	Role of community organisations	52
5.4.5	Social care	53
5.5	Pointers for good practice	54
6	Practice survey	55
6.1	National survey	55
6.1.1	Overview	55
6.1.2	Social care needs of asylum seekers and refugees	56
6.1.3	Barriers	59
6.1.4	Suggested good practice	61
6.2	Nominations of good practice	65
6.3	Findings from follow-up visits and interviews	67
6.4	Discussion	69
6.4.1	Methodological issues and limitations	69
6.4.2	Findings	71
7	Suggested good practice: a synthesis	73
7.1	Overarching principles	73
7.2	Good practice in social care	74
7.3	Foundations for good practice	75
8	Summary and conclusions	77
8.1	Policy and practice implications	78
8.2	Future directions for research	80

Appendices

1	Technical appendix and search strategy	81
2	Topic guide and agenda for focus group discussions	84
3	Example of a scenario for the focus groups with children and young people	86
4	Questionnaire for focus group participants	87
5	Practice survey schedule	90
6	Interview schedule for good practice nominations	93
7	Search results	96
8	Papers reviewed	97
9	Summary of primary literature	103
10	Quality appraisal results for primary literature	128
11	Secondary material relating to social care	132
12	Focus group participant characteristics	148
13	Good practice nominations	152
	References	156

Acknowledgements

We are deeply grateful to those individuals and organisations that have supported this work. We are particularly grateful to the women, men, young people and children seeking asylum or refuge who gave their time so generously to help us with this project. We are also appreciative of the time and interest from refugee and community organisations and local authorities. Special thanks to the additional support and advice that we received from Eileen Jackson, Henry Mumbi, Dr A. Azim El-Hassan, Pete Fleischmann and those asylum seekers who have helped us but would prefer to remain anonymous.

We would like to thank the Social Care Institute for Excellence (SCIE) for initiating this project and funding our work. We are grateful to members of our Project Steering Group for their time and invaluable comments. We would also like to thank those other individuals and organisations that have given freely of their time and advice.

Project Steering Group members: Nadia Ahmed, Dr A. Azim El-Hassan, Dr Manjit Bola, Pete Fleischmann, Zemikael Habte-Mariam (chair), Henry Mumbi, Karen Newbigging and Professor Ajit Shah.

Potential conflicts of interest

There are no conflicts of interest.

Abbreviations and terminology

Abbreviations

ADASS	Association of Directors of Adult Social Services
ADCS	Association of Directors of Children's Services
BVCS	black voluntary and community sector
BME	black and minority ethnic
BUMP	Befriending Unaccompanied Minors Project
CDW	community development worker
CMHT	community mental health team
DH	Department of Health
EMA	Education Maintenance Allowance
ESOL	English for speakers of other languages
IROs	independent reviewing officers
JSNA	joint strategic needs assessment
MRCF	Migrant and Refugee Communities Forum
NASS	National Asylum Support Service
NRPF	no recourse to public funds
PCT	primary care trust
PTSD	post-traumatic stress disorder
RCOs	refugee and community organisations
RIES	Refugee Integration and Employment Service
SCIE	Social Care Institute for Excellence
UASC	unaccompanied asylum-seeking children
UCLan	University of Central Lancashire
UKBA	United Kingdom Border Agency
UNHCR	United Nations High Commissioner for Refugees

Terms used

Age assessment is the process and methods by which the United Kingdom Border Agency (UKBA) or social services assess the age an asylum seeker says they are. No method can precisely determine age and so it is usually given within a range of two years.

Age dispute is the situation where the UKBA or social services do not accept the age that the asylum seeker says they are.

An asylum seeker is a person who has asked for protection but has not received a decision on their application to become a refugee, or is waiting for the outcome of an appeal.

Discretionary leave to remain is temporary permission to stay in the UK and is unlikely to exceed three years.

Exceptional leave to remain, replaced by *humanitarian protection* in 2003, is permission to stay on humanitarian grounds, when an application for asylum has been refused.

Fair access to care refers to the framework (DH, 2003a) used by local authorities to set eligibility criteria for social care.

The Gateway Protection Programme is funded through the Home Office and is a partnership between the United Nations High Commissioner for Refugees (UNHCR) and the government. It offers a route for a quota of UNHCR refugees to settle in the UK.

The Hillingdon Judgment established that unaccompanied asylum-seeking children (UASC) will normally need full support under Section 20 of the Children Act 1989, as opposed to Section 17 of that Act.

Indefinite leave to remain is permission to stay in the UK.

Looked-after children refers to those under the age of 18 who are in the care of a local authority or provided with accommodation by a local authority under the Children Act 1989 or related legislation.

No recourse to public funds (NRPF) refers to destitute people from abroad who are subject to immigration control and have no entitlement to welfare benefits, Home Office support for asylum seekers or public housing.

A refugee is an individual to whom the UK government has offered protection in accordance with the 1951 Refugee Convention and granted leave to stay.

The Refugee Integration and Employment Service (RIES) offers a 12-month service to each person granted refugee status or humanitarian protection. This includes a six-month advice and support component, proving new refugees with support via a personal case manager.

A refused asylum seeker is someone whose asylum application has been unsuccessful and who is waiting to go to their home country or who has decided to stay without permission.

Section 4 of the Immigration and Asylum Act 1999 enables refused asylum seekers to receive short-term support, in the form of accommodation and vouchers, while waiting to return to their home country.

Section 17 of the Children Act 1989 gives local authorities a duty 'to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs'.

Section 20 of the Children Act 1989 gives local authorities a duty to provide accommodation for any child in need who appears to require it 'as a result of (a) there being no person who has parental responsibility for him; (b) his being lost or having been abandoned; or (c) the person who has been caring for him being

prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care’.

The Slough Judgment (House of Lords, 2008) redefined the interpretation of local authorities’ responsibilities to provide support under Section 21 of the National Assistance Act 1948.

Social care is defined by the Social Care Institute for Excellence (SCIE) as ‘the provision of social work, personal care (but not nursing or medical care), protection or social support services to children in need or at risk and their families and carers, or adults at risk or with needs arising from illness, disability, old age or poverty and their families or other carers. That provision may have one or more of the following aims: to protect service users, to preserve or advance physical or mental health, to promote independence and social inclusion, to improve opportunities and life chances, to strengthen families and protect human rights in relation to people’s social needs’ (see www.scie.org.uk).

UKBA is responsible for securing the UK borders and controlling migration in the UK (www.ukba.homeoffice.gov.uk/).

Unaccompanied asylum-seeking children (UASC) are children and young people, the majority of who are aged 14 to 17, who have travelled independently to the UK to seek asylum.

Executive summary

Background

Refugees and asylum seekers face adversity before, during and after arrival in the UK with complex interwoven needs arising from these experiences. As a group, they have been described as some of the most vulnerable and marginalised people in the UK and the evidence indicates that they have a substantially increased risk of developing mental health problems. Despite their personal and social resources – their resilience and capacity to endure – a high proportion of asylum seekers and refugees are likely to require a wide range of social care services.

A previous focused literature review had identified a dearth of published literature pertaining to the social care of refugees and asylum seekers. The aim of this research was to further examine and develop the evidence for good practice in social care for asylum seekers and refugees in order to develop a resource guide for social care practice in this area. The research considered services for adults, older people, children and families across England, Wales and Northern Ireland.

Method

The research review consisted of two elements: a focused literature review and a practice survey. The aim of the literature review was to review the research evidence to identify positive outcomes and good practice in social care provision for asylum seekers and refugees. The aim of the practice survey was to explore what is currently happening in social care provision for asylum seekers and refugees through focus groups with asylum seekers and refugees, a national survey of local authorities, care group organisations and refugee and community organisations (RCOs) and follow-up fieldwork to capture further detail on practice examples.

The information from the literature review and the practice survey was synthesised to provide an overview of the social care needs of asylum seekers and refugees and to identify suggested good practice in meeting needs. This provided the basis for a *Resource guide*, aimed at commissioners and social care providers.

The research was undertaken by Karen Newbigging (International School for Communities, Rights and Inclusion) and Professor Nigel Thomas (School of Social Work) at the University of Central Lancashire (UCLan) with support from Zemikael Habte-Mariam and Jacqueline Coupe, Nadia Ahmed, Professor Ajit Shah and Joanna Hicks at the International School for Communities, Rights and Inclusion

Findings

The literature identified was patchy, with only a small number of studies evaluating outcomes from social care provision. In relation to children and young people, there were a healthy number of studies but the majority concerned unaccompanied asylum-seeking children (UASC) rather than children in refugee or asylum-seeking families. For adults a reasonable number of studies were identified in relation to mental health, although these were predominantly focused on mental health needs.

Few papers were identified looking at social care provision for disabled asylum seekers and refugees and only one paper considered older refugees. A small number of other papers identified relevant issues such as training and advocacy.

The practice survey indicated that there were significant problems for asylum seekers and refugees accessing social care provision. For children and young people, the Children Acts provide a framework for provision, and a number of practice examples illustrated how their needs could be met both by local authorities and RCOs, usually working in partnership to deliver positive outcomes. For adults, access to social care provision was more restricted with a lack of clarity about eligibility, language, lack of awareness of the function and nature of social services, limited understanding of the social care needs of asylum seekers and refugees, lack of trust and an absence of culturally appropriate provision proving to be major barriers. Relatively scant evidence was found of a strategic approach in this area and few examples of aggregated needs assessments identified. The majority of good practice identified related to provision by RCOs, local authority children's services or immigration and asylum teams, with little good practice identified for asylum seekers or refugees with disabilities and none for older refugees.

The synthesis of the findings from the literature review and the practice survey indicated some broad principles that need to underpin the delivery of social care services for asylum seekers and refugees. These are:

- a humane, person-centred, rights-based and solution-focused approach to the needs of asylum seekers and refugees
- respect for cultural experiences and migration
- non-discrimination and promotion of equality
- decision making that is timely and transparent and involves people, or their advocates, as fully as possible in the process
- promotion of social inclusion and independence
- an holistic approach to meeting needs dependent on cross-organisational collaboration.

The areas for suggested good practice are:

Ensuring access

- Clarity regarding entitlement to social care and responsibilities for provision for refugees, asylum seekers and refused asylum seekers. There is a need to review the appropriateness of thresholds for care and ensure strategies are in place to increase access to social care. These include provision of accessible information and support, universal gateways, availability and use of interpreters and outreach via community organisations
- A full and thorough assessment of needs for social care as early as possible in the asylum process
- Early identification of and access to psychological and therapeutic support to address PTSD (post-traumatic stress disorder) and other mental health problems delivered within an holistic approach

Effective communication and advocacy

- Effective communication, including readily available and effective interpretation services, with an understanding of both the cultural and service context
- Advocacy, with the aim of increasing choices and access to appropriate provision and empowering individuals.

Comprehensive needs-led assessment

- A full and thorough assessment of needs for social care as early as possible in the asylum process

Personalised high-quality service provision

- A clear focus on outcomes
- Culturally sensitive and competent provision, with staff understanding the cultural context, and the issues pre- and post-arrival, in order to respond appropriately to the diverse needs of refugees and asylum seekers
- Provision of training and supervision for social care professionals
- Engagement and working in partnership with community organisations that have specialist knowledge
- Understanding of factors that increase vulnerability and providing services accordingly, for example in response to experiences of bereavement, rape or torture.

Facilitating self-organisation and innovation

- Participation and involvement in service provision
- Services that enable asylum seekers and refugees to self-organise and develop their own sources of support
- Provision of services by the community, including asylum seekers and refugees
- Commissioning community and voluntary sector organisations to deliver social care
- Co-location of services and multiagency working.

Six critical steps were identified to provide a foundation for this practice:

- Securing organisational commitment to promoting the wellbeing of asylum seekers and refugees
- The development of strong multiagency partnerships with a clear focus on asylum seekers and refugees, at both strategic and operational levels
- The development of a local strategy based on a joint strategic needs assessment (JSNA) to enable local authorities and their partners to plan and develop services for current and future populations of asylum seekers and refugees, as well as other migrant populations. This includes the application of existing policies that provide a framework for the provision of social care – particularly equality and diversity policies, the safeguarding agenda and the implementation of *Putting people first* (DH, 2007). It also includes a clear acknowledgement of the contribution of

community and voluntary sector initiatives and sustainable investment in these to enable them to further build their capacity

- Methods for engaging with and involving asylum seekers and refugees, with different backgrounds, experiences, needs and at different stages in the asylum process, in the development of appropriate services
- Workforce development, including training and supervision, to strengthen the capacity of staff to respond positively to the diverse needs of asylum users and refugees
- Monitoring and review, involving systematic, regular and ongoing collation of data to:
 - monitor inequalities in access and use of social care provision
 - assess the extent to which positive outcomes are achieved
 - understand the experience of asylum seekers and refugees of service delivery issues to facilitate the design and provision of personalised services.

These measures will serve to support and drive innovations in practice.

Policy, practice and research implications

It became clear through the process of the research that focusing on the rights, strengths, resources and abilities of asylum seekers and refugees as fellow citizens, and to respect and work with them as people who can make a positive contribution to British society, has greater possibilities for good social care services than merely focusing on needs. A focus solely on needs can inadvertently lead to asylum seekers and refugees being viewed in terms of what they may demand rather than what they can offer. Adopting a rights-based approach to social care is the best way of ensuring that the principles of equality and respect identified by asylum seekers and refugees in the research are met. Such an approach seeks to understand the vulnerabilities of asylum seekers with social care needs through the lens of human rights.

A rights-based approach requires that local authorities are supported in their role of providing access to appropriate personalised provision for asylum seekers and refugees by recognition of their responsibilities to preserve the rights of asylum seekers and refugees. This support includes appropriate levels of funding to enable local authorities to discharge their responsibilities, and clear guidance from the Department of Health and the UK Border Agency (UKBA). In its absence local authority teams are left to make decisions on a case-by-case basis, which may result in only a minority of asylum seekers and refugees accessing appropriate provision.

This review identified significant gaps in the evidence base for good practice in social care. There is a need for further research in this area, including:

- mapping access to community care assessment and access to personal social services
- focusing on the needs and service delivery options for children in families, disabled asylum seekers and refugees, older refugees, women and other groups that have been identified as vulnerable

- evaluating outcomes for social care interventions for asylum seekers and refugees
- processes for mainstreaming the needs of asylum seekers and refugees within broader local authority agendas.

The review identified practice examples and resources to enable local authorities and their partners to navigate this complex terrain. These are available in the *Resource guide* (see www.scie.org.uk).

1 Introduction

Refugees and asylum seekers face adversity before, during and after arrival in the UK, with complex interwoven needs arising from these experiences. On the one hand, they often display remarkable resilience and adaptability in the face of extreme adversity, and have many talents to offer British society. On the other hand, their experiences, background and marginalised position in that same society create particular vulnerabilities. A significant proportion therefore require a range of social care services, and those vulnerabilities present challenges in the provision of good quality social care to this group (Patel and Kelley, 2006). A focused review of the literature undertaken for the Social Care Institute for Excellence (SCIE) indicated that the evidence base for good practice in social care for refugee and asylum seekers is not robust (Crompton and Newbigging, 2007). Much of the literature reviewed confirmed that social care, mental health, healthcare and even housing could not effectively be delivered by one, standalone agency.

A multiagency partnership approach was identified as desirable and more likely to meet the social care needs of individuals from asylum-seeking and refugee communities. Tentative pointers for good practice were developed from this review, but indicated the need for further research to explore these further. This research builds on this earlier work to develop an evidence base of suggested good practice in relation to social care for refugees and asylum seekers. This report outlines the method, findings and synthesis of the results that provided the basis for the development of the *Resource guide*. While it focuses on the social care needs of asylum seekers and refugees and the extent to which they are currently met, or unmet, this report is not intended to detract from their resilience and remarkable capacity to endure extreme circumstances nor the positive contribution that they bring to UK society. As has been noted by the Migrant and Refugee Communities Forum (MRCF), refugees should be represented as 'active survivors' rather than 'passive victims' (MRCF and CVS Consultants, 2002). This needs to be borne in mind while reading this report, as much of the literature reviewed describes asylum seekers and refugees in terms of their vulnerability and marginalisation providing a narrative of unmet need, reinforced by the participants in this study.

1.1 Terms of reference

The research considered services for adults, older people, children and families across England, Wales and Northern Ireland, and the scope included a wide range of support to asylum seekers and refugees with a range of issues, including unaccompanied asylum-seeking children (UASC) and people with mental health issues or physical disabilities.

1.2 Research objectives

The research review consisted of two elements: a focused literature review and a practice survey. Both were undertaken in accordance with the relevant SCIE guidance (Coren and Fisher, 2006; SCIE, 2008).

1.2.1 Systematic literature review

The aim of the literature review was to update and extend the previous focused review, particularly in relation to mental health, and to include material relating to children and young people under the age of 16. The specific objective was to review the research evidence to identify positive outcomes and good practice in social care provision for asylum seekers and refugees.

1.2.2 Practice survey

The aim of the practice survey was to explore what is currently happening in social care provision for asylum seekers and refugees. The objectives were to:

- 1 explore the views of asylum seekers and refugees on their needs for social care and their suggestions for good practice in responding to these
- 2 consult with practitioners and third sector organisations on their experience and views of good practice in social care for asylum seekers and refugees
- 3 complement the literature by providing examples of practice.

1.3 Stakeholder involvement

The main mechanism for ensuring that the perspectives of asylum seekers and refugees were represented was the Steering Group, which provided oversight of the project and expert advice. There was involvement in other aspects of the research, particularly recruiting to and co-facilitating the focus groups, although this was not as extensive as had been originally envisaged because of significant practical problems and resource constraints.

2 Background

2.1 Asylum seekers and refugees in the UK

Asylum seekers and refugees are a highly heterogeneous group, and what unites them is their application for asylum in the UK. As a group they include men and women of different ages with different educational backgrounds, including highly skilled professionals, who have experienced different circumstances in their own countries and arrived in the UK through different means. They face hardship before, during and after arrival in the UK and many commentators have commented on the resilience, skills and strengths of asylum seekers and refugees and their networks as well as their social, cultural and economic contribution to life in the UK (see the Refugee Council's website for a detailed literature documenting this at www.refugeecouncil.org.uk/practice/basics/).

Every year people from a range of countries fearing persecution seek asylum in the UK under the 1951 United Nations (UN) Geneva Convention. In the 1990s applications for asylum averaged around 34,000 per year and from 1999 increased significantly to over 70,000, rising to just over 84,000 in 2002. However, since then the numbers of applications have been falling significantly, with 23,430 applications (28,300 including dependants), recorded in 2007 (Home Office, 2007). Up to 750 people a year come to the UK under the Gateway Protection Programme, delivered in partnership with local authorities, to enable refugees from some of the most troubled parts of the world to settle in the UK (Home Office, 2008).

In 2008, 4,285 UASC applied for asylum in the UK, 18 per cent more than in 2007, and of these a third were aged under 16 (Home Office, 2008).

The top 10 countries represented in applications in 2007 were Afghanistan, Iran, China, Iraq, Eritrea, Zimbabwe, Somalia, Pakistan, Sri Lanka and Nigeria. In 2007, over 70 per cent of asylum seekers were from these countries, and many of these have featured in the figures for the top countries for the last five years. This suggests that the majority of asylum applicants to the UK come from areas with protracted refugee situations (ICAR, 2009a). Men outnumber women, with 70 per cent of the applicants for asylum in 2007 being male. The majority of applicants for asylum are under 35 years old (80 per cent in 2007, similar to 2005 and 2006 figures) and a small minority are aged 50 or over (4 per cent in 2007). In 2007, 3,525 UASC aged 17 or under applied for asylum (ICAR, 2009a).

In England, the majority of asylum seekers and refugees initially settled in London but since the implementation of the Immigration and Asylum Act 1999 they have been dispersed to other areas of the country (Ward et al, 2008), in particular Birmingham, Leeds, Manchester and Newcastle-upon-Tyne. In Wales, the main areas for dispersal and settlement are Cardiff, Swansea and Newport. In Northern Ireland the numbers of asylum seekers and refugees are thought to be relatively small and were estimated at 2,000 in 2002, located mainly in Belfast (McVeigh, 2002).

The areas in England and Wales with more than 400 asylum seekers, based on the Home Office 2007 figures, are listed in Table 1. However, this is a changing picture,

with new places being identified as dispersal locations, for example, Southampton from February 2007 (Southampton City Council), and others ceasing to be dispersal locations.

Table 1: Areas with more than 400 asylum seekers^a in dispersed accommodation or receiving subsistence-only support, as at 31 December 2007

Area	Local authority	Total asylum seekers (including dependants) (accommodation and subsistence-only support)
North East	Middlesbrough	585
	Newcastle-upon-Tyne	1,265
North West	Blackburn with Darwen	530
	Bolton	620
	Bury	445
	Liverpool	1,090
	Manchester	1,515
	Oldham	575
	Salford	935
	Wigan	595
Yorkshire and the Humber	Barnsley	495
	Bradford	715
	Doncaster	655
	Kingston-upon-Hull	475
	Kirklees	725
	Leeds	1,870
	Rotherham	725
	Sheffield	1,050
East Midlands	Derby	460
	Leicester	810
	Nottingham	1,080
West Midlands	Birmingham	2,195
	Coventry	870
	Dudley	535
	Sandwell	470
	Stoke-on-Trent	885
	Wolverhampton	740
Greater London	Ealing	495
	Enfield	635
	Haringey	675
	Newham	690
	Redbridge	420
Wales	Cardiff	1,130
	Swansea	700
Total for UK (excluding Scotland)	Total	39,010

Note: ^a Excludes UASC.

Source: Home Office (2007)

The Institute of Community Cohesion (iCoCo, 2008) has identified the key issues for public services for migrants in general, which are relevant to provision for forced migrants (that is, asylum seekers and refugees), as:

- *child protection*: the complexities of ensuring effective safeguarding of children in transient families, which are exacerbated by language and cross-cultural issues
- *language barriers*: meeting the basic information needs, translation and interpretation, supporting complex advice needs and communicating in emergencies
- *housing*: poor-quality accommodation with people living in overcrowded or unsuitable properties in a poor state of repair, sometimes with a high fire risk or other health and safety problems
- *community cohesion*: tensions and conflicts between migrants, including forced migrants and the host communities
- *community safety*: migrants are more likely to be victims of crime than perpetrators
- *health*: the impact is felt on Accident & Emergency (A&E), maternity services, and mental health services, particularly for asylum seekers and refugees who have experienced trauma.

The provision of social care to meet the needs of asylum seekers and refugees needs to be understood within this broader context and the emerging evidence that the available statutory provisions are failing to meet the basic housing and financial needs of many asylum seekers and refugees (Dwyer and Brown, 2005).

2.2 Social care needs of asylum seekers and refugees

As many commentators have made evident, asylum seekers and refugees have multiple needs, with many escaping severe persecution, and/or torture and enduring considerable hardship both in reaching the UK and once they have arrived (Perry, 2005; Patel and Mahatanti, 2007), with many communities facing high levels of deprivation and exclusion (Palmer et al, 2008). This is not to underplay the resilience of asylum seekers and refugees in dealing with adverse situations, reflecting a combination of personal attributes and external factors, including positive childhood experiences that help individuals cope with difficulties encountered in later life and community and social support structures. However, the 'ubiquitous anti-asylum coverage' in the media (Khan, 2008, p 2) and political messages may exacerbate negative public attitudes towards asylum seekers, which in turn support restrictive social policy (Khan, 2008), contributing to marginalisation and exclusion. Government policy and public attitudes, plus the psychological consequences of the pre-flight experience and subsequent experience of living in exile, have thus been linked to the need for social care in relation to mental health problems (Watters and Ingleby, 2004).

There is also an emerging consensus from research on asylum seekers with mental health problems and practice that their difficulties are often worsened by the asylum process (Watters and Ingleby, 2004; Palmer and Ward, 2006), particularly uncertainty about their legal position (Crowley, 2003) and detention (McKenzie et al, 2007) and a failure of the reality of life in the UK to match up to expectations (Leavey et al,

2007). Further barriers exist to accessing culturally relevant and appropriate mental health support and there is a call for identifying and sharing good practice (Social Perspectives Network and London Development Centre, 2006). Although there is comparatively little research on asylum seekers and refugees with disabilities, that which exists reports that they face multiple disadvantage, and a lack of basic social care provision can also contribute to the experience of hardship and poverty (Roberts and Harris, 2002; Harris, 2003).

In comparison to their needs in relation to healthcare and housing, relatively little has been written about the social care needs of asylum seekers and refugees. A significant gap in the research has been identified in relation to asylum seekers and refugees with disabilities, including those with physical and sensory impairments or learning disabilities and victims of domestic violence who have no recourse to public funds (NRPF) (Fellas and Wilkins, 2008; ICAR, 2009b). Further reliable data on the extent of disability and other needs that might require a social care intervention is not available and is thus often based on estimates (Roberts and Harris, 2002).

2.3 Policy and practice context

Immigration law and policy provides an important part of the context for social care provision for refugees and asylum seekers, and frequent changes in this area present a challenge to social care agencies.

2.3.1 Children and young people

International conventions

Since 1991 the UK has been a signatory to the UN Convention on the Rights of the Child (with a reservation in relation to asylum and immigration policy, which was finally withdrawn in 2008). The UK is therefore committed to promoting and upholding Convention rights for all children, although this has not been incorporated into law. The European Convention on Human Rights is incorporated into UK law by virtue of the Human Rights Act 1998, and applies to children as well as adults. Human rights under the Convention include the right to life, liberty, fair treatment at law, privacy and respect for family life. The Separated Children in Europe Programme, a joint venture of Save the Children and the UN High Commissioner for Refugees (UNHCR), has produced a statement of good practice (Save the Children, 2004), which deserves to be more widely known.

The Children Acts

The Children Act 1989 provides the basic framework for services to children and families. Section 17 gives local authorities a duty to provide support for children in need, and Section 20 gives them a duty to provide accommodation for children who require it. Section 31 gives local authorities a duty to investigate and take action if it is believed that children are in need of protection. All these duties apply to refugee and asylum-seeking children.

Children and young people who are accommodated under Section 20, or who are committed to the care of the local authority, are 'looked-after children' in the terms of the Act and entitled to formal planning and independent review of their care. The Hillingdon Judgment, supported by government guidance, has now established that young unaccompanied asylum seekers should normally be accommodated under Section 20, and that the practice of paying for accommodation under Section 17 in order to avoid children becoming looked after should have ceased (DH, 2003b). Looked-after children are also entitled to services under the Children (Leaving Care) Act 2000 and associated regulations, which define eligibility and entitlement to planning for leaving care and to support up to the age of 21 (or 25 if in full-time education).

The Children Act 2004 now includes a duty on local authorities to improve the wellbeing of all children in their area and to make arrangements to safeguard and promote their welfare (Sections 10 and 11). The Act emerged from a review of policy following the death of a child from West Africa, Victoria Climbié. The same review produced the policy framework *Every Child Matters* (HM Government, 2003), which incorporates the entitlement of every child to five key outcomes: Be healthy; Stay safe; Enjoy and achieve; Make a positive contribution; Achieve economic wellbeing. The emphasis of the *Every Child Matters* strategy is on interagency working through children's trusts led by local authorities but including a range of statutory and non-statutory agencies providing health, education, welfare and protection for children. A key part of this is the Common Assessment Framework, aimed at children and young people with 'additional needs' who are at risk of poor outcomes and incorporating multiagency assessment based on three 'domains' of: (i) the child, (ii) parents and carers and (iii) the family and wider environment.

Children in families

For children in families, Section 9 of the Asylum and Immigration (Treatment of Claimants, etc) Act 2004 allows the withdrawal of support to families whose claim has been denied, and in areas where this provision has been piloted has produced conflict with the duties of local authorities to act in the best interests of children, which are not normally served by enforced separation from their parents.

Age assessment

A contested area of policy has been around age assessment, because of the crucial implications of age for entitlement to services, coupled with the absence of clear evidence of age for many people coming from disordered situations. Social care agencies are frequently involved in making their own judgements about the age of young people presenting themselves as unaccompanied minors. In 2005 an Age Assessment Protocol was agreed between the Immigration and Nationality Directorate of the Home Office and the then Association of Directors of Social Services (ADSS) acting on behalf of UK local authorities and statutory childcare agencies (available at <http://cpp.shropshire.gov.uk/pdfs/Age%20Assessment%20Protocol.pdf>). The aim was to support a cooperative approach to age assessment, although there is evidence that disputes and confusion still occur (see, for example, Free, 2005a).

Concern at the treatment of children and young people in the asylum system recently led to significant new proposals from the UK Border Agency (UKBA) (Home Office Border and Immigration Agency, 2008a, 2008b). These proposals are relevant to the issue of age disputes.

2.3.2 Adults and older people

International conventions

Under the 1951 UN Convention, anyone has a legal right to seek asylum in the UK and to remain there while the claim is being considered. During this period of time people are known as 'asylum seekers' and if the application is successful they are termed 'refugees'. The difference in status between asylum seekers and refugees is critical to understanding the duties of local authorities in respect of adults and older people. If an asylum seeker receives indefinite leave to remain, humanitarian protection or discretionary leave, they become entitled to mainstream support on the same basis as UK residents.

Duties of local authorities

Local authorities have a duty to assess all individuals (including refused asylum seekers) if they appear to be in need of care services under Section 47 of the NHS and Community Care Act 1990. They also have a duty to provide care under Section 21 of the National Assistance Act 1948. The Slough Judgment (House of Lords, 2008) clarified local authorities' responsibilities under Section 21 of the National Assistance Act 1948 and ruled that to qualify for support an individual had to have a care need above and beyond the provision of accommodation, such as a need for personal care or household tasks. It has been suggested (see www.lg-em.gov.uk/ppimageupload/Image77010.DOC) that in effect this raises the threshold, as prior to this ruling local authorities could provide residential accommodation under Section 21 to those who by reason of age, disability or any other circumstances were in need of care and attention. However, Schedule 3 of the Nationality, Immigration and Asylum Act 2002 prevents local authorities from routinely providing support to refused asylum seekers who are in the country unlawfully. There are some exceptions to these exclusions, but they do not prevent local authorities from providing assistance to refused asylum seekers if to do otherwise would be a breach of an individual's human rights under the Human Rights Act 1998. This means that local authorities should assess refused asylum seekers (if care needs have been signposted) but it does not mean that they should necessarily provide support. Asylum seekers, and indeed refugees, will need to meet the *Fair access to care* eligibility criteria for social care. Local authorities are therefore in a position of making decisions on a case-by-case basis, taking into account all the factors surrounding the individual's circumstances and seeking their own legal advice if necessary. In circumstances where an asylum seeker or refugee is eligible for support, direct payments or a personal budget may be the means by which support is provided rather than direct services.

In Northern Ireland, the Department of Health, Social Services and Public Safety has provided guidance on access to health and social care for asylum seekers

and refugees (DHSSPS, 2004) and this is mainly targeted at services for children, maternity services and mental health services.

Other relevant legal and policy frameworks

There are a number of other legal and policy frameworks within which to consider the social care needs of asylum seekers and refugees:

- *Race Relations (Amendment) Act 2000*: introduces a statutory duty for public authorities to promote 'race' equality including promoting equality of opportunity and good 'race' relations between people of different ethnic groups
- *Delivering race equality in mental health care, 2005*: a five-year action plan for achieving equality and tackling discrimination for people from black and minority ethnic (BME) communities in mental health services in England
- *Disability Discrimination Act 2005*: extends previous legislation to promote equality for people with disabilities and gives people rights in relation to access to facilities and services
- *Safeguarding Vulnerable Groups Act 2006*: the definition of a 'vulnerable adult' could apply to many asylum seekers and refugees
- *Equality Act 2006*: established the Commission for Equality and Human Rights to tackle discrimination on the grounds of religion or belief and sexual orientation and introduced a statutory duty for public services in relation to gender equality
- *Mental Health Act 2007*: made amendments to the 1983 Act, and outlines provision and safeguards, including advocacy, for people with a mental disorder
- *Putting people first, 2007*: outlines the elements of a personalised social care system and signals a strategic shift towards prevention and early intervention It proposes the provision of a 'first-stop shop' to provide a universal information, advice and advocacy service for people needing services, and their carers, irrespective of their eligibility for public funding
- *Transforming social care, 2008*: sets out a vision for a personalised approach for social care working in partnership with other organisations to promote wellbeing and prevention
- *Carers' strategy, 2008*: outlines steps to support carers in their caring role
- *Responsibilities to promote community cohesion*: referred to in a range of policy and legislation, for example recent guidance to local authorities on how to mainstream community cohesion within all their services (CLG, 2009)
- *Fulfilled lives, supportive communities, 2007*: sets out the 10-year strategy for social services in Wales.

2.4 Pointers for good practice for social care for asylum seekers and refugees

The focused literature review by Crompton and Newbigging (2007) identified that the evidence base for good practice in social care for refugees and asylum seekers was not particularly developed. A relatively small number of systematic studies were identified and there was a greater emphasis within all the literature reviewed on highlighting deficits in social care systems and less on good practice. Much of the literature reviewed identified that a multiagency, partnership approach was desirable and more likely to meet the social care needs of individuals from asylum-seeking and

refugee communities. Crompton and Newbigging developed the following tentative pointers for good practice from their review:

- Clarity regarding entitlement to social care and responsibilities for provision for refugees, asylum seekers and refused asylum seekers
- Strategies to increase access through the provision of information, use of interpreters and outreach strategies via community organisations to identify asylum seekers and refugees who may require social care
- Advocacy at a micro- and macro-level to increase the understanding of the social care needs of asylum seekers and refugees. This means a range of advocacy provision with the aim of increasing choices and access to appropriate provision and empowering individuals
- Ensuring that social care provision is culturally sensitive and competent and therefore able to respond appropriately to the needs of refugees and asylum seekers. Training and supervision for social care professionals are crucial as well as engagement and working in partnership with community organisations that have specialist knowledge
- Working across organisational boundaries to deliver services that respond to needs in a culturally appropriate way. This implies commissioning community and voluntary sector organisations to deliver social care.

Crompton and Newbigging concluded that their review confirmed the need for further in-depth, community-focused research to further explore the good practice suggestions revealed here. This more detailed review would need to look at the grey literature more extensively and open up the dialogue with refugee and asylum seeker organisations and local authorities to elicit their views on good practice. Further, they recommended that the views of refugees and asylum seekers should be integral to this work, which was identified as a major gap.

3 Methodology

3.1 Updated literature review

The earlier literature review was updated in accordance with the protocol developed and agreed with SCIE for the original focused literature review (Crompton and Newbigging, 2007). This was revised to include material relating to children and young people under the age of 16. The search was limited to literature published from January 2000, subsequent to the publication of the Immigration and Asylum Act 1999, to material published in English and to that relating to service provision in the UK because of the specific nature of the context for providing social care. It focused on:

- published research studies of the process and outcome of different social care services and interventions, both quantitative and qualitative
- good practice identified by inspection audit and inquiry activity when this is as a result of a structured enquiry/research method.

3.1.1 Review questions

The overarching aim of this work was to identify good social care practice when working with asylum seekers and refugees of all ages. The review questions were:

- a) What are the key drivers behind good practice when working with refugees and asylum seekers with social care needs?
- b) What does good practice mean when applied to people seeking asylum? How is this similar to or different from good practice with people whose refugee status has been confirmed?
- c) What are the lessons that can be learned about good practice from other relevant sectors, particularly health, lifelong learning and housing?
- d) What indicators are there in the literature as to the key criteria for the accessibility, acceptability and effectiveness of interventions that define good practice with refugees and asylum seekers with social care needs? The 'acceptability of interventions' refers to how acceptable interventions are to service users and carers. The 'accessibility of interventions' refers to how easy to access interventions are. This may refer to practicalities (for example, facilities for adults with disabilities and travel) but also issues such as language barriers, stigma and other barriers or facilitators to accessing social care.

3.1.2 Search strategy

The review built on the search strategy for the focused review and included bibliographic databases and web-based sources for the period 2000–08 (see Appendix 1). The search also included regulatory and statutory sources and material sourced through the practice survey element of the study.

3.1.3 Criteria for inclusion and exclusion

Inclusion criteria

- *Participants*: asylum seekers, refused asylum seekers, forced migrants and refugees of all ages
- *Definition of social care*: social work, personal care (but not nursing or medical care), protection or social support services to adults at risk or with needs arising from illness, disability, old age or poverty and their families or other carers
- *Contexts of social care provision*: disability, mental health, older age, children and families
- *Stakeholder outcomes*: these included acceptability, accessibility, satisfaction, appropriateness, promotion of independence, social inclusion, protection of human rights, empowerment and advocacy
- *Service outcomes*: factors influencing implementation, service changes and developments, resourcing
- *Literature*: the search was limited to literature published between 1 January 2000–31 December 2008 and to material published in English relating to service provision in the UK. The material needed to include evidence of systematic inquiry, that is, clear objectives, description of method to address objectives, statement of findings and recommendations or conclusions linked to findings.

Exclusion criteria

- Papers published in languages other than English
- Papers published on or before 31 December 1999
- Papers concerned with economic migrants
- Papers that do not demonstrate a systematic approach to inquiry.

3.1.4 Analysis

The method of location of materials and decisions taken for exclusion of studies were documented and reported, and the SCIE guidelines were followed to allow for an audit trail of searches and retrieval. Reference Manager, a computer software programme, was used to develop a database of the materials identified, and included in the review.

The categories for data extraction of content were:

- participants (that is, asylum seeker or refugee, children, adults, older adults)
- intervention details (for example, type of social care)
- outcomes including service user views
- standards, recommendations or indicators for good practice
- factors influencing good practice.

In addition, details were extracted relating to the evidence, including:

- evidence type and main details of design, for example, aim, sample, data collection method, etc

- quality criteria relevant to the evidence type/study design.

The analysis took place at two levels:

- 1 Systematic inquiry directly relevant to social care (that is, primary literature)
- 2 Indirectly relevant to social care, for example, recommendations from healthcare or housing provision (that is, secondary literature).

There was a limited but consistent quality appraisal of included studies using a brief version of TAPUPAS (Pawson et al, 2003) (that is, nine key questions). No material was excluded from the review on the basis of quality, but quality issues influencing interpretation were considered during the synthesis.

3.2 Practice survey

3.2.1 Aim

The overall aim of the practice survey was to obtain knowledge about suggested good practice in social care for asylum seekers and refugees that was not currently written down. It aimed to consider a broad range of social care provision, both statutory and third sector, developed for asylum seekers and refugees in England, Northern Ireland and Wales. The survey covered all age groups: adults, older people, children and families.

3.2.2 Methodology

There were three elements to the practice survey: (a) focus groups with asylum seekers and refugees; (b) a national survey across England, Wales and Northern Ireland of local authorities, relevant care group disability organisations and refugee and asylum seeker organisations; and (c) visits and interviews with a selected sample of sites nominated as illustrations of good practice.

Focus groups with asylum seekers and refugees

Sampling and recruitment strategies

Six focus groups were held in four locations, four in England and two in Wales. Initially four had been planned but the number of participants, which exceeded the expected number, made it possible to hold two focus groups in two of the locations. The sampling strategy was designed to capture as much diversity as possible in terms of location (using Home Office figures to identify those areas with more or less than 400 asylum seekers at 2007; see Table 1) and participant profiles (UASC, children in families, women and men, asylum seekers and refugees), as summarised in Table 2. Different recruitment strategies were also used with potential participants for the focus groups recruited through the networks associated with different types of organisations. There was a degree of pragmatism involved in this and we were, for example, able to build on established networks developed through the community engagement work undertaken at the University of Central Lancashire (UCLan) (Fountain et al, 2007) to recruit participants in one of the locations.

The organisation’s manager and a nominated contact from the organisation were approached and invited to participate in the study via a telephone call from one of the researchers who provided supporting information. The organisation thus recruited refugees and asylum seekers who were known to them as having social care needs. They were supported in this by the researcher, who talked through the study and any potential ethical issues and identified any practical issues, such as the need for childcare or interpreters. All potential participants were given a detailed information sheet about the study, which was translated and/or read out for those who did not speak or read English. Before the focus group started all participants were asked for consent and to protect anonymity were invited to initial or tick a consent form if they were willing to take part. Participants received a gift voucher as a token of appreciation for their time and contribution, and travel expenses and childcare costs were reimbursed.

Table 2: Focus group details

Focus	Focus group	Location	Recruitment strategy
Children and young people (in families and UASC)	Two focus groups, one for girls and one for boys (12 girls, 8 boys)	City with long history of immigration and more than 400 asylum seekers at 2007	Via refugee organisation
Adults and older people with social care needs	Two focus groups for adults, both mixed sex (17)	City with more than 1,000 asylum seekers as at 2007	Via a health access team
Adults and older people with health and social care needs	Mixed sex focus group of 8 (5 women, 3 men), including seven mental health service users	City with more than 1,000 asylum seekers as at 2007	Via community organisation targeted at BME communities
Adult women with social care needs	Women-only focus group (9)	City surrounded by large rural area with less than 400 asylum seekers as at 2007	Via community organisation, with which UCLan has well-established links

Data collection

With the exception of the two focus groups involving children, the focus groups had two facilitators, one of whom acted as a note taker. Two of the groups were bilingual, in one instance the facilitator spoke a relevant language and English and in the other instance an interpreter was used. The schedule for the focus groups is attached at Appendix 2. This was developed as a consequence of the first focus group to ensure that a working definition of social care was developed early on in the process, as it

was clear that the term might have little meaning for many participants. Scenarios were also developed to illustrate what social care meant in practice and to reflect different social care needs. A version using pictures was specially developed for the focus group with children and young people (see Appendix 3 for an example).

It was clear from the response of the participants that they were keen to share their experiences of asylum and to be heard, and many indicated that they were telling their story for the first time. Each participant was also asked to complete a questionnaire (see Appendix 4) to provide brief personal information to give an overview of the focus group participants. This included:

- gender
- age
- status
- country of nationality
- length of time in the UK
- languages written and spoken
- disability status
- experience of mental health problems
- use of and need for social care services.

National survey

A survey of 525 organisations was undertaken, including children's and adult services, asylum teams within local authorities, refugee and asylum seeker organisations and national charities relevant to potential care groups, for example disability charities, mental health, older people's and children's charities. The main aims of the survey were to identify social care needs and components of good practice in meeting them, and to elicit potential examples of good practice. A questionnaire was designed specifically for this project and piloted with a small number of organisations before being widely circulated (see Appendix 5). The questionnaire was sent either by email or by post to the organisation concerned, together with a briefing paper describing the project. The questionnaire was in two parts:

Part 1

- Information about the organisation, including responsibilities for asylum seekers and refugees and whether a needs assessment had been undertaken
- Information about asylum seekers and refugees in the area, including the main groups and views on their needs
- Identification of examples of good practice in their area.

Part 2

- Detailed information on the nominated example of good practice, adapted from a SCIE proforma used for these purposes.

As responses to postal surveys are often typically low, we initially aimed to overcome this by going through established networks, and the letter to care group

organisations was circulated via SCIE. When it became clear that the response rate was indeed proving to be low, a reminder was sent to local authority organisations and we targeted a sub-sample of these with telephone interviews drawn from areas with significant numbers of asylum seekers (see Table 1). As identifying examples of good practice in social care for adults with physical or learning disabilities and mental health needs was also proving difficult, we subsequently contacted 25 local authority asylum support units, in areas receiving significant numbers of asylum seekers, in order to undertake telephone interviews to identify further practice examples.

A sample of refugee and community organisations (RCOs) was selected and those in Yorkshire and the Humber, West Midlands and London were contacted initially by telephone and then either were sent the survey questionnaire to complete with colleagues or were interviewed by telephone.

The process of arranging telephone interviews proved to be labour-intensive and we gained the impression, from specific feedback, that service providers in this field of work are particularly stretched. A total of 108 organisations responded, giving a response rate of 20.6 per cent, as described later in Table 5.

Site visits and interviews

The earlier phases of the project enabled the description of good practice and identification of examples in social care for asylum seekers and refugees of all ages in England, Wales and Northern Ireland. The final phase of the practice survey involved fieldwork in order to collect further information about the practice examples identified by the field. This involved interviews either with individuals or on a group basis, which were undertaken with staff from local authorities and representatives of asylum seeker and refugee organisations in the area where the good practice example was located. The interview schedule for this phase was similar to Part 2 of the national survey questionnaire, as we found that a significant number of respondents had not completed this when it was originally sent (Appendix 6).

As Watters and Ingleby (2004, p 553) have observed in relation to mental health, 'identifying criteria for the assessment of good practice is far from straightforward'. The approach that we took was to develop criteria from the literature review and the focus group and practice survey data. From this it was possible to identify eight broad themes (see Section 7 for further details) that point to potential good practice and these resonate with those identified by Watters and Ingleby (2004):

- overarching principles that promote wellbeing and inclusion of asylum seekers and refugees
- strategies to ensure access including clarity regarding entitlement
- effective communication and advocacy
- comprehensive needs-led assessment
- personalised social care that is outcomes-focused, culturally sensitive and designed to meet specialist needs
- activities that promote self-organisation, innovation and involvement
- well-developed partnership working

- monitoring and review.

The practice examples identified illustrate these pointers to good practice. No attempt was made to validate the examples as good practice with asylum seekers and refugees, or RCOs, because of the time and resource constraints of the project. Consequently these examples are referred to as practice examples to illustrate these criteria. The information on the practice examples has been used to provide material for the *Resource guide* where summaries of the most relevant examples can be found. They were also used to inform the development of suggested good practice and the relevant data was extracted and used in the synthesis.

3.2.3 Data analysis

Questionnaire data on focus group participants and from the national survey were analysed using descriptive statistics in SPSS. The focus group and interview data, and responses to the national survey questionnaire, were analysed using a systematic thematic content analysis method. The categories that were used for data extraction related to social care needs, awareness and knowledge of social care provision for asylum seekers and refugees, factors that facilitate access to social care, barriers to access to social care, organisation of social care, social care interventions and indicators of good practice.

3.3 Data synthesis

The evidence from the literature review and the practice survey were combined to provide an overview of needs for social care and suggested good practice. The conceptual framework for synthesising the material reflected the research objectives, and the key headings were:

- needs and experiences of asylum seekers and refugees in relation to social care
- suggested good practice in social care for asylum seekers and refugees
- barriers and facilitators to the provision of social care for asylum seekers and refugees.

The nature of the evidence from both the literature review and the practice survey was summarised, mapped and evaluated against these headings.

3.4 Confidentiality and ethical issues

The key ethical issues raised by this study were in relation to the practice survey: consent, confidentiality, issues relating to child protection and data protection. Approval was sought and obtained from the International School for Communities, Rights and Inclusion's Ethics Committee, and from the Association of Directors of Children's Services (ADCS) and the Association of Directors of Adult Social Services (ADASS) research governance processes.

4 Updated literature review

4.1 Overview of the literature

The aim was to focus on published research studies of the process and outcome of different social care services and interventions, both quantitative and qualitative, and on good practice identified by inspection and audit involving systematic inquiry. After removing duplicates, 434 papers were identified, including 156 from the original focused review. This total included 87 papers relevant to children and young people. A total of 96 papers met the inclusion criteria, 47 for children (21 classified as primary sources and 26 as secondary) and 49 for adults (29 classified as primary sources, relating to 26 studies, and 20 as secondary material).

The material available is best described as patchy, which is probably to be expected for research in an emergent field, in which policy and practice are highly contested and changing quite rapidly. Although we have looked at material published since 2000, publications prior to 2003–04 are often already of limited relevance, and even material from before 2007 has sometimes to be read with caution because of changes in the legal and policy framework, which inevitably impact on practice. A summary of the search results is provided in Appendix 7, and details of the papers in Appendices 8-11.

In relation to children and young people, there are a healthy number of studies of the experiences and perceptions of young refugees and asylum seekers, and some sound and substantial studies of practice with this group. However, the majority of the material available is concerned with UASC and young people, rather than with refugee or asylum-seeking children in families, and this applies equally to the more substantial studies.*

In relation to adults, the majority of additional papers identified related to mental health, with the majority of studies having been undertaken in London. Only a small number of additional papers were identified relating to asylum seekers and refugees with disabilities, confirming a relative lack of attention to this as a field of enquiry. The majority of studies were focused on needs, rather than directly on service provision; these have been included where the implications for service provision are considered, although they are often slanted towards healthcare. Only one paper was identified that considered older refugees, possibly reflecting the small size of this population but suggesting that these needs are relatively invisible.

* Stanley (2001) comments that 'A great deal has been written about refugees and refugee children.... However, little has been written about young separated refugees in the UK and less still based on consultation with young people themselves ...' (p 20). The balance now is firmly in the opposite direction, with the preponderance of research activity in recent years being with UASC and young people, much of it based on their own accounts.

Finally a small number of additional papers were identified that were judged to be directly relevant to the provision of social care for asylum seekers and refugees, for example in relation to training and measures to improve cultural competence.

Inevitably the focus in much of this literature is on the particular needs of asylum seekers and refugees in respect of social care, rather than on their strengths, talents and what they can contribute to the host society. We would nevertheless argue (and indeed we do so in our conclusion) that a key challenge for providers of social care is to focus much more strongly on the resources and abilities of this group of fellow citizens, both children and adults, and to see them as people struggling to make their way through adversity to a better future, rather than simply as victims and dependent.

4.2 Children and young people

4.2.1 General needs

The *Every Child Matters* outcomes (HM Government, 2003) provide a logical starting point for looking at the needs of all children and young people for health and wellbeing and opportunities to participate in society. These needs present themselves in particular ways for children and young people who are refugees or seeking asylum, whether they are separated from, or part of, their families.

Read against those outcomes, the literature reviewed here suggests that for UASC the primary needs are likely to be:

- basic needs for a place to live, and for maintenance
- needs for security and belonging
- access to, and support with, education and career
- opportunities to develop social networks and to be active in the community
- legal advice and support with their asylum claim
- support with needs related to their refugee or asylum status, and also to their background (for example, history of trauma)
- cultural and linguistic sensitivity in the way in which they are received, and in which services are planned and delivered.

Focus groups of young asylum seekers in Kent identified their primary needs as being (i) access to interpreters; (ii) decent housing; (iii) an identified key worker; and (iv) a responsible adult for care provision (Watters, 2008).

For refugee or asylum-seeking children in families, on the other hand, the primary needs are likely to be:

- accommodation and maintenance
- a secure place in the neighbourhood and community
- access to, and support with, their education
- support with needs related to the family's refugee or asylum status, and also to their background (for example, history of trauma)

- access to help with other needs on the same basis as indigenous families, for example, daycare, help with disability or illness
- legal advice and support with the family's asylum claim
- cultural and linguistic sensitivity in reception and provision of services.

Refugee children in families will therefore present themselves to social care agencies for assessment and support under the Children Acts and other legislation, but no national statistics monitor their use of services, and 'it is not known whether refugee children are under-represented or over-represented in the cases assessed and supported by social services departments' (Rutter, 2003, p 39).

4.2.2 Needs in relation to social care

It can be difficult to separate social care needs from general needs, particularly for children and young people where local authorities' responsibilities are to the whole child and where services are increasingly planned and delivered in partnership with health, education and other agencies. This applies particularly to unaccompanied asylum-seeking children, for most of whom local authorities will have the responsibilities that go with being a 'corporate parent', which demand an holistic approach.

In what follows we look separately at the needs of unaccompanied asylum-seeking children and of children in families. The ways in which they present to social services, and the issues raised, are in many respects very different.

Needs of unaccompanied asylum-seeking children

These young people will almost inevitably become clients of social care agencies, as they present as needing accommodation under Section 20 of the Children Act 1989. It has been established by the Hillingdon Judgment and LAC(2003)13 (DH, 2003b) (reinforced by Mr Justice Holman in *H and others v London Borough of Wandsworth and others*; see Refugee Council, 2007) that it is not normally appropriate to use Section 17 support to accommodate unaccompanied asylum-seeking children. They will need appropriate placement, supervision and support in settling in, support with education, recreation and leisure, and opportunities for social contact. They will require regular planning and review, and are entitled to leaving care and aftercare support. They will also need support in accessing legal advice and pursuing their claims for asylum, and support in relation to their culture and language. Many of them will have complex emotional issues, and personal and family histories that feature loss and violence. Kohli (2007, p xi) comments that 'In some respects these young people present a fresh version of old challenges and dilemmas for social workers', by which he means separation and loss, social exclusion, and the problems of reconciling inner and outer worlds. He cites earlier research by Williamson (1998), who found that asylum-seeking young people wanted:

... caring adults who kept them safe, who understood the complexity of their experience and connected them to networks that were meaningful for them ... opportunities to eat "home food", or keep up with cultural affiliations; teachers who were strict but fair, and recognised that failing in education would be

a “disaster”. They wanted good legal representation in the asylum process, sympathetic welfare workers, careers advice, learning about “the British way of life”, and plenty of social activities to keep their minds off their problems. (Kohli, 2007, p 47)

Although unaccompanied young people are far more numerous, Rutter (2003) points out that there are also children of eight or younger, many of whom are in kinship or informal care or private fostering, who do not necessarily come to the attention of social services.

Unaccompanied young people who present to social work agencies tend to go through a series of phases in their relationship with the agency, from referral and placement through to leaving care. In the rest of this section we will look at the needs of the group in these different phases.

Referral and assessment

UASC tend to come to the attention of social care services within two weeks of arrival, usually referred by the immigration service or the police. Given that young people may arrive after long and arduous journeys and with little understanding of where they are, how these initial referrals are handled can be of crucial importance to their wellbeing. Wade et al (2005) observed two contrasting models of initial assessment, which, following Smale and Tuson (1993), they characterise as ‘procedural’, in which the social worker ‘follows a clear format to gather information and to assess whether standard thresholds have been reached’, or ‘exchange’ which ‘places emphasis on the assessed person as expert about their situation and the need to aid them in planning how to reach their goals’ (Wade et al, 2005, p 52). The ‘exchange’ model was generally more satisfactory for young people. Wade et al found that the overall quality of assessment was variable, and very often inadequate, especially with older young people. Assessment was ‘too commonly a one-off event’ (2005, p 62).

Age assessment may feature at any point in the process of referral and initial assessment. Local authorities are able to override determinations of age made by the immigration service adjusting either up or down. The difficulties associated with this process are well documented (Crawley, 2006; The Children’s Society, 2008a). There is no guaranteed objective method for assessing the age of a young person, and many methods used in practice (from visual assessment to dental x-ray) are experienced by young people as intrusive and oppressive. The Royal College of Paediatrics and Child Health recognises ‘that age assessment is a complex and difficult process requiring a thorough assessment of the social and cultural context from which a child originates alongside detailed medical and psychological observation’ (Crawley, 2006).

Placement

Young people may be placed in foster care, in residential care or in supported lodgings. Areas with larger numbers of UASC and young people may invest in specialist residential facilities, although these are not always satisfactory. Foster care is often the placement of choice for young people who find themselves alone in a

strange country, although many prefer to be in lodgings or other accommodation where they may have a greater degree of independence and perhaps more contact with other young people in a similar situation. Matching young people to foster placements in terms of culture and background is not always possible, and research suggests that it may not be the most important consideration in a successful placement (Wade et al, 2005). More important may be to have carers who have some prior understanding of the situation of young asylum seekers and an appreciation of the kinds of support they are likely to need.

Stanley (2001) found much successful use of foster care, but a need for more ethnically diverse placements to meet the needs of young people from abroad. She found residential placements to be of mixed value, while hostels and privately rented accommodation presented a range of serious problems.

Wade et al (2005) found that many young people were placed on the day of referral, and that the choice of placement was highly dependent on what resources happened to be available. Many older young people, especially males, were placed in unsupported housing after a perfunctory assessment. They found indications that kinship and care placements appeared to be protective. Foster care was preferred for young children and often worked well, providing 'safety, security and an opportunity to build new attachments' (2005, p 95). Cultural matching was difficult, and they concluded that more foster carers were needed, especially from refugee communities. For those young people in supported housing, support from a dedicated social worker was most effective, and there were indications that closer relationships with housing providers would be beneficial.

Supervision and support

All children and young people who are looked after are entitled to support with education, health and personal relationships. We have seen that support in education is a crucial feature of the care experience for young asylum seekers. Wade et al (2005) found that stable care or kinship placements provided better support for education, while those in 'independent' settings found it more difficult to sustain participation. They identify a need for good liaison between education and social workers, and that good social networks made a difference. They also point to a need for transparency over entitlements.

Health is also an important issue for many of this group, especially emotional health in view of their experiences of loss and trauma. Wade et al point to the impact on health of 'emotional turbulence' (2005, p 154) – of anxiety about the past and concern about the future. Chase et al (2008) looked at young people's perceptions and experiences of wellbeing, and found a 'very wide spectrum of difficulties' (2008, p 44). Older young people were more anxious, which tended to compound their difficulties. Young men in particular were less likely to seek advice or help. Hollins et al (2007) identified a higher level of psychological difficulties among older adolescents, which they suggest may be partly due to the reduction in the statutory provision of social (and emotional) support that occurs after the age of 16.

Looked-after children are also entitled to regular planning and review, to ensure that the care provided for them is optimal. The report by 11 Million (2008) found that UASC had little understanding of what it meant to be 'looked after' or accommodated, the responsibilities on the local authority, or their own rights. They were not able to participate effectively in their own reviews, and not always able to access the services they needed. Independent reviewing officers (IROs) were in some respects not sufficiently 'independent'.

Moving on

Transition to adult life is an especially significant milestone for this group, particularly because of the change in asylum status that accompanies it. Wade et al (2005) remind us that preparation for transition should link to planning and review, and that the 'intersection of social services and immigration responsibilities makes pathway planning complex' (2005, p 215). They identify four distinct groups of young people: '(a) those with long-term futures in the UK; (b) those seeking longer-term futures; (c) those who are refused permission to stay; (d) those who may choose to return to their countries of origin' (Wade et al, 2005, p 215; see also Kohli, 2007). Planning therefore 'needs to be flexible, realistic and take account of this range of possible outcomes' (Wade et al, 2005, pp 215-16). Leaving care appeared to be 'an area of weakness for local authorities' (p 216), with overuse of case closure, or a move to Section 17 support (see above), to minimise future obligations. In the end support was often dependent on workers offering informal help.

11 Million (2008) also express concern about the practice of 'de-accommodating' unaccompanied young people before the age of 18, and of transferring young people into leaving care provision and ceasing to maintain a care plan while they are being looked after.

Other issues

The Childhood Bereavement Network (2008) point out that most young refugees have suffered loss, and that therefore bereavement support must be part of the package of services provided. Chase et al (2008) also identify pregnancy as an emerging issue among separated young people.

Wade et al (2005) found that agencies tended to focus on family connections and pay less attention to friendship and community links. A number of studies point to the importance of social networks for separated young people (and indeed for families).

Significant numbers of children subject to immigration control are in private fostering, which 'remains an underground activity and the children living in these arrangements remain largely invisible from both the immigration and social service systems' (Crawley, 2006, p 69). Rutter (2003) makes a similar point.*

* It is generally accepted that official figures represent only a small fraction of the numbers of children in private foster care; see, for example, British Association for Adoption and Fostering, Submission of Evidence to the Home Affairs Select Committee on Immigration, www.baaf.org.uk/info/lpp/pf/hacom.pdf

Needs of refugee or asylum-seeking children in families

This group do not necessarily become clients of social care agencies, but they may at any time present with their families needing advice and information. They may need particular services under Section 17 (family support for children in need), and children may on occasion need to be accommodated under Section 20. They may also become subject to child protection concerns, and these may also lead to children being looked after. It is probably helpful to look at their social care needs under these separate headings, as we do below.

Advice and information

Beirens et al (2007) and others point to the importance of services that improve access to information, and that also help to build social bonds and networks. The Children's Society (2008a) reports a great deal of confusion about entitlements and where to go to for help:

Families described how they found it hard to get support from local authority children's services departments because they could not prove they were eligible for help, even when they were, and found it hard to advocate for themselves.... Professionals and advisors said that helping people to get support from children's services, or even getting an assessment of need, is fraught with difficulty.... "I would term it truculence, sort of creating small obstacles, but sometimes it's just a case of failing to respond appropriately, failing to offer an assessment even" [Agency worker]. (The Children's Society, 2008a, p 9)

Franks (2006) identifies a need for information, training and above all dialogue to ensure that services are sensitive and appropriate to the community, and that children are effectively protected.

Family support

Okitikpi and Aymer (2003) emphasise the need for confidence in skills and knowledge in offering support with problems faced by this group. Too much focus on practical issues may lead to neglect of psychosocial problems. A 'war of attrition' (2003, p 220) with central government over resources does not help.

Where children are looked after, there is evidence that 'out of borough placements' act as a barrier to families seeking help (The Children's Society, 2008a).

Family support issues for destitute families, whose claim for asylum has been rejected, pose particular challenges for local authorities because of the lack of a clear statutory basis for intervention. Section 9 of the Asylum and Immigration (Treatment of Claimants, etc) Act 2004 presents the threat that children may have to be accommodated because support has been withdrawn from their parents. Although the attempt to pilot it in a number of local authorities was a signal failure, the legislation remains on the statute book (Cunningham and Cunningham, 2007).

Child protection

Rutter (2003) reports that there is very little data or research on child protection issues among refugee communities. Her own research showed over-representation of Congolese children on the Child Protection Register in one London area. Issues included neglect caused by parental hours of work, physical punishment and intergenerational conflict. She also found that high mobility prevented continuity of support from social services, and that 'social workers' levels of awareness about refugee children's backgrounds and specific needs were often felt to be poor' (Rutter, 2003, p 41). Some child protection issues were specific to certain communities, including female genital mutilation and child marriage. 'Much more work needs to be carried out with community groups and community leaders in order to ensure the protection of children who may be at risk' (Rutter, 2003, p 41).

Bernard and Gupta (2008, p 489) also report that cultural differences tend to complicate child protection practice:

... practitioners need the skills, knowledge and conceptual tools to distinguish between the styles of parenting that differ from those of the majority culture, but which are not necessarily harmful, and parents who seek to justify abusive and neglectful behaviour by drawing on cultural explanations to justify their actions.

4.2.3 Meeting social care needs

For unaccompanied asylum-seeking children and young people

In the phase of referral and assessment, the following appear to facilitate needs being met:

- dedicated teams with a sufficient level of commitment and expertise
- an assessment process led by qualified social workers
- a positive approach to young people based on exchange and dialogue
- readily available resources for support with language (ideally with relevant language speakers in the team).

In relation to placement, the most important positive factors are:

- adequate placement resources able to take young people at short notice
- carers who have had appropriate training and have a positive approach to young people
- good support for carers from the local authority, or other appropriate agency.

Chase et al (2008) identify a series of factors that can help unaccompanied asylum-seeking children to succeed and to get the best out of the system. Foster care can work well, but the quality of relationship is vital. Cultural matching is not always crucial, they suggest, depending on individual needs. (As noted elsewhere, a crude approach to cultural matching can miss the complexities of different backgrounds.) Those not in foster care need a key worker or mentor. Specialised residential care can also be positive. They emphasise the benefits of education for asylum-seeking young

people, and how stronger communication between education and social care staff may help with this. Other support – particularly friends and relatives, but also some community organisations and faith organisations – can be helpful.

It is clear that good, sensitive social practice can achieve a great deal, and there is evidence that much of this takes place. Kohli (2007) points to the potential of social work to have a positive influence on the wellbeing of young refugees through (i) practical help, (ii) psychosocial support and (iii) companionship. He also found that social workers 'appeared to know the language of silence, and to respond well to the spoken and unspoken worlds that the children carried with them in their search for asylum' (Kohli, 2006b, p 720; see also Kohli and Mather, 2003). Maegusuku-Hewett et al (2007, p 319) call for social interventions of all kinds to be 'informed by children's own stories about how they cope with adversity. This knowledge should be used positively to bolster their sources of strength'. There is evidence that where social support is available, adolescent asylum seekers make greater achievements and are more likely to access appropriate services (Broad and Robbins, 2006).

Some of this work may have to be done despite the system, rather than because of it. Watters (2008) refers to Lipsky's 'street-level bureaucracy' (p 70). He notes that:

Those working with refugee children are often doing so within a broad climate of suspicion and increasingly controlled and restricted services. In this context good practices are often produced by committed professionals who are astute in navigating a complex and rapidly changing environment ... through a combination of innovation, flexibility and commitment. (Watters, 2008, p 179)

At the organisational level, Morris (2005, p 12) quotes an Audit Commission Briefing that described good practice for UASC and young people as involving:

- full assessment of the child's needs as soon as possible after arrival, plus regular review meetings
- a dedicated social services team for separated children
- joint commissioning of accommodation, possibly in partnership with voluntary sector organisations
- promoting links with refugee communities and development of social support networks
- preparation for independence.

It appears that the move from Section 17 to Section 20 support has improved security for young people (Hewett et al, 2005) (see below).

Free (2005a) found some examples of good practice:

... two local authorities encouraged young people who independently opted for Section 17 support to remain supported under Section 20 for at least 13 weeks. This meant that even though, after 13 weeks, they would receive support under Section 17 as they wished, they would still be entitled to leaving care services because they had previously been "looked after" for the 13-week qualifying period. (Free, 2005a, p 17)

It is crucial that services adapt to the uncertainty of destination for young asylum seekers. Crawley (2006) argues for 'triple track pathway plans for separated asylum seeking children who have been given discretionary leave to remain in the UK.* Social workers will need to be provided with appropriate guidance and support on how to undertake and develop appropriate pathway plans realistically for young people who may have to leave the country (including, for example, what skills, education and training would be most useful) and how to protect young people when all their appeals are exhausted, giving the broadest interpretation to the type of support they can be given to avoid a breach of their Convention rights.'

Independent advocates can play an important role in ensuring access to services, but specialised expertise is needed to provide good advocacy for this group (Boylan, 2006). Many have also argued that UASC should always have a guardian or someone with parental responsibility (Separated Children in Europe Programme *Statement of good practice*, quoted in Ayotte and Williamson, 2001). Wade et al (2005) found that it was better for young people if team members had command of relevant languages, rather than relying solely on interpreters.

Raval (2007) found that a bilingual co-worker could be of enormous value in therapeutic work with young refugees with mental health issues. A bilingual co-worker is not simply an interpreter, but someone who is able to bring an additional perspective to the relationship, informed by a cultural and historical understanding of the situation in the country of origin. This may also have relevance for social work.

Mitchell (2007) reported that 59 per cent of assessments conducted by qualified social workers were adequate, compared to only 14 per cent of those conducted by unqualified practitioners, and 79 per cent of assessments conducted in specialist children's teams were adequate, compared to only 16 per cent of those conducted in generic asylum teams or external agencies.

Local authority structures can also contribute to better services, although as Free (2005a) notes, there are both advantages and disadvantages to locating services in mainstream or specialist teams. It may be that mainstream teams including specialist workers may offer most of the advantages and avoid many of the disadvantages. What seems clear is that the move from adult to children's services, whether those were specialist or mainstream, improves the quality of service, and that a crucial independent factor is the commitment of senior managers and elected members to providing a high quality of service to this group of young people. Overall, Free found that the key facilitating factors appeared to be:

- good partnership work with other statutory agencies
- partnership work with voluntary agencies – particularly advice and guidance
- staff capacity and expertise, for example, regular staff training and information-sharing sessions, recruiting qualified social workers with experience of working

* The three possible outcomes are a grant of status and leave to remain in the UK, return to the country of origin or remaining in the UK without any status being granted.

with asylum seekers. 'The key factor ... was, however, being able to maintain reasonable case load levels' (Free, 2005a, p 41). Also 'service managers who were knowledgeable [and] committed to working with unaccompanied children (Free, 2005a, p 41)

- senior management and local councillor support.

Finally, Watters (2008, pp 187-9) identifies seven 'accomplishments' which services should seek to attain:

- 1 Take refugee children seriously as competent interpreters of their own lives
- 2 An holistic approach that offers integrated programmes of social, emotional and psychological support
- 3 A receptivity towards culture
- 4 Recognition of the impact of ongoing events on refugee children's lives
- 5 An orientation towards empowerment through ownership and participation
- 6 An engagement with family and meaningful others
- 7 An emphasis on enhancing refugee children's own capabilities.

For refugee or asylum-seeking children in families

Given the value of social bonds and networks, a key facilitator is the creation of opportunities for refugee families to help and support each other, share information and build their own resources (Beirens et al, 2007).

Sensitive services for refugee families in the community, especially where child protection issues may arise, depend on good information and training for staff. They also require the community to be engaged in dialogue with agencies around child protection and mutual expectations (Franks, 2006).

Services that offer help with psychosocial as well as practical problems are likely to be more effective at meeting need and preventing problems from developing (Okitikpi and Aymer, 2003).

4.2.4 Barriers to meeting social care needs

For UASC and young people

The principal barrier to good services for this group is the tendency on the part of some agencies to prioritise gatekeeping over response to need.

At the point of referral and assessment, key barriers include:

- an over-procedural, hostile or inquisitorial approach to assessment
- referrals dealt with mainly by administrative or unqualified social care staff
- low levels of resources to respond to need flexibly
- delay and confusion.

In relation to placement, the principal barriers to meeting need are:

- low availability of placements
- an over-rigid or insensitive approach to 'matching' in terms of culture or ethnicity
- allocation processes that are service-led rather than needs-led.

The Children's Society (2006) report that 'Social service decisions often seem to be resource based rather than child-centred. For example, some unaccompanied minors who are supposed to be supported under section 20 of the Children Act 1989 are often supported under section 17' (p 19) – despite the fact that since the Hillingdon Judgment and the subsequent official guidance it is now clear that this should not be happening. More recent research by Cobb (2008) also found that local authorities seek to avoid treating asylum-seeking children as looked after, for example providing accommodation under Section 17. He attributes this to inadequate government funding, and also to political hostility to refugees.

A study by the Refugee Council (2005) based on a brief survey of local authorities found that most had improved services in response to LAC (2003)13 (DH, 2003b) and the Hillingdon Judgement, although there were still inconsistencies in service. Free (2005a) followed this up with an in-depth study of 18 local authorities, which found that the majority were now routinely providing Section 20 support. Most had also restructured services, moving from generic asylum services to specialist children's services of one kind or another. However, a minority of authorities continued to provide Section 17 support to 16- to 17-year-olds as a matter of course, or switched to leaving care services at age 16 (utterly against the spirit of the leaving care legislation), while some still provided accommodation based on age, with over-16s placed in shared housing or bed and breakfast accommodation.

LAC(2003)13 (DH, 2003b) specifies that Section 17 support may be provided in exceptional cases, for example where a young person makes it clear that they would prefer to be supported in this way and their wishes need to be taken into account. Free (2005a) refers to cases where a young person opted of their own accord to be provided with Section 17 support, often because they wanted to live with relatives or because they did not want a social worker 'interfering' in their lives. However, the judgment in *H and others v London Borough of Wandsworth and others* makes clear that this provision must not be abused: 'local authorities must base their provision of services to unaccompanied children on an assessment of their needs, as stated in LAC(2003)13. The duty to ascertain and take into consideration a child's wishes and feelings does not mean that local authorities may discharge their Children Act duties by asking children to choose between support under Sections 17 or 20' (Refugee Council, 2007, p 3).

As Free points out, there are concerns arising from some decisions to provide Section 17 rather than Section 20 support. Some young people may not have enough information to make an informed decision about whether they would prefer Section 17 support. Some may opt for Section 17 services because they do not want the type of care that is being offered to them as Section 20 care; but 'Section 20 support need not be rigid and should be based on the needs of the individual' (Free, 2005a, p 17). Some decisions to switch support are based on the fact that the young person is financially independent, but Section 20 support is not only about providing

subsistence and accommodation; it is about having an allocated social worker, regular reviews and all the other support available to looked-after children.

Crawley (2006, p 1) suggests that:

... there is a tension between law and policy designed to protect and support children in the UK ... and the experiences of children who are subject to UK immigration control. These children appear to be excluded from that framework or, because of their marginalisation from mainstream processes, unable to benefit equitably from its provisions and objectives.

Under current arrangements social workers are frequently involved in assessing the age of children who will potentially be supported by that authority. Crawley (2006) recommends consideration of alternatives to this, for example through the use of an independent age assessment panel. The Children's Society (2008b) found that challenges over age can mean that young people fall through the gap between child and adult support and so become destitute.

Wade et al (2005) also found that age assessment by social workers was an unsatisfactory process. As for the more general assessment of need, they found that quality was variable and often inadequate, especially with older young people. Assessment was 'too commonly a one-off event' (p 62), and core assessments were rarely completed. Wade et al also found that the use of adult teams to provide services for older young people caused problems, as did the use of other agencies or contractors to provide key services (although this sometimes worked well).

The use of interpreters could create difficulties for young people. Kidane (2001a, pp 20-1) quotes a girl from Somalia who said:

"At first I did not understand any of it. The interpreter would tell them everything and not tell me all that was being said. I was worried about my family and wanted to ask how to get them here, but I did not know who to ask and I did not want to ask too much."

Chase et al (2008) found that young people 'reported a lack of consistency, fairness and equity in how social care support, including financial, educational and social work support, is provided to asylum-seeking young people' (p 86), and that staff often lacked knowledge of eligibility for services (housing, social benefits, etc). They point to a need for clear and accessible information for asylum-seeking young people about eligibility and access. Education could be impeded by other difficulties, and there was often a lack of guidance and support regarding finance for higher education.

Attempts to support young people's emotional health could be handicapped by different understandings of wellbeing. Belief systems are widely different, although the stigma of the term 'mental' appears to be a constant. There is often a cultural inhibition to seeking help from services, and the language used may be unfamiliar. Chase et al (2008) point to a need for a language that is accepted and understood. In addition, immigration and legal status causes extreme anxiety, especially as young people approach the age of 18, and legal and interpreting services are crucial.

Kohli (2006a, 2007) draws attention to the importance of silence, and the 'thin' stories young people often feel obliged to tell. Extraordinary patience may be needed to establish relationships of trust that enable young people to confide some of the things that are troubling them.

Rutter (2003) points out that while most research and lobbying have concentrated on provision for older unaccompanied asylum-seeking and refugee children, there are also concerns for younger children. In particular, social services departments are often unaware of children being cared for by family friends or distant relatives, and as a consequence these families are not supported.

For refugee or asylum-seeking children in families

Rutter (2003) found that 'despite clear and explicit social services assessment procedures for refugee children, in some local authorities refugee children with families do not appear to be assessed using these recognised criteria. Instead, families may be seen by the local authority asylum teams [where] there is not usually a full assessment' (p 39). It is not clear whether this is still the case.

Hamilton et al (2003) cite research that found disproportionately large numbers of refugee children waiting for school places, as a result of lack of information and reluctance of some schools to admit them. They also reported some difficulties in accessing health services.

Confusion about how the legislation, especially the Children Act 1989, applies to children in the asylum process appears to be a frequent barrier to good and effective services (Conway, 2006).

The fear and uncertainty produced by legislation such as Section 9 is clearly a barrier to family support intervention where families are close to having their claims rejected (although threatened families have often received strong support from local people and the media). Social care providers cannot and should not be agents of immigration policy (Cunningham and Cunningham, 2007).

Too narrow a focus on practical issues may lead to neglect of serious psychosocial problems that require attention (Okitikpi and Aymer, 2003).

Finally, and in relation both to accompanied and unaccompanied young refugees, Bhabha and Finch (2006) point to 'tension between child protection mandates and preoccupations about excessive immigration, a tension which drives and underlies attitudes and policies throughout the asylum determination process' (p 177). They identify a number of 'protection deficits', most of which concern the border control system, but which also include children who do not come into contact with local authorities, and complications around private fostering arrangements, which increase the challenges for social work agencies to protect, for example, children who are trafficked. This reminds us how essential it is that social work practitioners, and their agencies, are committed to seeing children and young people as their prime focus, not the demands of immigration policy.

4.3 Adults and older adults

4.3.1 Overview

Turton et al (2004) identified particular health issues that may have implications for social care, which include communicable diseases such as HIV, higher rates of diabetes and disorders related to poor conditions during travel to the UK or while in temporary accommodation. Kofman and Lukes (2008, p 8), from a household survey of refugees in Islington, noted:

The numbers of interviewees reporting use of hospitals (77 per cent of households), long term illnesses, major health problems etc are very high in comparison to the general Islington population. Given this, the low level of contact with some services for disabled people and their carers is of concern. Devising appropriate outreach and communication methods for this group presents a real challenge. We found a high level of complex health and care needs that identified just how marginalised, vulnerable and dependent this community can be.

Mental health issues are common, and Ward et al (2008) found that they were the most frequently identified disability in their study. Issues around identity, social disorientation, cultural bereavement as well as torture and trauma suffered in the country of origin are all contributory factors. Murshali (2005) looked at the experiences of asylum seekers with special needs in emergency accommodation in London and found that they had a wide range of impairments, giving rise to 'a broad spectrum of social care needs' (p 3). Mental health issues were also identified as most common, with 80 per cent in her sample indicating this was the case. This probably reflects the fact that many participants in this study were victims of rape or torture; the most common unmet need was for counselling.

Men are in the majority among younger asylum seekers but women make up a greater proportion of older refugees. Several authors made the point that women have specific needs that are different from those of men and may be overlooked. They may have been raped, sexually abused, tortured or imprisoned or separated from their families or children; be pregnant or have childcare responsibilities (MRCF and CVS Consultants, 2002). These factors clearly have implications for access to and provision of social care services, both the type of services (for example, services for survivors of domestic or sexual violence) and how services are provided (that is, gender-sensitive services).

Disabled asylum seekers and refugees

The earlier focused review identified two good quality reports (Roberts and Harris, 2002; Harris, 2004) that looked at the situation of disabled asylum seekers, the former reporting on research undertaken with refugees with disabilities and the latter on research undertaken with service providers. Both studies point to inadequacies in social care services delivered to these groups, offering several possible causes. These include misunderstanding between services about who has responsibility for the needs of asylum seekers with a disability, and finding resources to meet those needs. Roberts and Harris (2002), for example, interviewed 38 disabled refugees and asylum

seekers and found unmet needs in relation to personal care, inadequate housing and a lack of aids and adaptations. In addition there was a lack of knowledge about entitlements, widespread communication difficulties and extreme isolation.

Roberts and Harris (2001) had previously estimated the number of disabled asylum seekers and refugees in the UK, through a questionnaire, to 300 disability and refugee community groups in the UK. From those that responded, 44 reported contact with 5,312 asylum seekers and refugees (ICAR, 2009b).

The largest study since these earlier studies by Ward et al (2008), has suggested the situation has changed little in the intervening period and that information about needs of disabled people for social care is not routinely collected and thus, often anecdotal. In their study, 30 organisations in London indicated that they were in contact with 11,992 disabled asylum seekers and refugees. Kofman and Lukes (2008, p 92) make the point that refugees with disabilities and long-term limiting illnesses 'are more likely to be isolated, will need more services, may find coordination and access difficult and may suffer multiple levels of exclusion and deprivation'.

Although not a study, a report by members of No Barriers, No Borders and New Perspectives (2008) describes the personal situation of several disabled asylum seekers and refugees and illustrates the enormous difficulties faced by individuals in seeking access to appropriate health and social care services, while fighting deportation, as the example in Box 1 highlights.

Box 1: Behzaad's story

Behzaad came to the UK from Afghanistan because he was in danger as a result of the war in his country. His house was attacked and his family was killed, so he could not return. Having lost his claim for asylum in the UK, he was denied support from NASS (National Asylum Support Service). In order to feed, clothe and house himself, Behzaad was forced to work unsafely in the illegal economy. He slipped off a roof and broke his back, then spent six months in hospital and was billed £95,000 for his treatment. Behzaad now uses a wheelchair. He was placed in accommodation that was not accessible to him and was refused physiotherapy because of his status. He was subsequently assessed by social services and his advocate successfully argued for Behzaad to receive a direct payment. Four months later, the police arrived to take Behzaad to an immigration removal centre but on seeing his disability left without him.

Behzaad's fight to access appropriate support continued; he was initially refused a wheelchair and when re-assessed for community care was allocated 35 minutes a day. Following an active anti-deportation campaign, Behzaad was given exceptional leave to stay. When the local authority was informed of this, all sources of financial support were immediately withdrawn, including funding for the property where he lived, and he was then offered a place in temporary accommodation, which was inaccessible for a wheelchair user. Further the support provided previously to enable Behzaad to do his shopping was also withdrawn. Behzaad requested a direct payment to enable him to meet his needs but was

offered support from a service that had no workers that spoke Farsi – Behzaad’s first language. Behzaad now has refugee status and is at college studying English. He still lives in temporary accommodation and, does not receive the support he needs, requiring ongoing advocacy to try and resolve this.

Source: Adapted from No Barriers, No Borders and New Perspectives (2008, pp 6-7)

It is clear from these accounts that social care needs are interlinked with other needs, particularly health and housing. Common themes that emerge are the difficult circumstances in the home country including loss of families, torture and persecution increasing vulnerability to mental health problems and also physical health problems. On arrival in the UK people may be placed in poor quality accommodation often not designed to meet needs, particularly those of disabled people, women and vulnerable young people just reaching adulthood.

Asylum seekers and refugees with mental health problems

The mental health needs of those from refugee and asylum-seeking communities can be very different from those of the indigenous population, with asylum seekers and refugees often exhibiting poorer mental health (Palmer and Ward, 2006). There is a growing body of evidence that their experiences in their home countries, the process of migration and the hardship and difficulties experienced on arrival in the UK increase the psychological vulnerabilities of asylum seekers and refugees and place them at increased risk of mental health problems. Mann and Fazil (2006) provided an overview of the factors that increase vulnerability of asylum seekers and refugees to mental health problems, including torture, long-term persecution, deprivation of human rights and witnessing the death and torture of other family members in their home country. The journey to the UK may be particularly hazardous and, once here, asylum seekers may experience feelings of grief and bereavement. An uncertainty about the future (that is, their legal status), unemployment, poverty, experiences of racism and stigmatisation are all common experiences and, as Mann and Fazil comment, they have a compounding negative effect on mental health. The findings from a mapping exercise with RCOs undertaken by Mind (2009b) found that the impact of a negative decision on leave to remain in this country was the most distressing, particularly when people had faced an uncertain future for many years, and the length and nature of the asylum process were major causes of stress and insecurity. Living in substandard accommodation, often in cramped conditions, dislocation, loss of family and community connections, difficulties in adjusting to life in the UK, isolation and not being permitted to work were also highlighted by respondents.

McColl and Johnson (2006) identified that the most common diagnoses for asylum seekers and refugees in contact with community mental health teams (CMHTs) in London were depression and post-traumatic stress disorder (PTSD), with just over half having a psychotic disorder. Social isolation was common, levels of unmet need were high and the groups used fewer services other than CMHTs. The authors conclude that the combination of high levels of need and limited service use suggest the

need to develop more effective services. Palmer (2006) similarly found that 58 per cent of people using a Somali community project were assessed as suffering from mental health issues, with PTSD most commonly diagnosed, often accompanied by depression, substance misuse or anxiety and suicidal tendencies. Phillimore et al (2007), from a study undertaken by community researchers in Birmingham, identified additional factors that impact on mental health, including unemployment and concerns about inability to be self-sufficient, gender issues and isolation from childrearing and social support networks, sexual and domestic violence and community-specific issues, such as Qat use among Somali men and the impact of chemical warfare on the Kurdish community.

In summary, it is clear that asylum seekers and refugees are likely to have more complex mental health needs that are less likely to be met appropriately (McColl and Johnson, 2006), and that they require access to specialist interventions, particularly for those who have experienced torture (Crowley, 2003). From an exploration of the mental health needs of asylum seekers in Newcastle, Crowley (2003) points to the difficulties in getting accurate population data on asylum seekers and service utilisation pointing to weaknesses in the policies and planning for this group. He also highlights from a literature review that different methods of assessing mental illness rates result in different estimates of the prevalence of mental illness in asylum-seeking and refugee populations. Several authors (for example, Mann and Fazil, 2006; Palmer, 2006) have also warned against using narrow western models to understand the experience of emotional distress of refugee and asylum seekers, advocating that mental health problems need to be understood within both the cultural context and that of becoming a refugee.

Older asylum seekers and refugees

Connelly et al (2008) make the point that the experience and needs of recently arrived older asylum seekers and those of refugees who have grown older are bound to be different. In broad terms, they found that older asylum seekers were more likely to be suffering from poor health, anxiety, hardship and despair, reflecting worry and uncertainty about asylum claims, than older refugees. They also found that isolation was an issue for some of the more elderly refugees, particularly those who had mobility or health problems or were unable to speak English fluently, thus limiting contact with people outside of the home. Participants in their study generally agreed that extra support was needed and this included advice about accessing appropriate accommodation, befriending and provision of local community activities.

From a review of the literature, Connelly et al draw attention to the way in which the experience of being a refugee can have lifetime effects. Older (over the age of 50) asylum seekers and refugees are more likely to be female, and Connelley et al highlight the absence of women from mainstream refugee migration policies, stressing the importance of developing an understanding of the intersection of gender, age and asylum status in relation to need and service responses.

Turton et al (2004) argue that health and social care organisations need to develop a strategic approach to meeting the needs of asylum seekers and refugees and this

needs to include planning for changes in the population in respect of increasing numbers of older refugees and asylum seekers.

4.3.2 Good practice in meeting social care needs

Several authors call for national guidance clarifying eligibility for social care provision. Murshali (2005) recommends guidance be published that sets out the roles and responsibilities with regard to community care and assessments. Early assessment and identification of social care needs, including those in relation to mental health, are widely promoted. Training and development for health and social care practitioners and for RCOs is a strong and consistent theme, as is the provision of advocacy and interpreting services.

A further well-developed theme is strong partnerships leading to multiagency delivery. Turton et al (2004) conclude that multiagency management and co-funding of projects is 'key to the development of accessible, affordable service provision offering best practice' (p 1).

Interventions that promote resilience and strengthen networks are commonly identified as positive (for example, Turton et al, 2004). The importance of advocacy is mentioned by most studies, mainly at a micro- but also a macro-level. Only one study was identified that focused on the provision of advocacy to asylum seekers and refugees. In this paper, Cambridge and Williams (2004) promote the following as good practice:

- a person-centered approach
- building confidence between advocate and partner
- managing dependency and independence constructively
- having the capacity to listen
- befriending and developing reciprocal relationships
- facilitating individual and group empowerment.

Disabled asylum seekers and refugees

Kofman and Lukes (2008) stress that refugees with multiple and/or complex needs arising from disabilities or long-term limiting illnesses require a coordinated approach, ensuring that contact with one agency enables contact and referrals to be made with another. In relation to social care, they recommend the development of the health advocacy model across social care, bringing together the roles of interpreters, care/case managers and/or enabling the provision of dedicated interpreters, working across all services. No Barriers, No Borders and New Perspectives (2008) similarly identify the importance of access to staff with appropriate language skills and/or interpreters. In addition they identify:

- advocacy and skilled legal assistance to facilitate access to social care
- the flexibility afforded by direct payments, in preference to not being able to choose the agency that provides support and the times they visit
- transition from asylum seeker to refugee status placing existing support arrangements in jeopardy, that is, withdrawal of support

- the contribution and invaluable role of community organisations, peer support networks and mutual support in providing a basic level of support, information and access to advocacy.

Outreach support for isolated disabled refugees is identified by No Barriers, No Borders and New Perspectives (2008) and also Ward et al (2008), who recommend that local authorities commission RCOs to undertake culturally specific home help and personal care.

Among the recommendations made by Ward et al (2008) is the need for disability organisations, statutory services and RCOs to review and improve their data collection strategies so that the numbers and needs of asylum seekers and refugees with disabilities are clear. Ward et al note that this would enable all organisations to take a more proactive approach to disabled asylum seekers and refugees, and would clearly provide a basis for monitoring and reviewing access and outcomes. Both Roberts and Harris (2002) and Ward et al (2008) recommend that the respective roles and responsibilities towards disabled asylum seekers and refugees are clarified between local authority social services departments and NASS (replaced by UKBA) and local reception teams, as appropriate. Roberts and Harris (2002) propose the development of protocols at local level to support this.

As with other care groups, training emerges as a central issue. This includes both training for disability organisations, BME organisations and statutory services on a broad range of issues, including rights and entitlements; disability law, cultural and gender issues, and dealing with multiple and unfamiliar disabilities (Roberts and Harris, 2002; No Barriers, No Borders and New Perspectives, 2008; Ward et al, 2008). Ward et al recommend that statutory sector equalities training is standardised across primary care trusts (PCTs) and social services.

Asylum seekers and refugees with mental health problems

Ward and Palmer (2005) and Palmer (2006) advocate an holistic approach that addresses psychosocial issues and focuses on economic, social, environmental and cultural factors. The importance of addressing basic needs in relation to accommodation, food and legal advice are highlighted by a number of authors, and Misra et al (2006b) outline a model for mental health service provision that includes a frontline health access team to enable these needs to be addressed. Engagement with refugee communities and working in partnership with community organisations is consistently highlighted (for example, Ward and Palmer, 2005), because of their critical role in providing psychosocial support, enabling refugees and asylum seekers to adapt to resettlement and facilitating better access to statutory provision. Palmer (2006) cites the St Pancras Refugee Centre as an illustration of good practice focused on the needs and cultural context of refugees.

Language is identified as a critical issue (Turton et al, 2004), as is the provision of accessible and accurate information (Ola et al, 2006). Building trusting relationships is identified as central to a positive and successful experience of service provision, as the experience of asylum seekers and refugees prior to arrival in this country can impede their ability to trust others (Cambridge and Williams, 2004; Parker, 2000).

This is linked to the need for a greater recognition of the contribution of RCOs and investment in these organisations to increase the services available for asylum seekers and refugees, for example, the provision of advocacy and interpreting services (Cambridge and Williams, 2004; Ola et al, 2006) and for training to increase mental health awareness and combat stigma (Ola et al, 2006; Palmer, 2006).

Palmer and Ward (2006) identified differences in the way in which mental health problems were conceptualised by different communities and note the factors that shape these different conceptions, concluding that a culturally sensitive approach requires an understanding of how cultural interpretations of mental health issues may impact on access and use of western healthcare. This is reflected in the widespread call for training for statutory providers to improve cultural awareness and knowledge of the migration process and also for specialist training to deal with aspects of care, for instance in dealing with cases of trauma and torture (for example, Ward and Palmer, 2005).

On the basis of mapping mental health provision for asylum seekers and refugees across London, Ward and Palmer (2005) recommend:

- strengthening community organisations by providing advocacy
- mental health awareness training for RCOs
- acknowledgement and support for RCOs from statutory organisations
- health awareness training on the refugee migration process for primary and secondary care providers
- funding for counselling and other culturally specific services within RCOs
- more information on how to access services and on the mental health system.

The comparative study by Watters and Ingleby (2004) set out, first, to map and identify macro- and micro-level factors that shape good practice in four European countries, including the UK, and second, to explore implementation of good practice in different contexts. From this they recommend (2004, pp 567-8) the following minimum standards for the provision of mental health and social care to asylum seekers and refugees:

- assessment of mental health needs at an early stage of the asylum process
- assessment sensitive to particular culture and language
- provision of advocacy services
- training for key service providers to develop their skills and awareness
- consultation with asylum seekers about the sorts of services they would find helpful
- services responsive to the stages of the asylum process, providing support at key phases when the client may be vulnerable.

Crowley (2003) makes specific recommendations for the local mental health trust and PCT, the city council and Health Partnership in Newcastle, and these include:

- improving ethnic monitoring
- equitable access to psychological therapies and access to specialist mental health support for those who have experienced torture

- additional capacity for primary care including dedicated mental health input into primary care for asylum seekers and refugees
- training involving and delivered by asylum seekers and refugees for statutory services
- recruitment and training of specialised interpreters
- development of accessible information in appropriate languages.

Finally, the Royal College of Psychiatrists, in response to concerns about mental health care for asylum seekers and refugees, have developed a position statement (McKenzie et al, 2007), which recommends that there should be equitable access to the full range of health and social services throughout the asylum process, including for those whose claims have been refused while they remain legally in the UK. Further, they advocate multiagency coordination, a single point of access, training in culturally sensitive and appropriate care, ensuring that public bodies are delivering their duties under equalities and human rights legislation, and a focused research effort to develop the evidence base and improved models of care.

Older asylum seekers and refugees

Connelly et al (2008) identify the provision of interpreters, effectiveness of language matching and the possibilities of gender matching as important aspects of good practice with older asylum seekers and refugees. They make the point that older refugee women may be particularly affected by poor availability and dissemination of information as they are less likely to speak English. This can result in extreme isolation, and Connelly et al point to the invaluable contribution of social activities that encourage participation, suggesting that older refugees might prefer 'open access' services. They highlight a number of practice examples, which include community-led initiatives, such as the Somali Community Trust, that supplements informal open access care with more structured provision, through its Home Share Day scheme.

4.3.3 Barriers to meeting social care needs

A major barrier to access to social care is uncertainty about immigration status and much of the literature points to significant difficulties that asylum seekers, in particular, face in accessing care. The barriers include uncertainty about entitlements and disputes over responsibility for care, language and cultural issues and a lack of understanding of staff of the issues faced by asylum seekers and refugees. Difficulties in accessing interpreters was highlighted across many of the studies, with Kofman and Lukes (2008) finding that some asylum seekers and refugees in Islington paid 'private interpreters' to secure access to services; many believed that they did not have effective access to services because of the lack of interpreting services. Kofman and Lukes (2008) also comment on the lack of awareness of community organisations regarding options and rights for refugees and their carers in relation to social services.

Turton et al (2004) identified the reactive nature of service development for this group in both health and social care and identified the lack of strategic planning as a significant barrier, exacerbating the other difficulties that asylum seekers

and refugees have in accessing health and social care provision. Further, the lack of information on the numbers of asylum seekers and refugees to inform service planning and provision was widely identified, for example in relation to disabled refugees and asylum seekers (Roberts and Harris, 2002), asylum seekers and refugees with mental health problems (Misra et al, 2006a) and asylum-seeking adolescents experiencing psychological distress (Hollins et al, 2007).

Disabled asylum seekers and refugees

Harris (2003) identified three categories of barriers: information requirements, linguistic requirements and forced moves. In addition, confusion and disputes between local authorities and NASS, as to responsibility for care, has resulted in individuals being passed back and forth between agencies (Harris, 2003), leading to confusion and inaction, thus restricting access for the individual (Harris and Roberts, 2004). It has also been suggested that authorities are unable to meet the need for extra resources presented by dispersed asylum seekers, who are afforded low priority due to their asylum seeker status (Harris, 2003; Perry, 2005).

From interviews with both service providers and disabled asylum seekers, Ward et al (2008) found:

- a marked difference in the experience of refugees and asylum seekers in accessing statutory services, with refugees generally having positive experiences while asylum seekers experienced significant barriers, particularly in relation to social services departments
- barriers to accessing statutory services include: the impact of immigration status on entitlements, language issues and lack of interpreters and provision for people with sensory impairments and additional disadvantages for women, which included addressing sensitive issues, being the sole carer of children and inability to secure sufficient income
- cultural misunderstandings between service providers and asylum seekers and disability-related stigma for some communities
- RCOs were providing a substantial amount of support to disabled asylum seekers but many lacked resources and in some instances expertise on disability issues
- few mainstream disability and BME disability organisations worked with asylum seekers and refugees, or were clear about their entitlements.

Ward et al (2008) make a critical point about the way in which barriers to service access can intersect with each other, for example cultural barriers about accessing appropriate services can intersect with other barriers, such as gender and attitudes to disability.

Asylum seekers and refugees with mental health problems

There is growing evidence that asylum seekers and refugees have significant needs in relation to mental health, and major gaps exist in meeting these. A community engagement research project involving interviews with 230 asylum seekers and refugees in Lewisham (Ola et al, 2006) found that asylum seekers and refugees have considerable difficulties in accessing mental health services. This was the case for

both newly arrived and settled asylum seekers and refugees and was exacerbated by increased mobility, housing circumstances, immigration status, lack of spoken English and cultural differences. This was also the case in the study by Crowley (2003), who found that few of the asylum seekers interviewed had accessed secondary care mental health services or knew of people who had, despite having mental health needs.

The mapping exercise by Ward and Palmer (2005) found that less than 50 per cent of mental health trusts in London provide specialist services that are designed with the needs of refugees and asylum seekers in mind. Further, with the exception of a small number of PCTs, there was a general lack of awareness of the distinct and multiple complex needs of asylum seekers and refugees, who require specialist knowledge. Crowley (2003) also found that mental health services for asylum seekers and refugees in Newcastle were under-developed, with limited access to psychological therapies and weak links with the voluntary sector.

This picture is confirmed by other studies. In London, Palmer (2006) found that access to and use of secondary services for the Somali community was virtually non-existent. He identified the most significant barriers and challenges as cultural traditions, perceptions of mental health, a general lack of understanding of cultural context and treating people narrowly within western models of mental illness, issues of trust, failure to acknowledge pre- and post-migration experiences and the practical implications of language differences. As major barriers to accessing mental health services, Ola et al (2006) identified: differences in defining mental health; inaccessibility of information about mental health services; psychological barriers including fear of being sectioned; lack of support to community organisations; cultural inhibitions in relation to seeking help, reflecting mental illness-related stigma; a lack of appropriate services; and the experience of stereotyping and negative discrimination towards asylum seekers and refugees. They comment:

Those who have experienced mental health problems reported they believed that mental health forms and processes were deliberately made difficult to put refugee and asylum seekers off seeking services. (Ola et al, 2006, p 20)

An assessment of the needs and gaps in their services undertaken by a specialist mental health trust in London (Murphy and Ndegwa, 2004) also identified significant gaps within service provision. They found:

- a lack of planning and implementation of services in partnership with refugee communities
- a lack of culturally linguistic appropriate services
- difficulties in providing psychological support via interpreters
- increased use of medication
- lack of training provision
- long waiting lists for specialist services in relation to trauma
- lack of systematic consideration of the needs of asylum seekers and refugees
- lack of joint working protocols to ensure equality and continuity of care between health and social services

- lack of targeted independent advocacy services to asylum seeker or refugee patients.

This led the authors to conclude that:

New and imaginative ways of working with diverse communities with different cultural constructions of mental health is necessary. This reorientation within the service poses a major challenge to the Trust. (Murphy and Ndegwa, 2004, p 2)

These studies raise issues about the nature and quality of commissioning for asylum seekers and refugees. Watters and Ingleby (2004) link many of the needs and problems of asylum seekers and refugees to government policy and public attitudes. They draw attention to the short-term nature of many projects for asylum seekers and refugees, dispersal policies which mean that many areas may not be familiar with dealing with people from different backgrounds and, despite a current focus on improving mental healthcare for people from BME communities, relatively little development in relation to asylum seekers and refugees. In the second phase of their study, Watters and Ingleby (2004) explored the potential for transferring good practice from one context to another; in this case from one European country to another. From this they identify four challenges for services. First, the disparities between top-down (that is, policy-led) and bottom-up (grassroots-led) approaches. They comment that provision in the UK is typified by the latter approach, with a wide variety of services offered by RCOs, and although organic, risks being fragmented and disjointed. Second, related to this is the ad hoc nature of service provision, reflecting the lack of top-down planning, and individual initiatives, often reliant on the personal skills of individuals, resulting in problems in terms of continuity and integration into mainstream services. Third, difficulties in terms of continuity of provision, which can be undermined by dispersal policies, and finally, of access, with a lack of knowledge and cultural competence creating major barriers.

Older asylum seekers and refugees

Older asylum seekers and refugees experience substantial difficulties in terms of accessing support and services. Connelly et al (2008) identified difficulties in relation to accessing healthcare, and those that are also likely to be relevant in terms of access to social care are language barriers, lack of transport, waiting times and availability. In Kofman and Lukes' (2008) study, particular concern was expressed about the unmet care needs of older refugees, who may refuse to go into care homes because they fear isolation but are unable to receive home care services because they live in poor-quality, overcrowded, insecure accommodation.

4.4 Discussion

4.4.1 Methodological issues and limitations

This study was a focused review and was consequently limited in its scope. In particular, the time and resource constraints did not allow for a more exhaustive search of the grey literature nor use of additional or specific search terms to highlight specific needs in relation to social care, for example, in relation to sensory

impairment or HIV; or specific social care interventions, for example, personal budgets or residential care; or community-specific issues, for example, the impact of chemical warfare on the Kurdish community or drug use in specific communities. Further, while the review considered specific issues for different client groups, it did not examine the literature in terms of the intersection of asylum status with gender and sexuality. It is particularly evident that women have different experiences both pre- and post-arrival and during transit to the UK, are more likely to be responsible for dependent children and may face greater isolation as they grow older. Current legislative developments (The Equality Act 2006; Government Equalities Office, 2009) require that public services have a duty to promote equality and further review of the literature in relation to gender is therefore recommended as a priority for further inquiry, alongside sexuality. Finally, issues for carers have not been explored, although mentioned by some of the papers. Further attention needs to be paid to the situation of children and young people in asylum-seeking families, caring for a family member partly as a consequence of difficulties accessing social care support.

4.4.2 Findings

One of the key findings of this review is that the social care needs of some groups of asylum seekers and refugees appear to have a greater prominence than those of other groups. Of 21 primary studies identified for asylum-seeking and refugee children and young people, over 70 per cent (15) related to unaccompanied asylum-seeking children, compared with 14 per cent focusing on children within refugee families. The review has thus indicated that there is a substantial and growing body of good-quality evidence in relation to unaccompanied asylum-seeking children, and it was therefore relatively easy to extract suggested good practice.

A significant amount of the mental health literature was focused on identifying specific needs and facilitators and barriers to accessing support, with one study (Watters and Ingleby, 2004) focused on identifying good practice and its implementation. Some of the mental health studies used western models of mental illness and associated diagnostic categories, and a number of authors observed this to be highly problematic. Watters (2001) has, for example, commented that one implication of a narrow western bio-medical approach is that the experience of asylum seekers and refugees is constructed in a specific way in the encounter with mental health services, and in particular directed towards exploring traumatic events in the past. Summerfield (2001) similarly comments that ignorance of cross-cultural factors, limited access to interpreters and assumptions of GPs and mental health professionals in relation to asylum seekers and refugees may lead to the inaccurate diagnosis of PTSD and referral for psychological interventions, arguing that psychiatric models have typically underplayed the role of social agency and empowerment in mental health.

Muecke (1992) has distinguished two paradigms that have shaped an understanding of refugee health, of relevance here to social care. The first portrays asylum seekers and refugees negatively by objectifying them and viewing them as a 'political class of excess people' (Muecke, 1992, p 515), pathologising their experience. The alternative paradigm is to focus on the resilience of asylum seekers and refugees and their capacity for survival 'despite the greatest of losses and assaults on human

identity and dignity' (Muecke, 1992, p 520). Watters (2001) thus points to the need for asylum seekers and refugees to have the opportunity to articulate their own experiences in their own terms. This is illustrated by the study by Phillimore et al (2007) of asylum seekers and refugees in Birmingham, with the recommendations made by asylum seekers and refugees and service providers having a different emphasis, the former emphasising promotion of wellbeing and involvement with community organisations, and service providers understandably emphasising outreach and aspects of service provision. Studies were included in the review that may have been judged of low quality in terms of research criteria (that is, TAPUPAS) but were important because of the involvement of asylum seekers and refugees. This emerging trend towards enabling and involving asylum seekers and refugees in identifying their needs and appropriate service design and practice is to be strongly encouraged. For adults and older asylum seekers and refugees, of the 29 primary studies identified, 11 related to mental health, with only one study focusing on older people and three specifically on people with disabilities.

Studies that have evaluated outcomes from social care interventions for asylum seekers and refugees were sparse, and this indicates an important direction for future research. The organic and often ad hoc nature of service development (Watters and Ingleby, 2004) and the absence of routine data collection on the needs of asylum seekers and refugees highlighted by the review, pose a challenge to local authorities in terms of service planning and provision. The studies by Kofman and Lukes (2008) and Crowley (2003) provide examples of how data can be collated from existing sources to provide a basis for service development. Further work in this area is indicated and needs to engage with asylum-seeking and refugee communities in the process.

5 The views of asylum seekers and refugees

5.1 Participants

Fifty-two asylum seekers and refugees took part in the focus groups. All participants were invited to complete a questionnaire (see Appendix 4) to provide basic details about themselves (age, gender, country of origin, refugee status, etc). This was completed by 96.3 per cent of the participants and is therefore a reasonable representation of the total sample. Details of the analysis of these data are available in Appendix 12.

Women made up more than two thirds of this sub-sample (69.2 per cent), reflecting in part the inclusion of a women-only focus group, but they were also in the majority in all the other locations. Of the sub-sample, 69.2 per cent were aged 18 or over, with an age range from 10 to 70 years and a mean of 30.1 years (standard deviation of 15.1 years). For adults the mean age was 36.8 years (standard deviation of 13.5) and for the younger people, the mean age was 15.1 years (standard deviation of 2.1 years). Of the sub-sample, 9.6 per cent were aged 55 and over. Over half the sample described themselves as asylum seekers, with only 5.8 per cent describing themselves as British citizens, as illustrated in Table 3.

Table 3: Self-defined status of participants

Status	Frequency (%)
Asylum seeker	29 (55.7)
Refugee	11 (21.2)
Refused asylum seeker	5 (9.6)
Spouse visa	1 (1.9)
British citizen	3 (5.8)
Other	1 (1.9)
Unknown	2 (3.8)

Over 90 per cent (92.3 per cent) of the sub-sample reported having lived in the UK for more than a year, with 50 per cent having been in the UK for more than five years, and at least two of these described themselves as asylum seekers and were waiting for a decision, in one case for 13 years and another for 12, as illustrated in Table 4.

Table 4: Length of time in the UK

Length of time in the UK	Frequency (%)
3–6 months	2 (3.8)
6–12 months	2 (3.8)
1–3 years	13 (25)
3–5 years	9 (17.3)
5+ years	26 (50)

A range of nationalities was represented, with the majority of the sub-sample (69 per cent) coming from African nations, and significant representation from Iran (7.7 per cent), Iraq (5.8 per cent) and Pakistan (7.7 per cent) (see Appendix 12, Table 4).

Between the participants at least 11 different languages were spoken, with:

- Arabic (17.3 per cent) and French (15.4 per cent) the most commonly spoken first language
- fewer than 10 per cent (7.7 per cent) speaking English as a first language although it was clear that many of the participants were bilingual
- English the most commonly used language for writing (21.2 per cent), with Arabic (15.4 per cent) and French (15.4 per cent) also frequently used by participants
- just over 20 per cent stating that they were fluent in English, written or spoken
- in contrast to other studies (Murshali, 2005), women did not appear to be disadvantaged in terms of written English, with 27.7 per cent of the sub-sample of women compared with 6.25 per cent of the men identifying English as their first written language.

A quarter of the sub-sample identified themselves as having a disability, with a range of problems identified, including mobility, visual problems, back pain and HIV status most frequently reported. Thirty-six per cent of the sub-sample reported having a mental health problem and 21.1 per cent of this group were aged 18 or under. Depression was mentioned most frequently, although young people were more likely to state that they did not know the nature of their mental health problem.

Half of the sub-sample indicated that they had used social care services, but it was clear from the responses that the definition of social care was broad and included welfare benefits and accommodation as well as specific help with personal care or domestic tasks, with only one person explicitly reporting that they had seen a social worker.

5.2 Children and young people

Twenty young people, twelve girls and young women and eight boys and young men, took part in two focus groups, which ran in parallel. There was some initial exploration of the issues as a whole group but as increasing numbers joined the group it became clear that this was not viable. The participants organised themselves into two single-gender groups. The participants included both unaccompanied minors and those living in families.

5.2.1 Understanding the role of social services

It was evident that the young people understood that the authorities, although it was not always clear that this meant social services, had responsibility for UASC. They defined this in terms of providing 'a home, an education and being part of a family'. They raised the importance of the authorities establishing what languages someone spoke and whether they could speak English in order to be able to understand an individual's needs.

There was less consensus about other issues, and the role of the authorities in relation to tracing families, returning people home and age-related assessments was hotly debated. One of the case scenarios involved a potential dispute over age. There was a strong and emphatic agreement among the girls and young women that it was important for social services to establish age to enable them to organise the right sort of help, specifically placement in the appropriate class at school and knowing how to assess health and identify medical conditions appropriately. The boys and young men discussed the issues surrounding uncertainty about age, stating that people can look older or younger than they are and may look older if they have been through a lot. In the boys group there was the view that either there must be a way of clarifying this through personal papers or social services should accept the young person's word. There did not appear to be any awareness in either group that age was a factor in terms of asylum seeker status and determining eligibility to services.

5.2.2 Being part of a family

The importance of being placed with a family that shared the young person's cultural heritage emerged in response to one of the scenarios. If this was not possible then, participants suggested, it was important that the young person and the family were able to relate to one another and if alternatives to placements could not be identified, support needed to be available to help them to get on with each other. Of course, these issues can be complex in practice; the fact that a young person and a family come from the same region or speak the same language does not necessarily mean that they will be suited to each other. Intercommunity tensions and the aftermath of civil war (even genocide) have to be taken carefully into account.

5.2.3 Education

There was a strong emphasis on education, particularly from the girls, who described it as a "basic right" and construed it as a route to securing a good job and income. As with the adults in the other focus groups, frustration at not being allowed to work was expressed. Some of the participants were in Year 12, and one young woman, in a context where her peers were considering their future options, described the difficulties arising from not having received a decision as to whether she could stay and therefore not being allowed to apply for university. Not only does this situation make it difficult to plan for the future and nurture personal ambitions, but it also contributes to marking out the young people as different. Other illustrations of this were given: for example, being ineligible for an Education Maintenance Allowance (EMA) and not being able to participate in school trips abroad. The impact of these policies was viewed as drawing attention to and reinforcing the different status of asylum-seeking children and young people, and there was a strong sense of being treated less fairly and equally than either British peers or those with refugee status.

5.2.4 Emotional wellbeing

One of the scenarios stimulated a discussion about bullying in both focus groups. There was general agreement among the girls that this was a significant problem for asylum seekers and refugees. Bullying, coupled with circumstances prior to arrival in the UK and a lack of appreciation of these, was viewed as contributing to

mental health problems. There was an understanding that there should be support to enable young people to deal with emotional worries but the extent to which this was available locally was not clear. Certainly one young woman described how her difficulties had been minimised by teachers at her school:

“I am always told to put on make-up and be happy so I don’t feel I am being taken seriously.”

5.2.5 Specific needs

When specific needs were explored, a view of themselves as resilient was evident. and some participants’ described action that they could take to address their difficulties. For example, one young woman in the discussion about bullying described how she had taken the matter into her own hands and hit the person concerned, but that this had then led to her getting into trouble at school. The characteristics of social services response were most developed when participants were asked to imagine the central character of one scenario, ‘Miriam’, as a wheelchair user. They stressed the importance of good communication, of developing an understanding of her perspective and her needs, and the importance of her having the right type of help.

5.3 Adults (mixed gender focus groups)

5.3.1 Lack of knowledge about social care provision

There was little or no knowledge of social care services, with knowledge being gained by chance or through friends. Participants were not aware that their needs for social care may have been assessed as part of the asylum process. This lack of knowledge about social care provision was identified as a major barrier to accessing services. There was a widespread feeling about always having to ask about what it was they needed and about being afraid to do so, so they asked each other or nobody. For some participants the reliance on family and community support, as opposed to state provision, in their home countries was also a factor, and many therefore raised the need for clear and accessible information about social care services in the UK. When meanings of social care were offered by participants they were typically broad, including welfare benefits and accommodation and/or referred to the support provided by community organisations in terms of food and social contact. Once a working definition of social care had been developed during the process of the focus group, social care tended to be defined in relation to personal care, help for elders or mental health issues.

5.3.2 Needs of asylum seekers and refugees in relation to social care

For all participants, other needs were highlighted as having greater importance than social care: accommodation, food and healthcare were mentioned in all focus groups as essential. Many of the participants were awaiting a decision or had been refused asylum, and so their entitlement to these basic necessities was understandably a major cause for concern. The participants in our focus groups included a number of asylum seekers who were currently, or had experience of being, destitute.

5.3.3 Uncertainty about entitlements

There was a widespread agreement among participants that they were not familiar with what their entitlements were or even who they could consult with about their needs:

“We should be looked after properly, we have a small allowance with which we can be fed. We have no bedding and not enough money to even buy bedding with. I wish we knew what we were entitled to and who to ask.”

“As individuals we do not access social care services, because we do not know what is available for us. As individuals, no one has time for us. This is the first time anyone has taught us about anything.”

Lawyers were viewed by a couple of participants as the first port of call for raising needs for additional help and support with accessing services.

5.3.4 Status

A related theme was the issue of status. This was a powerful and central theme and the uncertainty surrounding individual futures created stress and made people extremely reluctant to actively seek formal help, relying on information and support from other asylum seekers.

“We do not access things because we have no voice. Without our papers we are not able to do anything. We are in a land of limbo.”

“People have to know that we exist. We need more information. I have been here for five years, but I don’t know my rights and I can’t ask for help.”

Participants viewed their position as highly ambiguous. On the one hand, they were here and thought that they were part of society and therefore should be treated as such. On the other hand, they felt it extremely important to keep quiet, not to raise concerns or needs for support because they were acutely aware of their lack of security.

5.3.5 Language and knowledge of different cultures

Language and difficulties in understanding and being understood were widely mentioned as creating barriers to a full and proper assessment of needs, including those relating to social care.

5.3.6 Assessment of needs

While the assessment of needs was far from universal, when people did have their needs assessed there was a concern that that assessment was superficial, lacked an understanding of their circumstances either pre- or post-arrival, or lacked clarity about the decisions reached in relation to the care provided.

"I have a heart problem and have had treatment but because I look OK, people assume that I don't have a problem."

"I have a disability, I can't walk, but I only have a social worker for two hours a week. It's not enough time for me. How do they come to the conclusion that I only need two hours, no one explained anything to us. It's as though we're not worthy of having an explanation given to us."

Another participant who had his healthcare needs assessed and a need for treatment had been identified, but the treatment was denied. The basis for this decision was unclear, but such experiences may well be discussed among asylum seekers and refugees and so may act as a further disincentive to raising social care needs. The role of GPs in identifying potential social care needs was explored, but those that had accessed primary care felt that time was extremely limited and there might be language and communication issues, and so any assessment was relatively superficial, limited to their presenting health problems.

5.3.7 Isolation

Isolation was discussed at length, with many feeling this was causing distress, and social care and mental wellbeing were discussed together. The group talked about not being part of the community and not truly fitting in, which caused distress and unrest to them mentally.

"Nobody really cares, just look at the house we're put in miles away from each other."

5.3.8 Social exclusion and marginalisation

The sense of isolation was compounded by the frustration of not being able to work. The lack of opportunity to work was seen as contributing to isolation and the sense of marginalisation, compounding the sense of their lack of entitlement to having their needs met.

"In our countries we work hard, very long hours, we are used to that. Can you imagine not being able to do that? We need help to work. It upsets us that we cannot feed our children."

"We are scapegoats for society's misery."

5.3.9 Value of community organisations

The sense of belonging created by meeting with other asylum seekers and refugees through community organisations was widely shared and helped excise the feelings of isolation that many had experienced, through providing a point of contact.

"We rely on each other. I feel safe to ask someone from my own community, I'm afraid to ask anyone else in case I say the wrong thing and it affects my status."

“We have faith and confidence in [named community organisation]. We get a lot of emotional support from them.”

Further, these organisations provide information and practical help, particularly food and accommodation. We did not hear of any experiences of such organisations providing specific information about social care services, referring people to social care services, or of social workers having a clear presence in the meeting places for these organisations.

5.3.10 Quality of social care provision

Some of the participants who were not aware of social services indicated that they would have a positive attitude towards this type of support, although this would be dependent on how it was delivered. Those who had experienced social care pointed to the importance of the personal attributes and relationships particularly in relation to personal care. It was suggested that provision should be routinely monitored to ensure that asylum seekers and refugees were being treated appropriately and with respect.

5.3.11 Recommendations for improving social care services

Participants made recommendations about how social care services could be improved for asylum seekers and refugees:

- provision of accessible information making it clear what asylum seekers and refugees were entitled to
- empathy and understanding about the experiences of asylum seekers and refugees
- genuine user involvement from community members with the service providers
- raising awareness within the asylum seeker and refugee community about social care services
- access to day centres so that asylum seekers and refugees had places to go to counter the isolation and lack of activity
- community-led commissioning
- legal aid: how much legal aid was received and need for this to be reviewed, so the community could truly have a voice in the services they needed
- ways of getting the voices of asylum seekers and refugees heard so that they felt free and comfortable to raise difficult issues, even complaints, without worrying about the consequences
- frontline staff within services to be refugees and asylum seekers and/or provided by an organisation that is trusted.

5.4 Adults (women-only focus group)

Nine women took part in this focus group, with seven having dependent children. They echoed many of the themes that had been raised in the mixed gender focus groups. In addition the following themes emerged.

5.4.1 Isolation, exclusion and racism

When asked about the needs of asylum seekers and refugees in relation to social care, the women identified isolation and discrimination as the biggest problems faced by asylum seekers and refugees:

“The word ‘asylum seeker’ is our biggest barrier; no one wants to know us after they know we are an asylum seeker.”

This discrimination extends to services; instances of asylum seekers being clearly disadvantaged in relation to educational opportunities (see below), and even of overt racism, were described. There was general agreement that these are common within services.

Language was identified as a highly significant issue, and participants felt from their experience that not every organisation understood their needs nor did they understand what was being provided. They described how much they valued the support from a church organisation, enabling time to access emotional support and find solace through their faith to counter potential isolation and exclusion.

5.4.2 Role as mothers

Many of the women were raising children on their own, including one woman with six children. The issue of support with childcare and an unmet expectation of support from social services in relation to their children and childcare needs were highlighted. They talked of needing a break but not being able to afford after-school clubs or other childcare options and were appreciative of a local community organisation that provided free childcare.

The women also echoed the issue raised in the children and young people’s groups in relation to the limits placed on educational opportunities for their children, either because of their status or because of the costs involved. They discussed the feelings of guilt that this engendered, and the feeling that their children were missing out on life, which could impact on their mental wellbeing.

5.4.3 Educational and volunteering opportunities

Frustrations were expressed about limited access to ESOL (English for speakers of other languages) classes and also the lack of educational opportunity beyond learning English. The community organisation that had recruited the women to the focus group was cited as an example of good practice because of the way it enabled them to become volunteers and helped them to feel “useful”, that life was “worthwhile” and gave them a purpose as well as providing a distraction from their current situation.

5.4.4 Role of community organisations

Some of the group had settled in other areas before arriving in the locality and so were able to draw comparisons.

"I found people here are more willing to give you the information you need to settle into an area, people have more time for you than in the other place."

Participants stressed the role of community organisations in providing information and access to services. One of the women talked about her experience of depression and coping on her own until, with support from the community organisation, she was enabled to access social services where she received "excellent help from a social worker". Another woman had a particularly bad experience with a GP but a local refugee organisation had enabled her to get access to professional help from social services and childcare from a local community organisation.

Having a place to meet with other women was clearly highly valued. The stress associated with the immigration process was discussed as a major source of difficulty and worry for all of the women. The community organisation was viewed as a safe and comfortable place that they could meet and discuss their situations with each other and sometimes laugh about their shared experiences. Also the ability to be flexible and responsive to a broad range of needs appeared to be a feature of community and church-based organisations. The support from a minister's wife was praised because she was prepared to help with anything, from "breaking down to going to the local supermarket, to information about rights". "We trust her to come into our homes and help us."

5.4.5 Social care

"An independent life makes me happy, not being dependent on anyone and not feeling isolated within society."

"We need lots of help, we need advice on what is available for us, we need courage to continue with life, and we need motivation."

"I think it's exceptional for a refugee to get help and get a social worker."

Although few of the women had accessed social services and viewed access as difficult, they had suggestions about what good social care should look like. These were:

- a good service with well-trained staff that care and can empathise with their situation
- being treated well across all services including GP and housing services. This means people having the time and not making racist remarks
- an ability to communicate with asylum seekers and refugees
- an understanding of the needs of asylum seekers and refugees
- somewhere that is not intimidating and does not make asylum seekers and refugees feel less than human
- services working alongside the church to cater for emotional and spiritual needs.

5.5 Pointers for good practice

Analysis of the themes from all the focus groups provides the following pointers for good practice from the perspective of asylum seekers and refugees:

- to be seen as individuals
- to be treated with dignity and respect
- to receive the same treatment as British citizens
- for children and young people to be part of a family and have access to educational opportunities
- to receive information and be pointed to where to go for additional support as early as possible in the process
- to have access to a person who will enable asylum seekers and refugees to navigate the social care system, which is likely to be unfamiliar and overwhelming
- attention to communication, with provision of appropriate interpreters and those with an understanding of the relevant cultural context
- to be treated by staff with an understanding of the circumstances of asylum seekers and refugees, pre- and post-arrival
- to have needs listened to and to have a full and thorough assessment of social care needs
- to be able to access additional support as needed, for example legal advice, help with childcare
- to have support to tackle discrimination, racism and bullying
- transparency and accountability in decision-making processes, for example in relation to the extent of social care provision
- monitoring provision to ensure asylum seekers and refugees are treated with dignity and respect
- provision of services by community organisations, and including asylum seekers and refugees, and recognition of their potential role in facilitating access to a wide range of support
- services that enable asylum seekers and refugees to self-organise and develop their own sources of support.

6 Practice survey

6.1 National survey

6.1.1 Overview

The overall response rate to the national survey was 20.6 per cent, as summarised in Table 5. This is skewed by the particularly low response rate from children's services and from care group organisations (for example disability charities, etc) with the majority of the latter indicating that they had limited experience with asylum seekers and refugees. The response from national refugee organisations was higher, at 40.4 per cent, but we encountered significant difficulties in making contact with the appropriate person within these organisations. Initial information from national refugee organisations indicated that regional organisations would be better placed to identify relevant practice. However, it was not possible to establish any contact with 8.5 per cent of regional organisations, and initial contact (initial telephone call usually followed by email with information about the study) with 46.8 per cent did not result in a response. We suspect that this may reflect the low priority afforded to research by hard-pressed voluntary and community organisations in the face of pressing issues for asylum seekers and refugees, the lack of familiarity with the concept of social care and the limited experience of social care reflecting the difficulties of their service users.

The local authority response was higher for adult services than for children's services, with overall a small number (1.4 per cent) of both services declining to participate because of pressures of work. It is highly likely that many authorities did not respond because they do not have significant numbers of asylum seekers or refugees living in their locality. The overall response rate from those areas where the population of asylum seekers was more than 400, based on 2007 figures (Home Office, 2007), was 32.3 per cent, with 17.6 per cent from adult services, 5.8 per cent from children's services and 8 per cent declining to participate.

Only three local authorities provided a response that included both adult and children's services, although the briefing sheet made it clear that the focus was across all age groups. Of those that responded, a significant number only answered Part 1 of the survey questionnaire, which relates to the social care needs of asylum seekers and refugees and views on good practice. On occasion respondents indicated that they were not in a position to nominate examples of good practice as they were still in the process of identifying needs or developing local services. Finally the responses from the asylum seeker teams needs to be interpreted with caution as they were specifically approached to ascertain further information in relation to good practice in social care for adults, and some teams dealt only with children or provided signposting sessions or information.

The findings from the practice survey are summarised in the following sections.

Table 5: Response to the national practice survey

Type of organisation			Response rate (n=525)	Response rate (%)			
				Declined to participate	No relevant knowledge/experience	Q1	Full response including nomination of good practice
Care group organisations (n=100)			12	1	9	2	0
Asylum seeker and refugee organisations (n=47)			40.4	4.3	10.6	10.6	14.9
Local authorities	England	Children's services (n=152)	7.3	0.7	4.0	1.3	1.3
		Adult services (n=152)	26.7	2.0	7.2	7.2	9.9
	Wales	Children's services (n=22)	9.1	0	0	4.5	4.5
		Adult services (n=22)	27.3	4.5	9.1	4.5	9.1
	Northern Ireland	Adult and children's services (n=11)	18.1	0	9.1	0	9.1
		Asylum seeker teams (n=25) ^a	68	12	20	28	8

Note: ^a In relation to adults only.

6.1.2 Social care needs of asylum seekers and refugees

None of the care group organisations had undertaken an assessment of the potential social care needs of asylum seekers and refugees, with the notable exception of Mind, who were undertaking research to identify the mental health needs of asylum seekers and refugees at the time of this study (Mind, 2009a). Several of the refugee organisations pointed us to key publications by their organisations that were relevant, and highlighted specific needs, and these have been included in the literature review as appropriate.

Two of the local authorities and a regional strategic partnership responded that they had undertaken needs assessments; these have been included in the literature review. It was evident from other respondents that the population profile of both asylum seekers and refugees is a dynamic one, reflecting circumstances in a range of other countries; for example, increasing numbers of unaccompanied asylum-seeking children and asylum seekers from African nations were noted. This can strain capacity to respond appropriately and in a timely manner. However, two of the asylum teams also commented that the numbers of refugees and asylum seekers with specific care needs in their area were low, which raises questions about the process and nature of needs assessments.

One local authority indicated that the needs of asylum seekers and refugees had been considered in a mental health needs assessment led by the PCT. Several responding authorities also referred to individual needs assessments undertaken by the appropriate mainstream service, for example related to physical disability or mental health, age assessments in relation to children and assessments under the Children Act 1989. It was unclear from these responses whether such data were aggregated to inform a strategic approach.

Responses to this particular item was supplemented by web-based searching, and evidence was found in some areas that the needs of asylum seekers and refugees had been considered as part of a comprehensive joint strategic needs assessment (JSNA).

The systematic needs assessments that have been undertaken point to, and indeed confirm, difficulties faced by asylum seekers and refugees in accessing community care assessments, resulting in small numbers receiving appropriate care:

“Greater clarity on entitlement on social care services for asylum seekers, refugees and those with NRPF is needed. Immigration questions can create barriers to assessment and service provision; this may also be complicated by the areas in which these communities reside, who may, due to deprivation, experience high demand. General eligibility criteria may mean that those of the asylum system, who lack the support networks available for others within the wider community, suffer increased isolation and deterioration in quality of life at a rapid pace, due to lack of lower levels of support/intervention. This is particularly prevalent in the area of mental health.” (regional respondent)

It was evident that many of the asylum seekers and refugees involved with organisations that responded to the survey originated from war-torn areas, such as Iraq, Zimbabwe, Somalia and Afghanistan. Not surprisingly, a number of respondents commented on the difficulty of identifying social care needs in isolation as a number of intertwining and overlapping issues affected people's lives:

“A person may need accommodation and support due to destitution but this situation is highly likely to impact on any medical condition or result in further deterioration of a mental health problem.” (local authority survey respondent)

“ESOL and acquisition of English language school skills is central to the process of cross-cultural understanding, wider participation in society and being able to access appropriate services.” (RCO respondent)

The social care needs for adults most commonly identified by respondents were:

- communication and relationships of trust
- good-quality housing with the aim of providing a safe environment for those seeking asylum. This included accommodation that also provided access to support for their care needs and emergency accommodation and support, usually financial
- access to high-quality health services, including primary care, with access to healthcare for HIV/AIDS and mental health problems specifically mentioned as areas of concern
- access to employment and educational opportunities
- benefits and financial advice and guidance
- advice and information and signposting to accessible services
- advocacy
- a professional and skilled response to ensure that cultural differences were taken into account alongside access to multidisciplinary assessments and care plans with all stakeholders involved
- community-based support to facilitate integration, access to community assets and initiatives to tackle isolation.

In identifying social care needs, respondents drew the distinction between the needs of asylum seekers and those of refugees. For asylum seekers, needs for sanctuary, access to legal advice and help, communication issues, appropriate good-quality accommodation, financial help, support with mental health problems and to adjust to life in the UK were most commonly identified:

“They need support to make sense of the situation and facilitate connection. For example someone may have been active prior to arrival in the UK and now feels devalued and experiences a loss of identity. Also they may experience a change in their power and authority with a role reversal with their children because of the integration within school, and the children may adapt more quickly but the parents try to retain an authority role.” (local authority respondent)

This theme of adjustment and adaptation was also mentioned for refugees with the transition from asylum seeker status to refugee status being identified as potentially problematic and a need for specific support highlighted. Once people have refugee status, respondents indicated that they should have access to the same services as UK citizens, and the key issue was therefore the availability and provision of culturally sensitive services.

The need for stability, security (that is, safe attachments) and continuity was highlighted for children and young people and thus the provision of safe and appropriate accommodation, particularly for UASC, stressed by respondents. Following on from this, needs reflecting histories of trauma and dislocation were also highlighted:

“Alongside this (appropriate and safe accommodation) are important aspects of emotional and mental wellbeing as some of these young people are suffering from various levels of trauma and bereavement linked to issues such as separation from their families to traumatic events and injuries suffered or witnessed in their home country or en route to the UK.” (local authority respondent)

The role of education and the provision of activities, alongside initiatives to build and strengthen relationships with peer networks, were identified as central to meeting needs for friendship and to enable young people to develop their identity and build their self-esteem. Developmental needs were also reflected in the emphasis given to participation and involvement in decision making. Given that many young people may not have received final immigration decisions, the importance of planning for different scenarios was identified, including building resilience to cope with a forced return to their country of origin. For children and young people who may have been trafficked and for those living in families, needs relating to potential vulnerability were raised, and the need for social care providers to understand these and to have appropriate measures to protect children.

Organisational measures that enabled needs to be met were also highlighted. These were: having a strategic approach and planning for population changes; undertaking needs-led assessments; applying equality and diversity policies; inclusion of asylum seekers and refugees in the safeguarding agenda; and building capacity and maximising resources through joint working among third sector organisations and joint commissioning among statutory organisations.

6.1.3 Barriers

Many respondents drew attention to the factors that impeded the provision of good practice in social care, and the main ones identified were as follows.

Lack of clear and appropriate eligibility criteria

The issues around eligibility were a consistent theme highlighted by both local authorities and RCOs. The frequently changing and complex legal context driven by case law engenders confusion and uncertainty:

“There seem to be so many constraints and the law [in this area] is really stringent and may well seem ‘objectionable’ to the wider community of practitioners and academics involved in health and social care. However, you quickly get to the legal framework.” (local authority respondent)

There was the suggestion that the social care needs of asylum seekers and refugees do not equate neatly to mainstream needs for social care, reflecting the complexity of both their needs and circumstances. Thus the threshold for entry into social care may not be appropriate for asylum seekers and refugees and this creates conflict in terms of knowing what to do. Reference was made to the House of Lords (2008) Slough Judgment, viewed as introducing a tighter definition of care, resulting in less flexibility and thus placing greater restrictions on access to social care. The impact on those with health needs, particularly people with HIV, was specifically identified.

A shocking example, of a woman who had given birth in hospital being discharged the following day with her baby and with nowhere to live, was given by an RCO as an example of the impact of the Slough Judgment.

For some local authorities, confusion about eligibility is compounded by the absence of a designated budget and the potential resource implications of assessing and providing social care support not factored into mainstream budgets. The different access criteria between health and social services also impeded providing an holistic response to needs, with the lack of consistency across organisations being identified as problematic by asylum seekers and refugees as well as by local authorities and RCOs. By contrast the Children Act 1989 and Children (Leaving Care) Act 2000 provide a clear framework for provision, with difficulties emerging as young people reach 18 or leave care, when they may well encounter confusion about eligibility.

Slow decision making

There was a sense of the whole system being sluggish in its response to asylum seekers, so that even when a positive decision had been made there would be an apparent delay in acting on it, for example, in relation to Section 4 support. Decision making was described as problematic, with the lack of transparency described by focus group participants echoed by RCOs in particular. A central aspect of this difficulty is the lack of clarity around eligibility for social care services; a number of respondents framed this as a lack of clear accountability in the system to meet the social care needs of asylum seekers with responsibility being batted backwards and forwards between social services and the UKBA:

“Social services take months to assess and they generally refuse support. Social services say the Border Agency is responsible, the social services budgets are cut and they look for reasons to refuse support.” (RCO respondent)

“The experience of clients failing to receive assessments and written decision or explanations of the process that they are going through would not be acceptable for the wider community, but lack of the English language may be used to mask poorer standards of services within social care settings.” (regional respondent)

Limited understanding of the contribution of social care

A lack of awareness and understanding of social care on the part of asylum seekers and refugees, an absence of clear pathways into social care and staff who may not be aware and knowledgeable of the issues facing asylum seekers and refugees were widely mentioned:

“The system of referral assessment and decision making is somewhat opaque, lending itself to conflict, inappropriate referral, buck passing and increased unmet need.” (regional respondent)

The length of time taken for people to receive an assessment means that RCOs are then left to fill the gap, and despite the wait, the outcome from such assessments was rarely positive. Issues in relation to the threshold for service

eligibility were raised. In particular it was suggested that due regard should be paid to the complexity of the needs of asylum seekers and refugees and their specific vulnerabilities, and that the current criteria may inadvertently disadvantage this client group.

Antagonistic attitude to advocacy

Advocacy, while being identified by some local authority respondents as being important, was not universally welcomed. A small number of instances of asylum seekers and refugees being refused access to advocacy support or advocates being asked to leave meetings with social services were described.

Limited capacity

The lack of knowledge and understanding of the legal context and of the needs of asylum seekers and refugees by social care services is a strand running through our findings. The changing legal context is seen as a major contributory factor to this, but the lack of training or small populations can mean that social care staff can be bewildered in the face of complex needs. Equally RCOs can be very knowledgeable about the immigration law and policy but have a less well-developed understanding in relation to specific social care needs and the context for service provision.

Response to specific needs

Specific barriers for asylum seekers and refugees with particular needs were identified, and included access to appropriate support for asylum seekers and refugees experiencing poor mental health, and appropriate interventions for women who had been raped. Concern was expressed about young people as they become adults, and the withdrawal of support and placement in inappropriate accommodation increasing their risk of mental health problems. Several respondents identified the position of single men as being highly precarious because of the perception that they were not particularly vulnerable, coupled with a reluctance to seek support.

6.1.4 Suggested good practice

The pointers for good practice included: a set of principles that emphasise dignity, rights and inclusion to underpin practice; a clear strategic framework for service delivery supported by appropriate policies; thorough needs assessment; examples of activities consistent with the principles identified; and the measures that local authorities could introduce to support the delivery of positive outcomes for asylum seekers and refugees. An overview of the main themes is provided in Table 6 and those identified specifically for children and young people in Table 7. The responses from RCOs and local authorities have been analysed separately, but are presented here jointly as there was a high degree of consensus across the two groups. A central theme across the age range was that the starting point of all practice should be considering the person as an individual first and foremost and assessing need as thoroughly as possible, and not viewing the person solely through the lens of status and eligibility for social care:

“Social care practice in meeting the needs of asylum seekers is not basically different to good practice with any other client group. The key factors are to approach the clients and carry out thorough assessments to clarify what their needs are considering all options and bearing in mind that they are children first, then asylum seekers. Clearly such assessments must bear in mind both the cultural and national background of such clients and that they are the least familiar with, if not unaware of, the basic nature and function of social care agencies.” (local authority children’s services respondent)

Principles of good social work that resonate with the current agenda for transforming social care were also promoted:

Table 6: Suggestions for good practice by national survey respondents

Suggested good practice	Description
Organisational approach A strategic approach	Understanding and planning for changes in the population at a local, regional and national level, for example the development of culturally appropriate services, older refugees and the implications for staffing and service delivery Inclusion in JSNA and involvement of RCOs and asylum seekers and refugees in this and in commissioning processes
Commitment to principles that recognise and respect the dignity and equality of asylum seekers and refugees	Equality and tackling discrimination Transparency and accountability for decision making
Multiagency approach reflecting the interconnected nature of social care needs	Strong partnership arrangements Opportunities for networking Partnerships between statutory services, PCTs and local authorities, and RCOs as evidenced by longer-term investment and practical one-stop services Co-location facilitating access and cross-fertilisation

Suggested good practice	Description
<p>Access</p> <p>Accessible information that includes appropriate signposting to the full range of services</p> <p>Role of health services, particularly GPs and health access teams in enabling asylum seekers to access social care</p> <p>Clarity about eligibility</p> <p>Provision of advocacy</p>	<p>Translation and interpretation services</p> <p>One-stop services that are informed and knowledgeable about social care and processes for accessing support</p> <p>Referral procedures and pathways in place to ensure needs are appropriately met</p> <p>Joint assessments between health and social services</p> <p>Clear pathways supported by protocols</p> <p>Consistent approach</p> <p>Good practice guidance in assessing people with NRPF</p> <p>Good practice in age assessment</p> <p>Commissioning and provision of bilingual advocates</p>
<p>Personalised high-quality culturally sensitive provision</p>	<p>Provided to the highest standards for social care</p> <p>Prompt response to requests for assessment</p> <p>Capacity to be innovative, flexibility, a desire to ensure parity with the UK population and an understanding of the system</p> <p>Sensitivity to context of asylum seekers, pre- and post-arrival</p> <p>Greater consideration of personal budgets for asylum seekers and refugees</p> <p>A focus on the needs of the individual and a solution-focused approach</p> <p>Skilled and trained care givers</p> <p>Working within equality and diversity policies</p> <p>Multi-faith approach to assist people to access the faith of their choice</p>
<p>Capacity building</p>	<p>Local authority specialist teams with a focus on asylum seekers and refugees</p> <p>Development of the third sector to be able to respond to the broader social care needs of asylum seekers and refugees</p>
<p>Training and supervision</p>	<p>Development of training in relation to refugees'/ asylum seekers' experiences and understanding of specific health, social care, social and cultural issues that this may create additional areas of individuals to access services</p>
<p>Recognising and building on the strengths of asylum seekers and refugees</p>	<p>Volunteering, befriending, development of peer support networks</p> <p>Facilitating self-organisation and peer support</p>
<p>Promote social inclusion, integration and independence to enable achievement of full potential</p>	<p>Always working towards mainstreaming</p> <p>Facilitate integration into the community</p> <p>Support at times of distress, vulnerability or illness</p> <p>Peer support</p>

Suggested good practice	Description
Recognition of vulnerability and provide accordingly	Protect, abuse and neglect and take action against those who cause harm and help people to recognise and cope with their vulnerability Provision of emergency support Access to specialist counselling and culturally appropriate mental health interventions

Table 7: Additional pointers for good practice identified by RCOs and local authorities for children and young people

Suggested good practice	Description
Provision of safe age-appropriate accommodation and having other basic needs met – clothing, food, self-care and access to health services and education	Good quality accommodation
Engagement in age-appropriate training and education and the provision of leisure activities	Partnership approach
Inclusion on the safeguarding agenda	Focus on promoting child welfare, not only child protection but also action to address child poverty as children’s well-being may be at risk as a result of the family having insufficient accommodation and means to support themselves Good use of the Common Assessment Framework and information sharing across agencies
Clear outcomes reflecting <i>Every Child Matters</i> outcomes	Develop better outcomes through the development of care planning and improving access to education and training, including those who may return to their home country
Focus on emotional wellbeing	Safe, secure attachments Recognition of the trauma and the grief they may have experienced and providing access to support as appropriate
Social networks	Links with community groups and voluntary organisations in relation to education, social and cultural networks

“Well it’s about participation: listening and starting from the point of where people are; using people’s views to inform your work and develop your practice; involving people in the decision and being courageous enough to hand over power.” (RCO respondent)

6.2 Nominations of good practice

The survey invited respondents to nominate examples of good practice; 49 nominations were received (details in Appendix 13). One of the nominations was excluded as it related solely to migrant workers. The remaining 48 examples related to 29 areas, with multiple nominations from eight areas (sometimes from one organisation and sometimes from different organisations, and in one instance a coordinated response across a number of organisations highlighting good practice locally). It was not always clear what good practice the respondents considered the nomination to be an example of, and some respondents did not complete Part 2 of the questionnaire (or simply passed it on to the organisation concerned to complete). As can be seen, the majority of the nominations were for universal services for asylum seekers and refugees, rather than those related to personal social care.

Figure 1 illustrates the distribution of the examples across England, Wales and Northern Ireland and broadly reflects the distribution of asylum seekers with the exception of Northern Ireland. This probably reflects the additional effort of the research team who proactively contacted organisations in Northern Ireland. Just over 40 per cent (43.2 per cent) of the nominated examples were from areas with a population of more than 400 asylum seekers according to the 2007 figures, with the remainder (56.8 per cent) coming from areas with much smaller numbers. Figure 2 illustrates the distribution of the nominations across different care groups. There were no nominations for services to older asylum seekers and refugees, and the number relating to people with mental health problems was surprisingly low (10.2 per cent). This is likely to reflect the integration of provision with healthcare services. In contrast, the number relating to children and young people (28.5 per cent) was above that expected from the response rate to the practice survey; this reflects the fact that many of these responses included several nominations. A significant number (38.7 per cent) of the nominations were for services provided by third sector community or refugee organisations. Local authority services account for 39 per cent of the nominations, with nearly half of these being for children’s services. The majority of the remainder related to activities of immigration and asylum teams and the corporate function of setting a positive strategic direction and provision of health care. There was only one nomination for adult social services, which came from a physical and sensory impairment team, as summarised in Box 2. Of note is the number of partnership arrangements that were nominated (10.8 per cent); these included a local strategic partnership, partnerships between refugee organisations and statutory services and multiagency organisations. A small number of local authorities also drew attention to the NRPF Network and the contribution of guidance developed by the Network to inform their practice.

Figure 1: Geographical distribution of good practice nominations

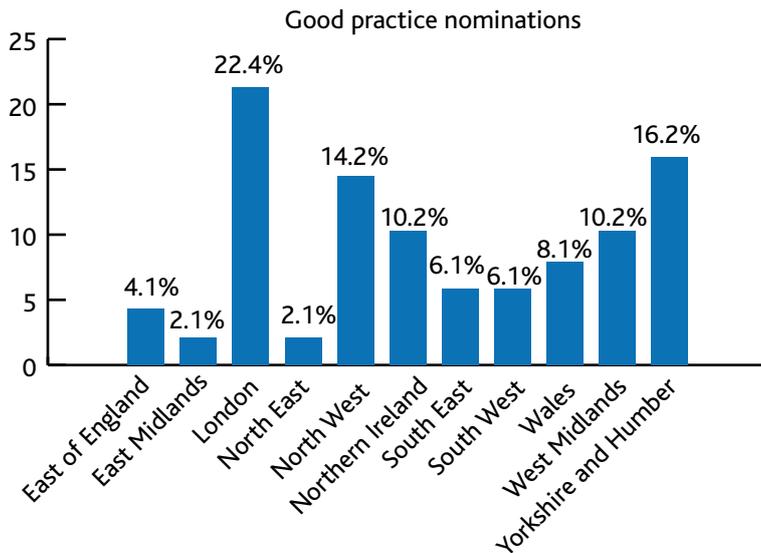
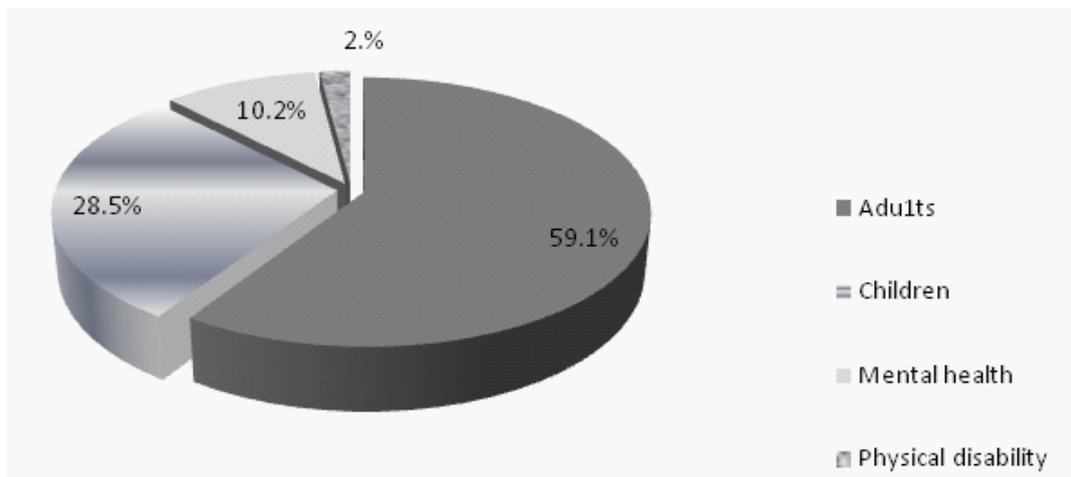


Figure 2: Nominations by care group focus



Box 2: Example of a good practice nomination from a local authority physical and sensory impairment team in relation to NRPF

S presented at the local authority with a claim that she had suffered domestic violence from her partner and said that she was homeless and had a small child who was just a few months old. The local authority took the view that she should report the domestic violence to the police. S did not have any ailments or other conditions that would have made her eligible for social care. However, it was recognised that domestic violence does warrant a community care need. It was also recognised that a child who lives within a household where domestic violence is perpetrated is at risk of significant harm. There was no means of support available to S other than intervention by the local authority.

The Local Authority team agreed to arrange bed and breakfast accommodation. Meantime adult safeguarding procedures were put in place with subsequent police

liaison. Travel was also arranged so that S could attend solicitors' appointments, as there are no solicitors that deal with immigration and asylum claims in the town where she lived.

The team also worked with NASS and the Home Office UKBA to help resolve the issues around immigration on her behalf. We think that this might have helped resolve the situation much faster. As well as this, options were explored with the local voluntary sector domestic abuse resources.

As a policy the local authority takes domestic violence very seriously and in respect of NRPF will ensure that anyone that presents with possible domestic violence will be protected as far as possible by the authority and in particular this department.

6.3 Findings from follow-up visits and interviews

The information was collected during the follow-up fieldwork on the examples that had been nominated; the schedule for these is attached in Appendix 6. In reality these were far more conversational, exploring issues to do with the local context, the development of practice and operational dimensions. The process for distilling good practice was an iterative one and, as a rights-based approach was developed, the focus was increasingly on identifying good practice in relation to statutory services. This meant that where an example of good practice in provision by a voluntary organisation was described, both information about the practice and the way in which this was supported through commissioning arrangements was sought. While a substantial number of examples of positive practice in the voluntary sector were identified, it was frequently unclear what the contribution of the local authority was a sense that the practice might be precarious in the absence of sustainable funding. This was highlighted by the nomination from one local authority of a voluntary organisation providing support to children and young people. This service was largely dependent on lottery funding, was neither being commissioned by the local authority nor was there a strategy for the provision of social care to asylum seekers and refugees in the area.

On several occasions the good practice appeared to be richer or different from the information supplied. For example, one area nominated four examples of good practice, which were all interesting, but what was particularly noteworthy was how these different elements worked together to form a whole system for asylum seekers and refugees. A selection of practice examples can be found in the *Resource guide* at www.scie.org.uk and an example is provided in Box 3.

Box 3: Good practice nomination: referral and assessment team for children and families

Description

The referral and assessment team takes all children and family referrals, carries out all initial assessments and child protection investigations. There is a separate team for looked-after children, but when UASC and young people are looked after the referral and assessment team continue working with them until they leave care and are transferred to the aftercare team. The team includes a specialist social worker and a dedicated support worker.

Ethos and approach

The ethos of the team is based on the belief that young refugees and asylum seekers are entitled to a service that is responsive to their needs and of high quality, which means that throughout the assessment process young people are treated with dignity and their cultural and religious needs are respected. This starts with ensuring they feel safe, are assisted to contact their family and are provided appropriate healthcare on arrival. Following on from this, appropriate accommodation and education is arranged as soon as possible. They also provide support through the asylum-seeking process ensuring that the young person is put in touch with a solicitor immediately and that their initial interview with the Home Office is undertaken within timescales. Throughout this process a qualified worker is present where possible.

Referral

Referrals mainly come from police, frequently after a young person has arrived in a lorry. The team goes out and make an immediate assessment and arranges a suitable placement. Further assessment takes place over the course of the following days, culminating in a planning meeting. This work is shared between the social worker and the support worker, and both attend the planning meeting together with the foster carer, interpreter and young person.

Placement

Foster care is normally provided if the young person is considered to need it or, supported accommodation if this appears more appropriate or if the young person has a strong preference for this. Accommodation is always provided under Section 20. There are a small group of foster carers who regularly take unaccompanied asylum-seeking children and are very positive about it. There is no cultural or ethnic matching, but carers are aware of diversity issues and aim to be proactive in supporting links between young people and their culture. The carers have a support group with input from experts.

Support

The dedicated support worker accompanies young people to all appointments such as GP and dentist registration, hospital visits, registration for ESOL classes and so on; the support worker speaks Farsi, which can help in some cases. The team policy is always to use independent interpreters for any important meeting. Additional services are commissioned from a wide range of organisations, for example, advice on sexual health and sexual exploitation. The team is linked with the Welsh Refugee Council and other organisations providing advice and support.

Aftercare

Aftercare support is provided by the specialist aftercare team. The team encourages young people to attend ESOL classes, and £15 a week paid as support for college attendance (half the rate of EMA). Leisure cards and bus passes are provided, and activities such as football tournaments are organised. One student was being supported to attend university (had obtained student loan, and local authority also paying an allowance).

6.4 Discussion

6.4.1 Methodological issues and limitations

This study faced a number of significant methodological and practical issues. Of particular note is the conceptualisation of social care, which was interpreted very broadly by asylum seekers and refugees and the organisations, including local authorities providing support and access to social care services. In the focus groups, scenarios were used to illustrate the type of needs that people typically using social care services might have. These proved useful as a method for engaging people, particularly the young people, but not necessarily in exploring their conception of social care. In general the response to the scenarios was to identify a broad range of needs related to their status including educational, health, legal advice and family issues. It was clear from many participants that these were particularly pressing but also interlinked, and that it was difficult to separate out needs in relation to personal social services from other needs. Furthermore, participants' awareness and knowledge of social care in the UK was in some instances limited by the very different kind of provision in their home country, and the expectation that such support would be provided by family and community rather than the state, compounded by the limited information they had received since arrival in the UK.

Several participants were receiving local authority support, but this appeared to be from asylum and immigration teams in response to their general needs rather than specific social care needs. This distinction was not identified during the recruitment process, and along with the recruiting organisations' conception of social care needs, may have broadened the criteria for inclusion. The method of recruitment of the sample may have led to a sample of participants with specific issues, although the recruitment method was varied in order to minimise this possibility. In relation to further research in this area, we would recommend recruiting asylum seekers

and refugees in receipt of personal social services directly through both children's services and adult services, as this would provide more information on their experience of social services as opposed to the information that we have in relation to significant (and on occasion insurmountable) barriers to accessing appropriate care. Furthermore, the focus group method may have meant that participants were reluctant to share personal details and more willing to talk about commonly shared difficulties such as accommodation or vouchers and so on. In-depth interviews might have resulted in more detailed information about individual needs for care conceptions of good practice in social care.

The response rate to the survey was limited, although broadly in line with the expected rate for this method of research. This method had some advantages as it enabled a broad picture of practice, in areas where there are significant numbers of asylum seekers and refugees as well as those where there are many fewer. For the follow-up, areas with higher numbers of asylum seekers were targeted and this did increase the response rate.

There are a number of reasons for the relatively low response rate; the feedback that we received indicated that some organisations had no real experience of working with asylum seekers and refugees (for example, care group organisations) or of asylum seekers and refugees receiving a community care assessment and accessing personal social services (for example, refugee and asylum seeker organisations). Furthermore, within local authorities the responsibility for asylum seekers and refugees in relation to social care may be perceived as being the responsibility in the first instance of asylum and immigration teams; we received a number of responses from such teams. The field research indicated that these teams would refer on to mainstream services for a community care assessment if such a need was indicated, but no examples of this were nominated as good practice. This may reflect a view that the good practice was inclusion in mainstream provision. However, this may be over-optimistic, as it was also suggested by the field research that relatively small numbers of asylum seekers and refugees were in receipt of community care. One local authority with a sizable population of asylum seekers and refugees estimated that only three people were in receipt of such services. Furthermore, it was evident in other places that information on service use and outcomes was not routinely disaggregated or collated for adult and older asylum seekers and refugees.

A major limitation of this research was the lack of validation of the practice examples, and the nominations included a significant number of organisations that nominated themselves. An example of why this might be problematic is illustrated by the nominations from asylum and immigration teams. Harris and Roberts (2004) observed that the division of social services responsibilities into asylum teams and disability teams creates confusion and can result in disabled asylum seekers being passed between teams or afforded low priority. In our research we did not collect the data that would be necessary to establish whether this is the case and whether this is particularly so for some client groups (for example, people with disabilities) but not others (for example, people with mental health problems). Watters (2008) provides some criteria that could be used as a basis for external validation.

All of this points to the need for much more detailed work to be done in relation to understanding how many asylum seekers and refugees are being assessed, how many are receiving services, what the mechanisms are for ensuring that there is a good understanding of the needs of asylum seekers and refugees – for example, advocacy, bilingual co-workers, staff training and supervision and so on – and what are the best organisational arrangements for meeting these needs.

Finally we also got the impression that some organisations (both statutory and third sector) were under pressure, and a sense that they receive regular requests in relation to research on this population. Further, a number of respondents indicated that there are other groups that also need to be considered alongside asylum seekers and refugees, in particular economic migrants who are no longer working and do not want to return home, and people who overstay their visa for other reasons – for example, women who are on spouse visas and are victims of domestic violence, or children and women who have been trafficked.

6.4.2 Findings

The findings from the practice survey confirmed that asylum seekers in particular have complex and interwoven needs, and their social care needs are one dimension that may easily be overlooked in the light of other pressing problems. In particular the conceptualisation of social care and the lack of accessible information about assessment, compounded by the issues around eligibility, mean that asylum seekers and refugees and the organisations that support them, including local authorities, operate in a climate of uncertainty about eligibility for provision. It was evident from focus group participants that asylum seekers and refugees face uncertainty and anxiety on a number of fronts and are reluctant to make their needs visible as they do not want to jeopardise their claims for asylum or status in the UK. For asylum seekers and refugees who have children, these factors when combined with cultural perspectives about caring may mean that children take on the responsibility for looking after their parents with physical or mental health problems (The Children's Society, 2008a).

Trust, which may have been severely damaged prior to arrival in the UK, and subsequently through experiences of detention, the asylum process and contact with statutory services, is a key theme in both the literature and the practice survey as a central consideration in practice with asylum seekers and refugees. Individuals who had been particularly helpful were mentioned by focus group participants, but in general it is clear that refugee and other community organisations play a vital role in facilitating access to social and indeed other services. As well as providing aspects of social care themselves, they have a deep concern for the wellbeing of asylum seekers and refugees, and the personal commitment to and impact they have on securing solutions for individuals, and on occasion providing a lifeline, were very evident in our work and have previously been widely commented on (No Barriers, No Borders and New Perspectives, 2008). Although this was not a specific focus for our research, we gained the impression that many of these organisations operated in difficult circumstances with an absence of developed commissioning in this area. The need for the development of local strategies based on good-quality needs assessments is clearly relevant here, but we found few examples of this having taken place.

Local authorities are in an unenviable position. Although a legal policy framework for the provision of social care to asylum seekers and refugees exists, for many, particularly refused asylum seekers, local authorities are left to make decisions about eligibility for social care on a case-by-case basis. This has all sorts of implications. First, it encourages local authorities to act cautiously and conservatively and creates a climate of uncertainty for asylum seekers, the organisations that support them and for local authorities about eligibility for social care. Second, it does not lend itself to a strategic approach, as evidenced by the relative lack of focused needs assessments that the local authorities in our study reported. Further, it was clear from comments made during interviews that social services are operating in different and sometimes difficult political contexts. In some instances, there are anxieties about feeding the agenda of far right political organisations and of compromising community cohesion by being seen to focus on the specific needs of asylum seekers and refugees. Therefore good practice may remain hidden as these legal and political factors serve to militate against local authorities drawing attention to it.

We heard accounts of flexible and innovative working, with local authorities wanting to do their best by a group of people who are universally perceived as vulnerable, echoing Watters' (2008) observations that good practice happens in spite of the system rather than because of it. To strengthen and cement this, action is needed at a national level to clarify and provide clear guidance on eligibility for local authority assistance. NRPF Network have recommended that the UKBA work with local authorities to develop this guidance to ensure consistency across local authorities and that they are fulfilling their statutory duties (Fellas and Price, 2008). This would make a significant contribution to improving practice. The contrast in terms of focus that we heard from some children's services, reflecting the legislative framework and *Every Child Matters* (HM Government, 2003), gave the response to the needs of children a qualitatively different feel with a much clearer focus on the local authority's responsibilities for promoting wellbeing.

Clarity about eligibility needs to be supported by the development of clear pathways, the understanding of the roles of different organisations, investment in capacity of RCOs and staff training across the sector. Further, it was evident from our research that there is a major information gap and that much can be done to strengthen this by developing a detailed understanding of the needs and experiences of asylum seekers and refugees.

Our findings point to the need for mechanisms for listening to the voices of asylum seekers and refugees to be central to such developments and service provision, based on recognition of the resilience, strengths and contribution of individuals and communities. Further, they indicate that the dynamics of providing social care for asylum seekers and refugees in the context of current immigration policies, and health and social care policy, needs to be better understood. While our research indicates that social care needs for specific groups of asylum seekers and refugees may be going unmet, it is also suggested by other researchers in this area that needs may be pathologised as a route to securing wider legal and welfare benefits (Watters, 2001).

7 Suggested good practice: a synthesis

The diversity of asylum seekers and refugees, and their circumstances, tests the capacity of social care services to provide an individualised response that promotes wellbeing and ensures access to high-quality appropriate services, in a context of shifting legislation and policy. One of the key findings of this review is that the needs of some groups, for example, unaccompanied asylum-seeking children and people with mental health problems, appear to have a greater prominence than other groups, for example children in asylum-seeking and refugee families, disabled asylum seekers and refugees and older refugees. Further, few studies were identified that evaluated outcomes from social care interventions or investigated good practice. It was possible, however, to identify consistent themes from the literature review and the practice survey that need to underpin good practice in social care for asylum seekers and refugees. While some of these would be relevant for any client group, or more specifically for people from BME communities, the significant and specific barriers that asylum seekers and refugees face in accessing social care, highlighted in our study, give these a particular emphasis. The synthesis of the evidence from the literature review has focused on developing suggestions for good practice identified from the different sources. The following are those suggestions where there is evidence from both the literature review and practice survey.

7.1 Overarching principles

- Individualised and person-centred response:
 - to be seen as an individual first and foremost and to have needs listened to, identified and responded to;
 - to be able to access additional support as needed;
 - services tailored to individual need.
- Dignity and respect for humanity:
 - to be treated with dignity and respect.
- Equality:
 - to receive the same treatment as British citizens and therefore working within an equality and diversity framework;
 - consistency of approach across organisational boundaries;
 - mainstreaming into all policies and strategies.
- Transparency and accountability:
 - in decision-making processes, for example in relation to decisions about the extent of social care provision for an individual;
 - cross-organisational cooperation.
- Promotion of social inclusion and independence:
 - integration into communities with similar cultural background and wider UK society;
 - meaningful activities;
 - opportunities to develop friendships and relationships.

7.2 Good practice in social care

Promoting access

- Clarity regarding entitlement to social care and responsibilities for provision for asylum seekers and refused asylum seekers
- Strategies to increase access
- Provision of accessible information and support
- One-stop shops/universal gateways
- Effective signposting and help with navigating what can be an unfamiliar system as early as possible in the process
- Outreach strategies to identify asylum seekers and refugees who may require social care via community organisations
- Single team to respond to asylum seekers and refugees with ready access to interpreters and development of appropriate skills and knowledge
- One point of referral into the system
- Reviewing appropriateness of thresholds for care
- Early identification of and access to psychological and therapeutic support to address PTSD and other mental health problems, delivered within a holistic approach.

Effective communication and advocacy

- Readily available and effective interpretation services
- Provision of appropriate interpreters with an understanding of both the cultural and service context
- Commissioning and provision of advocacy with the aim of increasing choices and access to appropriate provision and empowering individuals
- Access to appropriate advocacy facilitated by social care services.

Comprehensive needs-led assessment

- A full and thorough assessment of needs for social care as early as possible in the asylum process.

Personalised high-quality service provision

- Focus on outcomes
- Provision of good-quality accommodation for young people
- Provision of appropriate psychological support
- Culturally sensitive and competent provision:
 - staff to have an understanding of the cultural context, and the issues pre- and post-arrival, in order to respond appropriately to the diverse needs of refugees and asylum seekers;
 - being quick to respond to issues that bring changes for asylum seekers and refugees and provide appropriate support at key transition points;
 - provision of training and supervision for social care professionals;
 - training, preparation and ongoing support of volunteers and staff in RCOs and disability organisations;

- engagement and working in partnership with community organisations that have specialist knowledge;
- multi-faith approach to assist people to access the faith of their choice.

Facilitating self-organisation and innovation

- Services that enable asylum seekers and refugees to have a voice
- Services that facilitate self-organisation and enable asylum seekers and refugees to develop their own sources of support
- Provision of services by community organisations, including asylum seekers and refugees.

Well-developed partnership working

- Working across organisational boundaries to deliver services that respond to needs in a culturally appropriate way
- Commissioning community and voluntary sector organisations to deliver social care
- Co-location of services and multiagency working.

Monitoring and review

- To ensure asylum seekers and refugees are treated with dignity and respect
- To monitor inequalities in access
- To assess the extent to which positive outcomes are achieved.

7.3 Foundations for good practice

Six critical steps were identified for local authorities to provide a foundation for this practice:

- 1 Securing organisational commitment to promoting the wellbeing of asylum seekers and refugees
- 2 The development of strong multiagency partnerships with a clear focus on asylum seekers and refugees, at both strategic and operational levels
- 3 The development of a local strategy based on a JSNA to enable local authorities and their partners to plan and develop services for current and future populations of asylum seekers and refugees, as well as other migrant populations. This includes the application of existing policies that provide a framework for the provision of social care – particularly equality and diversity policies, the safeguarding agenda and the implementation of *Putting people first*. It also includes a clear acknowledgement of the contribution of community and voluntary sector initiatives and sustainable investment in these to enable them to further build their capacity
- 4 Methods for engaging with and involving the diverse needs of asylum seekers and refugees in the development of appropriate services
- 5 Workforce development, including training and supervision, to strengthen the capacity of staff to respond positively to the diverse needs of asylum users and refugees

6 Monitoring and review, particularly equalities monitoring, to enable monitoring of access and experience of social care by asylum seekers and refugees.

8 Summary and conclusions

The resilience of asylum seekers and refugees can be strengthened or diminished through their experience of living in the UK and of statutory services, including social care. As Maegusuku-Hewett et al (2007, p 315) have observed in relation to asylum-seeking and refugee children, in addition to personal attributes and 'the many external or environmental forces that influence an individual's ability to adjust or cope with adversity, a sense of positive identity has been found crucial in many settings'. This theme of identity, as reflected in experiences of marginalisation and exclusion in relation to statutory services and the asylum process, was clearly evident from the asylum seeker and refugee participants in this study and voiced as a strong desire to be seen as a person, to be valued and treated with respect and dignity. While the diversity of asylum seekers and refugees poses a real challenge to local authorities in delivering personalised services, the way in which asylum seekers and refugees are viewed and treated emerges as a pre-requisite for service design and arguably critical to their wellbeing.

It became clear through the process of the research that focusing on the rights, strengths, resources and abilities of this group of fellow citizens, and respecting and working with them as people who can make a positive contribution to British society, has greater possibilities for good social care services than merely focusing on needs. A focus solely on needs can inadvertently lead to asylum seekers and refugees being viewed in terms of what they may demand rather than what they can offer. Adopting a rights-based approach to social care is the best way of ensuring that the principles of equality and respect identified by asylum seekers and refugees in our research are met. Such an approach seeks to understand the vulnerabilities of asylum seekers with social care needs through the lens of human rights. Adopting a rights-based approach confers a responsibility and duty on statutory services in relation to responding to the social care needs of asylum seekers and refugees.

Disentangling needs for personal social care from wider needs in relation to accommodation, subsistence and social support proved difficult, with many respondents, including those from local authorities, using a broad interpretation of the concept of social care. The responses suggested first, that basic needs for accommodation and so on take priority; second, that different categories of need interact to influence the wellbeing of asylum seekers and refugees; and finally, that asylum seekers and refugees and possibly some of the organisations supporting them are unaware of what additional services might be accessed through local authority social services, and other organisations, such as disability charities, may be unaware of the potential needs and ways of engaging with asylum-seeking and refugee communities. This also revealed a major information gap in relation to understanding how many asylum seekers and refugees with different types of care needs are living in any one location and the extent to which they are accessing and using appropriate social care services.

There is a strong degree of consistency across the literature review and the practice survey with respect to the barriers that asylum seekers and refugees encounter in terms of accessing social care and the broad principles that should underpin its

provision, with practical examples from across England, Wales and Northern Ireland identified. The focus on different client groups within this population has identified broad similarities and provided important detail for provision in different social care contexts, for example in relation to children's and adult services. Fundamental to this is the evidence for supporting a focus on the person and their needs first; of respect for dignity and equality, and of promoting fairness and the wellbeing of a group whose vulnerability is significantly increased by pre- and post-migration experiences. These principles are the same as those that underpin good social care more widely and form the central plank of the transforming social care agenda. We have argued that viewing these needs for social care through the lens of human rights will facilitate the development of good practice in social care for asylum seekers and refugees.

Translating these principles into practice within the framework of current immigration law and policy and the current political and economic climate is a major challenge. It is helped by a framework of entitlement and responsibilities of local authorities and this was evident in relation to children and young people, and to some extent people with mental health problems. The situation in relation to asylum seekers and refugees with disabilities and older people is untenable, both for the people themselves and practitioners, and is inconsistent with the current focus of social care policy. Indeed, as Beynon (2006) has observed, the precarity of the position of many asylum seekers and refugees, without recourse to rights and with access to appropriate services extremely limited, undermines the current political discourse on quality of life and wellbeing. Our study indicates that for this to change a more strategic approach to understanding the needs of changing populations of asylum seekers and refugees is needed to drive improved commissioning, in strong partnership with RCOs, and ultimately support the resilience and wellbeing of asylum seekers and refugees.

8.1 Policy and practice implications

Although this review has identified suggestions for good practice in local areas, there are also implications for national government, as noted by the Joint Committee on Human Rights in 2007 (House of Lords and House of Commons Joint Committee on Human Rights, 2007). Guidance and appropriate resourcing is needed to put access to social care on the same footing as that for UK residents by recognising the rights of asylum seekers and refugees and the increased vulnerability of those with care needs. At a local level, local authorities also need to consider whether local thresholds for access to social care appropriately recognise these rights and take sufficient account of increased vulnerability in the context of the pre- and post-migration experiences of these communities.

There are additional measures that can be taken at an organisational level that will support good practice in the provision of high-quality social care to asylum seekers and refugees: first, the organisational commitment to meeting the social care needs of asylum seekers and refugees. It is evident both from the literature and the practice survey that the eligibility of asylum seekers is being interpreted differently by different local authorities and there is greater clarity for refugees and for some

particular groups of asylum seekers, for example, UASC and asylum seekers detained under the Mental Health Act 2007.

Second, the development of strong multiagency partnerships at a strategic and an operational level to develop a whole-system response to the interwoven and often complex needs of asylum seekers and refugees has been highlighted by both the literature review and the practice survey, with many illustrations. It is suggested from the practice survey that this should be extended to include other groups of people who have overstayed their visa and do not want to return home, often because of political issues in their country of origin (MRN, 2009). In terms of practice, this partnership working needs to be supported by clear referral pathways and protocols that facilitate access and easy referral to social care.

Third, such partnerships need to drive a shift from a reactive approach to a strategic one that is built on a good understanding of the needs of asylum seekers and refugees at a local level in order to strengthen organisational commitment and capacity to meet these needs. The statutory duty to undertake a JSNA is a good opportunity to enable local authorities and their partners to plan and develop services for current populations of asylum seekers and refugees and other migrant populations, and to plan for changes in the population profile. Central to a strategic approach is the application of existing policies that provide a framework for the provision of social care, and that will be particularly helpful in securing improvements in access and the provision of social care for asylum seekers and refugees. In particular we point to equality and diversity policies – subjecting local provision for asylum seekers and refugees to an equality impact assessment, the safeguarding agenda and the implementation of *Putting people first* (DH, 2007). The development of a strategic approach needs to include a clear acknowledgement of initiatives, both in terms of promoting access to and provision of social care. In particular this means sustainable investment to enable them to further build their capacity.

Fourth, workforce development and building capacity in social care services has also been identified by the review as a central component of improving practice, so that practitioners and managers in mainstream services develop their understanding of the needs of asylum seekers and refugees, including entitlements to social care and cultural issues for appropriate practice to support a personalised response.

Fifth, the contribution of asylum seekers and refugees has been highlighted as essential to driving forward improvements in practice and service provision. This entails developing methods for their involvement in service commissioning and provision and in particular in relation to needs assessment. Further, it means identifying opportunities for mutual support, volunteering and commissioning community and refugee organisations to provide wider aspects of social care that will enable more asylum seekers and refugees to access the social care they need.

Finally, the literature review and practice survey identified an information gap in relation to routine monitoring of access and use of social care services by asylum seekers and refugees. Steps to include this as part of routine equalities monitoring will provide a firmer foundation for the development of social care provision in this context.

8.2 Future directions for research

This review has identified significant gaps in the evidence base for good practice in social care. There is a need for further research in this area including:

- mapping access to community care assessment and access to personal social services including personal budgets
- focusing on the needs and service delivery options for children in families, disabled asylum seekers and refugees, older refugees, women and other groups that have also been identified as vulnerable
- evaluating outcomes for social care interventions for asylum seekers and refugees
- processes for mainstreaming the needs of asylum seekers and refugees within broader local authority agendas.

Appendix 1: Technical appendix and search strategy

Search strategy

Bibliographic sources

AMED (Ovid), Campbell Collaboration Library, ChildData, CINAHL (Dialog), EBSCO Host, EMBASE (Ovid), PsychInfo, Cochrane Database of Systematic Reviews, HMIC (Ovid), Ingenta Connect, Intute, MEDLINE (Ovid), NLH, ZETOC, Social Care Online, Social Work Abstracts (WebSpirs), Social Science Abstracts (WebSpirs), Social Work Abstracts.

The search strategy and keywords were adapted for different databases and providers but generally the search terms used were:

- refugee and/or asylum seekers
- children, young people, unaccompanied minors, care leavers
- good practice and/or best practice and/or guidelines and/or practice guidance and or/treatment guidance
- social care and/or social work and/or personal care and/or social support
- disability and/or physical disability and/or learning disability and/or mental health
- advocacy

Web-based sources

Web-based sources were searched as follows:

General sources: CRE, EPPI-Centre, Information for Practice, Joseph Rowntree Foundation, King's Fund, Research Centre for Transcultural Studies in Health, Royal College of Psychiatrists, Department of Health.

Client-specific websites: Age Concern, Asylum Aid, The Children's Society, Council for Ethnic Minority Voluntary Sector Organisations, Evelyn Oldfield Unit, Home Office Research and Development Statistics, ICAR (Information Centre about Asylum and Refugees), London Asylum Seekers Consortium (LASC), Medical Foundation for the Victims of Torture, NRPF (No Recourse to Public Funds) Network, Refugee Council, Refugee Mental Health Forum, Health for Refugee and Asylum Seekers Portal, Sainsbury Centre for Mental Health.

Generic internet gateways: BUBL, Intute, OMNI, Google Scholar, Google.

Regulatory and statutory sources

Department of Health, CSIP/NIMHE, SCIE.

Inclusion and exclusion criteria

Inclusion criteria

- *Participants:* asylum seekers, refused asylum seekers, forced migrants and refugees of all ages

- *Definition of social care*: social work, personal care (but not nursing or medical care), protection or social support services to adults at risk or with needs arising from illness, disability, old age or poverty and their families or other carers
- *Contexts of social care provision*: disability, mental health, older age, children and families
- *Stakeholder outcomes*: acceptability, accessibility, satisfaction, appropriateness, promotion of independence, social inclusion and protection of human rights
- *Service outcomes*: factors influencing implementation, service changes and developments, resourcing
- *Literature*: the search was limited to literature published from 2000 to the present day and to material published in English relating to service provision in the UK. The material needed to include evidence of systematic inquiry, that is, clear objectives, description of method to address objectives, statement of findings and recommendations or conclusions linked to findings.

Exclusion criteria

- Papers published in languages other than English
- Papers published on or before 31 December 1999
- Papers concerned with economic migrants
- Papers not relating to social care provision in the UK
- Papers that do not demonstrate a systematic approach to inquiry.

Screening of studies

A screening tool was constructed for evaluating the relevance of material identified by the search to criteria for client group, social care provision and evidence of systematic inquiry. The screening was conducted at two levels, with primary papers directly relevant to all three criteria, and secondary papers relating to social care but not systematic or relating to sectors other than social care.

Paper copies of web-based records were maintained, with bibliographic records from databases downloaded to Reference Manager. After removal of duplicates, two reviewers applied inclusion and exclusion criteria to titles and abstracts of all bibliographic material and the results of web-based and wider searching. Results were discussed and agreed, and the full papers of all selected items were retrieved and coded as primary (that is, systematic inquiry directly relevant to social care) or secondary (that is, indirectly relevant to social care, for example recommendations from healthcare or housing provision).

The categories for data extraction of content included:

- participants (that is, asylum seeker or refugee)
- intervention details, for example, type of social care
- outcomes including service user views
- standards, recommendations or good practice
- factors influencing good practice.

In addition, details were extracted relating to the evidence, including:

- evidence type and main details of design, for example, aim, sample, data collection method etc
- quality criteria relevant to the evidence type/study design.

All primary and secondary studies of social care were critically appraised using the TAPUPAS standards (Pawson et al, 2003).

Keywording strategy

Type of material	Book Journal article Other
Status of report	Published In press Unpublished
Language	English
Type of study	Free text description
Study country	England, Wales or Northern Ireland Scotland USA Australia Other
Focus of the report	Asylum seekers Refugees Failed/refused asylum seekers Social care provision Social care education Inequalities Advocacy Free text description
Study population	Asylum seekers Refugees Failed/refused asylum seekers General disability Physical disability Learning disability Mental health Older adults Families Children Unaccompanied young people Free text description
Social care provision	Free text description
Outcomes	Client/family outcomes Service use Client/family views Service and economic outcomes Free text description

Appendix 2: Topic guide and agenda for focus group discussions

- 1 Welcome and introductions to each other and the purpose of the focus group
- 2 Practical issues – toilets, refreshments, etc
- 3 Ethical issues, consent and any questions about the process (as outlined in the information sheet)
- 4 Completion of consent forms and core data questionnaire (this can be done at the end if preferred)
- 5 Establishing a working definition of 'social care'.

'Social care' is the group of services that provide personal care and support to people in a social situation – such as family, the community, a communal setting such as a day centre to help them achieve independence and to promote their positive contribution as citizens.

The scenarios attached help bring this definition to life and may be useful to think through what good social care would look like in each of these situations.

1 Main lines of inquiry

These lines of inquiry explore what good practice in social care should look like for asylum seekers and refugees and will need to be adapted as appropriate to the particular group. It would be helpful if participants could be encouraged to explore the issues from different perspectives in terms of age, gender, generation, asylum seeker or refugee needs (for example, mental health) in relation to their potential social care needs.

- a What are the needs of asylum seekers and refugees in relation to social care?
 - Do you know about social care services locally?
 - Would you feel able to use them?
- b Are these being met, and how?
 - What is your experience of social care?
 - Is this a description of good practice?
- c What does or should good social care look like?
 - Outcomes for asylum seekers and refugees as a consequence of social care
 - Recommendations for future provision of social care for asylum seekers and refugees

- 2 Thanks to everyone and reminder to participants of what will happen with the information and that it will be treated confidentially. Give everyone a voucher and sign for receipt (or facilitator) if this is a problem.

Focus group scenarios (all names and circumstances are fictional)

Syed Malik is a 37-year-old male from Afghanistan. He has been in the UK for 18 months and has been dispersed from London to Middlesbrough in the North of England. Syed is married with two children who are currently in Germany with

his wife. He is suffering from depression and post-traumatic stress, as a result of experiences in Afghanistan. He is extremely isolated and is receiving treatment from his GP for depression and he would really benefit from social support, such as getting involved in social and therapeutic activities run at the local social services resource centre.

Mangela Akram is a 62-year-old woman from Pakistan. She is a refugee and has recently been widowed. She cannot speak English and has no contact with other members of her family. She suffers from severe back pain and has limited movement. Her physical disabilities make it difficult for her to attend to her everyday needs such as getting dressed in the morning and being able to shop. Her social care needs are therefore based around personal care.

Philip Manubi is a 12-year-old boy from Somalia. He was found on the streets of London and has said that an uncle left him there. He is a frightened child and has said very little. His social care needs are numerous.

Lydia Salim is a 35-year-old mother of three children. She cannot speak English and is an asylum seeker. Her eldest child is 16 and has learning difficulties. She is trying to find out what help is available to her and her family but due to her status is finding it difficult to access services as there is confusion over her rights and her children's social care needs.

Appendix 3: Example of a scenario for the focus groups with children and young people



Miriam is from Zimbabwe.

She is 15 years old and came to the UK seeking asylum after her parents were killed.

She has been given temporary leave to remain and placed in a children's home.

The staff there think she is actually 19 or 20.

What should social services do to help Miriam?

*What do you think they **would** do?*

Appendix 4: Questionnaire for focus group participants

The research team would like to try and capture an overall profile of the number and type of people who have taken part in the focus groups. We are asking everyone who takes part to complete these questions to provide basic information about themselves. You do not have to answer any of the questions that you do not want to and you do not need to provide your name. If you need any help to fill this in please ask.

1. How old were you on your last birthday?

2. What is your gender?

(Please tick the box that applies to you)

- Male
- Female
- Other

3. What is your country of nationality?

(Please tick the box that applies to you)

- Afghanistan
- Albania
- Algeria
- Bangladesh
- Cameroon
- China
- Congo
- Eritrea
- Gambia
- Ghana
- India
- Iran
- Iraq
- Ivory Coast
- Jamaica
- Kenya
- Nigeria
- Pakistan
- Somalia
- Sri Lanka
- Sudan
- Syria
- Turkey
- Uganda
- Vietnam
- Zimbabwe
- Other

These countries are listed because they are the countries that asylum seekers and refugees most commonly come to the UK from. If your country of nationality is not listed please name it here.....

4. How would you describe your status?

- (Please tick the box that applies to you)
- | | |
|------------------------|--------------------------|
| British citizen | <input type="checkbox"/> |
| Refugee | <input type="checkbox"/> |
| Asylum seeker | <input type="checkbox"/> |
| Refused asylum seeker | <input type="checkbox"/> |
| Other (please explain) | <input type="checkbox"/> |

.....
.....

5. How long have you lived here?

- (Please tick the box that applies to you)
- | | |
|--------------------|--------------------------|
| Less than 3 months | <input type="checkbox"/> |
| 3–6 months | <input type="checkbox"/> |
| 6–12 months | <input type="checkbox"/> |
| 1–3 years | <input type="checkbox"/> |
| 3–5 years | <input type="checkbox"/> |
| More than 5 years | <input type="checkbox"/> |

6. What is your *first* language?

Spoken or signed:

Written:

.....

7. Which languages are you fluent in?

Spoken or signed:

Written:

.....

8. Do you have a disability?

(Please tick the box that applies to you)

Yes

No

If yes, please describe here:

.....
.....

9. Do you consider yourself to have ever had a mental health problem?

(Please tick the box that applies to you)

Yes

No

If yes, please describe here:

.....
.....

10. Have you ever used social care services?

(Please tick the box that applies to you)

Yes

No

If yes, please state which services and/or what you received help for here:

.....
.....

Thank you. Please put this form into the blank envelope attached to it and hand it back to the researchers. You do not need to put your name on it.

Appendix 5: Practice survey schedule

Good practice in social care for asylum seekers and refugees
Practice survey data collection schedule
To be completed by participant or from telephone interviews

Name of person completing:

Date:

Organisation	Contact name and address	Contact telephone number and/or fax number	Contact email address	Documentation supplied
Information about the organisation				
What responsibilities does your organisation have for meeting the needs of asylum seekers and refugees?		Response		
Has your organisation undertaken an assessment of the needs of asylum seekers and/or refugees for social or health care, including mental health and people of all ages? If so, please provide details				
Information about asylum seekers and refugees				
Which are the main groups of asylum seekers and/or refugees in the area covered by your organisation?				
What do you see as the main needs in relation to social care for the asylum seekers and/or refugees in the area covered by your organisation?				

Identification of good practice			
<p>What do you see as the main elements of good practice in social care in meeting the needs of asylum seekers and/or refugees in the area covered by your organisation?</p>			
<p>Are you able to identify examples of good practice in your area? If so, please provide details below and for each example please complete the detailed questionnaire overleaf. If you are describing good practice by another organisation can you confirm that they are aware of your response</p>			
Name of organisation	Example of good practice	Reason for nomination	Contact for further information (aware of nomination: Yes/No)
Please add additional sheet if necessary			

Identification of good practice: please complete for each example

What is the idea?	Description of the aims and intended outcomes including who the stakeholders are
Why is it considered to be good practice?	A case for the practice including what stakeholders think about the idea: For people who use services For providers
What is the practice?	A description of the face-to-face practice and any supporting arrangements or changes
What do people think about the practice?	An account of processes and whether stakeholders find them acceptable, including accessibility For people who use services For providers
What happened as a result of the practice?	An account of outcomes and whether stakeholders want them

Identification of good practice: please complete for each example

What is the idea?	Description of the aims and intended outcomes, including who the stakeholders are
Why is it considered to be good practice?	A case for the practice including what stakeholders think about the idea: For people who use services For providers
What is the practice?	A description of the face-to-face practice and any supporting arrangements or changes
What do people think about the practice?	An account of processes and whether stakeholders find them acceptable, including accessibility For people who use services For providers
What happened as a result of the practice?	An account of outcomes and whether stakeholders want them
Will it work in day-to-day services?	Whether the practice is workable in daily practice and can we keep it going (for example, do we have the skills? Do we have the right organisational arrangements? Can we spread it?)
What will people do differently as a result of the practice?	What we can learn from the practice and what others can learn
Can we afford it?	Whether the practice is affordable: any information on costs and savings

Appendix 6: Interview schedule for good practice nominations

Good practice in social care for asylum seekers and refugees

Interviewer:

Date:

Interviewee			
Organisation			
Contact telephone number		Contact email address	
Documentation supplied			

Information about the organisation
What responsibilities does your organisation have for meeting the needs of asylum seekers and refugees?
Identification of good practice indicators
What do you see as the main elements of good practice in social care in meeting the needs of asylum seekers and/or refugees in the area covered by your organisation?
Information about the good practice example

<p>3.1 What is the idea? Description of the aims and intended outcomes, including who the stakeholders are</p>
<p>3.2 Why is it considered to be good practice?</p>
<p>3.3 What is the practice? A description of the face-to-face practice and any supporting arrangements or changes</p>
<p>3.4 What do people think about the practice? An account of processes and whether stakeholders find them acceptable, including accessibility For people who use services For providers</p>
<p>3.5 What happens as a result of the practice? What is the impact? Does this reflect joint working with asylum seekers and refugees and organisations that support them?</p>
<p>3.6 What will people do differently as a result of the practice? What we can learn from the practice and what can others learn?</p>

3.7 How did it develop?**3.8 Would it work elsewhere?**

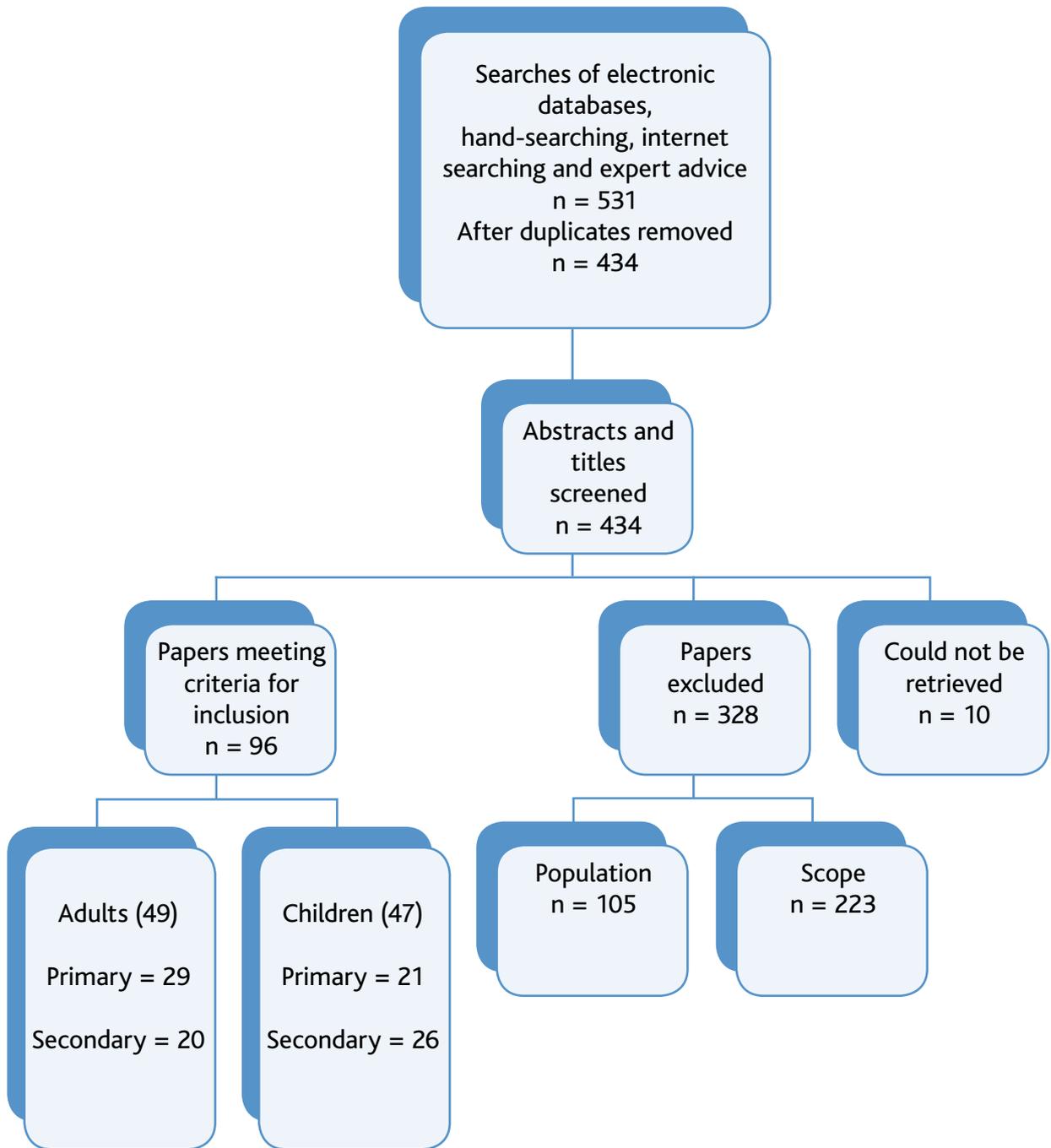
Whether the practice is workable in other places and what are the important considerations (for example, do we have the skills? Do we have the right organisational arrangements?)

3.9 Can we afford it?

Whether the practice is affordable: any information on costs and savings

3.10 How could we spread it?**3.11 Anything else?**

Appendix 7: Search results



Appendix 8: Papers reviewed

Primary literature

Children

- 11 Million (2008) *The Children's Commissioner's findings and recommendations regarding the care of unaccompanied asylum seeking children in the London Borough of Hillingdon*, London: 11 Million.
- Beirens, H., Hughes, N., Hek, R. and Spicer, N. (2007) 'Preventing social exclusion of refugee and asylum seeking children: building new networks', *Social Policy and Society*, vol 6, no 2, pp 219–29.
- Bhabha, J. and Finch, N. (2006) *Seeking asylum alone: Unaccompanied and separated children and refugee protection in the UK*, London: Garden Court Chambers.
- Broad, B. and Robbins, I. (2006) 'The wellbeing of unaccompanied asylum seekers leaving care', *Diversity in Health and Social Care*, vol 2, no 4, pp 271–7.
- Chase, E., Knight, A. and Statham, J. (2008) *The emotional wellbeing of young people seeking asylum in the UK*, London: British Association for Adoption and Fostering.
- Children's Society, The (2008b) *Living on the edge of despair: Destitution amongst asylum seeking and refugee children*, London: The Children's Society.
- Franks, M. (2006) *Safeguarding and promoting the welfare of children in the African refugee community in Newcastle*, London: The Children's Society.
- Free, E. (2005a) *Local authority support to unaccompanied asylum-seeking young people*, Leeds: Save the Children England Programme.
- Hewett, T., Smalley, N., Dunkerley, D. and Scourfield, J. (2005) *Uncertain futures: Children seeking asylum in Wales*, Cardiff: Save the Children Wales.
- Hollins, K., Heydari, H., Grayson, K. and Leavey, G. (2007) 'The mental health and social circumstances of Kosovan Albanian and Albanian unaccompanied refugee adolescents living in London', *Diversity in Health & Social Care*, vol 4, no 4, pp 277–85.
- Kidane, S. (2001b) *I did not choose to come here: Listening to refugee children*, London: British Association for Adoption and Fostering.
- Kohli, R. (2006a) 'The comfort of strangers: social work practice with unaccompanied asylum-seeking children and young people in the UK', *Child & Family Social Work*, vol 11, no 1, pp 1–10.
- Kohli, R. (2006b) 'The sound of silence: listening to what unaccompanied asylum-seeking children say and do not say', *British Journal of Social Work*, vol 36, no 5, pp 707–22.
- Kohli, R. (2007) *Social work with unaccompanied asylum-seeking children*, London: Palgrave Macmillan.
- Kohli, R. and Mather, R. (2003) 'Promoting psychosocial wellbeing in unaccompanied asylum seeking young people in the United Kingdom', *Child & Family Social Work*, vol 8, no 3, pp 201–12.
- Maegusuku-Hewett, T., Dunkerley, D., Scourfield, J. and Smalley, N. (2007) 'Refugee children in Wales: coping and adaptation in the face of adversity', *Children & Society*, vol 21, no 4, pp 309–21.

- Mitchell, F. (2007) 'Assessing practice with unaccompanied children: exploring exceptions to the problem', in R. Kohli and F. Mitchell (eds) *Working with unaccompanied asylum seeking children: Issues for policy and practice*, Basingstoke: Palgrave Macmillan, pp 48–60.
- Okitikpi, T. and Aymer, C. (2003) 'Social work with African refugee children and their families', *Child & Family Social Work*, vol 8, no 3, pp 213–22.
- Stanley, K. (2001) *Cold comfort: Young separated refugees in England*, London: Save the Children.
- Wade, J., Mitchell, F. and Baylis, G. (2005) *Unaccompanied asylum seeking children: The response of social work services*, London: British Association for Adoption and Fostering.
- Watters, C. (2008) *Refugee children: Towards the next horizon*, London: Routledge.

Adults

- Alexander, C., Edwards, R. and Temple, B. with Kanani, U., Zhuang, L., Miah, M. and Sam, A. (2004) *Using interpreters to access services*, York: Joseph Rowntree Foundation.
- Barclay, A. (2003) *Asylum seekers in Scotland*, Edinburgh: Scottish Executive Social Research.
- Cambridge, P. and Williams, L. (2004) 'Approaches to advocacy for refugees and asylum seekers: a development case study for a local support and advice service', *Journal of Refugee Studies*, vol 17, no 1, pp 97–113.
- Connelly, N., Forsythe, L.A. and Njike, G. (2008) *Older refugees in the UK: A literature review and interviews with refugees*, London: Refugee Council.
- Crowley, P. (2003) *An exploration of the mental health needs of asylum seekers in Newcastle* (www.nnt.nhs.uk/asylum/newsletter/haz.pdf).
- Harris, J. (2003) "All doors are closed to us": a social model analysis of the experiences of disabled refugees and asylum seekers in Britain', *Disability and Society*, vol 18, no 4, pp 395–410.
- Harris, J. and Roberts, K. (2004) 'Not our problem: the provision of services to disabled refugees and asylum seekers', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 151–61.
- Humphries, B. (2004) 'Refugees, asylum-seekers, welfare and social work', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 42–58.
- Kofman, E. and Lukes, S. (2008) *Mapping research on refugees in the Borough of Islington*, London: Borough of Islington (www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/mapping.pdf).
- LASC (London Asylum Seekers Consortium) (2005) *Supporting refugees in London: Towards a strategy for refugee integration*, London: LASC.
- Mind (2009a) *A civilised society: Mental health provision for refugees and asylum seekers in England and Wales*, London: Mind.
- Misra, T., Connelly, A.M. and Majeed, A. (2006a) 'Addressing mental health needs of asylum seekers and refugees in a London Borough: epidemiological and user perspectives', *Primary Health Care Research & Development*, vol 7, no 3, pp 241–8.

- Misra, T., Connelly, A.M., Klynman, N. and Majeed, A. (2006b) 'Addressing mental health needs of asylum seekers and refugees in a London Borough: developing a service model', *Primary Health Care Research & Development*, vol 7, no 3, pp 249–56.
- MRCF (Migrant and Refugee Communities Forum) and CVS Consultants (2002) *A shattered world: The mental health needs of refugees and newly arrived communities*, London: MRCF and CVS Consultants.
- Murphy, D. and Ndegwa, D. (2004) *Report on the needs and gaps within services for asylum seekers and refugees*, London: South London and Maudsley.
- Murshali, H. (2005) *A study of asylum seekers with special needs*, London: Refugee Council.
- Ola, D., Mpeho, J.O., Bafeka, A.N., Ruquya, A., Kabash, Z., Mboko, F. and Saed, G.E. (2006) *Report of the Lewisham Day Centre for refugees and asylum seekers*, South London, London: National Institute for Mental Health.
- Palmer, D. (2006) 'Imperfect prescription: mental health perceptions, experiences and challenges faced by the Somali community in the London Borough of Camden and service responses to them', *Primary Care Mental Health*, vol 4, no 1, pp 45–56.
- Palmer, D. and Ward, K. (2006) *Unheard voices: Listening to refugees and asylum seekers in the planning and delivery of mental health service provision in London*, London: Commission for Patient and Public Involvement in Health.
- Palmer, D. and Ward, K. (2007) "'Lost": listening to the voices and mental health needs of forced migrants in London', *Medicine, Conflict and Survival*, vol 23, pp 198–212.
- Parker, J. (2000) 'Social work with refugees and asylum seekers: a rationale for developing practice', *Practice*, vol 12, no 3, pp 61–76.
- Phillimore, J., Ergün, E., Goodson, L. and Hennessy, D. (2007) *'They do not understand the problem I have': Refugee well being and mental health*, Birmingham: Centre for Urban and Rural Studies, University of Birmingham.
- Sales, R. and Hek, R. (2004) 'Dilemmas of care and control: the work of an asylum team in a London borough', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 59–76.
- Turton, J., Chaplin, B., Ramsay, B. and Skambalis, A. (2004) *Health and social care issues for asylum seekers and refugees: An East of England view*, London: Department of Health, East of England Public Health Group.
- Ward, K. and Palmer, D. (2005) *Mapping access to mental health service provision in London*, London: Commission for Public and Patient Involvement in Health.
- Ward, K., Amas, N. and Lagnado, J. (2008) *Supporting disabled refugees and asylum seekers: Opportunities for new approaches*, London: Metropolitan Support Trust.
- Watters, C., Ingleby, D., Bernal, M., de Freitas, C., de Ruuk, N., van Leeuwen, M. et al (2003) *Good practice in mental health and social care for refugees and asylum seekers*, Final report of the project for European Commission (European Refugee Fund), Canterbury: University of Kent.
- Watters, C. and Ingleby, D. (2004) 'Locations of care: meeting the mental health and social care needs of refugees in Europe', *International Journal of Law and Psychiatry*, vol 27, no 6, pp 549–70.
- Zetter, R. and Pearl, M. (2000) 'The minority within the minority: refugee community-based organisations in the UK and the impact of restrictionism on asylum-seekers', *Journal of Ethnic and Migration Studies*, vol 26, no 4, pp 675–97.

Secondary literature

Children

- Ayotte, W. (2000) *Separated children coming to western Europe: Why they travel and how they arrive*, London: Save the Children.
- Bernard, C. and Gupta, A. (2008) 'Black African children and the child protection system', *British Journal of Social Work*, vol 38, no 3, pp 476–92.
- Boylan, J. (2006) 'Contemporary advocacy: advocacy for asylum-seeking children and young people', *childRIGHT*, vol 229, pp 28–30.
- Cemlyn, S. and Briskman, L. (2003) 'Asylum, children's rights and social work', *Child & Family Social Work*, vol 8, no 3, pp 163–78.
- Childhood Bereavement Network (2008) *Grief matters for young asylum seekers and refugees: Seminar report and recommendations*, London: National Children's Bureau.
- Children's Society, The (2006) *Making a new life in Newham: A study investigating the factors that facilitate and prevent young refugee settlement in Newham*, London: The Children's Society.
- Christie, A. (2002) 'Asylum seekers and refugees in Ireland: questions of racism and social work', *Social Work in Europe*, vol 9, no 1, pp 10–17.
- Conway, M. (2006) *Children, HIV, asylum and immigration: An overview of the current situation for children living with HIV and insecure immigration status*, London: National Children's Bureau.
- Crawley, H. (2006) *Child first, migrant second: Ensuring that every child matters*, London: Immigration Law Practitioners' Association.
- Cunningham, J. and Cunningham, S. (2007) "'No choice at all": destitution or deportation? A commentary on the implementation of Section 9 of the Asylum and Immigration (Treatment of Claimants, etc) Act 2004', *Critical Social Policy*, vol 27, no 2, pp 277–98.
- Dorling, K. (2008a) 'Seeking change: reforms to the protection of unaccompanied asylum seeking children', *childRIGHT*, vol 245, pp 14–17.
- Dorling, K. (2008b) 'Guardian advocate: a guardianship system for unaccompanied children', *childRIGHT*, vol 247, pp 11–13.
- Dunkerley, D., Scourfield, J., Maegusuku-Hewett, T. and Smalley, N. (2005) 'The experiences of frontline staff working with children seeking asylum', *Social Policy & Administration*, vol 39, no 6, pp 640–52.
- Fiddy, A. (2003) 'Refugee and asylum seeker children: gaps in provision and accessibility of services', *childRIGHT*, vol 198, pp 16–20.
- Free, E. (2005b) *Young refugees: A guide to the rights and entitlements of separated refugee children* (2nd edn), London: Save the Children.
- Hamilton, C., Daly, C. and Fiddy, A. (2003) *Mapping the provision of education and social services for refugee and asylum seeking children: Lessons from the Eastern region*, Colchester: Children's Legal Centre.
- Home Office Border and Immigration Agency (2008a) *Better outcomes: The way forward: Improving the care of unaccompanied asylum seeking children*, London: Home Office.
- Home Office Border and Immigration Agency (2008b) *Code of practice for keeping children safe from harm*, London: Home Office.

- Kidane, S. (2001a) *Food, shelter and half a chance: Assessing the needs of unaccompanied asylum seeking and refugee children*, London: British Association for Adoption and Fostering.
- Mitchell, F. (2003) 'The social services response to unaccompanied children in England', *Child & Family Social Work*, vol 8, no 3, pp 179–89.
- Morris, J. (2005) *Children on the edge of care: Human rights and the Children Act*, York: Joseph Rowntree Foundation.
- Raval, H. (2007) 'Therapeutic encounters between young people, bilingual co-workers and practitioners', in R. Kohli and F. Mitchell (eds) *Working with unaccompanied asylum seeking children: Issues for policy and practice*, Basingstoke: Palgrave Macmillan.
- Reacroft, J. (2008) *Like any other child? Children and families in the asylum process*, Barking: Barnardo's.
- Refugee Council (2005) *Ringing the changes: The impact of guidance on the use of Sections 17 and 20 of the Children Act 1989 to support unaccompanied asylum-seeking children*, London: Refugee Council.
- Refugee Council (2007) *Determining the duty to look after unaccompanied children under the Children Act 1989 (use of Section 17 or Section 20)*, Briefing (www.refugeecouncil.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=8C637D9A-E8B2-4489-807B-9CF8CC691586&mode=link&guid=3222d040e60e4f76b1e08f2ee70861e3).
- Rutter, J. (2003) *Working with refugee children*, York: Joseph Rowntree Foundation.

Adults

- Aspinall, P. (2007) 'The extent of collection of information on migrant and asylum seeker status in routine health and social care data sources in England', *International Journal of Migration, Health And Social Care*, vol 3, no 4, pp 3–13.
- BMA (British Medical Association) (2002) *Asylum seekers: Meeting their healthcare needs*, London: BMA.
- BME Health Forum and MRCF (Migrant and Refugee Communities Forum) (2003) *Asylum pulse: Are we feeling it right?* Kensington & Chelsea: and Westminster: BME Health Forum and MRCF.
- Brown, C. (2004) 'Social work intervention: the deconstruction of individuals as a means of gaining a legislative perspective to remain in the United Kingdom', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 96–110.
- Burnett, A. (2002) *Guide to health workers providing care for asylum seekers and refugees*, Medical Foundation for the Care of Victims of Torture.
- Butler, A. (2007) 'Students and refugees together: towards a model of practice learning as service provision', *Social Work in Education: The International Journal*, vol 26, no 3, p 246.
- Collett, J. (2004) 'Immigration is a social work issue', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 77–95.
- DH (Department of Health) and Refugee Council (2003) *Caring for dispersed asylum seekers: A resource pack*, Leeds: DH.

- Fell, P. (2004) 'And now it has started to rain: support and advocacy with adult asylum seekers in the voluntary sector', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 111–31.
- Healy, L.M. (2004) 'Strengthening the link: social work with immigrants and refugees and international social work', *Journal of Immigrant and Refugee Services*, vol 2, no 1–2, pp 49–67.
- McColl, H. and Johnson, S. (2006) 'Characteristics and needs of asylum seekers and refugees in contact with London community mental health teams – a descriptive investigation', *Social Psychiatry and Psychiatric Epidemiology*, vol 41, no 10, pp 789–95.
- McKenzie, K., McColl, H. and Bhui, K. (2007) *Improving services for refugee and asylum seekers: Position statement*, London: Royal College of Psychiatrists.
- MENTER, Refugee Council, Voluntary Sector Refugee Network – East of England, East of England Regional Assembly Consortium for Asylum and Refugee Integration and Government Office for the East of England (2005) *Building better partnerships: Guidelines for multi-agency groups working with asylum seekers and refugees in the East of England*, London: Refugee Council/MENTER.
- Mind (2009b) *Improving mental health support for refugee communities – An advocacy approach*, London: Mind.
- No Barriers, No Borders and New Perspectives (2008) *Advocacy and peer support for disabled asylum seekers and refugees*, Sheffield: No Barriers, No Borders and New Perspectives.
- Patel, B. and Kelley, N. (2006) *The social care needs of refugees and asylum seekers*, London: SCIE.
- Perry, J. (2005) *Housing and support services for asylum seekers and refugees: A good practice guide*, Coventry: Chartered Institute of Housing for the Joseph Rowntree Foundation.
- Perry, J. and El-Hassan, A. (2008) *More responsive public services?: A guide to commissioning migrant and refugee community organisations*, York: Joseph Rowntree Foundation.
- Qureshi, A. and Collazos, F. (2005) 'Cultural competence in the mental health treatment of immigrant and ethnic minority clients', *Diversity in Health & Social Care*, vol 2, no 4, pp 307–17.
- Raval, H. (2006) 'Mental health training for bilingual co-workers in the context of working with people seeking asylum and refuge', *Primary Care Mental Health*, vol 4, no 1, pp 37–44.

Appendix 9: Summary of primary literature

Table 1: Children

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
11 Million (2008)	Hillingdon, London, young asylum seekers in residential care	Visits to unaccompanied asylum-seeking children in a supported residential unit; examination of case files	Specialist residential care	UASC had little understanding of what it meant to be 'looked after' or accommodated, the responsibilities on the local authority, or their own rights. Not able to participate effectively in their own reviews, and not always able to access the services they needed. Also concern about practice of 'de-accommodating' UASC before the age of 18, and of transferring UASC into leaving care provision and ceasing to maintain a care plan while they are still looked after	Support for children to participate in their reviews

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Beirens et al (2007)	England, young asylum seekers and children in families	Interviews with professionals, parents and young refugees, plus observation and case files etc	Children's Fund services (after-school clubs, home-school liaison, holiday activities, family support services, therapeutic services, community-led organisations and services promoting school integration)	Importance of services that (a) improve access to information and (b) help to build social bonds and networks	Creation of opportunities for refugee families to help each other
Bhabha and Finch (2006)	UK (England and Scotland), UASC	Documents and interviews	Local authority role in age assessment and placement (main focus on immigration and legal services)	Problematic	Holistic approach to age assessment; proper assessment of needs for accommodation and support
Broad and Robbins (2006)	England, young asylum seekers leaving care	Survey of leaving care teams	Leaving care services	Evidence that where social support is available, adolescent asylum seekers make greater achievements and are more likely to access appropriate services	Placement within local authority area

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Chase et al (2008)	London, young asylum seekers	In-depth qualitative research with 54 young refugees in London, plus interviews with professionals	Range of health, education and care services	Foster care can work well, but the quality of relationship is vital. Those not in foster care need a key worker or mentor. Specialised residential care can also be positive. Other support – particularly friends and relatives, but also some community organisations and faith organisations – can be helpful	Quality of relationship with foster carers or key workers
The Children's Society (2008b)	West Midlands, England, destitute young asylum seekers	Interviews with young refugees and with professionals	Local authority services	Continuity of support essential for sustainable outcomes	Leaving care support as long as required
Franks (2006)	Newcastle, England, African refugee children	Interviews and focus groups with African refugee adults and children; interviews with safeguarding professionals	Child protection and safeguarding	Need for information, training and dialogue to ensure that services are sensitive and appropriate to the community and that children are effectively protected	Community engaged in dialogue around child protection

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Free (2005a)	England, UASC	Interviews with social work staff	Use of Sections 17 and 20 of Children Act 1989	Mixed, but some improvement	Reasonable staff case load levels; knowledgeable and qualified staff; good partnership work; senior management and councillor commitment to improve services
Hewett et al (2005)	Wales, accompanied and unaccompanied children seeking asylum	Interviews and group sessions with children and young people, and with professionals	Local authority and related services	Move from Section 17 to Section 20 support has improved security for young people	Children and young people looked after under Section 20 in all cases
Hollins et al (2007)	London, Kosovan-Albanian and Albanian unaccompanied refugee adolescents	Self-assessment two questionnaires, diary sheet and clinical interviews	Assessment of psychological and social needs	Higher levels of psychological difficulties were associated with older age (at interview and on arrival); lack of structured support, such as living in hostel accommodation and lack of parental contact. Lack of appropriate support may increase risk of psychological difficulties, drug misuse and criminality	Help and advice to support the development of adolescent's agency and individuality Structures that provide alternative parenting Access to appropriate mental health services for adolescent asylum seekers Access to affordable good-quality accommodation Well-maintained records of UASC by social services

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Kidane (2001b)	London, UASC	Focus group and questionnaires	Range of services	Young people experienced lack of consistency and choice in care services	Consultation over placement
Kohli (2006a)	England, UASC	Literature review and small ethnographic study (cf Kohli, 2007)	Social work support	Resettlement is complex and involves loss as well as gain. 'Practice by some social workers shows they have a grasp of this complexity as they offer practical assistance, therapeutic care and companionship to the young people to help them resettle in new environments'	Subtle and sensitive practice
Kohli (2006b)	England, UASC	Literature review and small ethnographic study (cf Kohli, 2007)	Social work support	Resettlement is complex and involves loss as well as gain. 'Practice by some social workers shows they have a grasp of this complexity as they offer practical assistance, therapeutic care and companionship to the young people to help them resettle in new environments'	Subtle and sensitive practice

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Kohli (2007)	England, UASC	Interviews with social workers	Social work support	Social workers can have a positive influence on the wellbeing of young refugees through (i) practical help, (ii) psychosocial support and (iii) companionship	Opportunity for trusting relationship with social worker
Kohli and Mather (2003)	Southern England, unaccompanied minors	Literature review and work with support project	Young asylum seekers project	Work needed is complex and subtle, combining emotional support with practical help	Young people enabled to acquire valued possessions
Maegusuku-Hewett et al (2007)	Wales, UASC	Interviews and group discussions with children and young people (cf Hewett et al, 2005)	Sources of resilience	Positive valuation of young people's cultural identity can support their coping and resilience	Practitioners who notice and support children's active strategies of resilience
Mitchell (2007)	England, UASC	Case files and interviews (linked with Wade et al, 2005 study)	Assessment practice; focus on minority of assessments evaluated as 'good'	Not addressed	Better assessments involved social work skills, good use of relationship, commitment to children and young people and understanding of legal context

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Okitikpi and Aymmer (2003)	London, children in African refugee and asylum-seeking families	Small-scale research study with social workers and discussions with immigration officers and workers in voluntary agencies	Social work services	Focus on practical issues may lead to neglect of psychosocial problems	Attention to psychosocial as well as practical problems
Stanley (2001)	England, young refugees and asylum seekers (accompanied and unaccompanied)	Semi-structured interviews and informal conversations	Addresses local authority response along with government actions	Many young separated refugees had chaotic and disturbing experiences on arrival and received little or no support; this pattern continues in their contact with education, health and social services	Importance of needs-led assessment and appropriate accommodation

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Wade et al (2005)	England, UASC	Detailed study in three local authorities – case files, interviews etc	Social care services	'Exchange' model of assessment generally more satisfactory for young people. Stable foster care and kinship placements appeared to be protective and provide better support for education. Good liaison between education and social workers, and good social networks, made a difference	Planning that is 'flexible and realistic'
Watters (2008)	Europe, asylum seekers and refugees	Draws on several research studies	Range of services	Integrated programmes of social, emotional and psychological support; receptivity towards culture; orientation towards empowerment	Good access to interpreters; decent housing; identified key worker and a responsible adult for care provision

Table 2: Adults and older adults

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Alexander et al (2004)	UK, people who need interpreters	Research based on views of users of interpreter to access or use services	Using interpreters	An understanding of the diverse linguistic needs of asylum seekers and refugees can facilitate effective use of interpreters. The knowledge of the way social care systems work can be improved by the use of an interpreter. Bilingual staff can have a positive impact on access to services; however, to be assured of accurate service delivery a professional interpreter may be required	Use of interpreters
Barclay (2003)	Scotland, asylum seekers	Interviews across asylum seekers, voluntary/ statutory and community organisations	Explores the effects of the Asylum Act 1999 on asylum seekers and devolved services in Scotland	Interpreters improve access to services and provide opportunity to report incidents like domestic violence that could not be voiced if a woman were to rely on a family member. Partnership delivery enables good practice to be transferred and improves practice like referral systems. Being dispersed by NASS as opposed to spontaneous dispersal improves access to services	Multidisciplinary service delivery. Culturally sensitive services. Community work. Improved communication

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Cambridge and Williams (2004)	UK, asylum seekers and refugees	Case study on advocacy models useful working with asylum seekers and refugees	Advocacy	Professional advocacy can facilitate access to services for asylum seekers and refugees. Citizen advocacy can help socially excluded groups access services. Self-advocacy can help select information, encourage choice and issue resolution	Advocacy, professional boundaries Pay attention to diversity
Connelly et al (2008)	UK, older refugees	Literature review and interviews with 20 older refugees	Access to social care Informal support Community led initiatives	Improved access to health and social care provision for older refugees	Ensure flexibility Provision of language services Gender matching

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Crowley (2003)	Newcastle, England	Mixed methods involving collation of routine data on asylum seekers, data on service use, focus groups with asylum seekers, interpreters and housing support workers and interviews with statutory providers and a literature review	Mental health	Difficulties in getting accurate population data but indications that 11% experience mental health problems and many more experience trauma. Weaknesses identified in policies, planning and service provision meaning that asylum seekers and refugees were not accessing mental health services or the right type of help, including psychological therapies	Ethnic monitoring Specialist mental health support Access to psychological therapies Training to change attitudes and raise awareness Specialised interpreters Accessible information
Harris (2003) (see also Roberts and Harris (2002))	England, disabled asylum seekers and refugees	Study on the social care needs of asylum seekers and refugees with disabilities	Care of individuals with a disability. Barriers to service access and benefits access	Lack of resources can mean a local authority is unable to carry out a community care assessment depleting the chances of accessing services. Attention to linguistic requirements helps access to service. NASS voucher system increased the difficulties faced by disabled asylum seekers	Recognition of individual circumstances and need influenced by disability

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Harris and Roberts (2004)	UK, disabled refugees and asylum seekers	Interviews with social services workers and reception assistance organisation workers	Social care for asylum seekers and refugees with a disability	Constantly changing legislative and policy framework causes confusion in eligibility resulting in delay in asylum seekers receiving services or else not receiving them at all. Effective understanding and collaboration between services reduced the risk of a 'pass the parcel' situation when disabled asylum seekers try to access social care	Clarity of roles and communication; coordination of services
Humphries (2004)	North West England, refugees and asylum seekers	Study including refugees, asylum seekers and social work agencies	Link between anti-racist practice and social services	None identified	Mental health, anti-racist practice

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Kofman and Lukes (2008)	Islington, London, refugees	Reviewed data on refugees in Islington, reviewing literature on refugee integration and qualitative interviews with refugees	Broad range	<p>High level of dissatisfaction with statutory services and low awareness of other options.</p> <p>High levels of households (77%) reporting long-term illnesses compared with the general population.</p> <p>Refugees with disabilities and long-term illnesses at risk of isolation and exclusion</p>	<p>Mapping and involving communities.</p> <p>Coordinated approach to referral and support of refugees with complex need.</p> <p>Interpreting, access and outreach to enable refugees to make choices.</p> <p>Stability and coherence of funding to community organisations to enable them to reach out to more isolated refugees as well as to work with statutory services to deliver equitable services to all</p>
LASC (2005)	UK, asylum seekers and refugees	Based on research with 22 of the 33 London asylum teams	Benefits claims support; refugee integration	<p>Access to services can be facilitated by having staff dedicated to helping fill in forms, informing clients of benefit entitlements and liaising with benefit agencies, providing the necessary documentation for acquiring National Insurance numbers. Partnership arrangements facilitated better signposting and referral and could help with employment for refugees</p>	Partnership; refugee integration

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Mind (2009a)	England and Wales, asylum seekers and refugees with mental health problems	Face-to-face and telephone interviews with voluntary and statutory service providers and refugee agencies	Mental health services	<p>Opportunities for asylum seekers and refugees to talk about their problems in their own language</p> <p>Improved understanding and response to needs</p>	<p>Compulsory training for all frontline staff on understanding the refugee experience, culture and mental health and how to use interpreting services.</p> <p>Access to interpreting services.</p> <p>Therapeutic provision in other languages.</p> <p>Provision of culturally appropriate mental health services that take account of specific needs.</p> <p>Partnership working and involvement of refugees in the development and provision of mental health services.</p> <p>Responding to the broad range of mental health needs, including those for children and young people, and those of detainees.</p> <p>Partnership working with RCOs, supported by investment and capacity building.</p>

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Misra et al (2006a, 2006b)	Haringey, London	Estimates of need using national and local data. Semi-structured interviews with community leaders, service users and providers, including local authority asylum teams	Mental health needs assessment	Much of mental ill-health related to the asylum process and many groups see themselves as vulnerable to poor mental health. A range of barriers to access identified, including difficulties registering with GPs, language, stigma associated with mental health service use. Also identified different constructs of illnesses, which may influence help-seeking	<p>Practical solutions identified by refugees, such as engagement of unemployed and addressing boredom and isolation, rather than mental health services.</p> <p>Well-resourced language and interpretation services</p> <p>Equitable access to mental health services and access to specialist mental health support, equipped to respond to specific issues raised by asylum seekers and refugees</p> <p>Accurate information on asylum seekers and refugees</p> <p>Clear referral and care pathways within mental health services for this client group.</p> <p>Training for mental health workers at all levels.</p> <p>Recruitment and employment of refugees by mental health services</p>

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
MRCF and CVS Consultants (2002)	London	Literature review and interviews with 38 projects providing services to asylum seekers and refugees	Mental health support	Highlights the danger that asylum seekers and refugees will automatically be viewed as having mental health problems because of their experiences. Identified that contact with family members, social support, links with community groups, being active, having a strong religious or political ideology and those with proactive problem-solving styles are linked to mental wellbeing. Not addressing poverty and poor housing can impact negatively on mental health and helping to ameliorate these circumstances may improve mental health	Assessment should be based on familiarity with cultural norms and the language of the person being assessed. Investment in primary and secondary healthcare is essential. Essential to learn from various communities about perceptions of mental health and how mental ill health is expressed and tackle misinformation about mental health issues. Need to develop early intervention, community-based preventative measures and outreach to make contact with isolated individuals. Need to develop links between RCOs and statutory services

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Murphy and Ndegwa (2004)	London, refugees and asylum seekers with mental health problems	Analysis of needs, and gaps in mental health service provision by an NHS trust	Mental health service provision	Difficulties in accessing appropriate mental healthcare	<p>Long-term strategic approach, and organisational capacity to deliver.</p> <p>Training for health and social care practitioners.</p> <p>Joint working protocol is to ensure quality and continuity of care between health and social services.</p> <p>Provision of advocacy</p>

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Ola et al (2006)	Lewisham, London, asylum seekers and refugees	Community engagement research involving focus groups and structured interviews with 230 asylum seekers and refugees to discuss assessment of mental health needs, barriers to accessing local services and how these might be overcome	Mental health service provision	Evaluated against the three building blocks of <i>Delivering race equality</i> (more appropriate and responsive services; community engagement; and better information) and concluded that they are not being met in delivering mental health services to asylum seekers and refugees in Lewisham. Identified a range of barriers to access including: difficulties in defining mental health; difficulty in understanding available information; unhelpful first contact; psychological barriers including low self-esteem and assertiveness as well as fear of being sectioned; stereotyping and prejudice towards asylum seekers and refugees; lack of proper accommodation; negative image of mental health services and mental illness-related stigma; limited availability of BME practitioners; barriers to involving BME organisations and perceptions of BME organisations	Provision and dissemination of accessible information Advocacy, including community advocacy and self-advocacy. Availability of interpreters Liaison with service providers. Training for community organisations. Resources for RCOs to increase range of provision including advocacy, interpreting and cultural counselling

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Palmer (2006)	Camden, London, Somali refugees	Multimethod to including in-depth interviews with seven members of the Somali community, interviews with local project staff and an analysis of data on people using the service	Access to and use of mental health services	Access to and use of secondary services for the Somali community in Camden is virtually non-existent. The most significant barriers identified include cultural traditions; perceptions of mental health; narrow western definitions of mental health and treatment scenarios; issue of trust; language differences; and the failure of providers to acknowledge pre- and post-migration experiences	An holistic approach, addressing psychosocial issues. Multicultural strategy. Engagement and partnership working with RCOs. Training for service providers to focus on the needs and cultural context. Training for RCOs on mental health issues and to combat stigma
Palmer and Ward (2006, 2007)	London	Literature review and 21 semi-structured interviews with 21 refugees and asylum seekers	Mental health needs	Social and immigration difficulties impact negatively on mental health. Identified a range of barriers to accessing mental health services, including language, stigma, differences between cultures in relation to health beliefs, a lack of appropriate education and advertising about available services	Provision of information in appropriate languages and a range of language skills available. Outreach work. Cultural awareness. Role of community groups in addressing stigma

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Parker (2000)	UK, asylum seekers and refugees	Literature review	The importance of social care and social work in working with refugees and asylum seekers	Building trust through active listening can help provide effective support for older refugees. Understanding of and trust in victims of torture/trauma along with effective referral to psychiatric services is essential for a positive social care outcome. Anti-racist and anti-oppressive practice reduces the incidence of asylum seekers and refugees receiving services steeped in stigma that prevents equitable access and service provision	Anti-oppressive and anti-racist practice

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Phillimore et al (2007)	Birmingham, England, asylum seekers and refugees	138 qualitative interviews undertaken by community researchers and 17 case studies with refugees with mental health problems, including interviews with service providers	Mental health	<p>Identified a range of factors that have impacted on mental health. Found few people knew how to access mental health services with medication most common intervention. Of 13 providers in Birmingham, only two provided a specialist refugee service and both were experiencing funding problems, while other providers felt they lacked the knowledge and expertise to provide appropriate support. Communities, including on occasion faith communities, played a key role in supporting asylum seekers and refugees with mental health problems</p>	<p>The relevant recommendations made by refugees in this study included:</p> <ul style="list-style-type: none"> - increase community centres and spaces for socialising to reduce isolation - support community organisations to act as a link between public services and the community - guidance about how to access all services - provide female-friendly services for women who have experienced sexual violence - train refugees to become mental health professionals - work to improve the image of asylum seekers and refugees. <p>And those by providers:</p> <ul style="list-style-type: none"> - focus on causal factors - take an holistic approach - work to reduce stigma - develop culturally sensitive services - provide one-to-one support - provide trained interpreters who understand mental health issues - information for professionals on refugee mental health

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Sales and Hek (2004)	London, refugees and asylum seekers	Theory plus study on views of specialist asylum team and refugee community groups	Specialist asylum team	Government policy resulted in asylum seekers treated as second-class citizens	Practice of asylum teams; interagency working; asylum process
Turton et al (2004)	East of England, asylum seekers and refugees	Interviews with stakeholders about the needs of asylum seekers and refugees for health and social care services	Needs assessment	<p>Most service development reactive rather than a result of strategic planning. Identifies four developments to improve access to health and social care for asylum seekers and refugees:</p> <ul style="list-style-type: none"> – a mentoring system for UASC – peer interactor model to promote health promotion messages – interpretation and translation services – specialist staff resources to improve the development of practical skills for health and social care professionals 	<p>Accredited training. Interpretation and translation. Partnership working at a strategic level. Permanent funding for projects working with asylum seekers and refugees. Developing a generic framework for unknown populations</p>

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Ward and Palmer (2005)	UK, asylum seekers and refugees with mental health problems	Mapping exercise looking at the provision of mental health services for asylum seekers and refugees across London	Mental health services	<p>Need to work with community group to improve their capacity and services that they provide in respect of mental health.</p> <p>Access to counselling and other culturally specific services needs to be improved through developing provision within community organisation.</p> <p>Capacity of RCOs to identify mental health problems early and of statutory services of the migration process needs to be improved through the provision of training</p>	<p>Investment in and training for RCOs to raise awareness of mental health issues and support early identification.</p> <p>Training for health and social care practitioners to increase their awareness of the migration process.</p> <p>Commissioning strategies that include asylum seekers and refugees.</p> <p>Provision of mental health services by primary and secondary providers designed to meet the distinct needs of asylum seekers and refugees</p>
Ward et al (2008)	UK	Literature review and qualitative study of 51 third sector service providers and 21 disabled refugees and asylum seekers	Access to social services	<p>Disabled asylum seekers and refugees are predominantly supported by RCOs. These organisations are often under-supported and are providing a range of services to their clients</p> <p>Statutory providers were found to be applying the law inconsistently in relation to disabled asylum seekers</p>	<p>Training for disability organisations and statutory services on rights and entitlements; disability law; cultural and gender issues; and dealing with multiple and unfamiliar disabilities.</p> <p>Review and improve data collection strategies</p>

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Watters and Ingleby (2004); Watters et al (2003)	UK, Netherlands, Spain and Portugal, asylum seekers and refugees with mental health problems	Comparative mapping of mental health services for asylum seekers and refugees in four European countries to clarify the relationship between macro-level (policies and mental health care) and micro-level (specific services)	Mental health services	<p>Explored elements of good practice:</p> <ul style="list-style-type: none"> – Advocacy and promotion – User involvement – Continuity of care – Multiagency coordination – Cultural sensitivity – Advocacy – Monitoring and evaluation. <p>From this, identified four examples of good practice in the UK and explored implementation issues. Highlighted the disparities between top-down and bottom-up approaches; ad hoc nature of service provision; impact of policies of continuity of care; issues regarding undocumented migrants; and access to services potentially facilitated by brokers</p>	<p>Recommendation of minimum standards:</p> <ul style="list-style-type: none"> – Assessment of mental health needs at an early stage of the asylum process – Assessment sensitive to particular culture and language – Provision of advocacy services – Training for key service providers to develop their skills and awareness – Consultation with asylum seekers about the sorts of services they would find helpful – Services responsive to the stages of the asylum process and provide support at key phases when the client may be vulnerable

Author and publication date	Focus (ie population and location of study)	Design	Social care intervention	Outcomes for refugee and asylum seekers detailed in this study	Good practice indicators
Zetter and Pearl (2000)	UK, refugee and asylum seeker community organisations	Research with range of public sector and voluntary agencies, housing providers, local authorities, national government and voluntary agencies	Examines the impact of policy changes on the role of refugee/asylum seeker community-based organisations	The role of community-based organisations in the social care of refugees and asylum seekers	Voluntary sector providers; multiagency delivery; social care post-immigration and Asylum Act 1999

Appendix 10: Quality appraisal results for primary literature

Table 1: Papers relating to children and young people

Author and publication date	Quality	Strength of evidence (high, medium and low)
11 Million (2008)	Highly relevant to target group as focused on provision of care for young asylum seekers. Inspection of a local service, so low generalisability	Medium
Beirens et al (2007)	Highly relevant to asylum seekers and refugees, based on extensive interviews and observations; useful because of interagency orientation	Medium to high
Bhabha and Finch (2006)	Highly relevant (but focus broader than social care); penetrating research with challenging implications for policy and services	Medium to high
Broad and Robbins (2006)	Highly relevant but superficial method and very low take-up from local authority; would be misleading to generalise	Medium to low
Chase et al (2008)	Highly relevant, thorough and methodical research with a good-sized group of young people and strong focus on practice	Medium to high
The Children's Society (2008b)	Highly relevant (although focus on immigration service as much as social care); small study but fairly robust	Medium
Franks (2006)	Highly relevant, small study but sound research	Medium
Free (2005a)	Highly relevant; sound research which gives clear picture of policy and practice	Medium to high
Hewett et al (2005)	Highly relevant, careful research with a useful focus on Wales	Medium
Hollins et al (2007)	Highly relevant and good quality	High
Kidane (2001b)	Highly relevant but small group and fairly superficial analysis	Medium to low
Kohli (2006a)	Highly relevant, research in depth with strong focus on practice	Medium to high
Kohli (2006b)	Highly relevant, research in depth with strong focus on practice	Medium to high

Author and publication date	Quality	Strength of evidence (high, medium and low)
Kohli (2007)	Highly relevant, research in depth with strong focus on practice	Medium to high
Kohli and Mather (2003)	Highly relevant, research with strong focus on practice	Medium to high
Maegusuku-Hewett et al (2007)	Highly relevant, careful research with focus on resilience	Medium
Mitchell (2007)	Highly relevant; sound research with useful focus on good practice	Medium to high
Okitikpi and Aymer (2003)	Highly relevant, useful small study but fairly superficial method	Medium to low
Stanley (2001)	Highly relevant to social care and target groups; pioneering but now becoming dated in some respects	Medium to high
Wade et al (2005)	Highly relevant, thorough and methodical research with a depth of approach and a strong focus on practice	Medium to high
Watters (2008)	Highly relevant (but focus broader than social care); wide-ranging research with some challenging implications	Medium

Table 2: Papers relating to adults and older adults

Author and publication date	Quality	Strength of evidence (high, medium and low)
Alexander et al (2004)	This paper was highly relevant to asylum seekers and refugees and included their views but within a larger study group; included, but not specific to, social care	Medium
Barclay (2003)	This was a generally high-quality, detailed, intelligible transparent study and report	Medium to high
Cambridge and Williams (2004)	Relevant; main focus of study is advocacy. Uses views of asylum seekers and refugees and has good level of reporting and analysis	Medium
Connelly et al (2008)	Relevant but relatively little detail on needs for personal social services. Little detail on analysis	Low

Author and publication date	Quality	Strength of evidence (high, medium and low)
Crowley (2003)	Highly relevant and good quality, with reasonable amount of detail	Medium to high
Harris (2003)	This paper scored highly as it was specific to a particular group with above-average social care needs so was felt to be highly relevant but was lacking some detail in reporting and analysis which prevented it from being considered high on quality appraisal	Medium
Harris and Roberts (2004)	This paper had a high level of relevance to this literature review but was based on very small numbers of respondents, all of whom were professionals	Medium
Humphries (2004)	This paper was highly relevant and reflected the views of the target groups. The depth and transparency were not considered as high, as the paper was written before the research had concluded	Medium
Kofman and Lukes (2008)	Relevant and good quality, but broader than social care	Medium
LASC (2005)	Highly relevant to target group as research study on asylum seeker teams. Low levels of detail of methods used; high accessibility and generalisability	Medium
Mind (2009a)	Highly relevant to target group. Detail on analysis and methods limited	Medium
Misra et al (2006a), (2006b)	Highly relevant. Results presented in two papers detailing different findings with limited information on analysis	Medium
MRCF and CVS Consultants (2002)	Relevant but focused on NHS services and RCOs. Provides useful detail on a number of mental health projects but detail on analysis is limited	Medium to low
Murphy and Ndegwa (2004)	Relevant to target group and provides useful detail on operationalising principles. However, level of detail on method is limited and it is not clear to what extent to the findings are generalisable	Low

Author and publication date	Quality	Strength of evidence (high, medium and low)
Murshali (2005)	Relevant but method did not generate sufficient detail on social care needs	Low
Ola et al (2006)	Highly relevant and research undertaken by asylum-seeking and refugee community. Details on method of analysis and limitations limited	Low
Palmer (2006)	Highly relevant, descriptive, but small study limited to one community	Medium to low
Palmer and Ward (2006)	Relevant but small study so limited in terms of generalisability	Medium
Parker (2000)	High relevance to research question; good-quality literature review. Secondary information sources with low levels of transparency prevented a high rating	Medium
Phillimore et al (2007)	Highly relevant with limited detail on analysis	Medium
Sales and Hek (2004)	This paper presented a theoretical argument which it used research to support. So while quite relevant to the research question and target populations it was less accessible than other papers	Medium to low
Turton et al (2004)	Highly relevant research. Only possible to access a summary of the findings so important detail missing on which to judge quality	
Ward et al (2008)	Highly relevant but largely focused on the contribution of RCOs	Medium
Ward and Palmer (2005)	Highly relevant and detailed report	Medium to high
Watters and Ingleby (2004); Watters et al (2003)	Highly relevant and detailed series of publications, including research report investigating good practice in mental healthcare and its implementation	High
Zetter and Pearl (2000)	Good level of relevance from interviews with refugee community-based organisations but lacks sufficient detail of research for high transparency and reporting	Medium

Appendix 11: Secondary material relating to social care

Table 1: Children and young people

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Ayotte (2000)	Western Europe, asylum seekers and refugees	Interviews with children and professionals	Experiences of refugees and asylum seekers coming to Western Europe	Multiplicity of reasons why children come to Europe	Sensitivity to individual need and circumstance	Medium. Highly relevant to target groups and research question
Bernard and Gupta (2008)	UK, black African children's experiences of child protection system	Literature review	Child protection and safeguarding	Practitioners need knowledge and skills to distinguish between styles of parenting that differ from the majority culture but are not necessarily harmful, and parents who seek to justify abusive and neglectful behaviour by drawing on cultural explanations	Cultural competence	Medium. Highly relevant to social care and target groups
Boylan (2006)	UK, asylum seekers	Case study	Advocacy service	Need for specialised expertise to provide good advocacy for this group	Specialist advocacy provision	Medium. Highly relevant to target group

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Cemlyn and Briskman (2003)	UK and Australia, children seeking asylum with or without their families	Review of literature	Social work and children's rights	Social work must engage with policy and rights issues	Commitment to children's rights	Medium to low. Relevant to social work with target group, but not research based
Childhood Bereavement Network (2008)	UK, bereavement support for young asylum seekers and refugees	Expert consultation	Presentations and discussion points from seminar	Most young refugees have suffered loss – bereavement support must be part of package of services	Provision of bereavement support	Medium. Highly relevant to target group
The Children's Society (2006)	Newham, London, young refugees	Study of local practice	Refugee and homelessness team	Decisions often resource-based rather than child-centred. Some UASC still being supported under Section 17	Needs-led approach	Medium, highly relevant but limited evidence of outcomes
Christie (2003)	Ireland, children seeking asylum	Literature search and some empirical research	Social work practice	Government is developing a two-tier approach to services which compromises welfare of asylum-seeking children and young people	Social work profession should be proactive and work with others to develop progressive and anti-racist policies	Medium to low. Highly relevant and challenging but no detail of research

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Conway (2006)	UK, children living with HIV and insecure immigration status	Questionnaires, case studies and interviews (practitioners, children and families)	Mainly focused on health and education services	Local authorities seem confused about how Children Acts 1989 and 2004 apply to children in asylum process. Often hard to get support for failed asylum-seeking families	Local authorities still have a duty of care to children from failed asylum seeking families	Medium. Highly relevant to particular group (HIV) with implications for others (failed asylum-seeking families)
Crawley (2006)	UK, impact of asylum and immigration law on children	Policy and data analysis	<i>Early Childhood Matters</i> framework	The most important factor affecting outcomes for this group of children is the proper and consistent application of the Children Act 1989 and in particular the welfare principle	Children first, asylum seekers second	Medium to high. Clear analysis of law and policy for target group, also grounded in practice

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Cunningham and Cunningham (2007)	UK, impact of Section 9 of Asylum and Immigration Act 2004	Law and policy review, with case examples	Provision for destitute families	Piloting of Section 9 'has been a spectacular failure' and has brought about 'immeasurable suffering and misery'. On the other hand, threatened families have received strong support from local people and the media	Social care providers cannot and should not be agents of immigration policy	Medium. Highly relevant to target group, more implication for policy than for practice
Dorling (2008a)	UK, review of proposed reforms to system for UASC	Law and policy review	Support for UASC	Concerns about proposals for post-18 support and other aspects of the new approach		Medium. Highly relevant to target group, more implication for policy than for practice
Dorling (2008b)	UK, need for guardians for UASC	Law and policy review	Support for UASC	Extreme concern about trafficking of migrant children from care – call for statutory guardians/advocates		Medium. Highly relevant to target group, more implication for policy than for practice

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Dunkerley et al (2005)	UK, children seeking asylum. Linked with Hewett et al (2005)	62 professionals took part in interviews and focus groups (from social services, health, housing, education, police and the voluntary sector)	Welfare professionals' accounts of their practice	Little room for manoeuvre within the asylum system for welfare professionals, but evidence of questioning and minor challenge of policy from frontline staff	Tension between policy and social work values	Medium. Highly relevant to target group, implications go beyond social care
Fiddy (2003)	UK, services for refugee and asylum-seeker children	Review of law and policy	Identifies key legal provisions, and gaps, at time of writing			Medium. Highly relevant to target group, more implication for policy than for practice
Free (2005b)	UK, separated refugee children	Guide to rights and entitlements	Aimed at professionals (including social workers)	Useful information – should be available to all social care staff		Medium to high
Hamilton et al (2003)	Eastern England, education and social services for refugee and asylum-seeker children	Interviews with asylum seekers; focus groups with professionals	Aim to test demand for new advice service	Not addressed	Importance of good information	Medium

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Home Office Border and Immigration Agency (2008b)	UK, asylum-seeking and refugee children	Code of practice	Child protection and safeguarding	Useful information for social care staff		Medium to high
Kidane (2001a)	England and Wales, UASC	Guidance on good practice	Social work assessment	DH-supported guidance on 'children first' approach linked to Common Assessment Framework		Medium. Helpful guidance on principles but needs updating
Mitchell (2003)	England, UASC	Literature review	Social work response	Concerns associated with (i) referral and assessment; (ii) use of legislative framework; (iii) placements and other support		Medium – suggests more research needed, but predates several major studies

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Morris (2005)	England and Wales, UASC, disabled children at residential schools, children privately fostered/with relatives	Review of research and legislation	Duties under Children Act 1989	Exclusion of these groups from full entitlements under the law. In case of young asylum seekers a crucial factor is whether they are defined as 'looked after' within the terms of the Children Act	Children first, asylum seekers second	Medium. Partly relevant to target group
Raval (2007)	England, UASC	Case study	Therapeutic practice; use of bilingual co-workers	Positive	Value of bilingual co-worker rather than 'simple' interpreter	Medium
Reacraft (2008)	UK, children and families in the asylum process	Review and case studies based on work of Barnardo's projects	Experiences of families			Medium. Good up-to-date summary, but focus on central government/immigration issues rather than social care
Refugee Council (2005)	England, UASC	Short mapping exercise with local authorities	Implementation of LAC 13 and Hillingdon Judgment	Most had improved services in response	None in particular – still inconsistencies in service	Medium. Highly relevant to social care and target groups

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Refugee Council (2007)	Local authorities' use of Sections 17 and 20 of the Children Act 1989	Summary of court judgment	Accommodation and leaving care services	Not addressed	Children who need to be looked after should not be invited to choose a lesser service	Medium
Rutter (2003)	UK, refugee children with and without parents	Research review	Wide-ranging			Medium to high. Good clear identification of issues

Table 2: Adults

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Aspinall (2007)	UK	Review of data collection on migrant and asylum seeker status	Routine data collection to support planning and review	Limited data available on asylum seekers and refugees in routine data sets	Country of birth should be recorded alongside other access variables	Relevant but review of issues rather than evaluative study

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
BMA (2002)	UK	Position paper from the BMA	Health needs of asylum seekers and refugees		Physical and mental health of asylum seekers should be assessed and supported/ treatment provided as appropriate. Availability of trained interpreters and advocates. Cultural awareness training for staff. Information on services and where to get support. Appropriate levels of funding to support service provision should be available	As above

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
BME Health Forum and MRCF (2003)	Kensington, Chelsea and Westminster, London	20 consultation events in partnership with community groups and three fact-finding visits	Experience of using health services	People felt that most action was needed at the level of the GP and in primary care to improve access to appropriate services and the response to asylum seekers and refugees	Multiagency partnership approach to service planning and delivery. Build capacity of grassroots organisations. Participation of BME groups. Provision of interpreting and advocacy services. Cultural awareness training. Preventive work. Assessment and access to appropriate mental health support	Although focused on health, the findings and recommendations are relevant to social care

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Burnett (2002)	Leeds, Manchester, Liverpool and London, England	Interviews with 24 asylum seekers and refugees, questionnaire for health staff and a group discussion with advocates and health workers	Information and resource pack for health workers		Covers issues and resources in relation to a broad range of health issues and needs of specific groups. Includes linking with RCOs, multisectoral working, training and support for health workers	As above
DH and Refugee Council (2003)	UK	A resource pack	Health needs of asylum seekers and refugees	Guidance on eligibility of asylum seekers and refugees to healthcare. Provides practical examples of service delivery	Multiagency working. Whole system approach. Training of staff	Largely focused on health, although includes a section on social care, which is underdeveloped
Fell (2004)	Salford, England, asylum seekers and refugees	Report from the 'front line', experiences managing a small voluntary agency supports with theory	Advocacy and support of asylum seekers and refugees	Details a model of practice from the voluntary sector and a case study	Role of voluntary sector; multiagency service delivery	Medium to low. This paper was relevant to the research question; the quality appraisal was affected by the high levels of commentary in the paper

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
McColl and Johnson (2006)	London	Data from staff and clinical records and 104 asylum seekers and refugee clients of a CMHT, completed CANSAS and HoNOS rating scales	Mental health needs assessment	Complex diagnostic picture with most frequent diagnosis were depression and PTSD. Substance misuse was frequent. High levels of unmet need identified. Had contact with limited selection of CMHT staff	Strengthening partnerships between NHS, voluntary, social and legal services. Training for staff	This paper had some relevance but limited to mental health needs assessment
McKenzie et al (2008)	UK, asylum seekers and refugees with mental health problems	Position statement	Provision of mental healthcare	Equal access as UK residents throughout the asylum process	Public policy that minimises the impact of social risks for physical and mental illness. Equitable access. Training for health and social care providers. Implementation of public body duties under relevant legislation	Low. Highly relevant to target group but evidence base for the statement not clear

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
MENTER et al (2005)	East of England	Guidance on how to develop inclusive and effective partnerships for multiagency groups working with asylum seekers and refugees	Multiagency partnership development		Identifies four key elements to effective partnerships: clarity of purpose and role; the capacity to influence and be influenced; systems and structures that are fit for purpose; and the capacity and resources to take action	Relevant and useful for the <i>Resource guide</i>
Mind (2009b)	England and Wales, asylum seekers and refugees with mental health problems	Mapping the mental health needs of refugee communities through engagement with RCOs	Mental health support and advocacy	Improved access to appropriate mental healthcare and support through the development of advocacy	Engagement with RCOs. Understanding of the role of advocacy. Development of an accredited mental health advocacy qualification for refugee communities. Development of a robust funded advocacy network. Sustainable funding for RCOs. Partnership approach to consultation	Highly relevant to target group. Recommendations largely aimed at PCTs but clearly relevant to social care provision

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
No Barriers, No Borders and New Perspectives (2008)	Sheffield, England	Stories about members of No Barriers, No Borders	Access to health and social care	Improved access to appropriate health and social care	<p>Access to staff with appropriate language skills and/or interpreters.</p> <p>Advocacy and skilled legal assistance to facilitate access to social care.</p> <p>Flexibility afforded by direct payments.</p> <p>Transition from asylum seeker to refugee status placing existing support arrangements in jeopardy, that is, withdrawal of support.</p> <p>Contribution and invaluable role of community organisations, peer support networks and mutual support in providing a basic level of support, information and access to advocacy</p>	Highly relevant to target group as a direct account of individual experiences but analysis, and thus basis for recommendations, unclear

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Patel and Kelly (2006)	UK, asylum seekers and refugees	Discussion paper	Experiences of refugees and asylum seekers of social care	Cultural barriers, stigma, perceptions of low levels of confidentiality mean low uptake of mental health services	Local mapping and consultation to inform effective service delivery. Social care service delivery and planning should be done by specialist teams	Medium. Highly relevant to target groups and research question
Perry (2005)	UK, asylum seekers and refugees	Good practice guide	Housing	Help serving the needs of newcomers to the UK	Housing, clarity of roles	Touches on social care within the context of housing so not considered high relevance. But high quality of reporting and analysis
Perry and El-Hassan (2008)	UK, migrant and refugee community organisations	A guide to commissioning (MCOs)	Commissioning	Developing commissioning from MCOs in order to meet the needs of asylum seekers and refugees	Building capacity of MRCOs to provide commissioned services in a broad range of areas	Highly detailed guide

Author and publication date	Focus (ie population and location of study)	Design	Intervention	Outcomes	Relevant good practice	Quality appraisal
Qureshi and Collazos (2005)	Europe	Theoretical discussion of the multicultural counselling competencies model	Cultural competence in mental health services		Although knowledge and skills related to cultural differences are important, the clinician's capacity to process his/her own cultural identity is the key to cultural competence	Low. Of limited relevance and drawing on a US model
Raval (2006)	UK	Discussion paper	Mental health training for bilingual co-workers and practitioners	Improve communication between practitioners and asylum seekers and refugees with mental health problems	Training to improve understanding of mental health of bilingual workers Improved partnership working	Relevant to the study but descriptive rather than evaluative

Appendix 12: Focus group participant characteristics

Table 1: Gender

	Frequency	%
Male	16	30.8
Female	36	69.2
Total	52	100.0

Table 2: Mean age for adults and children

Adult or child	Mean age	<i>n</i>	Standard deviation
Adult	36.7500	36	13.46185
Child	15.0625	16	2.08066
Total	30.0769	52	15.09297

Table 3: Nationality

	Frequency	%
Ugandan	2	3.8
Sudanese	3	5.8
Zambian	3	5.8
Zimbabwean	4	7.7
Cameroon	4	7.7
Eritrean	3	5.8
Iraqi	3	5.8
Iranian	4	7.7
Guinea	1	1.9
Congolese	1	1.9
Ethiopian	1	1.9
Other not specified	3	5.8
Pakistani	4	7.7
Kosovan	1	1.9
Ivory Coast	2	3.8
Lebanese	3	5.8
Somalian	5	9.6
Nigerian	1	1.9
Malawian	1	1.9
Jamaican	1	1.9
Angolan	1	1.9
South African	1	1.9
Total	52	100.0

Table 4: Status

	Frequency	%
Asylum seeker	28	53.8
Refugee	11	21.2
Awaiting decision	1	1.9
Spouse visa	1	1.9
Refused asylum seeker	4	7.7
British citizen	3	5.8
Refused asylum seeker in process of appeal	1	1.9
Other	1	1.9
Unknown	2	3.8
Total	52	100.0

Table 5: Length of time in the UK

	Frequency	%
3–6 months	2	3.8
6–12 months	2	3.8
1–3 years	13	25.0
3–5 years	9	17.3
5 plus years	26	50.0
Total	52	100.0

Table 6: First spoken language

	Frequency	%
Unknown	3	5.8
Arabic	9	17.3
English	4	7.7
Shona	2	3.8
French	8	15.4
Amharic	4	7.7
Kurdish	1	1.9
Other	7	13.5
Farsi	3	5.8
Portuguese	3	5.8
Urdu	4	7.7
Swahili	4	7.7
Total	52	100.0

Table 7: First written language

	Frequency	%
Unknown	5	9.6
Arabic	8	15.4
English	11	21.2
French	8	15.4
Amharic	4	7.7
Other	11	21.2
Portugese	2	3.8
Urdu	2	3.8
Farsi	1	1.9
Total	52	100.0

Table 8: Disability

	Frequency	%
Yes	13	25.0
No	32	61.5
Unknown	7	13.5
Total	52	100.0

Table 9: Mental health problems

	Frequency	%
Non-mental health problem	33	63.5
Depression	11	21.2
Other	4	7.7
Unknown	4	7.7
Total	52	100.0

Table 10: Other health problems

	Frequency	%
Mobility	1	1.9
Vision	1	1.9
Epilepsy	1	1.9
Back pain	3	5.8
Other	1	1.9
Non-physical problem	30	57.7
Unknown problem	2	3.8
Unknown	7	13.5
HIV	5	9.6
Multiple health problems	1	1.9
Total	52	100.0

Table 11: Use of social care

	Frequency	%
No use	26	50.0
Housing	3	5.8
Other	5	9.6
Multiple	7	13.5
Social worker	1	1.9
Mental health team	2	3.8
Yes but unknown service	2	3.8
Unknown	6	11.5
Total	52	100.0

Appendix 13: Good practice nominations

Table 1: Children and young people

Location	Organisation	Good practice description
East of England	Refugee organisation	Development of a drop-in surgery providing opportunities for both advice and support
East of England	Designated nurse team for looked-after children and care leavers	Development of a letter and protocol to assist GPs to improve initial health screening for newly arrived asylum-seeking children
London	Local authority children's services	Reception and assessment of unaccompanied minors
London	Local authority children's services	Resource day for providers in relation to young people
London	Local authority children's services	Providing good quality accommodation for UASC
London	Local authority children's services	Activities for UASC during school holidays
North West	Care group organisation	Drop-in service
North West	Local authority children's services	Team to enable integration of newcomer pupils and their families
South East	Partnership between refugee organisation and local authority children's services	Provision of practical and emotional support to young refugees through a youth club setting
South East	Local authority children's services	Age assessment
Wales	Local authority children's services	Measures to ensure children and UASC are treated with dignity and respect
Wales	Local authority children's services	Ensuring staff are culturally aware
West Midlands	Befriending Unaccompanied Minors Project (BUMP)	Supports young unaccompanied refugees who are 14–18 years old to overcome isolation and develop the confidence and skills that will help them as they seek to integrate and rebuild their lives in the UK
Yorkshire and Humber	Social services asylum seeker team	Understanding of Children Act

Table 2: Adults

Location	Organisation	Good practice description
East Midlands	Primary care service	GP service for asylum seekers and refugees. Health focus, provide advice, support, toddler group, etc
London	Council	Sustainable community strategy setting out the long-term vision for creating a stronger, more sustainable community, including supporting refugees and migrants to be part of and fully contribute to communities in Islington
London	Community organisation	Activities, support and sense of belonging created, enabling people to counter feelings of isolation
London	Refugee organisation	Support and training to professionals and mentoring
London	Community service	Reaching people with whom services do not engage
North East	Housing provider	Provision of information and signposting
North West	Refugee organisation	Refugee strategy
North West	Third sector housing	Free housing and money for food
North West	Council – NRPF team	Central point of access
North West	Multiagency organisation for refugee integration	To improve access to and the design of services to refugees and asylum seekers
North West	Refugee organisation	Provision of support to other organisations that support asylum seekers and refugees Training and supervision
Northern Ireland	Individual GP	Good at addressing additional needs through facilitating access to GPs
Northern Ireland	Refugee organisation	Funding for English classes enabling participation in society
Northern Ireland	Refugee organisation	Basic needs assessment and occasional support for destitute asylum seekers and refugees
Northern Ireland	Refugee organisation	Financial support and raises awareness of asylum seekers and refugees issues
Northern Ireland	Law centre	Advocates on behalf of people and facilitates access to social care

Location	Organisation	Good practice description
South East	Local authority physical and sensory impairment team	Placing the need to provide support at the forefront of assessment rather than inability due to immigration status
South West	City council	Partnership working
South West	Strategic partnership	Development of a multiagency migrant workers' pack of relevance to asylum seekers and refugees and available in four languages
South West	City council	Introduction of support structures to ensure that the transition from asylum seeker to refugee is as smooth as possible
Wales	Local authority and refugee organisation	A steering group to meet the needs of asylum seekers and refugees who had been receiving an inconsistent response, through improved communication and access to accommodation and information and support services
West Midlands	Third sector housing project	Destitution fund and temporary housing
West Midlands	Law centre and third sector housing project	Provision of temporary accommodation Working with voluntary agencies (partnership)
West Midlands	City council	Newcomers coordinator to provide specialist support and advice to the council on all matters relating to asylum seekers and refugees, particularly with regards to accommodation, regeneration and social care services
Yorkshire and Humber	Housing and support project	Holistic support over and above contractual requirements
Yorkshire and Humber	Refugee organisation	High-quality support for those going through transition from asylum seeker to refugee
Yorkshire and Humber	Immigration and asylum seeker advice network	Information, signposting and multiagency working
Yorkshire and Humber	Asylum seeker support network	Befriending Short stay accommodation

Location	Organisation	Good practice description
Yorkshire and Humber	Refugee and asylum seeker community organisation	Advocacy developed by the refugee community
Yorkshire and Humber	Church organisation	To provide a venue where asylum seekers and refugees can meet and receive support. Good practice in terms of breaking isolation and providing a place for service users to go and feel valued (a community-led safe haven)

Table 3: Mental health

Location	Organisation	Good practice description
London	GP practice	Focused solely on asylum seekers and refugees with good partnership working with social services
London	Refugee organisation	Support and training to professionals and mentoring
London	Mental health service for refugees and asylum seekers	Focus on mental health and asylum seekers and refugees
West Midlands	Adult mental health service	Community psychiatric nurse as member of asylum seeker team
Yorkshire and Humber	Charity	Provision of counselling for survivors of torture and persecution

References

- 11 Million (2008) *The Children's Commissioner's findings and recommendations regarding the care of unaccompanied asylum seeking children in the London Borough of Hillingdon*, London: 11 Million.
- A Fairer Future (2009) *The Equality Bill and other action to make equality a reality*, London: Government Equalities Office (www.equalities.gov.uk/PDF/GEO_A%20Fairer%20Future-%20The%20Equality%20Bill%20and%20other%20action%20to%20make%20equality%20a%20reality.pdf).
- Alexander, C., Edwards, R. and Temple, B. with Kanani, U., Zhuang, L., Miah, M. and Sam, A. (2004) *Using interpreters to access services*, York: Joseph Rowntree Foundation.
- Aspinall, P. (2007) 'The extent of collection of information on migrant and asylum seeker status in routine health and social care data sources in England', *International Journal of Migration, Health and Social Care*, vol 3, no 4, pp 3–13.
- Ayotte, W. (2000) *Separated children coming to western Europe: Why they travel and how they arrive*, London: Save the Children.
- Ayotte, W. and Williamson, L. (2001) *Separated children in the UK: An overview of the current situation*, London: Save the Children/British Refugee Council.
- Barclay, A. (2003) *Asylum seekers in Scotland*, Edinburgh: Scottish Executive Social Research.
- Beirens, H., Hughes, N., Hek, R. and Spicer, N. (2007) 'Preventing social exclusion of refugee and asylum seeking children: building new networks', *Social Policy and Society*, vol 6, no 2, pp 219–29.
- Bernard, C. and Gupta, A. (2008) 'Black African children and the child protection system', *British Journal of Social Work*, vol 38, no 3, pp 476–92.
- Beynon, R. (2006) *Managed migration, the Depression Report and the wellbeing debate*, in Social Perspectives Network and London Development Centre, *Meeting the mental health needs of refugees, asylum seekers and immigration detainees*, Chichester: RPM Print & Design).
- Bhabha, J. and Finch, N. (2006) *Seeking asylum alone: Unaccompanied and separated children and refugee protection in the UK*, London: Garden Court Chambers.
- BMA (British Medical Association) (2002) *Asylum seekers: Meeting their healthcare needs*, London: BMA.
- BME Health Forum and MRCF (Migrant and Refugee Communities Forum) (2003) *Asylum pulse: Are we feeling it right?* Kensington & Chelsea: and Westminster: BME Health Forum and MRCF.
- Boylan, J. (2006) 'Contemporary advocacy: advocacy for asylum-seeking children and young people', *childRIGHT*, vol 229, pp 28–30.
- Broad, B. and Robbins, I. (2006) 'The wellbeing of unaccompanied asylum seekers leaving care', *Diversity in Health and Social Care*, vol 2, no 4, pp 271–7.
- Brown, C. (2004) 'Social work intervention: the deconstruction of individuals as a means of gaining a legislative perspective to remain in the United Kingdom', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 96–110.
- Burnett, A. (2002) *Guide to health workers providing care for asylum seekers and refugees*, Medical Foundation for the Care of Victims of Torture.

- Butler, A. (2007) 'Students and refugees together: towards a model of practice learning as service provision', *Social Work in Education: The International Journal*, vol 26, no 3, p 246.
- Cambridge, P. and Williams, L. (2004) 'Approaches to advocacy for refugees and asylum seekers: a development case study for a local support and advice service', *Journal of Refugee Studies*, vol 17, no 1, pp 97–113.
- Cemlyn, S. and Briskman, L. (2003) 'Asylum, children's rights and social work', *Child & Family Social Work*, vol 8, no 3, pp 163–78.
- Chase, E., Knight, A. and Statham, J. (2008) *The emotional wellbeing of young people seeking asylum in the UK*, London: British Association for Adoption and Fostering.
- Childhood Bereavement Network (2008) *Grief matters for young asylum seekers and refugees: Seminar report and recommendations*, London: National Children's Bureau.
- Children's Society, The (2006) *Making a new life in Newham: A study investigating the factors that facilitate and prevent young refugee settlement in Newham*, London: The Children's Society.
- Children's Society, The (2008a) *Supporting refugee young carers and their families: A toolkit for ALL practitioners* (www.refugeetoolkit.org.uk/showPage.php?file=index.htm).
- Children's Society, The (2008b) *Living on the edge of despair: Destitution amongst asylum seeking and refugee children*, London: The Children's Society.
- Christie, A. (2002) 'Asylum seekers and refugees in Ireland: questions of racism and social work', *Social Work in Europe*, vol 9, no 1, pp 10–17.
- CLG (Communities and Local Government) (2009) *Guidance for local authorities on how to mainstream community cohesion into other services* (www.communities.gov.uk/publications/communities/mainstreamcommunitycohesion).
- Cobb, N. (2008) 'Better outcomes for unaccompanied or separated children seeking asylum: a case of putting one's money where one's mouth is?', *Child and Family Law Quarterly*, vol 20, no 2, pp 183–98.
- Collett, J. (2004) 'Immigration is a social work issue', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 77–95.
- Connelly, N., Forsythe, L.A. and Njike, G. (2008) *Older refugees in the UK: A literature review and interviews with refugees*, London: Refugee Council.
- Conway, M. (2006) *Children, HIV, asylum and immigration: An overview of the current situation for children living with HIV and insecure immigration status*, London: National Children's Bureau.
- Coren, E. and Fisher, M. (2006) *The conduct of systematic research reviews for SCIE knowledge reviews*, London: SCIE.
- Crawley, H. (2006) *Child first, migrant second: Ensuring that every child matters*, London: Immigration Law Practitioners' Association.
- Crompton, N. and Newbigging, K. (2007) 'Good practice in social care with refugees and asylum seekers: brief focused research review', Unpublished, London: SCIE.
- Crowley, P. (2003) *An exploration of the mental health needs of asylum seekers in Newcastle*. The Black Mental Health Forum Newcastle (www.nnt.nhs.uk/asylum/newsletter/haz.pdf).

- Cunningham, J. and Cunningham, S. (2007) "No choice at all": destitution or deportation? A commentary on the implementation of Section 9 of the Asylum and Immigration (Treatment of Claimants, etc) Act 2004', *Critical Social Policy*, vol 27, no 2, pp 277–98.
- DH (Department of Health) (2003a) *Fair access to care services – Guidance on eligibility criteria for adult social care*, London: The Stationery Office (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653).
- DH (2003b) *Guidance on accommodating children in need and their families*, LAC(2003)13 (www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Localauthoritiesocialservicesletters/DH_4003946).
- DH (2005) *Delivering race equality in mental health care: An action plan for reform and inside and outside services and the government's response to the Independent Inquiry into the death of David Bennett*, London: The Stationery Office (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773).
- DH (2007) *Putting people first: A shared vision and commitment to the transformation of adult social care*, London: The Stationery Office (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118).
- DH (2008a) *Transforming social care*, LAC(DH)1 (www.cpa.org.uk/cpa/Transforming%20social%20care%20DH.pdf).
- DH (2008b) *Carers at the heart of 21st-century families and communities: A caring system on your side, a life of your own*, London: The Stationery Office (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345).
- DH and Refugee Council. (2003) *Caring for dispersed asylum seekers: A resource pack*, Leeds: DH.
- DHSSPS (Department of Health, Social Services and Public Safety) (2004) *Asylum seekers and refugees. Policy guidance on access to health and social care services* (www.dhsspsni.gov.uk/asguidanceprint.pdf).
- Dorling, K. (2008a) 'Seeking change: reforms to the protection of unaccompanied asylum seeking children', *childRIGHT*, vol 245, pp 14–17.
- Dorling, K. (2008b) 'Guardian advocate: a guardianship system for unaccompanied children', *childRIGHT*, vol 247, pp 11–13.
- Dunkerley, D., Scourfield, J., Maegusuku-Hewett, T. and Smalley, N. (2005) 'The experiences of frontline staff working with children seeking asylum', *Social Policy & Administration*, vol 39, no 6, pp 640–52.
- Dwyer, P. and Brown, D. (2005) *Meeting basic needs? Forced migrants and welfare*, Leeds: School of Sociology and Social Policy, University of Leeds.
- Fell, P. (2004) 'And now it has started to rain: support and advocacy with adult asylum seekers in the voluntary sector', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 111–31.
- Fellas, O. and Price, J. (2008) *No recourse to public funds: Financial implications for local authorities*, NRPF Network (www.whatdotheyknow.com/request/12048/response/31518/attach/5/NRPF%20Financial%20Report.pdf).

- Fellas, O. and Wilkins, H. (2008) *Victims of domestic violence with no recourse to public funds*, NRP Network, London: Islington Council (www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/nrpf_victims_dv_nrpf.pdf).
- Fiddy, A. (2003) 'Refugee and asylum seeker children: gaps in provision and accessibility of services', *childRIGHT*, vol 198, pp 16-20.
- Fountain, J., Patel, K. and Buffin, J. (2007) 'Community engagement: the Centre for Ethnicity and Health model', in D. Domenig et al (eds) *Migration, marginalisation and access to health and social services*, Amsterdam: Foundation Regenboog AMOC, pp 53–65.
- Franks, M. (2006) *Safeguarding and promoting the welfare of children in the African refugee community in Newcastle*, London: The Children's Society.
- Free, E. (2005a) *Local authority support to unaccompanied asylum-seeking young people*, Leeds: Save the Children England Programme.
- Free, E. (2005b) *Young refugees: A guide to the rights and entitlements of separated refugee children* (2nd edn), London: Save the Children.
- Government Equalities Office (2009) *A fairer future: The Equality Bill and other action to make equality a reality* (www.equalities.gov.uk/PDF/GEO_A%20Fairer%20Future-%20The%20Equality%20Bill%20and%20other%20action%20to%20make%20equality%20a%20reality.pdf).
- Hamilton, C., Daly, C. and Fiddy, A. (2003) *Mapping the provision of education and social services for refugee and asylum seeking children: Lessons from the Eastern region*, Colchester: Children's Legal Centre.
- Harris, J. (2003) "All doors are closed to us": a social model analysis of the experiences of disabled refugees and asylum seekers in Britain', *Disability and Society*, vol 18, no 4, pp 395–410.
- Harris, J. and Roberts, K. (2004) 'Not our problem: the provision of services to disabled refugees and asylum seekers', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 151–61.
- Healy, L.M. (2004) 'Strengthening the link: social work with immigrants and refugees and international social work', *Journal of Immigrant and Refugee Services*, vol 2, no 1--2, pp 49–67.
- Hewett, T., Smalley, N., Dunkerley, D. and Scourfield, J. (2005) *Uncertain futures: Children seeking asylum in Wales*, Cardiff: Save the Children Wales.
- HM Government (2003) *Every Child Matters* (Cm 5860), London: The Stationery Office.
- Hollins, K., Heydari, H., Grayson, K. and Leavey, G. (2007) 'The mental health and social circumstances of Kosovan Albanian and Albanian unaccompanied refugee adolescents living in London', *Diversity in Health & Social Care*, vol 4, no 4, pp 277–85.
- Home Office (2007) *Immigration and asylum statistics, United Kingdom 2007 11/08, Statistical Bulletin* (www.homeoffice.gov.uk/rds/immigration-asylum-stats.html).
- Home Office (2008) *Control of immigration: Statistics United Kingdom 200814/09 Statistical bulletin* (<http://rds.homeoffice.gov.uk/rds/pdfs09/hosb1409.pdf>).
- Home Office Border and Immigration Agency (2008a) *Better outcomes: The way forward: Improving the care of unaccompanied asylum seeking children*, London: Home Office.
- Home Office Border and Immigration Agency (2008b) *Code of practice for keeping children safe from harm*, London: Home Office.

- House of Lords (2008) *M v Slough Borough Council*, United Kingdom House of Lords Decisions (www.bailii.org/uk/cases/UKHL/2008/52.html).
- House of Lords and House of Commons Joint Committee on Human Rights (2007) *Treatment of asylum seekers*, Vol 1, London: The Stationery Office.
- Humphries, B. (2004) 'Refugees, asylum-seekers, welfare and social work', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 42–58.
- ICAR (Information Centre about Asylum and Refugees) (2009a) *Analysis of asylum and refugee statistics*, ICAR Statistics Paper 1, February 2009 update (www.icar.org.uk/9556/statistics/analysis-of-asylum-and-refugee-statistics.html).
- ICAR (2009b) *Disabled refugees and asylum seekers in the UK*, ICAR Briefing 2009 (www.icar.org.uk/download.php?id=542).
- iCoCo (Institute of Community Cohesion) (2008) *Estimating the scale and impacts of migration at a local level*, London: Local Government Association.
- Khan, A.W. (2008) 'Countering media hegemony, negative representations, the "bad citizen": asylum seekers' battle for the hearts and minds of Scotland', *eSharp*, issue 11: Social Engagement, Empowerment and Change (www.gla.ac.uk/media/media_81285_en.pdf).
- Kidane, S. (2001a) *Food, shelter and half a chance: Assessing the needs of unaccompanied asylum seeking and refugee children*, London: British Association for Adoption and Fostering.
- Kidane, S. (2001b) *I did not choose to come here: Listening to refugee children*, London: British Association for Adoption and Fostering.
- Kofman, E. and Lukes, S. (2008) *Mapping research on refugees in the Borough of Islington*, London: Borough of Islington (www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/mapping.pdf).
- Kohli, R. (2006a) 'The comfort of strangers: social work practice with unaccompanied asylum-seeking children and young people in the UK', *Child & Family Social Work*, vol 11, no 1, pp 1–10.
- Kohli, R. (2006b) 'The sound of silence: listening to what unaccompanied asylum-seeking children say and do not say', *British Journal of Social Work*, vol 36, no 5, pp 707–22.
- Kohli, R. (2007) *Social work with unaccompanied asylum-seeking children*, London: Palgrave Macmillan.
- Kohli, R. and Mather, R. (2003) 'Promoting psychosocial wellbeing in unaccompanied asylum seeking young people in the United Kingdom', *Child & Family Social Work*, vol 8, no 3, pp 201–12.
- LASC (London Asylum Seekers Consortium) (2005) *Supporting refugees in London: Towards a strategy for refugee integration*, London: LASC.
- Leavey, G., Guvenir, T., Haase-Casanovas, S. and Dien, S. (2007) 'Finding help: Turkish-speaking refugees and migrants with a history of psychosis', *Transcultural Psychiatry*, vol 44, no 2, pp 258–74.
- McColl, H. and Johnson, S. (2006) 'Characteristics and needs of asylum seekers and refugees in contact with London community mental health teams – a descriptive investigation', *Social Psychiatry and Psychiatric Epidemiology*, vol 41, no 10, pp 789–95.
- McKenzie, K., McColl, H. and Bhui, K. (2007) *Improving services for refugee and asylum seekers: Position statement*, London: Royal College of Psychiatrists.

- McVeigh, R. (2002) *A place of refuge? Asylum seekers and refugees in Northern Ireland*, Refugee Action Group, Belfast
- Maegusuku-Hewett, T., Dunkerley, D., Scourfield, J. and Smalley, N. (2007) 'Refugee children in Wales: coping and adaptation in the face of adversity', *Children & Society*, vol 21, no 4, pp 309–21.
- Mann, C. and Fazil, Q. (2006) 'Mental illness in asylum seekers and refugees', *Primary Care Mental Health*, no 4, pp 57–66.
- MENTER, Refugee Council, Voluntary Sector Refugee Network – East of England, East of England Regional Assembly Consortium for Asylum and Refugee Integration and Government Office for the East of England (2005) *Building better partnerships: Guidelines for multi-agency groups working with asylum seekers and refugees in the East of England*, London: Refugee Council/MENTER.
- Mind (2009a) *A civilised society: Mental health provision for refugees and asylum seekers in England and Wales*, London: Mind.
- Mind (2009b) *Improving mental health support for refugee communities – An advocacy approach*, London: Mind.
- Misra, T., Connelly, A.M. and Majeed, A. (2006a) 'Addressing mental health needs of asylum seekers and refugees in a London Borough: epidemiological and user perspectives', *Primary Health Care Research & Development*, vol 7, no 3, pp 241–8.
- Misra, T., Connelly, A.M., Klynman, N. and Majeed, A. (2006b) 'Addressing mental health needs of asylum seekers and refugees in a London Borough: developing a service model', *Primary Health Care Research & Development*, vol 7, no 3, pp 249–56.
- Mitchell, F. (2003) 'The social services response to unaccompanied children in England', *Child & Family Social Work*, vol 8, no 3, pp 179–89.
- Mitchell, F. (2007) 'Assessing practice with unaccompanied children: exploring exceptions to the problem', in R. Kohli and F. Mitchell (eds) *Working with unaccompanied asylum seeking children: Issues for policy and practice*, Basingstoke: Palgrave Macmillan, pp 48–60.
- Morris, J. (2005) *Children on the edge of care: Human rights and the Children Act*, York: Joseph Rowntree Foundation.
- MRCF (Migrant and Refugee Communities Forum) and CVS Consultants (2002) *A shattered world: The mental health needs of refugees and newly arrived communities*, London: MRCF and CVS Consultants ([www.harppweb.org.uk/downloads/pdf/rep1\(ref\).pdf](http://www.harppweb.org.uk/downloads/pdf/rep1(ref).pdf)).
- MRN (Migrants' Rights Network) (2009) *Irregular migrants: The urgent need for a new approach* (www.migrantsrights.org.uk/downloads/policy_reports/irregularmigrants_summarypamphlet.pdf).
- Muecke, M. (1992) 'New paradigms for refugee health problems', *Social Science and Medicine*, vol 35, no 4, pp 515–23.
- Murphy, D. and Ndegwa, D. (2004) *Report on the needs and gaps within services for asylum seekers and refugees*, London: South London and Maudsley.
- Murshali, H. (2005) *A study of asylum seekers with special needs*, London: Refugee Council.
- No Barriers, No Borders and New Perspectives (2008) *Advocacy and peer support for disabled asylum seekers and refugees*, Sheffield: No Barriers, No Borders and New Perspectives.
- Okitikpi, T. and Aymer, C. (2003) 'Social work with African refugee children and their families', *Child & Family Social Work*, vol 8, no 3, pp 213–22.

- Ola, D., Mpeho, J.O., Bafeka, A.N., Ruquya, A., Kabash, Z., Mboko, F. and Saed, G.E. (2006) *Report of the Lewisham Day Centre for refugees and asylum seekers, South London*, London: National Institute for Mental Health.
- Palmer, D. (2006) 'Imperfect prescription: mental health perceptions, experiences and challenges faced by the Somali community in the London Borough of Camden and service responses to them', *Primary Care Mental Health*, vol 4, no 1, pp 45–56.
- Palmer, D. and Ward, K. (2006) *Unheard voices: Listening to refugees and asylum seekers in the planning and delivery of mental health service provision in London*, London: Commission for Patient and Public Involvement in Health.
- Palmer, D. and Ward, K. (2007) "'Lost": listening to the voices and mental health needs of forced migrants in London', *Medicine, Conflict and Survival*, vol 23, pp 198–212.
- Palmer, D., Alemu, E. and Hopwood, J. (2008) 'Bridging the gaps: Refugee community organisations and the provision of mental health services in the London Borough of Camden, UK', *International Journal of Migration, Health and Social Care*, vol 4, pp 4–20.
- Parker, J. (2000) 'Social work with refugees and asylum seekers: a rationale for developing practice', *Practice*, vol 12, no 3, pp 61–76.
- Patel, B. and Kelley, N. (2006) *The social care needs of refugees and asylum seekers*, London: SCIE.
- Patel, N. and Mahatanti, A. (2007) 'The politics of working with refugee survivors of torture', *The Psychologist*, vol 20, no 30, pp 164–6.
- Pawson, R., Boaz, A., Grayson, L., Long, A. and Barnes, C. (2003) *Types and quality of knowledge in social care*, Knowledge Review 3, London: SCIE.
- Perry, J. (2005) *Housing and support services for asylum seekers and refugees: A good practice guide*, Coventry: Chartered Institute of Housing for the Joseph Rowntree Foundation.
- Perry, J. and El-Hassan, A. (2008) *More responsive public services?: A guide to commissioning migrant and refugee community organisations*, York: Joseph Rowntree Foundation.
- Phillimore, J., Ergün, E., Goodson, L. and Hennessy, D. (2007) *'They do not understand the problem I have': Refugee well being and mental health*, Birmingham: Centre for Urban and Rural Studies, University of Birmingham.
- Qureshi, A. and Collazos, F. (2005) 'Cultural competence in the mental health treatment of immigrant and ethnic minority clients', *Diversity in Health & Social Care*, vol 2, no 4, pp 307–17.
- Raval, H. (2006) 'Mental health training for bilingual co-workers in the context of working with people seeking asylum and refuge', *Primary Care Mental Health*, vol 4, no 1, pp 37–44.
- Raval, H. (2007) 'Therapeutic encounters between young people, bilingual co-workers and practitioners', in R. Kohli and F. Mitchell (eds) *Working with unaccompanied asylum seeking children: Issues for policy and practice*, Basingstoke: Palgrave Macmillan, pp 61–76.
- Reacroft, J. (2008) *Like any other child? Children and families in the asylum process*, Barking: Barnardo's.
- Refugee Council (2005) *Ringling the changes: The impact of guidance on the use of Sections 17 and 20 of the Children Act 1989 to support unaccompanied asylum-seeking children*, London: Refugee Council.

- Refugee Council (2007) *Determining the duty to look after unaccompanied children under the Children Act 1989 (use of Section 17 or Section 20)*, Briefing (www.refugeecouncil.org.uk/policy/briefings/2007/Unaccompanied-children.htm).
- Refugee Council Briefing (2007) *Determining the duty to look after unaccompanied children under the Children Act 1989 (use of Section 17 or Section 20)* (www.refugeecouncil.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=8C637D9A-E8B2-4489-807B-9CF8CC691586&mode=link&guid=3222d040e60e4f76b1e08f2ee70861e3).
- Roberts, K. and Harris, J. (2001) *Disabled refugee and asylum seekers in Britain: Numbers and social characteristics*, York: Social Policy Research Unit, University of York.
- Roberts, K. and Harris, J. (2002) *Disabled people in refugee and asylum-seeking communities*, Bristol/York: The Policy Press for the Joseph Rowntree Foundation.
- Rutter, J. (2003) *Working with refugee children*, York: Joseph Rowntree Foundation.
- Sales, R. and Hek, R. (2004) 'Dilemmas of care and control: the work of an asylum team in a London borough', in D. Hayes and B. Humphries (eds) *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice*, London: Jessica Kingsley Publishers, pp 59–76.
- Save the Children (2004) *Separated Children in Europe Programme. Statement of good practice* (www.savethechildren.net/separated_children/good_practice/index.html).
- SCIE (Social Care Institute for Excellence) (2008) *The conduct of practice surveys for SCIE: An interim framework for SCIE partners*, London: SCIE.
- Smale, G. and Tucson, G. (1993) *Empowerment, assessment, care management and the skilled worker*, London: National Institute for Social Work/HMSO.
- Social Perspectives Network and London Development Centre (2006) *Meeting the mental health needs of refugees, asylum seekers and immigration detainees*, Chichester: RPM Print & Design.
- Southampton City Council, 'Practitioners proforma in assessing people with care/health needs and no recourse to public funds', Unpublished, Health and Community Care Division, Southampton.
- Stanley, K. (2001) *Cold comfort: Young separated refugees in England*, London: Save the Children.
- Summerfield, D. (2001) 'Asylum-seekers, refugees and mental health services in the UK', *Psychiatric Bulletin*, vol 25, pp 161–3.
- Turton, J., Chaplin, B., Ramsay, B. and Skambalis, A. (2004) *Health and social care issues for asylum seekers and refugees: An East of England view*, London: Department of Health, East of England Public Health Group.
- UKBA (United Kingdom Border Agency) *Working with refugees* (www.ukba.homeoffice.gov.uk/managingborders/asylum/working-with-refugees/#).
- Wade, J., Mitchell, F. and Baylis, G. (2005) *Unaccompanied asylum seeking children: The response of social work services*, London: British Association for Adoption and Fostering.
- WAG (Welsh Assembly Government) (2007) *Fulfilled lives, supportive communities* (<http://wales.gov.uk/topics/health/publications/socialcare/strategies/fulfilledlives?lang=en>).
- Ward, K. and Palmer, D. (2005) *Mapping access to mental health service provision in London*, London: Commission for Public and Patient Involvement in Health.
- Ward, K., Amas, N. and Lagnado, J. (2008) *Supporting disabled refugees and asylum seekers: Opportunities for new approaches*, London: Metropolitan Support Trust.

- Watters, C. (2001) 'Emerging paradigms in the mental health care of refugees', *Social Science & Medicine*, vol 52, pp 1709–18.
- Watters, C. (2008) *Refugee children: Towards the next horizon*, London: Routledge.
- Watters, C. and Ingleby, D. (2004) 'Locations of care: meeting the mental health and social care needs of refugees in Europe', *International Journal of Law and Psychiatry*, vol 27, pp 549–70.
- Watters, C., Ingleby, D., Bernal, M., de Freitas, C., de Ruuk, N., van Leeuwen, M. et al (2003) *Good practice in mental health and social care for refugees and asylum seekers. Final report of the project for European Commission (European Refugee Fund)*, Canterbury: University of Kent.
- Williamson, L. (1998) 'Unaccompanied – but not unsupported', in J. Rutter and C. Jones (eds) *Refugee education: Mapping the field*, Wiltshire: Trentham Books
- Zetter, R. and Pearl, M. (2000) 'The minority within the minority: refugee community-based organisations in the UK and the impact of restrictionism on asylum-seekers', *Journal of Ethnic and Migration Studies*, vol 26, no 4, pp 675–97.

Good practice in social care for asylum seekers and refugees

This guide supports commissioners and providers of social care services to work effectively with refugees and asylum seekers, through evidence-based principles for practice.

All SCIE publications and resources are free.

This publication is available in an alternative format upon request.

Social Care
Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB

tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk
Registered charity no. 1092778
Company registration no. 4289790