

# Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use

Final report



July 2004



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vulnerability to problematic drug use**

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## Foreword by Ken Livingstone, Mayor of London

Throughout its history migrants have played a key role in our city's development. London's unique diversity, which derives in part from immigration and the arrival of refugees and asylum seekers, generates energy and new ideas that help drive economic growth for London and the UK.

However, despite its vibrant mix of cultures, London is still not a city free from racial harassment or violence and for many refugees and asylum seekers, poverty and social exclusion are key features of life in our capital. Because of this, I have argued repeatedly for policies on asylum that will build stronger communities, challenge racism, and help integrate people who have a right to stay in the UK and contribute to our social, cultural and economic life.

Young refugees and asylum seekers in particular have a vital role to play in London's development. Together with other young Londoners, they are part of its future as a diverse and sustainable world city. Many of these young refugees and asylum seekers live through traumatic events and often experience long, difficult and dangerous journeys before arriving in the UK. Arrival can be a relief to many, but also presents a new set of challenges and stresses.

This report is the culmination of an 18 month project, completed as a partnership between the Greater London Authority and the University of Central Lancashire and funded by the Home Office through its Confiscated Assets Fund. Using their own words, it looks at the experiences of young refugees and asylum seekers who are trying to rebuild their lives in London and examines the extent to which these lives are characterised by a set of circumstances identified as risk factors for the development of problematic drug use.

I am particularly pleased that this project has been able to utilise the skills of young refugees in London. Integral to the research has been the recruitment, training and support given to young people from refugee and asylum seeking communities to undertake research amongst their peers and assess their vulnerability to problematic drug use. I am grateful to the six community organisations who supported the work and to all of the young researchers, four of which I am pleased to say have been awarded a Certificate in Community Research and Drugs from the University of Lancashire.



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This report will make a major contribution to the body of research looking at the issues faced by refugees and asylum seekers. I hope its findings and recommendations will lead to practical proposals for policies and services to meet the needs of refugees and asylum seekers in London.

A handwritten signature in black ink that reads "Ken Livingstone". The signature is written in a cursive style with a prominent flourish at the end of the word "Livingstone".

**Ken Livingstone**  
Mayor of London



## Key messages

### **Young refugees and asylum seekers' vulnerability to problematic drug use**

Many young refugees and asylum seekers experience traumatic incidents prior to their arrival in the UK, including persecution, the death of - or separation from - members of their families, beatings, rape and torture. In many cases, the journey to the UK is long, difficult and dangerous. Arrival is a relief, but can lead to a new set of stresses.

This report details how the lives of young refugees and asylum seekers in the UK are likely to be characterised by circumstances - summarised below - which have been identified as risk factors for the development of problematic drug use.

#### *Education*

Young people with a strong desire to learn and positive experiences of education are less likely to develop drug-related problems. Some young refugees and asylum seekers face barriers to accessing or achieving in education, however, and the role that education can play in protecting young people from drug-related problems is therefore diminished.

#### *Health*

The link between mental health problems and drug use is well-documented and many young refugees and asylum seekers report depression, loneliness, and isolation.

#### *Crime*

There is no evidence for a higher rate of criminality amongst refugees and asylum seekers than the rest of the UK population, and it may be that, as refugees and asylum seekers are also members of Black and minority ethnic communities in the UK, they are more likely to be victims of racially-motivated crime.

#### *Employment*

Unemployment is a risk factor for problematic drug use, but there are tensions between government policy to increase the employment rates of disadvantaged groups, and the refusal to allow asylum seekers to work legitimately. Refugees are highly under-represented in the labour market. The situation of most young refugees and asylum seekers who are employed (illegally in the case of the latter) is that they work long hours, for little money, in a restricted number of occupations.

#### *Housing*

The provision of decent accommodation for refugees and asylum seekers is frequently inadequate: many live in accommodation that is of poor

quality, often overcrowded and supposedly 'temporary.' Some young people are housed in hostels with problematic drug or alcohol users, experience racism in the accommodation in which they are placed, or rely on strangers for a home. In addition, some of those who live with members of their families already in the UK report problems due to overcrowding and because not all members of the household welcome the new arrival.

Homelessness and problematic drug use are closely linked, and of particular concern is that some young refugees and asylum seekers have been, or risk becoming, homeless in the UK.

#### *Previous and current drug use*

Very few of the young refugees and asylum seekers interviewed for this project were problematic drug users. Cannabis use amongst them was not uncommon, but only a small number were involved in heroin or crack cocaine use, and even fewer in selling drugs. However, the presence of the known risk factors, documented throughout this report, indicates that they are highly vulnerable to future problematic drug use and a systematic approach to meeting the identified needs amongst this population is required. Few interviewees displayed an awareness of drug services.

#### *The family*

A close and supportive family can function as a protective factor against problematic drug use amongst young people. Young refugees and asylum seekers without families in the UK are therefore particularly vulnerable to a number of risks closely associated with problematic drug use.

#### *Social networks*

Many refugees and asylum seekers experience difficulties making friends because opportunities for creating social networks are limited by language, cultural differences, racism, and exclusion from education and employment opportunities. The limited opportunities for assimilation may protect some from adopting local drug-using patterns, but an awareness of drug use in their immediate environment and the influence of 'Western values' makes these young people vulnerable to drug use.

#### *The environment*

The lives of young refugees and asylum seekers, especially unaccompanied minors, are frequently characterised by social and economic exclusion that have been shown to be risk factors for problematic drug use amongst young people.

## Executive summary

### Background to the project

This project, which was a partnership between the Greater London Alcohol and Drug Alliance (GLADA), and the Centre for Ethnicity and Health at the University of Central Lancashire (UCLan), was funded by the Home Office through its Confiscated Assets Fund (CAF).

The project's aims were:

- To increase knowledge and understanding amongst participating refugee and asylum-seeking community organisations, and amongst those responsible for planning and delivering services to refugees and asylum seekers, of the risks of problematic drug use amongst young members of these communities.
- To provide capacity building amongst the participating refugee and asylum-seeking community organisations to ensure the successful completion of this project, and also to increase their role in the planning and delivery of health, education and social welfare services.
- To establish information-sharing networks across participating refugee and asylum-seeking communities.
- To include service planners, providers and other key stakeholders in the project from the outset in working with the participating refugee and asylum-seeking community organisations, in order to further develop services that are sensitive to, and, meet identified needs.
- To open up communication channels and develop partnerships between refugee and asylum-seeking community organisations, groups advocating for refugee and asylum seekers, representative bodies, Drug Action Teams (DATs), the Greater London Authority (GLA), GLADA and others, in order to facilitate further capacity building at regional and local level.
- To increase the access of people from the participating refugee and asylum-seeking community organisations to accredited training.

To achieve these aims, the project incorporated a community engagement approach.

In 2003, the number of individuals seeking asylum in the UK was 61,050, a fall of 41% on the previous year (Home Office, 2004 [provisional data]).

In 2003, 24,925 asylum seekers in Greater London were accessing subsistence-only or accommodation support from the National Asylum Seeking Service (NASS) (Home Office, 2004 [provisional data]). 1,320 unaccompanied minors applied for asylum in the second half of 2003 (Home Office, 2004 [provisional data]).

Estimates of the number of unaccompanied minors living in the UK at any one time range from 3,500 - 10,000. The majority are boys, most of which are aged between 16 and 17.

In mid-April 2004, a total of 3,751 unaccompanied minors were being cared for by local authorities in Greater London. Of these, almost one-third were aged 15 and under (LASC, 2004).

Race equality and diversity are part of the Government's broader agenda to build a strong civil society, in which people of all races and backgrounds are valued, and participate on equal terms.

However, the rapid and ongoing changes to asylum and immigration policy over the last ten years have had significant implications for asylum seekers and refugees, including the differential treatment of the two groups in many policy areas, which are mapped throughout this report.

The risk factors for the development of problematic drug use amongst young people are well-documented, and can be categorised as problems in nine areas: education, health, crime, employment, housing, drug use, family, social networks and the environment.

It is important to note that the presence of a single or even multiple risk factors in a young person's life does not automatically predict problematic drug use. Nevertheless, the greater the number of risk factors present, the greater the likelihood of drug use and subsequent problematic use.

### Methods

The project consisted of four discrete - but interconnected - elements: research by community organisations, a stakeholder group, a literature review and a policy mapping exercise.

Six **community organisations** were selected to take part in the project. Each was required to recruit a number of young people who could be trained and supported to undertake research into the vulnerability of young refugees and asylum seekers to problematic drug use, with a particular focus on unaccompanied minors. Data were collected from young Nepali, Afghans, Zimbabweans and other Africans, Turkish Kurdish, and Iraqis.

In addition to engaging a range of key statutory and voluntary organisations in the project, the role of the **stakeholder group** was to receive feedback on the progress of the project and to assist with the dissemination and implementation of findings from the project as it progressed.

The **literature review** aimed to summarise key information on the risk and protective factors for problematic drug use, with a focus on the experiences of young refugees and asylum seekers.

The purpose of the **mapping exercise** was to develop a map of the main policies and strategies that (theoretically) assist in the design and construction of a safety net for young people - specifically refugees and asylum seekers - who may be vulnerable to drug use. This exercise was supplemented by interviews with individuals who have experience of implementing these policies.

The data collected from the literature review, mapping exercise and by the community organisations were collated and analysed thematically, according to nine policy areas (education, health, crime, employment, housing, drug use, family, social networks and the environment), problems which have been identified as risk factors for problematic drug use.

### **Young refugees and asylum seekers in London**

The sample consisted of young people born in Nepal (7), Afghanistan (16), Zimbabwe (11), other African countries (11), Iraq (11) and Turkey (11). Interviewees were aged between 16 and 25 and had been in the UK from six months to 13 years (most for under three years).

The majority of interviewees had left their country of origin because of persecution and/or war. Many had close relatives who had been killed or imprisoned by the regimes from which they fled, and some had experienced imprisonment, torture or harassment themselves. Some of the young interviewees came to the UK to be reunited with families already in this country, whilst some of those from African countries and from Turkey cited poverty as a reason for leaving their home countries.

Almost half of the young interviewees arrived alone in the UK. Some, especially Afghans and Nepalis, were assisted on their journeys by agents but, other than the Zimbabweans, many had long, hazardous journeys.

Experiences on arrival in the UK varied: although the young people from Nepal and Turkey had generally positive experiences, some of those from other countries did not. Some Afghan interviewees highlighted unhelpful and negative attitudes from the staff of organisations at the point of arrival, and some Zimbabwean interviewees recalled prison-like detention centres.

## Education

Risk factors for problematic drug use associated with education include exclusion from school, truanting and low school grades.

The role of education may be pivotal in fulfilling a number of functions in the lives of refugees and asylum seekers. Education is important not only as an arena for learning but also as a route to integration, and is a means of alleviating boredom and structuring life, and a route towards future employment opportunities.

The Education Act 1996 places Local Education Authorities (LEAs) under a duty to provide education for all school-age children in their area, appropriate to their age, ability, aptitude, and to any Special Educational Needs (including language support) they may have. This duty on LEAs extends to all children residing in an their area, whether permanently or temporarily, and irrespective of a child's immigration status. However, a significant impact of asylum policy on the delivery of education policy is that many refugee and asylum-seeking children are not attending school.

Key issues raised by service providers in terms of access to education concerned providing appropriate and continuing support for young people within the school system. For those over the statutory school age, concerns were expressed about the appropriate provision of English for Speakers of Other Languages (ESOL) courses, and access to them. For those seeking employment, interviewees noted that employers may be unwilling to employ refugees and/or did not recognise their previous experience nor qualifications.

Experiences of education prior to arrival in the UK varied greatly between the different groups interviewed for this project, although apart from most of the young Africans, the majority of interviewees had been in education in their country of origin.

Many of the young interviewees expressed a great desire to enter education, and of those who had done so, many reported positive experiences. However, some faced a number of barriers to accessing education appropriate to their needs and even when accessed, their needs and aspirations were not always sufficiently met because of inadequate and inappropriate educational facilities, and, in some cases, negative experiences.

## Health

The presence of a mental health problem can pose a risk for problematic drug use. Factors such as poverty, stress, deprivation and limited access to primary healthcare may combine to create special healthcare needs amongst refugees and asylum seekers, with children and young people particularly at risk. A number of studies have suggested a link between ill health, Post-Traumatic Stress Disorder and the development of licit and illicit drug use for the purposes of self-medication.

Asylum seekers and refugees are legally entitled to access primary and secondary healthcare services from the National Health Service, and there are many policy initiatives to ensure that they do so.

Health service providers reported that whilst services were available, they were not always accessed, usually because refugees and asylum seekers were unaware that they are entitled to them. Where specific health teams targeting refugees and asylum seekers had been established, they had been successful in attracting and retaining patients.

The mental health of asylum seekers and refugees was a major concern for many service providers interviewed for this project. Although it was reported that problems encountered in providing mental health services were being overcome (such as the development of culturally appropriate responses), concern was expressed in relation to the networking of services to provide for the range of needs of this client group.

Young refugees and asylum seekers may have a variety of physical health needs prior to arriving in the UK due to inadequate access to healthcare in their home countries and/or whilst in transit to the UK. They may face difficulties meeting these needs because of barriers to health service access, including to GPs.

Many young refugees and asylum seekers interviewed for this project reported multiple health stressors and traumas including war, physical harm, intimidation, deprivation, malnutrition, and bereavement. Unaccompanied minors are particularly vulnerable to subsequent mental ill health, as they have incurred the additional stressor of separation from family members. Whilst some young people demonstrate an ability to adjust and function in their everyday life in the UK, others display characteristics of mental distress.

### Crime

The association between juvenile delinquency, anti-social behaviour and conduct disorders and the development of drug use is well-documented. A significant risk factor for problematic drug use related to crime is offending at a young age.

There is no evidence for a higher rate of criminality amongst refugees and asylum seekers than the rest of the UK population. There is very little specific attention paid by crime policy to refugees and asylum seekers, other than the latter working illegally and remaining in the UK illegally.

There is a lack of research on crimes perpetrated by young refugees and asylum seekers, but the service providers interviewed for this project reported that the contact with the criminal justice system by these young people was low. However, it was also noted that this population's susceptibility to crime was high, given a need for belonging (leading to involvement in gang culture), economic necessity, and naivety in terms of becoming involved in illegal activity.

Excluding drug use and offences connected to immigration status (such as working illegally), most of the young refugees and asylum seekers interviewed for this project were not engaged any criminal activity. A few disclosed minor offences, three had sold drugs, and some of the Turkish Kurdish interviewees were members of street gangs.

### Employment

The risk factors for problematic drug use related to employment are unemployment and/or working as a sex worker. Amongst young people who have legally or illegally entered the UK, there are those who are vulnerable to coercion into sex work, some of whom may have been trafficked into the country specifically for this purpose.

UK policy prevents asylum seekers from accessing the labour market prior to a positive decision on their application.

Despite an employment policy that specifically aims to increase all communities' participation in the labour market and which values the role of employment as a mechanism for refugee integration, refugees are highly under-represented in the labour market. Reasons for this include employers' confusion over whether or not they can legally employ refugees and, in a climate of the hostility towards migrant labour, a fear of negative publicity by doing so.



Service providers reported a variety of barriers to employment by refugees and asylum seekers, including funding difficulties that blocked access to further education and training; employers' lack of understanding of a potential employees' refugee status leading to an unwillingness to employ them; and employers' lack of recognition of qualifications and experience gained in another country.

A number of the young people interviewed for this project spoke of having ill-paid jobs and working long hours. Many of those working were in jobs ill-matched to their qualifications. Some who were employed did not have permission to work in the UK because of the status of their asylum application, yet needed an income to support themselves and, in some cases, their families, because they were not receiving state benefits. Most of these were not asked for official documentation by their employers. That some interviewees worked illegally makes them vulnerable to financial and other forms of exploitation.

### **Housing**

The risk factors for problematic drug use related to housing are homelessness, running away from home, and/or being looked after by a local authority or foster parents.

The dispersal of asylum seekers away from London and the South East was motivated in significant part by the Government's desire to reduce pressure on local housing and public services. A particular implication of this policy is that those who choose to live in London rather than to be dispersed do not receive financial support for housing costs.

The housing needs of refugees and those with Leave to Remain status should be addressed by mainstream housing policy. Of course, the shortage of affordable housing in many parts of the UK - especially in London - means that not all those who need a home in the social sector can readily access one.

Many homeless families with children in London are in temporary accommodation whilst they wait to be rehoused. This includes those who are granted full refugee status and then join the mainstream queue for housing.

Service providers reported that it was not uncommon for asylum seekers to return to London after dispersal, or to refuse to be dispersed and become homeless. Accessing housing can be problematic for this population and there were instances where housing departments had proved to be unhelpful in terms of working with refugees. However, some

successes were reported from multi-agency projects established to address the needs of young refugees and asylum seekers living in hostels.

Accommodation provided for young asylum seekers and unaccompanied minors includes semi-independent housing, hostels and bed and breakfast hotels, or unsupported social or private housing. Some asylum seekers are dispersed away from the area where they first present, and there is a large variation across local authorities in the adequacy of the support packages they subsequently receive. There is evidence that some of those who have been dispersed are returning to London, but those who do so may lose access to support systems other than basic entitlements to health and education services.

The young refugees and asylum seekers interviewed for this project reported many problems accessing accommodation and further problems when they had done so. Although some had fairly positive experiences of seeking help from services in relation to their housing, most had not. The high cost of housing in London, especially in the private sector, is also a problem.

### **Previous and current drug use**

Early onset of drug use is a risk factor for later problematic drug use.

Within the Government's overall Drug Strategy there is a Diversity Strategy which aims to ensure that under-represented groups - including Black and minority ethnic groups - have access to drug prevention education and treatment.

Although UK drug policy barely addresses refugees and asylum seekers, its effectiveness or otherwise in relation to these groups is contingent upon a range of other issues, addressed throughout this report and which increase their vulnerability to problematic drug use.

Representatives of services providing support for refugees and asylum seekers who may be experiencing problems with drugs report that there is often reticence to seek help, as drug use is strongly condemned in some communities. The development of culturally appropriate services was reported to be problematic.

Concern was expressed by service providers that an embryonic drug-using career can escalate once an individual has entered the UK, with a rapid increase in the amount and the range of drugs used. It was also noted that drug use amongst refugees and asylum seekers may be associated

with self-medication and that inexperience with drugs was often reflected in poor injecting practice and other harmful drug-using behaviour.

The extent and nature of drug use amongst all refugees and asylum seekers is difficult to ascertain because the groups are diverse and most have seldom been interviewed for research projects. Many asylum seekers are unwilling to disclose problematic drug or to seek help for it because they fear that this will negatively affect their asylum application, and, in any case, problematic use may not develop until several years after resettlement in another country

Some refugees and asylum seekers have used drugs prior to arriving in the UK: some have been given drugs to control their behaviour whilst fighting during conflicts; others have been given drugs to increase their suffering whilst imprisoned; and others have experimented with a range of licit and illicit substances for recreational purposes.

Young refugees and asylum seekers may use substances that are traditionally used by their ethnic/national group, such as qat (khat) or paan and restrictions on the use of these substances in their home country may no longer apply in the country of resettlement. Once in the UK, an additional risk is that they may become part of an environment which 'normalises' the use of some drugs for recreational purposes amongst young people: assimilation may include the adoption of local drug-using patterns.

Drug use amongst the young refugees and asylum seekers interviewed for this project appeared largely unproblematic. Most had never used drugs, and had very strong reasons for not doing so, usually related to health or religion.

About one-third had used drugs in the UK - mainly cannabis - but few were currently using. Only a small number were using heroin and crack cocaine and even fewer were involved in selling drugs. Where interviewees discussed the reasons why they and/or other refugees and asylum seekers used drugs, several were cited repeatedly: boredom; peer pressure; emotional suffering and problems; depression; and the availability and use of drugs in their local environment. Few interviewees displayed an awareness of drug services.

### Family

There are many risk factors for problematic drug use related to the family, including family disruption, conflict, and breakdown.

The principle that the family is a critical influence on a child's life and that this should, where possible, provide the environment in which a child grows up, is reflected in government policy across a wide range of departments.

The government's policies for family reunion allow some with refugee status to be joined in the UK by their spouses and children, but the parents and siblings of a minor who has been recognised as a refugee are not entitled to family reunion unless there are compelling, compassionate circumstances. For asylum seekers, there is no right to family reunion.

A refugee who wishes to have family members join them must provide evidence that they can support and accommodate them.

A number of projects were identified which provided family-type functions for both children and their parents, including addressing their mental health, child care development needs, social network support, and befriending. However, it was reported by service providers that putting people in touch with agencies and groups constantly needed to be re-evaluated and promoted, and that support for community organisations was sometimes lacking.

Refugee children who remain with or are rapidly reunited with their families show less emotional distress and better adjustment than children who survive the refugee process alone.

Many of the young refugees and asylum seekers interviewed for this project were separated from their families. Some had lost all contact with their families and many were worried about those still in their home countries. Some of the young people knew that close family members (including their parents) had been killed. Many spoke emotionally about the separation from their parents and families.

### Social networks

Peer relationships have an important impact on young people's vulnerability to drug use.

There are specific government policies relevant to establishing social networks for refugees. As with some other policies, however, there is a distinction made in policy terms between what is available for asylum seekers and what is provided for refugees, the latter of whom are recognised as requiring additional support to enable them to integrate.

Policies aimed at building social networks amongst young people interact with a number of other policy areas. Key features are the *Peer Education and Support Programme*, mentoring, citizenship and participation. In addition, the Home Office recognises that voluntary and community organisations have an important role in providing support for refugees to enable them to integrate.

The role of community organisations was stressed as important by all service providers, not only for providing support in the broadest sense, but also culturally appropriate support within a community who have common heritage and experiences.

Social support and contact with 'similar others' is important for maintaining mental health and well-being. Refugee and asylum seekers' social support may largely be provided through contact with other refugees and asylum seekers and with their community organisations.

Young refugees and asylum seekers who have been placed in unsupported housing and hostel accommodation may be particularly isolated from members of their own communities, and from the appropriate cultural and religious activities. Integration into local communities may be difficult through dispersal policies that place refugees and asylum seekers in areas of social deprivation, where there is a risk of hostility towards them. Unsatisfactory care arrangements may lead to young people forming relationships that exploit their vulnerability.

Whilst some of the young people interviewed for this project had developed a range of social networks since arriving in the UK, others' networks were firmly centred on members and organisations of their own community, and some reported that they had no friends. Many interviewees reported difficulties in making friends in the UK, frequently citing cultural differences as a barrier: the challenge to cultural traditions and whether or not to adapt was much discussed by the sample.

### Environment

The risk factors for problematic drug use related to the environment are social deprivation, and community and neighbourhood disorganisation. Young heroin users under nineteen years of age in England and Wales are characterised by social and economic exclusion.

The vast majority of asylum seekers and a significant proportion of refugees experience a level of poverty that places them at the margins of society. The *National strategy action plan for neighbourhood renewal* provides the overarching policy instrument for addressing deprivation nationally, and represents a comprehensive framework for action in the next decade and beyond.

Following the disturbances in Burnley, Oldham and Bradford in the summer of 2001, the Home Secretary set up a Ministerial Group on Public Order and Community Cohesion to examine and consider how national policies might be used to promote better community cohesion, based upon shared values and a celebration of diversity.

Most of the young people interviewed for this project talked about their environment in terms of how safe they felt, how included or accepted they were, and their sense of belonging. The majority expressed concerns that they were 'outsiders.' Those who felt 'safe' and 'free' in the UK often reported this in relative terms: they felt safer here than they had done in their home countries. However, many interviewees perceived their environments as risky or dangerous places, usually expressing this in terms of their experiences of racism.

### Recommendations

This report concludes with some recommendations for service development from the young asylum seekers and refugees who were interviewed for this project, the community organisations who managed that element of the project, and the professionals involved in this project (service providers, the stakeholder group, and members of the Centre for Ethnicity and Health).

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Project manager: Alfred Mutasa

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### **Day Mer Community Centre**

Project manager: Paul Cathal

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Project manager: William Ekinu

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### **Junior Elm**

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### **Afghan Association of London**

Project manager: Sami Aziz

Interviewers: Frohar Poya Faryabi, Masood Mir, Seyar Zalmai

The 67 young refugees and asylum seekers who gave up their time to be interviewed for this project must, of course, remain anonymous. They are gratefully thanked for providing detailed personal information, especially about their frequently distressing experiences both before and after arriving in London. We wish them the very best for their futures.

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## The Centre for Ethnicity and Health

**Director: Professor Kamlesh Patel OBE**

Since its inception in the late 1990s, the Centre for Ethnicity and Health, Faculty of Health, University of Central Lancashire has overseen the development of a series of flagship projects and partnerships pursuing high quality, innovative, community-based research and development initiatives focusing particularly upon the health and social care of Black and minority ethnic communities. The Centre currently consists of a multi-disciplinary team of researchers comprising individuals with a range of bilingual skills and extensive understanding of the UK's multi-cultural and multi-faith communities. The Centre has a significant national and international reputation. National work is undertaken directly on behalf of the Department of Health, the Home Office and the Mental Health Act Commission and involves work across England's nine health regions, NHS Trusts, Social Services Departments and Drug Action Teams. International work includes that for the Department for International Development (DfID), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the International Council on Alcohol and Addictions (ICAA), and the United Nations Office on Drugs and Crime (UNODC).

The Centre's main research activities lie in the fields of drugs and alcohol, mental health, community engagement, racist victimisation, regeneration and health, equality and diversity strategy development, and mental health law. The Centre utilises both qualitative and quantitative research methods in such a way that its work has a practical application in the field and that the findings assist both commissioners and providers to identify, develop, evaluate and improve services. The guiding ethos that underpins the Centre's community-based research is that the process is as valuable as the findings, and, to this end, acclaimed models of community engagement and organisational change have been developed.

To compliment the Centre's research portfolio, teaching and learning activities are in continual development, with the aim of contributing to knowledge, expertise and good practice in the fields of ethnicity and health. An eclectic range of teaching and learning styles are employed, ensuring access for all through the use of a range of entry points and flexible learning patterns. The Centre is especially keen to ensure that learning from its research base is translated into practice in the field, and course development is practice-orientated. A wide-ranging and dynamic educational portfolio has been developed, including suites of courses, ranging from one-day workshops through to Masters level study on equality, diversity and community engagement.

## Terminology and definitions

### Black and minority ethnic

We are very conscious that various terms are used to refer to the many diverse communities in England. We prefer the term Black and minority ethnic groups / communities. This reflects that our concern is not only with those for whom 'Black' is a political term, denoting those who identify around a basis of skin colour distinction or who may face discrimination because of this or their culture: 'Black and minority ethnic' also acknowledges the diversity that exists within these communities, and includes a wider range of those who may not consider their identity to be 'Black,' but who nevertheless constitute a distinct ethnic group.

### Problematic drug use

The definition of drug misuse used by the National Treatment Agency for Substance Misuse (NTA, 2003) also serves as the definition of problematic drug use used throughout this report:

*... the illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Drug misuse is therefore drug taking which causes harm to the individual, their significant others or the wider community. By definition those requiring drug treatment are drug misusers.'*

### Asylum seeker

*'A person who has applied for asylum [in the UK] and has not received a final decision on their application'* (Stanley, 2001 p.126).

### Refugee

According to the United Nations Convention on Refugees (1951), Article 1A, a refugee is a person who has *'a well-founded fear of persecution due to race, religion, nationality, political opinion or membership of a particular social group or political opinion, is outside the country of his [sic] nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it'* (UNHCR, 1996 p.16).

### *'Refugees and asylum seekers'*

This report uses the term 'refugees and asylum seekers' throughout. There are many reasons - both practical and political - for treating these two groups as one, although some policies impact differently on each, particularly the differential treatment of asylum seekers prior to a decision on their claim in the areas of housing and employment. This has a long-

standing impact on their subsequent experiences in the UK, especially if the claim process is lengthy, because during it, as shown throughout this report, an asylum seeker may, for example, lose their vocational skills, not develop their English language skills, remain living in poor housing conditions, and seek illegal employment. By including 'refugees' in the phrase, the report is referring to those who have recently achieved refugee status and/or are not yet part of established Black and minority ethnic communities in the UK.

### **Unaccompanied minor / child**

The United Nations High Commission for Refugees (UNHCR, 1994 chapter 10) defines unaccompanied minors, separated children or Unaccompanied Asylum Seeking Children - UASC - as those aged under 18 who are *'separated from both parents and are not being cared for by an adult who by law or custom has responsibility to do so.'*

Ayotte and Williamson (2001 p.15) provide a definition of separated children and young people from the 'Statement of Good Practice' of the Separated Children in Europe (SCE) Programme:

*'...children under 18 years of age who are outside their country of origin and separated from both parents or their legal/customary primary caregiver. Some children are totally alone while others who are also the concern of the SCE Programme may be living with extended family members. All such children are separated children and entitled to international protection under a broad range of international and regional instruments. Separated children may be seeking asylum because of fear of persecution or the lack of protection due to human rights violations or due to armed conflict or disturbances in their own country. They may be the victims of trafficking for sexual or other exploitation or they may have travelled to or across Europe to escape conditions of serious deprivation.'*

In the UK, the Home Office regards a child as unaccompanied if they are *'unaccompanied at the point of arrival and not known to be joining a close relative in this country'* (Dennis, 2002 p.27).

### **Risk and protective factors for problematic drug use**

This project has used the following definitions for risk and protective factors:

*'A risk factor is an individual attribute, individual characteristics, situational condition, or environmental context that increases the probability of drug use or abuse or a transition in level of involvement with drugs'* (Clayton, 1992 p.15). Risk factors for problematic drug use in childhood and adolescence are those which *'occur before drug abuse and*

*are associated statistically with an increased probability of drug abuse' (Hawkins, Catalano and Miller, 1992 p.65).*

*'A protective factor is an individual attribute, individual characteristic, situational condition, or environmental context that inhibits, reduces, or buffers the probability of drug use or abuse or a transition in level of involvement with drugs' (Clayton, 1992 p.16).*

# 1 Report structure

This section will assist readers to navigate their way around this report to the sections that are of most interest or relevance to them. Each section begins with a summary of the contents, and these have been reproduced for the overall executive summary.

**Section 2** details the background and rationale to the project and includes statistics on refugees and asylum seekers in the UK and in London. An overview of the policy concerning refugees and asylum seekers follows. The section also includes an overview of the risk and protective factors for problematic drug use that were identified by the literature review.

**Section 3** gives an account of the methods used to conduct this project.

Section 4 provides background information on the situation of 67 young refugees and asylum seekers who were interviewed for this project, covering demographics, the reasons they left their country of origin, their journey to the UK, and events surrounding their arrival.

## Sections 5 - 13

The literature review identified problems in the following nine key policy areas as significant for the development of problematic drug use, and sections 5 - 13 of this report are structured around these:

- Education: **section 5**
- Health: **section 6**
- Crime: **section 7**
- Employment: **section 8**
- Housing: **section 9**
- Previous and current drug use: **section 10**
- Family: **section 11**
- Social networks: **section 12**
- Environment: **section 13**

The evidence base on factors that protect against problematic drug use is small compared to that on risk factors, but it is logical to assume that these are the opposite of the identified risk factors. For example, as being excluded or playing truant from school and low school grades are risk factors (see section 5.1), then attending school and educational attainment can be said to be protective factors. Thus, factors protecting against drug use are linked to the successful implementation of policies that are designed to ensure that children attend school and achieve their potential. Therefore, each of the nine sections 5 - 13 will report on:

- The known risk and protective factors for the development of problematic drug use amongst young people.
- The relevant national and local policies that should act as protective factors.
- Evidence on the implementation and effectiveness of these policies, particularly in relation to preventing the development of problematic drug use amongst young refugees and asylum seekers. This evidence will consist of the project's findings from:
  - the literature review
  - interviews with individuals who have experience of implementing the relevant policies
  - the community organisations' research amongst young refugees and asylum seekers.
- Recommendations for service development based on the evidence collected for this project.

In this way, each of the nine sections (5-13) builds the evidence for the recommendations which are made as a conclusion to each section.

**Section 14** presents the conclusions and recommendations by the young refugees and asylum seekers, by the community organisations, and from professionals involved in the project, and concludes the report.

It is hoped that this report will initiate a process involving further discussion amongst policy makers. The results of this process should generate practical recommendations in order that policies and services can more effectively address the issue of the risk of problematic drug use amongst young refugees and asylum seekers.

## 2 Background to the project

This project, which was a partnership between the Greater London Alcohol and Drug Alliance (GLADA), and the Centre for Ethnicity and Health at the University of Central Lancashire (UCLan), was funded by the Home Office through its Confiscated Assets Fund (CAF).

An initial proposal was submitted to the Home Office in July 2001, but notification of the decision to award funding was not received until February 2002 and the work was conducted between February 2002 and November 2003. Essentially, the project was concerned with the extent to which refugees and asylum seekers in Greater London are vulnerable to problematic drug use.

### 2.1 Project aims

The project's aims were:

- To increase knowledge and understanding amongst participating refugee and asylum-seeking community organisations, and amongst those responsible for planning and delivering services to refugees and asylum seekers, of the risks of problematic drug use amongst young members of these communities.
- To provide capacity building amongst the participating refugee and asylum-seeking community organisations to ensure the successful completion of this project, and also to increase their role in the planning and delivery of health, education and social welfare services in order that they can:
  - articulate prevention needs to mainstream service providers and planners
  - respond to and prevent drug problems within their communities.
- To establish information-sharing networks across participating refugee and asylum-seeking communities.
- To include service planners, providers and other key stakeholders in the project from the outset in working with the participating refugee and asylum-seeking community organisations, in order to further develop services that are sensitive to and meet identified needs.
- To open up communication channels and develop partnerships between refugee and asylum-seeking community organisations, groups advocating for refugee and asylum seekers, representative bodies, Drug Action Teams (DATs), the greater London Authority (GLA), GLADA and others, in order to facilitate further capacity building at regional and local level.
- To increase the access of people from the participating refugee and asylum-seeking community organisations to accredited training.

The project employed a community engagement approach (Winters and Patel, 2003) which meant that community organisations and a range of key statutory and voluntary organisations were involved in the project from the outset (see section 3).

## 2.2 Refugees and asylum seekers in the UK

### 2.2.1 Applications for asylum

In 2003, the total of asylum applications in the UK (excluding dependents - ie those accompanying or subsequently joining the principal applicant prior to a decision being made) was 49,370, almost 35,000 less than the previous year. Including dependents, these applications involved 61,050 individuals (see table 1).

The most common nationalities of applicants in 2003 were Somali (10%), Iraqi (8%), Chinese (7%), Zimbabwean (7%) and Iranian (6%) (Home Office, 2004). The main nationalities of applicants have varied over the years, however: for example, in 2001, the most common applicants were from Afghanistan (13%), Iraq (9%), Somalia (9%), Sri Lanka (8%) and Turkey (5%) (Heath and Hill, 2002). In 2002, the most common nationalities were Iraqi (17%), Afghan (9%) and Zimbabwean (9%), followed by Somali (8%) and Chinese (4%) (Heath, Jeffries and Lloyd, 2003). As shown below, the number of applicants has also varied.

**Table 1: Applications for asylum: 2000 - 2003**

	2000	2001	2002	2003
Applications (excluding dependents)	80,315	71,025	84,130	49,370
Individuals (including dependents)	98,900	1,600	103,080	61,050
% change to previous year	+13%	-11%	+20%	-41%

*source:* 2000 and 2001: Heath, Jeffries and Lloyd  
2002 and 2003: Home Office, 2004 (provisional data)

### 2.2.2 Geographical distribution

The location of asylum seekers in the UK is difficult to report accurately, as there is a wide variation in the type of data collected by the National Asylum Support Service (NASS) and by the London Asylum Seekers Consortium (LASC).

NASS data include all asylum seekers who are accessing subsistence-only support from NASS and those who are living in NASS accommodation.



NASS statistics exclude detainees and cases where NASS support has ceased (which may be because refugee status or Exceptional Leave to Remain has been granted, the application has been rejected, or the asylum seeker has not remained in the area to which they were dispersed). The location of these is shown in table 2 below.

**Table 2: Location of NASS-supported asylum seekers, including dependents, 2001 - 2003**

	Total UK	England	N. Ireland	Scotland	Wales	GLA
2001	65,635	59,720	80	4,990	845	19,385
2002	91,869	83,900	190	6,000	1,765	31,165
2003	80,120	71,515	150	5,820	2,635	24,925

source: 2001: Heath and Hill, 2002  
2002: Heath, Jeffries and Lloyd, 2003  
2003: Home Office, 2004 (provisional data)

At the end of 2003, of the total number of asylum seekers (including dependents) in receipt of subsistence-only support from NASS (30,360), 72.5% were living in the Greater London area. At the same time, of the total number of asylum seekers (including dependents) who were supported in NASS accommodation (49,760), only 6% were in Greater London (Home Office, 2004), due to the policy of dispersing asylum seekers to accommodation outside the South-East (see section 9.3.1.1).

LASC collect weekly statistics on asylum seekers supported by social service departments in London local authorities. These relate only to asylum seekers given benefit by the London local authorities under the Interim Scheme (part of the Asylum and Immigration Act 1999, which places a duty on local authority social services departments to support destitute asylum seekers).

LASC (2004) report that, in the week ending 16 April 2004, 26,476 destitute asylum seekers were being supported by London local authorities, a total that has been falling for several years. For example, LASC note that, from April 2002-April 2003, there was a drop of 15.9% in the total, and at the end of December 2003, the total was 35,435.

### 2.2.3 Age of asylum seekers

As shown in table 3, in 2002, one quarter of principal applicants (excluding dependents) for asylum were aged under 20 and 43% under 24 (at the time of writing, statistics for 2003 were not available).

**Table 3: Age of principal applicants for asylum, 2002**

under 20	21-24	25-29	30-34	35-39	40-49	over 50
25%	18%	24%	15%	8%	7%	3%

source: Heath, Jeffries and Lloyd, 2003

### 2.2.4 Unaccompanied minors

In 2001, 3,469 unaccompanied minors applied for asylum in UK, a 27% rise from 2000 (Heath and Hill, 2002). In 2002, the number of applications from unaccompanied minors rose again, to 6,200 (Heath, Jeffries and Lloyd, 2003, who note that electronic counting was used in 2002, so the statistics are not directly comparable with the previous year's, where manual counting was used). In the second half of 2003, the number of applications for asylum from unaccompanied minors was 1,320 (Home Office, 2004 - at the time of writing, data were unavailable for the first half of 2003).

The number of unaccompanied minors living in the UK at any one time is unclear, although there are several estimates, ranging from 3,350 - 10,000:

- UNICEF (2001) puts the total at 3,350.
- For the year April 1999 - 2000, 4,762 children were referred to the Refugee Council's Panel of Advisers for Unaccompanied Refugee Children (Ayotte and Williamson, 2001).
- Research by the Audit Commission (2000) indicates that, in April 2000, there were over 5,000 unaccompanied minors being looked after by local authorities in England.
- Somerset (2001) gives a higher estimate, citing approximations by Immigration Services and other relevant organisations ranging between 5,000 - 10,000.

The vast proportion of unaccompanied minors are boys, the majority of whom are between 16 and 17 years of age (Ayotte and Williamson, 2001 p.17; Barnardo's, 2000).

There is evidence that a growing number of children are smuggled or trafficked into the UK. Ayotte and Williamson (2001) argue that the introduction of measures such as carrier liability legislation increases the vulnerability of refugees and asylum seekers to resort to illegal

transportation methods. Ayotte and Williamson point out that, in many cases, trafficking *'involves abuse and the exploitation of children en route or in the country of destination'* (p.6).

Although refugees and asylum seekers are not a homogenous group and arrive in the UK with a range of experiences, Berman (2001 p.245) notes that many may have experienced many or multiple stressors and traumas *'including physical harm, intimidation or other forms of psychological trauma, loss, deprivation, malnutrition, bereavement, or abuse.'* Unaccompanied minors experience additional difficulties as a consequence of separation from their families (Berman, 2001).

#### *2.2.4.1 Unaccompanied minors in London*

In the week ending 16 April 2004, a total of 3,751 unaccompanied minors were being cared for by local authorities in Greater London (LASC 2004). Of these, 878 were aged 15 and under and 2,873 aged between 16 and 17. The number in individual boroughs is shown in the table below.

**Table 4: London Borough support of destitute asylum seekers: week ended 16 April 2004**

<b>London borough</b>	<b>Unaccompanied minors</b>
Barking & Dagenham	166
Barnet	41*
Bexley	23
Brent	122
Bromley	25
Camden	56
Corporation of London	24*
Croydon	345
Ealing	30
Enfield	133
Greenwich	205*
Hackney	65
Hammersmith & Fulham	39*
Haringey	207
Harrow	59
Havering	25
Hillingdon	566*
Hounslow	79*
Islington	140*
Kensington & Chelsea	101*
Kingston-upon-Thames	74*
Lambeth	255*
Lewisham	100*
Merton	17
Newham	232*
Redbridge	71
Richmond-upon-Thames	45*
Southwark	141
Sutton	18
Tower Hamlets	76*
Waltham Forest	181
Wandsworth	14*
Westminster	76*
<b>Total</b>	<b>3,751</b>

source: LASC (2004) \* previous week's figures used

## 2.3 Overall policy context

There is considerable overlap between the policies that deal with the issues discussed in sections 5-13 of this report, the structure of which is given in section 1. The overall policy context affecting refugees and asylum seekers, and young people amongst them, is therefore provided in this section as a background to the specific policies detailed in sections 5-13.

Race equality and diversity is part of the Government's broader agenda to build a strong civil society, in which people of all races and backgrounds are valued, and participate on equal terms. Responsible for policy on race equality and diversity is held by the Community and Race Directorate of the Home Office and the Commission for Racial Equality (CRE) (<http://www.cre.gov.uk>).

Asylum and immigration policy has undergone rapid and ongoing change over the past ten years, with four major pieces of legislation in 1993, 1996, 1999 and 2002. A further Asylum and Immigration (Treatment of Claimants, etc) Bill was introduced on 27 November 2003 and is currently in the process of being finalised. Although the specific provisions of legislation have been wide-ranging and complex, a number of the themes have emerged, which are explicitly articulated in the White Paper *Secure borders, safe haven: integration with diversity in modern Britain* which was published in February 2002 (<http://www.official-documents.co.uk/document/cm53/5387/cm5387.pdf>). Central amongst these themes is deterring irregular migration into the UK; keeping in contact with asylum seekers once they are in the country; and dealing with the factors which allegedly 'pull' asylum seekers to the UK. The policy changes that have resulted from the legislation have had significant implications for asylum seekers and refugees generally, as well as specific impacts for children and young people amongst them.

### 2.3.1 National Asylum Support Service

One of the most significant changes to service provision for asylum seekers has come from the establishment of the National Asylum Support Service (NASS) of the Home Office, which came into operation in April 2000. NASS - as opposed to the Benefits Agency or local authorities - now supports, on request, asylum seekers (except unaccompanied asylum-seeking children) who are destitute. Eligible asylum seekers can apply in one of three ways: they can seek accommodation and financial support, accommodation only, or financial support only. Not all asylum seekers were brought into the NASS system at the same time, however, and interim regulations allow local authorities to continue to support certain groups of asylum seekers until they are phased into the NASS

system. Further information about the specific policies associated with NASS can be found in the NASS Policy Bulletins available at <http://www.ind.homeoffice.gov.uk/default.asp?PagelId=2056>.

### **2.3.1.1 Dispersal**

In order to reduce pressures on housing and public services in London and the South East (where the vast majority of asylum seekers and refugees have, historically, lived), accommodation is usually provided by NASS on a no-choice basis in a dispersal area. Asylum seekers can choose not to take NASS accommodation, in which case NASS then provides essential living needs support only.

Most asylum seekers arriving in the UK stay in London (see section 2.2.2), although as a result of the dispersal process, the number of newly-arrived asylum seekers and refugees living in the capital is falling. From the outset, it was intended that NASS dispersal accommodation would be procured in areas that either have an established Black and minority ethnic community or are able to sustain a new ethnic group, and where voluntary and community infrastructures are in place or can be developed. It was also intended that once an asylum seeker had been assessed as eligible for NASS support, language and circumstances would be taken into consideration before allocating accommodation in a dispersal area. In practice, however, there is evidence that both of these aspects of the dispersal process have been neglected in favour of finding housing which can be used to accommodate asylum seekers (Wilson, 2001).

The existence of NASS has implications for asylum-seeking children and young people, who may be dispersed away from the capital during the asylum determination process and who may be dispersed - either on their own or within their families - to areas of the country which are lacking in community support structures and do not have appropriate facilities and services to address their needs.

For young people over the age of 18 who choose to remain in London in order to be near family, friends and opportunities, there is no financial support for housing costs, although they may receive some financial support to cover their subsistence.

### **2.3.2 Indefinite Leave to Remain Exercise**

The Home Office has announced that it will grant Indefinite Leave to Remain (ILR) to up to 15,000 families who applied for asylum before October 2000 and whose children were under 18 at that date. The policy was introduced in response to concerns about those who have '*suffered from the historical delays in the system*' and is expected to include some

asylum seekers who have been in Britain for up to seven years and who entered the UK before the present government's first changes to the law on asylum. According to the Home Secretary, it makes no sense to *'drag children out of school and people out of communities after so many years... Granting this group indefinite leave to remain and enabling them to work is the most cost-effective way of dealing with the situation and will save taxpayer's money on support and legal aid'* (<http://politics.guardian.co.uk/homeaffairs/story/0,11026,1070796,00.html>).

### 2.3.3 Policies for removal and returns

Asylum seekers who are refused refugee status or other Leave to Remain and have no other basis to stay are expected to leave the UK. If they do not do so, they may be detained until they can be removed. In June 2001, the Home Secretary set out a target of removing 2,500 failed asylum seekers per month leading to the removal of 30,000 by Spring 2003. This target implied a steep rise in forced removals, and both the Mayor of London and the Commissioner of Metropolitan Police voiced concern about its potential impact on community relations in the capital. It was subsequently abandoned by the Home Secretary.

During 2003/04 the Home Office did, nevertheless, step up the rate of removals, partly in response to increased public pressure to do so. This renewed drive for removals has led to a range of policies, including closer working with police; expansion of the detention estate and increased powers and use of detention; the use of charter flights to remove large numbers of failed asylum seekers, especially Kosovan Albanians; and closer liaison with governments overseas to obtain travel documents to remove people who may have disposed of, or lost, their original papers. The Home Office has also established a confidential Immigration Hotline to enable members of the public to report immigration abuse.

In addition to forced removal, the Home Office has a number of policies which aim to enable asylum seekers and refugees to return to their country on a voluntary basis. The Voluntary Assisted Returns and Reintegration Programme (VARRP) has been operating since February 1999. It is designed to assist asylum seekers and those with Exceptional Leave to Remain who wish to return to their country of origin, and is implemented by the International Organisation for Migration (IOM) and supported by Refugee Action. The Home Office's Immigration and Nationality Directorate (IND) confirms the eligibility of applicants for VARRP (<http://www.homeoffice.gov.uk/rds/pdfs2/r175.pdf>).

There is also a special returns programme to Afghanistan. The Voluntary Returns to Afghanistan Programme (VRAP) is a programme of assistance

for Afghan nationals who have decided to return to Afghanistan on either a temporary or permanent basis. VRAP consists of several packages, which provide different options for return, including a resettlement grant, the Return of Qualified Afghans (RQA), and the Explore and Prepare policy. For those who wish to return to Afghanistan, VARRP includes advice, counselling and information; mines-awareness training; a flight to Kabul via Dubai and onward transportation; and an opportunity to take advantage of a reintegration fund in Afghanistan.

#### **2.3.4 Access to support**

Dispersal and the provision of accommodation on a no-choice basis represents an attempt on the part of the Home Office to reduce incentives for asylum seeking through limiting the amount of welfare benefits available, and to 'share the load' which had come to be placed on local authorities in London and the South East after asylum seekers were removed from mainstream welfare provision in 1996. Section 55 of the Nationality, Immigration and Asylum Act 2002, which came into force on 8 January 2003, is part of the same process. Section 55 means that destitute asylum applicants can be denied access to NASS support if they are unable to prove that they applied for asylum 'as soon as reasonably practicable' after entering the UK. The aim is, according to the Home Office, to reduce abuse of the asylum system. The Home Office position is that those who do not claim asylum quickly are doing so only in order to access welfare benefits and that this regulation has therefore substantially reduced asylum intake. It should be noted, however, that a range of other regulations came into force as a result of the 2002 Nationality, Immigration and Asylum Act and that Home Office research itself states that it is very difficult to draw empirical conclusions between specific asylum policies and the number of asylum applications at any one time (Zetter et al., 2003).

Although Section 55 does not apply to families with dependant children under 18, and unaccompanied asylum-seeking children are supported by local authorities under the provisions of the Children Act 1989 (see section 2.3.7.2), there are concerns that this regulation has been used to deny basic state support to people who have applied for asylum very soon after entering the UK, many of whom are particularly vulnerable and in genuine need of international protection. However, there is no right of appeal against the decision to refuse support.

At the same time as limiting access to welfare benefits, the government has also limited access to employment by asylum seekers because this is also perceived to be an incentive for them to come to the UK. In July 2002, the government withdrew the employment concession that enabled



asylum seekers awaiting a decision on their application to apply for permission to work after they had been in the UK for six months.

### **2.3.5 Differential treatment of refugees and asylum seekers**

At the same time that a whole range of policies, such as those described above, have been introduced in relation to those seeking asylum in the UK, a parallel and very different policy context exists for those who are recognised as refugees within the meaning of the *United Nations Convention on Refugees (1951)*, or who are allowed to remain in the UK on some other basis. The result is that, whilst there are many reasons (both political and practical) for treating asylum seekers and refugees as the same in terms of their vulnerability or otherwise to problematic drug use, the reality of the situation in the UK is that the policies impacting on these two groups are very different in many respects.

In contrast to asylum seekers, recognised refugees, those with Temporary Protection, or Humanitarian or Discretionary Leave to Remain are entitled to the same social and economic rights as UK citizens. They have full access to medical treatment, housing, education, and employment. They are also entitled to benefits including Income Support, income-based Jobseekers Allowance, Housing Benefit, Council Tax Benefit, Child Benefit, Social Fund payments, Disability Benefits, Working Families Tax Credit, and a state pension.

This differential treatment (in policy terms) of asylum seekers prior to a decision on their claim (particularly in relation to housing and employment) and those with status to remain in the UK means that the differing levels of vulnerability of the two groups must be taken into account in formulating policies to reduce that vulnerability. The differential access of refugees and asylum seekers to the various elements of social and welfare provision, and many of the policies which have been adopted in relation to asylum-seeking children and young people, have a long-standing impact on their subsequent experiences in the UK. This is particularly the case if the process of seeking asylum is lengthy and/or the experiences under that set of policies is detrimental (for example, if skills are lost, language skills are not developed, housing conditions are poor, and illegal employment is sought).

### **2.3.6 Full and equal citizens: a strategy for the integration of refugees into the United Kingdom**

Again in stark contrast to asylum seekers, many of whom may have been living in the UK for months or even years, those with status to remain in the UK benefit from the Home Office's Refugee Integration Strategy which was launched on 2 November 2000. This strategy is the first ever

national strategy for refugee integration and is set out in the document *Full and equal citizens: a strategy for the integration of refugees into the United Kingdom* ([http://www.ind.homeoffice.gov.uk/filestore/Refugee\\_Intergration.pdf](http://www.ind.homeoffice.gov.uk/filestore/Refugee_Intergration.pdf)). A follow-up Home Office strategy called *Integration matters* was about to go out to consultation at the time of writing.

The 2000 Refugee Integration Strategy recognises that many refugees find it difficult to make the transition from support to independence; that access to services is often low; and whilst new co-ordination measures are in place to improve refugees' access to education, healthcare and employment, that difficulties remain.

The strategy seeks to learn from the high level of activity and good practice already existing in many areas of the UK, the European Union, and elsewhere. It seeks to establish what is effective in integration so that 'what works' can be spread further to other areas and to other communities. The aim is not to produce a package into which successful asylum seekers are pushed in at one end and out of which integrated refugees appear at the other. The strategy recognises that refugees are not a homogenous group and aims to help all of them to develop their potential and to contribute to the cultural and economic life of the country as equal members of society

Supported by £1.5 million a year of new money, the aim of *Full and equal citizens: a strategy* for the integration of refugees into the United Kingdom is to find practical ways of overcoming the barriers to integration in employment, training, and accommodation. Funding is given to refugee community organisations and the voluntary sector to provide support and advice for refugees on, for example, language tuition, education, retraining, and employment opportunities. The strategy is taken forward by the National Refugee Integration Forum (NRIF), chaired by the Home Office Minister for Citizenship, Immigration and Community Cohesion, which involves various government departments, the voluntary sector, regional consortia and other interested parties. The Forum is supported by subgroups that address different strands of the strategy.

### **2.3.7 Implications of the asylum policy framework for children and young people**

The asylum policy framework for children and young people under 18 - whether they are on their own or within families when they arrive in the UK - is different to that of adults because of the provisions of the Children Act (1989). It should be noted, however, that the UK is one of only three countries in the world to have a Reservation to the Convention on the Rights

of the Child (CRC) which means that the provisions of the CRC do not extend to immigration and nationality issues. Unaccompanied and separated children have generally been marginalised in two ways compared with children who are British nationals: as children, to whom societies tend to ascribe fewer rights, and as asylum seekers or migrants, who are invariably denied, usually by legislation, the same rights as host community nationals. The difficulties of unaccompanied children are further compounded because they have no-one to care and provide for them, nor to act as advocates on their behalf. At the same time, young people who reach 18 whilst they are in the asylum determination process may find themselves falling through a policy gap due to the differential provision for children and adults.

#### *2.3.7.1 Children and young people in asylum-seeking families*

Under current provisions, unsuccessful asylum seekers with dependent children receive support from NASS until they leave the UK or fail to comply with a removal direction. However, there are plans to allow the Home Secretary to certify that, in his opinion, an individual has failed to leave the UK voluntarily without reasonable excuse, and their asylum support will therefore be stopped. In the event of a child's welfare being compromised, support under Section 20 of the Children Act 1989 may be provided, but only to children under 18: local authorities will not be able to provide accommodation and subsistence to any other members of the household.

The removal of support to destitute asylum-seeking families whilst they are still in the UK has received wide-spread criticism, not only because removing access to support under Section 20 of the Children Act undermines the principles of the Children Act itself, but also because it will also exert yet more pressure on the resources of social service departments. It would potentially also place social workers in the difficult position of having to take children away from their parents and into care (Refugee Council, 2004).

#### *2.3.7.2 Unaccompanied minors / children*

The United Nations High Commissioner for Refugees (UNHCR) defines an unaccompanied asylum-seeking child as being under 18 years old, outside their country of origin and separated from both parents or their previous legal or usual primary carer (UNHCR, 1994). Unaccompanied asylum-seeking children apply for asylum in their own right, and are the responsibility of social services under the Children Act 1989. Young people arriving in the UK on their own at 18 or over are treated as adults and supported through NASS.

The numbers of unaccompanied children claiming asylum in the UK has increased quite dramatically over the last decade, from an official figure of

192 cases in 1992 to over 6,000 in 2002 (see section 2.2.4). Since 1994, the Refugee Council has run a Panel of Advisers (The Children's Panel) for unaccompanied child asylum seekers. This is funded by the Home Office to provide assistance to these minors, both in terms of procedures for asylum determination and through assisting unaccompanied children to access other appropriate services in the statutory and voluntary sectors.

As noted above, unaccompanied children are not the responsibility of NASS but are looked after by the relevant local authority. The Children Act 1989 gives local authority social services departments the responsibility for unaccompanied asylum-seeking children, just as they have responsibility for any other children in need in their catchment area. The central government department responsible for developing children's services policy is the Department for Education and Skills, as part of the remit of the newly-appointed Minister for Children. The Social Services Inspectorate (SSI) will continue to have responsibility for inspecting services to children, including unaccompanied children, until its work is transferred to the Commission for Social Care Inspection in April 2004. Unaccompanied children are given services in one of two ways:

Section 17 of the Children Act defines a child in need as one who is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for them of services by a local authority. Section 17 also places a duty on a local authority to provide a service appropriate to the child's needs. They are allowed to arrange for someone to act on behalf of the local authority to provide these services, and to give cash as well as other services.

Section 20 of the Children Act places a duty on a local authority to look after a child in need, if they appear to need such level of service. The duty involves consulting with a child about a placement, keeping siblings together, and a general duty to safeguard the welfare of a child who is looked after. It also requires a local authority to provide a service to those leaving care.

In order to give the right service according to a child's needs, the local authority must conduct an assessment in accordance with the Framework for Assessment of Children in Need and their Families (Department of Health 2000). This document relates to all children and young people, and highlights the particular vulnerabilities of unaccompanied asylum seekers.

The government accepts that the provision of services for all children and young people should be funded centrally, and, in 1996, introduced a

grant for Unaccompanied Asylum Seeking Children (UASC). Social services departments claim each year for the cost of the services provided to each child and are reimbursed. The Home Office now administers this grant and issues guidance each year to local authorities, advising them how to claim. The grant is payable for services provided under Section 17 of the Children Act or for those looked after under Section 20 of the act.

However, in cases where a young person's age is unknown or in dispute, Dennis (2002 p.18) draws attention to the policy of some local authorities to *'deny access to children's services to anyone they believe to be 16 or over'* which is *'contrary to government policy.'*

Woodcock (2002 p.277) also believes that, in the UK, the duty of care towards unaccompanied minors is often restricted:

*'[Unaccompanied minors] are often failed by social services departments (SSDs) which treat them as falling into the grey area of child welfare policy caused by the British government's reservation on the International Rights of the Child. Consequently children are treated as if they do not satisfy the "habitual residence test" and therefore departments will not take full responsibility for their well being.'*

Ayotte and Williamson (2001 p.15) note that the Home Office definition of an unaccompanied minor *'only considers as unaccompanied those children who are completely alone'* and point out that:

*'Frequently though children are accompanied by a sibling, relative, benefactor, family friend, other young person or the agent who arranges their trip. Most often these travel companions are unwilling, unsuitable or unable to provide the child with appropriate care in their destination country. But the fact that such children may be accompanied can obscure the fundamental fact of their vulnerability arising from the separation from their carers, and result in inappropriate responses to a child's needs.'*

Stanley (2001 p.126) underlines this concern by pointing out that children may not be considered unaccompanied if

*'[they] are outside their country of origin and accompanied by an adult who is not their parent or legal/customary care-giver. The adult is not necessarily able, suitable or willing to care for the child. The adult may be an uncle, cousin, sibling or a non-blood relation with whom they have some relationship, such as being from the same village.'*

Stanley adds (p.126) that a study of young refugees *'did not find a single case where the adult carer or relative in this arrangement was assessed for their suitability to take responsibility for the child.'*

The Home Office (2003), however, maintains that:

*'IND [Immigration and Nationality Directorate ] does not consider a child to be unaccompanied if he or she is being cared for by an adult prepared to take responsibility for them. IND staff will involve social services in any case where there is concern about the child's relationship with the "responsible" adult.'*

#### **2.3.7.3 Support arrangements for 16-17 year-old unaccompanied asylum-seeking children**

In recent years, the majority of unaccompanied children seeking-asylum (around 70%) have been aged 16 and 17 on arrival. There have been many concerns expressed about the quality of care and support provided to this group. Although some will have arrived when they were under 16 and will continue to receive care, accommodation and support under section 20 of the Children Act, the majority arrive after their 16th birthday and currently are usually supported under Section 17 of the act. Section 17 usually provides less support to children, and, unlike those receiving care under section 20, they are not entitled to care leaving services under the Children (Leaving Care) Act 2000. The Department of Health has recently published guidelines for local authorities to stress that section 20 should be used to support this group of children.

#### **2.3.7.4 On reaching 18**

For those young people who have been looked after under Section 20 of the Children Act, the local authority which looked after them has to provide a service when they reach 18. Young people who were looked after for more than 13 weeks after their 14th birthday and who left care after 1st October 2001 are subject to the Children(Leaving Care) Act 2000, and local authorities must write a plan with the care leaver and provide services to support the plan. The plan must include details of where the young person will live, how they will be supported, and how the local authority must keep in touch with them.

Those young people who were not looked after, but were supported under Section 17 of the Children Act are not entitled to a leaving care service when they reach 18, when support from social services ends. Their future depends on the outcome of their asylum claim. If no decision has been made on the claim, support may be transferred to NASS, which may mean they will be dispersed to another area of the country. This can

obviously be very disruptive, and may involve a break in their education and their social life. Those with a positive decision, such as refugee status, will be expected to fend for themselves as adults as soon as they reach 18 years of age, by seeking work or claiming state benefits.

### **2.3.8 The role of local authorities**

The role of the local authorities with social services responsibilities in relation to asylum seekers has changed rapidly since 1996. Prior to then, asylum seekers accessed services in the same way as the rest of the population. Between 1996 and 2000, with the help of a grant from central government, councils provided accommodation and food to destitute in-country asylum seekers. However, as noted in sections 2.3.7 and 2.3.7.4, despite the changes in entitlements brought about by the 1999 legislation, local authorities have a specific role towards unaccompanied or separated children under Sections 17 and 20 of the Children Act.

In addition, existing community care legislation, which sets out the responsibilities of local authorities towards people with disabilities, mental health or other health needs, applies to asylum seekers. The provision of social care is immigration status-blind, other than the restrictions of the Nationality, Immigration and Asylum Act 2002. If an individual approaches the council in whose area they are ordinarily resident, that council may provide community care services sufficient to meet eligible needs, following a needs assessment under section 47(1) of the NHS and Community Care Act 1990. Where an individual is not ordinarily resident in a council area, the council where they are situated should provide help if the need is urgent.

The role of all local authorities in relation to asylum policy is limited by the provisions of the legislation that has been passed and implemented centrally by the Home Office. Despite this, some local authorities have recognised that they have an important role to play, both in the delivery of mainstream services to asylum seekers where they have an entitlement (most notably in education and health), and for ensuring that those who are granted refugee status are able to access employment as quickly as possible. Local authorities also play a vital role in ensuring safe communities for all residents who live within their boundaries.

#### **2.3.8.1 Greater London Authority (GLA)**

In January 2004, the Mayor of London published the strategy *Making London Better for All Children and Young People*, aimed at making London a more child-friendly city. (<http://www.london.gov.uk/mayor/strategies/children/docs/main.pdf>).

Whilst the Mayor has no direct responsibility for the delivery of key children's services such as education, health and social care, he does have a range of important strategic powers in relation to transport, planning, culture, the environment, regeneration and policing. The Mayor also has a general power under section 30 of the Greater London Authority Act 1999 to do anything to further Londoners' health and the achievement of sustainable development. The strategic framework of section 30 of the act has been shaped by three core themes all of which are of relevance for this report: reducing poverty and social exclusion; promoting inclusion and equality; and making the case for the delivery of quality services and facilities.

It is notable that *Making London Better for All Children and Young People* refers to refugee and asylum-seeking children and young people throughout. It recognises that the needs and potential contribution of refugees and asylum seekers link up with almost every one of the GLA's strategic concerns:

- their accommodation needs, present and latent, are a crucial factor in planning London's future housing provision
- their contribution to London's economy is on the one hand impeded by employment barriers (see section 8) - presenting a key challenge for London-wide labour market strategy - but on the other hand could, once refugees have access to the labour market on fair terms, play a vital part in London's future prosperity
- policing for a safer and more harmonious London has to address the particular threats and tensions that beset many refugee and asylum-seeking households and communities.
- health strategy for Londoners has to tackle the health needs of refugees and asylum seekers, which have been relatively well-researched but so far not met
- strategic backing for community development and the voluntary sector in London will yield large returns in support for refugee and asylum-seeking community organisations.

In March 2004, a further report was published by the Mayor's office specifically addressing the needs of refugee and asylum-seeking children. Offering more than they borrow: refugee children in London ([http://www.london.gov.uk/mayor/refugees/docs/refugee\\_children\\_report.pdf](http://www.london.gov.uk/mayor/refugees/docs/refugee_children_report.pdf)) reviews what is known about refugee children in London and identifies an agenda for action to ensure that they have the same chance as others of realising their potential. Again, the GLA recognises that it needs to play its part in carrying out that agenda but also notes that, to make a real difference in many areas, other statutory and voluntary sector agencies will need to take the lead. The report also calls for action from central government in particular, on a number of issues - also raised in this report



- if refugee and asylum-seeking children are to benefit from its commitment to improving outcomes for children in the UK.

The overall view of asylum policy in the UK, above, provides an important context in which the experiences of asylum-seeking and refugee children and young people must be assessed. At the time of writing, further change is proposed. On 27 November 2003, the Asylum and Immigration (Treatment of Claimants, etc.) Bill was introduced into Parliament. One part of the Bill, which would remove any support from unsuccessful asylum-seeking families, has attracted particular media attention, as it could lead to children being taken from their parents and put into care: it withdraws access to basic state support from unsuccessful asylum applicants with dependant children.

### **2.3.9 Policies affecting all Black and minority ethnic communities**

Although the analysis provided above has focused specifically on policy in relation to refugees and asylum seekers, there is also a wide range of policies across all government departments which aim to address the specific needs and issues affecting Black and minority ethnic communities in the UK. The experiences of refugees must be set in the context of those of other Black and minority ethnic communities of which they become a part once their immigration status is successfully resolved. Although the refugee experience remains an important one in differentiating this group from other migrants and British-born Black and minority ethnic populations, many of their experiences are shared with others who are not refugees. This is significant in policy terms because, once asylum seekers are granted refugee status, they are able to access mainstream policies, but remain marginalised because of their ethnicity.

A raft of government policies have been developed to address the marginalisation of Black and minority ethnic communities more generally (for example in education, employment, housing, racist crime) from which refugees (unlike asylum seekers) are then able - theoretically at least - to benefit. These are identified as appropriate in relation to each of the themes which are developed in this report in sections 5-13.

#### **2.3.9.1 Race Relations (Amendment) Act 2000**

The Race Relations (Amendment) Act 2000 (RRAA), which came into force on 2 April 2001, provides an important policy context within which all policy - at both the national and local level - is created and delivered. The RRAA strengthens and extends the scope of the 1976 Race Relations Act - it does not replace it. Most importantly, it gives public authorities a new statutory duty to promote race equality, and aims to help them to provide fair and accessible services, and to improve equal opportunities in employment. This is a crucial aspect of the RRAA because the general duty expects public authorities to take the lead in promoting equality of opportunity and good

race relations, and preventing unlawful discrimination. It is unlawful for any person who performs functions of a public nature to discriminate on racial grounds whilst carrying out those functions, and for private agencies carrying out public functions such as running prisons, immigration detention centres or schools, or carrying out various local authority functions, to discriminate on racial grounds. In practice, this means that listed public authorities must take account of racial equality in the day-to-day work of policy-making, service delivery, employment practice, and other functions.

The Home Secretary has issued orders under the Act which place specific duties on many public authorities to help them to meet the general duty. These came into effect on 3 December 2001, and under them, certain public authorities will have to prepare and publish a Race Equality Scheme. The scheme should explain how they will meet both their general and specific duties, and they will have to:

- assess whether their functions and policies are relevant to race equality
- monitor their policies to see how they affect race equality
- assess and consult on policies they are proposing to introduce
- publish the results of their consultations, monitoring, and assessments
- make sure that the public have access to the information and services they provide
- train their staff on the new duties.

The Race Equality Scheme - itself one of the specific duties - essentially packages the other duties into a coherent strategy and action plan. There are also specific duties on local authorities in relation to the delivery of education policy and practice. These are discussed in section 5.2 of this report.

The CRE has a specific role in making sure that the Race Relations (Amendment) Act (RRAA) is implemented. The CRE has statutory powers under the RRAA to:

- advise or assist people with complaints about racial discrimination, harassment or abuse
- to conduct formal investigations of companies and organisations where there is evidence of possible discrimination
- to take legal action against racially discriminatory advertisements, and against organisations that attempt to pressurise or instruct others to discriminate.

The CRE also aims to eliminate racial discrimination and promote equality of opportunity and good race relations through funding local racial equality work and Race Equality Councils.

### *2.3.9.2 Policies for tackling crime and racist incidents*

In 1998, the Crime and Disorder Act introduced new racially aggravated offences in the wake of the Stephen Lawrence enquiry, in order to deal with the problem of racist violence and harassment (<http://www.homeoffice.gov.uk/docs/racagoff.html>). These offences are also designed to ensure that a higher priority is given to the identification of the racial element of the crime in the gathering of evidence, thus preventing the racial aspect from being overlooked.

The police have separately recorded racist crimes and incidents in England and Wales since 1988: they have risen in almost every year since that date. In the context of increasing hostility towards refugees and asylum seekers in the UK, there is also evidence that children and young people from these groups are the victims of bullying (Stanley, 2001; Dennis, 2002). However, many such crimes and incidents may not be recorded: asylum seekers may be reluctant to report them for fear of exacerbating the situation, undermining access to education in the case of bullying at school, and negatively affecting their asylum claim by complaining. As noted by the North East Consortium for Asylum and Refugee Support (2004), recording of racist incidents against asylum seekers is therefore variable and is influenced by the extent to which:

- tackling crime and racist incidents is a core priority of agencies and organisations
- Black and minority ethnic communities and asylum seekers are resident within agency boundaries
- racist incidents are actually reported
- policies, procedures and mechanisms are in place for effective reporting and recording of racist incidents

In autumn 2003 the Metropolitan Police Service began to 'flag' refugee or asylum seeker status, for incidents where these people were victims of hate crimes, but it is likely to be some time before the procedure yields comprehensive statistics.

In March 2003, the CRE launched a Safe Communities Initiative (SCI) which aims to promote good race relations by providing strategic support and development in preventing and responding to community conflict and tensions. One of the CRE's aims in setting up the SCI is to encourage people to acknowledge, discuss and appreciate their differences, and to prevent relations between communities, and individuals, being harmed by ignorance, prejudice or fear.

## 2.4 Problematic drug use: risk and protective factors

The risk factors for the development of problematic drug use amongst young people in the UK are well-documented, and, as noted in section 1, can be categorised as problems in each of nine areas:

- education
- health
- crime
- employment
- housing
- previous and current drug use
- family
- social networks
- environment.

Compilations and reviews of research into these factors include Health Advisory Service (HAS) (2001) and various authors (1998) contributing to a special issue of the academic journal *Drugs: education, prevention and policy*. There is less research on the factors that protect against problematic drug use.

In addition to the nine areas above, gender, age, and religion have also been identified as risk/protective factors for problematic drug use:

### Gender

A number of studies have reported that gender is a risk factor for drug use, with boys at greater risk than girls (Zickler, 2000). That said, it has also been suggested that this may be explained by a number of other mediating factors such as sample age (for example, boys begin drinking alcohol at a younger age than girls) (Windle, 1990), availability of drugs, opportunities to use them, and propensity to engage in risk behaviours (Van Etten, Neumark and Anthony, 1999). Furthermore, a study of 640 African-American young people suggests that risk factors may operate differently according to gender: Friedman et al. (1995) reported that they could not identify a risk factor of those examined which predicted substance use for both males and females.

### Age

A number of studies have shown that the younger the age of onset of drug use, the more likely the development of problematic drug use (for example, Fleming, Kellam and Brown, 1982; Kandel, 1982; Robins and Przybeck, 1985; Von Sydow et al., 2002). In a review of teenage drug-using patterns, Callen (1985) cites a study by Kandel and Logan (1984)

which reveals that the age at which the risk of using alcohol and marihuana is greatest is 16 -18, with the risk of using illicit drugs other than marihuana greatest at 18.

Other aspects of reaching 18 are also risk factors for problematic drug use amongst refugees and asylum seekers. Stanley (2001) and Dennis (2001), report that this group *'expressed a dread or anxiety about the consequences for themselves of turning 18'* (Dennis, p.15). Dennis lists apprehension surrounding decisions made about them at that age by the host country, such as *'being returned to country of origin', 'refusal of leave to stay after 18', 'changing systems of support', 'having to find their own accommodation' 'dispersal' and 'possible changes in education, financial status and work.'*

## Religion

Studies from the US have suggested that the greater the importance a young person attaches to religious beliefs, the less the risk of them using drugs (for example, Bahr et al., 1998; Regnerus and Elder, 2003).

Research studies examining risk and protective factors for drug use conducted in the USA have predominantly focused on adult substance use (Sussman, Dent and Galaif, 1997). A review of these factors in the literature by Clayton et al. (1995) suggests that there are a number of social factors which may render individuals vulnerable to developing problematic drug use, and others which may serve to protect them from this. In a review of the relevant (largely USA) literature, Hawkins, Catalano and Miller (1992) give examples of these: they include availability of drugs, extreme economic deprivation, neighbourhood disorganisation, familial attitudes to drugs and alcohol, early persistent and problem behaviours, academic failure, association with drug-using peers and early onset of drug use - all of which are risk factors that have also been identified in UK studies. Hawkins, Catalano and Miller (p.65) note that risk factors can largely be regarded as falling into two categories:

- the *'broad societal and cultural (i.e. contextual) factors, which provide the legal and normative expectations for behavior'* and
- *'factors that lie within individuals and their interpersonal environments'* with *'principal interpersonal environments'* in children's lives being families, school, classrooms and peer groups.

It is important to note that the presence of a single or even multiple risk factors in a young person's life does not automatically predict problematic drug use (for example, Clayton, 1992 p.20). Nevertheless, the greater the number of risk factors present, the greater the likelihood of drug use (for

example, Bry, 1983; Newcomb, Maddahian and Bentler, 1986) and subsequent problematic use. To illustrate: Miller and Plant (1999) show that the link between truancy and drug use should be viewed within a wider context. A study of 6,409 15-16 year-old students from the UK showed that the use of solvents and alcohol was not significant in predicting absence from school, with cannabis only just reaching significance. A stronger association was found between school absence and variables such as *'sociable/delinquent lifestyle'* and the authors postulate that *'these drug-use variables might well be best seen as part of a general syndrome of deviance or risk-taking behaviours'* (p.893).

## 3 Methods

### 3.1 Stakeholder group

In addition to engaging a range of key statutory and voluntary organisations in the project, the role of the stakeholder group was to receive feedback on the progress of the project and to assist with the dissemination and implementation of findings from the project as it progressed.

The stakeholder group consisted of representatives from London Probation Service, Hackney Drug Action Team (DAT), Merton DAT, Camden DAT, Orexsis Drug Project, Lambeth DAT, Refugee Probation Advice Service, The Greater London Authority, Government Office for London Drugs Team, Harrow DAT, Brent DAT, Greenwich DAAT, and Haringey DAAT. The Refugee Council, the Federation of Black and Asian Drug Workers and the Black Londoners Forum were also invited to become members of the stakeholder group.

The stakeholder group met five times throughout this project. As well as receiving feedback from those working on the project, members also provided valuable guidance on the direction of the work. The stakeholder group has a critical future role to play in ensuring that the findings of this report are widely disseminated and acted upon.

### 3.2 Literature review

The literature review aimed to summarise key information on the risk and protective factors for problematic drug use, with a focus on the experiences of young refugees and asylum seekers. The following library databases were searched for published and 'grey' (non-peer reviewed research reports) literature on drug use amongst young refugees and asylum seekers:

- BIDS (Bath Information and Data Services)
- Centre for Ethnicity and Health library
- DrugScope library
- EBSCO Electronic Journals Service (EJS)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- The Greater Manchester Drugs Reference Library, Stretford.
- National Institute on Drug Abuse (NIDA)
- Ovid databases
- PsychInfo
- QED (a network and website of qualitative European drugs researchers that includes a database of qualitative research on drug use in the European Union)
- Science Direct

- Web of Science

However, these library databases yielded relatively little relevant information, particularly on the situation in the UK. The following organisations and/or their websites were therefore contacted to obtain any relevant literature and other information:

- ADAI (Alcohol and Drug Abuse Institute):  
<http://depts.washington.edu/adai/>
- AsylumAid
- British Red Cross
- Children's Legal Centre:  
[www2.essex.ac.uk/clc/hi/publicationspubs/016.htm](http://www2.essex.ac.uk/clc/hi/publicationspubs/016.htm)  
<http://www.childrenslegalcentre.com/>
- Children's Rights Base (Save the Children, Midlands):  
[www.rightsbase.org.uk/refugees/index.htm](http://www.rightsbase.org.uk/refugees/index.htm)
- Commission for Racial Equality
- Daily Dose <[www.dailydose.net](http://www.dailydose.net)> (news and view on drug issues)
- End Child Prostitution and Trafficking (ECPAT)
- European Council on Refugees and Exiles: [www.ecre.org/](http://www.ecre.org/)
- Harp Web (Health for Asylum Seekers and Refugees Portal):  
<http://www.harpweb.org.uk/>
- KFx (news and views on drug issues): <http://www.ixion.demon.co.uk/>
- Refugee Action
- Refugee Council
- Save the Children UK
- UNICEF (United Nations Children's Fund)

In addition to the database searches, requests for the relevant literature were placed on electronic discussion lists such as those concerned with drugs research and Black and minority ethnic groups on <http://www.jiscmail.ac.uk/>

It should be noted here that providing statistical information on, for example the numbers of refugees and asylum seekers who are in education, homeless, in the criminal justice system, or receiving drug treatment is impossible. Whilst ethnic monitoring is usually conducted (with varying degrees of efficiency and reliability) by the relevant institutions, refugee status is not recorded.

*Note that this report contains a summary of the literature that was accessed for this project. Further details of cited publications can be obtained via Dr Jane Fountain at the Centre for Ethnicity and Health, University of Central Lancashire, Preston PR1 2HE. email: [jfountain1@uclan.ac.uk](mailto:jfountain1@uclan.ac.uk)*



### 3.3 Policy mapping exercise

The purpose of the policy mapping exercise was to give an overview of the policies that have been constructed to provide a support structure for young people, and to identify examples of how these are operationalised in the GLA area.

This exercise was supplemented by a total of 20 interviews with a range of service providers in order to explore the most pertinent issues relating to providing and developing responses to the needs of vulnerable young people, particularly refugees and asylum seekers.

Interviews with service providers and examples of useful practice focused on three London boroughs - Camden, Lambeth and Hackney - chosen for their experience of Black and minority ethnic communities generally, and of refugees and asylum seekers in particular. However, where appropriate, other boroughs have been included.

Interviews in Camden were conducted with members of the following organisations:

- Connexions (interviewee had a special responsibility for refugees)
- Corman Young Parents Project
- Home Start
- New Roots
- NAZ
- Social Services (interviewee was involved in services for refugees and asylum seekers)
- The Traumatic Stress Clinic

In Lambeth, interviewees were working in the following organisations:

- Asylum Seeker Team Social Services
- Health Action Zone
- Lambeth Refugee Support Centre, Director
- Three Boroughs Primary Health Care Trust
- Stockwell Project
- Supporting People
- Youth Offending Team

In Hackney, a member of the Hackney Youth Asylum Team was interviewed.

In Tower Hamlets, a member of the Brick Lane Youth Development Association was interviewed.

Members of Connexions were interviewed in Greenwich and in Bexley.

Some difficulty was encountered accessing service managers in some sectors. It would appear that this was largely due to their workload and resulting unavailability.

*Note: Policy on asylum, education, employment, crime and drugs is regularly amended. This report details the key policies in operation at the time of writing.*

### **3.4 Research by community organisations / community engagement**

This element of the project employed the community engagement model, developed by the Centre for Ethnicity and Health (Winters and Patel, 2003), consisting of two interlocking elements:

- facilitating the engagement of community organisations with service providers, commissioners of services and other related voluntary and statutory organisations, thereby simultaneously building the capacity of the community organisations in terms of knowledge and experience, and the capacity of the statutory and voluntary organisations around the specific needs of their community
- providing adequate resources for the community organisations to undertake the task including finance, technical assistance, training, guidance and support.

#### **3.4.1 Selection of organisations**

In July 2002, over 20 London-based community organisations were sent details about the project, and invited to express an interest in taking part. Criteria for participation were that the organisation should be:

- A refugee/asylum-seeking community-based organisation (or a community-based organisation that could demonstrate that it undertook a substantial amount of work with, and on behalf of, refugees and asylum seekers).
- London-based.
- Able to identify at least two or three young people from within the refugee/asylum-seeking community who would be willing to be trained, supported and paid to conduct interviews and analyse the ensuing data over the following 8 -12 months.
- Able to gain access to young refugees and asylum seekers.
- Able to secure the support of, and engage with, key service planners and providers, including the local Drug Action Team.

Interested projects that felt they met these criteria were invited to a preliminary meeting in August 2002.

Following the preliminary meeting, six community organisations were selected to take part in the project. These organisations were selected on the basis of whether they met the mandatory criteria; the overall strength of their proposal; value for money; and risk. Account was also taken of the ethnic and national groups with whom the groups proposed to work compared to the numbers from those groups who were known to be seeking asylum at that time, and the location of the organisation compared to NASS figures for the number of asylum seekers who were being supported within that London borough.

The six community organisations and the young refugees and asylum seekers that were the focus of their research were:

- Integrated Asian Advice Service (Greenwich): Nepali and Afghans.
- Simba Community Alliance (Hackney and Haringey): Zimbabweans.
- Day Mer Community Centre (Hackney): Turkish Kurdish.
- Greenwich Refugee Employment Co-op Agency (Greenwich): Africans.
- Iraqi Welfare Association (Brent): Iraqis.
- Afghan Association of London (Harrow): Afghans.

The first five organisations on the list above had been involved in the Department of Health's Black and Minority Ethnic Drug Misuse Needs Assessment Project, also managed by the Centre for Ethnicity and Health (Bashford, Buffin and Patel, 2003; Winters and Patel, 2003), and were therefore familiar with the ethos and operation of community engagement work.

### **3.4.2 Community organisations' tasks**

Each community organisation was required to recruit a number of young people who could be trained and supported to undertake research into the vulnerability of young refugees and asylum seekers to problematic drug use, with a particular focus on unaccompanied minors.

Each organisation included a project manager, who took overall responsibility for managing their organisation's participation in this project. These managers were, for example, responsible for recruiting and monitoring the work of the young interviewers.

For the nine-month duration of this element of the project, all the organisations and young researchers were given structured, continual

support by a designated support worker from the Centre for Ethnicity and Health.

#### *3.4.2.1 Steering groups*

The six community organisations were asked to form project steering groups made up of representatives from relevant local agencies, and to hold regular steering group meetings throughout the project. The steering groups were seen as a valuable way of gaining feedback on the progress of the projects, as well as involving those who had a vested interest in the results and could be instrumental in ensuring the sustainability of the work.

#### *3.4.2.2 Employment of researchers*

In keeping with the ethos of the community engagement process (Winters and Patel, 2003), organisations were asked to employ a number of young people to conduct the research over a period of nine months. The only criteria for their selection was that these individuals were from the local Black and minority ethnic communities from which the sample of young refugees and asylum seekers would be drawn. It was felt that their experiences would be invaluable in allowing them to access, empathise and engage with young, often vulnerable, refugees and asylum seekers. In some instances, organisations recruited additional young volunteers who fitted the same criteria and who assisted in conducting the research.

Between them, the six organisations recruited 20 young people. They consisted of 14 males and six females, with an age range of 17 - 27. All were members of Black and minority ethnic communities, and the time they had been in the UK ranged from being born here to only one year. Their refugee status varied and comprised British citizens, those granted Exceptional / Indefinite Leave to Remain, and one who had a student visa.

#### *3.4.2.3 Training*

Once recruited, the young people were asked to attend six workshop days in November and December of 2002, in order that they could be trained to conduct in-depth, case-study research on issues surrounding drug use within refugee and asylum-seeking communities.

Four training days were devoted to research methods, with particular emphasis on qualitative techniques, and two days were spent on basic awareness of drugs, with the emphasis on drug types and effects, UK legislation and the UK national drugs strategy. The training days were delivered in London, by staff from the Centre for Ethnicity and Health and have been validated by the University of Central Lancashire to comprise a one-and-a-half-module Certificate in Community Research and Drugs. All those who underwent at least 75% of the training were invited to enrol

and to complete two pieces of assessed work to submit for this certificate. In total, ten participants enrolled for this certificate in 2002-2003. They were required to re-enrol for the academic year 2003-2004 (by which time their work on the project had ended), but four did not do so, despite numerous attempts to contact them, and failed the course. Of the six who did re-enrol, four were awarded the certificate, one has been referred on the drugs module and is resubmitting, and one failed to hand in any work and failed the course. The Centre for Ethnicity and Health is currently examining how to support more young people participating in its community engagement projects who wish to gain this qualification.

#### *3.4.2.4 Research design*

Upon completion of the training workshops, the young people were asked by their support workers to consider the various points from which they might begin to access young refugees and asylum seekers to participate in the research. Although many of the researchers were initially inclined to rely on known peers to form their sample, they were encouraged to extend their searches by contacting, for example, local Asylum Teams, voluntary organisations, and refugee organisations.

Concurrently, the young researchers were asked to devise a research instrument to assist in conducting in-depth case studies. They formulated an interview guide based on the nine policy areas, problems in which have been identified as risk factors for drug use - education, health, crime, employment, housing, drug use, family, social networks and environment (Health Advisory Service, 2001).

The researchers also developed questions on interviewees' reasons for leaving their countries of origin, their journeys to the UK and their experiences on arrival. Some also wanted to ask the specific question 'What could be done to improve the lives of refugees and asylum-seekers living in the UK?' In addition, a set of core questions asked for interviewees' gender, age, ethnicity, refugee status, country of birth, length of time in the UK, and with whom they arrived in the UK and are currently living.

#### *3.4.2.5 Interviewing*

The community organisations prepared an introduction that explained the nature and purpose of the research, and to stress that interviews would be confidential and reported anonymously. This document was discussed with potential interviewees and informed consent to participate was then obtained.

Interviews were conducted between January and May 2003. Some were carried out in mother-tongue languages and some in English, and were either recorded onto tape, or via comprehensive note-taking.

In most cases, at least two interview sessions took place in order that in-depth, wide-ranging case studies could be compiled. Where follow-up interviews were not conducted, it was generally due to interviewees being unable or unwilling to spare the time.

Several of the young interviewees spoke positively about being interviewed for this project:

*'I haven't spoke about this [questions asked by the interviewer] before, ever, and now that I have, I just hope you will use this information in good uses to help other. I also believe that there is so many people out there that you to talk to them about this kind of things; it make me feel good, so I believe it make them feel good as well.'*

*'I have boost my confidence more and now have more confidence in myself. I realised this just by doing this interview and I really think you should interview more people, as I know they will benefit from it.'*

Researchers were asked to conduct interviews in settings where not only their interviewees felt comfortable, but the safety of both parties could be ensured. In some cases, organisations provided identification badges for their young researchers. The researchers were also instructed to inform their project managers and/or project support workers of where and when interviews were being conducted and of how they could be contacted at those times.

#### **3.4.2.6 Data analysis**

All interview tapes were transcribed or notes fully written up as soon as possible after the interview had been conducted. This allowed the project support workers to examine the data in detail, and make suggestions for follow-up interviews. Where translation of interview tape recordings or notes was required, it was done by the researchers as they transcribed their interviews.

Once transcribed, interviews were thematically coded and collated according to the nine policy areas, and emerging themes were identified. Data relating to interviewees' lives in their countries of origin and to their journeys to the UK were collated as background material, whilst other data were analysed thematically.

Finally, with the assistance of their project managers, each group of researchers channelled their findings into a final research report. These reports document the nature of the work undertaken, methods used, key findings, and conclusions and recommendations based on those findings.

### 3.4.3 Limitations

It is important that the limitations detailed below do not detract from the learning and capacity-building aspects of this project, which have greatly benefited the young researchers.

#### *Steering groups*

Some difficulty engaging with key local agencies to form steering groups was experienced by the community organisations. This was attributable to a range of factors, but the most common were lack of time, apathy and cynicism on the part of invited agencies, and lack of the community organisations' confidence and appropriate knowledge to approach and communicate with those agencies.

#### *Sampling*

Although encouraged to identify and access as representative a sample of young refugees and asylum seekers as possible, some researchers had difficulty accessing interviewees from outside their own peer groups.

Very few of the young refugees and asylum seekers interviewed for this project were problematic drug users. However, the presence of the known risk factors, documented throughout this report, indicates that they are highly vulnerable to future problematic drug use and a systematic needs assessment should be conducted amongst this population.

#### *Interviews*

Despite developing research instruments based firmly on the nine key policy areas, the qualitative nature of the interviewing and disparity between the interpretation of the term 'in-depth' (possibly because of differing levels of English language proficiency and educational experience amongst the researchers), meant that the researchers placed differing emphasis on the themes of the interview guide. Hence, in some sets of interviews, some themes in the interview guide have barely been addressed. However, it is possible that, in some cases, this is attributable to interviewees wanting to talk more about some themes than others.

Despite being asked to gather core data from each interviewee, researchers did not always do so at the first contact, and, in some cases, have been unable to re-contact interviewees in order to obtain this information.

### *Transcription*

Not all the researchers initially transcribed their interviews verbatim. Some transcripts were presented as a third person narrative, or as the researcher's summary of the interview. In these cases, support workers re-emphasised the importance of full transcription, and most researchers adjusted their practices accordingly.

### *Researchers' commitment*

Despite the considerable effort made to train and support the young researchers in every aspect of the project, problems occasionally arose. Whether due to problems the young researchers were experiencing as refugees and asylum seekers themselves, or simply because of the idiosyncrasies of working with young people, a few researchers 'disappeared' for periods of time during the research process. In two cases, the data they had collected disappeared with them.

Despite these limitations, rich qualitative data have been collected and provide a valuable insight into the lives of 67 vulnerable young refugees and asylum seekers living in London. This insight is far greater than could have been achieved by adopting a conventional research approach.



## 4 Young refugees and asylum seekers in London

The accounts in this section should be required reading. They describe young asylum seekers' decisions to leave their countries of origin, their journeys to the UK, and their arrival. This section therefore provides an authentic background to the policies designed to assist asylum seekers, illustrating the frequently harrowing life experiences with which 67 young people arrived in the UK, over half of them unaccompanied by their families.

### The role of agents in the migration process

Several of the accounts below report that the young interviewees and/or their families had paid agents to arrange and/or accompany them to the UK. These services included the costs of the journey, and facilitating passing through immigration controls in transit countries and in the UK. In some cases, however, agents arranged for the asylum seekers to be smuggled across borders. Some agents arranged temporary accommodation for their charges upon arrival in the UK and, in some cases, helped the young people find employment (although this was usually unskilled and poorly-paid).

A number of interviewees spoke of travelling to the UK 'illegally.' This was the term used by interviewees themselves, and usually referred to them travelling covertly and entering countries without passing through immigration controls.

### 4.1 Young asylum seekers from Nepal

#### 4.1.1 The sample (N=7)

<b>Gender</b>	male (7)		
<b>Age</b>	20 (3)	21 (2)	22 (2)
<b>Born in</b>	Nepal (7)		
<b>Arrived in UK with</b>	agent (6)	friends (1)	
<b>Status</b>	refugee (5)	asylum seeker (2)	
<b>Time in UK</b>	3 years (2) 1 year (2)	2 years (1) 9 months (1)	1 year 3 months (1)
<b>Currently living with</b>	friends (6)	alone (1)	

#### 4.1.2 Reasons for leaving Nepal

The majority of the young Nepali sample came to the UK because of the volatile political situation in their home country. Some were politically active within their colleges and left Nepal because of threats from Maoist fighters:

*'My life was in danger in my country 'cause of Maoist attacks. The disaster was there every day: killing people, destruction, bank robberies.'*

*'They [Maoists] kidnap young generations from the city, take them to the jungle, train them to fight against government.'*

*'One of our party members was kidnapped by Maoists, and still today nobody knows where he is, even the police.'*

One interviewee was a victim of extortion and threats by the Maoists:

*'They told me like either you give us ten thousand rupees a week [approximately £100] or you have to join our party and fight against government, ... they told me that if I tell these things to any authorities they would kill me.'*

Another came to the UK to continue his education after party politics heavily infiltrated colleges in Nepal:

*'I wished to go for further education but the politics has entered into the education field. Everywhere in colleges and universities there is political parties which I don't like, so I was really frustrated about this. In this way I stayed idle for months.'*

One interviewee left Nepal for perceived better employment opportunities. Another was sent to the UK by his parents in order to distance him from his peers with whom he was using drugs:

*'Actually I was not trying to come here in UK, but as my life was getting very worse 'cause of drug addiction so my mum and dad send me here.'*

#### 4.1.3 Journey to the UK

All but one of the Nepali interviewees paid an agent in order for the necessary arrangements to be made for their journey to the UK. The interviewees and their families paid between 500,000 to 800,000 Nepalese rupees (£5-8,000 approximately) for agents to make travel and accommodation arrangements and to accompany the young people part or all of the way to the UK. Despite being accompanied, some

interviewees were worried because they were putting their lives into the hands of strangers:

*'I used to think like, if they don't send us to London and let us stay here in Thailand [transit country], then what is going to happen? But...all money was given to them, so we have to trust them anyway.'*

Some were left to fend for themselves, with little or no guidance from their agent:

*'Just he brought me here and he left me and he went. He didn't gave me support. He told me that "I brought you here so in future you have to do all things by yourself".'*

*'We didn't had our passport [at Immigration Control in London] because it was with our agent, so we told everything, like we came from Nepal and there is great trouble in there.'*

In most cases, the agents' fees covered all costs incurred along the journey. However, in one instance, an interviewee had to pay some accommodation costs in addition.

The interviewees' journeys from Nepal to the UK were rarely straightforward or direct and included travel through countries such as Germany, Thailand and Cuba:

*'When I arrived to Germany airport for the first time, everything was new to me ... The agent took us from the airport and took us to a place. I forget the name of that place. He helped us to get job. I worked for a departmental store. I worked there for about six months then I came to UK.'*

Agents often sent the young people to their next port of call to be met by strangers, and some were often left at airports, unsure who would meet them:

*'They told that when we arrive at London there will be a person waiting for us and he will be doing all the necessary arrangements. They just left us 'til the airport ...They turned up, but after four hours. We were feeling very much boring for four hours. All of us were thinking like, "if they don't turn up, then where to go, what to do?"'*

*'He promised us that his man is going to pick us up at the airport, so we trusted him and came here. We didn't know who he was, but later, after he showed his identity, we were confirmed that he was the man of the agent.'*

In these situations, some of the young Nepalis were harassed by local people:

*'Everything was fine up to India ... but in Cuba, most of the people like in the airport used to ask money because we were foreigners. They used to give trouble.'*

#### **4.1.4 Arrival in the UK**

The six interviewees who were accompanied to the UK by an agent had few problems at Immigration Control, as the agents had arranged visas. All

interviewees were interviewed by representatives of the Home Office, in one case immediately on arrival, but in others after a number of days or weeks in the country. Experiences of these interviews were generally positive, and all interviewees were granted permission to apply for asylum within weeks of being interviewed.

## 4.2 Young asylum seekers from Afghanistan

### 4.2.1 The sample (N=16)

<b>Gender</b>	male (13)	female (3)	
<b>Age</b>	16 (1) 19 (3) 22 (2) 5 (1)	17 (1) 20 (1) 23 (1)	18 (1) 21 (2) 24 (3)
<b>Born in</b>	Afghanistan (16)		
<b>Arrived in UK with</b>	alone (15)	immediate family (1)	
<b>Status</b>	Exceptional Leave to Remain (5) Indefinite Leave to Remain (5) asylum seeker (2) appealing against rejected application (2) British Citizen (1)                      not recorded (1)		
<b>Time in UK</b>	6 months (1) 2 years (1) 3 years (7) 4 years (2) 9 years (1)	1 year (1) 2 years 6 months (1) 3 years 6 months (1) 7 years (1)	
<b>Currently living with</b>	alone (8) other relatives (3) friends / housemates (2)	immediate family (3)	

### 4.2.2 Reasons for leaving Afghanistan

Many of these young interviewees had left Afghanistan because of personal experience of war and violence:

*'My father decided to leave Afghanistan because my little sister got injured in the war.'*

*'My dad got murdered by the warlords, my life was in danger too... My mum decided to sell the house and send me abroad, where I can be safe...'*

*'They killed my brother, and my dad isn't normal after his imprisonment... the Taliban wasn't the people to just kill, we were afraid of being raped... In the area I live, we all know each other, so one of the boys who worked in the bakery brought me the news that the Taliban are after me.'*

*'[I left] because my life was in danger. I would have been assassinated if I stayed back home, and so I decided to move out and come over here... they came and arrested me, and they hit me, and they took me to prison for a couple of nights. And I knew that next time they won't leave me to go away alive.'*

Many stressed oppression and persecution by the Taliban regime as the reason for leaving:

*'I came to England because of bad situation in Afghanistan. Watching and listening to music, TV, cinema and movies were forbidden from the Taliban government. Who did watched or listened to music, the Taliban punished them very hardly, so I decided to leave the country is better than to be punished.'*

*'... because I worked for the UN office, our boss was an English lady. She was Bahai religion and they [Taliban] thought that I am involved with that lady. I was imprisoned several times and told that I am inviting people to join the Bahai religion.'*

*'My dad's job as a journalist required him to write about all the things he saw in the society, like the cruelty and oppression on people...it was these writings that sent him to his death. I was with my dad when they [Taliban] attacked and killed my dad.'*

Some specifically discussed the lack of education in Afghanistan:

*'Especially, there wasn't school and education was very important for me and my parents, so they decided to leave Afghanistan.'*

*'As everyone knows that there isn't human rights saved in Afghanistan and it is really terrible life in there, and there is no education authorities, no schools, no colleges etcetera, so my mother and my uncle decided to send me off the country to a safe country where I can live and can make my life better.'*

### 4.2.3 Journey to the UK

All but one of the young Afghans arrived in the UK alone. Interviewees travelled through many different countries, some staying there for varying lengths of time:

*'I went to Holland first, I was there for one year. Then I went to Belgium, stayed there for two or three days. Then I went to France, stayed there for a week or less. Then I came to the UK.'*

In one case, the journey included a stay in the Sangatte camp in France.

Most of the interviewees were assisted by agents and had paid up to US\$12,000 (£8,000) for their journeys. The payments were often raised by interviewees' families selling their properties or businesses. Despite the cost, the journeys were not straightforward and the majority faced hazardous - and sometimes illegal - journeys to the UK:

*'I came illegally to this country. The agency came and put me in the back of a van. When the agency stop the van, they lead me to the basement. The agency didn't tell us where we are. It was their secret and they were dangerous people. I spent three or four days there, then we moved from there by car - we changed so many cars, vans, train and ships.'*

*'The journey was absolutely headache, and we faced lots of dangers while we were on the way, such as walking in the jungles in the dark of the nights, crossing the rivers and walking long and cold distances.'*

*'First he [agent] took us by car to an area, it seems like a jungle. He said we have to wait there for a while. Then a truck came and he put us into the truck. There was not enough space - it was full of boxes. First he made some spaces, like he took the boxes out of the truck and he put us in their place. The truck was closed and sealed, and therefore there was no circulation of air inside the truck. We had no food or drinking water. The truck was stationary for eight hours before it finally moved.'*

*'I was fifteen when I started to travel by myself to come to England... Yes, I had lots of difficulties. The weather was so cold and there was nothing to eat. The agent was with us in the jungle and it was very cold there. We stayed in the jungle until four in the morning, after that the car came and picked us up. We were fifteen, sixteen people all together. It was not safe, and very difficult, especially for women and children.'*

In addition to these hazards of the journey to the UK, interviewees were afraid of being caught:

*'I was scared because I was there illegally. I travelled there illegally and travelled to the UK illegally, and so I was extremely scared - what if I got caught and sent back?'*

The young Afghans' reasons for choosing the UK to seek asylum were varied, although several mentioned the better human rights:

*'I think there are a lot of facilities here, and I could see the bright future here than any other countries...'*

*'Before coming I did hear that Britain has human rights and its humanitarian values are very popular in that part of the world. I thought that I will have very good support and will have friendly attitude towards me, because this is how they have illustrated to us.'*

*'...most of my friends were in London. I wanted to study and London was the best option for me as I knew English. Also, my friends told me that I could get a job easily here, and it was the best thing because I knew I could support my family by working, and study as I wanted.'*

*'I came to England because I had heard about the human rights in England.'*

One interviewee had not specifically chosen the UK, however:

*'Actually, I did not decide to come to London. At first when I talked to my agent, I said to him to take me to one of the European countries, to save my life. It was not too important which country, London or any other countries.'*

One interviewee had intended to study in the UK and return to Afghanistan once she had completed her course. However, shortly after her arrival, she applied for asylum.

#### **4.2.4 Arrival in the UK**

Several interviewees spoke of a positive experience when they arrived in the UK and felt grateful to the authorities they dealt with on arrival:

*'It was more than what I was expected from them; very nice and gentle. They welcome us and treated us nicely.'*

*'I felt warm welcome, and very happy and relax. First day I was in Dover and the government provided almost everything.'*



*'They were quite niceish, they took me to this office and over there they found a translator to translate for me... I explained my situation to the translator, and they asked me very basic questions.'*

*'It was very friendly and good, there was no problem...'*

*'... I was in London for a while before seeking asylum... the Home Office didn't give me a visa there and then, they referred me to the Refugee Council... They were friendly at places like the Home Office and Refugee Council...'*

Two young Afghans remembered how safe they had felt on arrival:

*'I felt safe for the first time. I felt and realised what is freedom, that I could live the same, like other people... I have heard that England is a big country with nice people and a lot of facilities, I am really happy when I found myself here.'*

*'I felt safe because they accepted me when I arrived in the UK...'*

For one interviewee, however, these feelings had disappeared:

*'Not bad, actually I felt good [when I arrived in the UK], as when I was in Holland, I felt lonely and depressed. I felt good being in London, but I am feeling lonely and depressed again for the past year or so.'*

A number of interviewees also reported a range of problems shortly after their arrival in the UK, from services including the Home Office, the National Asylum Support Service (NASS) and Social Services Departments. Complaints included negative staff attitudes and unhelpful services:

*'In the airport the attitude wasn't so bad, but I have had a bad experience from Social Services... I went to Social Services and they sent me an appointment card, and in that appointment they send me to NASS... NASS didn't help me either, they told me to go to Social Services, because I was under eighteen, NASS don't deal with under-eighteens.'*

*'When we came to Dover and got out of the car, we wanted to appeal... we asked them if we should appeal here, they said "No, you have to go to Croydon to appeal"... They told us that we can walk to Croydon from Dover, or "Somebody can give you a lift, it isn't too far away".'*

*'You see, most Afghan's problems are that they get the right interpreter. [Iranian interpreters are often used but] Iranians have different accents to*

*Afghans, and they sometimes even use different words, and that is why a misunderstanding happens which muddles up the cases. This is one of the major problems for Afghan people, not knowing the language and explaining themselves to Iranians.'*

### 4.3 Young asylum seekers from Africa

This sample comprised interviewees from the Democratic Republic of Congo, Republic of Congo, Somalia, Angola, Morocco and Nigeria.

#### 4.3.1 The sample (N=11)

<b>Gender</b>	male (1) not recorded, but included more males (10)		
<b>Age</b>	16 (4) 19 (1)	17 (2) 23 (2)	18 (1) not recorded (1)
<b>Born in</b>	Democratic Republic of Congo (1) Republic of Congo (2) Angola (1) Nigeria (1) Somalia (3) Morocco (1) not recorded (2)		
<b>Arrived in UK with</b>	immediate family (7)		alone (4)
<b>Status</b>	not recorded (11)		
<b>Time in UK (years)</b>	13 (1) 4 (2) 1 (1)	8 (1) 3 (2) not recorded (2)	5 (1) 2 (1)
<b>Currently living with</b>	immediate family (6) not recorded (4)		other relatives (1)

### 4.3.2 Reasons for leaving country of origin

The majority of interviewees fled their home country to escape war and/or in an attempt to find a better life because of poverty:

*'I would try to jack [steal] things on road - hub-caps, watches, clocks, anything to sell to provide food for the family, see? So eventually, me and paps thought, have to sort tings out, basically try and get a better life somewhere else like England.'*

*'My life back home was rough, as you can imagine. I was living in poverty and disease and famine... There was many a time we would go without food for two or three days, because we just didn't have the money for food. I lived with my brother and two sisters in a little hut, if I can call it that.'*

*'The government were not paying teacher for at least six month. So therefore, the teacher had to rely on the student. I can remember one of the boys I knew pass his exam by paying a teacher some money and there was lot of other children who did this.'*

*'The war has bring hunger into the country. Many people starve to death and some died from HIV diseases. Even though most of the time we had international helps from other countries, but it did not solve the problem. I lost many close relative and friends from the Somali starvation.'*

Two of the young Africans spoke of leaving their homes because of problems within their families. In one case, this was drug-related:

*'He [interviewee's father] got caught up in drug debt... My mum told me she was getting threats and she said the final straw was when they [those owed money] started threatening me and I was just a pickney [child]. My mum told me there was a time when they kicked down the door, manhandled her, searching up the yard for my dad, taking anything valuable in sight.'*

### 4.3.3 Journey to the UK

A number of interviewees were smuggled in to Dover by boat. One recounted his fears as he embarked on his journey:

*'I was smuggled out of Somalia by boat and was brought to Dover in a cargo boat. I was scared of being caught because obviously, I would either be sent back home or sent to some mad camp.'*

One interviewee had paid an agent to arrange transit via a number of countries to the UK, although others had more straightforward flights from Africa.

#### **4.3.4 Arrival in the UK**

Those interviewees who were smuggled into the UK via the Dover seaport spoke of their feelings in these circumstances:

*'We arrived at Dover. Somehow, my paps got us through. I was scared to open my eyes, because a lot was running on us getting through.'*

*'I came through the barriers alright. After that, I jump out of the cargo net... I was scared and shaking because I was cold and hungry.'*

The interviewee who had used an agent had an easier entry into the UK:

*'My mum gave the guy some money and the guy disappear and then another guy came that took us to Victoria Station... We actually walk past the immigration. The guy we was with show the immigration some document and we went through to meet another guy who took us to Victoria... The next day the guy took us to Croydon where the Home Office building is and he told us to go to that building and they will help us find a place to live.'*

One African interviewee was accompanied by his family, including his father who had British citizenship and had previously lived in the UK for a number of years. This ensured smooth passage through the immigration process for the rest of the family.

## 4.4 Young asylum seekers from Zimbabwe

### 4.4.1 The sample (N=11)

<b>Gender</b>	male (6)	female (1)	not recorded (4)
<b>Age</b>	18 (1) 23 (2) not recorded (4)	21 (1) 24 (1)	22 (1) 25 (1)
<b>Born in</b>	Zimbabwe (7) not recorded (4)		
<b>Arrived in UK with</b>	alone (4)	not recorded (7 - although it is known that some arrived with their immediate family)	
<b>Status</b>	asylum seeker (2) Indefinite Leave to Remain (2) not recorded (5)	refugee (2)	
<b>Time in UK</b>	3.5 years (1) 2 years, 8 months (1) 13 months (1) not recorded (5)	3 years (1) 2 years 1 month (1) 10 months (1)	
<b>Currently living with</b>	friends (3) not recorded (7)	immediate family (1)	

### 4.4.2 Reasons for leaving Zimbabwe

All interviewees left Zimbabwe because of political strife and subsequent harassment and torture. Many talked of being forced to campaign on behalf of the ruling Zanu PF party, and of the strict and brutal enforcement of arbitrary laws. A number were also fleeing compulsory military service. Some interviewees were particularly at risk of torture and death due to active involvement in the opposition Movement for Democratic Change (MDC), party. It is worth reproducing interview extracts at some length here, as they graphically illustrate what life in Zimbabwe was like for these young people:

*'There were national youth centres where all the youth were being taken to these centres, and they will have military training. The youth did not have a choice ... They were trained on how to use weapons like guns. They were told that since they were training to be soldiers, were supposed to be fearless. The females who went to this training were sometimes told not to go for training when it's training time, and when the others had gone, you would see a gang of boys coming to you and they would gang rape you. When you tell the leaders what had happened, they would tell you that if you don't want to die, you just have to keep quiet.'*

*'I came to this country because I was following my husband who had left the country because of political violence. He was harassed by the Zanu PF supporters because of his involvement with the opposition party. He left the country because he feared for his life, but it did not end when he left. They came after me wherever I went, because they wanted to know where he was. When I told them he had left the country, they kicked me and said I was lying.'*

*'When I was growing up, life was so fantastic back home. I used to do what I wanted, but as for now, people are being forced to do what someone else wants. My parents were among the first people to join the opposition party... I was once locked in a cell at the police station, for the members of the ruling party Zanu PF said I was lying about where my parents were and said putting me in a prison cell was going to teach me a lesson. When I tried to tell them that what I was saying about my parents was the truth, they beat me up for that and some of them even kicked me.'*

*'My whole family was terrorised by the Zanu PF because of me being strongly involved with the opposition party, MDC. They electrocuted my brother and me, deepened me in water and choked me.'*

*'I was beaten with wooden sticks and batons and was forced to go to their camps [Zanu PF militia camps]... we would be ordered to undertake campaigning, to sell Zanu PF cards, to distribute Zanu PF tee-shirts to youths... I liked MDC and voted for it. This is why I was ill-treated... I was burned on the soles of my feet .. beaten severely because I had refused to go to the base... beaten on thighs and hands, they tortured my family, our house was burnt... I wish that God did not brought us into this world. Why do we have to suffer like this?'*

*'They raided our house in the early hours of January 10th. They accused my family of distributing MDC tee-shirts and party cards which was not true. Despite searching our house and finding nothing, they still accused. I*

*was then taken to their base where I was beaten with a siambok. It was so painful and I thought I was going to bleed to death.*

*'My dad was councillor for MDC in Gweru. The Zanu PF supporters would besiege our farms with trucks, only to cause havoc and harass us... At one point my dad was taken away and they beat him that when he came back he could not walk properly.'*

Interviewer: Did you report any of this to the police?

*'Yeah we did, but they didn't do anything about it ... We were given two days to leave the farm, some of our property was set on fire ... Plans were made for us to go to South Africa, leaving all our property and what my parents had worked for their whole entire life.'*

*'To say things were bad would be an understatement. It was hell on earth. The war vets and army were going door-to-door beating people up for voting for MDC. They took my dad with them, also assaulted my mother, and I tried to fight them back because I just could not bear it when they attacked my mother. I was assaulted in the chaos that was going on and I sustained a deep cut to my forehead. They also placed hot iron bars on my back... When I was still in hospital, we got the terrible news that my father's body was discovered in the bushes.'*

One young African reported that:

*'My parents did die of poverty, but it weren't just because there weren't enough food or water. My parents fell ill with all kinds of diseases...'*

#### **4.4.3 Journey to the UK**

All interviewees had direct and straightforward flights to the UK. These journeys were often funded with money borrowed from relatives, or raised by the sale of interviewees' personal property.

#### **4.4.4 Arrival in the UK**

Some of the young Zimbabweans spoke appreciatively about immigration procedures on arrival in the UK, especially those who had family already living in London:

*'I did not have any problems with the immigration officers, because my husband had had his asylum granted. My husband was the one who cleared us at the immigration offices. When we left the immigration, we went straight home. We were very lucky because we did not have to go to any detention centre.'*

*'I came here in May 2002, and I'm living with my parents and my young brother. When I came here, my parents had applied for asylum and*

*already been granted indefinite leave to enter. I was so lucky I didn't go through the immigration and the detention centre and all the stress of fitting in.'*

*'Thank God the person I spoke to was very helpful.'*

*'The immigration officers were not bad - they were quite good. When I first came here I was a visitor and was given a six-month visa. After those six months, I tried to apply for a student visa which I was denied... I stayed as an illegal immigrant for one year and that's when I went to claim asylum... I was glad they listened to me and they were helpful... they did not return me back home.'*

Those without family in the UK had more negative experiences on arrival:

*'I was interviewed [at Gatwick airport] with this man who was so rough, asking me silly questions. We spent at least three hours being interviewed by different people and they were going through our bags wearing protective clothing. I wonder what they were looking for or what they thought they could find.'*

*'... [the immigration officer was] looking at me as if I did something wrong... People from my country... were treated as children and even useless people.'*

*'I would be called now and again [by immigration officers] only to be asked silly questions like "where did you get this thing you are wearing?"... I had my passport and ticket taken whilst other officers interrogated me... You are treated like a criminal... I had some snacks I was eating from the plane, and they were thrown away because the officers said they have better snacks to give me in England other than the ones I had from Africa... '*

Those who were sent to detention centres had bad experiences there, often describing them as prisons:

*'The immigration officer who came to interview me was good and understanding... [he] came and told me that I was going to be taken to a detention centre... I did not understand why I was supposed to go to a detention centre, and he said that's where people who had just claimed asylum are taken. I was taken there and my life in a detention centre was not good because I was there alone with no-one to talk to, and many people who were there couldn't speak English.'*



*‘I was taken to a detention centre in Cambridge which houses all asylum seekers... The sheer mention of detention centre however, sent shivers running down my spine as I had grown to know that when one is under detention, it therefore meant one was under arrest.’*

*‘At the detention centre, it was lonely and it was as if I was in jail or in prison.’*

*‘It [detention centre] was hell. It was like being in jail. It was so crowded and so noisy... Whilst we were there, I got the impression that the people thought we were better off at the detention centre. They treated us like we never had a good life back in Africa.’*

## 4.5 Young asylum seekers from Iraq

### 4.5.1 The sample (N=11)

<b>Gender</b>	male (6)	female (5)	
<b>Age</b>	18 (2) 22 (1)	19 (4) 23 (1)	20 (2) 25 (1)
<b>Born in</b>	Iraq (11)		
<b>Arrived in UK with</b>	immediate family (10)	alone (1)	
<b>Status</b>	refugee (3) asylum seeker (3) Indefinite Leave to Remain (2) awaiting British passport (1) not recorded (2)		
<b>Time in UK</b>	8 months (1) 2 years 6 months (1) 4 years (3)	2 years (1) 3 years (3) 5 years (2)	
<b>Currently living with</b>	immediate family (10)	alone (1)	

### 4.5.2 Reasons for leaving Iraq

The majority of the Iraqi interviewees reported that the reason they left Iraq was because of an oppressive political regime that discriminated against Shia Muslims. Interviewees feared the country’s leader, Saddam

Hussein and the Baath Party and several had family members who had been killed under this regime.

*'Most Shia families were under threat from Saddam and his government, especially those who dared to oppose him and the religious men. My father's brother had been killed a year before we left. He had been dragged from his house in the middle of the night, with no reason. Five days later his wife received a phone call telling her to collect the body of her husband... We were just living in constant fear that the soldiers would bang on our door one night.'*

*'I worried about my father because we are Shia, the Iraqi regime was discriminative against Iraqi men who are Shia, so I worried a lot about him and how life was getting harder... it seemed coming to England was a good option to make it easier for myself.'*

*'The Baath party coming to your house, taking your brother, your father...'*

*'Well, we had a dictator as a leader. We were restricted from doing things which anyone should be allowed to do in their country, and Saddam and his two sons Uday and Kusay made life too difficult for us.'*

*'I was worried about them taking a member of my family away, because if you're not a Baath party member you'll get killed. A lot of my family were killed by the regime... the Baath party had signed a warrant to kill my dad and my sister.'*

*'We were all scared from Saddam and his people, they'll kill anyone.'*

*'Yes, Saddam Hussein, he killed us [Shia] a lot, a lot of people there. I was scared... My brother and mum, they are dead because of Saddam.'*

Under these circumstances, it is unsurprising that the young people wanted to leave Iraq *'Cos England is better future, better life.'*

One interviewee reported that although she was born and grew up in Iraq, she was forced to move to Iran with her family because the Iraqi government discovered that they had Iranian ancestry. She thought that, in the UK:

*'... there won't be that big thing about "Oh, you are Arabs, you don't belong here."'*

Deteriorating health and education systems in Iraq were also given as reasons for leaving:

*'We had daily reminders of deaths, disease and sanctions... education was getting worse and worse, most were living in poverty, very few children were living to be teenagers... We would have stayed if it wasn't for the persecution we were facing, that was the most unbearable part.'*

*'A better life, a better future if I want to study in the university in UK - is much better...'*

*'Coming to England, I could finish my education, hopefully wait 'till Saddam is out of power, and then go back.'*

#### **4.5.3 Journey to the UK**

The majority of the young Iraqis travelled to the UK with family members. Half came by air and overland, whilst the other half travelled entirely overland, via countries including Iran, Yemen, Syria, Jordan, Dubai, Turkey, Sweden, the Netherlands, Germany and France. One commented on the bad conditions during their journey through several countries:

*'It was very bad. We were all in the back of a lorry, and you could imagine ninety-seven people in the back of a lorry, very cramped space.'*

Some of the travellers had been assisted on their journey by agents who had provided transport and forged passports. During their journey, some of the young people were afraid of being detected and sent back to Iraq:

*'We were feeling a bit scared 'cos we felt we may have to go back to Yemen after paying US\$14,000 [£9,500]. That's like in Iraq, [the money would buy] one house. Was really big money for us. Maybe it's not big deal here, but in Iraq it was really big deal, \$14,000.'*

Three of the interviewees travelling overland had negative experiences with people they met on the way:

*'You meet many different types. Some try to use you, others helpful. In Damascus, we met people who we thought were friendly, until we found that they robbed us in the hotels.'*

*'They beat me up and everything, they want to take my money and my passport. I was scared, and my brother was as well. You don't know what to do.'*

*'They were bad, they tried to rob me, they took my money. I was very hungry, trying to get food and water.'*

One interviewee, however, recalled high expectations of how the journey would end:

*'Me, my sister and my brothers were all so excited, my dad had told us stories about England, and promised us a better life for our sacrifices, so we all had high hopes.'*

#### **4.5.4 Arrival in the UK**

All the Iraqi interviewees applied for asylum on arrival in the UK. The majority had lived in London since then, although three had also lived for short periods in Bradford, Manchester and Sheffield before moving to London.

Some interviewees were not able to recall details of their experiences upon arrival because they were either too young or because it was dealt with by parents or other family members. Others remembered having mixed feelings:

*'I was happy and sad at the same time. I was happy that I finally got there and that I thought everything is gonna be alright now, and I'm not gonna go through what I been through again. And in some ways I was still upset because I still was not where I belong, [I was] with people that are not my kind of people.'*

*'... it really hits you and you feel really homesick. I missed my family.'*

The first point of contact on arrival for interviewees was with immigration officers. Experiences at this stage varied, with some reporting that they were treated well by officials, particularly at the airports:

*'... to be honest with you, the British treated us very, very well when they took us in. I remember there was a TV screen, they gave us food and everything for the kids.'*

*'...when we came to Gatwick, they said this was Halal and this wasn't Halal meat... I remember someone asked if you want to pray as well... they were very helpful.'*

*'... there were interpreters there to help us.'*

Others had more negative experiences:

*‘I mean it was hard, we had to try and make them listen, but they wouldn’t listen.’*

*‘It was all a bit of a whirlwind, we got pulled from one office to another, then we had to wait for hours. I don’t remember all the details, but we got a lot of bad looks and remarks. Me, my sister and my mum were all wearing hijab [head covering] and I got the impression that’s what was upsetting people. I immediately started to feel homesick, and I just remember looking at the floor a lot, to avoid eye contact.’*

A number of interviewees were met and helped by friends or relatives on reaching the UK. Others had to rely on interpreters and immigration officers.

## 4.6 Young Kurdish asylum seekers from Turkey

### 4.6.1 The sample (N=11)

<b>Gender</b>	male (8)	female (3)	
<b>Age</b>	16 (1) 20 (1) 23 (2)	18 (2) 21 (3)	19 (1) 22 (1)
<b>Born in</b>	Turkey (11)		
<b>Arrived in UK with</b>	alone (6)	immediate family (5)	
<b>Status</b>	asylum seeker (3) British citizenship (3)                      refugee (2) appealing against rejected application (2) Indefinite Leave to Remain (1)		
<b>Time in UK (years)</b>	1 (2) 7 (1) 11 (1)	4 (2) 8 (1)	5 (1) 9 (3)
<b>Currently living with</b>	immediate family (8) alone (2)		other relatives (1)

#### 4.6.2 Reasons for leaving Turkey

The majority of interviewees came to the UK because of the political situation in Turkey. As Kurds, their movements were restricted and they felt increasingly threatened and isolated from Turkish life:

*'I left Turkey because of my political situations... We weren't having a great life in Turkey because we were Kurdish people. When we went to school, we were separated from other students because of our race... The police were making quite a lot of arrests and torturing them in prison cells, so my family decided to send me to Britain, rather than getting into trouble with the government.'*

*'It was a fact that I would most definitely, like most people who had political involvement, be arrested or beaten up by the police or the nationalists. I didn't wanted to be involved in fights, but at the same time I couldn't deny my views about the suppressive government, especially on Kurdish people. And for these reasons, I knew I wouldn't be allowed to complete my studying, so I decided to leave Turkey and came to the UK.'*

*'One night the police barged in to my house, they broke the door. My mother, my brothers and me were very scared. They took my father to the police station, my dad didn't come home for three days... After my dad came home he told me that I had to go to England with my mum, and that I had to look after her.'*

*'When I was in Istanbul, I had problem with the government. I was 16 years old, working at textiles branch and someone grassed up our textiles branch about political situation... The people who grass us up were the Turkish nationalist people, known as Fascist. Later, they took us to police station and we were under custody for three months... I was very interested in this country [UK] when I was in Turkey... everyone around me was talking about the UK, and how life is much more easier, and how it was a better country.'*

Two interviewees said that they came to the UK because of poverty:

*'Basically, my parents could not afford to look after me because of the economic reasons. So therefore, when my uncle moved down to the UK, he wanted me to move with him. This gave me the possibility to have better education and better life than what I had in Turkey.'*

Another interviewee's reason for coming to the UK was also a desire to obtain a better standard of education. He travelled to the UK on a student visa and shortly after his arrival, he applied for asylum.

### 4.6.3 Journey to the UK

Five of the young Turkish Kurdish interviewees travelled to the UK by air, three came overland, and three combined both air and land journeys. Interviewees travelled through a range of countries, including Germany, France, Bulgaria, Romania, Belgium, Macedonia and Italy. Six interviewees travelled alone, whilst four interviewees were accompanied by family members - mainly parents and siblings. One interviewee recalled his feelings on travelling through Europe alone:

*'I was about 12 years old. Because I was so young and mostly by myself through the journey, it made it very hard and scary.'*

Others also remembered being afraid:

*'I felt scared, I didn't know what was going on.'*

*'I had mixed feelings. I was scared, excited, and also mixed feelings of unknown life. I couldn't speak English, and I knew absolutely nothing about England.'*

Agents assisted the majority of interviewees during their journeys:

*'I paid some amount of cash to some people who smuggle people to other countries. I came to this country without a visa, they gave me a fake passport.'*

Whilst the majority of interviewees faced few problems during their journey, those who travelled overland were exposed to more hazardous conditions:

*'We came with a truck, it was horrible because there was like, another ten people, and I saw one woman, she was pregnant. It was not a good sight in the back of a truck.'*

*'I went to Italy first with the ship. I stayed in the ship for eight days. We didn't eat anything, no water or no food... we were at Italy, Immigration took us to a camp. We stayed there for five days. With three friends, we ran away from the camp, we caught a train to Paris.'*

### 4.6.4 Arrival in the UK

The majority of the young Turkish Kurds sought asylum immediately on arrival in the UK. A few had no recollection of their experiences on arrival: many were too young to remember, or family members had dealt with this process. Some interviewees were met and assisted by relatives:

Many interviewees recalled that they were nervous about applying for asylum and dealing with immigration services and Home Office interviews, but most had no complaints about their treatment:

*'...I was too nervous. I stressed myself too much for going to Home Office... especially going to the government buildings, that I don't like... There wasn't much pressure, but I stressed myself over the interview. The staffs were good over there.'*

*'I was a bit nervous and tired towards the interview... they were taking the mick and messing about with me, or you could say joking with me in a good way... the service there was fine, I didn't have a problem.'*

*'During the Home Office process, I was treated the way I expected them treat me, like a human being, and I thought they were quite helpful, not nasty and cruel, the way some people explain to me about the immigration officers.'*

*'My first point of contact was the police in the airport, because I didn't have a passport... I ripped the passport and flushed it down the toilet in the plane... They took me to a room to ask questions. They provided an interpreter... The people didn't treat me bad, but at the same time they weren't particularly friendly. They were only doing their job. They were very cold. I also felt that they were looking down on me because I was claiming asylum and came to live in this country.'*

One interviewee remarked on a more negative reception:

*'I only didn't like the translator... She wasn't very helpful. She wasn't asking proper questions to me... her body language was terrible against me.'*

Interviewees recalled a mixture of apprehension and excitement upon arrival in the UK:

*'I was scared and happy at the same time, but I was missing my dad and brothers.'*

*'Well, I came to new country. I was very nervous about it, but I didn't have enough information about the UK.'*

*'I knew I was going to be a stranger, have difficulty with English language.'*



## 5 Education

### 5.1 Risk and protective factors for problematic drug use amongst young people

The risk factors for problematic drug use related to education are:<sup>1</sup>

- Exclusion from school
- Truancing
- Low school grades
- Attendance at 'special' school/lessons because of learning difficulties or challenging behaviour.

The protective factors are:<sup>1</sup>

- Attachment to teachers
- Commitment to education
- Educational attainment

### 5.2 Education policy

This section summarises the relevant education policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, education policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

The education and training requirements of refugees and asylum seekers are diverse, and encompass a wide spectrum of needs from school, further and higher education, through to professional and vocational training and re-qualification. High quality, accessible education is widely acknowledged across all government departments to be vital to the lives of vulnerable children. For young refugees and asylum seekers, there are additional benefits that arise from being placed with peers in an education setting because it reintroduces stability into their lives (Save the Children and Greater Glasgow Council, 2002).

School-age education is an area where no distinction is made between the entitlements to access of those seeking asylum and those with refugee status: the Education Act 1996 places Local Education Authorities (LEAs) under a duty to provide education for all school-age children in their area, appropriate to their age, ability, aptitude, and to any Special Educational Needs they may have. This duty extends to all children residing in the LEA area, whether permanently or temporarily, and

irrespective of a child's immigration status  
(<http://www.legislation.hmso.gov.uk/acts/acts1996/1996056.htm>).

### **5.2.1 Overall education policy framework**

The policies which shape the delivery of education for refugees and asylum seekers at the local level are devised by the Department for Education and Skills (DfES) and set out in their *Good practice guidance on the education of asylum seeking and refugee children*. This has been produced to support teachers in their work with these children and contains information ranging from the role of LEAs through to advice on supporting individual communities

([http://www.standards.dfes.gov.uk/ethnicminorities/links\\_and\\_publications/763033/EducatAsylumSeeking.pdf](http://www.standards.dfes.gov.uk/ethnicminorities/links_and_publications/763033/EducatAsylumSeeking.pdf)).

LEAs are expected, through their Educational Development Plans and Early Years Development Plans, to respond to the needs of refugee and asylum-seeking children living in their area. LEAs are encouraged to develop local policies and procedures to facilitate access to, and support within, local schools. They receive funding for refugee and asylum-seeking children in the same way that they do for all other children on the school roll - through the Education Formula Spending Share. Additional funding is also available through the Vulnerable Children Grant. This grant, worth £84 million for 2003-4 and 2004-5, allows LEAs to allocate funding based on local needs to provide coherent support to a range of vulnerable children, including refugees and asylum seekers. This is in addition to the funding available to all schools through Standard Spending Assessment funding and the support provided by the Ethnic Minority and Achievement Grant (EMAG)  
(<http://www.standards.dfes.gov.uk/ethnicminorities>).

DfES has also adjusted the presentation of data in primary and secondary school performance tables, so that pupils who have recently arrived from overseas and who have difficulties with English language will not be included when school performance is calculated. This should remove any barriers to these children being offered places by schools that fear their 'league table' performance will be detrimentally affected.

The Office for Standards in Education (OFSTED) inspects schools for social inclusion and support for specific groups of pupils, including refugees and asylum seekers.

### **5.2.2 Impact of education policy on refugees and asylum seekers**

The impact of the general education policies on different categories of young refugees and asylum seekers is outlined in this section.

### 5.2.2.1 Early years provision

All children, regardless whether their families are seeking asylum or if they are part of a family who has been granted refugee status or Exceptional Leave to Remain (ELR), have full rights to preschool facilities. This includes registering on nursery waiting lists and new initiatives such as Sure Start, Early Excellence Centres, Neighbourhood Nurseries, Children's Services Plans, the National Childcare Strategy, and the Early Years Development and Childcare Plans.

### 5.2.2.2 Schools for 5-16 year-olds

All children aged 5-16, regardless of their asylum status, are fully entitled to a free school education in the UK provided by the LEA, and parents are obliged to make sure that their children receive an education. Refugee and asylum-seeking children are entitled to apply for free school meals and free transport in the same way as other children, and may be able to receive help from the local authority or from the school to purchase a school uniform.

### 5.2.2.3 School education for 16-18 year-olds

For children above the age of 16, placement within a school is at the discretion of the head teacher and the LEA. Students who are already attending a school when they reach the age of 16 may continue to do so until they are 18.

Colleges have different policies on fees for asylum-seeking young people, often depending on the college's funding. Some sixth-form colleges and further education colleges allow 16-19 year-old asylum seekers to study free, although they may have to pay a small fee to register. Other sixth-form colleges classify asylum seekers as overseas students, meaning that they have to pay the overseas student fees, which are usually expensive. However, English for Speakers of Other Languages (ESOL) provision in further education colleges is free. Some colleges may be reluctant to accept students onto longer courses, such as A-levels if there is uncertainty about their asylum application and it is therefore unclear whether or not the student will be able to finish the course.

### 5.2.2.4 Connexions

All refugees and asylum seekers aged 13-19 are entitled to use the Connexions Service, which was set up to give children and young people in England a better start in life. It provides them with integrated information, advice, guidance, and help with their personal development. *Working together: Connexions supporting young asylum seekers and refugees* (<http://www.renewal.net/Documents/Policy%20Guidance/Workingtogetherconnexions.pdf>), which was produced jointly with Save

the Children, provides guidance which aims to bring together all the organisations that deliver services to children and young people who are asylum seekers and refugees, including Connexions Partnerships, Social Services, Education Services and Jobcentre Plus - to provide a coherent, multi-agency package.

#### *5.2.2.5 Further education*

Those with refugee status, Exceptional Leave to Remain (ELR), and asylum seekers who receive Income Support, Jobseekers Allowance, NASS support, or are supported by social services, are eligible to apply for funding from the Learning and Skills Council which means they do not have to pay further education fees (the 'remission of fees' or 'nil fees' policy) and thus do not need to pay tuition fees (<http://www.lsc.gov.uk/>). The Learning and Skills Council will also consider funding other groups of learners. Refugees who are older than the compulsory school age and who wish to continue their education are entitled to attend further education colleges with funding available from the Further Education Funding Council, as part of the *Widening Participation Factor*.

#### *5.2.2.6 Higher education*

Eligibility for the home student or overseas student rate of fees is determined by the Education (Fees and Awards) Regulations 1997. This policy states that people with refugee status or ELR are entitled to pay home fees, although this is at the discretion of the relevant educational institution.

#### *5.2.2.7 General training and adult education*

People with refugee status are legally able to study any course at any level, either full-time or part-time, as long as they are able to satisfy the entry requirements and have the financial ability to pay the course fees and support themselves whilst studying. Many courses are available free for refugees, asylum seekers and those with ELR.

Training needs amongst refugees and asylum seekers are as diverse as the population itself. The most obvious needs are English language support (see 5.2.3) and the recognition and adaptation of prior learning and qualifications.

In addition to the broad policies for the delivery of education to refugees and asylum seekers outlined above, LEAs and schools, as both employers and education providers, have to comply with the Race Relations Act 1976 and the Race Relations (Amendment) Act 2000, and must not discriminate on grounds of race. Translation and interpreting services have to be provided to facilitate school enrolment, and for procedures such as

special needs assessments. A statutory Code of Practice for LEAs and schools on how to fulfil their race equality duties came into force in 2002.

### 5.2.3 ESOL provision

English for Speakers of Others Languages (ESOL) training is a key area of policy for delivering education to refugees, asylum seekers, and members of other Black and minority ethnic groups, both in terms of language support for school-age children (as outlined as above) and for those over 16. The benefits of improved ESOL training were set out in some detail in the so-called 'Crick Report' - *The new and the old* - which reported on the work of the Life in the United Kingdom Advisory Panel, established by the Home Secretary (<http://www.ind.homeoffice.gov.uk/default.asp?PageId=4271>).

The Crick Report recognised that considerable economic benefits follow from helping migrants into employment and helping those in employment to increase their skills and, therefore, their income. The report pointed to Home Office research which suggests that English language skills are associated with an increase of around 20% in the likelihood of employment and also to a greater potential for earnings for those already in work. The report also estimated that ESOL provision could provide a total benefit of nearly £50,000 to a migrant over a 15-year period, based on both the increased probability of being in work and increased wages for those in work.

Currently, recognised refugees in need of ESOL tuition are able to access New Deal provision. Take-up of this provision by refugees can be low, however (see, for example, the analysis of *Learning and skills needs and issues of refugees and asylum seekers in Tyne and Wear*, 2003). At the same time, there is strong agreement amongst stakeholders, providers and amongst refugees and asylum seekers that there needs to be more ESOL provision, as demand currently outstrips supply. The National ESOL Training and Development Project has been set up to support practitioners in implementing new national developments in ESOL, and is funded by the Adult Basic Skills Strategy Unit (ABSSU) at DfES, working with the National Learning and Skills Council (LSC). This project and its programme of work is amongst the initiatives which began with the publication of *A Fresh Start*, the report of the working group on basic skills led by Lord Moser, followed by the DfES/ESOL working group report *Breaking the Language Barriers* (<http://www.lifelonglearning.co.uk/esol/front.htm>). The National Refugee Integration Forum is currently working closely with DfES and the Department of Work and Pensions (DWP) to ensure that the new curriculum operates in a way which benefits refugees and the skills they

bring to the UK. The intention is to audit the availability and quality of tuition and to plan a strategy to ensure that all refugees have access to appropriate language training.

#### **5.2.4 Implications of asylum policy for delivery of education policies**

Despite the right of access to education for all children and young people and the range of policy initiatives outlined above, the wider context of asylum policy and practice has implications for the delivery of education to this group. As a consequence, many refugee and asylum-seeking children are not in full-time education. In July 2001, for example, it was estimated that 2,100 refugee children in Greater London were not in school (Rutter, 2003). Those aspects of asylum policy which can be particularly highlighted in this respect are:

##### *The impacts of dispersal*

Although NASS will, in theory, not disperse a family if the children have been in school for an academic year (three consecutive terms), dispersal does occur under these circumstances.

Many refugee and asylum-seeking children are not in school because they have not been allocated a place rather than as a result of truancy. According to OFSTED (2003, p.5) this problem is exacerbated by high levels of mobility as a result of dispersal policy and processes. For example, some families chose to leave the dispersal area if they are granted refugee status or Leave to Remain. Whilst some schools and local education authorities are excellent in finding spaces for refugee and asylum-seeking children, others appear to be less successful. Schools may be reluctant to accept these children because of the additional needs they present, such as English language support, adapting to a different curriculum, dealing with depression or trauma, or simply adapting to a new way of learning. It may also be the case that a small minority of LEAs, schools, and professionals are not aware that refugee and asylum-seeking children have the same rights to mainstream education as other children.

##### *Discretionary Leave to Remain*

Many children and young people seeking asylum in the UK are given Discretionary Leave to Remain (DLR) until they are 18. The practice of awarding DLR up to this age is highly likely to act as a barrier to succeeding at school - particularly in the case of unaccompanied minors - when they begin to consider their uncertain status when they reach 18.

### *Accommodation centres*

The Nationality, Immigration and Asylum Act 2002 enables the Government to set up accommodation centres for some destitute asylum seekers and their families whilst their asylum claims are being processed (<http://www.hmso.gov.uk/acts/acts2002/20020041.htm>). The current plans to educate children inside accommodation centres rather than in schools is highly contentious and has been widely criticised by education providers.

## **5.3 Findings**

### **5.3.1 Refugees, asylum seekers and education: the literature**

The role of education may be pivotal in fulfilling a number of functions in the lives of refugees and asylum seekers. Stanley (2001 p.83) reports that both *'adults and young people alike viewed education as not only an arena for learning but also a route to integration, as well as a means of alleviating boredom and of structuring their lives.'* Stanley adds that attending school also means that young refugees and asylum seekers obtain some degree of adult contact and pastoral support, a degree of constancy, and contact with non-refugee children.

The difficulties of young refugees in education are illustrated in a number of studies from outside the UK, and particularly stress the tendency for this group to leave school at an early age and their low educational attainment (for example, Maher, Sargent and Higgs, 2001 and Reid et al., 2002 in Australia; Fox, Muennich and Montgomery, 1994 and Loughry and Flouri, 2001 in the USA). A review of the literature on Southeast Asian refugees in the USA suggests that amongst Cambodian children, trauma experienced during migration was a *'precursor to high rates of school dropout and low academic achievement'* (Loughry and Flouri, 2001 p.251).

It has been reported from the UK that many refugee children express a great desire to learn and professionals testify that many achieve good progress in school (Stanley, 2001). However, Stanley continues, the desire to learn may be unfulfilled because of inadequate and inappropriate educational facilities, and, in some cases, negative experiences of school. This deters some young people from continuing their education and may lead them to develop poor expectancies of their potential for academic achievement.

Young refugees and asylum seekers face a number of barriers to accessing educational facilities appropriate to their needs, and when accessed, their needs and aspirations may not be sufficiently met. Educational integration and development may be further hampered by lack of language support

due to financial and administrative constraints, and by direct and indirect experiences of harassment and bullying by their classmates (Stanley, 2001; Dennis, 2002). Stanley (p.98) reveals that not all such reported incidents can be categorised as explicitly racist, but pupils experienced them as such *'not least because racist insults often accompanied the attacks on them.'*

That said, educational provision for young refugees and asylum seekers people appears to be significantly better in London than elsewhere in the UK, with the capital offering *'access to full-time, appropriate education with adequate English language support for young people of all ages'* (Stanley, 2001 p.74).

Research on ESOL (English for Speakers of Other Languages) provision was commissioned by the Home Office (Griffiths, 2003) with the aim of disseminating good practice and raising issues for development. Whilst examples of useful practice were identified both in London and the regions, wider issues concerning accessibility and availability of ESOL were identified. The research reported that providers experience problems with training and recruitment and that refugees and asylum seekers face barriers to ESOL provision where classes do not take account of employment needs, levels of literacy, income, or childcare responsibilities. Griffiths suggests that co-ordination and dialogue between ESOL providers and refugee and asylum seeking community organisations will be crucial for sharing information and expertise, and for contacting some of the more *'difficult to engage'* communities.

#### *5.3.1.1 Delay in accessing education*

Young refugees and asylum seekers may experience considerable delays in accessing mainstream education. For example, Dennis (2002) reports that 25 out of a sample of 118 of refugee children reported delays of more than 20 days, with some experiencing delays of six months or more. Dennis reveals that 40 of the total sample were not receiving any form of education, including 21 who were waiting for a place at an educational establishment and eight who were living in detention centres and denied applications for education. Those in education attended a range of establishments such as mainstream schooling; establishments teaching English for Speakers of Other Languages (ESOL) and English as an Additional Language (EAL); and classes or alternative educational establishments, including *'classes in community centres specific to asylum seekers or separate classes provided by the local education authority, instead of a place in school'* (p.6).



Dennis (2002) notes that *'the inclusion of refugee children into mainstream schools can present a substantial challenge to individual schools, teachers and LEAs [Local Education Authorities] and... the difficulties for pupils and prospective pupils can be wide ranging.'* Stanley (2001 p.75) details these difficulties, noting that young asylum seekers dispersed to semi-independent or independent accommodation outside the area of the Local Authority where they originally presented often have *'to rely on their own initiative and luck to secure a place in education'* and *'suffered from the failure of either social services and/ or private providers to facilitate access to education.'* Stanley adds that Social Services frequently failed to monitor those providing education for young refugees and asylum seekers, concluding that:

*'for these young people, getting a place in education depended on the local infrastructure for assisting refugees into education (e.g., a refugee education support worker), the availability of places and chance.'*

Ayotte and Williamson (2001 p.39) also comment on the effect of dispersal on education:

*'... one consequence of this is the lack of planning for school admissions leaving some children out of education. Separated children housed out of borough will find it much more difficult to maintain contact with social workers and to request or receive support and services from the authority which is responsible for them. They may be isolated in a community where they have no contacts, friends or relevant refugee community organisations.'*

#### **5.3.1.2 Lack of full-time education**

Dennis (2002) and Kidane (2001) report that young refugees and asylum seekers applying for a college place may fail to be offered full-time study when expressing a preference for this. In addition, alternative educational establishments (such as special classes in community centres) often deliver only part-time education.

#### **5.3.1.3 No consideration of prior education**

Further difficulties concerning the provision of education may be caused by the prior education (or lack of it) received by young asylum seekers (Candappa, 2001). Candappa (p.266) reports that, amongst a sample of refugee children attending school in London, it was found that *'many had little previous formal schooling, many had had their schooling interrupted, many had little knowledge of English when they arrived [in the UK].'*

The placing of children with younger pupils because this is their appropriate educational level may be a humiliating experience for them,

with the risks of social exclusion by the rest of the class and behavioural problems (Stanley, 2001).

Some refugees and asylum seekers are put into classes with children with special needs or challenging behaviour, which may be intimidating for them (Stanley, 2001).

Kidane (2001) notes that young refugees and asylum seekers may not have received any education as a consequence of their socio-political grouping and that *'girls may not have been allowed or expected to receive education beyond a given limit'* (p.7). On the other hand, Kidane (p.7) also reports that some young asylum seekers may have received education to a level *'that puts them ahead of their age group in the UK system.'*

#### 5.3.1.4 Truancy

Although none of the UK studies detailed above discuss truancy amongst young refugees and asylum seekers, they highlight that many of them have negative experiences of education in the UK, and it is highly likely that there is a significant risk of truancy amongst them.

### 5.3.2 Young refugees, asylum seekers and education: results from interviews in London

In this section, the findings from the interviews concerned with education are presented according to the following themes: prior educational achievements, desire to learn, educational support, language barriers, financial and administrative barriers to education, and racial harassment and bullying.

Many young refugees and asylum seekers expressed a great desire to enter education and many reported positive experiences. However, others faced a number of barriers to accessing education appropriate to their needs, and even when accessed, their needs and aspirations were not always sufficiently met because of inadequate and inappropriate educational facilities, and, in some cases, negative experiences.

#### 5.3.2.1 Prior educational achievements

Experiences of education prior to arrival in the UK varied greatly between the different groups of young people interviewed for this project, although the majority had been in education in their countries of origin. The exception to this was the group of young Africans:

*'I have had no schooling at all because my paps needed me around to help with tings... There was no time for education and shit for true.'*

*'I haven't had any schooling at all because my brother and I just begged for money.'*

*'I have no form of education. Before coming here, the only thing I can really say I was doing in the sense of education was a little bit of maths because of working on my stall in the market.'*

*'I have had no education. Before coming here I was helping my dad with the farm and trying to bring money home... The only thing I can really say is that the first time I picked up a book was when I came here.'*

Although a number of interviewees held further and higher education qualifications from their home country, many, particularly Iraqis and Afghans, had to enter the UK education system at a lower level:

*'I studied in Fine Art Institute in cinema and TV department and I studied for four years. I took diploma in Film Directory. [Now] I study English and Art at Greenwich College.'*

Some young Turkish Kurds spoke of the poor standard of education in Turkey, and cited the superior UK system as a determining factor in coming to the UK.

#### **5.3.2.2 Desire to learn**

Many interviewees expressed a desire to learn:

*'I'm looking to start studying this September, maybe plumbing or some kind of trade, after I learn English fluently, and maths.'*

*'Why can't I study? I am human too, I have feelings too. I want to study and learn the language so I can get involved in society and find friends. Now I am like a prisoner locked in a room, and I don't know what is going to happen to my future.'*

*'At the moment, I'm in college studying computers. I'm enjoying what I'm learning, and I'm hoping to gain a qualification. And I'm studying for my GCSEs in English, maths and science.'*

*'I never had the opportunity to have education. I could barely hold a pen at first, but once I started learning English and learning other topics, my general command of English increased, and now I'm studying childcare in college.'*

*'If my [asylum] application changes, if they accept me it will make a lot of difference... I could improve my English and study for another career.'*

### 5.3.2.3 Educational support

For many, coming to the UK offered real hope for educational advancement, and many were happy with the opportunities and support that they were receiving:

*'... I got really good teachers who help me all the time.'*

*'The system in UK are more organised and more comprehensive which is very good for all student. The colleges in here have more equipment than need and had more tutor so student can always get help whenever is needed ...'*

*'Teachers helped me. They would stay after school to help me with my work.'*

*'I am really happy with my school and teachers, they are very helpful. I've been going to a couple of careers advice services called Connexions.'*

On the other hand, some interviewees reported having received little guidance and support from educational establishments:

*'The college that I was going to at that time, they were supposed to help me go about applying for asylum, but at the end, they said they couldn't do it, I was left alone with no-one to help me.'*

*'I faced a difficult time when I just arrived to the U.K. No-one showed us any routes for studying or helping us to go to college...'*

### 5.3.2.4 Language barriers

Many of the young people saw learning English as a major hurdle they had to overcome before they could fully realise their aspirations. A number were frustrated by their inability to express themselves in English, particularly when they first arrived in the UK:

*'I had problems with my class teachers in secondary school. When they explained I couldn't understand them. They weren't helping and I couldn't ask questions that I wanted to ask.'*

*'The English language is a big problem for me in London. I want to learn the language and make a good life for myself and forever.'*

*'There were language barriers, but the more I take the [English language] course the more that these barriers break down.'*

*'I felt really bad that I didn't know how to speak English when I first came into this country, but at the end I was very determined to learn the subject and eventually cracked it and went on to study my GCSEs and A levels.'*

The education of several of the young people had been interrupted because of their inability to understand English:

*'I don't understand as well because I can't speak English. I was having trouble at school and decided not to go to school.'*

*'I used to hang around with friends who could speak English so they could help me out. After, when I was in secondary school people used to mess about with me, because of my English. When I used to say a word they used to laugh at me so I hated it, fighting with them. I was kicked out from school.'*

One interviewee had accessed an English for Speakers of Other Languages (ESOL) course at a private college:

*'I spent all my money in the private college and I wasn't working... I took a loan from the social service for about £200-£300 of it. I paid it to private college so I could do my ESOL course. This went on for five weeks.'*

#### **5.3.2.5 Financial and administrative barriers to education**

Some interviewees reported that financial and administrative constraints meant that had to delay accessing education. Often, these were directly linked to the status of their asylum application:

*'I started my education and was in second year of A levels, but I left education altogether when I refused from the Home Office [application for asylum rejected]. You see, I don't receive any kind of benefits and have to pay for my education, which I can't afford at all.'*

*'I have no documents to go to college, otherwise I am very interested to go to college and study...'*

*'At the moment I am not doing anything. I was going to college [but] because the government have cut the benefit, they are not paying the college. So I can't take a course. Also I can't work due to my application 'till I hear news from the Home Office.'*

Some interviewees reported that the need to earn money or support family members prevented them from studying. Although many of the young Zimbabweans were studying for degrees in the UK, some discussed the struggle of having to work whilst studying full-time, whilst none of the young Nepali interviewees had entered education since arriving in the UK:

*'No, I don't study here. Just working... I don't get time to study, so I don't.'*

*'I had some family problems and I needed to support them.'*

#### **5.3.2.6 Racial harassment, discrimination and bullying**

Of those who had accessed education in the UK, some had experienced racial harassment, discrimination and bullying:

*'At first, when I started University, I experienced a lot of racism from fellow students in my class because I was the only African in my class. They just used to be funny towards me or just pass some unkind remarks.'*

*'A couple [of teachers] were a bit racist towards me, but I just ignored it, and tried not to get in their way.'*

*'They [teachers] treated me as if there was something wrong with me.'*

*'It was the kind where different racial pupils bullying me when I was by myself. They were punching and kicking me.'*

*'... some of the teachers, I felt that they didn't like refugees and asylum seekers... I guess I was scared because I'm a refugee and complaining about someone who is British might have affected my situation in this country...'*

*'I faced a number of occasions where pupils bullied me because I did not know how to speak English.'*

#### **5.3.3 Education services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

Throughout London, a diverse range of schemes have been established to support young people in terms of their educational needs and these in turn are supported by a range of grants and funding schemes. Some examples are given in this section, accompanied by the experiences and views of those involved in providing these support services.

### 5.3.3.1 Lambeth Ethnic Minority Achievement Team / Refugee Induction Programme

This team has developed two key strands to its work. The first is concerned with raising the achievement of Black Caribbean pupils and operates in secondary schools, targeting pupils at risk of underachieving. The second is the Refugee Induction Programme established in 2001.

The Refugee Induction Programme was established to support refugee and asylum seeker pupils who are experiencing difficulty accessing the school system in Lambeth. The programme is based on a six-week rolling schedule, with the key aim of securing placements in schools and further education. The programme teaches basic English through some of the core curriculum subjects and also provides attendees with an introduction to the British education system.

The Lambeth Ethnic Minority Achievement Team supports schools by providing a profile of the student's attainment whilst on the programme and their previous educational background. During the period of induction to the school, twenty hours of bilingual support are also provided, and continuity is maintained by providing support to both the student and school for up to half a term.

Criteria for entry to the programme is limited to those of secondary school age who are out of school but who are registered with the Local Education Authority Admissions Unit. Interagency referrals and linkages are diverse and, on the whole, were reported to be mutually supportive.

Whilst the Refugee Induction Programme was reported to have achieved some successes, reported difficulties centred around:

- the capacity of the programme
- the ability to provide continuing support for those students most in need
- the wide range of needs of Black and minority ethnic students. As noted by one interviewee, *'it can be a little hit and miss in terms of developing responses for groups with a range of different needs and abilities.'*

These issues are managed, in part, through linkages with other mainstream schemes detailed in the Behaviour Support Plan, which outlines action to support the emotional and behavioural needs of children, including those who are refugees and asylum seekers.

### 5.3.3.2 Lambeth, Southwark and Lewisham: Health Action Zone Young Refugee Project

The Health Action Zone (HAZ) Young Refugee Project was developed as part of the HAZ for Lambeth, Southwark and Lewisham. This is a multi-agency project that aims to improve access to services for young refugees and asylum seekers aged up to eighteen. This is being achieved through the direct provision of services and also through facilitating the development of access to services and building capacity within those services. The three link workers have developed a range of activity across the target area working in schools, hostels and with children with special education needs or disability.

Whilst the work that had taken place in terms of developing responses to the needs of refugees and asylum seekers were reviewed in a positive light by HAZ representatives, it was also noted that:

*'...a lot of clients move around services and sometimes it's not clear, for them or the agencies, what they are getting. This can be frustrating for all concerned.'*

Commenting on the activity of the HAZ programme, interviewees highlighted the complex nature of developing, maintaining and mainstreaming the multi-agency working and responses that HAZ has endeavoured to establish, particularly when attempting to align an array of agendas and resources. This difficulty is compounded because the current round of HAZ funding is coming to an end.

Interviewees also noted that the community has a key role in building capacity and appropriate responses. However, whilst success had been achieved in developing community and voluntary activity, there needs to be a level of realism about what is needed in investment terms and also what community organisations can achieve, particularly in the early stages of their development. These issues were noted as being compounded by the difficulties sometimes encountered in developing community empowerment and the reluctance of some individuals in a community to become involved.

### 5.3.3.3 Lambeth: Unaccompanied Asylum Seeking Children Service

With regard to the engagement of refugee and asylum seekers in education, the Unaccompanied Asylum Seeking Children Service in Lambeth has links with the above programmes as part of its remit for safeguarding and catering for the needs of unaccompanied children.



#### 5.3.3.4 Connexions

Comments made by representatives from Connexions services uniformly concentrated on the lack of information regarding refugees and asylum seekers, and the lack of specific funding and targets. This, it was reported, hampered the development of effective targeted work.

Interviewees also pointed out that there was a lack of community-based feeder or referral organisations to function as conduits through which to progress young refugee and asylum seekers into the service, and back out into the community where they might receive continuing support. This situation was reported to be exacerbated due to the bureaucratic nature of the Connexions Programme that hinders joint working with the voluntary sector.

With regard to access to Further and Higher Education, and to training schemes, interviewees reported a lack of clarity and uniform approach to the funding of students and trainees and this functioned to discourage young people from applying for places:

*'It's uphill all the way [for refugees]... finding places can be difficult - it's not always clear what they are entitled to in terms of education and it also depends on which institution you look to.'*

It was also noted that in some areas there was a lack of specialist services to meet the needs of refugee and asylum seekers locally, an example given concerned access to culturally sensitive counselling services.

#### 5.3.3.5 English For Speakers of Other Languages (ESOL)

Whilst there is evidence of active co-ordination of ESOL, particularly in London, through a range of professional organisations, interviewees for this project felt that ESOL services required further funding and support.

Research undertaken for the Home Office (Griffiths, 2003) was commissioned with the aim of disseminating good practice and raising issues for development. Whilst examples of good practice were identified both in London and elsewhere, wider issues concerning accessibility and availability of ESOL were identified. Griffiths reported that service providers experience problems with training and recruitment and that refugees face barriers to ESOL provision where classes did not take account of employment needs, levels of literacy, income, nor childcare responsibilities. These issues were repeated extensively throughout the interviews undertaken with service providers for this study. For example, a representative of Home Start commented:

*'A major problem for these communities [refugees] is having English as a second language... access to ESOL classes has increased but there are still problems in terms of matching classes to students ... around simple things like childcare or just having the confidence to go to a class.'*

Griffiths' research for the Home Office suggests that co-ordination and dialogue between ESOL providers and refugee community organisations will be crucial for sharing information and expertise, and for contacting some of the more 'difficult to engage' communities. Whilst there is evidence of active co-ordination of ESOL through a range of professional organisations (particularly in London), stakeholders interviewed by Griffiths felt that this required further funding and support.

## 6 Health

### 6.1 Risk and protective factors for problematic drug use amongst young people

The risk factors for problematic drug use related to health are:<sup>1</sup>

- Early pregnancy
- Victim of child abuse (physical and/or sexual)
- Childhood conduct disorders
- Mental disorders - particularly depression and suicidal behaviour

Many studies have shown that the presence of a psychiatric disorder may pose a risk for drug use and dependence (for example, Weiss, 1992; Grant and Pickering, 1999; Health Advisory Service, 2001; von Sydow et al., 2002).

No specific health-related protective factors are identified by the general literature on drug use amongst young people<sup>1</sup>.

### 6.2 Health policy

This section summarises the relevant health policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, health policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

#### 6.2.1 Overall health policy framework

The Department of Health (DH) Asylum Seeker Co-ordination Team (ASCT) is responsible for coordinating policy relating to the healthcare of asylum seekers and refugees <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/TemporaryContent3/fs/en>). The team works across the DH and other government departments, and with health workers and service planners in the field. In particular, ASCT liaises with the Home Office to ensure that health and social care requirements are met at all stages of the asylum process, and taken into account in policy planning.

Improving co-ordination between the National Asylum Seeking Service (NASS) and health services is a major objective for NASS and the Department of Health. This includes strengthening communication flows between NASS and local health service providers. This work builds on the establishment of NASS regional offices around the UK and the devolution of decision-making to a regional and local level. Important here is the work with the local regional consortia which facilitate asylum seekers'

access to statutory services, as well as establishing and co-ordinating links between local service providers. The DH and NASS have developed a workplan to improve strategic planning and information flow between NASS and health services in dispersal areas, and to manage better the dispersal process where it interacts with the NHS. This workplan has been recently considered by the Health Sub-Group of the National Refugee Integration Forum (who will act as a reference group for the work).

The ASCT has produced a resource pack, *Caring for dispersed asylum seekers*, which is aimed at helping local health and social care agencies to meet the needs of asylum seekers who are dispersed to their areas. Key concepts and entitlements are set out, along with examples of good practice. Initiatives such as local development schemes, personal medical service pilots, and the development of health assessments for asylum seekers at induction centres are all covered in the pack. In addition, the National Health Service (NHS) has published an information and resource pack for health workers, *Meeting the needs of refugees and asylum seekers in the UK* (<http://www.dh.gov.uk/assetRoot/04/05/09/15/04050915.pdf>).

The DH has also funded a number of projects to address the difficulties facing refugees and their particular physical and mental health needs. Through the Refugee Council, a project on primary and general access development has been funded, aiming to enable refugees and asylum seekers throughout the UK to access all NHS services in the same way as the general population. The emphasis is on accessing appropriate and effective primary care services in particular, so that all refugees and asylum seekers exercise their rights to be registered with a GP who will provide an appropriate, effective and a comprehensive service.

Through the Migrant and Refugee Communities Forum, the *Health needs of refugees and newly arrived communities project* has been funded. This project provides guidance to Health Commissions, the voluntary sector and refugee community groups about recent patterns of migration, general health issues confronting refugees, specific health issues that may affect particular refugee communities, and the factors affecting refugees' effective take-up of healthcare services.

### **6.2.2 Funding of health services for refugees and asylum seekers**

The Primary Care Trust (PCT) or Strategic Health Authority of a patient's residence is responsible for funding medical treatment by a GP, hospital or any other NHS facility. There is no special funding from the Home Office or any other statutory body for treatment for refugees, asylum seekers, and those with Leave to Remain. Measures do exist to take account of

the additional resource implications of refugees arriving in Health Authority areas, however. Local Development Schemes provide an enhancement of fees to GPs, under Section 36 of the NHS (Primary Care) Act 1997, to enable them to provide specified general medical services to meet local needs. The DH expects health authorities to consider introducing such schemes locally where there has been a significant increase in numbers of refugees and asylum seekers. Health Action Zones have also been used to fund refugee health work (<http://www.haznet.org.uk>).

All asylum seekers residing in induction centres, which are currently being established to streamline the asylum process, will receive a health assessment, which should reduce time and costs incurred for initial health appointments in dispersal areas. For three years from April 2003, the DH and the Home Office will be providing those PCTs with induction centres extra funding towards the costs of providing health assessments.

### **6.2.3 Implications of health policy for refugees and asylum seekers**

Further details of the issues raised in this section can be found at <http://www.dh.gov.uk/assetRoot/04/07/99/70/04079970.PDF>.

#### **6.2.3.1 Primary care services**

Asylum applicants and those who are granted either refugee status, Exceptional Leave to Remain / Enter, or humanitarian protection are entitled to free primary care medical services provided by the NHS. From 3 April 2000, NASS, on behalf of the DH, has been issuing NASS supported asylum seekers directly with HC2 certificates to obtain full help with health costs together with the first support voucher they receive. This includes free medical treatment, dental treatment, NHS wigs and fabric support, travel costs to and from hospital for NHS treatment, sight tests, and prescriptions. There are no NHS charges for community nursing, midwifery or health visiting services; for the emergency ambulance service; or for family planning services.

Asylum seekers denied support under Section 55 of the Nationality, Immigration and Asylum Act 2002 because they did not apply for asylum '*as soon as reasonably practicable*,' are still entitled to healthcare, but do not automatically receive an HC2 certificate. Instead, an adviser or health worker has to complete a HC1 form for those on a low income. When an asylum seeker fails their claim to asylum and all appeal processes have been exhausted, from the date their asylum claim failed, they become ineligible for routine NHS primary care treatment and GPs, Personal Medical Services (PMS) providers, and NHS Walk-In Centres, all of which should charge the individual concerned for any such treatment provided.

However, there are exceptions for emergencies or for treatment which is immediately necessary.

### *Registering with a GP*

Asylum applicants are not required to show official documentation when they register with a general practice. General practice staff have no right to demand to see an asylum seeker's passport nor any other identity documentation. The British Medical Association (BMA) recommends that where a hospital needs to verify whether a patient is a refugee or an asylum seeker, they can get the patient's address from a Home Office letter, bill or similar document addressed to the patient.

Although practices with large numbers of refugees and asylum seekers may have the possibility of applying for extra funding, refugees and asylum seekers may have difficulties registering with a GP or dentist. Under the Race Relations Act, health services cannot discriminate on racial grounds: it would infringe the Act to deny registration to a refugee or asylum seeker living in the practice catchment area whilst registering other patients. However, in many areas, registration lists are closed to all new patients due to staff recruitment problems, which are particularly acute in urban and deprived areas (where many asylum seekers are placed).

### *6.2.3.2 Secondary care services*

Asylum applicants awaiting an initial decision on their asylum claim, the outcome of an appeal, or are on a judicial review, as well as those who are granted refugee status or Leave to Remain, have free access to all NHS accident and emergency, maternity and in-patient/out-patient services. It is the responsibility of the NHS trust or PCT providing secondary care to establish if a person is entitled to treatment without charge. All patients are subject to the same registration process, regardless of their immigration status or nationality.

Changes to healthcare charges which came into force on 1 April 2004 mean that from this time, those at the end the asylum-seeking process will have to pay for certain non-urgent in-patient hospital care ([http://www.refugeecouncil.org.uk/downloads/briefings/health\\_sept03.pdf](http://www.refugeecouncil.org.uk/downloads/briefings/health_sept03.pdf)).

People who have been granted refugee status are eligible for organ transplantation. For those whose applications for asylum are still being assessed, it is for the NHS trust providing treatment to consider if they can be placed on the main waiting list for an organ.

### 6.2.4 London-specific health policies

Although Health Authorities across London undertake some refugee-related work, often in partnership with other agencies, there are some clear problems. There is a tendency to develop stand-alone projects with short-term ad hoc funding and uncertain futures. There is a sense of fragmentation and a lack of co-ordination in projects' development, and variation in the extent to which there is a strategic approach to tackling problems.

The total number of refugees and asylum seekers in the GLA area is uncertain, and the problems of identifying their specific health needs are exacerbated by the diversity of the city's population: many of the health problems of refugees and asylum seekers are not specific to refugee status, but overlap with the health problems of other deprived or excluded groups and of Black and minority ethnic populations.

Nonetheless, there have been some London-specific policies in relation to the health of refugees and asylum seekers that are worthy of note here:

In May 2002, the NHS London Region (now the Directorate of Health and Social Care for London) sponsored and supported the production of an information and resource pack for health workers on meeting the health needs of asylum seekers and refugees in the UK ([http://www.london.nhs.uk/newsmedia/publications/Asylum\\_Refugee.pdf](http://www.london.nhs.uk/newsmedia/publications/Asylum_Refugee.pdf)).

The Mayor of London works with a number of partners developing networks and commissioning work in order to investigate and improve the standards of temporary accommodation used for asylum seekers.

The GLA has published research on the personal experiences of asylum seekers living in temporary accommodation in London, entitled *Safe and Sound* ([http://www.london.gov.uk/housing/docs/safe\\_and\\_sound.pdf](http://www.london.gov.uk/housing/docs/safe_and_sound.pdf)). The research was in partnership with the London Health Commission, and examines the impact of poor housing conditions on the health and well-being of asylum seekers. The GLA is also working towards getting the minimum standards in temporary accommodation extended to asylum seekers.

The London Health Commission brings together organisations from across the city to tackle health inequalities and improve the health of Londoners. Members of the London Health Commission have knowledge and expertise in health inequalities and the determinants of health in London. In addition to the GLA, sponsors of the Commission are the Association of

London Government, Government Office for London, King's Fund, Health and Social Care Directorate, London and the London Health Observatory.

The London Health Observatory has undertaken policy work on health issues for refugees (<http://www.lho.org.uk/hil/refugee.htm>).

### **6.2.5 Implications of asylum policy for the delivery of health policy**

Although asylum seekers and refugees are legally entitled to access primary and secondary healthcare services from the NHS, in practice they face many difficulties in accessing the services. These difficulties include language (Gammell, 1993), lack of knowledge about entitlement (Burnett and Fassil, 2002), a lack of information about the health service, and mistrust of confidentiality and of health professionals due to fears of a diagnosis being passed on to immigration authorities and impacting negatively on their asylum claim. Any existing poor health of refugees and asylum seekers is compounded by inequalities in access to health services, either through lack of knowledge of how to access them or the way in which health services are provided for them. There is considerable evidence that communication problems affect accessibility and extensive reliance is placed on relatives, frequently young children, to interpret (Wilson, 2001; BMA, 2002; Burnett and Fassil, 2002; Johnson, 2002). In addition, there are specific implications for the delivery of health services for refugees and asylum seekers that arise from broader asylum policies:

#### *Impacts of dispersal*

Healthcare professionals and welfare workers are concerned that asylum seekers are being moved around by NASS and its accommodation providers, making it difficult for them to register with medical practitioners and healthcare programmes. High mobility also means that healthcare providers often have to treat asylum seekers before their medical notes have arrived in the system. As noted earlier, staffing issues may make it difficult for asylum seekers to register with a GP or dentist in some areas of the country to which they are dispersed (Johnson, 2002).

#### *Stresses of asylum determination*

The few health needs analyses from London suggest that the average physical health status of asylum seekers on arrival is not especially poor, although there is some evidence to suggest that the health of new arrivals may worsen in the 2-3 years after entry to UK (Refugee Action, 1998; Coker, 2001). Although the average measures of health status are reasonably good, however, there are significant numbers of refugees who exhibit particular health problems, as discussed in section 6.3.1.



### *Section 55 of the Nationality, Immigration and Asylum Act 2002*

There is often poor awareness of refugee issues and entitlement amongst health professionals and there is especially considerable confusion amongst frontline health workers over the impact of Section 55 of the Nationality, Immigration and Asylum Act 2002 (NIA Act) on the health services for asylum seekers that fall under its provisions. The NIA Act and Section 55 do not affect asylum seekers' entitlement to access primary or secondary healthcare services, nor their eligibility to apply for help with costs. The Refugee Council (1997) noted in a survey of 81 NHS Trusts carried out in Manchester and London, however, that 67% of the respondents (NHS staff) wrongly believed that refugees and asylum seekers were not entitled to free healthcare.

### *Income Support levels*

Asylum seekers are provided with support at approximately 70% of income support rates (see section 13.2.2). This has an impact on nutrition because of the types and quality of food that can be purchased.

### *Remit of National Refugee Integration Forum*

The definition of integration used by the National Refugee Integration Forum (NRIF) means that although healthcare provision is an important aspect of the NRIF's work, its remit does not extend to ensuring improved provision and access for asylum seekers.

## **6.3 Findings**

### **6.3.1 Refugees, asylum seekers and health: the literature**

Sellen and Tedstone (2000 p.360) refer to research showing that:

*'healthcare practitioners point out that poverty, stress, deprivation and limited access to primary health care combine to create special health care needs among refugees with children particularly at risk.'*

British Agencies for Adoption and Fostering (Dennis, 2002) report that refugee children may have a variety of physical health needs prior to arriving in the UK due to inadequate healthcare in their home country and whilst in transit to the UK. These include nutritional needs, immunisation and undiagnosed disease-related needs. Some will also have psychological needs as a consequence of war. Dennis (p.7) adds that *'some children might need extra support with sexual health and awareness and education on drug abuse.'*

When asylum seekers are dispersed to areas outside the local authority to which they first presented (see section 9.3.1.1), private health service

providers may be contracted by the original local authority. These are obliged to carry out specific duties, including facilitating access to, and information about, healthcare. However, this is not always provided, as Dennis (2001 p.113) notes:

*'...young people placed "out of area" appeared to have particular difficulty in getting access to health services, despite the fact that private providers are contracted to facilitate access to these services.'*

#### 6.3.1.1 General Health

The physical health needs of refugees and asylum seekers in the UK have been demonstrated by Carey-Wood et al. (1995). Interviews with 263 adults in various regions of the UK revealed that 18% reported experiencing physical health problems *'sufficiently to disturb their way of life'* as a consequence of *'mistreatment in their home countries'* and of *'adapting to a different culture, climate and cuisine'* (p.4).

The literature also shows that refugees and asylum seekers may face difficulties meeting their physical health needs because of their social circumstances and barriers to service access. Sellen and Tedstone (2000 p.363), for example, report that refugees *'encounter multiple barriers in access to good nutrition'* as a consequence of inadequate cooking facilities in temporary or poor housing, a restricted income, poor transport to shops and the unavailability of culturally-appropriate food.

In a study of 118 young asylum seekers, Dennis (2002) found that 36 were not registered with a GP, and all of these were unaccompanied minors. The reasons most often given for not registering were travelling to the surgery and the lack of interpreting arrangements (p.19).

#### 6.3.1.2 Mental Health

The Department of Health's *Caring for Dispersed Asylum Seekers* (2003) states that the mental health problems that refugees and asylum seekers might suffer have commonality with indigenous people. However, their cultural backgrounds may mean that the ways in which their issues are internalised, expressed, and managed are different to the indigenous population. For example, refugees and asylum seekers may be fearful of disclosing poor mental health as they may perceive this as having a negative impact on their immigration status, they may be unwilling to engage with a counsellor of the opposite sex, or they may consider other priorities warranting greater attention, such as their immigration status.

Young refugees and asylum seekers may have experienced many or multiple stressors and traumas *'including physical harm, intimidation or*

*other forms of psychological trauma, loss, deprivation, malnutrition, bereavement, or abuse*' (Berman, 2001 p.245). Refugees and asylum seekers may therefore be likely to suffer from mental ill health prior to, and following, migration to the UK.

A link between mental health problems, psychiatric disorders and substance use disorders in adolescent refugees has been demonstrated by Westermeyer (1993). Five of the six adolescents examined '*met behaviour criteria for conduct disorder prior to age 18*' with these behaviours generally beginning in early adolescence (p.314).

Interviews by Ager et al. (2002) with 26 refugee and asylum-seekers in Edinburgh, who were reported by Scottish Refugee Council service staff as being at risk of social exclusion, showed that 54% '*scored at a level associated with formal clinical diagnosis of anxiety disorder*' and 42% '*scored at a level associated with formal clinical diagnosis of depression*' (p.75). Many interviewees also reported sleep difficulties and suppressed appetite. Participants who had been in the UK for over two years were nearly twice as likely to report depression and anxiety, with higher levels found amongst single people. Although it may not be possible to generalise these findings to all refugee and asylum-seeking populations, they suggest that they are at a more elevated risk of mental ill health than the general population.

Mental ill health amongst refugees and asylum seekers has also been shown in a wider national study by Carey-Wood et al. (1995). Two-thirds of 263 interviewees stated they were encountering '*anxiety*' or '*depression*,' with those experiencing these more likely to have poor English or to be unemployed. The cause of depression most often cited was problems in the country of origin, although a sizeable proportion (over 25%) also cited trying to find employment.

Young refugees and asylum seekers may be particularly at risk of developing mental ill health. Unaccompanied minors are particularly vulnerable, as they incur the additional stressor of separation from family members (Berman, 2001). Much of the evidence for this comes from outside the UK. For example:

- A study of children detained in Hong Kong detention centres found that they '*were exposed to a large number of traumatic events and that over time, regardless of their care-giving arrangements, their well-being deteriorated*' (McCallin, 1992).
- Data from a study of 46 unaccompanied refugee minors placed in an asylum centre in Finland (Sourander, 1998) show that younger refugees

(those under 15) may be more vulnerable to emotional distress and more severe psychiatric problems, including thoughts of suicide.

- A study of South East Asian young refugees reported that unaccompanied refugees showed more emotional distress than accompanied refugees (Fox, Muennich Cowell and Montgomery, 1994).

#### *Post-traumatic stress disorder*

Meisler (1996) reports that *'studies of individuals seeking treatment for PTSD [Post-traumatic Stress Disorder] have consistently found a high prevalence of drug and/or alcohol abuse'* (p.1). Meisler also shows that substance users experience greater exposure to, and frequency of, trauma than non-using comparison groups.

A number of studies have suggested a link between mental ill health, PTSD and the development of licit and illicit drug use for purposes of self-medication (for example, Chilcoat and Breslau, 1998; D'Avanzo, Frye and Froman, 1994; Woodhead, 2000).

Whether or not a young refugee is accompanied by a nuclear family member or is able to re-establish contact with a minimum of one family member may also have a bearing on psychiatric outcomes, adjustment and development of PTSD (Kinzie et al., 1989).

However, the applicability of the PTSD frameworks to refugees and asylum seekers experiences is currently the subject of much debate. Summerfield (2000) has noted the danger in transferring Western diagnoses of PTSD to the experiences of all refugees and asylum seekers. Furthermore, the ability of young members of this population to adjust and function in everyday life in spite of the presence of psychiatric symptoms has been noted in a number of studies and by several commentators (for example, Sack, Him and Dickason, 1999; Rousseau and Drapeau, 2003; Turner, 2003). Indeed, poor social support was a stronger predictor of depressive morbidity than trauma factors in a group of male refugees from Iraq who had arrived in the UK between 1990 and 1993 (Gorst-Unsworth and Goldenberg, 1998).

#### *Mental ill health, PTSD and self-medication*

A King's Fund study (Woodhead, 2000) consulted non-governmental and statutory sector organisations that provide services for refugee and asylum seekers in London. Results show that *'unofficial self-medication (e.g. through alcohol and street drugs) often helps victims cope with the psychological effects of torture and war'* (p.2). Also in the UK, Whittington and Abdi (2001) report that khat (or qat) may be used in

part as a method of self-medication to remediate stress (despite, they also report, that khat also prolongs and adds to existing stresses).

Management of stress by the use of prescription drugs may be condoned and culturally accepted within certain communities (D'Avanzo, Frye and Froman, 1994). In addition, a refugee's country of origin may allow the prescription of far larger doses than in the UK in order to manage psychological disorders. This may mean that, once in the UK, extra supplies of licit drugs are obtained illegally, or illegal drugs are substituted.

Propensity to self-medicate may be heightened by difficulties experienced in accessing appropriate services, particularly those that are culturally appropriate. The issue of barriers to health service access by Black and minority ethnic groups is detailed by, for example, Arora, Coker and Gillam (2001); Bhugra, Lippett and Cole (1999); National Service Framework for Mental Health (Department of Health, 1999); and Fountain et al. (2003a).

#### **6.3.1.3 Physical and sexual abuse**

Young refugees may have experienced physical and/or sexual abuse, and these experiences are precursors to problematic drug use (for example, Harrison, Fulkerson and Beebe, 1997; Liebschutz et al., 2002). The research on this issue is summed up by Liebschutz et al. (p.536): abuse victims use a greater variety of substances than those who have not been abused and cite more reasons for doing so, initiate earlier into substance use, and display more frequent attempts to self-medicate painful emotions.

### **6.3.2 Young refugees, asylum seekers and health: results from interviews in London**

This section details the comments young refugees and asylum seekers made when asked about their health. It also relates their experiences of GPs, dentists and hospitals.

#### **6.3.2.1 Physical and mental health**

With a few exceptions, the young interviewees did not discuss their physical health problems and did not appear to suffer disproportionately from poor physical health. In the case of their mental health, however, many young refugees and asylum seekers reported depression, loneliness, and isolation, especially in the first year of arriving in the UK:

*'... fatigue was a problem, as well as depression of having to change surroundings, people, culture and generally life.'*

*'I can almost say that the first two weeks of my arrival was the worst part of my life, but after that the mental problems started. I was lonely and had*

*nobody whom I could speak to. I felt isolated and depressed in the first year of arrival. I used to think that there is a wall between me and other people. There is sadness in your heart and you don't feel free and independent...'*

*'I couldn't control my tears. I used to come home and put my head on the bed and cry all night. I used to cry a lot last year. I just locked my door and used to scream...I wanted to scream so much until the pain from my heart ease off. I was very tense. For example when I studied I thought that I could never adjust myself to this lifestyle, although I am working on myself and trying to change, but still I haven't changed much at all.'*

*'Psychologically I was gone. Especially the first years of arriving to the country. I didn't have any English. I was like being crazy. I even don't remember now what I was doing. My dad understands the situation that I was in, he started taking me into crowded areas, like weddings, families and friends. After that I started to become better and feeling much better than before.'*

*'I felt lonely, didn't know the language and so couldn't get out of the house. I had to stay at home all the time. It was difficult, very difficult. I wasn't in contact with anyone else and this made me upset and depressed.'*

*'The first days of arriving to this country. I used to stand next to a mirror and ask myself questions like "What am I doing here, who am I, who's the people next to me?" That kind of psychological problem I had.'*

Two interviewees reported that they had suicidal feelings:

*'Time to time I feel suicidal and that's the only thing I think that I could get out of this life. Because I have my family I always try to avoid that situation.'*

*'When I feel I can't get out of it psychologically, most time I feel I want to sleep and I can't sleep. Then I feel I want to drink alcohol or I smoke weed [marihuana]... I start to hate them [friends], I feel that I want to hurt them or myself.'*

As described in section 4, many of the young interviewees had witnessed particularly traumatic events in their home countries. In the UK, many found the stress of everyday life difficult, particularly being without their families and not knowing the outcome of their asylum application:

*'... In Afghanistan one gets killed, but in UK there are other pressures especially in this country, even though you are alive but you feel dead,*

*because you are not with your family, you are not in your country. You miss your people, you miss your past, and you miss everything, so again there is nothing to feel happy and alive about.'*

*'There are a lot of health complaints since I came over here... The fast hustle and bustle of life here contributes to high stress levels since most of the time, one has to be either at work or at college... I might say on the other hand I have become soft. Back home, it is expensive to visit one's GP.'*

*'... being here and thinking that one day they would take me back home makes me sick. I'm living in fear every day because I don't know what they are thinking of me or when they are planning to take me back home.'*

*'In here I am lonely, I am very stressed and destructed because I don't have any kind of status in UK. I worry and there is nobody that I can talk to, whereas at home I had my parents, they always solved my major problems, but mostly they listen to me when I needed them.'*

### **6.3.2.2 GPs and dentists**

Some refugees and asylum seekers had had no problems finding and registering with a GP, and were positive about their experiences:

*'I do have a doctor and a dentist provided by the NHS and I am quite happy with their services.'*

*'If I were to fall sick, I know the doctors would help me... I have a GP. My GP is a bus away from home. My GP is so understanding and tries to help me whenever he can.'*

Some young people were more critical of the services they had received from GPs, however:

*'I don't like going to GPs but they are nice, not rude or racist. It's just they prescribe drugs without giving full explanation of why these health problems are caused in the first place. And it's good that we can get confidential help and go dentists as well.'*

*'My health is not good. I am always ill and I have allergies on most of the food I eat... The GP is not good - he does not examine me. He always prescribes antibiotics to me... I was given those antibiotics without even checking my pulse, respiration, temperature and blood pressure.'*

Some interviewees appeared to have no knowledge of the existence of GPs, or had been unable to register with one:

*'I don't know what GP is, this is the first time I heard it - from you.'*

*'I haven't got a doctor. I haven't got the money for medicine too.'*

*'I have no form of document and the GPs won't accept me. I buy my own medicine.'*

*'It was difficult for me to register to the GP because they said they are full and I should be back after two months. Yet I needed medical attention at that time.'*

There were some problems with the cultural differences between the medical system in England and that in their country of origin:

*'There were few women doctors available, which was hard as I'm a Muslim girl.'*

*'...in Iraq doctors and nurses are more helpful and supportive in giving advice, but here it's more offhand...'*

For some, language was a problem, but others had healthcare workers who spoke the same language as themselves:

*'We have a doctor and dentist, but they are both Arabic so there are not language barriers.'*

### **6.3.2.3. Hospitals**

Comments on hospitals focused on waiting times:

*'I have a problem with my appendix. I complained to the doctors about four times. The hospitals in this country are crap... when I visited the hospital I waited till 6am in the morning to see a doctor...I was coughing, vomiting and in pain.'*

*'My experience of a hospital was mainly dominated by the fact that we had to wait for a long time, but this was normal for everyone.'*

*'I have caught an infection in my kidneys - this is just recently - and I am still suffering from it. It has not been resolved I am still suffering from an infection in my kidneys... I think that the GP has done what they can do, but the NHS has put me through a waiting list, which takes up to a year for an appointment. This is a huge waiting list, it's way too long.'*



Some were happy with the services they had received in hospital, however:

*'... recently I am going to hospital for my check-ups since I got pregnant... I am happy with the staff in the hospital, they treat me good in the hospital.'*

### **6.3.3 Health services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

As shown in the preceding sections, refugees and asylum seekers can suffer a range of health problems relating to their experiences of war, political persecution, torture and imprisonment and the conditions of flight from their country of origin. Refugees and asylum seekers face a number of difficulties in gaining access to healthcare. These include difficulties in accessing language support, cultural barriers and a lack of accessible and appropriate information about National Health Service (NHS) services and patients rights. Health practitioners may lack awareness regarding the refugee experience and can be reluctant to take on the additional responsibility of providing services for a population who may exhibit complex needs. To address these issues, a range of initiatives have been established across the GLA area and those outlined below are provided as examples.

#### **6.3.3.1 Lambeth, Southwark and Lewisham: Refugee Health Team**

The Refugee Health Team (RHT) is a multicultural team that is part of the Three Boroughs Primary Health Care Team covering Lambeth, Southwark and Lewisham. The RHT aims to improve knowledge and understanding to refugees and asylum seekers accessing the NHS and related services by working directly with individuals, refugee community organisations, local hostels, and colleges. The team aims to empower refugees and asylum seekers by providing them with information on the range of primary healthcare services, the availability of local health centres, and their rights in relation to accessing these centres. The team also provides individual support to clients, assistance to accessing services, a signposting and referral service, and manages a limited caseload, principally of complex cases. Information sessions, seminars and training are also provided for refugees and asylum seekers attached to refugee community organisations, day centres, residents of local hostels, ESOL classes, and other groups. Sessions are delivered in relevant languages and the team has access to interpreters where necessary. Where necessary, the team works with other NHS services to deliver sessions on issues such as HIV and tuberculosis.

The team has also undertaken work with NHS providers to increase awareness of the issues facing refugees and asylum seekers and has co-ordinated networking between organisations working in their locality to improve co-operation and collaborative working.

Interviewees from the service stressed that whilst their links with refugee and asylum seeker community organisations were good, more work still needed to be done. Language was reported to be a major barrier for clients and this was compounded by a lack of interpreting services. Work was continuing to develop links with a wide range of organisations and bodies, and whilst this was reported to have been a very lengthy process and could be frustrating, it was also recognised as key: resources were continuing to be targeted in this direction because some health services in the three boroughs remained inaccessible to refugees and asylum seekers. Some of these issues are summarised in this comment made by a representative of the service:

*'It takes a long time to establish relationships with people [refugees]... some clients are just not ready to engage with services and you have to work with that...and then when you come to working with mainstream services, some are just not set up to be that accessible.'*

#### **6.3.3.2 Lambeth, Southwark and Lewisham: Health Action Zone (HAZ) Young Refugee Project**

This project was outlined in terms of the work surrounding education in section 5.3.3.2, but the project is also involved in work being undertaken in Lambeth by the Linkworker for Unaccompanied Asylum Seeking Children. This worker has been concentrating on developing complementary services for young people being supported in Lambeth. The Asylum Team has supported a programme of paediatrician-based health assessments which has been developed as a partnership of the Asylum Team, Lambeth Child Health, the HAZ Young Refugee Mental Health Project and HAZ Young Refugee Project. All assessments end with the young person, paediatrician, social worker and the Young Refugee Project worker developing a plan of how to action the needs of the young person.

For one morning each week, the Linkworker works with the Refugee Council's Panel of Advisors on Unaccompanied children, taking direct referrals and forwarding details of the service to all new arrivals. It is reported that two-fifths of referrals have arrived through this route and a representative of the service commented:

‘One of the key aims has been to engage with a range of services and help them work together as effectively as possible... this takes time... and needs to be supported in the longer term to keep it working.’

#### *6.3.3.3 Sure Start Camden*

Camden’s Sure Start programme has been developed through a partnership with representatives from the local authority, Coram Family, The Coram Early Excellence Centre, Asian and Somali groups, midwifery and health services, Homestart, Family Service Unit, NSPCC, Pre-School Learning Alliance and Single Regeneration areas.

There are currently five separate Sure Start programmes covering Camden. A key element of these is making provision for the diverse needs of the varied ethnic groups living in the borough via capacity building. The programme focuses mainly on issues surrounding health, but also the environment (see section 13.3.3), including:

**Ante-natal care:** as many Black and minority ethnic women have difficulty accessing ante-natal services, and preparation for birth and parenting, a Sure Start midwife aims to build up a network of local mothers from families who can support others within the community.

**Supporting parents:** all parents in the area will be screened for post-natal depression. Recent research will be used with the Bangladeshi community to ensure that work is culturally sensitive to the needs of these women and those from other communities.

**Young parents and teenage pregnancy:** many Black and minority ethnic parents are very young and living apart from their families. The whole community’s child rearing experience and practical knowledge will be used to benefit these families.

**Capacity building amongst Black and minority ethnic communities:** work with Bangladeshi women has enabled them to undertake training and work by becoming visitors and volunteers at Sure Start.

#### *6.3.3.4 Camden and Islington Teenage Pregnancy Strategy*

The Camden and Islington Teenage Pregnancy Strategy has established a training project within the health promotion service and a core team of trainers. They have been trained in religion, faith and cultural issues and are cascading this training to those working in this area.

The Black and Minority Ethnic Community Health Advisor project is jointly funded by Excellence in Cities and Teenage Pregnancy Strategy. This

project delivers sessions in schools, followed by informal drop-in. The project is managed by NAZ and is currently being evaluated.

#### 6.3.3.5 NAZ Project London

NAZ Project London provides sexual health and HIV prevention and support services to London-based South Asian, Middle Eastern, North African, Horn of African and Latin American communities. Supporting individuals with a positive HIV diagnosis is a key element of work undertaken and involves a range of support including managing disclosure, treatment adherence, and applications for asylum. Partnership working is key to the delivery of this and other elements of the service, as expressed by a NAZ representative:

*'Partnership working is key... one agency cannot deliver all things. Delivering the best service is about pooling resources. That's when service users get the best service... and it also makes sense economically to do this.'*

Communities are actively engaged in a range of prevention initiatives. Developing support groups, volunteering networks, seminars, and culturally sensitive promotional resources are currently being progressed.

Interviewees reported that sexual health interventions amongst Black and minority ethnic women are particularly challenging, because community organisations misunderstand the objectives and are reluctant to give priority to sexual health work. In addition, the social and religious norms, particularly amongst communities recently established in the target areas, are also seen as barriers to the successful implementation of interventions:

*'Doing work with some BME [Black and minority ethnic] communities around sexual health can be difficult... they are governed by strict codes of conduct. In some communities, it is difficult to measure how people internalise messages and then build on that.'*

It was also reported that there was a lack of sustained funding for this type of work. In response to these difficulties, NAZ support the use of more targeted resources, directed by research, and are promoting the development of new resources and the training of women from various Black and minority ethnic communities to work as peer educators.

#### 6.3.3.6 Camden and Islington Mental Health and Social Care Trust: The Traumatic Stress Clinic

As part of the Camden and Islington Mental Health and Social Care Trust, the Traumatic Stress Clinic has three distinct elements: a refugee service, a child and family service and an adult traumatic stress service.

Approximately half of the work undertaken as part of the child and family service is with refugees. As a result, the service is able to provide for the needs of all ages of refugees.

The refugee service works with adults who present with complex traumatic stress reactions, which include post traumatic stress disorder, traumatic bereavement, depressions and complex somatic reaction. Staff assist refugees to deal with the guilt, shame and fear associated with the refugee experience, helping services users to develop coping strategies within their own belief systems. There is a bicultural therapy programme. Where necessary, the therapy is provided through trained interpreters. The service does not work with individuals who have severe drug and alcohol problems, but rather make referrals to an appropriate agency and may manage an individual's care in conjunction with another service or services.

The clinic has evolved and adopted a phased model when working with adult refugees. The first phase may include a detailed assessment, the employment of supportive stabilisation techniques, medication, support with housing and social needs and professional support for asylum application. The second phase, delivered when clients are ready, focuses primarily on cognitive behavioural interventions. The third phase concentrates on integration and adaptation.

Issues of concern raised by a representative of the service included that whilst the role of interpreters was key and the available pool good, more training and support would be beneficial:

*'The interpreters we use have a good relationship with the workers, they provide essential cultural mediation. But there is just not enough support and training.'*

This interviewee also noted that there were instances where moving clients out of the service could be problematic and support services may not be able to provide for the needs of clients or were simply not available. The interviewee noted that primary and secondary care services were sometimes overwhelmed and deskilled. This combination of factors has resulted in the Traumatic Stress Clinic service 'holding onto' clients. The interviewee suggested that other professionals and agencies might benefit from training and development work in this area and thus facilitate the moving on of clients. The interviewee also suggested that training and development work would also facilitate better and more appropriate referrals:

*'Refugee services are fragmented... moving clients across services can be difficult... it can mean that we hold onto some clients and see them perhaps monthly.'*

Finally, the interviewee thought that the voluntary sector, although developing, was in need of more support and greater integration with other services.

#### **6.3.3.7 Lambeth: Refugee Support Centre**

Based in Lambeth, the Refugee Support Centre offers a multi-lingual counselling and psychotherapy service which is culturally appropriate for refugees and asylum seekers. The ability of counsellors to work with this client group is enhanced by all the therapists being refugees themselves.

Following an initial assessment, appropriate clients receive weekly counselling sessions which are reduced in frequency as the clients show progress. The average length of an intervention is six months. The service provided can be supplemented by specialist medical or psychiatric interventions where necessary. The interviewee representing this service reported that relationships with other services were generally good, although the housing department were unempathetic and showed a poor understanding of refugees' needs.

Family and child therapy is also provided together with specific services for the elderly. The centre also runs training seminars and periodically holds open days.

Interviewees reported that, although drug and alcohol problems were not common, the centre dealt with clients who had issues surrounding substance use. Khat (qat) was noted to be a significant issue amongst the Somali community and the guilt associated with the use of alcohol amongst the Muslim community was reported as a particular concern.

## 7 Crime

### 7.1 Risk and protective factors for problematic drug use amongst young people

The risk factor for problematic drug use related to crime is offending at a young age<sup>1</sup>. As Windle (1990 p.90) sums up a study of adolescents in the USA:

*'... early-adolescent general delinquency, rather than simply substance involvement, increases the risk for late-adolescent substance abuse and related alcohol problems.'*

The association between juvenile delinquency, anti-social behaviour and conduct disorders and the development of drug use is well-documented in the relevant literature (Beman, 1995). A review of the risk factors for problematic drug use by Clayton et al. (1995) concludes that longer duration of involvement with delinquent peers increases the likelihood of introduction to drug use via these peers and thus heightens risk for developing problematic use (for example, Elliot, Huizinga and Ageton 1985).

In the USA, a study by Bell, Wechsler and Johnston (1997) revealed a tendency for higher marijuana use amongst college students who participate in a range of risk behaviours such as binge drinking, cigarette smoking, and having multiple sexual partners. In the UK, Miller and Plant (1999) come to the same conclusion as the American studies: that adolescent drug use may well be *'part of a general syndrome of deviance or risk-taking behaviours'* (p.893).

### 7.2 Crime policy

This section summarises the relevant crime policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, crime policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

There is no evidence for a higher rate of criminality amongst refugees and asylum seekers than the rest of the UK population (ACPO, 2001), and it may be that, as refugees and asylum seekers and also members of Black and minority ethnic communities in the UK, they are more likely to be victims of racially-motivated crime. This section summarises these two aspects of crime policy.

### 7.2.1 Overall crime policy framework

There is very little connection between crime policy and refugees and asylum seekers, other than the latter working illegally (see section 8.2) and entering the UK illegally.

The national *Crime and Disorder Reduction Strategy 2002 to 2005* is an evidence-based, community-centred approach to reducing crime and the fear of crime in England and Wales. The strategy is built on the success and lessons learned from the three years of the first *Crime and Disorder Reduction Strategy 1999 to 2002* and is based on shared responsibility for delivery (<http://www.crimereduction.gov.uk/>).

The government has identified seven strategic priority areas from the *Crime and Disorder Audit*, a consultation process, and the national evidence on crime reduction. For 2002 to 2005, these are:

- anti-social behaviour and disorder
- building safer communities
- tackling drug- and alcohol-related crime
- high volume crime
- prevention of youth offending
- violent crime and harassment
- working with offenders to change offending behaviour.

The delivery of this overall policy is through a number of different mechanisms, some of which specifically relate to young people:

#### *Youth Offending Teams*

The aim of Youth Offending Teams (YOTs) – a key initiative in response to crime amongst young people – is to prevent offending and re-offending by children and young people. In order to achieve this aim, a range of interventions is targeted at young people at risk of offending; at those who are at an early stage of involvement in the youth justice system; and at those who are thought to be at severe risk of re-offending.

Collaborative work between a variety of agencies, organisations and individuals is conducted to plan and deliver quality services.

#### *Crime and Disorder Reduction Partnerships*

Crime is tackled in every local area by Crime and Disorder Reduction Partnerships (CDRPs) – a combination of police, local authorities and other organisations and businesses, who have banded together to develop and implement strategies for tackling crime and disorder at the local level. There are 376 CDRPs to cover nearly every local authority area in England and Wales, each producing an audit and strategy.



### *Community Support Officers*

Community Support Officers (CSOs) do not have the same powers as police officers, but are intended to be a visible patrolling presence and an effective crime deterrent, especially with regard to anti-social behaviour. As well as being able to issue fixed penalty tickets for minor anti-social behaviour, CSOs can also demand the name and address of a person acting in an anti-social manner.

### *The Criminal Justice Intervention Programme (CJIP)*

Launched in April 2003, CJIP uses every opportunity from arrest to sentence to encourage problematic drug-using offenders into treatment and to break the link between drugs and crime (<http://www.drugs.gov.uk/NationalStrategy/CriminalJusticeInterventionsProgramme>). CJIP involves:

- Arrest referral schemes - partnerships between the police, local agencies and drug action teams that encourage problematic drug users to take up appropriate treatment after arrest.
- Drug testing schemes, which test for heroin and crack use amongst those who have committed 'trigger offences,' thus identifying problematic drug users at an early stage of their involvement with the criminal justice system.
- Drug Testing and Treatment Orders (DTTOs) are community sentences (as opposed to prison sentences) that divert offenders out of crime by requiring drug treatment, compulsory drug testing, and court reviews of progress.
- The provision of throughcare and aftercare - co-ordinated programmes of treatment and support for offenders moving through the different areas of the criminal justice system, and returning to the community after prison.

## **7.2.2 Policies for tackling racist crime and incidents**

### *7.2.2.1 Commission for Racial Equality*

The Commission for Racial Equality (CRE) is a publicly-funded, non-governmental body set up under the Race Relations Act 1976 to tackle racial discrimination and promote racial equality. The work of the CRE is discussed in more detail in sections 2.3.9.1 and 2.3.9.2.

Under the Race Relations (Amendment) Act 2000, the CRE's statutory powers include advising or assisting those who have complaints about racial discrimination, harassment or abuse.

The CRE has also established the Safe Communities Initiative (SCI) which aims to promote good race relations by providing strategic

support and development in preventing and responding to community conflict and tensions.

#### *7.2.2.2 Reporting and recording racist crime and incidents*

The Home Office Code of Practice on the reporting and recording of racist incidents, published in response to the Stephen Lawrence Inquiry Report, specifies that all *'agencies should be committed to recording both crimes and non-crimes as racist incidents'* and identifies that the definition of a racist incident should be *'any incident which is perceived to be racist by the victim or any other person'* (<http://www.homeoffice.gov.uk/docs/coderi.html>). According to the North East Consortium for Asylum and Refugee Support (2004), recording of racist incidents against refugees and asylum seekers is variable, however (more details in section 2.3.9.2).

Local authorities have adopted Home Office Guidance to facilitate the process of recording racist incidents and many have drawn upon Local Government Association (LGA) guidance and support (the LGA represents the interests of all local authorities). Private sector landlords are guided by Home Office Guidance set out in *Codes of Practice for Social Landlords on Tackling Racial Harassment*. Non-Governmental Organisations (NGOs) are guided by Home Office Codes of Practice.

### **7.3 Findings**

#### **7.3.1 Refugees, asylum, seekers and crime: the literature**

Whilst no statistics on crimes perpetrated by young refugees and asylum seekers were located during this project, Stanley (2001) has noted that in some areas of England, Youth Justice / Offending Teams reported that their contact with young refugees was *'surprisingly low'* (p.97) despite the deprivation of their social situation. However, Stanley believes that these young people may become vulnerable to criminal behaviour: in the words of one informant, *'shoplifting because of their reduced income and all the goodies of Western civilisation around them, violence because of the prejudice they face, and cars because of their lack of understanding about the rules'* (p.97).

#### **7.3.2 Young refugees, asylum seekers and crime: results from interviews in London**

This section details the interviewees' responses when asked about their involvement in crime. It reveals that only a small number had committed crimes. As detailed in section 13 of this report, however, a much larger number had been the victim of a crime, often overtly racially-motivated.

### 7.3.2.1 Involvement in crime

Excluding drug use and offences connected to immigration status (such as working illegally), most of the young refugees and asylum seekers were not engaged in any criminal activity. A few reported minor offences:

*'I had come with a invalid underground ticket'*

*'... I sell stolen clothes'*

*'... caught for fraud.'*

Three said they sold drugs, and one of them offered the following explanation:

*'It was just about seeing the respect the drug dealers will get and you want that. Then everyone started respecting me [when I began to sell drugs].'*

### 7.3.2.2 Street gangs

A number of Turkish Kurdish interviewees talked about street gangs and three said that they had been approached to join these:

*'I don't have friends in Tottenham, there are gangs in Tottenham. It was like bad jobs going on, they were selling guns, cocaine and something like that. They call me there to meet with them, but I never been after that time to the Turkish Kurdish community in Tottenham... if I go, my life is going to be in deep shit.'*

*'You have probably heard the Haringey shootings early on. They are under one organised Mafia. They wanted me in their grab [gang], because I didn't see anything in my own eyes to the future of my life. That's the kind of people they wanted. They always used to come next to me. Most time I refused them and they beat me up twice. At the end I complained to the police.'*

*'I faced another difficult time without money. I went into bad situation of how could I earn money... Then I had few friends [in street gangs] who always said you could get paid if you look out for us or be our bodyguards, that kind of job. Mainly they were selling drugs on open market. I agreed but after next day my brother bought a restaurant and told me to help him out. I know if I done the work I would have had a top car and money but I thought at the end they would do something to you. I know this in Turkey as well. They phone me up, I didn't pick my phone and later I changed my number and never entered their circle. If now they see me they will beat me up.'*

Two Turkish Kurdish interviewees had been gang members:

*'I had three gangs. They were made from local boys. One of them was North East Boys, Tottenham Boys, and B&Q. We organised that gang.'*

*'During the period where I was studying in my previous college, I was involved with a gang. We had fights with other gangs, (mainly African-British groups. The reason for these fights was because one of my friends and myself got attacked whilst on our bus ride back to our homes. The attacks was racial abuse from about fifteen pupils which at the end it led for my friend to have a broken hand and eventually I got stabbed during the process. The gang that I was in found out which school these pupils went to, and we decided to go down there and get our own back, which led to major fights involving more than sixty to seventy pupils.'*

### **7.3.3 Crime-related services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

A number of initiatives have been developed in response to crime amongst Black and minority ethnic young people in London, of which examples are provided in this section.

#### **7.3.3.1 Lambeth Youth Offending Team**

Interviews with representatives of Lambeth YOT stressed that their contact with refugees and asylum seekers was low. However, several issues were reported in relation to those young refugee and asylum seekers who had become known to the YOT:

When a young person does not have an allocated Local Authority who has responsibility for their care, or where parental input is questioned, the development of responses is problematic, because the court takes the view that there is a high risk of the young person absconding and breaching their bail conditions. Instances were cited where this view had resulted in a refusal of bail and young people referred to secure accommodation instead.

The development of appropriate courses of action for young refugees and asylum seekers could be difficult due to problems of information-sharing between agencies.

Language barriers often frustrate work, despite a pool of interpreters. In addition, if an interpreter is from the same community as the young offender, the young person may not wish to explore and discuss their

offending through an individual who they perceive as being well-known in their community.

Some refugees and asylum seekers simply do not understand the UK criminal justice system, and this complicates matters if they become involved in it.

Discussions of offending with some refugees and asylum seekers is hampered because their primary concern is not their offending, but their immigration status and/or their living conditions. An interviewee commented:

*'There are big issues about getting them settled... if they are new to an area, it can be very difficult for them to know where to go for help... Being in temporary accommodation can make this worse.'*

#### **7.3.3.2 Lambeth: The Black Self-Development Programme / Origin Project**

The Black [sic] Self-Development Programme is a ten-week programme that targets Black young men subject to statutory supervision with the aim of addressing offending behaviour from a Black perspective.

The Origin Project is an early intervention project funded by the Youth Justice Board, and targets 30 Black youths at risk of becoming involved in street crime. The project includes a programme of self-development activities as well as a mentoring scheme.

#### **7.3.3.3 Tower Hamlets: Brick Lane Youth Development Association / Shaathi Project**

The Children's Fund is a key element in the Government's strategy of tackling disadvantage and inequality arising from child poverty and social exclusion. Services and programmes supported by this fund are diverse and the two examples of the Fund's work given here are aimed at addressing gang culture.

Brick Lane Youth Development Association (BLYDA) in Tower Hamlets joined forces with the Children's Fund in order to work with vulnerable boys and young men exposed to gang culture. It offers new interests and activities, one-to-one help with problems, and the support of peers and mentors. BLYDA was set up twelve years ago in response to the numbers of boys and young men involved in drugs, crime and gang violence. It has been successful in recruiting young South Asian men to become volunteers in the projects, some of whom were previously involved in gangs.

The Children's Fund more recently has supported BLYDA to offer specialist help to young boys who are at risk of being involved in crime or gang violence. The Shaathi (from a Bengali word meaning together) Project began work in 2002 and uses outreach work to engage not only young people who are at high risk, but also families and the wider community.

## 8 Employment

### 8.1 Risk and protective factors for problematic drug use amongst young people

The risk factors for problematic drug use related to employment are:<sup>1</sup>

- Unemployment
- Sex work

No specific employment-related protective factors are identified by the general literature on drug use amongst young people<sup>1</sup>.

#### 8.1.1 Unemployment as a risk factor

The Home Office has decreed that those applying for asylum in the UK after 23rd July 2003 are not able to work until they are granted a positive decision (Exceptional Leave to Remain or Refugee Status), regardless of the time they have to wait for this. When a decision has been reached, they are automatically granted permission to work (Commission for Racial Equality, 2003). Permission is unnecessary to undertake voluntary employment whilst waiting for an application decision.

From a study of young Norwegians deemed to be at high risk of developing problematic drug use, Hammer (1992) argues that it is unlikely that unemployment leads to the initiation of drug use, or that drugs are used to self-medicate following unemployment. Rather, Hammer maintains that *'unemployment probably leads to an increased marginalization of young cannabis users, with a stronger identification and joining deviant subcultures'* (p.1579), although increased drug use may lead to unemployment.

Whilst unemployment alone may not be a risk factor for drug use, employment may not be a protective factor. A number of studies show that students in part- or full-time employment whilst attending school may be vulnerable to initiation into drug use. This may be because of, for example, greater expendable income, contact with drug-using peers, and as a way of coping with mental health difficulties due to the pressure caused by balancing education and employment. For example, Wu, Schlenger and Galvin (2003) report that *'heavy time commitment to employment may be seen as an important symptom of a potentially wide range of psychosocial difficulties'* and Steinberg and Dornbusch (1991) found that the longer the work hours during term-time, the greater the association with drug use.

## 8.2 Employment policy

This section summarises the relevant employment policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, employment policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

Employment of asylum seekers and refugees must be seen in the broader context of work undertaken by the Department of Work and Pensions (DWP) to increase employment levels generally, and specifically to increase Black and minority ethnic participation in the labour market. However, employment is a key area of UK policy where recent changes mean that the experiences of refugees and asylum seekers vary significantly. Ironically, despite strong and categorical acceptance of the role of employment in ensuring the integration of refugees, the significant disadvantages faced by asylum seekers has an ongoing negative impact on those who are subsequently granted refugee status or Leave to Remain.

Education policy (section 5.2) and employment policy are clearly closely related, particularly in the areas of ESOL (English for Speakers of other Languages) provision and work-related training. Research on the employment and unemployment of refugees shows that language training (along with recognition of existing qualifications) is one of the key factors influencing employment and progression (for example, Bloch, 2002; 2004).

### 8.2.1 Overall employment policy framework

DWP's Green Paper *Towards full employment in a modern society* (DWP, 2001) sets out the government's plans for full employment with social justice across the UK, including extending more help and more choices to those who have traditionally suffered the greatest disadvantages in the labour market.

The Green Paper recognises that whilst unemployment has fallen in every region of the country, there are still pockets of high unemployment, mainly in poor urban neighbourhoods, often within daily travelling distance of areas with a high number of job vacancies. Getting those living in disadvantaged neighbourhoods into work is a crucial part of the wider renewal of those neighbourhoods (see section 13 for further details). DWP policy is based on the principle that focusing help on areas with high unemployment will also help significant numbers of those from



Black and minority ethnic communities, which are concentrated in four areas - Greater London, West Midlands, West Yorkshire and Greater Manchester. Unemployment rates for these populations are up to three or four times higher than for those who are white, and those from Black and minority ethnic groups who hold the same qualifications as white people are more likely than their white counterparts to be unemployed.

Amongst young people, whilst Black and minority ethnic minority achievements on *New Deal for young people* compares well to past programmes and the labour market as a whole, young white people have achieved more (<http://www.newdeal.gov.uk/newdeal.asp?DealID=1824>).

Alongside the work of DWP, The Social Exclusion Unit (SEU) within the Office for the Deputy Prime Minister (ODPM) has also been developing policies to address unemployment in the poorest urban areas. In September 1998, the SEU published a report on neighbourhood renewal entitled *Bringing Britain together: a national strategy for neighbourhood renewal*. It recommended the establishment of a number of Policy Action Teams (PATs) to review different aspects of national policy bearing on the revival of the poorest neighbourhoods and where it was found that opportunities in the labour market were unequal: those from Black and minority ethnic communities had a lower than average employment rate.

The Policy Action Team on Jobs (PAT1) was established to address these issues. PAT1 has been considering how best to ensure that the delivery of labour market policies helps jobless people in deprived neighbourhoods and from Black and minority ethnic backgrounds into work. It concluded that racial discrimination in the jobs market is a key factor underpinning unequal outcomes for people from Black and minority ethnic backgrounds, and recommended that the government, in collaboration with business, leads a major initiative to promote racial equality.

Reflecting this, the government is currently working with the Commission for Racial Equality (CRE) and others to encourage employers to create more diverse workforces. The government is also working with the voluntary sector. For example, the Refugee Council has developed a refugee learning, skills and employment strategy, which is being implemented through the Education, Training and Employment Working Group (ETEWG), and is working with the DWP and the Employment, Training and Adult Education Sub-group of the Home Office's National Refugee Integration Forum (NRIF) to develop a long-term strategy to support refugees into employment.

### 8.2.2 Employment policies for refugees and asylum seekers

Policy on refugees' and asylum seekers' access to the labour market, and to economic activity in general, is influenced by the way policy-makers view the wider issue of immigration and its relationship with the host economy. In recent years, government ministers have begun exploring the idea that immigration could help the UK cope both with current skills shortages in some sectors and with longer-term change in its demographic structure. A plethora of policies have thus been developed to enable 'managed migration' into the country.

### 8.2.3 Employment policies in London

Given the relatively high proportion of Black and minority ethnic people who make up the capital's population, the employment of refugees is clearly a high priority policy issue for the GLA, which is working to ensure that London can make the most of the economic opportunity offered by the arrival of refugees and asylum seekers. In addition to the wider policy framework which has been outlined above, the London Skills Commission is taking forward a number of initiatives outlined in the *London Framework for Regional Employment and Skills Action* (FRESA, 2002), which includes the development of a flagship programme to examine the feasibility of a basic and higher-level skills programme and job brokerage service for refugees.

### 8.2.4 Employment amongst refugees

An individual with refugee status or Exceptional Leave to Remain has the right to work in the UK and does not need to inform the Home Office before applying for, or taking up, a job. Government policy recognises the contribution that refugees can make to labour market shortages (including in some of the high-skilled shortage occupations such as medicine and teaching), and also recognises the role of employment as a mechanism for integrating refugees into society. The government's *Strategy for Refugee Integration, Full and Equal Citizens*, argues that 'employment is arguably the key factor to integration of refugees' (Home Office, 2000)

However, refugees face a major challenge in accessing the UK labour market. DWP does not have any official statistics of refugee unemployment, but has commissioned research on this issue. Previous research suggests refugee unemployment rates between 60-90% (for example, Mayor of London, 2003). Bloch (2002) found that unemployment amongst refugee women was higher than amongst men. She also found that diversity of employment was much more limited than the work carried out before coming to the UK and there was a notable lack of involvement in professional jobs, despite pre-migration experience.

Those without language skills were less likely to be working and those who were working were concentrated in low skill jobs such as catering, cleaning, and factory work. Pay, and terms and conditions of employment were poor and notably worse than those experienced by other Black and minority ethnic workers.

As a result of the findings of this research, DWP produced *Working to rebuild lives: a preliminary report towards a refugee employment strategy* in 2003 ([http://www.dwp.gov.uk/publications/dwp/2003/wrl/main\\_rep.pdf](http://www.dwp.gov.uk/publications/dwp/2003/wrl/main_rep.pdf)). The document begins to take a strategic look at ways in which the government, the voluntary sector, and employers can work more effectively together to help more refugees into work. It identifies work currently underway and where more needs to be done, and funding has been allocated to help refugee community organisations and the voluntary sector provide support and advice on, for example, language tuition, education, training and employment.

The Employability Forum brings together employers, government departments and agencies, and voluntary and refugee organisations to explore practical initiatives to support the integration of refugees into the UK labour market (<http://www.employabilityforum.co.uk/>). The Employment, Training and Adult Education subgroup of the National Refugee Integration Forum (NRIF) is chaired and managed by the Employability Forum and has representatives from across local and national government (including DWP), colleges, employers and refugee organisations. The subgroup is looking at the particular difficulties faced by refugees trying to enter the job market and is currently considering data on the profile of refugee jobseekers; recognition of overseas qualifications; the promotion of employment amongst employers; and consultation with DWP to develop a policy on refugee employment. Other relevant initiatives include:

- as part of its wider strategy, the Department for Education and Skills (DfES) has already identified the need for a new curriculum for the teaching of ESOL (see section 5.2.3)
- Jobcentre Plus is developing an operational framework document that will recommend how to improve access to and services for refugees.

### **8.2.5 Employment amongst asylum seekers**

At the same time as developing policies to increase the employment opportunities for refugees, the government has adopted an entirely different policy in relation to asylum seekers, who are not allowed to enter paid employment until they have received a positive decision on their

application. Since 23 July 2002, asylum seekers are not able to apply for work restrictions to be lifted after six months of the date of their asylum claim, which was the case previously. This means they cannot work nor undertake vocational training until they are given a positive decision on their asylum claim, regardless of how long they wait for a decision (<http://www.ind.homeoffice.gov.uk/news.asp?NewsId=168&SectionId=1>).

This is a recent development aimed at deterring applications from those who are seeking employment rather than protection, although many asylum seekers want both. One consequence of this is that asylum seekers may lose their vocational skills and their confidence whilst waiting for a decision to be made about their case. Subsequent access to the labour market for those who are granted refugee status is more difficult as a direct consequence of this policy.

Asylum seekers are allowed to volunteer without permission to work as long as the activity is genuinely voluntary. Travel and meal expenses are allowed to be paid for asylum seekers who volunteer.

### **8.2.6 Proof of permission to work**

Employers are required by law to check whether a person is legally entitled to work in the UK: a person or an organisation that employs someone who does not have permission to work is committing a criminal offence. Guidance is provided to employers by the Home Office on how to identify whether a person is permitted to work. The code of practice for all employers on the avoidance of race discrimination in recruitment practice whilst seeking to prevent illegal working, came into force on the 2nd May 2001.

In spite of the availability of the code of practice (including on the Home Office's website) and quality advice from voluntary sector organisations on this issue, many UK employers remain ill-informed and need more help to make sense of the plethora of permission to work documents produced by the Home Office. This, and the threat of prosecution if they employ someone who is not entitled to work, is likely to discourage them from employing refugees.

### **8.2.7 Attitude of employers**

There is evidence that the attitudes of employers tend to be affected, in part, by negative press coverage of asylum issues and by the general climate of hostility towards migrant labour. This was evident from a recent report from the Employability Forum and Institute for Employment Studies (2004), which found that employers are often impressed with the calibre of refugees' work, but afraid to publicise that they employ

refugees because of negative publicity. This finding was reinforced by five of the ten employers interviewed declining to be named.

## 8.3 Findings

### 8.3.1 Refugees, asylum seekers and employment: the literature

Refugees can face a number of obstacles to gaining employment. In Australia for example, Reid et al. (2002) have noted how the effects of disrupted or poor education, inappropriate schooling, language barriers and lack of skills training has led some Vietnamese-born young people to become marginalised in the employment market.

#### 8.3.1.1 Sex work

A Home Office report (May, Harocopos and Hough, 2000) shows that younger sex workers are more at risk of being 'pimped' and that the nature of this relationship is characterised by physical and emotional abuse. The authors also show that pimps creating drug dependence in 'their' sex workers was a common method of establishing compliance, *'which often substituted for violence as a means of control'* (p.vi).

A study by May, Edmunds and Hough (1999) reports that approximately 50% of the sex workers interviewed had entered sex work as minors and that over 50% had been looked after by a local authority at some point during their lives (ie in residential or foster care). As described in section 9, the vulnerability of unaccompanied minors in this position is clear.

ECPAT (End Child Prostitution and Trafficking) UK also note that whilst drug use may be a consequence of participation in sex work, interviews undertaken with girls and women involved in prostitution indicate the encouragement of drug dependence by pimps or 'boyfriends' as a control mechanism to maintain participation (Somerset, 2001).

Amongst young people who have legally or illegally entered the UK, there are those who may be vulnerable to coercion into sex work, some of whom may have been trafficked illegally into the country specifically for this purpose. The numbers involved are unknown: Somerset (2001 p.17), for instance, notes that (unsurprisingly) *'due to the hidden nature of the problem, accurate statistics on commercially sexually exploited children are difficult to find.'*

Some evidence of the commercial sexual exploitation of young refugees and asylum seekers is provided by the disappearance of a number of unaccompanied minors from a UK Social Services care home (Ayotte, 2000), and by a number of investigative media reports (Somerset, 2001).

Somerset reports that from September 1995 to August 2001, West Sussex Social Services recorded the disappearance of 66 unaccompanied minors and *'there is evidence to suggest that the boys are involved in credit card fraud and drug dealing, while the girls are involved in prostitution'* (p.26). Ayotte (2000) also discusses this case, adding that the majority of these children were girls from West Africa and that boys are also vulnerable to sexual exploitation.

### 8.3.1.2 Trafficking

As well as for sex work, young people are trafficked to the UK to work as domestic servants, in 'sweatshops,' in the catering trade, as drug sellers / distributors or as beggars (Ayotte, 2000; Somerset, 2001; UNICEF, 2003). Ayotte (2000) cites an example from Belgium, where exploitation of young asylum seekers included prostitution; domestic, construction, factory and agricultural work; forced marriages; and in professional sports.

Ayotte (2000 p.71) reports that *'the traffic in children is clearly prohibited and condemned under international law, and yet it is a steadily expanding phenomenon.'* Recent research by UNICEF (2003) provides some indication of the numbers involved:

*'...based on reports from a small number of Social Services, non-governmental organisations, police and Immigration Control, it is known that at least 250 children have been trafficked into the UK in the last five years. These figure are based on known cases...The real figure, though is likely to be far higher. Many authorities and bodies have only just started recording cases of trafficking'* (p17).

Somerset (in UNICEF, 2003 p.13) comments on recent trafficking patterns thus:

*'...the biggest noticeable difference is the wide range of African nationalities being trafficked... In the majority of these countries, recent or ongoing conflicts have resulted in children becoming more vulnerable to traffickers.'*

Somerset further reports (p.13) that

*'although West African and Eastern European girls are known to be trafficked for prostitution, it is also known that West African children are trafficked for domestic service, and Chinese and Vietnamese children are thought to be trafficked for prostitution and cheap labour. There are also concerns regarding Southeast Asian and Jamaican children being trafficked for exploitation.'*

Not all children are trafficked into the UK in the same way: some may be sold through parents or deceived through promises of marriage, a better life, employment or education (Ayotte, 2000). Somerset (2001 p.43) reports that young people may be trafficked '*by, or at their parents' request,*' and that some trafficees hoped to use the traffickers as a means to be smuggled into the UK and then escape them. Somerset also reports examples of West African girls who are abducted in their home country and forced into prostitution in the UK, and that Eastern European girls are duped into prostitution by a 'boyfriend' or the 'mafia.' Ayotte (2000) adds that some children may be drugged in order to aid their abduction.

Ayotte (2000) has noted that trafficked children may be at risk whilst in transit to their final destination country. For example, in the case of girls trafficked to the UK from Albania, violence, rape, torture and threats were used '*to break down the girls' spirit and resistance*' (p.69).

All those who are trafficked may be at risk of exploitation to repay debts to the traffickers. Somerset (2001 p.26) quotes a girl who owed the trafficker almost £50,000 and was involved in prostitution to pay it. Somerset (p.27) also notes that girls in this position are kept in 'off-street' locations, such as saunas, flats and 'safe' houses.

### **8.3.2 Young refugees, asylum seekers and employment: results from interviews in London**

A number of the young people interviewed for this project spoke of having ill-paid jobs and working long hours. Many of those working were in jobs ill-matched to their qualifications, and in some cases did not have permission to work in the UK because of the status of their asylum application, yet needed an income to support themselves, and, in some cases, their families.

#### **8.3.2.1 Employment**

Employment clearly helped a number of interviewees not only to acquire an income, but also to meet people:

*'The area was nice. There were all the Indian people working in there. They were nice, friendly... I don't want to leave the job 'cause all the staffs are very much friendly and helpful.'*

*'I like my job and it pays me well. I'm a checkout assistant and the people I work with are friendly and always willing to help. The customers are always friendly and nice.'*

*'I feel very happy doing it. I clean and cook in the mosque for special events and have done it since I came to this country...Sometimes work gets you away from depression and pressure of being alone.'*

### **8.3.2.2 Career aspirations**

A variety of career aspirations were put forward by the young refugees and asylum seekers. Some interviewees expressed their aspirations as simply making a 'better life' for themselves, others wanted to improve their English language skills and return to their country of origin. In many cases, career aspirations were those that might be held by any young person living in the UK:

*'I would want to get a job so that I can live on my own and not be a burden to other people, and also I want to get my own room where I will be free to walk about and touch things. I also want my social life to change. I want a normal life with good friends and people supporting you.'*

*'I wish I could get a well-paid, permanent job of any choice to enable me to improve my quality of life and to achieve my goals. I need to at least feel a sense of belonging in this society.'*

*'I want to be a football coach.'*

*'I would like to go back to college and educate myself further. I would like to get a better house and maybe try and help my family back home.'*

*'I want to work for the United Nations, or do some kind of humanitarian work, like social worker. I want to work for people who are most vulnerable.'*

*'I want to open my own business - pizza shop. At the moment I haven't got the right money, and with the money I have I can't open anything... I would like to follow my dream and become an engineer.'*

*'... a good job for my future, that's all I want.'*

*'I don't want to study, but I would like to find a better job than the job I have.'*

*'I am going to work hard, maybe as a carpenter, because I have some experience about it, and my hope is that I don't want my children to face these problems I have faced.'*

A few young people were less optimistic, however:



*'I am bored, tired depressed and lonely. When I was at home, I had goals and aims that I wanted to achieve. That does not seem likely now... My dreams of marriage are shattered. My boyfriend is back home and I cannot afford to buy him a ticket... I need better housing, job satisfaction and to be accepted in the society... getting a job without being discriminated before you get the job.'*

*'He [a friend] used to say about nice employment opportunities, safer surroundings, and he said that if we seek asylum here, it will be easier to work and live here... Here it's very hard life. We cannot eat and sleep without work. If there is no work, then no life. But it was very different back in the country [Nepal] - we don't need to work. We used to come home at 4pm in the evening and shout at mother for food, and after that, we used to go out for playing. But now those days has gone. We have to struggle for life.'*

*'Society is materialism, if you don't work you die. There is no one that you can turn to. There is no one who can help. If you die, no one will look at you, they will just ignore you like you never existed.'*

### 8.3.2.3 Barriers to employment

Despite wanting to work and their career aspirations, many of the young interviewees faced problems finding employment. A major hurdle was that asylum seekers are prohibited from working in the UK:

*'Because I don't have work permission I can't work, which is really hard.'*

*'After two weeks they granted me as an asylum seeker, but was not allowed to work. But what can I do? I came here to make my future, so to make future I need money. So I worked with my friend in a factory. They used to give me one hundred and thirty-five pounds a week.'*

Many interviewees reported pressures to work illegally in order to support themselves and their families:

*'... it was very difficult for me, because I had to pay the rent, I had to work.'*

Whilst one interviewee spoke of struggling to find employers who did not require 'papers,' many were not asked for official documentation by employers. In some cases the agents who had assisted the young people's passage to the UK (see section 4) also helped to find them work when they arrived:

*'He [agent] helped us to get a job as well. It was in an Indian restaurant, and the job was to work in the kitchen... They didn't asked me anything. My agent talked with them and then immediately I got the job... Firstly they gave me hundred and twenty pounds [a week] but afterwards they increased to hundred and fifty.'*

*Even those whose applications for asylum had a positive outcome faced barriers to finding work, particularly because either they had no qualifications, or those from their home country are not recognised in the UK:*

*'Right now I am working in a warehouse... I've seen many educated Asian person not getting job 'cause they [employers] give all the priority to their [white] people, even if they are not well-educated, and the educated Asian has to hold his degree and go search for job every day.'*

*'I am on Jobseekers Allowance... I cannot use my certificate from home to find a job.'*

*'I can't use my qualifications from home because they say they are not recognised here, so the only job I can do is care work, cleaning or security.'*

Some were employed in unskilled jobs because of their poor grasp of English or because they had no qualifications:

*'If the job involved a lot of writing and speaking, then yes it was hard, but [pizza] delivery doesn't need them, and I enjoy it.'*

*'Because I have no qualification, and it is difficult for me to find a proper job. And I don't want to work in a shop or a textile factory. I want a career.'*

One interviewee was very positive about the support he had received to help him find work:

*'The Jobcentre is also there to facilitate employment to the public and all these services are at no cost. Agencies are readily looking for people to work for them in their contractors' factories.'*

Another was afraid to seek help:

*'I'm afraid to go and look for any support services, because the Home Office might throw away my asylum case. I think so because I was told that I wasn't allowed to public funds - I just survive with what I've got.'*

#### 8.3.2.4 Working conditions

Most of the interviewees who were employed were working in low paid jobs, often for long hours, and mainly in the catering industry, warehouses, factories, or as carers:

*'After two weeks, he [agent] told us to work at Indian restaurant, and we said OK. They used to pay us one hundred and twenty pounds, including food and accommodation. We used to have one day [a week] off.'*

*'We used to go in a sausage factory for work. Our duty was to pack sausage... They used to give us eighty pounds a week. That was just enough for us to eat and pay the rent.'*

*'I do part time work at a warehouse. It's very tiresome because there is a lot of lifting and you spend most of the time standing, but it's OK. At least I'm getting some income.'*

*'Part-time at a Chinese delivery restaurant.'*

#### 8.3.2.5 Implications of working illegally

That some interviewees worked illegally made them vulnerable, not only to low pay, but also to other kinds of exploitation:

*'After a while I start looking for job and because I was fluent in Hindi I went to Southall, thinking I get job easily. I went to one of the restaurants and asked for job the man told me that yes he got a job at the back. My friend told me that he means washing the dishes. I asked him when can I start he said "What about tomorrow?" I went the next morning, there were a lot of dirty dishes to be washed and so I started, with no introduction or showing what to do, he just pointed me to the back, and that was all. I washed dishes from 9 in the morning until 10 or 12 in the evening... After finishing I went to him and said "I finished everything when will you pay me then?" "Pay you?" he said "I don't pay for washing dishes." I told him that I washed all those dishes and I deserve payment. He said that he only gives shelter and food instead, he doesn't pay. I got angry and start throwing the dishes everywhere.*

*He was so unfair and god knows how many people he has done the same trick, nobody can tell the authorities, because they haven't got work permit and they will be first to get in trouble. But then my friends helped me to look for better job and I got it.'*

*'I started working... so as to meet my rent expenses and food... Employers take advantage of me and just throw everything on me since they know I am in a desperate situation.'*

*'There are different types of people working in our company. Someone are like aggressive and some are kind. When sometime I made a mistake, instead of trying to suggest me the good way to do and helping me, they shouts at me and threatens me to sack.'*

Some of those who worked illegally were afraid of discovery, and, in one case, the fear had stopped the interviewee making friends with their workmates:

*'When I'm at work I would be scared to death because I'm not supposed to work. The reason why I work is I need money to take care of myself and pay where I live.'*

*'I work at a plastic factory as a packer. The job is not all that hard and I don't enjoy it at all, but I have to get some money to help my parents back home. When I'm at work I would be scared, because if I were caught working, I would be deported straight away... The people I work with are nice, they want to be friends with me, but I'm scared because I would be thinking about maybe they want to know about my status.'*

### **8.3.3 Employment services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

The key theme that consistently arose during interviews with service providers was that those currently applying for asylum in the UK are not eligible to work until they are granted a positive decision.

For those refugees able to work, the service providers reported the following problems:

- Qualifications and experience are not recognised by potential employers.
- There is a lack of understanding amongst refugees of how to access the labour market.
- Potential employers are unsure of the legal status of potential employees who are refugees or asylum seekers, and are, on occasion, reluctant to offer positions because they are concerned about the possible ramifications. This is also the case when young people's services attempt to obtain training places for young refugees and asylum seekers.

- Potential employees do not always have the required paperwork to present to employers.
- The funding for training placements for refugees and asylum seekers is confused and complex.
- Where training placements have been organised, some young people cannot take them up because they cannot afford the travel costs.
- There is a suggestion from interviewees that some employers are reluctant to accept refugees and asylum seekers as they are not positively disposed to this group.

However, more positively, it was reported that the foundations of community projects were now becoming well established and that these were providing 'cultural backing' to a range of projects and initiatives. The involvement of communities was seen as vital. It was noted by this representative of the Connexions service that:

*'There is a good building up of volunteer projects amongst local communities, cultural backing in the area is good... although the funding for work could be better.'*

Signposting and assisting clients to make appropriate contacts for accessing employment and training is evident amongst many services identified by this project, although none have this as their main aim generally, nor in relation to refugees and asylum seekers. Two exceptions are:

- the Greater London Authority who are taking steps to address this issue, funding outreach support for moving jobless Black and minority ethnic people into work,
- and personal advisors within Connexions services who have special responsibilities for refugees and asylum seekers.



## 9 Housing

### 9.1 Risk and protective factors for problematic drug use amongst young people

The risk factors for problematic drug use related to housing are:<sup>1</sup>

- Homelessness
- Running away from home
- Looked after by a local authority or foster parents

No specific housing-related protective factors are identified by the general literature on drug use amongst young people<sup>1</sup>.

#### 9.1.1 Homelessness and problematic drug use

In the USA, Johnson et al. (1997) show that that problematic substance (drugs and alcohol) use and homelessness should be recognised as *'risk factors for one another'* (p.442): the first episode of homelessness is associated with prior history of drug use and having ever been homeless is predictive of drug use. Fountain et al. (2003b) and Neale (2001) also report this link from studies conducted in the UK.

### 9.2 Housing policy

This section summarises the relevant housing policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, housing policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

Housing policy is one of the main areas that has been affected by the recent changes in asylum legislation and policy. The establishment of the National Asylum Seeking Service (NASS) and the dispersal of asylum seekers away from London and the South East was motivated in significant part by the Government's desire to reduce pressure on local housing and public services:

*'...each area of the country should be expected to house its fair share of asylum seekers. Dispersal is a national response to what is a national responsibility. For too long London and other parts of the South East have borne a disproportionate responsibility for the support of asylum seekers'* (<http://www.ind.homeoffice.gov.uk>).

A particular implication of the changes to housing policy for asylum seekers is that those who chose to live in London rather than to be dispersed do not receive financial support for housing costs.

The housing needs of refugees and those with Leave to Remain status are addressed by mainstream housing policy. Of course, the shortage of affordable housing in many parts of the UK - especially in London - means that not all those who need a home in the social sector can readily access one.

It will be evident from the brief overview in this section that the establishment of a separate housing policy framework under NASS to provide accommodation for asylum seekers has not been without its problems, both in London and in the areas to which asylum seekers have been dispersed. Many homeless families with children in London are in temporary accommodation whilst they wait to be rehoused. This includes those who are granted full refugee status and then join the mainstream queue for housing.

Particular problems can arise for unaccompanied minors in London (where house prices and rental costs are exceptionally high) when they move out of local authority care and become responsible for their own housing costs. In addition, there is some evidence that young people aged 15, 16 and 17 are being housed in bed and breakfast accommodation and are receiving minimal support from social services (Refugee Council, 2003c).

Some of the asylum seekers in London who have been waiting a decision on their asylum claim for a long time continue to be housed under the provisions of the National Assistance Act. Meanwhile, the withdrawal of in-country support for asylum seekers who do not apply 'as soon as reasonably practicable' has doubtless contributed to the number of homeless asylum seekers in London and the South East.

### **9.2.1 Housing policy under the National Asylum Support Service**

If asylum seekers want to be supported by NASS, they are offered accommodation on a 'no choice' basis. Applicants are obliged to remain at this address unless the Home Office Immigration and Nationality Directorate (IND) authorises a move. The majority of destitute asylum seekers are now dispersed to accommodation outside London and the South East.

NASS has contracted with private housing providers and local authorities across the country to provide longer-term housing for asylum seekers, and aims for a mix of local authority, housing association and private



accommodation. Housing providers are contracted to provide both accommodation - in a good state of repair and furnished - and basic support. This support includes assisting asylum applicants to register with a GP; to register their children with a local school; to receive regular visits from a support worker to address any housing or other problems; and to contact the One Stop Service in the area (the Home Office has provided voluntary organisations with funds to establish and maintain One Stop Shops where asylum seekers can obtain advice and assistance). The housing providers usually also provide interpreters. Wherever possible, dispersal areas are being developed where there is already an infrastructure to assist asylum seekers and where the support of voluntary and community groups can be built up.

Challenges to dispersal usually have to be supported by extensive medical evidence and, if still unsuccessful, by way of judicial review. Although there is provision to prevent dispersal in exceptional circumstances (for example when an applicant is receiving medical treatment not available in the area of dispersal, or if an applicant's child has been attending a school for more than twelve months), such challenges are rarely successful.

Currently, the government is intending to establish induction, accommodation and removal centres, which will reduce the extent of dispersal.

#### *9.2.1.1 Emergency and temporary accommodation for destitute asylum applicants*

Newly-arrived asylum seekers who are destitute and in need of immediate housing and support can be placed in full-board temporary accommodation by a One Stop Service agency until their apply for NASS support has been assessed. This is referred to as emergency accommodation. During their stay in emergency accommodation, applicants do not receive any cash.

Although temporary accommodation is intended to be temporary, it is often semi-permanent because of a lack of alternative housing, particularly in London and the South East. The Home Office has committed itself to ending bed and breakfast accommodation for homeless families with children, but has not extended this undertaking to unaccompanied asylum-seeking young people. As part of the accommodation allocation process, most asylum-seeking families are placed in emergency accommodation for what is envisaged will be a short-term period. This procedure is similar to the current provision of temporary accommodation for homeless families. In both instances, despite best intentions, this accommodation can become long-term.

### *9.2.1.2 Induction centres*

The Home Office is currently phasing out emergency accommodation and is instead establishing a number of induction centres which will house asylum seekers whilst they are waiting to be dispersed. It is intended that various services will be provided to clients there, such as information briefings and health screenings. The policy surrounding induction centres is likely to change rapidly.

### *9.2.1.3 Dispersal accommodation*

NASS disperses some asylum seekers individually and others in groups. NASS operates a no-choice dispersal policy where asylum seekers receive only one offer of accommodation and have no choice of location. The dispersal accommodation is available to the client until they receive a decision on their asylum application.

### *9.2.1.4 Housing for unsuccessful asylum applicants*

If asylum seekers receive an initial negative decision, they may be entitled to remain in their accommodation and keep their NASS support whilst they make an appeal. Asylum seekers who have no more rights to appeal have their support from NASS terminated. NASS vouchers and housing stop 21 days after receipt of the final refusal. Asylum seekers supported by a local authority have their support terminated unless they are part of a family with dependent children. Families with children under 18 are not asked to leave their accommodation: they continue to receive support from either NASS or the local authority until removal from the UK has been organised.

### *9.2.1.5 Transitional cases: refugees awaiting permanent housing*

Asylum seekers who have in the past been housed by boroughs as homeless persons under the Housing Act 1996 should be able to move on to some form of permanent housing once refugee status is recognised or Exceptional Leave to Remain is granted. But since the timing and outcome of their application for asylum cannot be predetermined, there may be some time between the recognition of this status and finding a permanent home (whether elsewhere in the social housing sector or in the private rented sector): thus, at any given time, a local council may continue to house temporarily some refugee households.

### *9.2.1.6 'Backlog' cases*

Asylum seekers who applied for refugee status at their port of entry to the UK before April 2000 may have been assessed as eligible for assistance under the homelessness provisions of the Housing Act 1996, if they were homeless and in priority need (such as the household including a pregnant woman or the applicant is single and vulnerable). Such

households are placed in temporary accommodation by local authority housing departments, awaiting a decision on their asylum claim.

#### *9.2.1.7 Housing for successful asylum applicants*

Asylum seekers who have been given refugee status or Exceptional Leave to Remain have the same opportunities to access accommodation - and seek Housing Benefit support for the cost of their rent, if necessary - as the rest of the population. They are, for example, eligible to apply for social housing on the same terms as British citizens. They are also eligible to seek assistance from local housing authorities under homelessness legislation. For those who are unintentionally homeless and fall within a priority need group, the local authority has an obligation to ensure that suitable accommodation becomes available. Priority need groups include those who are vulnerable in some way and those who have dependent children.

Under NASS housing arrangements, once an asylum seeker has received a positive decision, they have 28 days to move into the mainstream support system.

#### **9.2.2 The housing situation for refugees and asylum seekers in London**

A key issue for London is that, since April 2000, a large proportion of new asylum seekers have declined the accommodation offer outside London and opted instead to accept from NASS the subsistence-only package. Within six months of the launch of the NASS regime, some London practitioners estimated that up to 60% of asylum seekers were choosing to take this (GLA, 2001). It can be assumed that most were technically homeless and lodging with friends or family. Currently therefore part of London's 'hidden homeless' population, if and when they get refugee status or Exceptional Leave to Remain, some of these can be expected to emerge explicitly as part of the capital's homeless population.

Meanwhile, refugees and those who have been granted other types of Leave to Remain in the UK will share many of the concerns of other households looking for accommodation in London: availability, access, quality, and affordability. However, particular difficulties may arise because of language difficulties, lack of familiarity with procedures to access social housing, and insufficient knowledge about the Housing Benefit system. Like others from Black and minority ethnic communities, refugees may also encounter prejudice and discrimination from private landlords.

It seems likely that the impact of dispersal has been to add to London's homeless population and/or those living in low-quality and over-crowded housing. Whilst faster initial decision-making on asylum claims and the

dispersal for new arrivals ought to bring a steady fall in their total number, this trend could be offset by the increasing number of appeals against negative asylum decisions.

## 9.3 Findings

### 9.3.1 Refugees, asylum seekers and housing: the literature

Accommodation provided for unaccompanied minors can include semi-independent housing, hostel accommodation or unsupported housing. In a study of young refugees and asylum seekers, Dennis (2002) found that 13 of 90 unaccompanied minors were homeless, however, and were not receiving assistance from Social Services departments because:

‘their status meant they were entitled to financial help from other sources, their needs were never assessed and they were not assisted in any way to find somewhere to live. This resulted in them living with, and being financially supported by, friends or voluntary agencies, while their claims for benefit were processed’ (p.10).

In the same study, of the unaccompanied minors who had been allocated accommodation, 17 lived in foster care, 14 in a young people’s hostel or semi-independent unit, and 21 (most aged 16-17) in unsupported housing. The others lived in children’s residential units, shared housing, adult hostels or in friends’ homes (p.12).

Dennis (p.11) comments that *‘housing is clearly a major element of a placement but it also includes support and other services provided to the young person by the caring agency.’* Dennis (p.12) reports that the unaccompanied minors in foster care experienced least difficulties, whereas those in hostels and unsupported housing were particularly vulnerable to problems such as lack of privacy, lack of support, overcrowding, lack of contact with members of their community, noise disturbance and having to leave accommodation *‘when they didn’t feel ready.’*

Dennis (p.12) stresses that placing young people in unsupported accommodation with unknown adults was particularly problematic and that *‘the high level of problems experienced by those young people placed in unsupported housing indicates that their needs are not being addressed by their placements.’* However, the practice is not uncommon: as revealed by the Audit Commission (2000), around 50% of unaccompanied minors aged 16-17 and 12% of those under 16 were placed by local authorities in accommodation housing single adults.

In a study of young separated refugees in the UK, Stanley (2001) also addressed the issue of housing for unaccompanied minors, reporting that they encountered particular difficulties if they were placed in hostels for homeless people. Further, private accommodation may be in poor condition, lacking the basic amenities, located in disadvantaged areas, and characterised by high crime rates that contribute to fears for personal safety. However, Stanley also highlights the possible problems of alternative options, such as housing unaccompanied minors together, as this may result in tensions between ethnic groups and the risk of aggression between young peers.

Stanley notes that whilst those young people in supported accommodation had some contact with a social worker, those who were not in supported accommodation, or who were supported under Section 17 of the Children Act and accommodated in areas outside the local authority area where they first presented, were less likely to have contact with a social worker. Indeed, in some regions, Stanley's sample had no access to a named social worker. On the other hand, some local authorities have specialist asylum teams within their Children's Services and Stanley (p.60) notes the link between the existence of these teams and *'young people reporting a positive and fruitful relationship with their social worker.'*

#### 9.3.1.1 Dispersal

Asylum seekers may be housed in areas outside the local authority where they first presented. This dispersal policy is implemented particularly by local authorities in the South East because of high housing costs, but implementation varies across the rest of the UK. One aspect of dispersal is a large variation across local authorities in the adequacy of the support package a young asylum seeker will receive (Barnado's, 2001).

Dispersal, particularly to locations outside London, may also put asylum seekers at risk of racial victimisation and persecution from local people: Dennis (2002 p.14) reports that *'some areas have a particularly high level of violence to asylum seekers.'*

The factors contributing to the social exclusion of young refugees and asylum seekers may be further exacerbated for those who choose to return to London after dispersal. Hinton (2001 p.3) reports that:

*'there is evidence that those who have been dispersed are drifting back to London to find work, to be near to their own communities or to escape racism and harassment in the region. As returners they will lose access to all support systems apart from health and education and will have no*

*access to welfare support, income and accommodation. It is anticipated that they will increasingly use homelessness services as they become more destitute.'*

The links between homelessness and having been looked after (ie in care) (DETR, 1999) and also between homelessness and problematic substance use (Fountain et al., 2003b) are well established. The research catalogued above clearly indicates that young asylum seekers are highly vulnerable to both homelessness and problematic drug use.

### *Dispersal of unaccompanied minors*

Theoretically, unaccompanied minors should not be subject to the policy of dispersal, but rather to childcare legislation (Ayotte and Williamson, 2000). However, the authors add, *'in practice, many of these children assessed as being in need under the Children Act are dealt with by teams working with adult asylum seekers. They may end up being dispersed along with adults even if their costs are recouped by a different budget'* (p.39).

When an asylum seeker is dispersed, their care remains the responsibility of the local authority Social Services Department where they originally presented, and not that of the host local authority, although the host authority should have been notified of the arrival and needs of asylum seekers in their area. However, as noted by Ayotte and Williamson (2000 p.38):

*'unfortunately in many instances there are no clear notification procedures between authorities for these transfers and, as a result, separated children have been placed in areas without the knowledge of the receiving local authority.'*

The Refugee Council (2003a) report that those children whose age is in dispute but are thought to be over 18 may be subject to dispersal, and also those who are not dispersed initially may be when they reach 18. Recent information from the Refugee Council website (<http://www.refugeecouncil.org.uk/>) shows that following campaigning, children looked after under Section 20 of the Children Act will be entitled to services from their local authority after their eighteenth birthday and will not be dispersed by the National Asylum Support Service (NASS). However, those not looked after under Section 20 will not be entitled to this.

### **9.3.2 Young refugees, asylum seekers and housing: results from interviews in London**

Almost half the interviewees were currently living with their immediate family (28) or other relatives (5). Twelve young people lived alone and

eleven with friends or housemates (data on current housing were missing in eleven cases). This section looks at their experiences finding accommodation after arriving in the UK (some of the Zimbabwean interviewees had immediately been placed in detention centres - their accounts of this prison-like experience appear in section 4.4.4).

### 9.3.2.1 Living with family and friends

If the young refugees and asylum seekers had family or friends in the UK, these were often their first option for accommodation on arrival:

*'... when we first came here we stayed at my relatives for two years.'*

*'We lived in my dad's friend's house for two months, and after that we were given a council house in Southgate.'*

*'When I arrived in Heathrow, they asked me if I knew anyone in London, I told them about my cousin... They called my cousin, he came and picked me up. Since then I haven't had any kind of help or information from anywhere. I have no income support, or it is not yet approved where I am going to live, I am really desperate.'*

*'... one of my friends let me stay with him for past two years, because I have no income and because I have been refused [status as an asylum seeker], the government pay me nothing.'*

However, living with family members was often problematic. For example, it was not always the case that families were close or that all members of the household welcomed the new arrival:

*'When we first came to UK we had to stay with our relatives which was a bit difficult and we didn't know them very well, we weren't close.'*

*'I am living with my cousin, my cousin got housemates. He tells me that me being there has brought a lot of disagreements and conflict between him and his housemates.'*

*'The relatives I am staying with always tell me I am a burden, that I eat too much, I waste their things. If they are not there, I will be at home alone taking care of their kid. They always accuse me of things I did not do.'*

Often, moving in with members of the family led to overcrowding:

*'Before I moved out of my uncle's house I was staying in my cousin's room (who is about eight now), I was sharing the room with him which made it*

*impossible for me to have my own private life, and study, it was just very crowded for me.'*

*'Staying with my husband's family is very frustrating because the house is not big enough for all of us. Six of us living in a three-bedroom house... His sister gave her bedroom to us, she is now sharing the bedroom with her brother... I don't want to feel like I'm sneaking into other people's private life.'*

#### 9.3.2.2 Accommodation via agents

In some cases, the agents who had brought the young refugees and asylum seekers to the UK (see section 4) had also arranged their accommodation. This was usually a room in a house, often shared with other young asylum seekers, and sometimes with the agents or their representatives. Until the young people found work (illegally and often via the agent - see section 8) rent and utility bills were paid for from a small amount of money provided by the agents on arrival, or the money interviewees had brought with them:

*'My agent told me that it was his friend's house and he told us to stay there. Maybe he was his partner agent but I don't know. I was given a room to stay.'*

*'When we reached there, the man took us to a house which was rented for us. He told that we need to pay the weekly rent of forty-five pounds each person. It was a three-bedroom house, private property.'*

*'Three of us were entitled to stay there... He showed us the house to stay... It was six hundred pounds a month... For the first two weeks we paid our house bills from whatever money we had brought from our house.'*

#### 9.3.2.3 Relying on strangers

Three interviewees arrived in the UK without any source of advice and support and had entrusted themselves to strangers:

*'It was when I was walking past some church and I heard my native tongue being spoken. I quickly ran over to the woman pleading for her help. She took me to her friend's house where they let me stay until I sorted things out.'*

*'... when I went to Home Office and told them that "I haven't got a place to go," they tell me to go... The lady who was dealing with me told me, "I don't know, just leave and go. Now you done the interview and appealed, we don't need you any more, just go." I asked her "Where should I go at*



*this time of the night? It is 8pm and I don't know anyone in here." I came out of Home Office very concerned and depressed. There was a pavement... I sat and start crying... I didn't know anyone, any place and even didn't know my way around in London... a Somalian man went past me. He turned back and asked me why I was crying... I told him that I am from Afghanistan... but got nowhere to go and don't know anyone too... He said that he would take me to a restaurant where immigrants from Heathrow stay there - Afghans too... I start travelling with him... I had to trust a stranger, in that situation you trust anyone... He took me to a restaurant and told them that I have just appealed and came from Heathrow, was there any booking for me in there? The man in the restaurant looked in his book and said that he had no names like mine in the booking list. He called Heathrow and they said that they don't have such a name in the immigration list... it was twelve [o'clock] in the night and so the Somalian man... had to go... I sat on a chair and start crying again... one of the Afghan woman who lived in the restaurant went to the manager and asked him if I could stay with them... I stayed with an Afghan family for two nights. In that nights I was awake all night, I couldn't sleep at all..."*

In another example of reliance on strangers, an agent had left a young man with £150 and no accommodation. This interviewee had not, at this stage, contacted the Home Office to ask for asylum, and was given shelter at a Chinese restaurant where he had been offered work. After staying there for a month, he met a Nepali man who:

*'...told me to go with him to his house so that he could help me... He gave me all the information about seeking asylum... He used to give me food to eat and I used to do the every house works [all the housework].'*

#### **9.3.2.4 Accommodation provided by employers**

In some instances, the young people were provided with accommodation by their employer:

*'They give me to eat and sleep. They are very kind to me. They have kept me there just as a part of their family.'*

#### **9.3.2.5 Temporary accommodation**

Most of those without friends or family in the UK were placed in some sort of temporary accommodation - usually a hostel or a bed and breakfast hotel - when they applied for asylum. Some interviewees reported satisfactory experiences of these:

*'I lived with three other Afghan boys in a very big room. I didn't have any complain about the hostel... The food was OK, the people were very helpful, and the bed was clean and everything was tidy.'*

*'I didn't know anyone in particular, but there were a few Afghans that we were introduced in the hotel... The hotel atmospheres were brilliant and the rooms were perfect and nice. We were served food two times [daily].'*

*'We got moved to some grimy bed-sit. It was alright, we couldn't complain. It was going to be a long process, we knew that at least. We got food, it was alright... At least we have a door that locks and a soft bed to sleep on.'*

Most of those who had been allocated temporary accommodation described it as overcrowded, dirty, and lacking in facilities, however:

*'The standard of hygiene was extremely low, there were cockroaches walking around the place. It was filthy.'*

*'I have a lot of problems with the place that I live in, we are about twelve people in a house with two bathrooms and one kitchen. I should say that one of the bathrooms is useless and we can't use that at all.'*

*'... we didn't have a kitchen, so we couldn't really cook food, the hotel supplied all our meals. I remember for about four months that we couldn't eat any meat because it wasn't halal, so all we ate was vegetables...'*

*'The hotel was very, very awful, because it was one little room and it was in an area called Neasden which was a very horrible area as well... when I came to the UK, to be put in an area like that, I was very shocked and I was very upset and I spent the whole two weeks basically crying every night, thinking oh my God, I thought it's gonna be better, but it looks way worse... the hotel was like, sharing bathrooms, sharing kitchen, sharing everything and we were not used to anything like this you know? And we just did not like it, we couldn't take any more...'*

*'They send me to another house where I had my own bedroom, but the room was so small that I couldn't even pray.'*

*'The first house I lived with my sister, it was horrible. Because we were crowded, it was a terrible place. The rooms were small, there was damp, everywhere was horrible. This house was only one bedroom flat, and the amount people [who] were living [there] was ten people.'*

Some interviewees reported feeling vulnerable in the temporary accommodation in which they had been placed. Some had been exposed to drug and alcohol use, and racism:

*'The accommodation [hostel] was alright, but the only problem was I couldn't have any visitors... also if I had to go anywhere or leave the premises I had to sign out and sign in again, and hand in my keys. This made me think that my whole life was controlled by other people... I lived for three months in that hostel...'*

*'Now I live with people of my own age, whereas before I lived with people of all ages... I feel safer now as compared to when I lived in the bed and breakfast.'*

*'I absolutely hated the place [bed and breakfast accommodation]. I did not feel safe - there was a lot of violence in the place. They were all men apart from me - I was the only girl. My neighbours got drunk, got into fights, and it all scared me... I did not open the door after 6pm, even if I really had to.'*

*'The people in my hostel were crack 'eads. Man had to constantly watch his tings, 'coz crack 'eads will do anything.'*

*'They gave us a very small hostel [room] for me, my three brothers and my sister. We were told they'd get us a place in Acton. They didn't. We got called "Pakis", and were racially abused...some people really hurt us and were arrogant towards us.'*

#### **9.3.2.6 Finding permanent accommodation**

Many interviewees had changed accommodation several times before finding somewhere permanent to live:

*'One of my brothers had his girlfriend already living here so we slept on the floor more time. So it was me and my brothers and my mumsy all living in a small flat... We must of got moved to some bed-sit in Holborn. It was very nasty in there. It was dirty, cold and we didn't really feel safe there. Eventually after six months, we got moved to another place, then we got our own place where we could call this home.'*

*'My husband, me and my son had to live in one room for four months until my passport was stamped Indefinite Leave to Remain... After that we waited for two months and was put in temporary accommodation for twelve months, and finally we have a home of our own.'*

*'Even since we came to this country we have changed many houses, we have had a difficult time with housing we had housing from London borough of Haringey and Hackney.'*

### 9.3.2.7 Homelessness

Two interviewees had spent time sleeping rough,

*'I was living in an abandoned car for about six months.'*

*'Well, for the first few nights I roughed it on the street.'*

Others were at risk of homelessness as a result of a refused asylum application:

*'... the council wants to take it [accommodation] back. I have a court with them. After the decision I will know if they take the flat or not. If they do, I will be homeless.'*

*'They stop paying my Housing Benefit when my application was turned down. Later they chucked us out from the house.'*

### 9.3.2.8 Help to find accommodation

A number of interviewees had sought help to find accommodation from agencies such as local authority housing departments or social services departments. Some reported fairly positive experiences:

*'An officer involved with welfare rights came over [in detention centre] and gave me advice on how to get started in my new home without hitches. I was given a travel pass to my new home, and given directions on how I would get there.'*

*'Sometimes they didn't always understand my dad, because of the language barrier, but they were always helpful.'*

*'I had contact with Social Services which they discussed my accommodation problem. They advised me that they could not give me my own place 'till I turned 19. However, they were able to provide me with a house which was shared with another person.'*

However, most had experienced problems when trying to get help to find accommodation:

*'Yes, I went there [housing department] but they refused me and told me "Because you haven't been granted any status, we can't support you"...*

*Their reaction was very negative. I asked them "What choice do I have now?", they said "You haven't got anything to do with us, you are on your own. Whatever you want to do, go and do it". And I had no choice but to borrow some money to support myself.'*

*'I had problems with them asking me to live with my brother and that he can support me. They said, "Your brother is older than you and he can support you". I used to live with my brother for two months, and he couldn't support me because he had work, also he came home very tired.'*

*'Housing support are not helping me at all. I was told that I could only be helped to find accommodation if I had a child, health problems or if I was disabled.'*

One of the young people who had spent some time being homeless reported that they were afraid to seek help to find accommodation:

*'I'm just too scared to go to the government or anyone for help in case I get sent back, you see.'*

#### **9.3.2.9 Type of permanent accommodation**

Many interviewees complained that when they were housed, it was on 'rough' estates:

*'I stayed in a very rough council estate... fights all the time, robberies as well.'*

*'... it was called Mozart [housing estate], big fight, thieves, loads of people smoking weed [marihuana], I was scared to be there. I don't go out a lot, I just stay at home and phone my mum in Iraq.'*

*'They put me on Stonebridge estate, and is a very bad estate, lots of trouble - drugs and that.'*

Some had been the victims of racist abuse on such estates:

*'We told these events [abuse from neighbours] to our local council office. They said they will look into the matter, but no action has been taken for it.'*

*'Council estates - some people really hurt us and were arrogant towards us.'*

A common concern was the high cost of housing in London, especially in the private sector:

*'The housing rent is too expensive - it is difficult to afford. I just want to have a council house because it is cheap.'*

*'It is too difficult to pay for rent in London. I would like there to be more improved housing and social service for refugees.'*

*'Basically, in housing there is a very big problem, especially for people who get benefits. Once you go there [to rented accommodation], they want deposit, they want one month's rent, which if you are someone who is claiming benefit, you would never, ever be able to get that kind of money. I mean, you can borrow it off someone and pay them later...so you have to suffer. You have to live with other people, which is OK if you've got good friends or family, otherwise you end up on the street.'*

One interviewee who arrived in the UK as an unaccompanied minor (he was an orphan) recalled his negative experiences of foster care:

*'My [white] foster parents had no love for me... There were certain things they should have been doing for me that they wasn't, and I only found out when I became of age.'*

#### **9.3.2.10 Relationships with neighbours**

Whatever their housing situation, there was little evidence of interviewees' interaction with neighbours:

*'They are OK - they are from different countries. At the beginning, they complained about us putting the music loud until late. We gather here every week, we smoke, drink and play cards, and of course put the music loud. But since their complaints, we lowered it down and there are not many complaints now.'*

*'Don't know my neighbours that live in my street, but I live with nine other people who I consider my neighbours.'*

*'Neighbours - I never had any communications.'*

*'I don't have a relationship with them. Except, there is a few Turkish Kurdish families who live in the flat, that we have a relationship with them.'*

*'They lived next door and you could tell the way they talked, and when we needed help they weren't helpful. I don't know, you could just tell the way they were staring at us. Not very sympathetic.'*

### **9.3.3 Housing services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

Housing is clearly a most important issue for refugees and asylum seekers, and for unaccompanied minors it is a major element of a placement which should also include other forms of support.

Exploring accommodation issues with representatives of various agencies revealed a number of concerns about the provision and quality of placements. Particular concern was expressed around the issue of dispersal and the destabilising effect that this could have once someone perceived that they had 'arrived' and were 'settled.' It was noted by interviewees that dispersal could lead to homelessness, with refugees and asylum seekers choosing to remain in an area in which they had made connections, rather than be dispersed.

Interviewees also commented on the lack of support received by unaccompanied minors who are placed in unsupported housing, particularly those aged 16 and 17, who are less likely to be 'looked after' under section 20 of the Children Act and as a consequence do not have their care plan reviewed regularly.

#### **9.3.3.1 Hackney: Youth Asylum Team**

The Youth Asylum Team is a joint venture between social services and housing departments and offers a service to unaccompanied asylum seekers aged 16 and 17. The Team assesses young people as children in need, as defined by the Children Act, for support subsistence and housing services until they are 18.

From a managed stock of housing, the service is able to offer placements in suitable shared accommodation. A variety of support is provided including: facilitating an understanding of sterling, the value of everyday goods, where to go shopping, how to access health services, and information on sexual health and drugs. This support is achieved through joint working with a variety of agencies, although interviewees reported that they are sometimes frustrated when attempting to engage other services who may be unable or unwilling to respond to the young asylum seekers' needs because of their immigration status.

Representatives of the service reported that many young people accessing the service are very vulnerable, and whilst highly motivated to be accepted into society, their vulnerability may result in them becoming engaged in illegal activities. These activities may have a

variety of functions, from providing financial support to developing networks of friends:

*'One of the main issues for these young people is isolation... we have to work to develop that sense of belonging. They are highly motivated they want to study, to be accepted, they are eager to please... and because of that there is the potential for exploitation, working illegally, crime, prostitution.'*

Interviewees also reported problems when the young people were allocated to the social services' Leaving Care Team. They can *'fall through the net of provision'* either because of service availability, the young person's willingness to engage, or their immigration status.

#### *9.3.3.2 Collaborative working*

As noted by interviewees from the Hackney Youth Asylum Team, above, Interviewees from the Camden and Islington Traumatic Stress Clinic and the Lambeth Refugee Support Centre also reported problems in collaborating with other agencies. Whilst these two agencies' links with various other agencies were reported to be good and collaborative work had shown to reap benefits, their efforts were often frustrated by the paucity of available housing and, on occasion, the lack of empathy shown by housing departments to the needs of asylum seekers.



## 10 Previous and current drug use

### 10.1 Risk and protective factors for problematic drug use amongst young people

An early onset of drug use is a risk factor for later problematic drug use<sup>1</sup>.

Hawkins, Catalano and Miller (1992) cite research which suggest that the earlier the age of initiation into the use of any drug, the greater the involvement in the use of other drugs (Kandel, 1982) and the greater the frequency of use (Fleming, Kellam and Brown, 1982).

Availability of drugs is, obviously, a factor affecting their use. Li, Pentz and Chou (2002 p.1548), for example, report that the more often young people were offered cigarettes, alcohol and marijuana, *'the less sure an adolescent was to refuse an offer. The less sure an adolescent was, the more likely he/she was to use substances.'*

### 10.2 Drug policy

This section summarises the relevant drug policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, drug policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3. Information on all aspects of national drugs policy can be found at <http://www.drugs.gov.uk>.

UK drug policy barely addresses refugees and asylum seekers, but its effectiveness or otherwise in relation to these groups is contingent upon a range of other issues, which increase their vulnerability to problematic drug use. These have been addressed throughout this report.

#### 10.2.1 Overall drug policy framework

In December 2002, the government launched the *Updated Drug Strategy 2002* ([http://www.drugs.gov.uk/ReportsandPublications/NationalStrategy/1038840683/Updated\\_Drug\\_Strategy02\\_Executive\\_Summary.pdf](http://www.drugs.gov.uk/ReportsandPublications/NationalStrategy/1038840683/Updated_Drug_Strategy02_Executive_Summary.pdf)), which adapted and built on the 1998 Drug Strategy. Aiming to reduce the harm that drugs cause to society - communities, individuals and their families - the 2002 Drug Strategy has four main elements:

- **Young people:** preventing today's young people from becoming tomorrow's problematic drug users.
- **Reducing supply:** reducing the supply of illegal drugs.

- **Communities:** reducing drug-related crime and its impact on communities.
- **Treatment and harm minimisation:** reducing drug use and drug-related offending through treatment and support, and reducing drug-related death through harm minimisation.

The government recognises that the problems of drug use are complex and require integrated solutions and co-ordinated delivery of services involving education, intelligence and enforcement, social and economic policy, and health. Tackling drugs requires effective joint working between government departments at national level, and similar partnership working between agencies at local level. The Drug Strategy advocates a number of joined-up actions, co-ordinated by policies concerned with health and social care, education, tougher sentencing, treatment and economic issues. National policies aimed at tackling drug use are central to the *Government's Crime and Disorder Reduction Strategy* (detailed in section 7.2.1).

The Home Office drives delivery of the Drug Strategy at Ministerial and official level, in partnership with the Department of Health, the Department for Education and Skills, HM Customs and Excise, the Office of the Deputy Prime Minister, and the Foreign and Commonwealth Office. Performance against targets is regularly monitored in formal reviews between the Prime Minister and Secretaries of State. A number of key departments and agencies have a role in delivering the policy and are described below.

#### *National Treatment Agency*

The National Treatment Agency for Substance Misuse (NTA) drives delivery of treatment services throughout England. The NTA is a special health authority, established by the Government in 2001 to improve the availability, capacity and effectiveness of drug treatment in England by:

- improving the commissioning of drug treatment services
- promoting evidence-based and co-ordinated practice
- improving the performance of drug treatment commissioners and practitioners.

The NTA is responsible for the treatment targets of the drug strategy, which are to double the number of people in treatment - from 100,000 in 1998 to 200,000 in 2008 - and to increase the proportion successfully completing or appropriately continuing treatment, year on year. The NTA also impacts on the other elements of the drug strategy, such as protecting communities from drug-related crime.

### *Directorate Secretariat Unit*

The Directorate Secretariat Unit oversees the delivery of the National Drugs Strategy. It is responsible for co-ordinating the drugs input to Spending Reviews, Drug Strategy Delivery Plans, and performance management of the Drug Strategy.

### *Criminal Justice Interventions Programme Drugs Unit - CJIPDU*

The Criminal Justice Interventions Programme Drugs Unit (CJIPDU) was formed in February 2003 to respond to a major expansion of criminal justice interventions, aimed at getting problematic drug-using offenders out of crime and into effective treatment (see section 7.2.1 for more detail on CJIP).

### *Drug Action Teams (DATs)*

Drug Action Teams (DATs) bring together representatives of all the local agencies involved in tackling drug use, including the health authority, local authority, police, probation, social services, education and youth services, and the voluntary sector. DATs work with Crime and Disorder Reduction Partnerships (CDRPs) to help the police and communities tackle local drug problems and associated crime.

## **10.2.2 Policies to reduce drug use amongst Black and minority ethnic communities**

Within the overall Drug Strategy there is a Diversity Strategy which aims to ensure that under-represented groups have access to drug prevention education and treatment ([http://www.drugs.gov.uk/NationalStrategy/Diversity/DSD\\_Diversity\\_Delivery\\_Plan.pdf](http://www.drugs.gov.uk/NationalStrategy/Diversity/DSD_Diversity_Delivery_Plan.pdf)). Policy in this area recognises that women, Black and minority ethnic communities, disabled people, and other groups have specific needs in relation to the delivery of drug services. The Diversity Strategy also aims to increase the number of Black and minority ethnic young people, who are disproportionately represented within vulnerable groups, receiving drug prevention education and treatment services. The additional vulnerability of Black and minority ethnic communities to drug use is seen to arise from a range of factors including unemployment, poverty, being in Local Authority care, low educational achievement, exclusion from school, and disproportionate involvement with the youth justice system. In response to these issues, policy efforts are being co-ordinated to tackle the deprivation and social exclusion which disproportionately affects Black and minority ethnic communities (see section 13.2).

## **10.2.3 Policies to reduce drug use by young people**

As described above, policies to prevent and reduce drug use by young people are central to both the overall Drug Strategy and the Crime and

Disorder Reduction Strategy. **Within the Home Office, the Treatment and Young People Drugs Unit (TYPDU)** is responsible for the delivery of strategy aims relating to drug treatment and young people, in partnership with the Department of Health and the Department for Education and Skills. The unit is also responsible for the performance management of DATs through the Regional Drug Strategy teams, diversity, workforce planning, *Positive Futures*, and the *Blueprint* drug education research programme.

The Government believes that the most effective way of reducing the harm drugs cause is to persuade all potential users, but particularly the young, not to use them. Success will be achieved only if young people are prevented from developing drug problems, if the prevalence of drugs on the streets is reduced, and if the number of young people with existing drug problems in effective treatment is increased. By March 2006, it is intended that there will be the capacity to support 40 - 50,000 young people with drug problems. It is envisaged that, by 2008, the drug strategy will have driven down the number of young people who go on to become future problematic drug users.

Since 1998, universal programmes of education and information have been expanded. Drug education is now part of the National Curriculum and 80% of primary and 96% of secondary schools have adopted drug education policies. Additional policies which specifically address drug use by young people are:

#### *Connexions*

The role of Connexions is to give children and young people in England a better start in life. Eighty per cent of England is covered by the new Connexions Service, the work of which includes identifying young people with drug problems and arranging specialist help for them as a part of their wider role to support all young people.

#### *Positive Futures*

Positive Futures is a national sports-based social inclusion programme for young people aged 10-19, offering opportunities to engage in employment, education and training. It aims to use sport and arts to engage the most vulnerable young people by developing skills to help them resist drugs and re-enter education and training. Positive Futures brings together in one programme the support of a number of government departments and agencies including the Home Office, Department of Health, Department of Culture, Media and Sport, Connexions (Department for Education and Skills), Sport England, Youth Justice Board and the Football Foundation. The programme is funded by

the Home Office, the Football Foundation and Sport England and delivered locally through partnerships consisting of agencies such as charities, local authorities, schools, and the police.

## 10.3 Findings

### 10.3.1 Refugees, asylum seekers and drug use: the literature

In 1994, D'Avanzo, Fry and Froman (1994 p.420) reported from the USA that the extent and nature of drug use amongst refugees and asylum seekers was difficult to ascertain '*because the groups are diverse and because those believed to be at greatest risk, such as recent immigrants or refugees, have seldom been interviewed [for research projects].*' The authors add that this sparse knowledge base is compounded by high levels of under-reporting of drug use by Black and minority ethnic communities generally, and is echoed more recently by Cragg Ross Dawson (2003) and Fountain et al. (2003a) in the UK:

*'Very little is known for certain about how many refugees and asylum seekers have drug dependency problems. There appear to be no reliable figures from drug services. Refugees and asylum seekers very rarely access services, but this does not mean that they are not in need of them; the reasons why BME [Black and minority ethnic] groups are less likely than the white majority to access drug services apply yet more strongly to refugees and asylum seekers. Arrest figures from the police and treatment figures from the NHS [National Health Service] do not reliably indicate immigration status' (Cragg Ross Dawson, 2003 p.3)*

It is unsurprising that, on entry to the UK, many asylum seekers are unwilling to disclose problematic drug use and/or to seek help for it because they fear that this will negatively affect their asylum application (Westermeyer, 1993; Cragg Ross Dawson, 2003). Further, as Brako and Saleh (2001) point out in relation to young asylum seekers in the UK from Sierra Leone, there are mental health consequences of their treatment during the conflicts there, and, rather than gaining access to treatment and support, they are more likely to begin or continue to use drugs to cope with the UK immigration process.

Studies of drug use amongst refugees and asylum seekers in the UK are extremely sparse, but there are reports that some may have had experience of drugs prior to arriving in the UK, in refugee camps; because they had been given drugs to control their behaviour whilst fighting during conflicts; or because drugs had been used to increase their suffering whilst imprisoned. For example, Brako and Saleh (2001 pp.44-45) report how drugs were used on young people (some of whom were

young Ugandans) kidnapped by rebels during the conflicts in Sierra Leone and forced to fight. The rebels used methods such as injecting cocaine into the corner of the eye, or pushing the drug into an open wound. It is important, however, as pointed out by Cragg Ross Dawson (2003 p.3), not to view refugees and asylum seekers as an homogenous group, and *'it is not sensible to generalise about the likelihood of their having been involved in drug taking or dealing before arrival in the UK.'*

Young refugees and asylum seekers may use substances that are traditionally used by their ethnic / national group, such as qat (khat) or paan (Bashford, Buffin and Patel, 2003). Restrictions on the use of these substances in an individual's homeland may no longer apply in the country of resettlement. For example, in Somalia, qat is traditionally used by adult religious males, with use amongst young people under twenty years of age restricted and use by females rejected. However, Whittington and Abdi (2001) report that, amongst the Somali community in Lewisham, London, both women and young men are using qat in greater quantities than would be the case if they were living in Somalia. Cragg Ross Dawson (2003) also note this phenomenon. In the UK, young refugees and asylum seekers may also become part of an environment in which, as MacDonald and Marsh (2002 p.29) point out in their review of a number of UK studies, includes the so-called 'normalisation' of the use of some drugs for recreational purposes amongst young people. In Australia, Reid et al. (2002) report that the acculturation of refugees and asylum seekers may also include adoption of local drug-using patterns. This phenomenon has also been noted in the UK: Whittington and Abdi (2001) report that community workers and community members in Lewisham, Tower Hamlets, Greenwich and Haringey have reported not only the use of qat, but also of cannabis, heroin and cocaine amongst young Somalis.

It is important to note that refugees and asylum seekers not currently using drugs in the UK may be at risk of problematic drug use in the future. Based on the results of a number of earlier studies in the USA (including Krupinski, 1967 and Silverman et al, 1971) Westermeyer (1993) proposes that problematic use may not develop until 5-10 years after resettlement in another country.

### 10.3.2 Young refugees, asylum seekers and drug use: results from interviews in London

Where interviewees discussed the reasons why they and/or other refugees and asylum seekers used drugs, several were cited repeatedly: boredom; peer pressure; emotional suffering and problems; depression; and the availability and use of drugs in local environments. Several young people said they knew who to approach in order to obtain drugs, that drugs were widely available, and that dealing was commonplace.

Those who had used drugs but no longer did so gave a number of reasons. Some attributed their abstinence to parting company with friends with whom they had used, others had experimented briefly with drugs and were unimpressed with the effects, whilst a number spoke of the effects they had seen in the lives of drug users and did not want this to happen to them. Few interviewees displayed an awareness of drug services.

#### 10.3.2.1 Drug use amongst the sample

Some interviewees had used drugs prior to arriving in the UK:

*'I used to smoke [cannabis] in Afghanistan for about two years with my friends... When they smoked they invited me as well and I started smoking with them. When I moved in Iran I leaved it forever. It is not really good thing to do.'*

*'The reason for me taking marijuana was pressure of being harassed... I used to think that marijuana would make me forget my problems, but it didn't do that... Since I came here, I have never smoked marijuana and never been offered any.'*

Some had used unspecified 'tablets' and Phynsidel (a cough medicine) in their home countries:

*'We had taken one bottle each of Phynsidel, and then went to attend [science] exam. After I got the result of that exam, I was passed in all subjects except science. I got zero in that subject. I don't know what I have written in that day.'*

Around one-third of the sample had used drugs since arriving in the UK. In most cases, use was mainly confined to cannabis and did not appear to be currently problematic:

*'... I have tried it [cannabis] once or twice and I didn't like it, so I stopped... one of my friends offered me and I took it to see the effects.'*

*I was laughing for no reason and so I thought what is the point when it doesn't have any effect. Drinking is much better.'*

*'I am not taking now, but I have tried a few drugs before. When I was with friends and got drunk, I took drugs as well to see its effects... I don't know the name well, I think it was puff... I think it was cannabis... I took it to experience its effects and how it feels. I like experiencing things. I haven't tried heroin because I know it's dangerous and I will never try it.'*

*'Me ain't no crack head. I just used to smoke weed [marijuana] or skunk [strong marijuana].'*

*'During my previous college I got involved with skunk and weed. I got used to the two substances so much that I was constantly smoking it. I knew it was bad for my health but I was addicted to it too much, I could not get rid of it...because my friends in my previous college were also smoking weed and skunk, it was hard for me to leave the substances 'till I left that college and left the friends that I used to hang around with.'*

*'In my family, I am the first one to take drugs in this country... Skunk, weed, hash [cannabis resin], I tried all of those... When I feel I can't get out of psychologically, most time I feel I want to sleep, and I can't sleep. Then I feel I want to drink alcohol or I smoke weed...'*

A small number of the young refugees and asylum seekers had used substances other than cannabis, however:

*'I first started using drugs when I was 17, that was when I was in college. A friend of mine gave me heroin... From then I started smoking heroin, and still am, but will be starting a [drug treatment] programme to stop smoking. Since I've started smoking heroin, I've come across and met a lot of people with drug problems. I never knew drugs were this common.'*

*'I smoked hash, I smoked skunk, I smoked weed, I smoked commercial [marijuana], I smoked crack and I took stackers [ecstasy].'*

*'At first it was smoking drugs like cannabis but then you would move onto ecstasy and drugs like that.'*



### 10.3.2.2 Reasons for not using drugs

Most interviewees (about two thirds) had never used drugs, and had very strong reasons for not doing so. Many spoke about the effects on health:

*'Drugs is very far from me. I don't like drugs... it's a poison... I am scared of taking drugs because it kills life.'*

*'I have never felt that there was a need for me to take drugs and drugs are not good for anyone. I think drugs become harmful when you misuse them.'*

*'Drugs are not healthy for one to take willy-nilly, since they one way or another destroy one's conscience and one's credibility to be a responsible person.'*

*'I have heard a lots of bad stories about people who take drugs and alcohol, and in my points of view, people who are taking drugs or too much alcohol are gambling to their lives, and I am sure that they regret at the end of the day.'*

*'... I've heard of the effects they have on people, especially studying pharmacy. Drugs misuse is very dangerous, I'd never put myself in a situation like that.'*

Others said they did not use drugs because they had seen the effect on those who did:

*'I've seen many drug addicted person and I've also heard from newspapers and TV shows. Many people dies every year 'cause of drugs.'*

*'I know they [acquaintances] may get relax by taking drugs right now, but they are definitely gonna get affected greatly by a harmful disease. At that time, they can't even regret. We all young generation should always try to say "no" to drugs... Some of the person may get aggressive when they take drugs. They starts doing bad things in the community. You can see in the most places, smashing glasses of the telephone booth, smashing glasses of the houses and sometime robbery as well.'*

*'He [interviewee's father] was arrested and put in Pentonville prison for attempted murder... He had to feed his habit...'*

Many of the young interviewees cited their religion as a reason for not using drugs:

*'I'm very strict in my religion. Besides, I don't even like people who are involved with drugs, let alone taking it [myself].'*

*'It's [drug use] not in my standards and principles from the church...'*

*'I was once in love with a drug addict and I ended the relationship...The guy was pressuring me into taking drugs and I refused because I am a Christian and I know that drugs are harmful and give you more problems, and not solutions to your problems.'*

*'... it is forbidden in our religion.'*

*'... my religion does not allow me to smoke drugs or drink anything, so I would never actually think of doing it.'*

A few interviewees spoke about their parents' influence as a reason for not using drugs:

*'A lot of it is to do with my upbringing as well. Without my parents teaching me it's wrong and why it's wrong, I would have probably taken drugs.'*

*'I was tempted, but I remembered my dad and did not want to let him down.'*

One non-drug user noted the cost of drug use, although appeared not to have ruled out future use:

*'I haven't got the money for it even if I wanted to...If I think that drinking, smoking or taking drugs would calm me down and help me with easing of my pains, I would do it. Besides, I don't have the money at the moment, but I have thought about it before.'*

A few of those who had used drugs in the past, but no longer did so commented on the reasons for this. One ex-drug user had spent five months in prison in Zimbabwe for stealing from a neighbour in order to fund their drug use and commented:

*'Since I came here [UK], I have never seen stealing as an answer to problems. Drugs are harmful and they bring misery to lives... There are many people who are on drugs who have lost everything -their families,*

*friends and their jobs. I didn't want that to happen to me. That's why I stopped taking drugs.'*

Another had ceased using drugs because they had changed their friends:

*'[Friends in the UK] are Christians and they don't drink alcohol or take drugs, which is a good thing.'*

### 10.3.2.3 Availability of drugs

Many of the interviewees commented on the widespread availability of drugs in London:

*'In London, any street you go and any road you turn, there is drugs, you don't have to look for it. People offer you, the dealers will approach you, all you have to do is give them the money and get what you want.'*

*'I have seen people buying weed, I think that's what it was. That's what I was told it is...'*

*'Everything's available, cocaine, heroin...'*

*'Supply is everywhere, you have deals in school, after school, at the estate, in the park, everywhere.'*

*'When I was working as a takeaway chef... I had a lot of customers who had been taking weed and they used to ask me if I wanted any...said it would make me feel better.'*

A few interviewees had no personal experience of the availability of drugs, however:

*'I have heard a lot - it is not good for health and it makes you sick. I don't have mates who use drugs and I have never been offered.'*

*'I have not seen or been offered any drugs. To be honest, I don't really know a lot about them things.'*

*'I know around my area there is some drug dealing going on, but I have not come across them yet.'*

Some interviewees commented on the high prevalence of drug use:

*'There is a lot of evidence of drug taking, with the needles on the floor and so on...'*

*'... I used to go to this school which was like not much of a nice school, with like smoking and drugs and stuff like that...'*

*'Well, I can see it getting much more, especially these days. You know, guys these days are getting more tempted into it...'*

*'I see that every day in my environment...'*

Many interviewees knew people who used drugs:

*'That friend of mine who I know from Afghanistan, he used to take cannabis when he was in Afghanistan. He started it for fun, but now he takes it all the time.'*

*'My brother cannot sleep without taking cannabis, and I used to have friends in Africa who used to smoke cannabis every day.'*

*'I would say 95% of friends, they will take at least one drug...'*

*'I do consider drugs to be harmful, because my friend has lost direction and all that he works for is drugs... He says drugs make him relax and not think about anything, which is something that I don't believe.'*

*'I have lots of friends who takes drugs. They take it in local areas like snooker clubs. I want to help them... I never could stop them or help them, so I am helpless to my friends.'*

#### **10.3.2.4 Reasons for drug use**

Interviewees gave a variety of reasons for why they thought drugs are used by refugees and asylum seekers:

*'I can say that our people's main problems are housing, visa, no job, or they have problems with their family who are in Afghanistan or Pakistan. They can't help them, or they have no documents allowing them to travel there and visit them. That's why they use drugs, because they are suffering emotionally.'*

*'Boredom, maybe they get too much free time, also isolation from society. They also have family problems, like they have to support their family financially, and in order to do that they have to work day and night. At the end of the day they get really tired and can't study, and have to do something to waste time until their next shift...'*

*'Where I am working... I do meet a lot of teenagers and youths who are hooked on drugs... From my experience, I can say people are very lonely, especially among the refugees - that's where there are high numbers of drug and alcohol abuse.'*

*'One of my friends... he is Afghan, and he has to drink 24/7, because he has been living in the country for the past seven years and he hasn't been given any kind of status.'*

Others shared insights into reasons for their own drug use:

*'... you have come to a new world, you feel depressed, you need to concentrate on something else, but then you just get more depressed.'*

*'Drugs is a medicine, or I thought it was anyway. You see the people around you don't make you feel any better, and the environment, like the estates encourages you to take [drugs].'*

*'[I use drugs] when I have problems and when I am angry to make me happy. It changes the way you think and takes your minds off things.'*

*'The rest of the world is very happy and have happy life, got peace, but we haven't even got peace from the rest of the world, so this was the main thing that tortured me. I drink, but it didn't help. Then I went further, to... even drugs.'*

Some interviewees discussed the influence of their drug-using friends on their own drug use:

*'Sit at home, watch television, I would smoke a cigarette and they [friends] would smoke drugs, and slowly then I would start to smoke drugs as well.'*

*'I guess it was peer pressure that got me to take the drugs and a lot of friends were involved in it, so it was the "in" thing at the time ...'*

*'I felt pressure from my friends, everyone was doing. I couldn't say no... you do it because if you don't, you get beaten up.'*

*'They said "If you don't take it, I'll slap you," or something. I was scared. Anyway, it was good for me, I was relaxed.'*

*'... friends they say "Take it, take it." You think "one time - nothing will happen."'*

### 10.3.2.5 Drug services

Just three interviewees had some awareness of drug services:

*'I am aware that there is drugs services around every borough in London, which I believe is called the Drugs Action Team, because I remember covering a topic on drugs and alcohol in college. The topic cover a lot on drugs and its effect.'*

Another thought that GPs would be able to provide help:

*'I know they do some kind of service. We could find out but we don't give the effort.'*

An interviewee who used heroin was about to start a drug treatment programme:

*'I tried to give up before a couple of times with the programme, but it was not successful. But now I must give up as I am getting ready for marriage.'*

Another drug user maintained they would not ask a drug service for help, however:

*'... I wouldn't contact them because I could stop myself from doing that because I was doing it for a reason. So that's why I didn't contact them... they say it's not good for your health, it will kill you. I know that, even a five year-old knows that, so what is the point of repeating a simple sentence again and again, which I know already?'*

One young person had found help for their drug use via their religion:

*'I sat down one day and just started crying. I needed help, and a few of the more religious guys in the community provided me with that help... My first obstacle was Saddam [Husseini], and I overcame that. My second obstacle was drugs, and I overcame that as well. God provides you with help when you need it. I needed help when I came and I did not get much. But when this happened, it made me realise the importance of God when you think you have no-one.'*

### 10.3.2.6 Involvement in drug distribution

Two interviewees currently sold drugs, and another had done so in the past:

*'I can't justify why, but here goes. To make a living, I've been blotting herb [selling marihuana]. I do get quite a lot for selling this... One of my brothers showed me about this - that's how I started doing this...'*

*"They kicked me out of school because of drugs and selling weed...."*

### 10.3.2.7 Alcohol use

A number of interviewees drank alcohol, including those whose religion prohibited this. Most stressed that their alcohol use was sporadic:

*'Tell you the truth, drinking helps especially when I am down. You see I don't know what future holds for me, I have no family, no education, no support, no home and status. So when I drink I don't remember all this and it calms me down.'*

*'I am not an alcoholic. I only take it when I am in parties or when I invite my friends round.'*

*'I only drink when I am in parties...'*

*'About two or three times a month when I am with friends or in a party.'*

## 10.3.3 Drug services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice

Whilst problematic substance use amongst young refugees and asylum seekers is reported to be low, intervention work has been built into programmes of work, either as part of targeted health promotion or embedded in support services. Two specific projects are detailed here.

### 10.3.3.1 New Roots

New Roots is a community-based alcohol and drugs agency working specifically with Black and minority ethnic communities (including refugees and asylum seekers) in Camden, Islington, Westminster, and Kensington and Chelsea. Included in the agency's activities are assessments, brief interventions, a referral service and support for clients during treatment and day care.

Community development work is also undertaken by New Roots and focuses upon specific communities. For example, work is currently underway with Somali communities with the aim of engaging them on the

issue of drugs and alcohol, promoting awareness, developing information and training materials with the community, and providing support for those who are experiencing difficulties with substance use.

New Roots is also responsible for facilitating a drugs and alcohol forum for Black and minority ethnic groups and local service providers. By bringing together various parties to discuss the provision of interventions, it is hoped that services and responses can continue to be appropriately developed.

A representative of New Roots noted the link between the type of accommodation and drug use:

*'Refugees get placed where there is housing and this is often in areas where drug and alcohol use is common, that can cause problems, this can cause some of them to get into using [drugs and alcohol].'*

Interviewees from New Roots reported that many refugees and asylum seekers did not access their services for a variety of reasons, including a lack of awareness about the services; difficulties in negotiating them because of a lack of understanding of the way they operated; the language barrier; and not wishing to expose themselves to further distress and trauma:

*'There is a reluctance to come forward, to admit to having a problem, having another problem, for yourself and your community.'*

#### **10.3.3.2 The Stockwell Project**

The Stockwell Project in Lambeth is a community-based direct access service for adult drug users with enduring dependence, and clients include refugees and asylum seekers. The Project provides addiction services including harm reduction interventions (needle exchange and contraception), shared care, and a specialist Portuguese clinic developed in response to a growing local need.

It was reported by workers from the Stockwell Project that an embryonic drug-using career can escalate once an individual has entered the UK, with a rapid increase in the amount and the range of drugs used. It was also noted that drug use may be associated with self-medication and that inexperience with drugs was often reflected in poor injecting practice and other harmful drug-using behaviour.



Interviewees reported a direct relationship between early referrals and successful outcomes. However, clients often entered the service in crisis. The reasons given for this were diverse but included:

- clients' reluctance to divulge their drug use as it might affect their immigration status
- rather than being dispersed, asylum seekers chose to remain in an area and thus had concerns about help-seeking
- a lack of understanding of the services available
- local services, particularly those relating to refugees and asylum seekers, being overworked.

Concern was also expressed in terms of long waiting lists for entry into health services, with particular reference being made to mental health services by clients presenting with a dual diagnosis.

The Stockwell Project also engages with wider needs: it is well-linked with primary health care, support and housing services and provides advice and support on, state benefits, housing, homelessness, and legal issues, and work with those on probation. However, in summarising their work with refugees and asylum seekers, it was noted by representatives of the project that *'The reality is that the future is not bright for them.'*



## 11 Family

### 11.1 Risk and protective factors for problematic drug use amongst young people

The risk factors for problematic drug use related to the family are:<sup>1</sup>

- Problematic drug use by parents
- Problematic drug use by siblings
- Problematic drug use by partner
- Family disruption
- Family conflict
- Family breakdown
- Poor attachment to parents (see also Farrell and White, 1998)
- Poor communication with parents
- Family criminality
- Tolerance of drug use in the family (see also Miller and Plant, 2003 p.24)
- Inconsistent parental discipline

Von Sydow et al. (2002) have identified living with parental mental disorders as a risk factor for cannabis dependence amongst children and these authors and Green (1999) have shown an association between parental mortality and drug use. For example, von Sydow et al. (p.61) found that the death of one parent before the age of 15 was a risk factor for cannabis dependence and was *'the most powerful predictor of the transition into dependence.'*

The family-related protective factors for problematic drug use are:<sup>1</sup>

- Parental supervision
- Strong parent-child attachment

### 11.2 Family policy

This section summarises the relevant family policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, family policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

National family policy aims to support families via a wide range of initiatives. The bodies responsible for delivering the policies include the National Institute for Families and Parenting, set up in 1999 to promote marriage and parenting and funded jointly by the Home Office, Lord

Chancellor's Department, Department of Health, Department for Education and Employment (now the Department for Education and Skills), and the Department of Social Security. *Supporting Families* was set up in 1997 by the Prime Minister, to develop a coherent government strategy to increase the support and help available to families.

For refugee and asylum-seeking families, many of the issues which affect them on a day-to-day basis arise from their ability or otherwise to reunite family members who have become separated through events in the country of origin or subsequently. Children and young people who are separated from their families may be cared for by a foster family and are the responsibility of the local authority. Some young people - particularly those aged 16-18 - who have been separated from their parents may be living on their own in bed and breakfast accommodation (see sections 9.2 and 9.3.1). For these children and young people, being reunited with other family members is a priority. For families that have remained together, the wide range of issues in relation to housing, education, employment and health discussed in the relevant sections of this report, will impact on their ability to thrive.

### **11.2.1 Policies to support parents and carers**

The principle that the family is the most critical influence on a child's life and that this should, where possible, provide the environment in which a child grows up, is reflected in all government policy across a wide range of departments. For asylum-seeking families, the insecurity that comes from waiting for a decision on the application for asylum can undermine the ability of the family to function. Many families will benefit from the Indefinite Leave to Remain Exercise ([http://www.refugeecouncil.org.uk/downloads/policy\\_briefings/amnesty\\_feb04.pdf](http://www.refugeecouncil.org.uk/downloads/policy_briefings/amnesty_feb04.pdf)), detailed in section 2.3.2. This one-off exercise allows families who entered the UK before the present government's first changes to the law on asylum to stay in the UK indefinitely. Removal under the old system was very difficult and as these families with children have already been here some years, their status is being regularised. It should be noted that not all families are eligible, however, and that the process does not automatically mean that their housing and other circumstances improve.

### **11.2.2 Policies for family reunion**

*Policies regarding family reunion are dealt with by the Home Office and are obviously critical for the welfare of those children and young people who arrive in the UK alone. They are often equally relevant for children within families where, perhaps owing to trauma and their experience of migration, parents have lost their parenting skills, or where the*

*relationship to the extended family member with whom a child arrives is tenuous and the child is effectively unaccompanied.*

The government's policies for family reunion allow those with refugee status to be joined in the UK by their spouses and children. Only pre-existing families are eligible for family reunion - that is, the spouse and children under 18 who formed part of the family unit prior to the time the sponsor fled to seek asylum. The Home Office may exceptionally allow other members of the family (such as elderly parents) to come to the UK if there are compelling, compassionate circumstances. Most importantly, given the focus of this report on vulnerable children and young people, the parents and siblings of a minor who has been recognised as a refugee are not entitled to family reunion unless there are compelling, compassionate circumstances.

For asylum seekers, there is no right to family reunion, and for those with other types of Leave to Remain, the length of time after which family reunion can take place varies.

Children and young people who have been separated from their families in their country of origin cannot apply to have their parents join them in the UK. The introduction of Humanitarian Protection and Discretionary Leave to Remain in December 2003 was used by the Home Office as an opportunity to clarify this: previously, parents had been allowed to join their children in the UK. The policy change has been criticised by those who believe that this policy will lead to more separated refugee children in care.

It should also be noted that regardless of the immigration status of the individual, anyone who wishes to have family members join them must provide evidence that they can support and accommodate them in the UK. Given the poverty and unemployment experienced by many refugees and others with Leave to Remain, fulfilling this requirement can prove very difficult.

#### ***11.2.2.1 Exceptional Leave to Remain***

Family members qualify to join a person granted Exceptional Leave to Remain (ELR) once that person becomes eligible to apply for Indefinite Leave to Remain (ILR), four years after being granted ELR. Although applications may be considered before the four-year point, entry clearance will be granted only where there are compelling, compassionate circumstances.

#### 11.2.2.2 Humanitarian Protection

Family members qualify for family reunion once the sponsor has been granted ILR in the UK, normally after completing three years of Humanitarian Protection (HP). Applications may be considered before the sponsor has been granted ILR, but, again, entry clearance is only granted in those cases where there are compelling, compassionate circumstances.

#### 11.2.2.3 Discretionary Leave to Remain

Family members are eligible for family reunion once the sponsor has been granted ILR in the UK, normally after completing six years of Discretionary Leave to Remain (DLR). Again, exceptions to this are only made if there are compelling, compassionate circumstances.

### 11.3 Findings

#### 11.3.1 Refugees, asylum seekers and the family: the literature

Ayotte and Williamson (2001 p.15) believe that, throughout Western Europe, unaccompanied minors' separation from their families inevitably *'renders them vulnerable to a number of risks and likely to be disadvantaged in emotional, social, educational and economic terms.'* This vulnerable status is highly likely to include susceptibility to the development of problematic drug use, as illustrated Westermeyer (1993 pp.315-316) who reports from a study of a small number of young refugees and asylum seekers receiving drug treatment in the USA that *'status as an unaccompanied minor appears to have been an important etiological factor'* in the development of problematic substance use.

Sourander (1998 p.720) has noted that *'the family appears to play an important role in providing an emotional buffer, both during migration and in the post migration period.'* The author cites a number of studies (Masser 1992; Melville and Lykes, 1992; Ressler, Boothby and Steinbock, 1988; Tsoi, Yu and Lieh-Mak, 1986) which indicate that *'refugee children who remain with or are rapidly reunited with their families show less emotional distress and better adjustment than children who survive the refugee process alone.'*

Although many young refugees and asylum seekers do not have a parent in the UK, it is highly likely that they will have had some experience of living with their family before migration. No research has been located that examines how past experiences of being part of a family impact on behaviour as an unaccompanied minor, but, clearly, many of the family-related risk factors for problematic drug use related to the family listed above (section 11.1) are present in the case of unaccompanied minors, whilst the protective factors are absent.

### 11.3.2 Young refugees, asylum seekers and the family: results from interviews in London

The recent histories of the interviewees frequently includes the death and disappearance of family members, which contributed to the decision to leave the country of origin. These events are detailed in section 4 of this report. Also relevant to issues surrounding the family is section 9 (Housing), showing that many young refugees and asylum seekers rely on family members for accommodation, especially when they first arrived in the UK, but that the arrangement is not always a success.

#### 11.3.2.1 Loss of family

Although some interviewees (except those from Nepal) had family either already living in the UK or accompanying them when they arrived, many had left members of their close family in their countries of origin, and had little or no contact with them. As detailed in section 4, some of the young people knew that members of their families had been killed. Others had lost contact:

*‘When the Taliban took my father, they never let him come back and we have never seen our father again and still don’t know where about he is... As there wasn’t law and police in country, so we didn’t have any option but to stay quiet. The reason they took my father was he had some weapon, but that wasn’t the truth... there is no hope if we can meet him again in the future.’*

*‘When I came here my family was in Mazari Sharief [in Afghanistan] but I don’t know where they are now... You [interviewer] are Afghan and you know how hard it is to get in touch... there is no way of mailing or calling people in Afghanistan, especially where we live in north Afghanistan.’*

*‘In the first three months I didn’t know where my family was... Anyone who went to Pakistan, I used to give them their address and phone number and asked to look for my family.’*

*‘... I have heard nothing from them or spoken to them since I have left the country.’*

*‘I don’t know where they are... that is why I really worry about them.’*

*‘My dad went to Kabul, and so it was impossible for him to come, also my contacts were broken with him.’*

Some knew where their families were, but found it difficult to keep in contact:

*'Now the Iraqi war has happened it is even harder to keep in touch with family.'*

*'They are in Iraq, I am here. I can't afford to phone them, so it's hard... I have not spoken to them for the past twenty days.'*

*'Yes, we call them, every month. It's expensive, but my parents need to know if their family is OK. But since the war, we haven't been able to contact them. My parents are very worried.'*

*'I did live with my parents before coming to England. Seem they're still back home, so I do try and send them word that I'm alright and everything.'*

One interviewee reported a happy ending after losing contact with their sister:

*'One day we had a phone from the immigration office telling us that my sister has arrived in the UK and we were ask to go and collect. It was a miracle and a dream comes true. We never thought we going to see her again, ever.'*

#### **11.3.2.2 Worries about those left behind**

Many of those who had families in their home countries were worried about them:

*'Three months ago, my sister who is 14 has gone mentally disturbed... I think seeing my sister's killing in front of her had an effect on her. They were both very close to each other, but now she has no-one.'*

*'My younger brothers are still back home with my parents. My parents are living in fear because they don't know what to do with my two brothers. They wish that they could leave the country very soon, but they can't leave because they both need passports. But when they went to register for their passports, they were told by the officers at the passport office that for them to have their passports, they [brothers] would have to go through the national youth service [military service] first.'*

*'Most of my family are still back home and they are not doing well, but they have to cope with the situation they are in... Two of my brothers were forced to go to the national youth service... They are not allowed access to*



*their parents. My parents are worried about them because they don't know where they are and how they are doing.'*

### **11.3.2.3 Coping with the separation**

Separation from family members and friends to come to the UK was an emotionally painful experience, discussed by many of the young people:

*'I left my mum without saying "bye" to her.'*

*'It was a hard decision to come to England... I left a lot of things in Iraq. I left my family, my friends, it was like I was torn in between the two'*

Many interviewees said how much they missed their family and friends:

*'... When I was in Turkey, all the time when my family was next to me I used to say I wish I could get away from my family, like be independent. Now when I am here, I go into family sites [is in the company of other families], I do not want to leave that area. To me now it feels like guilt, and it feels like I miss my own family... if all my family was here it would be much better for me.'*

*'One thing which I would like in England would be some family members like my auntie and uncle because I don't have any in the UK.'*

*'It hits you and you feel really homesick, I missed my family.'*

*'I miss my mum.'*

*'I do still miss my family and friends back home... I haven't seen them in seven years...'*

Some of those whose families were not in the UK were still in touch, however:

*'I really miss my father and mother. But I call them every month. I send them money as well sometime.'*

*'When I am remembering them I am writing a letter, but sometime I am feeling very sad - I'd like them to be with me in London.'*

Clearly, the absence of their families impacted strongly on some interviewees' experiences in the UK:

*'The only bad experience I have is not having my whole family around me. Maybe if my brother and two nieces were here, it was going to be better.'*

*'I worry and there is nobody that I can talk to... I had my parents, they always solved my major problems, but mostly they listened to me when I needed them.'*

Many of those who did have family members in the UK cited them as their main source of practical and emotional support:

*'My cousin lived in Homerton and she housed me until I could get on my feet. I didn't know any English, so more time she would go with me everywhere, to the council and so on.'*

*'We've received no support from organisations and stuff, but mostly from our family.'*

*'They [family members] have been through this process [immigration] before, so if any problems were encountered they would help from first hand experience.'*

*'... my sister and my three brothers in this country... they helped me a lot. When I arrived, they offered me to stay with them.'*

*'My uncle told us what is the good area to live in and he gave us a TV ... my aunties and uncles - I used to ask them a lot of questions.'*

In some cases, interviewees' families were their preferred source of help and advice:

*'... in any given problem I would always discuss it with my relatives or cousins before asking advice from any other centre.'*

*'... if I have personal problems I share it with my husband or with my family and friends.'*

*'My family supported me... if I needed advice I would go to family.'*

As detailed in section 9.3.2.1, however, whilst some of the young people lived with members of their families in the UK, the arrangement was sometimes problematic because, for instance, it was not always the case

that these families were close, nor that all members of the household welcomed the new arrival.

### **11.3.3 Family services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

Whilst the role that families play cannot be easily replaced, support can be provided by other agencies, especially community organisations. Interviewees reported that the growing network of community organisations provided the potential for supporting young refugees and asylum seekers, and in many areas were indeed very active. However, it was also reported that:

- resource support for community organisations was lacking
- community organisations experienced difficulties in linking in with other organisations, both statutory and voluntary
- community organisations may not be accessed by those who would benefit from their services as their existence is not always widely publicised to appropriate agencies.

#### **11.3.3.1 Home Start Camden**

In common with other Home Start projects throughout the country, Home Start Camden has a dedicated paid staff team who recruit parent volunteers to offer peer support to families with a least one child under the age of five and who is not in full-time school or nursery. Closely aligned to the aims of Sure Start, Home Start aims to help parents and their children feel more integrated with their local community. Home Start works closely with other services to identify those who would benefit from the service and also in providing a package of services for those identified as needing them.

Home Start has made efforts to develop and facilitate the work of refugee community organisations and other groups as part of a broader schemes of work in developing community capacity in this area. For example:

*'It is difficult to recruit from the Somali community, which is a concern as this is the fastest growing... [However], Somali moms are very active in the local schools and work is taking place to facilitate these meetings... and hopefully these groups can develop.'*

It was also noted that for appropriate responses to develop both within the Home Start service and beyond, more staff from refugee communities should be recruited into services both as volunteers and workers:

*'We will only be able to address the range of problems when sufficient numbers of representatives from their [refugee and asylum seeking] communities are in services... we don't need token people, we need people from all countries in occupations that matter.'*

#### **11.3.3.2 Camden: Coram Young Parents Project**

The project is based in an Early Excellence Centre in Camden but also covers Islington. The young parents referred to the project are mostly under eighteen and from a range of ethnic groups including refugees and asylum seekers. The service aims to support young parents in terms of parenting skills, healthy eating, child development and continuing education and training. Some of the activities undertaken are similar to those provided by Sure Start and Home Start. A representative reported:

*'Asylum seekers don't have a network of family or friends...there is a growing number of young women with babies... and they find that the church is a major player in bringing them together... this is especially the case for African women.'*

## 12 Social networks

### 12.1 Risk and protective factors for problematic drug use amongst young people

The risk factor for problematic drug use related to social networks is problematic drug use by peers. The protective factor is pro-social (non-deviant) peers<sup>1</sup>.

It has long been reported that the strongest predictor of young peoples' drug use is that of peer relationships. For example, as Oetting and Beauvais (1987 p.206) summarise, *'Peers shape attitudes about drugs, provide drugs, provide the social contexts for drug use, and share ideas and beliefs that become the rationales for drug use.'* This influence is shown more recently by a cross-sectional study of 2,641 young people aged 15-16 years, surveyed over a period of two months in 1999 by Miller and Plant (2003). The authors report that, even after accounting for other variables, those whose friends smoked cannabis *'were more than 15 times as likely as other subjects to have smoked cannabis themselves in the past 30 days'* (p.24). Miller and Plant (p.24) add that *'illicit drug use (therefore) seldom occurred in isolation. It was typically a social activity among a group of friends.'*

As Clayton et al. (1995 p.10) stress, the influence of family, school and peers *'are not mutually exclusive domains of influence - they are often concurrent, sometimes countervailing, and always intricately intertwined.'* Fergusson and Horwood (1999) are amongst many commentators on this issue who concur. They sum up an 18-year longitudinal study of almost 1,000 New Zealand children:

*'... risks of deviant peer affiliations [with delinquent and substance using peers] increased systematically with individual exposure to: social and economic disadvantage; family adversity and dysfunction; parental adjustment problems; and the early development of conduct problems and substance use experimentation. In general, those children most at risk of forming affiliations with delinquent or substance using peers tended to come from socially disadvantaged homes; to have been exposed to dysfunctional, unstable, or abusive home environments; to have parents prone to criminality or substance abuse; and to have shown the early onset of conduct problems or substance use behaviours'* (p.589).

### 12.2 Social network policy

This section summarises the relevant social network policy, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and

protective factors for problematic drug use, social network policy should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

There are specific policies in relation to establishing social networks for refugees. As with some other policies detailed in this report, however, it should be noted that there is a distinction made in policy terms between what is available for asylum seekers and what is provided for refugees, the latter of whom are recognised as requiring additional support to enable them to integrate. This section also outlines policies designed to support community groups working with refugees, the vast majority of whom also work with asylum seekers and do not distinguish between client groups when providing services and support.

### 12.2.1 Overall policy framework

Policies aimed at building social networks amongst young people interact with a number of other policy areas. Key features are the *Peer education and support programme*, mentoring, citizenship and participation.

Mentoring schemes attempt to place a duty on responsible members of society to befriend and support young people. Mentoring programmes are provided principally by the Department for Education and Skills (DfES) (<http://www.dfes.gov.uk>). They are intended to provide young people with someone - usually a peer - who can listen, discuss relevant issues, explore problems, help with education planning, homework and revision, give an awareness of the world of work, and is available for general support. Other programmes use sports, culture and play as diversionary activities to promote good health, and to address social problems, the onset of problematic drug use, crime, and lack of self-esteem.

Mentoring programmes seek to meet the particular needs of various groups including those who are gifted and talented, pupils from Black and minority ethnic backgrounds, those at risk of underachievement, and pupils who have Special Education Needs. These programmes also target pupils who are de-motivated, those who lack family support, those with a narrow outlook, and those who lack self-esteem. There are a number of specific policies around mentoring that reflect this overall approach:

#### *Mentor Point Initiative*

This is a joint Home Office (Active Community Unit) / DfES initiative. The aims are to help bring coherence to local provision, and to act as one-stop shops to recruit, train and support people volunteering to be mentors and put them in touch with organisations looking for mentors.

### *Excellence in Mentoring Award*

An assessment and package of materials offering guidance for schools to develop or improve their mentoring schemes.

### *Peer mentoring resource pack for schools*

This resource is currently being piloted in 300 schools. All participating schools will be contributing to the development of national quality standards and effective practice.

In addition to the mentoring policies of DfES, the Community and Race Directorate in the Home Office has responsibility for policies which aim to build a strong civil society, in which people of all races and backgrounds are valued, and participate on equal terms. Its Active Communities Directorate is responsible for documentation on volunteering and also grants and funding to the voluntary and community sectors (<http://www.homeoffice.gov.uk/comrace/active/index.asp>). The Directorate looks developing ways of increasing diversity in community participation and takes forward other initiatives to encourage and facilitate involvement by individuals in volunteering and less formal ways of achieving community engagement.

### **12.2.2 Social network policies specifically for refugees and asylum seekers**

There are no specific policies for enhancing the social networks of asylum seekers but school age children are entitled to access mentoring schemes provided through schools in the same way as any other child (as discussed in section 5.2, education policy does not discriminate between asylum seeking and refugee children).

For refugees and others with status to remain in the UK, mentoring and the development of social networks is viewed as a key strategy for delivering integration. The White Paper *Secure borders, safe havens*, which was published in 2002, highlighted the Government's intention to explore the development of effective mentoring schemes which help refugees find and sustain suitable housing, improve their language skills, find employment, make positive links with the wider community, and understand the culture and values of the host country. It also proposed that those refugees and other migrants applying for British nationality be required to pass a 'citizenship test' and demonstrate proficiency in English language, proposals which have now passed into legislation and policy.

This approach is reflected in the Government's integration strategy *Full and equal citizens*, and the work of the National Refugee Integration Forum (NRIF). It is also a strong theme in the 2003 Crick Report, *The*

*new and the old*, the report of the Life in the United Kingdom Advisory Panel (<http://www.ind.homeoffice.gov.uk/default.asp?PagelD=4271>). The Crick Report highlighted the role of voluntary organisations in giving informal and formal help and support to immigrants, noting that whilst this is important for providing initial reassurance and support, there should also be opportunities for contacts and interaction with different receiving communities:

*‘Successful and thriving culturally and ethnically diverse societies depend on interaction between the various groups, the development of mutual respect and the provision of equality of opportunity. We believe that voluntary mentoring by members of the host community may help provide such opportunities at an early stage of settlement’* (paragraph 6.1, <http://www.ind.homeoffice.gov.uk/default.asp?PagelD=4277>).

The Crick Report recommended that mentoring be used more extensively to help refugees and other migrants to overcome social or cultural exclusion, find out more about life in the UK, and ease their access to employment and their integration: mentoring thus acts as a bridge between the receiving communities and new immigrants. Specifically, the report recommended that policies be introduced for more systematic mentor recruitment publicity, screening and training of mentors, support and the provision of information for mentors, matching of participants according to their needs and the skills of mentors, and adherence to a national standard through a protocol or code.

The report notes that greater co-ordination may be needed in some areas with educational institutions providing ESOL classes, voluntary organisations, and employers, all of whom should be encouraged to take part either as referral points and/or as mentors.

In addition to the role of mentors, the Home Office recognises that voluntary and community organisations have an important role in providing support for refugees to enable them to integrate. Refugees - unlike asylum seekers - are entitled to live where they choose within the UK (section 9.2). The government expects, however, that many will remain where they were living as asylum seekers (that is, in dispersal areas outside London and the South East), and will have begun to establish links prior to being granted refugee status. Developing community support in these areas is therefore seen as the key to refugees' successful integration.

For many years, organisations such as the Refugee Council, Refugee Action, the Scottish Refugee Council, and the Welsh Refugee Council have developed integration capacity in the regions. The Home Office has



provided funding for this. Now, however, much larger numbers of refugees are likely to be based in the cluster areas, and the existing level of support will need to develop to fully embrace some of the new opportunities that this will create. Full and equal citizens therefore makes additional funds available for capacity building work, particularly for those organisations in the main dispersal areas, to help in the process of developing refugee integration support system where this has been either lacking or smaller than in London and South East.

## 12.3 Findings

### 12.3.1 Refugees, asylum seekers and social networks: the literature

This section examines the literature on refugee and asylum seekers' social networks in the areas of social support, schoolfriends, social activities and the loss of culture.

#### 12.3.1.1 Social support

Ager et al. (2002) stress the importance of social support for maintaining mental health and well-being. The importance of contact with 'similar others' has also been demonstrated by Carey-Wood et al. (1995), especially if these include community groups, cited by adult asylum seekers as providing opportunities for association, practical help, emotional support, cultural activities, and advice, and as being particularly important for those newly arrived in the UK.

Young asylum seekers who have been placed in unsupported housing and hostel accommodation may be particularly isolated from members of their own communities, and from the appropriate cultural and religious activities. Integration into local communities may be difficult through dispersal policies that place young people in areas of social deprivation, where there is a risk of hostility towards them (Hawkins, Catalano and Miller, 1992). Kidane (2001 p.5) also notes that:

*'... as most unaccompanied children arrive at a potentially stressful stage in their development, they are vulnerable to trauma and particularly sensitive to insecurity... Unsatisfactory care arrangements could also endanger the safety of children who, in their desperate search for someone to belong to, could fall prey to inappropriate relationships (attachments) that might exploit their vulnerability. This is particularly true of [accommodation] placements with inadequate adult support and supervision.'*

Stanley (2001 p.57) found that *'it was common for professionals in the statutory sector to say that social services were providing a very limited,*

*accommodation-focused service* for unaccompanied minors. These young people are therefore particularly lacking in social support. In a number of cases where children were being looked after by private providers, information about education and leisure activities were provided by *'word of mouth rather than from their provider'* (p.58).

Asylum seekers' social support may largely be provided through contact with other refugees and asylum seekers and with their community organisations. Stanley (2001) reports from a study of unaccompanied minors that these relationships provide a significant source of social support: *'young people placed great value on their friendships, which were with people from their own country of origin'* (p.92). However, Stanley continues, this peer support may be harder for girls to obtain as there are fewer of them than boys amongst unaccompanied minors. This weak peer support for girls, Stanley adds, makes them more vulnerable to exploitation.

#### *12.3.1.2 Schoolfriends*

Educational establishments provide the greatest opportunities for young people to *'meet and interact with citizen peers'* (Stanley, 2001 p.91). However, young asylum seekers may be socially isolated because they are not attending an educational establishment, as discussed in section 5. Further, Stanley and Macaskill and Petrie (2001) report that many asylum seekers cite poverty as a significant barrier to forging and maintaining such friendships, as it excludes them from shared common social and leisure activities.

#### *12.3.1.3 Social activities*

Stanley (2001 p.92) describes how young asylum seekers have *'limited opportunities for social activities'* and describes their lives as often *'characterised by almost uninterrupted monotony.'*

Limited opportunities to develop friendships within the wider community have also been illustrated by interviews with 26 refugee and asylum-seekers in Edinburgh who were acknowledged by Scottish Refugee Council service staff as being at risk of social exclusion (Ager et al., 2002). Although 92% of them reported having social contact outside the home, 50% of these contacts were from within the refugee community and 31% through language classes. Only 19% of social contacts were *'through general social activities'* which appeared to be largely infrequent.

#### *12.3.1.4 Loss of culture*

The losses which refugees and asylum seekers have experienced include the loss of their culture and way of life (Kidane, 2001 p.9). This group,

*'who have left behind any form of stability and who face uncertainty while their immigration status is settled, are faced with an unfamiliar present and an uncertain future' (p.5).*

Although UK policy stipulates that accommodation placements for refugees and asylum seekers should take account of cultural, religious and language factors, research by Save the Children (Stanley, 2001) found that *'it is common for young people to be placed in locations where there is no knowledge or appreciation of their culture, food or language'* (p.40). Ayotte and Williamson (2001 p.24) emphasise this: *'the majority of separated children (those aged 16-17) are provided with services under sections of the Children Act which do not require local authorities to take account of the child's race, religion, culture and language in the provision of care.'*

Research by the Somali Health and Mental Health Link in London reported in Bashford, Buffin and Patel (2003 p.23) suggests that cultural dislocation within the Somali refugee community may play a role in initiation into drug use: *'it is this cultural dislocation within the Somali refugee community, and racism within the wider community, which may lead individuals to see khat as a refuge, either as an escape or as a means of boosting self-esteem.'*

### **12.3.2 Young refugees, asylum seekers and social networks: results from interviews in London**

Whilst some of the young interviewees had developed a range of social networks since arriving in the UK, others' networks were centred on members and organisations of their own community. Many reported difficulties in making friends in the UK, frequently citing cultural differences as a barrier to this: dealing with the challenge to cultural traditions was much discussed by the sample.

#### **12.3.2.1 Developing social networks in the UK**

Some of the young refugees and asylum seekers interviewed for this project had developed a range of social networks since arriving in the UK:

*'I got friends from everywhere. I got friends from Afghanistan, from India, from Pakistan and any nation, you name it I got friends... At the beginning I was with Afghans a lot.'*

*'I'm now getting used to the people, and the people I have made friends with are very supportive and I do get along with them pretty well. My social life is starting to improve 'cos of the new friends. They show me new places every time we go out.'*

*'I have met new friends who are from other countries and who are experiencing a new life like me, and have their own stories to tell about back home, and we sometimes meet to socialise.'*

*'I befriended two nice girls - one is Asian, and the other one is white... My other classmates began to really see me as I am not as a black person.'*

Some described difficulties in making new friends when they arrived in the UK, however:

*'It was difficult at first, because of the situation I was in, but slowly I managed to get there and develop some relations.'*

*'I felt lonely. I didn't know the language, so couldn't get out of the house. I had to stay at home all the time. It was very, very difficult. I wasn't in contact with anyone else and this made me upset and depressed.'*

*'It took me three years until I was fully comfortable to be able to speak and make new friends... Normally, in break or lunchtime, I would stay in classes or go to the library'*

*'At the beginning, all my friends were of an Iraqi background, it was easier to be with them. But then slowly I made other friends, but not many white, English friends.'*

The difficulty of making new friends in the UK was contrasted with the situation in their home countries by some interviewees:

*'If I was home and you meet with someone on the street, you can just communicate with them, and here it's very difficult to socialise. You only socialise with the people you know.'*

*'In this country it is hard to socialise, because people here are not open like back home. Back home you can build friendship with someone you just meet at the bus stop or shops.'*

### **12.3.2.2 Lack of social networks**

Some interviewees had not yet developed social networks in the UK:

*'... it's a big country, and what to do in this country, I don't know... I have got no-one here.'*

*'I haven't got a social life really, because my social life is only with myself...'*

*'I feel happy seeing peace and freedom here, however I also feel deprivation, when I see youngsters like myself going to school and having fun, and I am sitting at home. I feel happy because I am free and living in peace, unlike my family. But at the same time I feel deprived because I can't study and I have no friends.'*

*'I like having friends around me, but as for now, I'm terrified to do so - I don't have a social life at all.'*

*'I look different, I speak a different language, I didn't know people and people hear stories about your country and they feel scared to approach you.'*

Some were afraid to initiate an approach to other people:

*'Maybe it's because I don't know what I will find there. I have not actually made lots of friends, and fear of meeting new people of different backgrounds.'*

*'I'm very, very lonely. I know it sounds silly, but it's almost like missing out on something. I'm still scared, not knowing how to talk to others, I just don't know how to get through it... I haven't made any friends here.'*

Once more, a lack of English language skills was a handicap to settling into the UK:

*'I want to study and learn the language so I can get involved in society and find friends... I don't know anyone here.'*

*'I think it is too difficult to live in a country which you don't know anybody - no friends, no relatives - you're alone and you don't speak their language and nobody at all to help you.'*

A few interviewees maintained that the lack of friends was unimportant:

*'I here for a reason - to better myself and to get stronger - so I do have some friends, but all I really need is my family, not no-one else.'*

*'To be honest I wasn't looking for friends. I just wanted to be educated and have some understanding of computers, or something along them lines.'*

### 12.3.2.3 Community, education, and religious networks

Places of worship, educational establishments, and community centres were reported by interviewees to have had a role in helping them to form social relationships:

*'We used to go to Nepali organisation and used to ask about how to get access through different services, to apply asylum seeking, housing, etcetera. So it was easy for us.'*

*'The IWA [Iraqi Welfare Association] is always there to help you and advise you. I heard about them from a mate of mine's father. They can help you write letters or phone important people, and you need that support when you're alone...'*

*'The people that I meet at church are just like the people I used to meet at church back home. They are all friendly and they try to make you feel comfortable, at home. They are different people, but they have the same standards and qualities like the people at home.'*

*'... when I came here I was suffering in the first year, I was really depressed... 'cos I didn't have no friends... since I came to this, my Islamic College, there were lots of Iraqi, lots of Muslims, so it was easier for me... I went to college and met lots of foreigners as well.'*

*'I go to a Kurdish community centre and hang around with my friends. I also do folk dancing...'*

*'... we visit the mosque very regularly, and if you need help there are people to talk to you there, counsellors, everything. They hold many events, lectures, classes, sports activities, everything you need.'*

### 12.3.2.4 Cultural differences and similarities

Many young people thought that the difficulty in forging new social networks in the UK was due to the cultural differences that existed between them and the indigenous population:

*'It was a huge culture shock to come here... The main thing is probably the language barrier experienced here, not knowing the language, not knowing how to communicate with others.'*

*'... in Iraq on a Friday, they'll tell you "Let's pray". In London on a Friday, they'll tell you "Let's go clubbing".'*

Many felt unable, or were unwilling, to bridge the cultural gap:

*'We [Afghans and English] are completely different from each other. Like our habits, like the way we think and the way we do things. I don't like them, and this is because they keep repeating, "You are a bloody asylum seeker". They always think they are better than Asian people.'*

*'They [English people] have different opinions about things and life from us... some just don't want to be your friend, so it's best to keep yourself away from them and be with your own people, where you know how to speak their language.'*

*'I don't know much about the English culture, but the only thing I know is the big difference between my culture and English culture. There are some elements in English culture that are unacceptable in my culture and I can't mix them at all.'*

*'... to come here and see the way that the people here live, and how they have no aim in life apart from having fun... you see them at the end of the day, they're just so sad. What they do to forget all their problems is go to the pub, and in the morning you get up with the same problems. And they really don't know how to face their problems or face this life, because they are not much of believers in God and the hereafter, and I've seen that in a lot of people.'*

Some interviewees stressed the importance of similarities in language, culture and religion in the development of social networks:

*'We were just going to buy an audio cassette from a shop. We knew that the person who was working there was Nepali, so we introduced ourselves and told all our problems, thinking that he could help us. After that, he gave his mobile number.'*

*'Yes, there are Afghans nearby... There is a market near my house and most Afghans work in that market. I do most of my shopping on those market days, and that is how we know each other.'*

*'I was lucky, because my community big, so I had people to hang with, even if they were bad. Our cultures and traditions are the same.'*

*'... my closest friends were Muslim girls, because they would show me where to pray and everything, and I could talk to them in Arabic.'*

*'Well, the area is full of refugees like myself, but that's no problem. [Neighbours]... understood the situation I was in and offered help.'*

### 12.3.2.5 The challenge to traditional values

A number of the young refugees and asylum seekers discussed how they had dealt with the challenge to their traditional values in the UK. Some reported that these had changed:

*'I have changed in the way I dress up, the way I communicate, and the way I think about certain issues. It has happened over time and by meeting new people.'*

*'... here I'm not praying like in Iraq. I just hang around with my friends a lot.'*

*'I go to pray occasional Fridays, but not as often as I should. Before [in home country] I was really good, I used to pray five times a day.'*

*'... I still miss back home, I miss my friends. I miss the things we used to do. Because in Turkey it was different, you speak the same language and I had people [who] cared for each other... Nothing that I change here in England will make me not miss Turkey. But I still like living in England, and have adapted to the lifestyle.'*

In addition, a number of Muslims reported that they drank alcohol as part of their new social life in the UK:

*'... I either go clubbing or everyone gathers here. We drink until the morning and play cards.'*

*'Sometimes, [I go to the pub] when my friends go there. I never go to the pub alone or drink when I am alone.'*

*'Tell you the truth, drinking helps sometimes, especially when I am down. You see, I don't know what the future holds for me. I have no family, no education, no support, no home and status. So, when I drink I don't remember all this and it calms me down.'*

Some were not comfortable with the change, however:

*'I enjoy going out, especially when I am with my friends. We usually go to the movies and to the parks and other entertainment activities... I don't go to the pub and disco because I don't feel like going to them places because I don't feel comfortable at all there.'*

*'My friends, they only drink and go clubbing, and I don't really do all those, but they push me to do it as well. I have to, otherwise I would be left lonely. Besides, they help me a lot with my income...'*



Others were opposed to any change in their traditional values:

*'I've seen a lot of people, young boys and girls... after a couple of months of being here they forget who they are, where they came from, and they really get influenced by the society and the environment around them, and they start acting differently. They start dressing differently, they start hanging around with people who are opposite of who they are, and they forget their traditions, forget their family and stuff like that. They just pretend they're English or Black or whatever... they just want to be somebody else.'*

*'I refused [to go to the pub and drink alcohol]. Why? Because it is a big sin in my religion, and because I don't speak English, don't drink, don't smoke. Actually I don't like it and I don't have enough money to spend.'*

### **12.3.3 Social support services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

As noted in section 11.3.3 in relation to substitutes for family support, community organisations can potentially provide and develop social networks for refugees and asylum seekers.

In addition, there are a number of initiatives across London aimed at developing appropriate social networks for young refugees and asylum seekers. These include schemes funded by the Youth Justice Board which support diversionary and mentoring projects, such as the Origin Project in Lambeth (section 7.3.3.2) and those funded by the Children's Fund, such as the Shaathi Project in Tower Hamlets (section 7.3.3.3).



## 13 Environment

### 13.1 Risk and protective factors for problematic drug use amongst young people

The risk factors for problematic drug use related to the environment are:<sup>1</sup>

- Social deprivation
- Community disorganisation
- Neighbourhood disorganisation

This report has so far outlined the risk factors for problematic drug use in the areas of education, health, crime, employment, housing, drug use, family, and social networks. Many of these factors contribute to the phenomenon of social deprivation, which is characterised by a combination of poverty, poor health, inadequate housing, educational disadvantage, and lack of employment opportunities.

Young heroin users under nineteen years of age in England and Wales are characterised by social and economic exclusion (Parker, Bury and Egginton, 1998). As previous sections of this report have demonstrated, so are young asylum seekers, especially unaccompanied minors.

### 13.2 Neighbourhood renewal and community cohesion policies

The aspects of environment policy that are relevant to this study (that is, they impact on the risk of problematic drug use) are neighbourhood renewal and community cohesion, and these are the focus of this section. The relevant policies tackling neighbourhood renewal and community cohesion are summarised, particularly focusing on the elements related to children and young people, and refugees and asylum seekers. However, in the context of risk and protective factors for problematic drug use, these policies should not be viewed in isolation from the other policies mapped in sections 5-13, nor from asylum policy generally. An overview of asylum policy is provided in section 2.3.

Earlier sections of this report have included many references to the social deprivation and social exclusion that is tackled by policies on, particularly, education (section 5), health (section 6), crime (section 7), employment (section 8) and housing (section 9). The term 'social exclusion' is used by the government as shorthand for the consequences that happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown. The resulting environment impacts on a wide range of risk factors that contribute to problematic drug use and this is being addressed by complex programmes of activity which interconnect the public, private, and community/

voluntary sectors. The drivers behind this activity operate at a number of different levels, including national, regional, sub-regional, local, and neighbourhood levels, and can best be understood in two main ways: through the main public policy drivers and through the current organisational and delivery structures. (<http://www.socialexclusionunit.gov.uk/publications/reports/pdfs/action.plan.pdf>)

### 13.2.1 National policy drivers

The *National strategy action plan for neighbourhood renewal* provides the overarching policy instrument for addressing deprivation nationally and represents a comprehensive framework for action in the next decade and beyond. The strategy was published in January 2001 by the Social Exclusion Unit (SEU), based in the Cabinet Office. It represents an integrated approach to reversing decline in the most severely deprived neighbourhoods in the country over the next 10–20 years. The strategy is targeted at the 10% most deprived wards in the country and is based on three main elements: new policies, funding and targets to tackle unemployment, crime, and poor services; effective drivers of change at local and community level; and national leadership and support. The five key national policy areas affected are employment and economies, crime, education and skills, health, housing and physical environment.

The impact of central government department activity is fundamental to the strategy. Every department has specific targets in relation to the poorest neighbourhoods and these form part of their Public Service Agreements (PSAs). It should be noted that in its work on neighbourhood renewal, the government has expressed commitments to ensure *‘that minority ethnic social exclusion issues are kept to the fore’* and to *‘explore specific mechanisms that may be needed to keep these issues in focus’* (SEU, 2001).

Whilst the main thrust of the *National strategy for neighbourhood renewal* remains, it has been significantly redefined to embrace the principles and importance of community cohesion which now lies at the heart of government policy in this area. This policy is produced and driven forward by the Home Office Community and Race Directorate. Following the disturbances in Burnley, Oldham and Bradford in the summer of 2001, the Home Secretary set up a Ministerial Group on Public Order and Community Cohesion to examine and consider how national policies might be used to promote better community cohesion, based upon shared values and a celebration of diversity. At the same time, the Home Secretary established a Review Team to seek the views of local residents and community leaders in the affected towns and in other parts of England on the issues which need to be addressed to bring about social cohesion, and to identify good practice in the handling of these issues at

local level. As a result of these enquiries, a series of reports were published by the Home Office ([http://www.homeoffice.gov.uk/docs2/comm\\_cohesion.html](http://www.homeoffice.gov.uk/docs2/comm_cohesion.html)) including *Building cohesive communities: a report of the Ministerial Group on Public Order and Community*, widely known as the 'Cantle report' (<http://www.homeoffice.gov.uk/docs/pocc.pdf>).

These reports identified problems including deep polarisation and fragmented communities living parallel lives. The importance of community cohesion was identified as being crucial to promoting greater knowledge, respect and contact between various cultures and to establish a greater sense of citizenship. The broad working definition is that a cohesive community is one where:

- there is a common vision and a sense of belonging for all communities
- the diversity of people's different backgrounds and circumstances is appreciated and positively valued
- those from different backgrounds have similar life opportunities
- strong and positive relationships are being developed between people from different backgrounds in the workplace, in schools, and within neighbourhoods.

This work led to the production of guidance on community cohesion which recognises that the arrival of asylum seekers can quickly alter the ethnic, cultural and religious mix of a community. Unless the host community is prepared for new arrivals, it can often feel threatened, and the potential for conflict could increase. The guidance highlights the crucial role of local authorities in working with the community and asylum seekers to encourage cohesion and specifically to address issues arising from dispersal ([http://www.homeoffice.gov.uk/docs2/cc\\_guidance.html](http://www.homeoffice.gov.uk/docs2/cc_guidance.html)).

The series of reports also led to the establishment of the Community Cohesion Pathfinder Programme ([http://www.homeoffice.gov.uk/docs3/comcohesion\\_pathfinderprog0303.pdf](http://www.homeoffice.gov.uk/docs3/comcohesion_pathfinderprog0303.pdf)) that is a key element of the government's work on community cohesion. The Home Office and the Neighbourhood Renewal Unit have jointly committed £6million to a range of programmes that explore, in different local contexts, the best means of increasing levels of community cohesion in Britain. The Pathfinders test new and innovative methods of engagement, and the adaptation of existing networks and expertise to bring people closer together.

Given that neighbourhood renewal and community cohesion are such large areas of government policy and cut across a wide range of issues, it is unsurprising that policy and programmes are being delivered through a complex organisational framework which operates and interacts from national to neighbourhood levels. These comprise:

- At national level, the Neighbourhood Renewal Unit, which is part of the Office of the Deputy Prime Minister. The unit is responsible for driving progress across Government (<http://www.neighbourhood.gov.uk/>).
- At regional level, Neighbourhood Renewal Teams have been set up in the nine Government Offices to provide a direct channel of communication from neighbourhood / community groups to the Neighbourhood Renewal Unit.
- The Social Exclusion Unit (SEU) (<http://www.socialexclusionunit.gov.uk>), staffed by a mixture of civil servants from a number of Government Departments and external secondees from organisations with experience of tackling social exclusion. Since May 2002, the SEU has been located within the Office of the Deputy Prime Minister (ODPM), which brings the unit together with some of those who are delivering aspects of the Government's overarching strategy to achieve social justice and quality of life for everyone, such as the Neighbourhood Renewal Unit, the Homelessness Directorate, and central leads on local government and regional policy.
- The Government Offices for the Regions (GOs) and their corporate centre, the Regional Co-ordination Unit (RCU), are responsible for delivering policy in the regions. Through their multi-departmental constitution, these bodies implement crosscutting initiatives and advise departments on successful implementation strategies at regional and local level. GOs represent the interests of ten different Government Departments within a single organisation.
- Regional Development Agencies (RDAs) were formally launched in eight English regions on 1 April 1999. The ninth, in London, was established on 3 July 2000, following the creation of the Greater London Authority (GLA). RDAs aim to co-ordinate regional economic development and regeneration, enable the English regions to improve their relative competitiveness, and to reduce the imbalances that exists within and between regions.
- Local Strategic Partnerships (LSPs) are central to the delivery of the National Neighbourhood Renewal Strategy. They are non-statutory bodies, which aim to bring together at a local level a range of stakeholders from the public, private, voluntary and community sectors. LSPs are intended to give communities a greater say in the running and delivery of public services by drawing the key service providers into a single partnership with which the community is actively engaged.

### 13.2.2 Poverty amongst refugees and asylum seekers

In addition to the broad issues of poverty and deprivation which are being tackled through neighbourhood renewal policies as well as efforts to tackle unemployment (as outlined in section 8.2), it is important to recognise that the vast majority of asylum seekers and a significant

proportion of refugees experience a level of poverty that places them at the margins of society.

For asylum seekers this poverty is directly related to specific policies for welfare support that exist under NASS. The 1999 Immigration and Asylum Act transferred the provision of accommodation and essential living needs for asylum seekers to the Home Office, and created the National Asylum Support Service (NASS). Initially, support through NASS was provided in the form of vouchers that could only be exchanged in selected supermarkets, and cash could not be given in change if not fully spent. The abolition of vouchers through the 2002 Nationality, Asylum and Immigration Act was widely welcomed by many organisations, as reducing the stigma and discrimination faced by asylum-seekers in the UK. Nonetheless, there remain significant concerns about policies for supporting asylum seekers, which are discussed below and summarised in the table overleaf.

#### *13.2.2.1 General subsistence levels*

General subsistence levels provided by NASS are lower than for other financially supported groups, pitched at 70% per cent of Income Support rates to reflect that other support costs (particularly housing utility bills) are already provided. However, the support that asylum-seekers receive, in cash or in kind, does not equate to that received by UK residents claiming Income Support, which is generally recognised as the minimum level of income required to maintain an acceptable standard of living.

#### *13.2.2.2 Access to passported benefits*

The Income Support system is a flat-rate payment, but is the gateway to a complex system of premium payments, passported benefits, and emergency payments, all of which are designed to help poor people to meet additional essential costs. Although asylum-seeking families with children under the age of 16 receive 100% of Income Support levels, they are not entitled to claim any additional benefits (including child benefit and milk tokens).

#### *13.2.2.3 Section 55, Nationality, Immigration and Asylum Act 2002*

Section 55 of the Nationality, Immigration and Asylum Act 2002 means that destitute asylum applicants can be denied access to asylum support if they are unable to prove that they applied for asylum 'as soon as reasonably practicable' after entering the UK. This does not apply to families with children under 18 but it does apply to single young people over the age of 18.

**Table 5: Summary of support for asylum seekers**

<b>Date of asylum</b>	<b>Location of asylum application</b>	<b>Stage in the asylum process</b>	<b>Support services asylum applicant CAN access</b>	<b>Support services asylum applicant CANNOT access</b>
before 3 April 2000	Port of entry	Waiting for initial decision	- income support - housing benefit - homelessness assistance, including temporary LA housing - community care	- no local authority tenancy - no permanent social housing
before 3 April 2000	Port of entry	Initial refusal (in England and Wales) before 25 September 2000 and appealing	- Social services support - community care - no permanent social housing	- no welfare benefits - no homelessness assistance
before 3 April 2000	Port of entry	Initial refusal (in England and Wales) after 25 September 2000 and appealing	- NASS support if no children - NASS support through local social services if children - community care	- no welfare benefits - no homelessness assistance - no permanent social housing - no protection from eviction
after 3 April 2000	Port of entry	No initial decision yet or initial decision and appealing	- NASS support - community care	- no welfare benefits - no homelessness assistance - no permanent social housing - no protection from eviction
before: 3 April 2000	In-country in: Scotland, Northern Ireland	No initial decision yet or initial decision and appealing	- Social services support - community care	- no welfare benefits - no homelessness assistance - no permanent social housing
17 April 2000	Kent			
24 July 2000	London			
31 July 2000	North East, Yorkshire, Humberside, Wales			
14 Aug 2000	North West, East Midlands, Eastern Region, South West, South Central			
29 Aug 2000	West Midlands, Sussex			
after: 3 April 2000	In-country in: Scotland, Northern Ireland	No initial decision yet or initial decision and appealing	- NASS support - community care	- no welfare benefits - no homelessness assistance - no permanent social housing - no protection from eviction
17 April 2000	Kent			
24 July 2000	London			
31 July 2000	North East, Yorkshire, Humberside, Wales			
14 Aug 2000	North West, East Midlands, Eastern Region, South West, South Central			
29 Aug 2000	West Midlands, Sussex			

**Important note: From 8 January 2003, the Home Secretary will withhold access to NASS support for all those in-country asylum applicants who are unable to provide a good enough reason as to why they were unable to apply for asylum at a port immediately on arrival.**



#### *13.2.2.4 Unaccompanied minors reaching 18 years old*

Separated young people may be vulnerable to poverty when they reach 18, because they have been supported under Section 17 of the Children Act. Those young people that have exhausted all appeal rights on their asylum application by the time they reach their 18th birthday are not eligible for NASS support (further details are in section 2.3.7.4).

#### *13.2.2.5 End of subsistence-only support*

The National Immigration Act 2002 gives the Government the power to remove the option for asylum seekers to apply for subsistence-only support from NASS, which can be claimed if an asylum seeker does not wish to be dispersed.

#### *13.2.2.6 End of support for families whose claim is refused*

There are currently highly controversial proposals going through Parliament to deny support to asylum-seeking families at the end of the asylum process.

### **13.3 Findings**

#### **13.3.1 Refugees, asylum seekers and the environment: the literature**

As noted in relation to environment policy, above (section 13.2), earlier sections of this report have included many references to the social deprivation and social exclusion encountered by refugees and asylum seekers that result in risk factors for problematic drug use, particularly in terms of education (section 5), health (section 6), crime (section 7), employment (section 8) and housing (section 9). This section looks at poverty, racist crimes, and racial discrimination and harassment - elements of social deprivation and exclusion that characterise the lives of many refugees and asylum seekers.

It has been shown that it is not low socio-economic status per se that increases the risk of problematic drug use for adolescents, but rather the associated individual factors such as poverty, overcrowding and poor living conditions (for example, Hawkins, Catalano and Miller, 1992; Farrington et al, 1990; Sussman, Dent and Galaif, 1997). It is clear from the situation of asylum seekers described in this report that these associated individual risk factors are overwhelmingly present.

##### *13.3.1.1 Poverty*

A factor affecting financial support for refugees and asylum seekers is whether the local authority 'exercise discretion in a clear and transparent way' (Stanley, 2001 p.64) and there is a wide variation in practice across

local authorities. Until the practice was largely abandoned, vouchers were given to asylum seekers rather than cash (Ayotte and Williamson, 2001) although whether or not these were issued was dependent on individual Social Services Departments. Some local authorities still issue vouchers to 16 and 17 year-olds (Refugee Council, 2003b).

Stanley (2001) stresses the lack of support given to young asylum seekers in order that they can manage their finances. In one area, Stanley found that *'young separated refugees placed in full-board accommodation were not given any financial support at all, which could cause severe hardship'* (p.64). Looked after young refugees and asylum seekers fare better. Stanley (p.64) reports that they are usually supported through cash payments of pocket money via their carer or key worker, and the majority *'were satisfied with the money they received and the activities this enabled them to do.'* Stanley adds that those young people moving from being looked after into semi-independent or independent accommodation may be given more support with financial difficulties by their social worker.

The poor financial situation of refugees and asylum seekers has wide implications. For example:

Burnett and Peel (2001 p.487) point out that *'the effects of poverty on both physical and mental health have been well documented and it is of deep concern that asylum seekers are being forced to live below the poverty threshold.'*

Dennis (2002 p.20) notes that a primary problem reported by young asylum seekers is that, as a result of financial constraints was that they *'had no money at all to spend on leisure and transport'* with the consequence that *'young people were very isolated and totally excluded from joining in activities with their peers.'*

Stanley (2001) reports that that the majority of young asylum seekers' income was spent on food and some lacked the money to buy even basic essentials such as clothes, toiletries or to pay transport costs to school.

#### **13.3.1.2 Racist crimes and racial discrimination and harassment**

The social exclusion of refugees and asylum seekers can be exacerbated by racist crimes and racial harassment and discrimination. These experiences have been linked to drug use by Sangster et al. (2002); the Advisory Council on the Misuse of Drugs (ACMD, 1998); and by research conducted by several Black and minority ethnic groups and reported in Bashford, Buffin and Patel (2003).

Carey-Wood et al. (1995) report that around half of a sample of 263 adult asylum seekers in Britain had experienced racial discrimination, a third reported being subject to verbal abuse, 18% had experienced threats, and 13% had been the victims of a physical attack.

Stanley (2001) adds that almost a third of a sample of 125 young asylum seekers reported direct and indirect experience of harassment, racism or bullying. Stanley also found that young asylum seekers living outside London, or in areas with a relatively small Black and minority ethnic population, reported more racial harassment than those living in the capital. However, Carey-Wood et al. (1995), report that for adult asylum seekers, racial harassment was more often reported from those living in London. Carey-Wood et al. (p.4) add that *'the chances of such harassment grew, unfortunately, the more they participated in British society and integrated into the job market'* and Stanley (2001) also notes that low reported rates of harassment may be attributable to a low level of exposure to the host community.

The negative experiences described above have led to young refugee and asylum seekers interviewed in Scotland by Macaskill and Petrie (2000) to describe the areas they live in as 'unsafe,' and these authors and Stanley (2001) point out that some young asylum seekers self-restrict their social movements to avoid repetitions.

### **13.3.2 Young refugees, asylum seekers and the environment: results from interviews in London**

A large number of interviewees did not speak directly about their immediate local environments. More often, their responses to questions on this were concerned with their perceptions of their new home - how safe they felt, how included or accepted they were, and their sense of belonging. The majority expressed concerns that they were 'outsiders.'

#### **13.3.2.1 Safety and freedom**

Those who felt 'safe' and 'free' in the UK often reported this in relative terms: that is, they felt safer than they had done in their home countries:

*'I am very safe here 'cause I am very far from my country, and... now I know that it's [UK] a human rights country.'*

*'Once I got off the plane, the first thing I thought was that at least I am going to be safe in this country.'*

*'I safer here than anywhere I have been before.'*

*'My life in this country is better and comfortable. I know as for now that I'm free. No one will come to me and start asking me questions about which [political] party I belong to.'*

*'The good thing is we are now free from torture and harassment.'*

*'I felt safe for the first time. I felt and realised what is freedom and that I could live the same like other people.'*

*'My new experience in Britain is about freedom and democracy. I can drink, I can smoke, I can study, I can go to Mosque or I can go to church. I did go to Mosque, I did drink, I did smoke, I do go to college and I felt free. These things are impossible in Afghanistan.'*

*'I feel secure and safe because here I can go to the shops without anyone following me or harassing me.'*

*'The positive and the good side of living in the UK is that you are given more freedom to be yourself or to think whatever you want, or believe what you want, and given more opportunity to express yourself.'*

#### **13.3.2.2 Belonging**

The major factor that led to a sense of belonging and safety was the presence of other refugee and/or Black and minority ethnic communities in the interviewees' immediate environment:

*'We went outside to see the environment. It was perfectly like India. Everywhere, Indian people speaking Indian language. It was nice place...'*

*'Here there are people from all over the world so... there's not that racism as much as in other countries, or people looking at you weirdly, like "Oh, what you doing here?"'*

*'It was Brent, so we were close to members of our community and several mosques. We didn't have problems with neighbours.'*

*'The area is full of refugees like myself, but that's no problem... they understood the situation I was in and they offered help.'*

#### **13.3.2.3 Risk and danger**

Areas of social deprivation - where many refugees and asylum seekers live - are characterised by high crime rates, and many interviewees perceived their environment as dangerous:

*'After the weather got dark, I don't go out alone because I scared... I am watching news and hearing from people our area is not very safe at night.'*

*'I couldn't talk English, but I didn't need to to know that I was getting negative vibes off certain people ...'*

*'People took drugs in public, there was a lot of violence, and it wasn't very safe.'*

*'When you go the same way in the evening, everything is alright, and when you come in the morning, you can see lots of smashed glass in the road from the telephone booth.'*

More usually however, feelings of risk and danger were expressed in terms of racism, harassment and a feeling of 'not belonging.'

#### **13.3.2.4 Not belonging**

There were more interviewees who reported they felt that they felt they 'did not belong' in the UK than those in the previous section, who did:

*'Firstly, I am a refugee - that I don't like. Secondly, when people stereotype in a different way to themselves. I feel I am different way to themselves. I feel I am a stranger.'*

*'What's missing here is that It's not my country, it's not my traditions, and its not my people, and yeah, I just don't belong here'*

*'One thing I have noticed since I've been here is that it is very rare to be treated well here, when you're not like everybody else, especially if you dress differently.'*

*'People dismiss you once they know you are an asylum seeker or refugee.'*

*'I have everything I need here, home, education, my health, friends, mosque, except one thing... I don't feel like I belong here, like I'm accepted.'*

#### **13.3.2.5 Experiences as victims of crime and racial abuse**

As described in section 4, a number of the young interviewees had been the victims of crime during their journey to the UK, and many had been victims of crime in the UK, particularly that of a racist nature:

*'Once I was walking home from college. Suddenly, a white car stopped next to me, I thought "what is going on?" Then two white men came out, they were very drunk, they pushed me and swore at me. I didn't say*

*anything because they were four people and had a car, they could have done anything, but I was really hurt inside. I mean, true we are from other country but are not here for fun, there is war in our country and that is why we left. After pushing me when they saw that I am not saying anything, slapped me on the face, sat back in the car and went off. I was very angry and mad at myself, and that is why I don't want to get involved with them. They would never understand us.'*

*'In Manchester, we had bricks thrown at us and our houses.'*

*'Once four guys just hit me for no reason... I was walking from my old school for some reason they come and just kicked me for no reason.'*

*'My eldest brother... he was attacked in the streets, and he was beaten, and they stole his bag and some money.'*

*'Last year I was in Portsmouth, and I was doing foundation course. What happened was this Iranian friend of mine, he is not light [-skinned] like I am, so he was walking down the road and five to six white guys attacked him and they stabbed him, he was bleeding in there. He was taken to hospital and everything and he ended up quitting his education. He was very scared. Psychologically he was damaged, and he couldn't really do anything... He couldn't go to uni[versity] for three years because he was scared, he didn't want to go out, because of what happened...'*

Many interviewees reported incidents of racial abuse:

*'Occasionally, I work at this Chinese take-away, and I deliver food to people's homes, they say something to me, but I just ignore it and carry on with my job. They don't like us foreign people.'*

*'When I am at work or anywhere, we talk to them about anything and when you get to know them, they make comments like "go back to your country, you asylum seekers" and that hurt us, but they don't know that.'*

*I remember walking with my mum at times and getting these sour looks, and even though I couldn't speak English, you can tell people are talking 'bout you, know what I mean? I remember one man... he goes, "something coon", and I didn't find out what that meant 'til later on.'*

*'I think there was a slight misunderstandings around because people assume that people who come to England are here just for the benefits because we supposedly get help from the government but really, we're just running away from tyrants, dictators and trying to save our lives... I did*

*especially with my hijab [head covering] I have received a lot of comments, looks, usually dirty looks, people who were probably ignorant of what the hijab meant to me.'*

*'Some unknown white people came towards us and threatened us by saying: "Get lost from the pub or else get beaten up". They even shouted at us by using very, very rude language. From that day I never felt safe to walk alone.'*

Four interviewees complained about their treatment by the police after reporting racist incidents:

*'They treated me like an animal.'*

*'They didn't help me, they said "we can't help you, you don't belong to this country."*

*'They were racist to me... they didn't give me help.'*

Other interviewees felt that support given by the police after reporting a crime was inadequate:

*'We never really heard anything after that - no-one told us anything'*

### **13.3.2.6 Going home**

Many of the interviewees hoped to return to their home countries when they felt it was safe to do so:

*'My future plan is to carry on my education which I started in Afghanistan... If peace come to Afghanistan, I am ready to go back to Afghanistan - it is my native country.'*

*'I am listening to the news very often. The war in Afghanistan is not finished yet. Whenever the American and the international army get out of Afghanistan, I will go back to my country. They are for that reason to keep Afghanistan secure. Since they are there it means there is not secure.'*

*'I'm just looking to make something of myself and become wealthy, and then buy some land back home and go back.'*

*'I'm proud of where I come from, I'm proud of my people, I'm proud of my country and I'll do anything to get back.'*

A few were not so sure they would ever return to their home country, however:

*'I feel like I belong in England. I have no intention of going back to Somalia, not yet anyway. I tried to think about it once, but it was too painful and I am glad I don't think of it anymore. I am happy here in England.'*

### **13.3.3 Environment services for young refugees and asylum seekers in London: results from interviews with service providers and examples of useful practice**

Initiatives that are working to improve the environment do not explicitly address refugees and asylum seekers, although these groups will benefit from improvements. Some examples are given in this section.

#### *13.3.3.1 Camden: Neighbourhood Renewal Strategy*

The Camden Neighbourhood Renewal Strategy sets a ten-year strategic framework to guide the regeneration and renewal of Camden's most deprived neighbourhoods up to 2012. The development of this Strategy has been led by Camden's Local Strategic Partnership, and supported by the numerous networks and partnerships that are currently working within local neighbourhoods, and across the Borough as a whole.

The Camden Neighbourhood Renewal Strategy's overall purpose is:

*'To reduce the inequalities that exist in the borough, generate social cohesion and create a more inclusive borough. A borough where the gap between the most deprived and least deprived parts is reduced. A borough where people's life expectancy, job prospects or chance of being a victim of crime is not related to where they live or where they come from.'*

(Camden Neighbourhood Renewal Strategy, 2003)

Whilst little specific reference is made to refugees and asylum seekers, the development of strategy to address racism, housing shortages and the quality of the housing stock, and education is hoped not only to benefit the community at large but also refugees and asylum seekers.

#### *13.3.3.2 Camden: Sure Start*

Part of Camden's overarching Sure Start programme (section 6.3.3.3) is concerned with community safety and mobility because local racial violence and crime is high. Ideas will be developed with local police and community groups to make the area safe and a place where young families will want to stay.



### 13.3.3.3 Tower Hamlets: Community Cohesion project

An example of a pilot Community Cohesion project in the London Borough of Tower Hamlets is provided by the following extracts from a report on the Beacon Council Scheme (Beacon authorities have demonstrated a clear vision and strategy, effective partnership working and a willingness to innovate).

*‘Tower Hamlets believe that the key factors behind their successful approach to community cohesion have been:*

- *High expectations for all communities*
- *A focus on accelerating improvement and achieving ambitious targets*
- *Active and involved partnership and energetic third sector activity*
- *Strong and responsive communication networks between the different agencies and our local communities.*

*They do not believe that community cohesion can be approached as an ‘add-on’ to public service delivery, and have deliberately chosen not to develop a separate strategy for community cohesion. Rather, their approaches to community cohesion are embedded in their Community Plan and in the way services are planned and delivered across the Council and its partners.*

*Community cohesion cannot be sustained without effective partnership. The Council plays a key role through the Tower Hamlets Partnership (Local Strategic Partnership) in leading an agreed, inclusive local vision and direction for the borough and in enabling community involvement to assist in its delivery. Their vision seeks to accelerate the rate of improvement in the quality of life experienced by all local people. To this end, the Council and its partners are fully committed to the government’s aim of achieving minimum standards in key areas of living – like jobs, health, education, housing and freedom from crime – for all communities. This makes community cohesion integral to all service delivery.*

*The Council has recognised the importance of education in building community cohesion and has a range of services and activities in place to support this, including working with the Council of Mosques to improve school attendance and using School Governors to visit local communities to reinforce positive messages about education. Qualified teachers are being invited to stay and teach in Tower Hamlets through a recent advertising campaign, whilst a 24 hour rapid response team of trained mediators is on hand to interrupt and diffuse tensions across the Borough. The team consists of mainly young people from within the communities that might be in conflict.’*

(<http://www.homeoffice.gov.uk/comrace/cohesion.initiative.html>  
accessed November 2003).

## 14 Some recommendations for policy and service development

It is hoped that this report will initiate a process involving further discussion amongst policy makers. The results of this process should generate practical recommendations in order that policies and services can more effectively address the issue of the risk of problematic drug use amongst young refugees and asylum seekers.

This section begins with the recommendations made by the young asylum seekers and refugees who were interviewed for this project, continues with those made by the six community organisations who managed that element of the project, and ends with recommendations made by the other stakeholders involved in this project (service providers, the stakeholder group, and members of the Centre for Ethnicity and Health).

### 14.1 Young refugee and asylum seekers' recommendations

The young refugees and asylum seekers interviewed for this project were asked 'What could be done to improve the situation of refugees and asylum seekers living in the UK?' and this section summarises their responses in their own words.

#### **Allow asylum seekers to work**

*'At least they could give an opportunity for the asylum seekers and refugees to work. I don't think everyone wants to claim benefits.'*

*'If UK government could help the people of developing countries by giving work permit, they could be able to settle their life properly...'*

*'When people leave their own countries coming here, they don't expect to be given some form of money because they would be telling themselves that they would work to feed themselves. The boredom is the one thing that makes asylum seekers turn to drugs.'*

#### **Speed up the process of asylum-seeking**

*'I wish they could do something about this long process of decision-making from the Home Office, for all refugees and asylum seekers, because everything in your life is based on that. This waiting seems infinite. It feels as if you are in prison without the metal bars. You can't go on holiday abroad, you can't work, can't go to college.'*

*'... there are people like my friend, who haven't got any kind of status. I was myself in that situation for three years... there isn't any form of security for people who come over here.'*

*'The way they react to people who appeal. They shouldn't ignore them.'*

*'I want to know if I can stay in this country. I will provide everything for myself, just like I have since I was 18. GLA cannot do anything for me now if I don't get accepted.'*

### **Listen to and believe asylum seekers**

*'... most importantly, listen to my problems, and that I am telling the truth when I say how old I am, that is my real age.'*

*'I want one thing, and that is they have to gather all this research and reconsider Afghans' situations. There is still war in Afghanistan, and they should believe what we tell them. If we tell them that there is war and we are not safe, we are not lying and the British government knows this. They just have to believe us.'*

*'... listen to people's problems, especially if they are new arrivals.'*

### **Provide information for asylum seekers in different languages**

*'I would appreciate if London Authority could build up an information centre so that we could go there and get any information from there with variety of language facility.'*

*'Their services, I was very unfamiliar with the system when I first arrived to the UK. There is no source of information available for new arrivals. The only way I got my way around was through friends and people I knew. I would be grateful if they have information available in different languages so people would know where to go for different problems.'*

*'... the first thing is language. I mean, I can speak read and write English, but there are people who can't. There isn't any kind of real information for them... I mean, not only with drug services, but in Housing, Jobcentres, DSS [Department of Social Security], NASS [National Asylum Support Service] or whatever... Yes, they have a poster saying that for this language contact this number, but when you contact them they can't speak your language, they won't understand you.'*

### **Give aid to help home nations develop their infrastructures**

*'I think I will go back to my own country if it will be peace and I wish the developed countries like Great Britain help the developing countries to bring peace.'*

*'... if they could help our countries in development, then I think we can be able to settle in our own country.'*

**Develop supportive, culturally appropriate services**

*'We need a lot more support at the beginning of our stay in this country. You see, you feel scared, and you want someone to come and put their hand around you, like a role model or old figure type person. If you don't get them, then you look for other things to do on the streets, because you are sad, depressed, bored and you been through a lot.'*

*'When we came in, no-one really advised. They should have an Iraqi telling us what's happening, and when there is an English person we can't really communicate very well.'*

*'A bit more emotional support. A lot of asylum seekers are not fakes, they have been through war, famine, nearly losing their lives, risking their lives to get to this country, and to be abused and to experience racism is disgraceful. Services provided... should be publicised more so that more people would know about it.'*

**Ensure consistency across all London services for asylum seekers**

*'To give one proper guideline for each council, and also this guide should be the same for all councils in London. They should have a straight guideline for the level of support given for young people...'*

**Provide community centres**

*'I could suggest, like we have a lot of community centres, they could get active with the youth... I think GLA should support the youth and the community centres with financial side of it as well... I know a lot of kids who have psychological problems, and they don't know where to turn, or they can't speak because they are shy. Like, if the Turkish Kurdish youth have some kind of help like therapy, counselling or even seeing a specialist psychiatrist, to help their life to progress...We can have a better future for us.'*

*'The things could be improved by start listening to the people who come here fearing for their lives and try and build maybe a community centre for Zimbabweans and South Africans, because their culture is similar. I think the authorities should try and fund this so that people could have a place where they meet and maybe do what they were used to do back home. Here there is not much to do, that's why many young people turn to alcohol and drugs.'*

*'I think if there was a community centre where people from Zimbabwe and South Africa would meet because they share the same culture - if the authorities would try and find this, maybe people would get time to do*

*what they were used to do at home. As for now, people think no-one is interested in their culture.'*

*'The asylum seekers need community centres at least, where they can spend time at and communicating with other people and start building up friendships, or maybe help them to learn to speak English.'*

*'We asylum seekers are told not to work and do anything, but they don't create things for us to do, like maybe youth centres made especially for us.'*

### **Encourage positive media coverage of asylum seekers**

*'... maybe some positive media or advertising about the refugees and asylum seekers. All people hear is how much they're costing, and bad things. It's no wonder people don't want them here. People need to be educated.'*

### **Tackle racial abuse and discrimination**

*'I want people to stop being racist. I want Iraq to be peace. Don't put Iraqi people in bad places, they have done nothing to you lot... They need a good place to live, they need more money and a better future. Don't put them in bad areas... I don't want police to be racist because I'm Iraqi. I don't want to be in trouble.'*

### **Improve drug services**

*'There should be help in the speaking language of every nationality in drug dependence centres. And there should be an easier way to introduce addictive people to programs, and help them with finding a solution with their problems, and give more options about what rehabs are about, and how you could get to them, and how it could help you.'*

*'First of all, the government makes a lot of money out of drugs...it is not difficult for them to stop drugs coming in to the UK. And if they don't want to do that, at least provide some proper form of help for the people who are addicted or who need help.'*

### **Steer young refugees and asylum seekers away from gang culture, drug use and criminal activity**

*'... find a way to stop all those youngsters who are falling for the same trap that I did, it would save lives for future generations...Because people at that age think they have to be in a gang and take drugs; it's like a fashion. You smoke Marlboro, you wear Nike trainers and you smoke weed for example... Especially, the ethnic minority teenagers, the second generations, they live in two cultures. This makes it easier for them to fall in the trap that I fell for because they have the pressure to learn two different cultures at once, which can cause a lot of stress, and may lead*

*them to fall for friendships which may lead them to be a part of drugs, gangs etc... I also think that punishment for drug dealers should be much more than what it is now.'*

*'I am hoping that a research like this would bring the GLA to realise that they would have to do more to help the asylum seekers, especially the younger ones who are going through bad experiences... make it an echo for the coming youth to see what they should be doing and what they should not be doing.'*

## **14.2 Community organisations' recommendations**

Each of the community organisations involved in this project produced a final report on the data collected in their community, and their recommendations are collated and are summarised in this section.

### **Targeted drugs prevention and education**

Overall, problematic substance use is not yet apparent amongst refugee and asylum seeking communities. However, as shown in this report, these populations are experiencing many of the risk factors that make them vulnerable to problematic drug use. A drugs education and prevention campaign is needed that addresses these risk factors in terms of the experiences of refugees and asylum seekers in a holistic way, and involving inter-agency partnerships.

Drug and alcohol awareness is low amongst refugee and asylum seeking communities. More targeted information is needed.

### **Training and capacity building for community organisations**

Community organisations need training and capacity building to enable them to build constructive partnerships with service planners and providers around substance use, and to enhance their ability to provide a wide range of services and activities to their own communities.

Interventions need to be delivered in such a way that the target communities are actively engaged in their design and delivery.

### **Parents and carers**

Parents and carers have specific needs that are different from the needs of young people, and these should be considered.

### **Relationship with the police**

The police must work to build the confidence and trust of refugee and asylum seeking communities.

**Further research**

Further research is needed to broaden out the baseline findings from the work of the community organisations who were involved in this project to other refugee and asylum seeking communities.

**Action on risk factors**

Action is needed in each of the nine policy areas covered by this report (sections 5 -13) in order to address the issues that are placing refugees and asylum seekers at risk of problematic drug use.

Language support is a key issue across all policy areas.

**Streamline the asylum-seeking process**

The asylum-seeking process is a source of stress and clearer, streamlined processes should be developed. Whilst, for some, the outcome of engagement in the asylum process is a wider network of social support, this is not forthcoming for others.

**14.3 Stakeholders' recommendations**

This section lists the recommendations made by other stakeholders involved in this project (service providers, the stakeholder group, and members of the Centre for Ethnicity and Health).

**Acknowledge the problem**

There is a need for a pan-London response to many of the issues outlined in sections 9–13 of this report. In addition to this, the main service delivery agencies need to acknowledge the potential for problematic drug use among refugees and asylum seekers as an issue for concern. There is a role for the GLA to ensure that the policy implications arising from this study are widely disseminated, to continue highlighting the issues and lobbying for change.

**Develop support systems**

Generally, the systems supporting asylum seekers and refugees are haphazard. It seems to be a matter of chance whether or not an individual has access to the correct systems, and the experiences of those who do receive help is varied and inconsistent. More formal and rigorous support systems need to be developed.

**Consider the role of agents**

For many asylum seekers, the role of the agent is pivotal. These agents arrange passage to the UK, and, in some cases, assist with the asylum application, accommodation and employment. The agents' work is usually



far from satisfactory, and, in some cases, endangers asylum seekers. Even where agents do a good job, it is unlikely that the UK government could copy this provision, as asylum seekers' relationships with agents are formed in the country of origin. However, the development of some sort of system - possibly involving licensing or accreditation of agents - could be explored.

### **Staff training**

The experiences of refugees and asylum seekers are unique and challenging. Mainstream agencies who are likely to come into contact with this population need to be trained to deal with them sensitively and competently, in order to ensure that screening, assessing, referring and sign-posting is successfully conducted at an early stage. Training should include values and attitudes, as well as specific knowledge and skills.

### **The role of community organisations**

Community organisations in contact with refugees and asylum seekers may give drug use a low priority, and need to be capacity built and supported in order to play an effective role in drugs prevention and education. This role could include the provision of support and guidance in the risk factor areas detailed in sections 5-13 of this report; screening identification of those at risk of problematic drug use; the provision of engagement and diversionary activities for young people generally, but especially those at risk of problematic drug use; and referral to the appropriate drug services where necessary.

### **Mental ill health**

In terms of refugees and asylum seekers, mental ill health needs to be broadly defined rather than restricted to clinically-diagnosed conditions. Many young refugees and asylum seekers report that they are lonely, depressed and isolated, and may have undergone traumatic incidents, including the death of family members. The risk of self-medication to deal with these experiences is high, and strategies to mitigate this need to be developed. The ability of staff in a wide range of settings to recognise and respond to mental health issues needs to be enhanced.

### **Employment**

The greatest barrier to work for asylum seekers is that they are denied work permits. Many work illegally to support themselves and their families, however, and are therefore open to exploitation including low pay and long hours, and a lack of employment rights. The denial of work permits to asylum seekers should be reconsidered. Employers need to be challenged and supported to recognise refugees' qualifications, experience and skills and to value their contributions to the workplace.

**Housing**

The availability of decent, affordable accommodation in London is not only a problem for asylum seekers, but their lives are especially characterised by overcrowded and poor quality housing. Asylum seekers should be given some degree of choice over where they live: some may want to be housed with other asylum seekers, whereas others may see this as ghettoisation.

**Education**

Many asylum-seeking children are not currently receiving a satisfactory education and some are not attending school at all. At the time of writing, there are ongoing and politically contentious plans to educate asylum-seeking children in accommodation centres. This measure could have both positive and negative impacts: for example, with carefully chosen teachers and curricula, the educational achievements of this group could be enhanced, but contact with the world outside the accommodation centre would be severely curtailed. This issue needs resolving.

**Racism**

Incidents of racism towards refugees and asylum seekers are of particular concern, and the current tone of media and public debate on this population may be a contributory factor to the high prevalence of racism they experience. This must be addressed.

**Further research**

Although very few of the young refugees and asylum seekers interviewed for this project were problematic drug users, the presence of the known risk factors, documented throughout this report, indicates that they are highly vulnerable to future problematic drug use and a systematic needs assessment should be conducted amongst this population.

Following this report, the Government Office for London Drugs Team has commissioned the Centre for Ethnicity and Health to conduct a small research project to examine drug service provision for refugees and asylum seekers. This provision may need to differ according to the stage of settlement in the UK an individual has reached. Results are due in summer, 2004.

## 15 References

### Notes

[1] Unless otherwise stated, the information on risk and protective factors for problematic drug use that opens each of the sections 5 - 13 of this report is from research reports compiled and reviewed by:

Health Advisory Service (HAS) (2001) *The substance of young needs. Review 2001*. London, Health Advisory Service

Various authors (1998) Special focus 1: problems for the future? Drug use among vulnerable groups of young people. *Drugs: education, prevention and policy*, 5(3): 213-281.

### References

ACMD (Advisory Council on the Misuse of Drugs) (1998) *Drug misuse and the environment*. London, The Stationery Office.

ACPO (Association of Chief Police Officers) (2001) Guide to meeting the policing needs of asylum seekers and refugees.  
<http://www.acpo.police.uk/policies/index.html> (accessed May 2004).

Ager, A. Malcolm, M. Sadollah, S. and O'May, F. (2002) Community contact and mental health amongst socially isolated refugees in Edinburgh. *Journal of Refugee Studies*, 15, (1), pp.71-80.

Arora, S. Coker, N. and Gillam, S. (2001) Racial discrimination and health services IN Coker, N. ed. *Racism in medicine: an agenda for change*. London, Kings Fund. Chapter 7.

Audit Commission (2000) *Another country - implementing dispersal under the Immigration and Asylum Act 1999*. London, Audit Commission.

Ayotte, W. (2000) *Separated children coming to Western Europe: why they travel and how they arrive*. London, Save The Children in the UK.

Ayotte, W. and Williamson, L. (2001) *Separated children in the UK: an overview of the current situation*. Save The Children / Refugee Council.

Bahr, S.J. Maughan, S.L. Marcos, A.C. and Li, B. (1998) *Family, religiosity, and the risk of adolescent drug use*. *Journal of Marriage and the Family*, 60, pp.979-992.

Barnardo's (2000) *Children first and foremost: meeting the needs of unaccompanied, asylum-seeking children*. Survey findings from local authorities. Paper presented at a Barnardo's seminar 4 July 2000, London.

- Bashford, J. Buffin, J. and Patel, K. (2003) *The Department of Health's Black and minority ethnic drug misuse needs assessment project. Report 2: the findings*. Preston: Centre for Ethnicity and Health, University of Central Lancashire.
- Bell, R. Wechsler, H. and Johnston, L. (1997) Correlates of college student marijuana use: results of a US National Survey. *Addiction*, 92, (5), pp.571-581.
- Beman, D. S. (1995) Risk factors leading to adolescent substance abuse. *Adolescence*, 30, (117), pp.201-208.
- Berman, H. (2001) Children and war: current understandings and future directions. *Public Health Nursing*, 18, (4), pp.243-252.
- Bhugra, D. Lippett, R. and Cole, E. (1999) Pathways into care: an explanation of the factors that may affect minority ethnic groups. IN Bhugra, D. and Bahl, V. eds. *Ethnicity: an agenda for mental health*. London, Royal College of Psychiatrists.
- Bloch, A. (2002) *Refugees' opportunities and barriers in employment and training*. Department for Work and Pensions Research Report 179. <http://www.dwp.gov.uk/asd/asd5/rport179/Inside.pdf> (accessed May 2004).
- Bloch, A. (2004) *Making it work: refugees and employment in the UK*. Asylum and Migration Working Paper 2. <http://www.ippr.org/research/files/team19/project183/ipprWPRefEmp.PDF> (accessed April 2004).
- BMA (British Medical Association) (2002) British Medical Association (2002) *Asylum seekers : meeting their healthcare needs*. London, BMA. Also available at [http://www.bma.org.uk/ap.nsf/Content/Asylumseekers/\\$file/Asylumseekers.pdf](http://www.bma.org.uk/ap.nsf/Content/Asylumseekers/$file/Asylumseekers.pdf) (accessed May 2004).
- Brako, M. and Saleh, A. (2001) *Community engagement project: report of the drugs misuse needs assessment carried out by AHEAD (African Health for Empowerment and Development) amongst the Sierra Leonean and Ugandan Community in Greenwich and Bexley Borough*. London, Department of Health / Preston, Centre for Ethnicity and Health, University of Central Lancashire.
- Bry, B. (1983) Predicting drug use: review and reformulation. *International Journal of the Addictions*, 18, pp.223-233.

Burnett, A. and Peel, M. (2001) Asylum seekers and refugees in Britain: what brings asylum seekers to the United Kingdom? *British Medical Journal*, 322, pp.485-488.

Burnett, A. Fasil, Y. (2002) *Meeting the health needs of refugee and asylum seekers in the UK : an information and resource pack for health workers* Department of Health. Directorate of Health and Social Care, London [http://www.london.nhs.uk/newsmedia/publications/Asylum\\_Refugee.pdf](http://www.london.nhs.uk/newsmedia/publications/Asylum_Refugee.pdf) (accessed May 2004).

Callen, K. (1985) Teen drug use patterns reviewed. *Journal of Child and Adolescent Psychotherapy*, 2, (4), pp.303-304.

Candappa, M. (2001) The right to education and an adequate standard of living: refugee children in the UK. *International Journal of Children's Rights*, 8, pp.261-270.

Carey-Wood, J. Duke, K. Karn, V. and Marshall, T. (1995) *The resettlement of refugees in Britain*. Research Findings No.16. Home Office Research and Statistics Department. London, HMSO.

Chilcoat, H.D. and Breslau, N. (1998) Investigations of causal pathways between PTSD and drug use disorders. *Addictive Behaviours*, 23, (6), pp.827-840.

Clayton, R. (1992) Transitions in drug use: risk and protective factors. IN Meyer Glantz and Roy Pickens eds *Vulnerability to drug abuse*. Washington, American Psychological Association.

Clayton, R.R. Leukefield, C.G. Donohew, L. Bardo, M. and Harrington, N.G. (1995) Risk and protective factors: a brief review. *Drugs and Society*, 8, 3/4, pp.7-14.

Coker, N. (2001) *Asylum seekers' and refugees' health experience*. <http://www.kingsfund.org.uk/pdf/AsylumSeekersExp.pdf> (accessed May 2004).

Commission for Racial Equality (2003) Information Line. Personal communication, 23.05.03 and 27.05.03.

Cragg Ross Dawson (2003) *Drugs scoping study*. COI Ref 255419. London, Home Office.

D'Avanzo, C. Frye, B. and Froman, R. (1994) Culture, stress and substance use in Cambodian refugee women. *Journal of Studies on Alcohol*, 55, (4), pp.420-426.

Dennis, J. (2001) *Where are the children?: a mapping exercise on numbers of unaccompanied asylum-seeking children in the UK: September 2000-March 2001*. London, British Agencies for Adoption and Fostering (BAAF). Also available from [http://www.refugeecouncil.org.uk/downloads/rc\\_reports/where\\_children.pdf](http://www.refugeecouncil.org.uk/downloads/rc_reports/where_children.pdf) (accessed May 2003).

Dennis, J (2002) *A Case for change: how refugee children in England are missing out*. Refugee Council.

Department of Health (1999) *National service framework for mental health modern standards and service models*. London, Department of Health.

DETR (Department of the Environment, Transport and the Regions) (1999) *Coming in from the cold: the government's strategy on rough sleeping*. London, Rough Sleepers Unit, DETR.

DWP (Department of Work and Pensions) (2001) Green Paper. *Towards full employment in a modern society*. <http://www.dwp.gov.uk/fullemployment/> (accessed May 2004).

Elliot, D. Huizinga, D. and Ageton, S. (1985) *Explaining delinquency and drug use*. Beverly Hills, CA: Sage.

Employability Forum and Institute for Employment Studies (2004) *Employing refugees: some organisations' experience*. [http://www.employabilityforum.co.uk/pdf/ies\\_refugee\\_exp.pdf](http://www.employabilityforum.co.uk/pdf/ies_refugee_exp.pdf) (accessed May 2004).

Farrell, A.D. and White, K.S. (1998) Peer influences and drug use among urban adolescents: family structure and parent-adolescent relationship as protective factors. *Journal of Community and Clinical Psychology*, 66, (2), pp.248-258.

Farrington, D.P. Loeber, R. Elliot, D.S. Hawkins, J.D. Kandel, D.B. Klein, M.W. McCord, J. Rowe, D.C. and Tremblay, R.E. (1990) Advancing knowledge about the onset of delinquency and crime. *Advances in Clinical Child Psychology*, 13, pp.283-342.

- Fergusson, D.M. and Horwood, L.J. (1999) Prospective childhood predictors of deviant peer affiliations in adolescence. *Journal of Child Psychology and Psychiatry*, 40, (4), pp.581-592.
- Fleming, J.P. Kellam, S.G. and Brown, C.H. (1982) Early predictors of age at first use of alcohol, marijuana, and cigarettes. *Drug and Alcohol Dependence*, 9, 285-303.
- Fountain, J. Bashford, J. Winters, M. Patel, K. (2003a) *Black and minority ethnic communities in England: a review of the literature on drug use and related service provision*. London, National Treatment Agency / Preston: Centre for Ethnicity and Health, University of Central Lancashire.
- Fountain, J. Howes, S. Marsden, J. Taylor, C. Strang, J. (2003b) Drug and alcohol use and the link with homelessness: results from a survey of homeless people in London. *Addiction Research and Theory*, 11 (4), pp.245-256.
- Fox, P.G. Muennich Cowell, J. and Montgomery, A.C. (1994) The effects of violence on health and adjustment of Southeast Asian refugee children: an integrative review. *Public Health Nursing*, 11, (3), pp.195-201.
- FRESA (2002) *London Framework for Regional Employment and Skills Action (FRESA)*. <http://www.fresa-london.org/documents/fresa.pdf> (accessed May 2004).
- Friedman, A.S. Bransfield, S. Granick, S. and Kreisher, C. (1995) Early childhood risk and protective factors for substance use during early adolescence: gender differences. *Journal of Child and Adolescent Substance Abuse*, 4, (4), pp.1-23.
- Gammell, H. (1993) *Refugees services provision and access to the NHS*. London, Newham Health Authority and Newham Healthcare.
- GLA (Greater London Authority) (2001) *Refugees and asylum seekers in London: a GLA perspective*. [http://www.london.gov.uk/mayor/refugees/docs/refugees\\_full.pdf](http://www.london.gov.uk/mayor/refugees/docs/refugees_full.pdf) (accessed May 2004)
- Gorst-Unsworth, C. and Goldenberg, E. (1998) Psychological sequelae of torture and organised violence suffered by refugees from Iraq: trauma-related factors compared with social factors in exile. *British Journal of Psychiatry*, 172, pp.90-94.

- Grant, B.F. and Pickering, R. (1999) The relationship between cannabis use and DSM-IV cannabis abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 10, (3), pp.255-264.
- Green, C. (1999) Dependent substance misuse in adolescence: a picture beginning to emerge. *Journal of Substance Use*, 4, pp.179-183.
- Griffiths, D. (2003) English language training for refugees in London and the regions. Home Office Online report 14/3.
- Hammer, T. (1992) Unemployment and use of drug and alcohol among young people: a longitudinal study in the general population. *British Journal of Addiction*, 87, pp.1571-1581.
- Harrison, P.A. Fulkerson, J.A. and Beebe, T.J. (1997) Multiple substance use among adolescent physical and sexual abuse victims. *Child Abuse and Neglect*, 21, (6), pp.529-539.
- Hawkins, D.J. Catalano, R.F. and Miller, J.Y. (1992) Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, 112, (1), pp.64-105.
- Health Advisory Service (HAS) (2001) *The substance of young needs. Review 2001*. London, Health Advisory Service.
- Heath, T. and Hill, R. (2002) *Asylum statistics United Kingdom 2001*. London, Home Office. Also available from:  
<http://www.homeoffice.gov.uk/rds/pdfs2/hosb902.pdf>  
(accessed September 2003).
- Heath, T. Jeffries, R. Lloyd, A. (2003) *Asylum statistics United Kingdom 2002*. London, Home Office. Also available from:  
<http://www.homeoffice.gov.uk/rds/pdfs2/hosb803.pdf>  
(accessed September 2003).
- Hinton, T. (2001) *Working with refugees and asylum seekers in Lambeth, Southwark and Lewisham: a review of the work of the Refugee Health Team*. London, Crisis.



Home Office (2000) *Full and equal citizens: a strategy for the integration of refugees into the United Kingdom*.

[http://www.ind.homeoffice.gov.uk/filestore/Refugee\\_Intergration.pdf](http://www.ind.homeoffice.gov.uk/filestore/Refugee_Intergration.pdf)  
(accessed May 2004).

Home Office (2003) *Asylum statistics: 4th quarter 2003 United Kingdom*. London, National Statistics.

Home Office (2004) *Immigration and Nationality Directorate. Asylum in the UK: unaccompanied asylum seeking children*. Information Note.

Section 1.2. Home Office.

<http://www.ind.homeoffice.gov.uk/default.asp?PageID=3165>  
(accessed August 2003).

Johnson M.R.D. (2002) *Asylum seekers in dispersal - healthcare issues*.

Home Office Online Report 13/03.

<http://www.renewal.net/Documents/Research/Asylumseekersdispersal.pdf> (accessed May 2004)

Johnson, T.P. Freels, S.A. Parsons, J.A. and Vangeest, J.B. (1997)

Substance abuse and homelessness: social selection or social adaptation. *Addiction*, 92, (4), pp.437-445.

Kandel, D.B. (1982) Epidemiological and psychological perspectives on adolescent drug use. *Journal of American Academic Clinical Psychiatry*, 21, pp.328-347.

Kandel, D. and Logan, J. (1984) Patterns of drug use from adolescence to young adulthood: I. Periods of risk for initiation, continued use, and discontinuation. *American Journal of Public Health*, 74, pp.660-666.

Kellam, S.G. and Brown, H. (1982) *Social adaptational and psychological antecedents of adolescent psychopathology ten years later*. Baltimore, John Hopkins University.

Kidane, S. (2001) *Food, shelter and half a chance: assessing the needs of unaccompanied asylum seeking and refugee children*. London, BAAF (British Agencies for Adoption and Fostering).

Kinzie, J.D. Sack, W. Angell, R. Clarke, G. and Rath, B. (1989) A three year follow up of Cambodian young people traumatized as children.

*Journal of the American Academy of Child Psychiatry*, 28, pp.501-504.

Krupinski, J. (1967) Sociological aspects of mental ill health in migrants. *Social Science Medicine*, 1, pp.267-281.

LASC (London Asylum Seekers Consortium) (2004) *London Borough support of destitute asylum seekers for week ending 16 April 2004*. <http://www.westminster.gov.uk/socialservices/lasc/dataservices/> (accessed May 2004).

*Learning and skills needs and issues of refugees and asylum seekers in Tyne and Wear, 2003*. <http://www.lsc.gov.uk/NR/rdonlyres/ehgwpjn2yeb442kvegrhgobjsgahsni2bfinnjucehuro3mm3jd7pdima2pgqh7eieurdfqacuzio/refugees.pdf> (accessed April 2004).

Li, C. Pentz, A. and Chou, C. (2002) Parental substance use as a modifier of adolescent substance use risk. *Addiction*, 97, pp.1537-1550

Liebshutz, J. Savetsky, J.B. Saitz, R. Horton, N.J. Lloyd-Travaglini, C. and Samet, J.H. (2002) The relationship between sexual and physical abuse and substance abuse consequences. *Journal of Substance Abuse Treatment*, 22, pp.121-128.

Loughry, M. and Flouri, E. (2001) The behavioural and emotional problems of former unaccompanied refugee children 3-4 years after their return to Vietnam. *Child Abuse and Neglect*, 25, pp.249-263.

Macaskill, S. and Petrie, M. (2000) *I didn't come here for fun*. Edinburgh, Save the Children.

MacDonald, R. and Marsh, J. (2002) Crossing the Rubicon: youth transitions, poverty, drugs and social exclusion. *International Journal of Drug Policy*, 13, pp.27-38.

Maher, L. Sargent, P. Higgs, P. Crofts, N. Kelsall, J. and Le, T.T. (2001) Risk Behaviours of young Indo-Chinese injecting drug users in Sydney and Melbourne. *Australian and New Zealand Journal of Public Health*, 25, (1), pp.50-54.

Masser, D.S. (1992) Psychosocial functioning of the Central American refugee children. *Child Welfare*, 71, pp.439-456.

May, T. Harocopos, A. and Hough, M. (2000) *For love or money: pimps and the management of sex work*. Police Research Series Paper 134. London, Home Office.

May, T. Edmunds, M. and Hough, M. (assistance from Harvey, C.) (1999) *Street business: the links between sex and drugs markets*. Police Research Series Paper 118. London, Home Office.

Mayor of London (2003) *Missed opportunities*. London, Greater London Authority.

Mayor of London (2004) *Offering more than they borrow: refugee children in London*. [http://www.london.gov.uk/mayor/refugees/docs/refugee\\_children\\_report.pdf](http://www.london.gov.uk/mayor/refugees/docs/refugee_children_report.pdf) (accessed April 2004)

McCallin, M. (1992) *Living in detention*. Geneva, ICCB.

Meisler, A.W. (1996) Trauma, PTSD and substance abuse. *PTSD Research Quarterly*, 7, (4), pp.1-8.

Melville, M.B. and Lykes, M.B. (1992) Guatemalan Indian children and the sociocultural effects of government sponsored terrorism. *Social Science and Medicine*, 34, pp.533-548.

Miller, P. and Plant, P. (1999) Truancy and perceived school performance: an alcohol and drug study of UK teenagers. *Alcohol and Alcoholism*, 34, (6), pp.886-893.

Miller, P. and Plant, M. (2003). The family, peer influence and substance use: findings from a study of UK teenagers. *Journal of Substance Use*, 8, pp.19-26.

NTA (National Treatment Agency for Substance Misuse) (2003) Models of care for the treatment of drug misusers. Part 2: Full reference report. <http://www.nta.nha.uk> (accessed September 2003).

Newcomb, M.D. Maddahian, E. and Bentler, P.M. (1986) Risk factors for drug use among adolescents: concurrent and longitudinal analyses. *American Journal of Public Health*, 76, pp.625-630.

Neale, J. (2001) Homelessness amongst drug users: a double jeopardy explored. *International Journal of Drug Policy*, 12, pp.353-369.

North East Consortium for Asylum and Refugee Support (March 2004) *The reporting and recording of racist incidents against asylum seekers in the North East of England*. [http://online.northumbria.ac.uk/csru/pdfs/NECARS\\_report.pdf](http://online.northumbria.ac.uk/csru/pdfs/NECARS_report.pdf) (accessed May 2004).

Oetting, E.R. and Beauvais, F. (1987) Peer cluster theory, socialization characteristics and adolescent drug use: a path analysis. *Journal of Counseling Psychology*, 34, (2), pp.205-213.

OFSTED (2003) *The education of asylum-seeker pupils*. HMI 453.

Parker, H. Bury, C. and Egginton, R. (1998) *New heroin outbreaks amongst young people in England and Wales*. Crime Detection and Prevention Series Paper 92. London, Home Office.

Refugee Action (1998) *Health in exile*. London, Refugee Action

Refugee Council (1997) *A survey of NHS Trusts in Manchester and London*. London, Refugee Council.

Refugee Council (2003a) Personal communication with the Children's Panel, June 2003.

Refugee Council (2003b) Personal communication with Policy Adviser for Unaccompanied Children, August 2003.

Refugee Council (2003c) *Support arrangements for 16 to 17 year old unaccompanied asylum seeking children*.

[http://www.refugeecouncil.org.uk/downloads/briefings/supp\\_16&17\\_sept03.pdf](http://www.refugeecouncil.org.uk/downloads/briefings/supp_16&17_sept03.pdf) (accessed May 2004).

Refugee Council (2003d) Refugee Council (August 2003) *Information for Advisers*. [http://www.refugeecouncil.org.uk/downloads/publications/ipswich\\_ap.pdf](http://www.refugeecouncil.org.uk/downloads/publications/ipswich_ap.pdf) (accessed June 2004).

Refugee Council (2004) *Asylum and Immigration Bill 2003: key issues and concerns*. [http://www.refugeecouncil.org.uk/downloads/bill2003/2003bill\\_jan04.pdf](http://www.refugeecouncil.org.uk/downloads/bill2003/2003bill_jan04.pdf) (accessed May 2004)

Regnerus, M.D. and Elder, G.H. (2003) Religion and vulnerability among low-risk adolescents. *Social Science Research* (in press).

Reid, G. Higgs, P. Beyer, L. and Crofts, N. (2002) Vulnerability among Vietnamese illicit drug users in Australia: challenges for change. *International Journal of Drug Policy*, 13, pp.127-136.

Ressler, E.M. Boothby, N. and Steinbock, D.J. (1988) *Unaccompanied children: care and protection in wars, natural disasters, and refugee movements*. Oxford, Oxford University Press.

Robins, L.N. and Przybeck, T.R. (1985) Age of onset of drug use as a factor in drug and other disorders. IN Jones C.L. and Battjes R.J. eds. *Etiology of drug abuse: implications for prevention*. NIDA Research Monograph No.56. Washington DC, US Government Printing Office.

Rousseau, C. and Drapeau, A. (2003) Are refugee children an at-risk group? a longitudinal study of Cambodian adolescents. *Journal of Refugee Studies*, 16, (1), pp.67-81.

Rutter, J. (2003) *Working with refugee children*. York, Joseph Rowntree Foundation

Sack, W.H. Him, C. and Dickason, D. (1999) Twelve-year follow-up study of Khmer youths who suffered massive war trauma as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 9, (38) pp.1173-1181.

Sellen, D.W. and Tedstone, A. (2000) Nutritional needs of refugee children in the UK. *Journal of the Royal Society of Medicine*, 93, pp.360-364.

Sangster, D. Shiner, M. Sheikh, N. and Patel, K. (2002) *Delivering drug services to Black and minority ethnic communities*. DPAS/P16. London: Home Office Drug Prevention and Advisory Service (DPAS). Also available on <http://www.drugs.gov.uk> (accessed March 2003).

Save the Children and Greater Glasgow Council (September 2002) *Starting again*. London, Save the Children / Glasgow, Glasgow City Council.

Silverman, I. Lief, V.F. Shah, R.K. (1971) Migration and alcohol use: a career analysis. *International Journal of Addiction*, 6, pp.195-213.

SEU (Social Exclusion Unit ) (2001) *A New Commitment to Neighbourhood Renewal: National Strategy Action Plan*. [http://www.socialexclusionunit.gov.uk/publications/reports/pdfs/action\\_plan.pdf](http://www.socialexclusionunit.gov.uk/publications/reports/pdfs/action_plan.pdf) (accessed April 2004).

Somerset, C. (2001) *What the professionals know: the trafficking of children into, and through, the UK for sexual purposes*. ECPAT (End Child Prostitution And Trafficking) UK.

Sourander, A. (1998) Behaviour problems and traumatic events of unaccompanied refugee minors. *Child Abuse and Neglect*, 22, (7), pp.719-727.

- Stanley, K. (2001) *Cold comfort: young separated refugees in England*. London: Save the Children.
- Steinberg, L. and Dornbusch (1991) Negative correlates of part-time employment during adolescence: replication and elaboration. *Developmental Psychology*, 27, (2), pp.304-313.
- Summerfield, D. (2000) Childhood, war, refugeedom and 'trauma': three core questions for mental health professionals. *Transcultural Psychiatry*, 37, (3), pp.417-433.
- Sussman, S. Dent, C.W. and Galaif, E.R. (1997) The correlates of substance abuse and dependence among adolescents at high risk for drug abuse. *Journal of Substance Abuse*, 9, pp.241-255.
- Tsoi, M.M. Yu, G.K. and Lieh-Mak, F. (1986) Vietnamese refugee children in camps in Hong Kong. *Social Science and Medicine*, 23, 1147-1150.
- Turner S (2003) *Culture, migration and PTSD*. Conference presentation, Insights and Innovations on Drug Abuse. London, 2-4 June 2003.
- UNHCR (United Nations High Commission for Refugees) (1994) *Refugee children: guidelines on care and protection*. Geneva, United Nations High Commission for Refugees.
- UNHCR (United Nations High Commission for Refugees) (1996) *Convention and protocol relating to the status of refugees*. Public Information Section. Geneva, United Nations High Commission for Refugees.
- UNICEF (United Nations Children's Fund) (2001) *Refugee and asylum-seeking children*. <http://www.unicef.org/> (accessed June 2003).
- UNICEF (United Nations Children's Fund) UK (2003) *Stop the traffic!* (Contributors: Somerset, C. Donati, F. Plaza, P. and Gorton, J. ). London, UNICEF UK.
- Van Etten, M.L. Neumark, Y.D. and Anthony, J.C. (1999) Male-female differences in the earliest stages of drug involvement. *Addiction*, 94, (9), pp.1413-1419.
- Various authors (1998) Special focus 1: problems for the future? Drug use among vulnerable groups of young people. *Drugs: education, prevention and policy*, 5(3): 213-281.

Von Sydow, K. Lieb, R. Pfister, H. Hofler, M. and Wittchen, H. (2002) What predicts incident use of cannabis and progression to abuse and dependence? A 4-year prospective examination of risk factors in a community sample of adolescents and young adults. *Drug and Alcohol Dependence*, 68, pp.49-64.

Weiss, R.D. (1992) The role of psychopathology in the transition from drug use to abuse. IN Glantz, M.D. and Pickens, R. W. eds. *Vulnerability to Drug Abuse*. Washington DC, American Psychological Association Press. pp.137-148.

Westermeyer, J. (1993) Substance use disorders among young minority refugees: common themes in a clinical sample. IN De La Rosa M.R. and J. Recio Adrados J. eds. *Drug abuse among minority youth: methodological and recent research advances*. National Institute on Drug Abuse (NIDA) Research Monograph 130. Rockville MA, NIDA.

Whittington, D. and Abdi, S. (2001) *Somali substance misuse, causes and impacts*. London, OREXIS.

Wilson, R. (2001) *Dispersed : a study of services for asylum seekers in West Yorkshire December 1999 - March 2001*. York, Joseph Rowntree Charitable Trust.

Windle, M. (1990) A longitudinal study of antisocial behaviors in early adolescence as predictors of late adolescent substance use: gender and ethnic group differences. *Journal of Abnormal Psychology*, 99, (1), pp.86-91.

Winters, M. and Patel, K. (2003) *The Department of Health's Black and minority ethnic drug misuse needs assessment project*. Report 1: the process. Preston: Centre for Ethnicity and Health, University of Central Lancashire.

Woodcock, J. (2002) Practical approaches to work with refugee children. IN Kedar Nath Diwivedi ed *Meeting the Needs of Ethnic Minority Children*. London, Jessica Kingsley Publishers.

Woodhead, D. (2000) *The health and well-being of asylum seekers and refugees*. London, King's Fund.

Wu, L. Schlenger, W.E. and Galvin, D.M. (2003) The relationship between employment and substance use among students aged 12 to 17. *Journal of Adolescent Health*, 32, pp.5-15.

Zetter, R. Griffiths, D. Ferretti, S. Pearl, M. (2003) *An assessment of the impact of asylum policies in Europe 1990-2000*. Home Office Research Study 259. <http://www.homeoffice.gov.uk/rds/pdfs2/hors259.pdf> (accessed June 2004).

Zickler, P. (2000) Gender differences in prevalence of drug abuse traced to opportunities to use. *NIDA [National Institute on Drug Abuse] Notes - Research Findings*, 15, (4).









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### Punjabi

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

### Hindi

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

### Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে नीचे फोन नम्बरे বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

### Urdu

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

### Arabic

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

### Gujarati

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

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