

Newly Arrived Refugee and Asylum Seekers in Trafford

Life stories, needs and assets

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Executive Summary

The Project Brief

The Safer Trafford Partnership wishes to increase its local understanding of a range of new communities with a view to ensuring the development of services which offer effective support to potentially vulnerable groups. With this in mind they have commissioned ISCRI to undertake a piece of research on their behalf to assess the scope of new and emerging communities within Trafford, with a particular emphasis on exploring the needs and experiences of Asylum Seekers and Refugees.

Methods

The original plan for this research was to recruit a number of newly arrived refugee and asylum seekers, to provide some training in the delivery of practical research methods and to support them in undertaking interviews with other refugee and asylum seekers in their own personal networks. Despite making contact with a more than 40 organisations and individuals in Trafford, South Manchester and Salford who were working with refugee and asylum seekers and spending several days on foot walking around areas in Trafford in an attempt to generate useful leads recruitment proved problematic however. After discussions with colleagues at Trafford Council the methods were changed to a questionnaire based design with the inclusion of an update component in which some of those who responded to questionnaires were contacted for a follow-up 2-3 months after the original interview. The questionnaire used for the study was agreed with the commissioner and a copy is included appendix 1. In all interviews contemporaneous notes were taken and the main themes agreed with participants at the end of the discussion. Interpreters were included in these debriefings where they had been part of the interview itself. Some interviews were also audio recorded and transcribed where respondents gave permission.

Analysis

A systematic qualitative thematic analysis of the data made it possible to: (i) report on a wide range of experiences and perceptions; (ii) identify areas of consensus and divergence; and (iii) develop recommendations for the Safer Trafford Partnership based on our analysis of the needs and perceptions of those interviewed.

Sample characteristics

Questionnaire data was gathered from 33 respondents ranging in age from 18-55, with most (n=18) being aged between 26 and 35. Just over half of the respondents were female. Respondents came from a total of 16 different countries of origin, with the most common being Zimbabwe, China, Iran and Iraq. Respondents reported 15 different first languages, with Kurdish, English, Mandarin and Shona being the most commonly reported.

Although nearly half of respondents said that they had a very good understanding of English (that is, that they suggested that they could understand everything) practice reflections suggested that the answers to this question might be unreliable because they were based on perception and not benchmarked to any reliable scale. For example, some respondents who rated themselves as having

only a limited understanding of English were able to have a discussion with the researchers in English and without the use of an interpreter. Others however, declared their understanding of English as very good, but relied heavily on an interpreter to complete the interview and spoke little or no English during the interview.

Most respondents said that they were either completely alone in the UK or were alone with dependent children. 16 respondents had a total of 21 dependent children between them. The majority of these were of pre-school age (i.e. aged under five).

Respondents had been in the UK for various lengths of time, ranging from 6 months to over three years. Most had been in the UK for less than two years

Asylum status

The majority of the sample reported that their applications for asylum had been refused. 12 reported that they had asylum applications that were at various stages of the application process. Only 2 respondents said that they had been granted refugee status, while a further 2 said that they had been granted 'leave to remain'¹.

Residency

27 of the 33 respondents had lived in Trafford at some point however only 19 were currently resident in Trafford. Most of those who had moved out of Trafford to live in other areas said they had moved because living in Trafford meant that they had been unable to access support and other services provided in Manchester and Salford while living in Trafford.

Many of the people who we interviewed had lived in several different locations within the UK since arrival. Only 4 of the sample had not lived anywhere else in the UK. The most common other locations were London and the City of Manchester.

Journeys to and arrival in the UK

Respondents often told quite different stories about their journeys to the UK. Some of these are set out in more detail in appendix 3 which includes a series of life stories presented in the form of case vignettes.

While there is a commonly held view that many asylum seekers choose to come to the UK because of the lure of employment, the benefits system and free healthcare, the lives of the refugees and asylum seekers we spoke to had often been characterized by the experience of war, conflict, violence and personal and/or family persecution. As in other research with similar populations, it was usually these 'push' factors that were decisive in decisions to migrate rather than the 'pull' of any particular destination country and the apparent benefits of residence within it. Although the UK was a preferred destination for some (e.g. some of those from countries such as Zimbabwe), many others had ended up in the UK either by accident or for purely practical reasons (e.g. having family

¹ It was not clear whether by this they meant 'indefinite' or 'exceptional' leave to remain.

or friends already here or an existing visa). Decisions about destinations were more often made by others (such as 'agents' or 'middle-men') with some people only finding out that the UK was the actual destination after they had arrived.

Arrival in the UK was a sensory assault for many people, sometimes positive and sometimes not. Nearly all respondents reported varying degrees of shock, confusion and disorientation as they struggled to come to grips with a new environment. Many talked about the fact that they did not understand anything about the UK in either practical or cultural terms. One practical issue for many people was imposed by language difficulties. This issue was both practical (because it made it difficult to understand or ask for things) and emotional (because it made people feel a long way from home).

Some reported feeling very frightened because, for example, they had not known where they were after long and disorienting journeys. This left people feeling vulnerable and also sometimes exposed them to the risk of being persecuted or taken advantage of. A number of people reported that their early experience in the UK had been marked by detention.

Experience of Trafford

Although many respondents reported experiencing a range of problems related to their status as refugees or asylum seekers and in particular to the process of applying for asylum, most reported positive experiences of living in Trafford. Some made specific comparisons between their experiences in Trafford and elsewhere. For example, some of those we spoke to who were resident in Salford reported many more racist and abusive experiences.

However, a frequent complaint amongst those who were resident in Trafford was that there was often limited support available for refugees and asylum seekers locally, with some reporting that they travelled to neighbouring boroughs to access help. In some cases people had made pragmatic decisions to move out of the area in order to access support available elsewhere.

Most common problems

The most common areas in which people reported problems were: unemployment and an inability to work; lack of money; mental health; access to sport and leisure facilities and a lack of support for children. Other problems related to the above included a lack of food/poor diet and loneliness and isolation. A significant minority reported having been the victim of racism.

Data related to housing was problematic – partly because it was incomplete, but partly also because of the low expectations of respondents who frequently reported poor housing conditions but did not see these as problematic. Issues reported included: having nowhere to live; living in temporary accommodation (often with family or friends); lack of privacy caused through sharing; loss of accommodation following the refusal of asylum; and difficulties getting repairs carried out.

Money and employment

The biggest single complaint related to the restrictions that were placed on people's ability to work, either because they were still awaiting a decision in respect of their application, or because their applications had been refused.

Complaints about the use of voucher support for failed asylum seekers are well documented. In this research respondents consistently complained that the amount of money that they had to live on was simply not enough.

The main picture painted by respondents was one of subsistence living and living hand to mouth. Many pointed to the importance of friends, families and charitable or community organisations in providing ongoing practical support with food. For example the drop in centre at St Bride's church, Old Trafford, run by the church along with the Red Cross and BOAZ Trust provides a hot meal and groceries, as well as advice and support, to destitute refugee and asylum seekers. For some this is an essential component of getting by.

Mental health and well-being

Refugee and asylum seeker perceptions about wellbeing are strongly related to the availability of meaningful relationships and roles. Participants reported a range of issues which indicated ways in which personal wellbeing has been compromised. For example, those who were still traumatised about abuse or violence perpetrated on them in countries of origin, those who had experienced racism and discrimination in the UK and those who felt isolated and/or lonely would often reflect upon limited social circles, and the struggle for full citizenship. For many refugee and asylum seekers, wellbeing related to 'feeling normal' which in turn related to the opportunity, or lack of it, to get out and about and be able to make use of normal everyday facilities. Another key barrier to feelings of wellbeing were barriers to employment which tended to promote people's feelings of exclusion and dependency (either on welfare or charity).

Many respondents complained of mental health problems that were directly related in one way or another to their situations as asylum seekers or refugees. For some, these problems related back to the reasons that they had sought asylum in the first place, such as fleeing abuse or torture. For others however it was the very process of seeking asylum itself that was cited as the main source of stress and anxiety. The uncertainty surrounding the outcome of an application, the length of time that an application takes to process, and concerns over whether or not they would be allowed to stay all impacted upon mental health. What emerges is a picture of sadness and isolation for many people in this group.

Healthcare

Kelly and Stevenson (2006) suggest that the restrictions placed on free healthcare for refused asylum seekers since April 2004 have had a serious impact on maternity care, treatment for cancer and diabetes, trauma recovery, general operations and communicable diseases such as HIV. The stories told by respondents in respect of their access to both primary and secondary care was primarily a good one, however, suggesting that Kelly and Stevenson's fears may not be borne out in Trafford. That said, the authors would urge some caution here. The sample of respondents that we

are able to interview was only a small one and we did not interview respondents with the specific conditions outlined by them. We would not want our findings to suggest a rosier picture than is justified and we urge continued monitoring of the situation.

Sport and leisure

Nearly half of the respondents (n=17) said that the inability to access sport and leisure facilities was a problem. Complaints tended to fall in to one of three categories: either respondents didn't know where to go and what facilities were on offer, they lacked the money to use facilities, or they faced some other kind of barrier (such as poor health or language) which prevented them from using services or facilities.

Housing

As alluded to above, data analysis in relation to housing was complicated by two factors. Firstly, the data is incomplete and information was only collected from half of respondents. Secondly the low expectations of respondents meant that those who reported poor housing conditions did not see these as problematic.

A number reported that they had nowhere of their own to live, but were reliant on friends. Problems arose as a result of a change in status – for example from being an asylum seeker to becoming a refugee or from having an application for asylum refused. In either case, this could lead to a loss of accommodation. There was often a lack of privacy owing to enforced sharing and respondents reported having to wait to get repairs completed.

Racism

Although the majority of respondents had not experienced racism in the UK a significant minority had. For these respondents racism was reported in a variety of different forms (physical assault, verbal abuse, an attitude that was experienced) and from a variety of sources (from the general public, from young people, from front-line services, from white people and from people in other minority ethnic groups).

Children

Two-thirds of those respondents who had children said that support for children was a problem. In some cases, the issues related to a lack of money. In most cases however, respondents complained about the general lack of wider support which left the researchers with the impression that this group were often isolated from available avenues of support and/or lacked the social capital to access available forms of support.

Those who had managed to access facilities such as playgroups valued these highly and saw them as important to their perceptions of wellbeing and belonging.

Possibly because of the ages of the children of those in our sample (most of whom were of pre-school age) experiences of education and schooling for children did not feature significantly as an issue for our respondents. Research elsewhere (Doyle and McCorristin, 2008) has suggested that it frequently is however.

Drawing on work in a number of areas they outline a number of good practice points that we have incorporated in to this report.

Crime

Only 4 respondents reported that they had been a victim of crime, but 2 of these crimes were clearly linked to the incidents of racism.

Of concern is the fact that a woman who said she had been raped since being in the UK did not say that she had been the victim of a crime. This chimes with a cautionary note from Keefe and Hage (2009) in which they highlight the vulnerability of women asylum seekers who have survived rape, sexual violence or sexual exploitation.

The role of the voluntary sector

24 respondents said that they used voluntary sector services. As well as helping to reduce isolation, such services clearly play a role in meeting a wide variety of other needs including the provision of food, clothing and money, and help with asylum applications, welfare benefits and housing advice, as well as the provision of volunteering opportunities.

The Refugee Community Organisation sector has grown in recent years in line with the government's dispersal policy. Zetter et al (2004) caution against over-reliance on it however noting that funding for Refugee Community Organisations is limited. Most have an income of less than £50k per year and typically funding is in the region of £10-£20k. Most run on a typically small number of staff (2-4) and have a reliance on volunteers.

Follow up studies

We conducted a small number of follow-up interviews with 10 respondents at intervals ranging between 3 and 4 months after the initial interview. Although the number of follow up interviews is small and the follow up period was short, the evidence from those who we interviewed suggested that by and large little had changed. For the most part they continued to experience the same problems that they had previously reported: they were still waiting for decisions about their asylum applications; they remained unable to work; they were struggling for money; support for children remained an issue; and they continued to be living in conditions and circumstances that were likely to impact negatively upon their mental well-being.

Three of the people that we followed up had moved out of the area. Their accounts lend some support to what we were told by a number of workers who were involved in projects where we undertook the interviews: that people were often forced to move because of financial circumstances and that there was a pull away from Trafford as people found it easier to access the kinds of support that they needed in other areas.

Only 3 respondents reported that they had any contact with any new services. Two of these related to the people above who had moved to other areas while the third reported that she had accessed a solicitor.

Recommendations

These recommendations have been written to support the delivery of the 7 key objectives set out in Trafford Partnership's Sustainable Community Strategy - *Trafford Vision 2021: a blueprint*. The strategy sets out a clear commitment to reducing inequalities, acknowledging that while the residents of Trafford overall enjoy a generally good quality of life, this masks some stark inequality that exists between the most and least deprived communities.

Recommendation 1:

Refugee Community Organisations have a key role to play in supporting the welfare and integration of refugees and asylum seekers. Many respondents reported the significance of such organisations in helping to reduce isolation and in providing a wide range of practical and emotional support and guidance, as well as access to volunteering. Priority Outcome SC2 is for a thriving community and voluntary sector. Priority outcome SC1 is for more people of all ages and backgrounds to volunteer. It is significant that many respondents reported a reliance on services provided by voluntary sector organisations in neighbouring boroughs. **The Strong Communities Partnership should consider ways in which it can encourage and support the development of strong and vibrant Refugee Community Organisation sector as part of the way in which it supports the voluntary sector more generally. This may include the development of specific formal partnerships with refugee community organisations and may involve commissioning and the allocation of financial resources. It should also oppose any moves by the Government to restrict volunteering opportunities for asylum seekers within the Refugee Community Organisation sector as part of the 'active citizenship' process under the Borders, Citizenship and Immigration Act 2009.**

Recommendation 2:

People Priority Outcome SE10 is for more people to be in work, particularly in more disadvantaged communities. While it is clearly recognised that Trafford Partnership must operate within and support the law it cannot go unnoticed that the restrictions on the right of asylum seekers to work was one of the major complaints voiced by respondents. Commentators elsewhere have recognised the importance of work as an important part of integration which has knock on effects on poverty and both mental and physical well-being. The findings from this study bear this out. People priority Outcome SE11 is for more people qualified to NVQ level 3 in the skill areas that meet the demands of employers. **Trafford Partnership should consider what it can do to advocate for a return of the work concession and to allow access to vocational courses for unskilled asylum seekers.** A reduction in poverty is also likely to support the delivery of Priority Outcome HQ2 to narrow the gap in life expectancy.

Recommendation 3:

For the most part, respondents reported that Trafford was a good place to live. However there was evidence that some respondents had been the victim of racist incidents. **It is important that the Safer Trafford Partnership continue to monitor levels of crime motivated by race hate and take steps to ensure that the views of refugees and asylum seekers are fully taken account of when measuring progress against Priority Outcomes SR1 and SR2. The Strong Communities Partnership should review its activities to ensure that progress towards Priority Outcome SC5 is made and that**

relationships between people of different backgrounds, including refugees and asylum seekers continue to be good.

Recommendation 4:

Although the experience of primary, secondary and further education was not widely reported on in this report, good practice in raising educational standards for refugees and asylum seekers was discussed. **Trafford Economic Alliance should take steps to ensure that such good practice is embedded in to local schools and colleges in order to ensure that People Priority Outcome SEB can be achieved for all groups.** Good practice might include:

- Using extended school status to provide activities beyond the school day
- The generation of specific funds
- Home-school link workers
- Peer mentoring
- Links with specialist trauma/psycho-social support services
- Language support, often provided by Refugee Community Organisations
- Translation of materials
- Tailored inductions provided by schools
- Advice sessions provided by Refugee Community Organisations
- Coffee mornings and outreach
- Partnerships between schools and Refugee Community Organisations

Recommendation 5:

Language was clearly identified as a key component for successful integration. Those respondents who had accessed ESOL classes rated these highly. **The Children and Young People's Partnership should consider ways in which the high quality and much valued local ESOL provision can be supported and enhanced in support of People Priority Outcome SE12.**

Recommendation 6:

A large proportion of respondents had children under school age. Those families and individuals who were linked in to support found this extremely valuable. Most respondents were unaware of the existence of such support however and were not in a position to take advantage of it. Consistent with Priority Outcome BF6 to ensure the emotional well-being of children, **the Children and Young People's Partnership and the Trafford Safeguarding Children's Board should review provision for the children of asylum seekers and refugees in the light of these findings.** Few asylum seekers and refugees are likely to be aware of the availability of free childcare places for two year olds for example.

Recommendation 7:

The stories that respondents told in respect of housing indicated that while most indicated that their immediate needs were met, many also found themselves living in accommodation of poor quality. **The Strategic Housing Partnership should review its current priority outcomes and consider including refugees and asylum seekers as a specific group of vulnerable people within the Housing Strategy.** Current priority groups include older people, young people and people with disabilities,

but no measures are in place to monitor the quality and affordability of housing for refugees and asylum seekers which is likely to be one of the key factors in the creation of strong neighbourhoods and cohesive communities. Specific thought needs to be given to how refugees and asylum seekers can be given *'the chance to live in an affordable, decent home of their choice in a thriving and secure neighbourhood'* in line with Trafford's housing vision.

Recommendation 8:

Priority Outcome HQ8 seeks to encourage more people of all ages and groups to participate in physical activity, sport and cultural activity. This outcome cannot be achieved for asylum seekers and refugees in isolation from recommendations 1, 2 and 6 above. **It is therefore recommended that the Health and Wellbeing partnership consider ways in which it can support the delivery of these recommendations.**

Recommendation 9:

Priority Outcome HQ5 is for a reduction in mental ill health and incapacity. Respondents reported consistently high levels of mental ill health caused as a result of a variety of factors including:

- The inability to work
- Lack of money
- The stress of the asylum process
- The stress of adapting to new life situations
- Loneliness, isolation and lack of support

As above, it is unlikely that improvements in these areas can be achieved in isolation from other recommendations and it is therefore recommended that **the Health and Wellbeing Partnership considers what it can do to support the delivery of recommendations 1-8 above.**

Recommendation 10:

Most respondents reported both good access to and good experience of both primary and secondary care services. The fears expressed by Kelly and Stevenson (ibid) about the impact the restrictions placed on free healthcare for refused asylum seekers since April 2004 do not appear to have been borne out by this study. However, as expressed above, the authors would urge some caution here. The sample of respondents that we are able to interview was only a small one and we did not interview respondents with the specific conditions that Kelly and Stevenson expressed concerns about². We would not want our findings to suggest a rosier picture than is justified and we urge continued monitoring of the situation. In view of this, we would recommend **that the Health and Wellbeing Partnership monitor access to healthcare for asylum seekers and refugees on an on-going basis.**

² Cancer, diabetes, trauma recovery, general operations and communicable diseases such as HIV.

Recommendation 11:

A number of respondents reported poor experiences of services. While sometimes these poor experiences may have been born out of the inability of a service to help because of eligibility, sometimes these poor experiences were born out of the ignorance of staff which sometimes bordered on racism. **The Trafford Partnership should consider developing and delivering a package of training for front line staff in both the statutory and voluntary sectors whose roles could bring them in to contact with asylum seekers and refugees.** Such a package could be developed in partnership with local refugee community organisations and the University of Central Lancashire, who undertook this research and has experience of developing similar training.

Recommendation 12:

The evidence suggests that asylum seekers and refugees are a mobile population whose needs do not respect local authority boundaries. A large number of respondents reported using services in neighbouring authorities. **Trafford Partnership should consider re-invigorating its partnerships with other Greater Manchester local authorities and with the North West Consortium.**

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1. Introduction

Asylum seekers and refugees are a highly heterogeneous group from a range of countries, united by their application for asylum in the UK under the 1951 United Nations Geneva Convention. As a group they include men and women of different ages with different educational backgrounds, including highly skilled professionals, who have experienced different circumstances in their own countries and arrived in the UK through different means. They face hardship before, during and after arrival in the UK and many commentators have remarked on the resilience, skills and strengths of asylum seekers and refugees and their networks as well as their social, cultural and economic contribution to life in the UK.

In the 1990s applications for asylum averaged at around 34,000 per year and from 1999 increased significantly to over 70,000, rising to just over 84,000 in 2002. However, since then the number of applications has been falling significantly with 23,430 applications, 28,300 with dependants, recorded in 2007. The top 10 nationalities represented in applications in 2007 were from Afghanistan, Iran, China, Iraq, Eritrea, Zimbabwe, Somalia, Pakistan, Sri Lanka and Nigeria. In 2007, over 70 per cent were from these countries and many have featured in the figures for the top nationalities for the last five years, suggesting that the majority of asylum applicants to the UK come from areas with protracted refugee situations. Men outnumber women with 70 per cent of the applicants for asylum in 2007 being male. The majority of applicants for asylum are under 35 years old (80 per cent in 2007, similar to 2005 and 2006 figures) and only a small minority are aged 50 or over. In 2007, 3,525 unaccompanied asylum seeking children (UASCs) aged 17 or under applied for asylum.

The majority of asylum seekers and refugees initially settle in London but since the Immigration and Asylum Act 1999 they have been dispersed to other areas of the country.

The North West of England is one of the most diverse parts of the country. It has a historically large minority ethnic population especially of Pakistani, Indian, Bangladeshi, African Caribbean, Black African and Chinese heritage. It has always been host to asylum seekers and refugees from around the world. More recently the expansion of the European Union has given rise to a significant increase in the number of economic migrants from Eastern Europe, while on-going wars in other parts of the globe has meant that a number of new communities have also started to settle. In Trafford these include people from Iran, Palestine, Afghanistan, Sudan, Iraq, Eritrea and Zimbabwe.

While much is known about many of the more established communities, many of whom have at least some degree of community infra-structure, little is known about a number of so-called new and emerging communities.

The Project Brief

The Safer Trafford Partnership wishes to increase its local understanding of a range of communities with a view to ensuring the development of services which offer effective support to potentially vulnerable groups. With this in mind they have commissioned ISCRI to undertake a piece of research

on their behalf to assess the scope of new and emerging communities within Trafford, with a particular emphasis on exploring the needs and experiences of Asylum Seekers and Refugees.

2. Methods

2.1 Research design and data collection

The original plan for this research was to recruit a number of newly arrived refugee and asylum seekers, to provide some training in the delivery of practical research methods and to support them in undertaking interviews with other refugee and asylum seekers in their own personal networks. As a method this has worked well in a number of similar projects in the past (See for example Fountain et al, 2007). The original selection criteria for inclusion in the research were as follows:

- (i) Participants needed to be a refugee or asylum seeker.
- (ii) They needed to have been in the UK for less than one year.
- (iii) They needed to be a Trafford resident.
- (iv) Eligible respondents would all be adults.
- (v) Eligible respondents would all be from Iran, Palestine, Afghanistan, Sudan, Iraq, Eritrea or Zimbabwe

In this project both the method and the recruitment strategy proved impossible to deliver for four main reasons as follows:

- (i) Recruiting participants who met the selection criteria proved to be much more challenging than had been originally anticipated.
- (ii) Many of the prospective participants had little or no understanding of English.
- (iii) The prospective participants spoke such a range of languages that the group training would have been impossible to deliver even with interpreters.
- (iv) On-going analysis of NASS data indicated that the predominant countries of origin of new arrivals had changed in the course of the work.

After discussions with colleagues at Trafford Council a number of elements of the methods were revised as follows:

- (i) Newly arrived was redefined as 'those who had been in the UK for less than two years'.
- (ii) The methods were changed to a questionnaire based design with the plan that this could be administered both by the research team and by people working for organisations working with refugees and asylum seekers locally.
- (iii) The country of origin requirement was removed from the selection criteria.
- (iv) The commissioner requested the inclusion of an update component in which some of those who responded to questionnaires were contacted for a follow-up 2-3 months after the original interview.

In the early elements of scoping and recruitment the research team made contact with a more than 40 organisations and individuals in Trafford, South Manchester and Salford who were working with refugee and asylum seekers. A number of those who ran these organisations were confident that they could help recruit participants and some felt that they would be better placed than researchers to conduct the questionnaires with those they worked with.

Despite amendments made to the selection criteria and the encouragement received from initial consultation with relevant organisations, recruitment continued to be exceptionally challenging. In addition to building relationships with the forty plus organisations and individuals mentioned above the research team also spent several days on foot walking around areas in Trafford in an attempt to enhance recruitment and generate useful leads. We attended the open day at the St Johns Centre at Old Trafford at which people sign up for classes including ESOL. At this point in the research we were still operating to the original recruitment criteria which included specific countries of origin. The team spoke to more than 30 people signing up for ESOL classes and none met the country of origin requirement.

We also sought out the support of people on the steering group asking them to refer us onto contacts and leads in their networks. In two cases this worked as follows: Happy Homes gave us leads which led to the recruitment of n= 6 people and a community development worker was able to put us in touch with a Somali Community Centre that led to the recruitment of n=2 participants.

One manager of an organisation providing ESOL classes locally suggested he would only help us recruit people if his organisation was financially compensated. He expressed concerns that 'nothing ever changed' and that his organisation was not adequately funded. The research team passed this lead back to the commissioner to explore further. In another case the convener of an ESOL class locally told us that she would be able to recruit 10-12 people who met the selection criteria. One of the research team met with this person to explain the inclusion criteria, to discuss the questionnaire and to clarify the types of data we were keen to generate. Subsequently however, it emerged that none of the eight people who she interviewed actually met the criteria.

We also spent two days working through the contact list at the Sanctuary in Salford. This organisation had more than 500 people on its system. Of these 500 n=16 lived in Trafford and n= 37 lived in bordering areas. Of the sixteen who lived in Trafford twelve had indicated that they were happy for their contact details to be used. Of these twelve we managed to make contact with seven and of these seven four met the recruitment criteria and three agreed to participate. Of the 37 who lived in bordering areas we managed to make contact with 21. Only four of these had ever lived in Trafford and none met the recruitment criteria.

Many of those we contacted through organisations working with refugee and asylum seekers locally met one selection criteria (e.g. lived in Trafford) but not another (e.g. had been in the UK less than two years). In some circumstances this put researchers in embarrassing situations when they had to decline interviews with people referred in by organisations. In some cases the team commenced interviews with individuals before this became clear. A number of the organisations we worked through also complained about the selection criteria (in this case both the residency status and the timescale) suggesting that they were both meaningless. This was a difficult issue for the team to handle because we needed the organisations to help us recruit but also had to work to the research brief.

The questionnaire used for the study was agreed with the commissioner and a copy is included appendix 1. In all interviews contemporaneous notes were taken and the main themes agreed with participants at the end of the discussion. Interpreters were included in these debriefings where they had been part of the interview itself. Some interviews were also audio recorded and transcribed where respondents gave permission.

2.2 Analysis

A systematic qualitative thematic analysis of the data was undertaken to identify the key emergent concepts and the relationships between them (Ritchie, Spencer, and O'Connor 2005). This approach made it possible to: (i) report on a wide range of experiences and perceptions; (ii) identify areas of consensus and divergence; and (iii) develop recommendations for the Safer Trafford Partnership based on our analysis of the needs and perceptions of those interviewed.

2.3 Ethics

The research plans and methods for this project were reviewed and approved by the International School for Communities, Rights and Inclusion Ethics Committee at the University of Central Lancashire. All potential participants were provided with written information about the focus of the study, confidentiality and data protection in advance of interviews. Verbal consent was taken. At the beginning of the interview people were given a verbal explanation of the same material by the research team. Additional explanation – and in several cases translation - was given by interpreters, followed by a question and answer session.

A summary of the ethical issues considered is included at appendix 2.

3. Findings and discussion

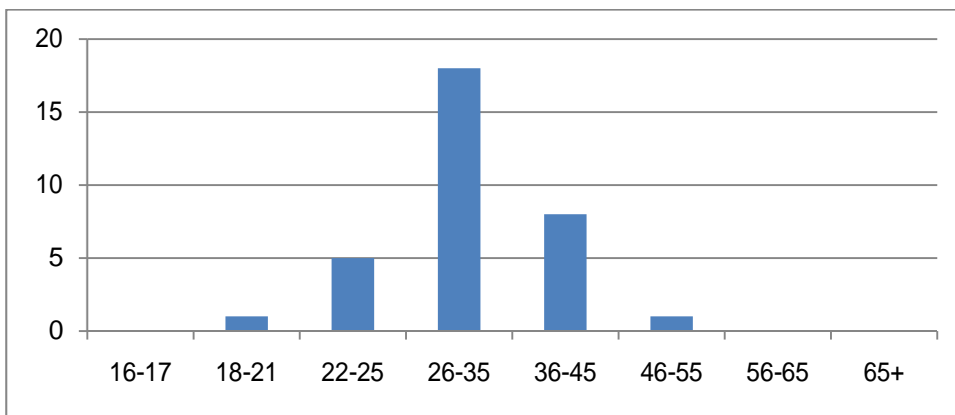
3.1 Sample characteristics

Questionnaire data was gathered from 33 respondents.

3.1.1 Age

Respondents ranged in age from 18-55, with most (n=18) being aged between 26 and 35.

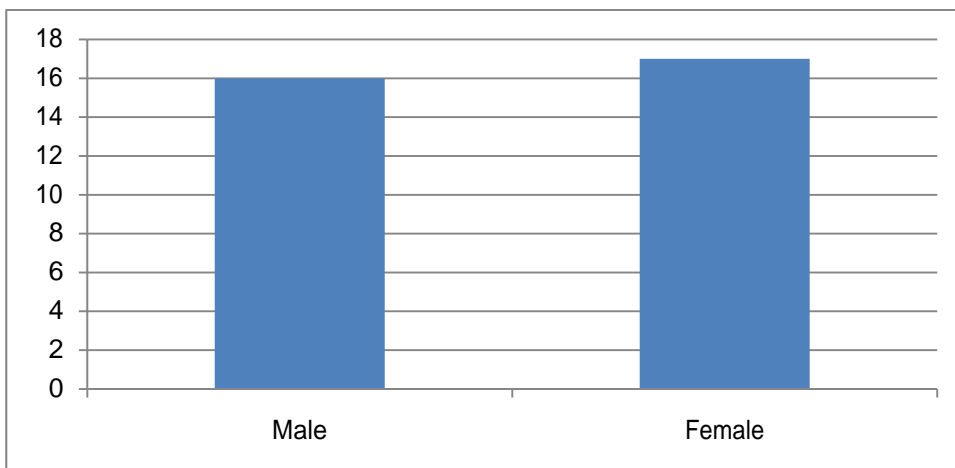
Table 1: Age of respondents



3.1.2 Gender

Just over half of the respondents were female (n=17).

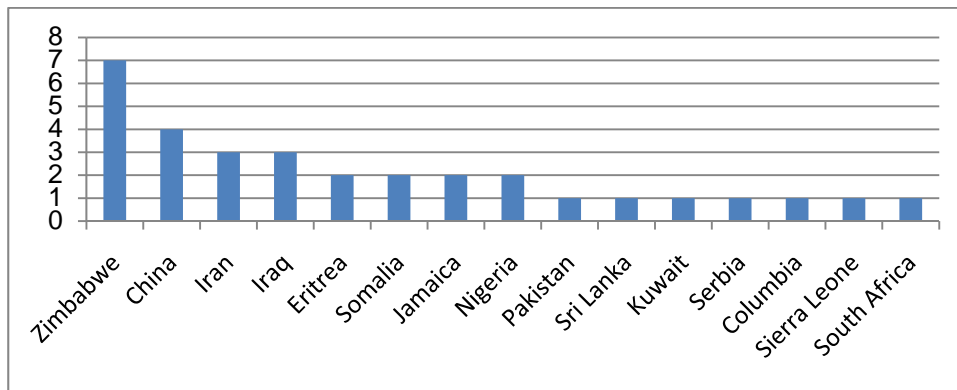
Table 2: Gender of respondents



3.1.3 Country of origin

Respondents came from a total of 16 different countries of origin, with the most common being Zimbabwe (n=7), China (n=4), Iran (n=3) and Iraq (n=3).

Table 3: Country of origin of respondents

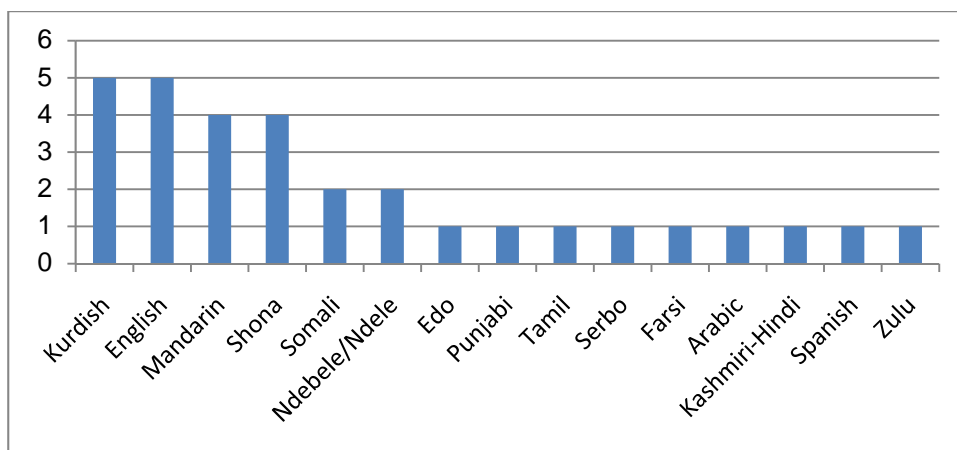


As Harris (2004) points out, it is often not clear exactly how many people from different communities are residing in any particular area and official estimates can often be inaccurate. Trafford's *Black and Minority Ethnic Communities Housing Strategy (2005-2008)* accepted that around 40 different Black and minority ethnic groups lived within Trafford, many of whom were not identified in the 2001 Census and many of whom the council were unaware of. The 2001 Census itself suggested that 8.4% (n=17,570) of Trafford's population of 210,145 were from Black and minority ethnic backgrounds with the largest being Asian or Asian British (4.1%), Black or Black British (2%), Indian (1.8%), Pakistani (1.7%) and Black Caribbean (1.4%)

3.1.4 First Language

The 33 respondents reported 15 different first languages, with Kurdish (n=5), English (n=5), Mandarin (n=4) and Shona (n=4) being the most commonly reported.

Table 4: First language of respondents

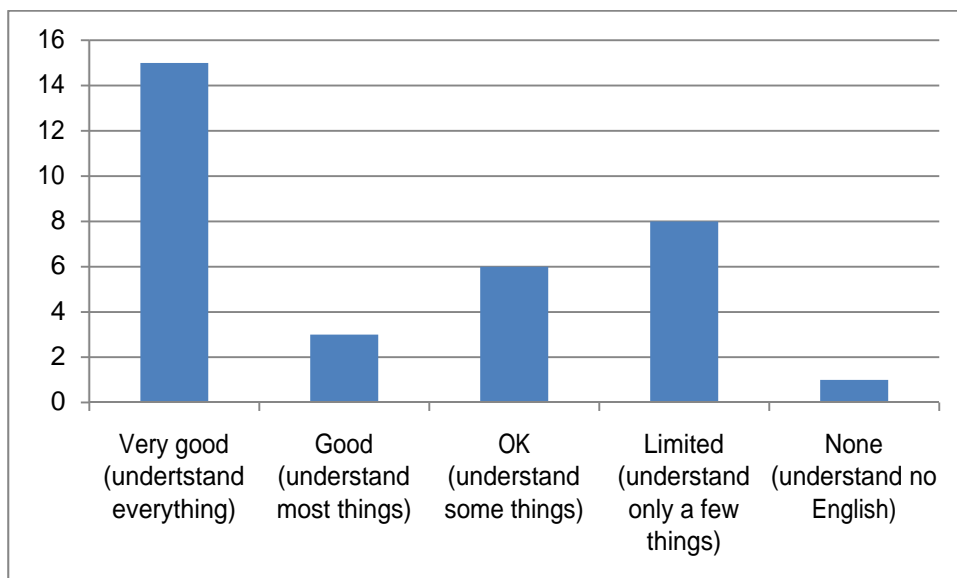


3.1.5 Understanding of English

Understanding of English is considered by many to be a key to successful integration. As Harris (ibid) points out, poor English language skills can lead to unemployment, isolation, ill-health and psychological problems. Furthermore, there is a risk that parents whose understanding of English is poor will be unable to participate in their children's schooling to the disadvantage of their children. This has been observed in other research about BME populations (Roy et al, 2009).

Nearly half of respondents (n=15) said that they had a very good understanding of English (that is, that they suggested that they could understand everything). Nearly a third (n=9) said that they had either a limited or no understanding. Practice reflections suggested that the answers to this question might be unreliable because they were based on perception and not benchmarked to any reliable scale. Some respondents who rated themselves as having only a limited understanding of English were able to have a discussion with the researchers in English and without the use of an interpreter. In these cases people perhaps were being modest in rating their ability. Others however, declared their understanding of English as very good, but relied heavily on an interpreter to complete the interview and spoke little or no English during the interview. Of course this could have reflected a nervousness in the situation or a simple preference to undertake the interviews in a language other than English, but the researchers felt this was not the case. It is important therefore that the answers given by respondents to questions about their grasp of the English language are seen in context.

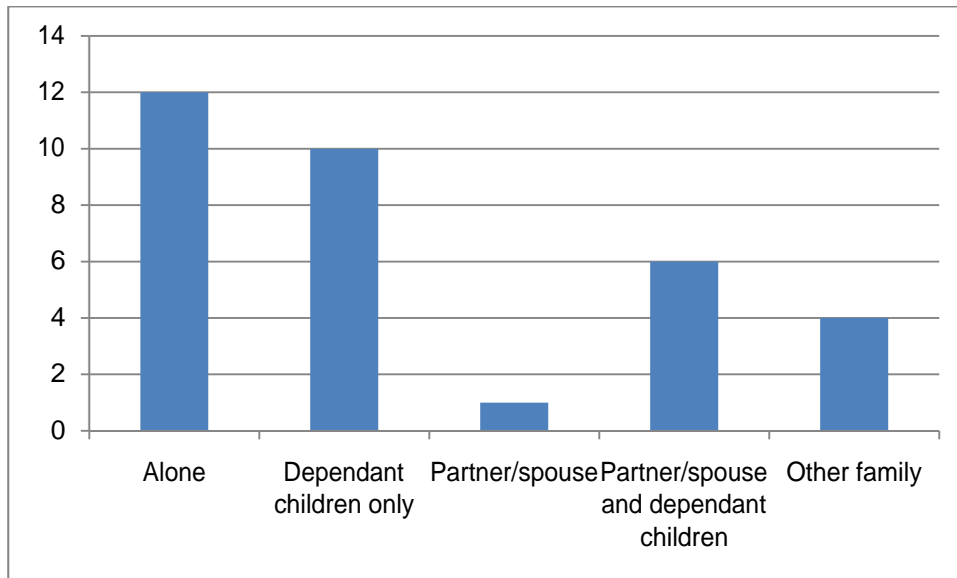
Table 5: Respondents understanding of English (self-reported)



3.1.6 Who respondents were in the UK with

Most respondents said that they were alone in the UK (n=12) or were alone with dependent children (n=10).

Table 6: Who respondents were in the UK with



3.1.7 Dependent children

16 respondents had a total of 21 dependent children between them (table 7). The majority of these (n=16) were of pre-school age (i.e. aged under five). The 10 respondents who were on their own with dependent children had 12 children between them.

3.1.8 Length of time in the UK

Respondents had been in the UK for various lengths of time, ranging from 6 months to over three years (table 8). Most (n=24) had been in the UK for less than two years however and most of these (n=16) had been in the UK for between 18 months and two years.

Table 7: Number and ages of dependent children (for those respondents who had children only)

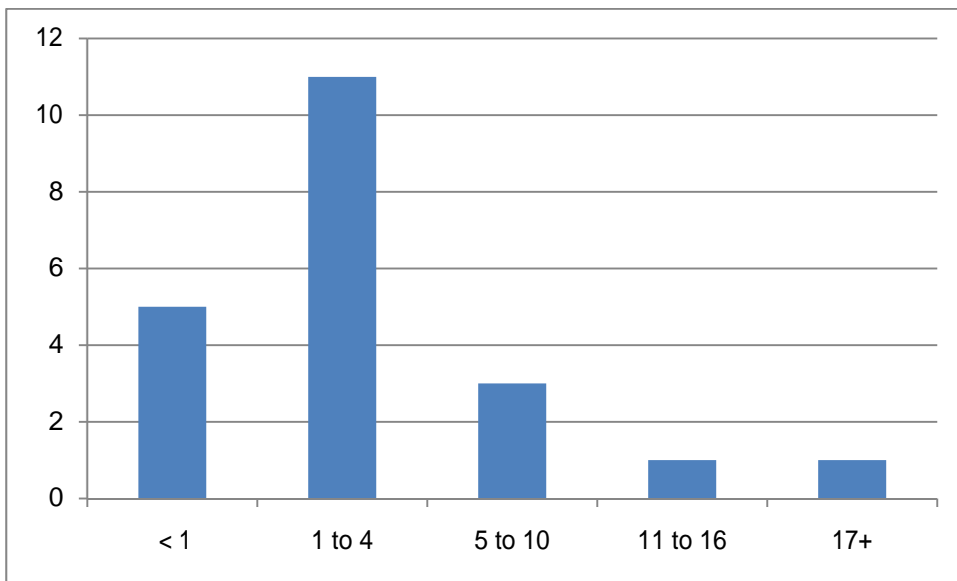
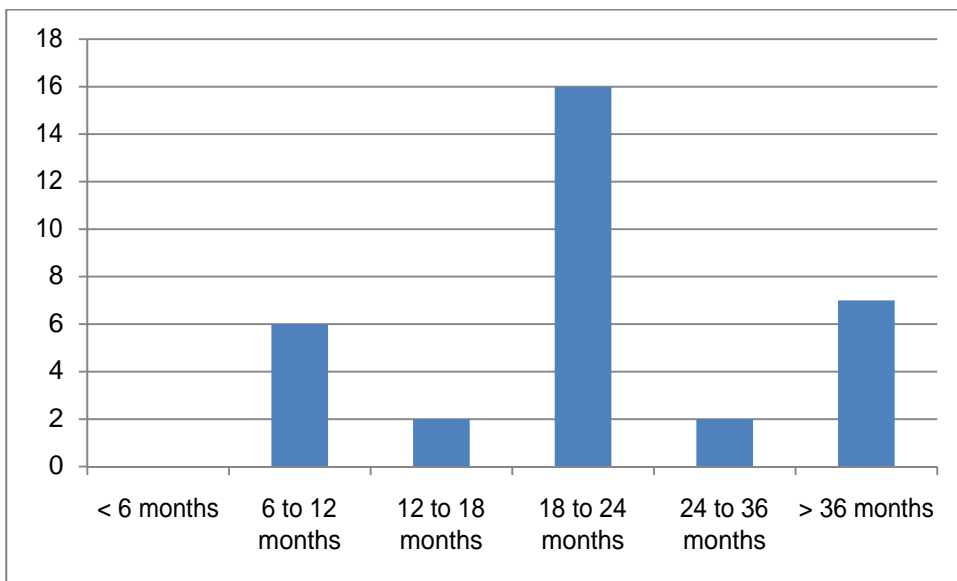


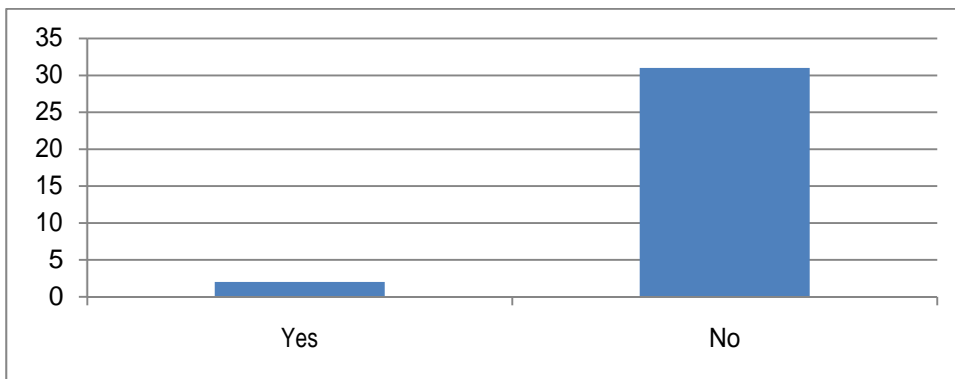
Table 8: Length of time respondents had been in the UK



3.1.9 Disability status

Only 2 of the respondents described themselves as having a disability (table 9). One said that they had health related mobility problems and the other said that they had a learning disability and a hearing problem.

Table 9: Do you consider yourself to have a disability?

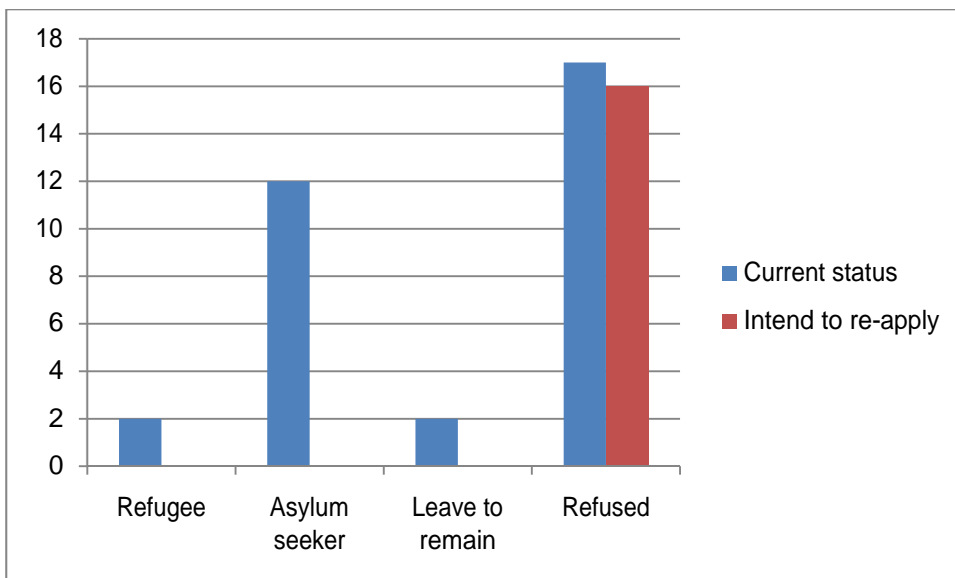


3.1.10 Current asylum status

Only 2 respondents said that they had been granted refugee status, while a further 2 said that they had been granted 'leave to remain'³.

12 reported that they had asylum applications that were at various stages of the application process. The majority of the sample (n=17) however reported that their applications for asylum had been refused. Of these, nearly all (n=16) said they intended to re-apply.

Table 10: Current asylum status



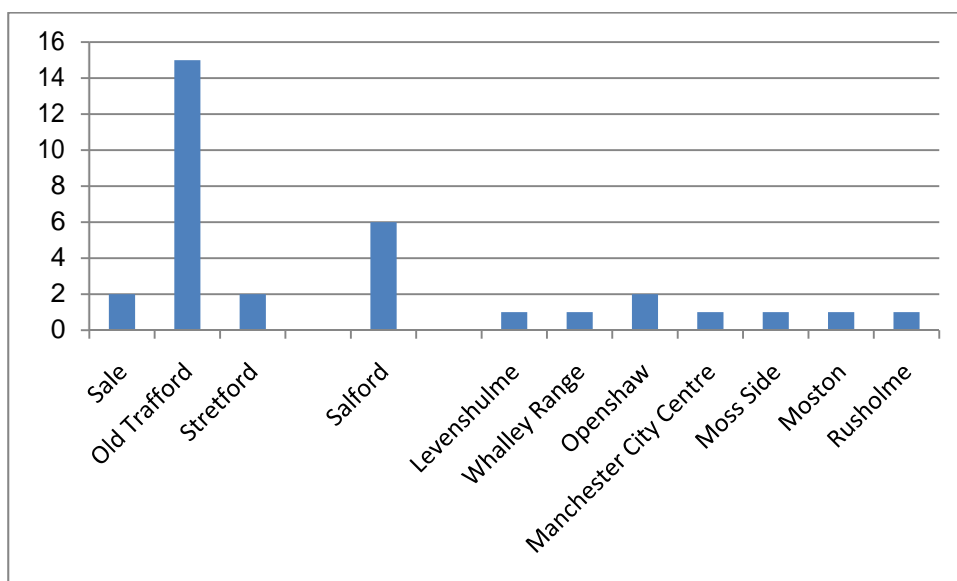
³ It was not clear whether by this they meant 'indefinite' or 'exceptional' leave to remain.

3.1.11 Area of residence

19 of the 33 respondents were currently resident in Trafford (table 11). 6 currently lived in Salford and 8 currently lived in Manchester. 27 of the 33 respondents had lived in Trafford at some point however (table 12).

Most of the current Trafford residents lived in Old Trafford (table 11). This is perhaps unsurprising given the socio-economic characteristics of the Borough of Trafford which in general terms becomes more affluent the further south you travel (Old Trafford being the northerly point). Old Trafford also has borders with Manchester and Salford. A number of respondents said they were able to walk to access the help and support provided by organisations both within Trafford and in neighbouring boroughs. Furthermore, most of those who had moved out of Trafford to live in other areas said they had moved because living in Trafford meant that they had been unable to access support and other services provided in Manchester and Salford while living in Trafford. While some services, such as the Sanctuary (in Salford) and St Brides drop-in (in Old Trafford), are available regardless of area of residence, others such as those provided by the Black Health Agency (in Moss Side) are restricted by funding criteria which requires recipients to have local residence. Many of those we spoke to in organisations working with refugee and asylum seekers reported this as a common picture.

Table 11: Area of residence: which area do you currently live in?



Many of the people who we interviewed had lived in several different locations within the UK since arrival. As table 13 shows, only 4 of the sample had not lived anywhere else in the UK. Nearly all of the respondents had lived in at least one other location in the UK prior to their current residence, and some had lived in more than 3 other locations.

Table 12: Have you ever lived in Trafford?

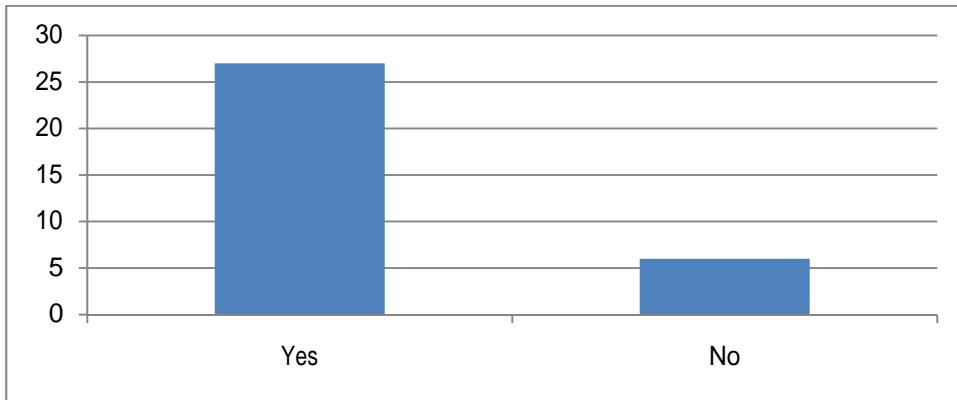
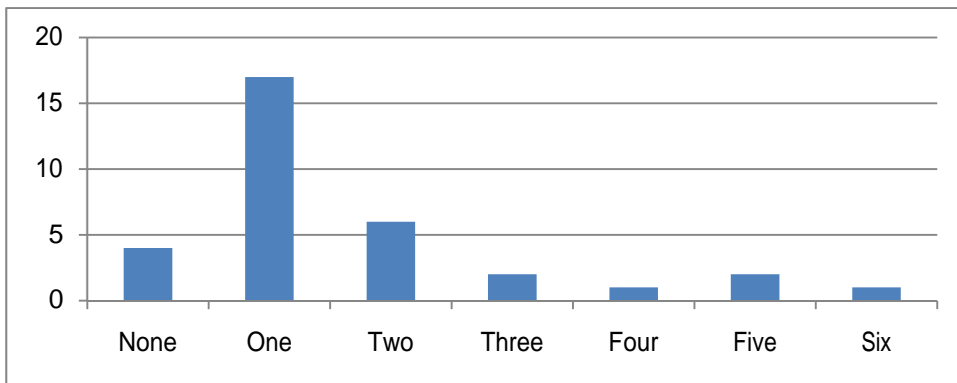
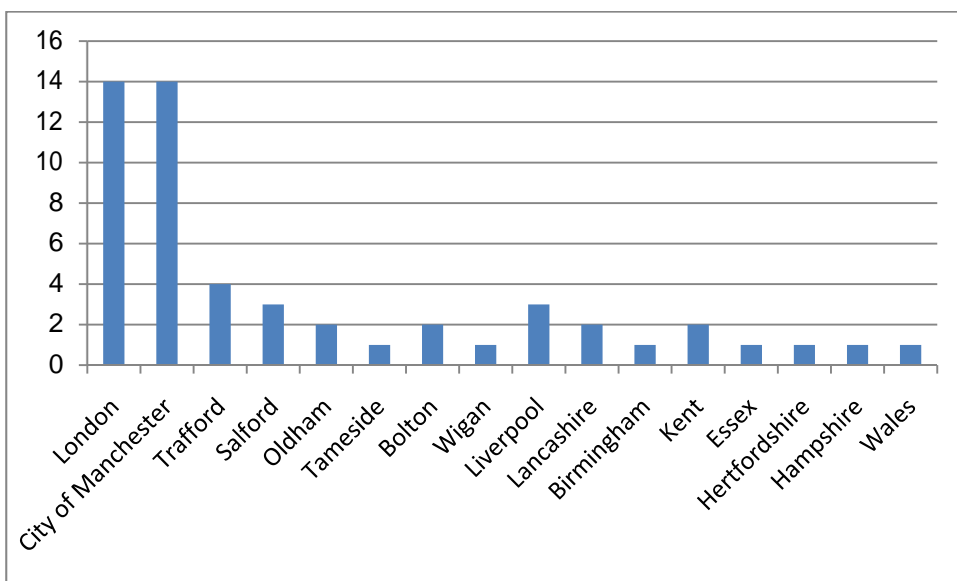


Table 13: Number of other areas lived in since arrival in the UK



The most common other locations were London and the City of Manchester.

Table 14: Other areas you have lived in since arriving in the UK



3.2 Journeys to the UK

Respondents often told quite different stories about their journeys to the UK. They came from many different countries, had left countries of origin for different reasons, had travelled by different means and reported a range of different experiences. One of these is set out as case study in the box below. A number of additional life stories, presented in the form of case vignettes, are presented in appendix 3.

Interview A

Female aged 55-60, originally from Zimbabwe. The interview was conducted in English with no interpreter present.

A has a number of sisters in the UK, and some other very distant relatives. She sees her sisters often. Some came to the UK before her and some after, she said she couldn't remember. The interviewer was unsure if this was genuine or whether she was uncomfortable answering the question for some unspoken reason.

She had not had much education in Zimbabwe, but she was privileged as she was a self-employed businesswoman. She used to go from country to country buying and selling (she did not specify what). She learnt these skills from her family, having been brought up by her Auntie who also used to buy and sell goods from other countries. Prior to starting her own business, she used to work for supermarkets in Zimbabwe.

She left Zimbabwe because she and her daughter were being harassed. She seemed quite distressed as she recalled this, which prevented the interviewer from probing further. She got in trouble (unspecified), she was really harassed. She found 'a chance to flee' and decided to go to the UK.

She came to the UK with her daughter four years ago, when her daughter was six. They flew over but it was a hard journey as her daughter was sick. Her concern was for her and her daughter's security. Her daughter subsequently died in a UK hospital. She didn't specify what she died of, saying only that she was 'bed-bound' for a time before her death. Again the interviewer felt unable to probe further due to the distress that the woman was under. Understanding her story was difficult, partly because she seemed quite guarded but partly also because her English was quite broken. She had declined an interpreter, saying that she preferred to be interviewed in English.

Despite the difficulties that the interviewer had understanding some of what the woman said, she said that her English has improved a lot over the last four years and it occurred to the interviewer that she had had to pick up the language in a relatively brief period of time.

Her application for asylum had been refused but she is still trying as she felt that going back was not an option for her. She would like to stay in the UK even though she was unable to recount any positive experiences here. She returned to the subject of her daughter's death, which understandably dominates her UK experience. She was not satisfied with the way the hospital handled her daughter.

She has recently been diagnosed with diabetes. She went to see a doctor because she was stressed and she is also on tablets as she has furred arteries. She has been socialising, and she is part of another network (an African Caribbean group) in Salford. She made a connection here between the groups activities and what we were doing with this research, saying they also research each others stories of why people came here. She still feels on her own, despite seeing her sisters. She finished by saying that it is not easy being an immigrant: she doesn't know how it is all going to end, and she is afraid to go back to Zimbabwe.

As Crawley (2010) points out, it is important to understand these life stories in the correct context. For example, despite the widely held belief that the majority of asylum seekers are actually economic migrants, there is clear evidence that escaping conflict situations is in fact the single biggest reason why asylum seekers come to the UK and most asylum seekers are primarily concerned with escaping from persecution, or war.

While there is a commonly held view that many asylum seekers choose to come to the UK because of the lure of employment, the benefits system and free healthcare, the notion of 'choice' can only be understood with knowledge of the circumstances under which individuals leave their countries of origin. The lives of the refugees and asylum seekers we spoke to had often been characterized by the experience of war, conflict, violence and personal and/or family persecution. As in other research with similar populations, it was usually these 'push' factors that were decisive in decisions to migrate rather than the 'pull' of any particular destination country and the apparent benefits of residence within it. People had often made decisions to leave their homes quickly, often in a matter of days or weeks. Although the UK was a preferred destination for some (e.g. some of those from countries such as Zimbabwe), many others had ended up in the UK either by accident or for purely practical reasons (e.g. having family or friends already here or an existing visa).

Furthermore decisions about destinations were more often made by others (such as 'agents' or 'middle-men') with some people only finding out that the UK was the actual destination after they had arrived. Agents and middle-men are often both the villains and the hero's of the piece in the stories of refugees and asylum seekers (Patel et al, 2004). Some respondents reported that these people had made financial gains out of their vulnerable situations and many also reported that these people had housed and transported them in harsh and even dangerous ways. However, agents and middle-men had also allowed people to leave environments in which their lives had been under threat, had sometimes risked their own arrest and had ultimately helped them to move to safer places. Journeys to the UK were often complex. Many had little or no understanding of individual countries within Europe and no meaningful knowledge of the UK. Also, some people's subsequent asylum claims had been problematised by evidence that they had been in other countries en route to the UK. Many report that they had only limited knowledge of the countries that they passed through on such journeys. Most are not aware that they could not work in the UK, or that benefits existed.

Of course, the context of people's decisions to leave homes and countries of origin should not be interpreted as meaning that asylum seekers are passive victims. Many of those we spoke to reported that they would be very unhappy about being characterised in this way. Many had made significant and difficult decisions to leave entire lives behind albeit often in the most difficult of circumstances.

Within our sample, a few had come to the UK intending to return home.

When I arrived from my country I had a business there. I did not arrive to get asylum, I wanted to work. But [after I arrived] the situation at home changed. My wife was pregnant and I had to go on internet and find out about the asylum process. I went to Refugee Action, they told us the system about how to get help and support.

3.3 Recollections about initial arrival in the UK

The research team asked all respondents to think about their first week in the UK and to talk about some of the things which had struck them in this period of time. Set out below are some of the common themes that respondents reported. Arrival in the UK was a sensory assault for many people, sometimes positive and sometimes not. For example many recalled being shocked by the weather and a common complaint was how cold they had felt, particularly those who arrived in the winter.

It was cold, that was one thing.

The weather was also very cold!

Came when it was winter. It was a shock. The cold. Even refused to go to the shops to buy milk, as I was afraid to go out.

In the first week it was cold, I had a GP appointment, there was snow everywhere. I fell over ten times because of the shoes I had on with no grip, even though the GP was not very far away.

Some described being excited to arrive and by the newness of their surroundings.

It was a whole new place. I really looked forward to coming. The house design was completely new and the buildings were so different.

Enjoyed the big buildings and the English people were friendly and smiling. I enjoy the football and the parks.

For some this excitement wore off as the reality of their new lives began to kick in.

Excited at first, seeing red buses in London. Then problems after, no money, moved to Manchester.

I was happy, but after that everything started to go horribly wrong

I was confused. Staying on Wilmslow Rd. Everything was different from the life I used to live. So many people and lots of places to visit. This was exciting to begin with.

It wasn't what I imagined, I was excited, then it sank in. Sometimes it's just a dream what you imagine in Africa. You think, it's all gravy but you go through different times and you see the different picture.

For others, however, the trajectory was in the opposite direction, with early fears and difficulties improving over time as they began to settle and to feel more at home.

Very bad. I did not understand, speak English. The change from Iraq to the UK is very hard. People in my country is find, people here do not like Iraqis. But after a short while I loved England. I forget my country.

It's better now, at first you don't know the place, you don't know where anything is.

Nearly all respondents reported varying degrees of shock, confusion and disorientation as they struggled to come to grips with a new environment. Many talked about the fact that they did not understand anything about the UK in either practical or cultural terms. Many reported feeling nervous and disoriented as the following quotes suggest:

I didn't know where anything was. For example, the GP or the shop...I arrived in the UK by boat and by lorry.

Can't say I was excited. It's hard to explain, didn't know what to expect. I was nervous. You get here, you are not even sure where you are going, you end up living day to day.

Very confusing. The one thing I remember was that all the houses were the same and I was disoriented. It was so different. The first week was hard but I adjusted.

Only sleeping, very tired from the journey. Two Months. No friends, no English. A long journey. I had been in prison in Greece for two months

People referred to a variety of difficult cultural differences, with some saying that they found British people's reservation and emotional distance as cold as the weather. However, others came to feel very happy in the UK over time. One practical issue for many people was imposed by language difficulties. This issue was both practical (because it made it difficult to understand or ask for things) and emotional (because it made people feel a long way from home).

It was a combination of a new language, lots of different accents, a long process of interview when claiming asylum, and a complete culture shock of the UK.

Getting used to East and West, don't know what direction you are facing, how to find bus and train.

I saw an Iranian man in Liverpool in a camp for new asylum seekers. Never forget when I see this. Iranian say hello by hand, but this person didn't use his hand. I was surprised by how cold saying 'hello' was in Britain.

It was a bit like being in a dream

Some reported feeling very frightened because, for example, they had not known where they were after long and disorienting journeys. This left people feeling vulnerable and also sometimes exposed them to the risk of being persecuted or taken advantage of.

It was February, I came illegal in the country and I was stopped in Birmingham, where they dropped me off. Did not know anyone, was scared and after 3 hours I met one lady who asked me to marry her brother. I was crying, I did not speak English. It was awful.

Didn't understand one word of English. I went everywhere in Manchester and it was very hard to understand the accent. I was very shy – now I've changed. Now I am strong. It was a difficult journey here – I was very scared.

I came by road, didn't know where exactly I was. Just that I was inside the UK

I was pregnant, I was bleeding. Never really had a good time in the UK. I was raped in the UK, been to see a counsellor in this country.

A number of people reported that their early experience in the UK had been marked by detention.

The Police caught me and I went to Prison for one night in my very first day in the UK as it was not legal for me to be in the UK.

I was in jail, from Dover to Oaking deportation centre on the first day! I spent the whole first week in a deportation centre.

All my problems started from the first week. I was afraid. I was thinking the Police could arrest and deport me. I went to Croydon on the same day, didn't go back to prison. I was taken to Liverpool the next day. All my documents were lost for two years.

3.4 The experience of living in Trafford

Although many respondents reported experiencing a range of problems related to their status as refugees or asylum seekers and in particular to the process of applying for asylum (see later), most reported positive experiences of living in Trafford. Respondents living in Old Trafford were those most likely to recount positive experiences of living in the area. People often said that others mostly treated them with decency and respect and most of those from Old Trafford, Salford and Sale reported that they felt safe in these areas.

It's nice and quiet and people are friendly. I have been in town and been to the library. The neighbourhood is nice and quiet and I have no problems

Going to town centre and shops is easy. It is ok, feels safe. Would like to write a letter to the local MP. Would like to send him a letter.

Safe, okay, no problem going out at night. Don't have any problem

I like it – I want to live here full time. I don't really walk around at night, so I can't really tell if it's safe especially when I'm on my own, because of the person I am

I have no problem here, I feel safe. In comparison to my country where they will kill me. In Iraq, big family, big group. So many people you can't talk to and is very unsafe.

Some respondents made specific comparisons between their experiences in Trafford and elsewhere. For example, the reports were in stark contrast to some of those we spoke to who were resident in Salford who reported many more racist and abusive experiences. These included excrement being put through the door, young people calling them 'monkeys' and in one case urine being thrown at a woman and her young child in the street. Understandably these experiences had been harrowing for people and left them feeling vulnerable, marginalised, depressed and excluded.

Some of our respondents suggested living in Old Trafford was particularly good because it was an ethnically and culturally mixed area and for some because there were others living nearby who were ethnically, religiously or culturally alike which seemed to facilitate the development of friendship and a sense of belonging.

Trafford is the best place that I have lived in the North of England. There is a mixture in terms of culture. You feel safe. The library is OK.

I've really not experienced any difficulties in Trafford. Living with the Somali community is a positive thing. Without this, my life would have been more difficult.

Quite good compared to some areas. Transportation is alright, local area feels safe, all the shops are nearby. You don't really need to go into town.

I have stayed here for a while. I am happy in my house. My neighbours are great. Before this I had another house that had racist neighbours. My area is quiet and clean. I like it.

I like it, it's nice. There is not too much racism as in other areas. Not lots of problems in one area like in other places

I am currently living in Salford. I don't like it. The neighbours are not very friendly. The kids spend the whole time in the house because other children are attacking his bike, calling him a monkey and saying go home.

Although most people were generally positive about living in Trafford, not everyone agreed. Some complained about the lack of inter-community cohesiveness and described 'low-level' racism as a persistent and invasive issue. In many cases people's difficulties were in relation to other – often more established – minority ethnic groups. This is congruent with the point made by Harris (2004) who commented on the experience of the Somali community in Liverpool highlighting that more established minority ethnic groups can sometimes feel that their needs have been upstaged by those of newer more publicised arrivals. In conversations the research team had with some South Asian residents of Old Trafford during the course of the work, a number reported negative feelings about refugee and asylum seekers, some suggesting that they and their families had fought hard over many generations to establish respect and rights and that some new arrivals are having a much easier time. In other cases it was apparent that the difficulties were about cultural differences between different minority ethnic groups which have been reported in other research (Roy et al, 2009; Roy, in press).

It's alright, but I can't get on with the Pakistanis. They don't even speak to me sometimes and I feel invisible. It makes me vexed sometimes, they keep themselves apart and it's hard

There is racism, but it's low level.

As also reported previously in 3.1.11, a frequent complaint amongst those who were resident in Trafford was that there was often limited support available for refugees and asylum seekers locally, with some reporting that they travelled to neighbouring boroughs to access help. This brought with it issues of both transport and/or eligibility and in some cases people had made pragmatic decisions to move out of the area in order to access support available elsewhere.

It's good. You can get support but it's not always nearby.

Services provided by Manchester you can't access. Manchester seems to have more to offer than Salford or Trafford. A lot of people say they would prefer to stay in Manchester.

The main problem living in Trafford is that you can't access the help and services that are available in Manchester.

It is worth re-emphasising at this point that the research team found it difficult to find respondents who were recently arrived asylum seekers or refugees (i.e. those who had arrived within the last two years) and who were currently living in Trafford. One possible explanation for this fact is that people tend to move to areas where they can access services and support. One respondent working for the Red Cross described how some destitute asylum seekers are moving on an almost constant basis and move on the basis of necessity not design.

3.5 Reported problems

3.5.1 Lines of inquiry

Respondents were provided with a list of fourteen life domains and asked whether they were experiencing any problems in relation to these. The life domains were:

- Money
- Unemployment
- Lack of food/poor diet
- Physical health
- Mental health
- Loneliness and isolation
- Support for children
- Access to sport and leisure
- Alcohol
- Drugs
- Crime
- Racism
- Communication
- Housing⁴

Respondents were also asked whether they had used services and, if so, about their experiences of using them and whether they had had their needs met. An overview of responses is given in 3.7.2 below followed by a more detailed presentation and discussion under each of the thematic areas. The findings and discussion is augmented with the findings of similar research conducted by others elsewhere as appropriate.

3.5.2 A summary of responses

The most common areas in which people reported problems were:

- Unemployment (n=30)
- Lack of money (n=25).
- Mental health (n=17),

⁴ Unfortunately data relating to whether respondents were experiencing housing problems was not collected from everyone and so is not complete.

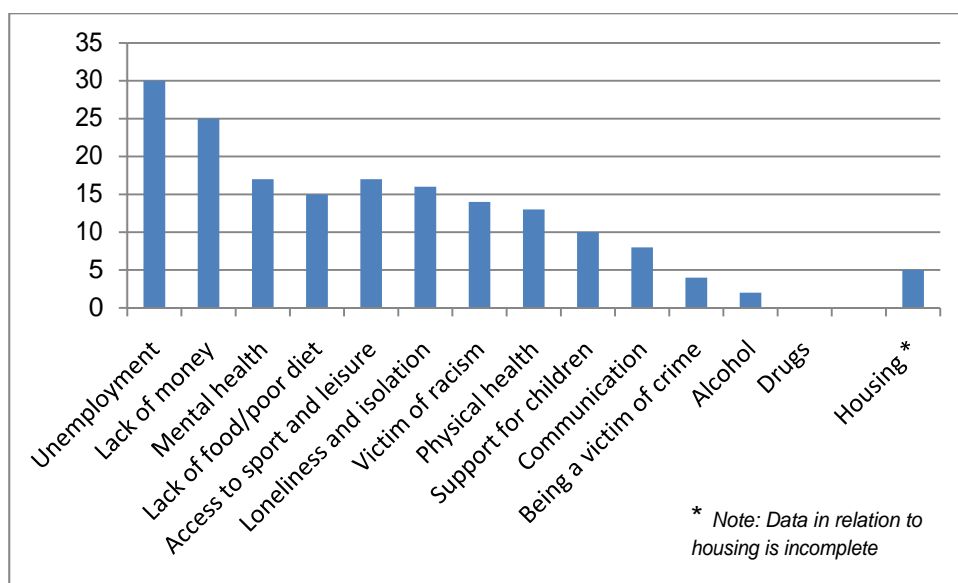
- Access to sport and leisure facilities (n=17),
- Lack of food/poor diet (n=15),
- Loneliness and isolation (n=16)
- Being the victim of racism (n=14).
- Lack of support for children (n=10 – This may be a more important issue as the figure of ten is in fact 10/16 as only sixteen respondents had dependent children. Hence the figure represents a significant proportion of those who did have children.

Clearly some of these areas overlap (e.g. money and unemployment; mental health, physical health, loneliness and isolation) and this was reflected in some of the responses.

None of the respondents reported problems with drugs.

Although only 5 (out of the 15 respondents who were asked) said that they had experienced housing as a problem, 22 later reported that they had used housing services and described a range of problems to do with having nowhere to live, living in temporary accommodation (often with family or friends), and getting repairs carried out.

Table 15: Areas where respondents were experiencing problems



3.5.3 Unemployment/inability to work

The biggest single complaint related to the restrictions that were placed on people's ability to work, either because they were still awaiting a decision in respect of their application, or because their applications had been refused. People's comments about this subject reflected a belief that the ability to work is a key component of how people's inclusion in, and contribution to, UK society is judged by others. By not being able to contribute people felt structurally excluded from society, felt dependent on welfare and charity, felt stigmatised by others and were often bored and depressed because they were unable to contribute to their communities and to providing for families.

Yai et al (2005) conducted a review of the government decision to withdraw the 'work concession' in 2002, prior to which principle asylum seekers were permitted to apply for permission to work if they

had not received an initial decision on their claim within 6 months. They concluded that the withdrawal of the right to work affected asylum seekers ability to secure paid employment, undermined their ability to support themselves and encouraged their reliance on the state for accommodation and financial support putting them in a position where they were seen as a drain on resources. They went on to argue asylum seekers should be seen as an economic asset and that the right to work was an important component of integration, which should be seen as a dynamic, two-way, long term and multi-dimensional process starting from the time asylum seekers arrive in the host country.

In this research people's comments about this included the following:

No money

No NI number, want to work

Not eligible to work as asylum seeker

No decision yet

Love to work and support family, don't like to live on benefits, feels like a drain on society

Depressed because all of my life I've been working, I have been doing some voluntary work in the community

Not allowed to work, it's really hard

I go crazy sitting at home all the time, others are working and it's really hard. I do do some work part time if I can, but this is not official and it is difficult

Can't work due to current status

Asylum claim has been refused

Work I want to do is support work but not allowed to work

I try to do charity work at a shop, but was told by housing manager that I could not take on any work

Feel like a burden, when you have a child and can't provide for them it's heartbreaking

I want to work but have no permission, it's very difficult, I rely on charity, I do voluntary work with kids at the [names project].

I want to work, I do not want to live on handouts, I want to provide for myself. I have driven a taxi, but I do not want to get in trouble and it's difficult. I feel like a sponger, I have lots of skills from other work I've done in the past, but I'm not able to use any of them

Not allowed to work, when you look for work, people want to see your cards

Not allowed

Can't work because of status

3.5.4 Lack of money

Complaints about the use of voucher support for failed asylum seekers are well documented. Doyle (2008) for example highlights a number of problems with the system arguing that it is inhumane, ineffective, results in unnecessary suffering and undermines the objectives set out in 'Every Child Matters' for 'every child, whatever their background or circumstances, to have the support they need to: be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.'

In other research documented problems around money include problems with:

- Maintaining good physical and mental health
- Buying enough food (going hungry) and essential non-food items (such as nappies and toiletries)
- Travelling to attend health appointments or to shops that accept vouchers (and poor treatment in these shops)
- Maintaining contact with legal representatives
- Contacting people and organizations in countries to which they are expected to return

In this research respondents consistently complained that the amount of money that they had to live on was simply not enough. It is worth noting that even respondents who did not report that lack of money was a problem, made comments that suggested that perhaps it was. Some related these issues to specific things that they could not afford, such as baby things, paying bills, travel, or the things that other families enjoyed (such as a Sunday roast or a day out). In keeping with Doyle's (ibid) findings, many complained about the voucher system which limited their choice and added to their sense of being second class citizens with the associated feelings of stigma and marginalisation. Many made clear links between their lack of money and the limitations placed on them in terms of being able to work.

In this research people's comments about this included the following:

Affording baby things

£120 per month voucher is not enough

It's a problem all the time

I need to do something to pay my bills and contribute to this country

It's always a problem, not allowed to work by law, we have no money

£35 per week voucher which is demeaning and we all prefer real money

£35 vouchers, it's nothing for one week

£35 voucher

Road travel is expensive

9 months ago the home office stopped my money.

£35 voucher is really hard, you really struggle for money once your application is rejected

I have no recourse to public funds, I can't work and have to survive on handouts. I feel like a burden, able to work but not allowed to

No recourse to public funds

It's a major issue, I'm not working, I have no money from the government, it's a stressful way of living

Just vouchers for food, not enough

I have no financial help whatsoever

3.5.5 Mental health and wellbeing

In common with recent research in Lancashire (Roy and Newbigging, in press), the findings from this study indicate that refugee and asylum seeker perceptions about wellbeing are strongly related to the availability of meaningful relationships and roles. In this sample, both positive and negative perceptions of personal wellbeing reflected opportunities – or lack of them - and a capacity to maintain culturally relevant, valued lifestyles, roles, occupations and in particular positive and reciprocal relationships.

Wellbeing is strongly related to the ongoing availability – or lack - of meaningful social relations. The participants reported a range of issues which indicated ways in which personal wellbeing has been compromised. For example, those who were still traumatised about abuse or violence perpetrated on them in countries of origin, those who had experienced racism and discrimination in the UK and those who felt isolated and/or lonely would often reflect upon limited social circles, and the struggle for full citizenship. For many refugee and asylum seekers, wellbeing related to 'feeling normal' which in turn related to the opportunity, or lack of it, to get out and about and be able to make use of normal everyday facilities. Another key barrier to feelings of wellbeing were barriers to employment which tended to promote people's feelings of exclusion and dependency (either on welfare or charity).

Some of the core issues in this research included:

Stress, anxiety and depression

This frequently manifested itself in a variety of different ways and was a theme that ran through many interviews.

I feel like I am going crazy – too much stress – headaches – can't sleep – don't want to talk

It is a very stressful life – I sometimes feel like I am in a desert – it's a load on my mind

Sometimes I do feel like an outsider – I do have an inferiority complex

I sometimes feel stressed

Two respondents linked their mental health to specific non-asylum related stressful events.

Depression – my children have been taken away from me

Depression and alzheimers like symptoms

Ongoing trauma about torture and abuse

Many respondents complained of mental health problems that were directly related in one way or another to their situations as asylum seekers or refugees. For some, these problems related back to the reasons that they had sought asylum in the first place, such as fleeing abuse or torture.

I am taking anti-depressants – sometimes I am fine – sometimes I cry all day – I get nightmares due to trauma and abuse. I have seen a counsellor but I just get to the point with this thing where I just don't want to speak to anyone about it because it doesn't seem to help.

Been treated by specialist unit for victims of torture – treatment for post trauma

Stress about the asylum process

For others however it was the very process of seeking asylum itself that was cited as the main source of stress and anxiety. The uncertainty surrounding the outcome of an application, the length of time that an application takes to process, and concerns over whether or not they would be allowed to stay all impacted upon mental health.

I have been stressed for a long time but I do have a good support network. I am waiting for a decision that I am unable to control

The Home Office situation just affects my health – I can't sleep. I am waiting for letters to drop on the mat and make demands and it is so uncertain I just don't know what to do

Too much problem with this country and government – so many problems – I can't properly be here. My life is safe here but it is a difficult life.

Stress and anxiety when refused asylum, not knowing if I will be deported which will put my life in danger, getting no sleep, my family is in a refugee camp, my eldest son is missing, my father was killed recently.

Depression – how can you be OK in this situation.

Lack of support

Two linked their poor mental health to a specific lack of support.

The situation creates mental health problems especially taking care of a baby alone.

It was really stressful a lot and I used to drink a lot but I am getting better now.

3.5.6 Poor physical health

13 respondents reported problems relating to physical health. For 2 of these, their physical symptoms appear to be related to their mental health and to stress.

Constant headaches and unable to sleep

Often got pain in stomach

2 had physical health related problems that directly related to experiences of abuse and violence in their countries of origin.

It's a very long list. I had to have a hysterectomy because of abuse I received in my home country. I have had three operations since arriving in the UK

Has been shot several times before arriving in the UK and has health related issues as a result. Limited arm movement.

Others complained of a range of more general physical health problems.

3.5.7 Access to healthcare

In April 2004 the Government introduced restrictions on free healthcare for refused asylum seekers. The rationale for the changes was the protection of finite NHS resources and the prevention of 'health tourism'. All NHS Trusts, Foundations Trusts and PCT's were placed under an obligation to establish whether those requiring secondary treatment were 'ordinarily resident' in the UK and, if not, to establish whether they were liable to pay for treatment and, to charge accordingly. Primary care remained free for all, including failed asylum seekers.

While asylum seekers claims are being decided they are entitled to free NHS care. Once they have exhausted their appeal rights, they remain entitled to continue any treatment they have begun, but all other secondary care is chargeable.

Where emergency treatment is provided via Accident and Emergency department it remains free, but emergency treatment provided in other department is chargeable, with Trusts being guided to provide treatment and then seek to recover the costs afterwards. Where treatment is not immediately necessary, Trusts are directed to check ability to pay and if necessary seek a deposit before beginning treatment.

Kelly and Stevenson (2006) highlight the point that in addition to experiencing similar health problems to the rest of the UK population, refugees and asylum seekers also suffer from a range of physical and mental health problems as a consequence of experiences in their country of origin, sometimes made worse by poor access to healthcare and the dangerous and stressful journey to the UK. Problems can be compounded by the conditions they face on arrival:

- Adapting to an new culture
- Language
- The complexity of the asylum system
- Dispersal procedures

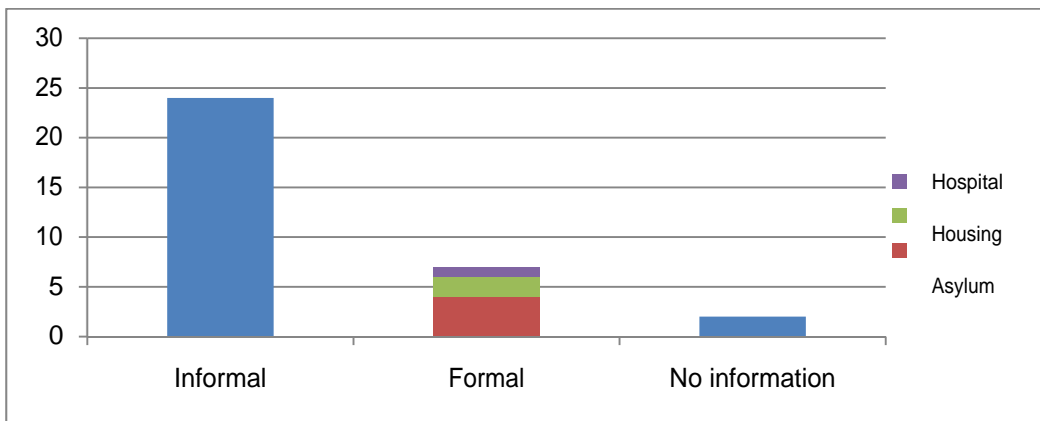
- Lack of information about services

The experiences described by respondents in this research - in the preceding sections - would seem to support the above findings. Kelly and Stevenson (ibid) suggest that the restrictions placed on free healthcare for refused asylum seekers since April 2004 have had a serious impact on maternity care, treatment for cancer and diabetes, trauma recovery, general operations and communicable diseases such as HIV.

Access to and experience of general practitioners

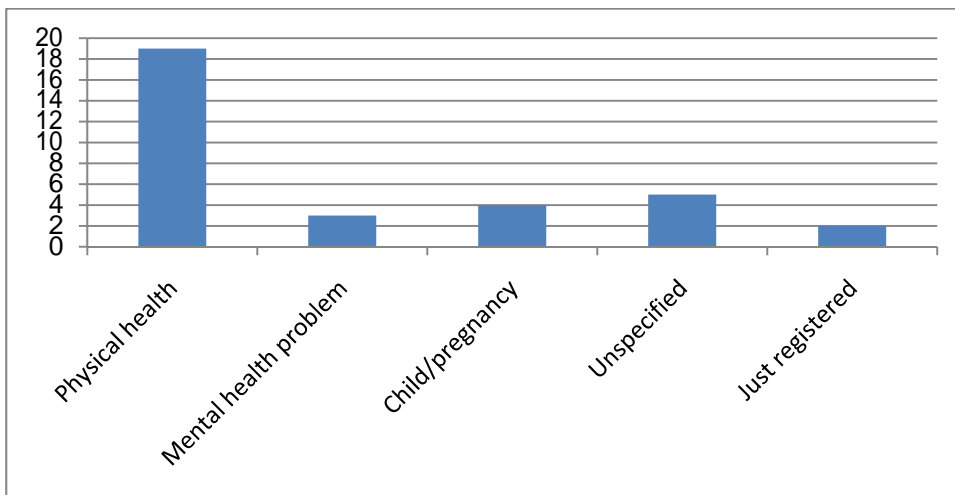
Among our sample all 33 respondents had had contact with a GP. Most (n=24) had only found out about GPs via informal contacts and networks, such as friends or people that they shared accommodation with. Only 7 had been told about GPs through a formal route, such as another service.

Table 16: How did you find out about GP's?



Most (n=19) had sought help for a specific physical health related issue, 3 had sought help for a mental health condition and 4 had sought help for a child or with pregnancy. 5 had sought help for various unspecified conditions and 2 had only registered but had yet to actually use a GP.

Table 17: What did you use a GP for?



Most (n=26) reported that they felt that their needs had been understood and that they had received a good service.

Very good GP, always understands and helps

One of the best GPs ever, takes his time to listen cares about me and asks about my case and my family

Best GP in the whole of the UK, many people go to this place!

Nice people and nice doctors doing their job properly

It is interesting to note however that some attributed this to the fact that either they could speak very good English or the GP that they saw could speak their language.

I speak good English, no problem

It was a Chinese GP who understood Mandarin

A small number disagreed however and complained that they had not received the service that they had expected. For most, this related to communication and language problems, but for others this related to a sense that they did not understand the system and had been taken advantage of as a result, or that they had disagreements about what their problem was and how it should be treated.

All good, but when I first came I can't speak English and it's hard

I have some basic English, but I did struggle on the first visit

Doctor wanted money, £50 for prescription, misunderstanding, went without medicine for a while

They made me pay for my prescription to start with, but now the woman who I'm staying with has made sure that doesn't happen. When you don't know the system they abuse you sometimes, and it's harder to get what you need.

I had a car accident and get constant headaches, doctor says I am taking painkillers too much but I'm not. They did not listen or understand me.

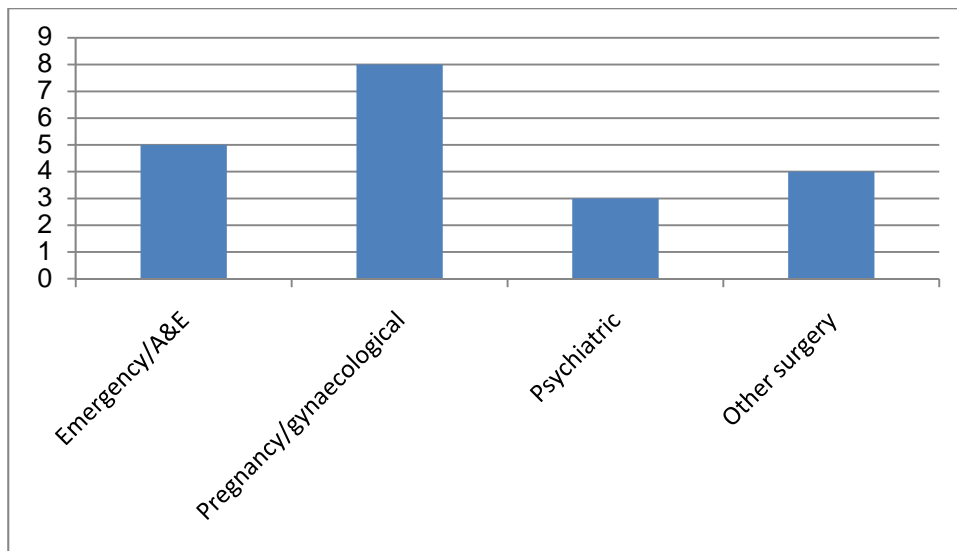
We did not agree, I did not want medication

Doctor says I am okay when I don't feel okay

Hospital services

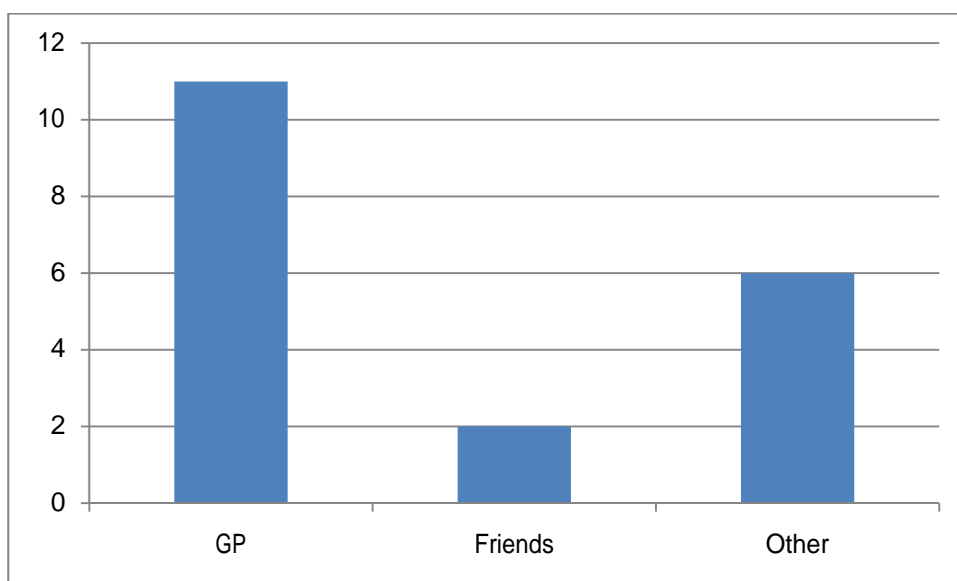
20 respondents had used hospital services. 3 had been admitted in emergency situations - 1 as a result of head injuries following a car accident, 1 as a result of a brain haemorrhage and 1 to a psychiatric ward following a deliberate overdose. 2 others had used accident and emergency departments (1 for a twisted ankle and 1 following as asthma attack). 8 women had used hospital services for pregnancy related or gynaecological issues. 3 respondents (including the emergency admission above) had used psychiatric services. 4 others had been admitted for various other surgical procedures including a biopsy, appendicitis, bullet wounds and sinus surgery.

Table 18: Reason for referral to hospital



Most (n=11) had been referred by a GP, 2 were told to go to hospital by friends; 6 were admitted in other situations. There is no information for 1 respondent.

Table 19: Referral route to hospital



Most (n=17) respondents felt that their needs had been understood and 12 said that they had got the services that they hoped for. Many positive comments related to the quality of treatment and diagnosis.

The diagnosis was given

Kept me in for 3 days and realised I needed help. They treated me ok.

I had four operations

Excellent, I forget all my diseases and pains

All good

This was a good service

It was brilliant and they gave me loads of support. They wanted to know all I wanted to be done, they tried to support and help me.

Again, a number of respondents pointed to the importance of either being able to speak good English themselves or having access to an interpreter.

I had an interpreter who was good

I speak good English so it's fine

In conclusion, the stories told by respondents in respect of their access to both primary and secondary care was a good one. Only one respondent lent support to the fears of Kelly and Stevenson (ibid), complaining that there was a two-tier system of health care – one for those who had been granted refugees status and one for those who had not.

I think there is a two-tier system, the system is poor for those who don't have leave to remain

That said, the authors would urge some caution here. The sample of respondents that we are able to interview was only a small one and we did not interview respondents with the specific conditions outlined by Kelly and Stevenson (ibid). We would not want our findings to suggest a rosier picture than is justified and we urge continued monitoring of the situation.

3.5.8 Lack of food/poor diet

The main picture painted by respondents was one of subsistence living and living hand to mouth. The main reason cited for lack of food and/or poor diet was a lack of money.

Only enough food for tomorrow

£35 is nothing, you have to buy the really cheap food and it doesn't go very far

Now I do have some money and it is better, but it was very difficult before (now getting £35 voucher)

Lack of money

I'm only getting £10 a week in total

I do have enough food to get by, but not enough to do things like Sunday roast

Many pointed to the importance of friends, families and charitable or community organisations in providing ongoing practical support with food. For example the drop in centre at St Bride's church provides a hot meal and groceries as well as advice and support to destitute refugee and asylum seekers. For some this is an essential component of getting by. As is highlighted in the section below on the role of the voluntary sector, a number of respondents indicated that they had received hand-outs of food and money from voluntary sector organisations.

I get help with food from friends and family, they don't mind but w/o them I'd have no help (staying with family and friends in Sale)

Sometimes I go to different charities who provide some food, but it's hard to get by

The community help and support me – I don't know where my next meal is coming from

Again however, in a number of instances, even where people said that lack of food was not a problem this did not necessarily mean that were well off and/or well provided for. Instead what was often the case was that these individuals either had low expectations, or had found organisations and/or alternative support structures that meant that they did not go hungry.

£35 voucher

Refugee Action give me food

I am living with someone through the BOAZ trust they are providing me with food

3.5.9 Access to sports and leisure

Nearly half of the respondents (n=17) said that the inability to access sport and leisure facilities was a problem. Complaints tended to fall in to one of three categories: either respondents didn't know where to go and what facilities were on offer, they lacked the money to use facilities, or they faced some other kind of barrier (such as poor health or language) which prevented them from using services or facilities.

Cinema is too expensive

I would like to join the gym but I haven't got money to do these things

Costs too much. I don't have the money for this

No money to do these things – even to play in a football team costs a lot of money

I don't know where to go

Don't know where to access it

No money, language problem reading signs and asking questions

Can't do sport because of physical health

Only 7 respondents said that access to sport and leisure was not a problem for them, and 1 of these reported that it was not a problem because they were not interested. 2 had access to a gym, 1 ran locally and 1 said that they went to the cinema. 1 said that they played in a cricket team, but that they sometimes found it hard to keep this up because they had other things that they needed to do to do with their asylum application that kept them busy.

I love cricket – I play in a team – a mixed team, but it is hard when I have lots of things to do with the asylum application

3.5.10 Loneliness and isolation

Sixteen respondents reported loneliness and isolation as a problem. Some linked this to their inability to work, some to the asylum process, some to being separated from family, some to the struggles of trying to cope on their own, and some to boredom and having nothing to do. What emerges is a picture of sadness and isolation for many people in this group.

When you are not allowed to work you feel in a different category

It's a big problem, I can't work and feel inferior and people wonder. I am from a working family and they stop doing what I am used to. I hide it well but it is an issue

The Home Office – I have headaches – it never ends – I never sleep – I am just crying. Without papers it is very hard to belong.

I miss my children who were taken away from me

I miss my family very much, feel like I can't do anything, feel lonely and guilty

Taking care of the baby alone and there is no support

Too much time to think

Most of the time I feel this way – half the time I sit in bed and pass the time

In a foreign country you do feel lonely

I am joking and laughing but inside I am not feeling well

Sometimes I do – I go the library and read and try and meet people

I'm very far from my family in Africa

Half of the respondents, reported that loneliness and isolation was not a problem however, mainly . attributing this to the contact that they had with friends who lived nearby and who they managed to see at support groups or faith centres.

Last year I lived in Audenshaw and had no friends. I moved to Trafford and now it is good.

I feel very comfortable here – I have friends and people look out for me

There is a good Somali community at the Ogaden Community Centre

24 respondents had made use of at least one voluntary sector organisation, including the Red Cross, Refugee Action, the Sanctuary, the Mustard Tree, Deansgate Mission and the Ogden Community Centre. Such organisations clearly played a role in helping to reduce isolation (table 20).

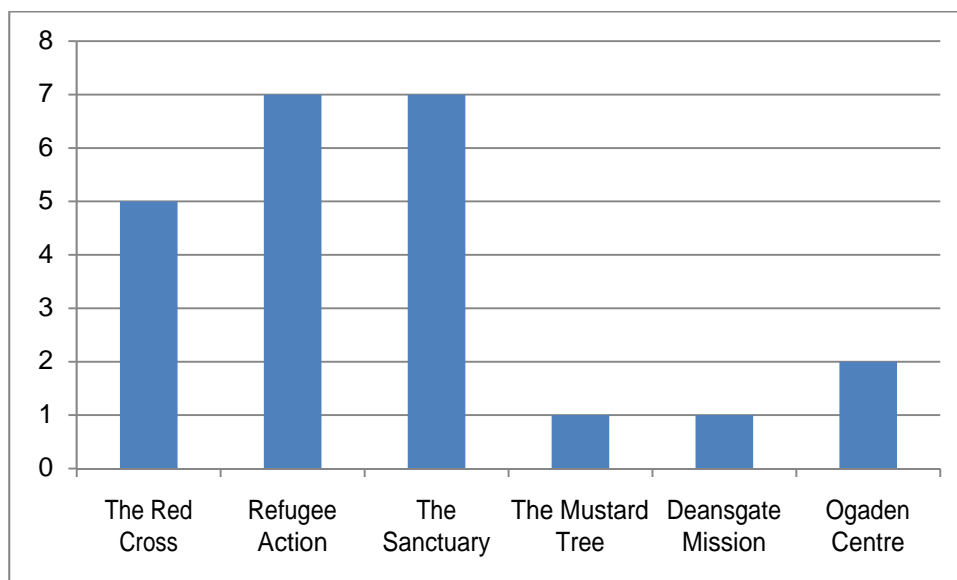
They help you with any problem and you can talk

All of the sweet people are here, they are talking nice everything and they want to help

I like to help others. They hear my problem and I listen to theirs

Helped me link in to the local community

Table 20: Voluntary organisations respondents had used



3.5.11 Dependency on the voluntary sector

As mentioned above, 24 of the 33 respondents said that they used voluntary sector services. 11 also got support from local places of worship including churches and mosques. As well as helping to reduce isolation, such services clearly play a role in meeting a wide variety of other needs including the provision of food, clothing and money, and help with asylum applications, welfare benefits and housing advice, as well as the provision of volunteering opportunities.

The main organisations used were the Red Cross, Refugee Action, Deansgate Mission, the Sanctuary, the Mustard Tree, the Ogaden Community Centre and the BOAZ Trust.

Respondents valued both the ability to be able to talk to someone about their problems (even if this did not result in them being sorted out) as well the practical and emotional assistance that could sometimes be provided.

They have interpreters which is great

I could make a phone call with a mandarin speaker

I am upset and here I can talk about it

I met people here who are emotionally disturbed and they got a lot of support

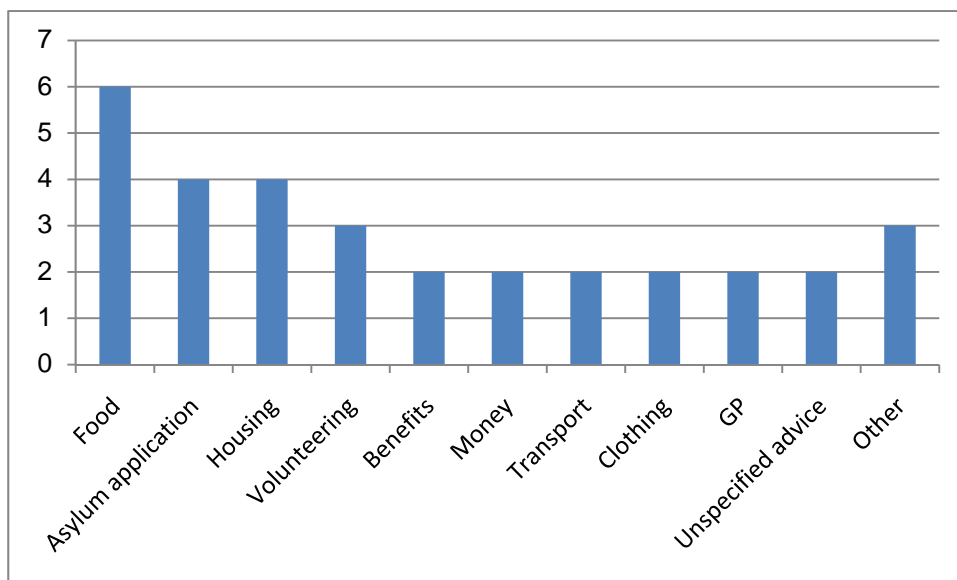
For some however, their reliance on the sector was a sign of desperation and not all needs could be met.

Not bad if you are desperate

They don't really help – no change – but I do get some food.

They understood me, but they did not help

Table 21: Advice or service provided by voluntary sector agency



Zetter et al (2004) plot the growth of the Refugee Community Organisation sector in line with the government's dispersal policy. Mapping both the growth of the sector and the diversity of provision within it, they note that most Refugee Community Organisations tend to focus on providing advice on asylum claims and sign-posting services with a minority offering advice on services such as health or assistance with education, training or employment. They caution against over-reliance on it however noting that funding for Refugee Community Organisations is limited. Most have an income of less than £50k per year and typically funding is in the region of £10-£20k. Most run on a typically

small number of staff (2-4) and have a reliance on volunteers. Trained staff and experienced volunteers tend to move on to paid (or better paid) employment elsewhere in the voluntary sector as soon as they are able. Accordingly they describe the sector as being marked by a high degree of structural instability, asserting that the high turnover of organizations and general volatility appear to be important defining characteristics. The sector is hampered by short-term funding, increased competition for funding within a shrinking overall pot and an increase in the bureaucratisation of funding. Smaller and more recently established Refugee Community Organisations are the most vulnerable. Blake et al (2008) note that newer arrivals are less likely to have any form of established community infrastructure and are therefore less likely to have a voice. They argue that second tier and larger organisations have a specific role to play in helping smaller groups and organisations navigate their way around structures.

Noting that integration is a two way process, Zetter et al (ibid) offer one further word of caution, namely that explanations of the role of Refugee Community Organisations in integration often ignore exclusion factors operating in the opposite direction (societal, economic and political).

3.5.12 Being a victim of racism

The majority (n=19) of respondents said that they had not experienced racism. Two offered positive comments about the people and neighbours they had come in to contact with.

My neighbours have been really good to me

This is a very good country and people are good

However a significant minority (n=14) said that they had experienced racism. For these respondents racism was reported in a variety of different forms (physical assault, verbal abuse, an attitude that was experienced) and at a variety of different levels (from the general public, from young people, from front-line services, from white people and from people in other minority ethnic groups), suggesting that there is no one experience of racism. Some described racism in England as wide spread:

This is a racist country

White people are racist a lot.

Some described explicit examples of racism,

Shop keepers don't want to sell things to asylum seekers

In the hospital someone called me racist name and

I was waiting for a bus and this child said 'paki' to me and I was amazed to hear it – I thought 'what have the family taught him?'

There was a racially motivated attack on the [names community centre] when I was in it, attacker was drunk and has been charged

A job centre employee was racist to me. In one official document my name was spelled wrong and he refused to help me because of it. I have taken advice from my solicitor about it.

Others described far more 'low-level' notions of racism.

I have experienced racism but can't recall a specific example

I have experienced racism a few times. I do mix with different cultures but some people don't like this

The racism is a bit subtle. The language can be a barrier and people dig at you but in a subtle way

It may be significant that 3 respondents referred to racist incidents that occurred in neighbouring boroughs. A number of respondents said that one of the things that they liked about living in Trafford was that they experienced it as generally more affluent and tolerant place to live.

Racist shouting and fighting in Salford

Physical attacks against me and my daughter (in Salford)

This is a good country. I get on with people great, but I did have one problem in Wythenshaw where I was harassed by young people.

There has been a growing body of literature suggesting that religion rather than nationality is often the cause of unwelcome attention, particularly since 2001, with the Muslim community, who are often immediately identifiable through the way that they dress, being singled out for prejudice (Harris, 2004; Rudiger 2007).

3.5.13 Support for Children

As discussed briefly earlier, 10 respondents said that support for children was a problem. This represents nearly two-thirds of those respondents who had children however (n=16). In some cases, these issue related to a lack of money.

Only get £120 a week in total – no extra support for the baby [Male with wife and 5 month old baby]

In most cases however, respondents complained about the general lack of wider support which left the researchers with the impressions that this group were often isolated from available avenues of support.

It is just me and the baby [respondent with a child aged 1 year]

No help with the children [respondent with 2 children 6 and 1]

I don't know how to get the baby in to education [respondent with child aged 1 year]

Gets support for baby, but only money. No other support

I am not able to access any support locally

There is nothing for my daughter to do outside school

Those with children who reported that support for children was not an issue cited their use of facilities such as playgroups as important.

My wife goes to playgroup with the children – they like it – they meet other children and feel integrated in a way that I don't – it is very different for me

They go to a playgroup and really like it – the singing and the dancing – they really like it

Whilst conducting data collection in Trafford one of the research team went into a parents and toddlers group run by a local church. This group ran twice a week and was free to attend and the children played whilst the adults talked. The researcher asked whether they ever had any refugee or asylum seekers attending the group and was told this had only happened once about five years ago. Our data suggest that some people manage to seek out and find free resources that they can link into whilst others do not. This suggests that those who experience multiple forms of disadvantage may often need greater support and input to develop personally relevant and sustainable networks of support.

Possibly because of the ages of the children of our sample (most of whom were of pre-school age) experiences of education and schooling for children did not feature significantly as an issue for our respondents. Research elsewhere (Doyle and McCorry, 2008) has suggested that it frequently is however. They identified a number of barriers to the inclusion of refugees and asylum seeking young people and parents/carers in secondary education. These included:

- Difficulties in accessing school places, including delays of up to 7 months
- Bullying and racism
- Financial problems – uniform and activity costs
- Lack of financial resources for Refugee Community Organisations and schools to provide supporting activities, including training and additional activities
- English language skills of young people and parents
- Dispersal policies which may lead to relocation and upheaval
- Past experiences of trauma and flight
- Lack of familiarity with schooling system
- Lack of partnerships between Refugee Community Organisations and schools

Drawing on work in a number of areas they suggested that good inclusive practice might include:

- Using extended school status to provide activities beyond the school day
- The generation of specific funds
- Home-school link workers
- Peer mentoring
- Links with specialist trauma/psycho-social support services
- Language support, often provided by Refugee Community Organisations
- Translation of materials
- Tailored inductions provided by schools
- Advice sessions provided by Refugee Community Organisations
- Coffee mornings and outreach

- Partnerships between schools and Refugee Community Organisations

3.5.14 Communication

As reported earlier, nearly half of respondents (n=15) said that they had a very good understanding of English (that is, that they understood everything), but nearly a third (n=9) said that they had either a limited or no understanding. Only 8 reported communication as a problem however.

Difficulty in understanding English sometimes

'Half-half'

My English is not good

I have a fear of people and how they will respond to me

Most respondents (n=25) reported that communication was not a problem. To reiterate the point that we made earlier, questions around communication and understanding of the English language proved problematic with respondents frequently ranking their language abilities very differently to how the researchers would have ranked them.

3.5.15 Education

11 respondents said that they had made use of education services. Most of these (n=8) had used adult education to learn English and with which there were high levels of satisfaction

Course very good, excellent teachers. Very good.

My English is good now

3.5.16 Being a victim of crime

4 respondents reported that they had been a victim of crime. 2 of these crimes were clearly linked to the incidents of racism described earlier.

I have had urine thrown in my face and eggs thrown at me. This happened in Salford.

There was a racially motivated attack on the [names community centre] when I was in it. The attacker was drunk and has been charged.

2 other respondents reported being the victim of crimes of theft, robbery and violence. It is worth noting that 1 victim did not report the incidents because they did not know how to report the crime or what could be done about it.

My purse and bus pass were stolen

Two times I have been attacked and robbed. I did not report this because I did not know what could be done. I have also experienced domestic abuse from husband

The woman who said she had been raped since being in the UK did not say that she had been the victim of a crime. This chimes with a cautionary note from Keefe and Hage (2009) in which they highlight the vulnerability of women asylum seekers who have survived rape, sexual violence or sexual exploitation.

3.5.17 Alcohol and drug use

None of the respondents reported experiencing any problems with drug use. However 2 reported problems associated with alcohol.

I used to drink a lot because of stress

I have had two drink driving offences

3.5.18 Housing

Data relating to whether housing was experienced as a problem was only collected from 15 of the 33 respondents and is therefore incomplete. Only 5 of these reported that they had a housing problem despite the fact that 24 respondents later reported that they had used housing services.

Of the 5 who reported housing as a problem, 1 reported that they did not have anywhere to live and therefore had to stop with a friend.

No house at the moment. I am living at a friend's house - which is not ideal.

2 others reported that problems had arisen as a result of their change in status – in one case from being an asylum seeker to becoming a refugee and in the other from having their application for asylum refused. In both instances, this had resulted in them losing their accommodation.

Since I got refugee status, I have been thrown out of my asylum housing

When my status was refused, NASS threw me out and stopped my money

1 person complained that she had to share a room with her daughter.

Of the other 10, 9 reported that they did not have a problem. Only 1 reported that they were actually happy where they were however.

I like my house and location

The remainder all reported what on the face of it might be seen as unsatisfactory situations, but the respondents themselves did not report these as problems. A number reported that they had nowhere of their own to live, but were reliant on friends.

Staying with a family on a temporary basis. It is not secure in that I don't know how long I can stay here

I am living with a friends and have lived with friends since arriving in the UK

Staying with family of friends

Another reported having to wait to get repairs completed and one said that they were living in accommodation with people from too many different nationalities.

Things don't always get fixed

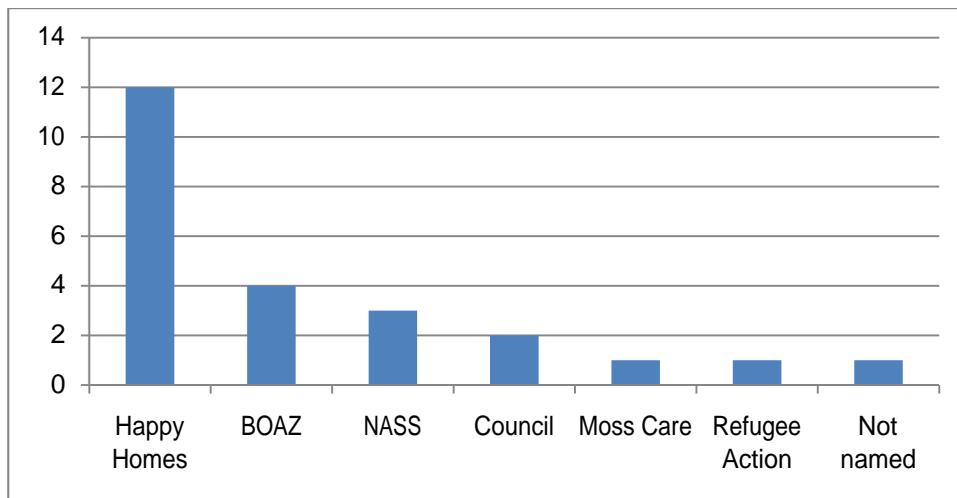
Living with people from too many nationalities

The fact that respondents did not report these as problems raises an interesting point about perception and expectations.

Data about whether or not people had used housing services was collected from all respondents. Most (n=24) had. The services that people had used included the following (table 22):

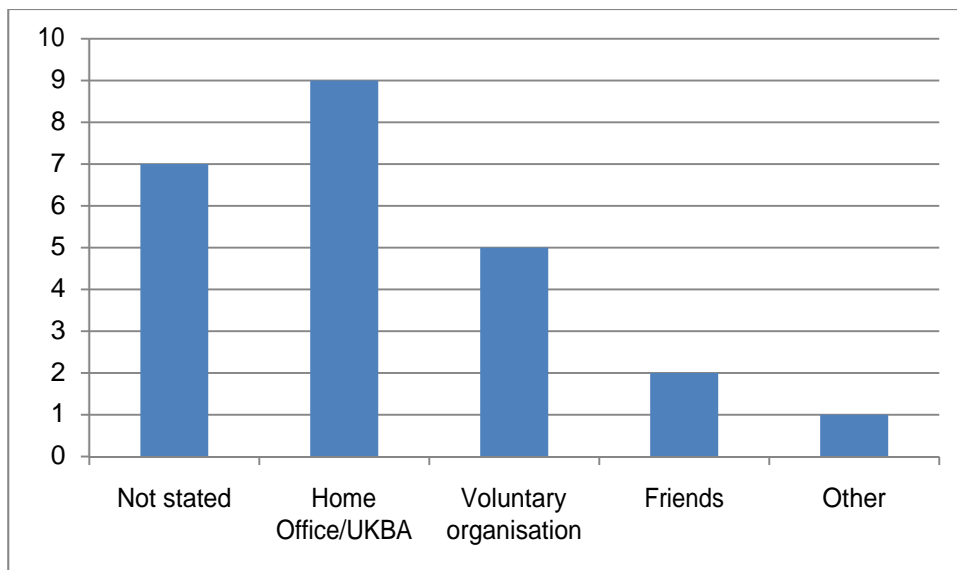
- Happy Homes (n=12)
- BOAZ (n=4)
- NASS (n=3)
- Council (n=2)
- Moss Care (n=1)
- Refugee Action (n=1)
- Not named (n=1)

Table 22: Housing services used by respondents



7 respondents either could not remember or did not report how they had found out about housing services. 9 had found out via the Home Office or the UK Borders Agency, 5 through voluntary organisations and 2 through friends (table 23).

Table 23: Route in to housing services



In terms of whether respondents felt that their needs were understood and met a very mixed picture emerges. This can perhaps best be understood within the context of the unsettled living conditions of many asylum seekers and refugees. Thus many comments related to the sorting out of basic emergency situations only.

I was sent to the Red Cross and they dealt with emergency accommodation needs immediately

They did understand but were not able to sort it

They take me and give food and they call someone and she came and let me stay in her house

I have somewhere to live for now but I don't have any rights. It's not perfect

It was good but only provided emergency accommodation for 3 weeks. The problem returns after this

Some respondents appeared to be living in state of limbo.

Too early to say, I'm in a hotel tonight and have to go to Social Services tomorrow

I have been waiting a long time for a decision

The case is ongoing – they now appear to be doing something now they've realised that they have not dealt with me properly

While some respondents reported general levels of satisfaction (or at least that their basic needs were met), others reported a range of problems to do with basic entitlement to housing; the people they were forced to live with; getting repairs done; and the helpfulness of staff.

It's OK

They pay for the house

I like my house and location

Quite good and deal with problems

They were really good with me

Made friends with neighbours who are also from China

They have been really helpful and I have referred a lot of people to them. I was destitute

I am living at a friends house

NASS asked me to leave accommodation in March 2010

I am sharing with too many people of different nationalities

The council didn't help until the Ogaden centre pointed out that they had a legal duty to help me.

Would not do repairs due to arrears and was subsequently evicted

Things don't always get fixed

There is a problem with the front door – nobody has come to fix it

My bathroom is leaking – when I called to tell them they said 'we know it is leaking'. But if they know why has no one been to fix it?

There is no privacy

The previous guy would help you but for the current guy everything is too much trouble

Section 3.8 Follow up interviews

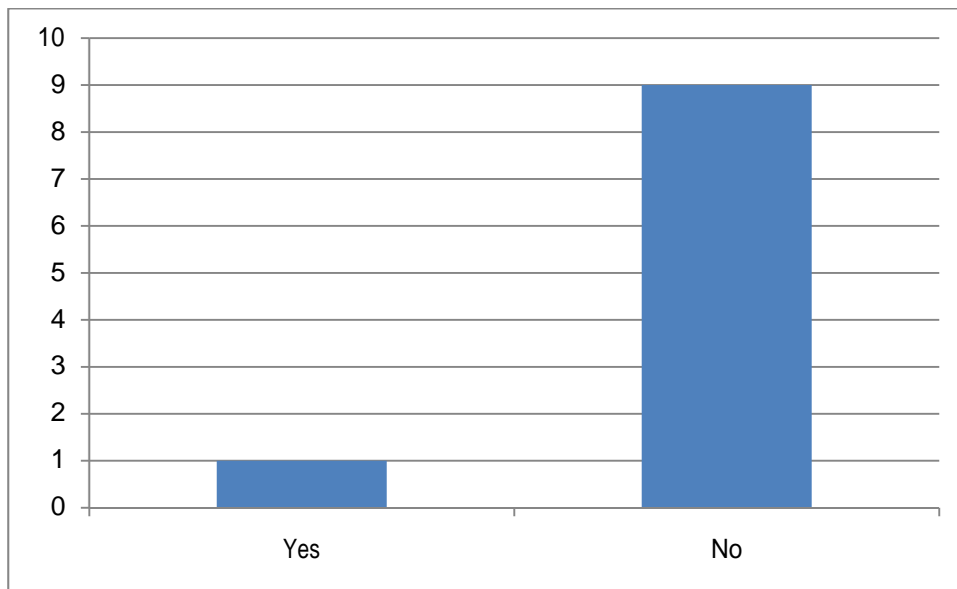
We conducted a small number of follow-up interviews with 10 respondents at intervals ranging between 3 and 4 months after the initial interview. Only respondents who had agreed to be followed up and who had given contact details in order to allow us to do so were interviewed. The follow up interviews were semi-structured in nature, with the researchers reminding respondents in

broad terms what they had told us in the initial interview and then being asked whether they felt that anything had changed over the last three to four months. Respondents were asked about changes in their asylum status, housing, living conditions and use of services and were specifically prompted in areas other areas where they had indicated that they were experiencing problems previously.

Interview S represents a typical response. The respondent is a young woman (aged 22-25) who was living in Sretford when we first met her. She had come to the UK from South Eastern Europe in 2008. She was smuggled in to the UK in a lorry and was dropped off in Birmingham. She was on her own in the UK and had made her way to Manchester via Liverpool. She had been homeless but was provided with a place to stay by the BOAZ trust. Her application for asylum had been refused, although she intended to re-apply. At the follow up interview she reported that nothing had changed. She was still living in the same place, but because her application for asylum had been turned down she was still unable to work and was without money. She continued to report that she felt stressed and depressed. She couldn't sleep and had headaches all the time. She wanted to go to a college in Sretford, but was told that she would have to pay fees as she was not entitled to access education for free.

9 of the 10 people that we interviewed had been either refused asylum or were awaiting decisions about their applications when we first saw them. Only one had been granted refugee status. As table 23 shows, only one of those who we followed up said that their status in relation to asylum had changed. In reality, even for this one, nothing had changed in relation to their status – all that had happened was that they had had a further application declined.

Table 24: Has your status in relation to asylum changed?



For the remainder things had stayed as they were and they were still living uncertainty:

I still don't know what will happen. I just hope for the best.

I am still in a legal case.

Most (n=7) reported that generally their lives had not changed, that they were still waiting for decisions about their asylum applications and that they remained unable to work and that support for children remained an issue:

My housing is still poor. I have no support for the children and I am still ineligible for work

I still can't work and I have no help with the children

Still no support for my daughter...still waiting for a decision on asylum status...still stressed

I am still living in the same place. I can't work and there is no progress with my case. It is the same situation and is very depressing.

I have the same issues with money and not being able to work. I have started repairing other people's computers to try to get a bit of money.

Three of the people that we followed up reported changes in relation to housing. All three had moved out of the area – one to Stockport, one to Salford and one to Surrey. All three of the people who had moved reported that they had experienced some improvements in their lives, as a result of moving. The person who had moved to Surrey said that they had done so for financial reasons as she knew people there that she could live with and so she could live more cheaply. Previously she had accessed housing support through the BOAZ trust and had reported problems relating to a lack of money, an inability to work, poor diet, mental health and loneliness. The person who had moved to Stockport reported this positively saying that it had allowed her to access a childcare centre for her children, although she continued to return to the Sanctuary Centre, which remained a continuing source of support for her. The person who had moved to Salford had managed to undertake a number of short courses at Manchester Metropolitan University and was also working as a volunteer with a project in Salford. Although the numbers involved are small, these accounts lend some support to what we were told anecdotally by a number of workers who were involved in projects where we undertook the interviews: that people were often forced to move because of financial circumstances and that there was a pull away from Trafford as people found it easier to access the kinds of support that they needed in other areas. The remainder reported no changes with one complaining that she still had no privacy as she was sharing a room with her daughter and another complaining that the bathroom still leaked.

In terms of accessing new services, only 3 respondents reported that they had any contact with any new services. Two of these related to the people above who had moved to Stockport (childcare) and Salford (education). A third respondent reported that she had accessed a solicitor. For the most part, respondents said that they had been unable to access any new services. As one respondent put it:

No – I haven't been anywhere new. I don't qualify because of my status.

Although the number of follow up interviews is small and the follow up period was short, the evidence from those who we interviewed suggested that by and large little had changed. For the most part they continued to experience the same problems that they had previously reported.

4 Recommendations

These recommendations have been written to support the delivery of the 7 key objectives set out in Trafford Partnership's Sustainable Community Strategy - *Trafford Vision 2021: a blueprint*. The strategy sets out a clear commitment to reducing inequalities, acknowledging that while the residents of Trafford overall enjoy a generally good quality of life, this masks some stark inequality that exists between the most and least deprived communities.

Recommendation 1:

Refugee Community Organisations have a key role to play in supporting the welfare and integration of refugees and asylum seekers. Many respondents reported the significance of such organisations in helping to reduce isolation and in providing a wide range of practical and emotional support and guidance, as well as access to volunteering. Priority Outcome SC2 is for a thriving community and voluntary sector. Priority outcome SC1 is for more people of all ages and backgrounds to volunteer. It is significant that many respondents reported a reliance on services provided by voluntary sector organisations in neighbouring boroughs. **The Strong Communities Partnership should consider ways in which it can encourage and support the development of strong and vibrant Refugee Community Organisation sector as part of the way in which it supports the voluntary sector more generally. This may include the development of specific formal partnerships with refugee community organisations and may involve commissioning and the allocation of financial resources. It should also oppose any moves by the Government to restrict volunteering opportunities for asylum seekers within the Refugee Community Organisation sector as part of the 'active citizenship' process under the Borders, Citizenship and Immigration Act 2009.**

Recommendation 2:

People Priority Outcome SE10 is for more people to be in work, particularly in more disadvantaged communities. While it is clearly recognised that Trafford Partnership must operate within and support the law it cannot go unnoticed that the restrictions on the right of asylum seekers to work was one of the major complaints voiced by respondents. Commentators elsewhere have recognised the importance of work as an important part of integration which has knock on effects on poverty and both mental and physical well-being. The findings from this study bear this out. People priority Outcome SE11 is for more people qualified to NVQ level 3 in the skill areas that meet the demands of employers. **Trafford Partnership should consider what it can do to advocate for a return of the work concession and to allow access to vocational courses for unskilled asylum seekers.** A reduction in poverty is also likely to support the delivery of Priority Outcome HQ2 to narrow the gap in life expectancy.

Recommendation 3:

For the most part, respondents reported that Trafford was a good place to live. However there was evidence that some respondents had been the victim of racist incidents. **It is important that the Safer Trafford Partnership continue to monitor levels of crime motivated by race hate and take steps to ensure that the views of refugees and asylum seekers are fully taken account of when**

measuring progress against Priority Outcomes SR1 and SR2. The Strong Communities Partnership should review its activities to ensure that progress towards Priority Outcome SC5 is made and that relationships between people of different backgrounds, including refugees and asylum seekers continue to be good.

Recommendation 4:

Although the experience of primary, secondary and further education was not widely reported on in this report, good practice in raising educational standards for refugees and asylum seekers was discussed. **Trafford Economic Alliance should take steps to ensure that such good practice is embedded in to local schools and colleges in order to ensure that People Priority Outcome SEB can be achieved for all groups.** Good practice might include:

- Using extended school status to provide activities beyond the school day
- The generation of specific funds
- Home-school link workers
- Peer mentoring
- Links with specialist trauma/psycho-social support services
- Language support, often provided by Refugee Community Organisations
- Translation of materials
- Tailored inductions provided by schools
- Advice sessions provided by Refugee Community Organisations
- Coffee mornings and outreach
- Partnerships between schools and Refugee Community Organisations

Recommendation 5:

Language was clearly identified as a key component for successful integration. Those respondents who had accessed ESOL classes rated these highly. **The Children and Young People's Partnership should consider ways in which the high quality and much valued local ESOL provision can be supported and enhanced in support of People Priority Outcome SE12.**

Recommendation 6:

A large proportion of respondents had children under school age. Those families and individuals who were linked in to support found this extremely valuable. Most respondents were unaware of the existence of such support however and were not in a position to take advantage of it. Consistent with Priority Outcome BF6 to ensure the emotional well-being of children, **the Children and Young People's Partnership and the Trafford Safeguarding Children's Board should review provision for the children of asylum seekers and refugees in the light of these findings.** Few asylum seekers and refugees are likely to be aware of the availability of free child care places for two year olds for example.

Recommendation 7:

The stories that respondents told in respect of housing indicated that while most indicated that their immediate needs were met, many also found themselves living in accommodation of poor quality. **The Strategic Housing Partnership should review its current priority outcomes and consider**

including refugees and asylum seekers as a specific group of vulnerable people within the Housing Strategy. Current priority groups include older people, young people and people with disabilities, but no measures are in place to monitor the quality and affordability of housing for refugees and asylum seekers which is likely to be one of the key factors in the creation of strong neighbourhoods and cohesive communities. Specific thought needs to be given to how refugees and asylum seekers can be given *'the chance to live in an affordable, decent home of their choice in a thriving and secure neighbourhood'* in line with Trafford's housing vision.

Recommendation 8:

Priority Outcome HQ8 seeks to encourage more people of all ages and groups to participate in physical activity, sport and cultural activity. This outcome cannot be achieved for asylum seekers and refugees in isolation from recommendations 1, 2 and 6 above. **It is therefore recommended that the Health and Wellbeing partnership consider ways in which it can support the delivery of these recommendations.**

Recommendation 9:

Priority Outcome HQ5 is for a reduction in mental ill health and incapacity. Respondents reported consistently high levels of mental ill health caused as a result of a variety of factors including:

- The inability to work
- Lack of money
- The stress of the asylum process
- The stress of adapting to new life situations
- Loneliness, isolation and lack of support

As above, it is unlikely that improvements in these areas can be achieved in isolation from other recommendations and it is therefore recommended that **the Health and Wellbeing Partnership consider what it can do to support the delivery of recommendations 1-8 above.**

Recommendation 10:

Most respondents reported both good access to and good experience of both primary and secondary care services. The fears expressed by Kelly and Stevenson (ibid) about the impact the restrictions placed on free healthcare for refused asylum seekers since April 2004 do not appear to have been borne out by this study. However, as expressed above, the authors would urge some caution here. The sample of respondents that we are able to interview was only a small one and we did not interview respondents with the specific conditions that Kelly and Stevenson expressed concerns about⁵. We would not want our findings to suggest a rosier picture than is justified and we urge continued monitoring of the situation. In view of this, we would recommend **that the Health and Wellbeing Partnership monitor access to healthcare for asylum seekers and refugees on an on-going basis.**

⁵ Cancer, diabetes, trauma recovery, general operations and communicable diseases such as HIV.

Recommendation 11:

A number of respondents reported poor experiences of services. While sometimes these poor experiences may have been born out of the inability of a service to help because of eligibility, sometimes these poor experiences were born out of the ignorance of staff which sometimes bordered on racism. **The Trafford Partnership should consider developing and delivering a package of training for front line staff in both the statutory and voluntary sectors whose roles could bring them in to contact with asylum seekers and refugees.** Such a package could be developed in partnership with local refugee community organisations and the University of Central Lancashire who undertook this research and has experience of developing similar training.

Recommendation 12:

The evidence suggests that asylum seekers and refugees are a mobile population whose needs do not respect local authority boundaries. A large number of respondents reported using services in neighbouring authorities. **Trafford Partnership should consider re-invigorating its partnerships with other Greater Manchester local authorities and with the North West Consortium.**

Appendices

Appendix 1

1. Have you ever lived in Trafford?
2. Do you know any other refugees/asylum seekers living in Trafford?
3. Which area do you currently live in?
4. Which other areas have you lived in since arriving in the UK?
5. Age (circle as appropriate):
16-18: 18-21: 22-25: 26-35: 36-45: 46-55: 56-65: 66+
6. Sex (circle as appropriate): Male Female
7. Country of Origin:
8. Main language spoken:
9. Describe your understanding of English?

Very good (understand everything)
Good (Understand most things)
OK (Understand some things)
Limited (Understand only a few things)
None (Understand no English)
10. Are you in the UK:
 - Alone
 - With a partner
 - With a wife/ husband
 - With mother and father
 - With mother or father
 - With older family members
 - With younger family members
 - With dependent children (number and ages)

11. When did you arrive in the UK?

.....

12. What is your current status in relation to the asylum process? Please circle as appropriate

- Refugee
- Asylum seeker
- Refused asylum seeker
- Other (explain)

.....

10a. If Rejected do you intend to re-apply? Yes No

13. Do you consider yourself to have a disability?

Yes no

If yes, please explain

GO TO NEXT PAGE

11a. Do you feel that any of the following are a problem for you?

	Yes	No	Don't Know	e.g.
Lack of money				
Unemployment				
Inability to work				
Lack of food/ poor diet				
Poor housing				
Poor physical health				
Poor mental health				
Loneliness and isolation				
Support for Children				
Access to sports and leisure				
Being a victim of crime				
Being a victim of racism				
Drug use				
Alcohol use				
Communication				

- Services provided by charities: Yes No Don't know

If Yes name:

- (i) Where did you hear about it?
- (ii) What did you receive help for?
- (iii) Did you feel your needs were understood? Yes No Don't know

Explain answer:

- (iv) Did you get the services you hoped for? Yes No Don't know

Explain answer:

- Services provided by community groups: Yes No Don't know

If Yes name:

- (i) Where did you hear about it?
- (ii) What did you receive help for?
- (iii) Did you feel your needs were understood? Yes No Don't know

Explain answer:

- (iv) Did you get the services you hoped for? Yes No Don't know

Explain answer:

- Advice centre: Yes No Don't know

If Yes name:

- (i) Where did you hear about it?
- (ii) What did you receive help for?
- (iii) Did you feel your needs were understood? Yes No Don't know

Explain answer:

- (iv) Did you get the services you hoped for? Yes No Don't know

Explain answer:

- Other: Yes No
Don't know

If Yes name:

- (i) Where did you hear about it?
- (ii) What did you receive help for?
- (iii) Did you feel your needs were understood? Yes No Don't know

Explain answer:

- (iv) Did you get the services you hoped for? Yes No Don't know

Explain answer:

15. Have you recommended any of the services you have used to somebody else? If yes, name the services

.....

16. Please tell about your experiences of living in Trafford

.....

17. Please tell me something that you remember from your first week in the UK.

.....

DATE:

VENUE:

Appendix 2

Summary of ethical issues considered

Ethical issue	Precautionary steps to be taken
Participants do not wish to take part due to fears about asylum applications	<p>The team recognises this as a genuine and reasonable fear and something that may negatively influence decisions about participation. Three strategies will be used to manage this issue as follows:</p> <ul style="list-style-type: none"> (i) It will be emphasised in all written (i.e. information sheets) and verbal communication that participation in the research is voluntary and that people can choose to exit at any point in the process; (ii) The steps to be taken to manage confidentiality will be communicated clearly to all potential participants and great care will be taken by the research team not to use information which can identify personal information; (iii) It will be emphasised that the research has no relation to individual asylum applications and that personal information will not be passed between the research team and the UK Border Agency - in either direction -at any point in the project.
Participant reveals that they are living in the country without legal permission	<p>If a participant reveals this information it will not be passed to any authorities and this will be clarified in the interview setting. We may report that we spoke to 'X' number of people who reported this but we will not report any personal details which could reveal this persons identity to authorities.</p>
Participants become upset during interviews or focus groups.	<p>The team will at all times be sensitive to the needs of participants. Our process will be as follows: If people appear upset in an interview or focus group we will offer the opportunity to have a break and will respect people's individual decisions. If people are upset at the end of an interview or focus group the researcher will take time to talk with them and offer support until such time as they indicate that they feel sufficiently reassured and secure. If a person indicates that they would prefer to talk to someone independent of the research team they will be directed to the information sheet which provides contact details for organizations which they can approach for support.</p>
Community Co-researchers undertake tasks that are inappropriate or work in an inappropriate way	<p>Community Co-researchers will be trained prior to undertaking any work. Training will include:</p> <ul style="list-style-type: none"> • background to what the project is about • recruiting participants • gaining informed consent • basic research methods • research ethics • confidentiality <p>It is important the community researchers understand the role that they are being asked to undertake and its limits. The research team will take great care to clarify this and to work closely with the community researchers in managing their expectations and</p>

	<p>contributions. It is recognised that some may seek to extend the role or may be viewed by others in communities as extending their role which might feed into existing power dynamics or to the creation of new ones. It is essential that community researchers are provided with regular support and management to limit unwanted outcomes and to manage unanticipated ones. The research team will provide community researchers with contact details for the team and will call them at least once a week through the project.</p>
Participants not properly informed about the research project and/or have not given proper consent	<p>Community Co-researchers will be trained in this (see above). They will also be provided with an information sheet to help them explain to possible participants what the project is about. ISCRI staff under-taking the interviews will go over the information sheet again prior to undertaking the interview and will also be responsible for gaining consent using a proforma.</p>
Security of data/data loss	<p>All data gathered as part of this research will be the responsibility of the lead fieldworker.</p> <p>Notes and transcripts will be anonymised.</p> <p>Data held on computer will be password protected.</p> <p>Hard copies of data will be stored in a locked filing cabinet.</p> <p>Data held on a digital recorder will be transferred from the recorder on to a password protected computer so that the recording can be deleted. In the interim, the digital recording will be stored in a locked filing cabinet.</p> <p>Data that has to be transported (e.g. between the place where the interview took place and the university) will be transported as soon as possible in a suitable carry case (i.e. one that is fit for purpose). Data will be marked as confidential and labelled with a return address.</p>
Participants cannot speak (or read) English	<p>In circumstances where someone wishes to take part in the study but is unable to communicate in English we will use interpreters.</p> <p>The commissioners have an existing arrangement with M4 Interpreting Services in Manchester and it has been agreed that we can use them for this research project. M4 is a professional Interpreting Service used by Health and Social Care Services across Greater Manchester.</p> <p>If necessary, the information and consent sheets can be translated in to appropriate languages.</p> <p>Interpreters will be contacted by telephone prior to any interview taking place and will be given a full verbal explanation of the project and the format for the interview and the themes to be used. Interpreters will also be offered the opportunity to view the full proposal and will be sent the information sheets in advance. The researcher will meet with the interpreter in advance of the interview to plan the process and establish that they are clear about the objective of the research and the ethical principles.</p>
Poor quality of data gathered	<p>The lead researcher will review the quality of the data that is gathered with the Associate Head after two-three interviews have been completed. If data appears to be poor they will jointly review the proposed methodology with the commissioner. Any changes to the proposed methodology will be notified to the ethics committee and further approval will be sought as appropriate.</p>

Poor quality of final report	The final report will be written by the Associate Head with input from the research team. Advice and direction will also be sought from the commissioner and the project steering group.
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Appendix 3

Case vignettes

Set out below are 8 case vignettes, taken from interviews that we conducted with a small number of respondents at St. Bride's Church in Trafford. The church is situated in the North West of Trafford, bordering with Hulme. It provides a drop in services for refugees and asylum seekers. All interviews have been anonymised. These are additional to the case study presented in section 3.2 of the report.

A number of interviews were done with the assistance of an interpreter, but this was not unproblematic. In one case for example there were lengthy passages where the respondent was talking to the interpreter in quite an animated fashion, sometimes for a minute or more, but the interpreter then gave a comparatively truncated answer. Something was literally lost in translation. Another respondent switched between English and his preferred language depending on the sensitivity and complexity of what was being discussed.

In a number of cases respondents were anxious about giving personal details, such as names, dates of birth or country of origin, as they were fearful that we would pass information back to the Home Office.

Interview B

Male, aged 17-20, originally from Afghanistan (having been deported from Iran). The interview was conducted through an interpreter.

B had 'two birth dates'; he said he was 17, but some official documentation pertaining to his asylum-seeking showed his birthday as 01/01/1990 (three years older). He seemed unsure of how old he was, but he certainly looked more like a 17 year old, or even younger.

A has one Uncle in Afghanistan, but doesn't know exactly where he is now. His family died in Iran in an accident 6-7 years ago, including his 6 year old brother. Although an Afghan, he was born in Iran.

He studied for two years at school in Iran, but his family died he went to work with his Uncle (it is unclear if this is the same Uncle mentioned earlier who lives in Afghanistan). His main reason for leaving Iran was that he was not accepted as an immigrant and so he was actually deported to Afghanistan (this would perhaps indicate that he was in Afghanistan for a time, working for his Uncle before making the journey to the UK). It was a very long and difficult journey, including walking through the desert for 2-3 days and hiding in the back of a lorry. He eventually came by lorry to UK but he didn't know where he was. He arrived in Bury, from where he "went to the bus stop and then claimed asylum".

He didn't come to the UK out of preference, he just wanted to go anywhere it was safe. His application for asylum had been refused. He has a right to re-apply and has already done so, but the solicitor said to him that he didn't have a very strong case and has closed his file.

To date, he doesn't have a lot of positive things to say about the UK. He has met a lot of different people through the Red Cross drop in at the church, but he had a lot of "bad stories" to tell about his experiences in the UK. He complained that he 'doesn't have rights for a place to sleep, a place to

work, to study language'. He has had the help of the Red Cross and Refugee Action for food, but that is about it.

He worked for several years as a car mechanic in Iran. He would like to pursue this again, perhaps studying in this field or working as a mechanic in a company.

Interview C

Male, aged 24, originally from Afghanistan. The interview was carried partly through an interpreter and partly in English.

C was a young man with a weathered face; he looked a lot older than B. The preamble to the interview went smoothly, B was only curious to know whether everyone was being asked the same questions.

After the initial opening question about his family was translated to him, without hesitation he replied in English with a noticeable Manchester accent: "Actually I don't have a family, when I was a child I lost my mum when I was 13 I lost my dad, I has a sister but she dies when she was 13 she wasn't well. This was all in the past, a long time ago. I was 16 when I came to the UK". While much of the remainder of the interview was therefore conducted in English, at times the respondent preferred to revert to his first language.

C never went to school in Afghanistan, but he had been to college here.

In Afghanistan he had trained as a mechanic. He left Afghanistan after his mum became ill, she was pregnant and both her and the baby died. At this point in the story, C seemed to struggle more articulating himself and began talking to the interpreter, who began speaking on his behalf. He said that C doesn't remember, but he thinks his mother had a stroke. She was pregnant at the time and she died. Her sister died seven years later with the same problem.

He fears that he may have the same health problem as his Mother. He gets headaches, he has nightmares and when he wakes up he can't move. He's been to hospital about it.

He moved to the UK because of the political situation. Again at this point in the story he reverts to his first language. He describes the situation in Afghanistan as "very difficult". His father and uncle are in conflicting groups. Initially he said that he came to UK in 2003, after the war in Afghanistan had begun. He discussed this briefly with the interpreter who refines this to leaving Afghanistan in 2001, and arriving in the UK in 2002. He said he was in Afghanistan when they started attacking it and we all shared the joke that we couldn't remember what year it was.

He was 'illiterate' in Afghanistan, so he doesn't know about weeks, months, and how long the journey to the UK took, which goes some way to explaining this confusion over dates. He had never specifically set out to come to England; they (unspecified) just brought him here. His asylum application has been refused as they did not believe his story, 'although it is true'.

He says he has good days here. He didn't have a very good life in Afghanistan. He finds it interesting here: 'you are free here, you can enjoy your life here', but it is not clear if by 'you' he meant the interviewer.

Since 2004 when his application was refused he has had troubles in the UK. He was kicked him out of the house he was staying in, and he didn't have anywhere to sleep. He doesn't have any right to work or study or anything, so these days it's very bad. When he wants to sleep he takes a tablet.

He doesn't have access to any organisations. Today was the first time he had been to St Brides. He describes his current situation as having "no hope", he's not even allowed to do voluntary work. He'd like to work in the building trade or be an architect.

Interview D

Male, aged 31, originally from Zimbabwe. Described himself as a Christian. The interview was conducted in English without an interpreter.

Has a brother (33 years old) in London, a Sister in South Africa and a bother in Zimbabwe. His parents are both in Zimbabwe.

Back in Zimbabwe he describes what he calls a 'fairly normal life'. He went to school and after compulsory schooling studied computer programming. He was a keen basketball player and also enjoyed socialising with friends and night clubbing. He also went to church regularly with his family. He had some jobs including stock taking and working as a betting assistant at the racecourse.

He became politically active against the Mugabe regime when he was 21 years old.

He first came to the UK in 2001. On entry he said that he had come to the UK to see one of his relatives. He was refused entry and deported as the UKBA thought he would overstay. He wanted to seek asylum because his parents had been attacked and their house had been the subject to a series of serious attacks. This was because of their involvement in political activity against the Mugabe regime. It became very unsafe for the family who were MDC supporters living in a Zanu PF area. He went back to Zimbabwe only to return to the UK 2002. He wanted to seek asylum but knew nothing about the process. He says he was scared and did not know what to say to the authorities.

He describes his fear of authority, suggesting he had been beaten by his father as a child and subsequently beaten by the police in Zimbabwe. He was given a six month visa at the end of which he made the decision to stay. In 2005 he became engaged to an English girl but they subsequently separated.

In 2009 he claimed asylum again but his claim was rejected. The UKBA said that he was not telling the truth about his family and suggested that the man he claims is his brother is not in fact related to him.

He now has no recourse to public funds and is dependent on acts of charity. He has lived in many different places including on the streets, in shelters and in private houses. On the streets and in shelters he has experienced persistent acts of racist abuse. When he has lived in private people's houses some have expected him to do a lot of housework to earn his keep and on one occasion someone mistakenly accused him of theft. *You know you are living on someone's kindness which makes for a very uncertain and difficult situation.*

He is appealing his asylum claim and trying to generate sufficient evidence including pictures and DVDs. He is taking legal advice from Manchester Refugee Action.

His brother has now successfully claimed asylum and has married an English girl. He is worried about his sister in South Africa because Zimbabweans are getting killed there. He is unable to go and see her and also to see his parents who he also worries about.

He feels he has no access to democracy in the UK and no voice for his experience. He has experienced a lot of racism in the UK both from housing providers and also at college. He was on a course at a local college and other students refused to sit near him, excluded him from group sessions and made racist remarks about him. He was also physically attacked whilst living in a shelter, by two men who shouted 'nigger' at him whilst punching and kicking him.

The drop in service at St Brides is the only one he really uses regularly. He is registered with a GP but has not had any real need to use it. He has a poor understanding of service structures and would find it hard to comment on things a Council might do.

Interview E

Female, aged 50, originally from Iran, describing herself as Persian. The interview was conducted through an interpreter.

Both her parents are dead. She has a brother who lives in Wigan but she has no contact with him. She also has a sister in Iran.

She describes her early life in Iran as 'very good.'

She finished school at 18 and worked in a pharmacy. Later she went on to work as a cook in a large institution. She lived with friends in shared houses and had a good social life. She inherited money from her parents and also a house and she undertook did youth work with local children using the cellar of the house.

Political changes in the country changed her life and she lost a lot of her freedom. She came under pressure from the authorities to stop her work with young people and they attacked the house on more than one occasion. On one occasion the local guards attacked her house and took her to a local jail and beat her. She was kept in isolation for 25 days and then released on bail. Her bail requirements meant that she could not see any of her family.

These attacks became too much and she feared for her safety. She decided to leave Iran but she really misses her life there. She wanted to be in a safe place but had no specific desire to come to the UK.

She went to Shiraz in Southern Iran and then to Lingua Port on the Persian Gulf. She paid a smuggler to take her to Dubai hidden on a merchant vessel. She stayed in Dubai for 2 weeks and bought a forged passport. She then flew to Addis Ababa and flew on to the UK with a smuggler. She paid 25 million Toman (\$2,500) to the smugglers.

She arrived in the UK 18 months ago and claimed asylum on entering the UK. This initial claim was refused but she was allowed to enter the UK for 6 months. She made a fresh claim and was granted section 4 support. After she arrived in the UK she found some friends and stayed with them for a while. But it was difficult to stay there for long.

She has received housing help through the churches. However she has also had to stay in hostels that have not been a good experience. She describes the mix of problems that people have in hostels (such as drugs, alcohol, crime and mental health) and the levels of anger and violence, which she has found quite shocking.

She would like to work and pursue education. Her first priority will be to learn English and then to follow a childcare course.

She feels that learning to deal with people in the UK is hard and the differences in culture are striking and difficult.

She is currently taking a number of courses provided by the church (computers, music, gardening etc). Most of the people on these courses are Somalian, Ethiopian, African, Iranian and Afghani. She has little contact with English people except with the course tutors.

She has had no contact with health or social care services since arriving.

Interview F

Female, aged 43, originally from Eritrea, describing herself as Muslim. The interview was conducted through an interpreter.

F is alone on the UK. She has 2 children - a daughter (24 years) and a son (15 years), but neither of them are with her. She does not know where her husband is - he may be dead. Her father is dead. Her mother still alive in Eritrea.

She was a full-time mother and a housewife in Eritrea.

National Service is compulsory for all young people aged between 18 and 21 years in Eritrea. Her daughter tried to leave mid way through however as she did not want to return. Her daughter disappeared and F was arrested. She says there was a political motive for the arrest. She felt she had to escape to any safe place.

She was ill whilst she was in jail and she transferred to the medical ward from where she escaped. After this the authorities went to her uncle and demanded 50,000 Nakfa because of F's escape. She left Eritrea for Sudan walking through the desert for 5 days with guides. Her uncles paid for the guides and they walked in the night so as not to be seen. She then flew by plane to another transit country (she did not know which) and then on to the UK.

She arrived in the UK in 2007 and claimed asylum immediately. Her application has been refused twice and she has no recourse to public funds.

At first she stayed with a friend from Eritrea but this was difficult. Since then she has stayed in a lot of different places. Currently she is staying with an English woman in a house organised by the BOAZ Trust.

She is not happy with her situation as there is so much uncertainty surrounding it and she has no rights. She is unable to think about the future. She would like to make a contribution to society but her means of doing so are severely inhibited.

She mainly mixes with Eritreans and Sudanese people.

She does have access to a GP but uses no other services.

Interview G

Male, aged 21, originally from Palestine and describing himself as an Arabic Muslim. The interview was conducted through an interpreter.

All of G's immediate family are dead. He went to school in Palestine until he was 11. After this he did three years of secondary school and three years of agricultural school. He used to work with his father in the fields.

When war broke out in Palestine all his family were killed and he felt he must leave the country. He initially escaped to Lebanon by car where he joined a passenger ship. He came to the UK via France. He did not specifically want to come to the UK and would have come to any safe country.

He arrived in the UK in 2008. He claimed asylum on arrival. This application was refused however because he had no evidence to submit to support his claim.

When he arrived in England he spoke no English at all and had no understanding of England in terms of its laws, rights and culture. He was placed in a hotel in London for two weeks and then sent to Sheffield. He stayed in Sheffield for seven months before moving to the North West. He was not happy with his experience of the asylum system and nor was he happy in Sheffield. Friends told him that a lot of Muslim people lived in the North West and he knew some people who lived here.

He has no entitlement to public funds and is not able to work. He spends his time with a small group of friends and sometimes goes to the mosque.

He hopes to stay in the UK and wants to learn the language and get a job.

Interview H

Male, aged 19, originally from Afghanistan and describing himself as a Muslim. The interview was conducted through an interpreter.

His father and brother are both dead and he does not know where his mother and younger brother are. They may also be dead. He had very little formal education in Afghanistan because the Taliban closed all the schools and colleges.

His father was a Mullah (clergyman) who had a dispute with the Taliban. The Taliban officials locally wanted him to work for them, but he refused. He was subsequently asked to go to a meeting locally with the eldest brother. Two days later the family found the bodies. They do not know who killed his father and brother.

His uncle was very concerned about the family's welfare and hid those who were still alive in his own home. His uncle employed three agents to take H through the mountains to Pakistan. The agents locked him away for a week and then took him to Pakistan. They subsequently took him to several other countries travelling by lorry, ship and on foot.

In 2008 he came into the UK from France underneath a lorry. He has a severe burn and some other injuries sustained on this journey. His case has been refused because the UKBA says that there is evidence that he had been in France and Greece prior to arriving in the UK. He did not reveal this when he arrived in the UK because the agents had threatened him with death.

Since his arrival in the UK he has pursued an interest in sport. For two years he has been doing kick boxing and has achieved a good standard. Since his case has been refused however he has had no recourse to public funds he cannot afford to pay for it anymore. He is also unable to pursue any college courses.

He says the Red Cross has helped him a great deal and so have people who have allowed him a place to stay.

Interview I

Male, aged 46, originally from Iraq, but describing himself as a Turkish. He said he was a Muslim. This interview was conducted through an interpreter.

I says he has no family. He spent 10 years in the military in Iraq, which he says for destroyed his life. He had a political problem with the ruling Baathist party and was forced to leave the country for his own safety. He left the country in 2007 and coming straight to the UK.

He says his experience of the UK is very mixed. He has found some people are very fair and reasonable but others have treated him very badly. He has been verbally abused by hostel workers and also by a GP.

He finds the culture of England very strange and he feels outside of this. He says he always feels under pressure when he is here and this is difficult because he thought he would have a good life when he came.

He has refugee status now. He wants to learn English and to work and contribute.

Bibliography

Blake, G., Diamond, J., Foot, J., Gidley, B., Mayo, M., Shukra, K and Yarnit, M (2008) *Community Engagement and Community Cohesion*, Joseph Rowntree Foundation, York

Crawley, H (2010) *Choice or no choice: understanding why asylum seekers come to the UK*, Refugee Council, London, January 2010

Doyle, L (2008) *More Token Gestures: a report into the use of vouchers for asylum seekers claiming Section 4 support*, Refugee Council, London, October 2008

Fountain, J. Patel, K. Buffin, J. (2007) *Community Engagement: The Centre for Ethnicity and Health Model*. In Domineg, D. Fountain, J. Schatz, E. Bröring, G (eds) *Overcoming Barriers: Migration, marginalisation and access to health services*. Amsterdam, Amsterdam Oecumenisch Centrum (AOMC)/Correlation network for social inclusion and health

Harris, H. (2004) *The Somali Community in the UK: What we know and how we know it*, The Information Centre about Asylum and Refugees in the UK (ICAR), London

Keefe, A., Hage, E (2009) *Vulnerable Women's Project Good Practice Guide: Assisting Refugee and Asylum Seeking Women affected by Rape of Sexual Violence*, Refugee Council, London

Kelley, N., and Stevenson, J (2006) *First do no harm: denying healthcare to people whose asylum claims have failed*, Refugee Council, London, June 2006

Patel, K. Buffin, J. Underwood, S. Khurana, J. McQuade, C. Brako, M. Keeling, P. Crawley, H. Fountain, J. (2004) *Young Refugees and Asylum Seekers in Greater London: Vulnerability to Problematic Drug Use* The Greater London Authority, London July 2004. Roy, A., Heginbotham, C., Ahmed, N., Buffin, J. and Newbigging, K. (2009) *An Evaluation of Help Direct Gateways Across Lancashire (Part 1)*. Lancashire: Lancashire County Council.

Roy (in press.) *Thinking and Doing: 'Race' and Ethnicity in Drug Research and Policy Development in England*, in *Critical Policy Studies*. Oxford: Taylor Francis.

Roy, A. and Newbigging, K. (in press) *Supporting the independence and wellbeing of adults through a universal service: diversity, difference and proportionate universalism*, in *Diversity in Health and Care*. Milton Keynes: Radcliffe.

Rudiger, A. (2007) *Prisoners of Terrorism? The impact of anti-terrorism measures on refugees and asylum seekers in Britain*. Refugee Council, London, February 2007

Yai, D., Marbini, A. D. and Balimoria, R (2005) *The forbidden workforce: Asylum seekers, the employment concession and access to the UK labour market*, Refugee Council, London, March 2005

Zetter, R., Griffiths, D. J., and Sgona, N (2004) *Refugee Community Based Organisations in the UK: A Social Capital Analysis*. ESRC Research Grant R000239583. The research report is at www.brookes.ac.uk/schools/planning/dfm/rco.htm