

Missed opportunities

A skills audit of refugee women in London from the teaching, nursing and medical professions



December 2002

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A skills audit of refugee women in London from
the teaching, nursing and medical professions

Written by Hildegard Dumper

Produced by the Mayor of London
in association with
Refugee Women's Association



December 2002

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**Greater London Authority
December 2002**

Published by

Greater London Authority
City Hall
The Queen's Walk
London SE1 2AA

www.london.gov.uk

enquiries **020 7983 4000**

minicom **020 7983 4458**

ISBN 1 85261 429 3

Cover photograph

Annie Bungeroth/Anthony Lam



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foreword

London needs more doctors, nurses and teachers. The staffing crisis facing the UK's public sector is even more acute in London, where the high cost of housing makes it difficult to attract public sector workers to jobs in many of the inner city areas.

Yet there is a pool of talent in London that remains untapped. Among the refugees and asylum seekers in the capital, there are qualified and experienced doctors, teachers, nurses, pharmacists, social workers and vets.

Those who are politically persecuted often come from the most educated, skilled and articulate parts of society. Most were employed in their country of origin and did not take the decision to abandon their profession and leave the country lightly. They do not come to the UK with the intention of living off state handouts. The majority are desperate to work, and would ideally want to continue in their chosen career.

This audit of the skills of London's refugee and asylum-seeking women by the Refugee Women's Association (RWA) reveals there are many qualified and experienced professionals in London. Around 80 per cent were employed in their country of origin and most would like to work in the UK.

However, only a small percentage have been able to find employment here. Of those that have jobs, most are either working in low paid, unskilled jobs or in jobs that do not make use of their existing skills and qualifications.

Women refugees and asylum seekers face particular problems. Overwhelmingly, it is their husbands that are recorded as the principal refugee or asylum seeker and as dependents, they are barred from work until refugee status or exceptional leave to remain has been granted.

The uncertainty about their future makes it difficult for them to undertake the lengthy process of converting their qualifications to those recognised in the UK. They may also have responsibility for looking after children or other family members.

Those that have sought work have found a system that is poorly prepared for them. Many employment officers do not know how to help them get back into their chosen profession, and there is little support for their childcare needs or the costs of retraining.

It costs the public purse £200,000 to train a doctor from scratch and it takes six years for them to be fully qualified. An overseas doctor can



Photo © Liane Harris

qualify to work in the UK by taking the British Medical Association exams, at a fraction of the cost and time, as the process can be completed in under a year.

The number of medical and teaching professionals identified by this report is not nearly enough to end the crisis in London's public sector. But each individual has the potential to make a difference – to the school or hospital that employs them, to themselves and their families, and to society at large, by proving that refugees are an asset and not a problem.

A handwritten signature in black ink that reads "Ken Livingstone". The signature is written in a cursive, slightly slanted style.

Ken Livingstone
Mayor of London

acknowledgements

This research was devised by staff at the Refugee Women's Association (RWA) who were also involved in its implementation. It would not have taken place without the vision of Simin Azimi and her colleagues. Particular thanks must go to Jasmina and Anne for all their hard work, Ayse for her contribution and the interviewers, who gave all they could to make the research work. Data from the interviews was recorded and analysed by Alex Hall of Transparency Research. Many others have contributed their ideas and experiences. They are listed in Appendix 3. Interviews were conducted with refugee women on the basis that they would be confidential.

Our thanks must go to them for agreeing to take part and giving up their time to be interviewed. In addition, we would like to thank Ken Livingstone, Mayor of London and the Greater London Authority (GLA) for demonstrating their commitment to asylum seekers and refugees by commissioning and funding this research. In particular, we would like to acknowledge the support of Anni Marjoram, Mayor's Policy Adviser on Women's Issues and Jagdeep Mann, London Stakeholders team.

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glossary of main definitions used

Asylum seeker

A person who has made an application for refugee status.

Exceptional Leave to Remain (ELR)

Permission granted to remain in the UK on humanitarian grounds.

Indefinite Leave to Remain (ILR)

Also known as permanent residency, the person has no time limits placed on their stay in the UK.

Leave to Remain

The permission given to someone to extend an existing permission to stay in the UK.

Refugee

Someone whose application for asylum has been recognised by the Home Office as fulfilling the terms of the 1951 UN Convention relating to the status of refugees.

executive summary

In March 2002, the Mayor of London and the Greater London Authority funded a Refugee Women's Association project to conduct a survey of refugee women with regard to their skills and qualifications in the teaching, nursing and medical professions. This was the largest survey of refugee women conducted in London and it identified for the first time the skills and qualifications of 231 refugee women. The survey uncovered 53 teachers, 51 nurses and 75 doctors and other medical professionals. The remainder were actively seeking appropriate routes into these professions.

Refugee women are hidden members of London's society and the UK as a whole. There is insufficient information and the data is not easy to analyse for their presence. In addition, there is insufficient monitoring of refugee women's participation in the labour market.

The regulations that determine their refugee status can have a detrimental effect on their ability to contribute to the labour market and make full use of the skills they bring with them. For example, they are not to work until their claim is determined. If they are dependent on their husband for their asylum claim, they are not allowed to work, even if he is. Many of the refugee women interviewed live with the uncertainty of not knowing how long they will be able to remain in this country and consequently it is difficult for them to plan ahead.

Refugee women experience the problems all women face in participating in the labour market. However, in addition, they have lost all the support systems that they traditionally received from family and friends. This has a particular impact on their ability to arrange childcare. Also, they feel the loss of the emotional support and encouragement that can help overcome the obstacles they face.

Refugee women do not have access to the same community and professional networks that male refugees have through their greater numbers and the accepted public role that men hold within their communities.

The system can be inflexible at times and makes little allowances for the fact that many refugee women have left war torn areas. Creative solutions may need to be found to enable them to more easily meet the formal requirements.

The lack of information on refugee women and their invisibility has resulted in the system failing to cater for their needs. As a result, there is a heavy reliance on individual champions to assist refugee women to

access the system.

For both refugee women and those offering advice services, the information from which refugee women can make informed choices about their future is hard to come by and not widely disseminated. There are too few sources of specialist advice and support which refugee women can turn to and which provide the intense support needed to return to their former careers.

part 1 overview

'When I first arrived, I went to the Job Centre, who told me that they did not care I was a nurse. They wanted me to find any job and did not provide any advice for me. They were very unpleasant.'
(Amina, nurse from Somalia)

1.1 Introduction

This research project was initiated by the Mayor of London. It arose out of a concern at the continuing attempts to meet the staffing shortages faced by London's schools and hospitals through the recruitment of personnel from abroad and an awareness that this would deprive some countries of the skills and expertise they needed for themselves. The numbers required are considerable. The Department of Education and Skills, for example, is currently seeking to recruit 10,000 teachers over the next few years. In the twelve months to March this year, 13,721 nurses registered with the Nursing and Midwifery Council (previously called the UKCC - United Kingdom Central Council for Nursing Midwifery and Health Visiting). The top three countries for registration were the Philippines, South Africa and Australia. Through the services they offer, the Refugee Women's Association (RWA) and other agencies are aware of the number of refugee women who have considerable experience of teaching and medicine acquired in their country of origin, but are struggling to enter these professions in the UK. The numbers of refugee women available to respond to the shortages are not enough to meet demand. However they could go some way to alleviating the shortfall in personnel and bring their cultural knowledge, linguistic skills and experiences to assist in the development of a more culturally sensitive service sector. Some of the resources currently being spent on packages to entice professionals in other countries to work in the UK could be spent on assisting refugees in this country to re-qualify. This research was devised to document the presence of refugee women who could make a significant contribution to the current shortages in teachers, doctors and nurses in London.

At the same time, there are very few pieces of research in which refugee women are given the opportunity to describe their own experiences and offer their own ideas and suggestions for change. This research makes a valuable contribution to filling this gap and adding to our knowledge of refugee women's experiences.

The new Nationality, Immigration and Asylum Act has been the fourth piece of legislation to be passed on refugees and asylum seekers since 1996. One of the effects of asylum policy over the last few years has been the gradual emergence in public perception of 'good' or 'bad' refugees. An asylum seeker is often perceived as a 'bad' refugee and those who have acquired refugee status are regarded as 'good' or

deserving. This categorisation of refugees can be regarded as a by-product of the increasing segregation of asylum seekers from the rest of society with regards to the provision of welfare support, in the use of detention centres and hostels and through proposals to introduce accommodation centres. Unless otherwise stated, the term refugee women is used throughout this report to describe women who have acquired refugee status as well as those who are still seeking asylum.

1.2 Aims and objectives

The aims of the research were identified as:

- to identify the skills and qualifications of refugee women in Greater London
- to promote the employment of refugee women
- to use the survey as a medium to influence employers and policy makers and highlight the potential contribution of refugee women professionals can make to the London's economy.

The focus of the research was limited to the professional issues relating to teachers, nurses and doctors as these professions have received the highest attention in terms of a crisis of staffing. Within this remit some very specific key objectives were identified. These were:

- to obtain evidence of significant numbers of refugee women teachers, nurses and doctors, able to respond to the shortages in these professions in London, and document their experiences
- to identify the barriers they face in finding employment within these professions
- to evaluate the current routes to employment in these professions in terms on how they impact upon refugee women
- to identify the work undertaken in this field and make recommendations for what still needs to be done
- to produce a document that can be used by the Mayor of London, the GLA and other organisations (private, statutory, voluntary and refugee communities) to raise the profile of refugee women as an untapped resource and promote positive action initiatives in the employment of refugee women.

1.3 How the research was carried out

How the research method was devised

RWA, in conjunction with the Mayor's Office, devised the research. It was to include refugee women of all nationalities throughout London. The method chosen for the research involved refugee women at all stages of the process. The principle behind this was that the process should be an

empowering one for all the refugee women involved. The process of empowerment was interpreted as acquiring a sense of ownership of the project by refugee women, the chance to reflect on their own experiences, coming to some understanding of their place in UK society and enabling them to make their conclusions heard.

It was also felt that this was the most pragmatic and effective method for interviewing refugee women. There are some key issues which need to be addressed when researching refugee women - issues of trust, understanding the social, cultural and political environment of refugee women, as well as language and access. Employing refugee women to conduct interviews ensures that some of the barriers arising out of a general mistrust of strangers and people perceived to be in authority were likely to be overcome. Refugee women were more likely to be open with other refugee women, particularly those from their own nationality, as they would feel that they would understand and be sympathetic to their experiences. In addition, the size of the proposed survey was such that employing interpreters to interpret for non-refugee women interviewers would significantly increase costs and the costs would have been prohibitive. Using refugee women to interview others speaking the same language overcame a major obstacle to conducting this kind of survey. It was also felt to be an effective way of reaching refugee women as the interviewers were encouraged to identify women from amongst their personal contacts, through friends and word of mouth, thus reaching women that may not be reached through the usual channels.

An independent researcher was contracted to draw up the questionnaire, train up a group of refugee women interviewers, oversee the collection of data and write a final report. The researcher was responsible for contacting those working in the appropriate professional fields to obtain their perspectives. The RWA recruited the interviewers from amongst their client group. Interviewers were chosen for their skills, their availability and the languages they spoke. Another consideration was the benefit they would receive from their involvement in terms of developing their own employment experience and confidence building.

A questionnaire was drawn up in liaison with the RWA. Two days training was provided for the interviewers. The interviewer training days were an opportunity to test out the questions and further fine-tune the questionnaire. Each interviewer aimed to interview about 20 women identified by them or by the RWA. A further two meetings were held with the researchers during the course of the research to review and evaluate progress.

Outcome

The outcome is one of the largest surveys of refugee women to have taken place in the UK. A mixture of quantitative data and qualitative data was obtained. Data was obtained through:

- 231 in-depth questionnaires, covering the whole of London, completed through face-to-face interviews
- detailing the professional skills of 300 refugee women
- interviews with representatives of professional bodies and those working in the field (see Appendix 3)
- secondary sources (see Appendix 4).

Lessons learnt from the methodology

Action research methods, such as those used here, emphasise the process of research. In this case, the methodology was successful from a number of perspectives. The contribution from the team of refugee women interviewers was considerable. They fed their own experiences into the research, tested out and helped to shape the questionnaire and showed great initiative in identifying women to interview. Their teamwork was commendable, working together and referring women to interview to each other. They also played a significant role in reaching out to women that were quite isolated, passing on information on sources of help and advice.

The difficulty in identifying women to interview proved greater than expected and so it was not possible to control the composition of the group of women interviewed. In addition, the absence of information on the refugee population generally, and in particular refugee women, means that there is no sample against which to measure how representative this group is. The criteria for inclusion were narrow, being limited to teaching, nursing and medical professionals. This meant that the interviewers had to go beyond their own immediate contacts to other sources such as refugee community organisations (RCOs) and advice services.

The commitment towards the research was high. The interviewers spent several hours sitting in on advice sessions to interview appropriate women or travelling around London to interview individual women in their homes. Another factor was the difficulty in carrying out this kind of research mostly over the summer months. Many of the women interviewers as well as those who were being interviewed had childcare commitments, which made it difficult to find the time and privacy to conduct the interviews. Many professionals and other individuals were away.

At the end of the project, it was noticeable how much the interviewers had benefited from their participation. Their self-esteem and confidence

had increased considerably. Many were shocked at the situations in which they found the women they were interviewing and developed a deeper understanding about the issues facing other refugee women.

part 2 context

2.1 The right to work

Refugees with full refugee status under the 1951 Geneva Convention have the same employment rights as all UK citizens. Individuals with Exceptional Leave to Remain (ELR) are also allowed to work. Until recently, asylum seekers had the right to work after six months from the date of their application. From July 2002, this right has been withdrawn. Those who made their applications before July 2002 will continue to have the right to work. However, this is only true for the main applicant. Spouses of the main applicant are not given permission to work.

In the case of asylum seekers who are doctors, it has been known for the Home Office to exercise discretion and allow them to work.

2.2 The main bodies regulating the teaching and medical professions

a) Teaching

The main national bodies responsible for the setting of standards and regulating the teaching profession are the Department of Education and Skills (DfES), the Teachers Training Agency (TTA) and OFSTED. The TTA is responsible for getting more people into the teaching profession while OFSTED is responsible for the quality of teachers training. The DfES has the function of taking forward central government policy on education. At a local level, the local education authority (LEA) is responsible for policies relating directly to the provision of education locally, such as the management of schools.

b) Doctors and nurses

Overall responsibility for the health and well-being of people in England, lies with Department of Health (DH). The National Health Service (NHS) is responsible for the implementation of government health policy. The NHS is the largest employer of medical staff in the UK with policies that determine how it recruits staff. The NHS is divided into a number of different trusts, with responsibility for taking forward different health services. Strategic Health Authorities are responsible for developing strategies for local health services and ensuring high-quality performance.

For doctors, the key bodies identified as taking forward issues of employment are the British Medical Association (BMA) and the General Medical Council (GMC). The GMC is responsible for issues of professional standards and the BMA is the equivalent of a trade union and works to represent the interests of its members.

In nursing, there is a similarity in that the Nursing and Midwifery Council (NMC) ensures professional quality. The Royal College of Nursing (RCN) represents the interests of nurses, and provides them with professional

support.

Workplace Development Confederations (formerly known as Education consortia) have a role in co-ordinating healthcare training provision within each local area.

2.3 Routes for refugees into the teaching and medical professions

This section identifies the main routes available for refugee women intending to enter the teaching and medical professions. It also explains the current position regarding recruitment from overseas and the EU.

Qualified teacher status

The routes available for refugee women wanting to obtain a teaching qualification in the UK are described below:

Obtaining a Bachelor of Education (BEd) Degree. This lasts three or four years and includes free teaching placements in schools. Students have to pay their own fees and support themselves.

Obtaining a BEd Degree plus a Post Graduate Certificate in Education (PGCE). A grant of £6,000 is available for a PGCE. An extra one off payment is given for those specialising in a subject in which teachers are in short supply, eg maths and sciences.

Holding an overseas degree and obtaining a two-year PGCE in a shortage subject such as maths and science. This includes intensive teaching experience in schools.

Taking part in the Overseas Trained Teachers Programme (OTP). This is an on-the-job teaching programme for those with qualifications and teaching experience from overseas. Schools get paid to take part in the programme.

Those with an overseas teaching qualification may be successful in securing a teaching post. After four years, they may apply to the local education authority (LEA) for overseas, qualified teacher status. This is the route mainly taken by Australians, New Zealanders and other nationalities where language is not an issue or the educational system is compatible with the UK system.

Medicine

Doctors For a detailed breakdown of the career pathways in medicine, the Guide for Refugee Doctors produced by the Jewish Council for Race Equality (2002) is useful and highly recommended. The training requirements are given in detail. In addition, career opportunities are listed, such as psychiatry, radiology and public health. For a refugee doctor who has a non-UK qualification, there are two exams they must pass to gain registration from the General Medical Council (GMC). These are the International English Language Testing System (IELTS), administered by the British Council, and the Professional and Linguistic Assessments Board's (PLAB) test, administered by the GMC. The fees for these exams range from £145 to £430. In order to get a job, doctors need to have undertaken a clinical attachment, which is a period of time attached to a supervising consultant in a clinical department. These can cost around £1,200.

The DH has recommended that refugees should be offered free clinical attachments. Some local health authorities have responded to this by offering free clinical attachments. Recently, the BMA have waived the fees for PLAB Part 1 exams for those with ELR or refugee status.

Nurses To be registered in the UK, all overseas, qualified nurses must register with the Nursing and Midwifery Council (NMC). Applications for registration must comply with a number of education and training requirements and post-education experience. An application fee of £117 is normally required but is waived on presentation of proof of refugee and asylum seeker status, and evidence of income support. Once an application is accepted for registration, a £93 registration fee, lasting three years is payable. Nurses also have to take the IELTS exam.

Recruitment from overseas

The DH has guidelines on the international recruitment of nurses and midwives. It advises against recruitment from the Republic of South Africa or any Caribbean country unless it is part of a government approved programme. Two DH bilateral agreements, with Spain and the Philippines, are currently in place for the recruitment of nurses from abroad. A further agreement with China is under discussion. However, the staff shortages in Britain's schools and hospitals have prompted many commercial agencies to make their own arrangements in recruiting from abroad. There are obvious moral and ethical arguments against large scale recruitment of staff from developing countries with their own shortages of public sector professionals. More research is needed on the role of supply agencies in recruiting staff from abroad. In addition, further research is needed on the impact this is having on refugee professionals. Evidence so far suggests

that refugee professionals can be marginalised from the various acclimatisation schemes that are in place for staff recruited overseas.

The pressures on UK nursing services are also brought into focus by the increasing presence of US recruitment agents recruiting UK nurses to work in the US, as observed at a recent recruitment fair in London.

European Union agreements

Those trained in the EU, whose qualifications are recognised under the mutual recognition for EU citizens, are not required to re-qualify or undergo language assessment. The employer has a responsibility for ensuring the ability to communicate in English and the individual is responsible for ensuring their language skills enable them to fulfil their professional role.

2.4 The role of refugee agencies

Recognition should be given to the work of a number of specialist refugee agencies that have worked hard to draw attention to the untapped resource amongst refugee professionals living in the UK. PRAXIS, the Refugee Council, Refugees into Jobs, the Refugee Assessment and Guidance Unit (RAGU), Refugee Employment and Training Advisory Service (RETAS) and RWA, have all been active on this issue for many years. The DH recommendations and efforts by the BMA to make re-qualification easier for refugee doctors can in part be attributed to the perseverance of these organisations. Internal reviews of the projects run by specialist organisations and targeting specific refugee professionals indicate some evidence that the process of re-qualification and getting a job can be accelerated.

All of them provide one to one careers advice and assistance to refugees. It is not appropriate to go into detail on the work all these organisations do on this issue. However some examples of the work being undertaken may be useful. For example, PRAXIS has carried out two research projects into the position of refugee nurses and doctors, building on the work they have been doing in East London (see Appendix 4). RETAS runs the 'Project for Refugee Health Professionals' for those wanting to re-qualify and work in the UK. RAGU, based at the School of Education, London Metropolitan University (formerly University of North London), has recently set up an acclimatisation course for refugees wanting to enter the teaching profession which offers childcare costs.

2.5 Existing information

Appendix 4 identifies the main secondary sources drawn upon in this research.

In general, data on what happens to refugees once they arrive in the UK is lacking. Information specific to refugee women is even more difficult to come by. Very few bodies actually monitor the presence of refugee women. This invisibility of refugee women begins at the point at which statistics kept by the Home Office only document the gender of the main applicant. Disaggregated data on dependants of asylum applicants are not kept. In most cases, as these dependants are the wives, the true numbers of women refugees in the UK is uncertain.

In order to put the findings of this survey into context, it is necessary to draw upon a number of different sources of data. Comparisons can be made between the different data on unemployment. For example, unemployment amongst the general population in Britain is estimated to be five per cent for women and seven per cent for men¹. The unemployment rates for ethnic minority women can vary from 23 per cent and 22 per cent for Pakistani/Bangladeshi women and men respectively and 9 per cent for Indian women and men.

To date, the most comprehensive national survey of refugee patterns of settlement was undertaken by the Home Office in 1995 and continues to provide a benchmark against which other studies are measured. This identified levels of unemployment amongst refugee women at 48 per cent and amongst refugee men at 59 per cent.

A recent study by the Refugee Council (Shifraw and Hagos 2002) suggests that between 75–80 per cent of refugees are unemployed or underemployed. The authors of this report describe qualified professionals with managerial and administrative backgrounds as being the most disadvantaged group in terms of routes to employment – ‘They follow longer routes of postgraduate education, volunteering and so on, yet most are unable to find suitable employment.’ This is true for both refugee men and women.

Research looking at the employment needs specific to refugee women has been limited to only a few, small scale studies. Refuge Action’s report on refugee women in Brighton (Ahmed 1996) is of particular interest and estimates that 60 per cent of the refugee women included in the survey were unemployed. It describes the difficulties refugee women have in finding employment at a level commensurate with their professional status on leaving their home country. The report describes problems of

1 Equal Opportunities Commission

language, and discrimination from employers as some of the factors facing refugee women.

In 1999, women comprised 34 per cent of hospital medical staff. Seventy-nine per cent of consultants were men while 90 per cent of nursing staff were women. In the teaching professions, 64 per cent were women. This information raises a number of issues. It is clear that refugee women doctors face the barriers all women face in accessing the medical profession. More analysis is needed on the barriers facing refugee women trying to enter the nursing and teaching professions as clearly these professions can be perceived as women friendly working environments and should therefore be easier for refugee women to access.

One can conclude that while there is little information detailing the experiences specific to refugee women, existing information suggests that all refugees face certain barriers in accessing employment. These have been identified as barriers arising from communication and language differences, the culture of work and the need for employers to be more proactive in establishing refugee friendly working environments. At the same time, as women, they face the inequalities faced by all women, arising from their role as carers and some would argue, the continuing resistance to taking women's contribution to the labour market seriously. However, there is very little documented evidence of refugee women's experiences of accessing these professions and very few opportunities for them to describe their experiences in their own words and suggest some solutions. This research hopes to make a contribution and increase awareness.

part 3 report on data

'I don't have money, I don't know where to get information, I would like to go back to work.'

(Catherine, nurse from Cameroon)

3.1 Profile of the women who took part in the survey

A questionnaire was drawn up in order to carry out a survey of refugee women in London from the teaching and medical professions. The women targeted either had a background in these professions or were intending to enter these professions ie they had to leave their country of origin before they were able to complete their professional studies. This section aims to describe the results of the questionnaire, highlight the common themes and difficulties experienced by refugee women trying to enter their profession in the UK.

General demographic and personal description of the respondents

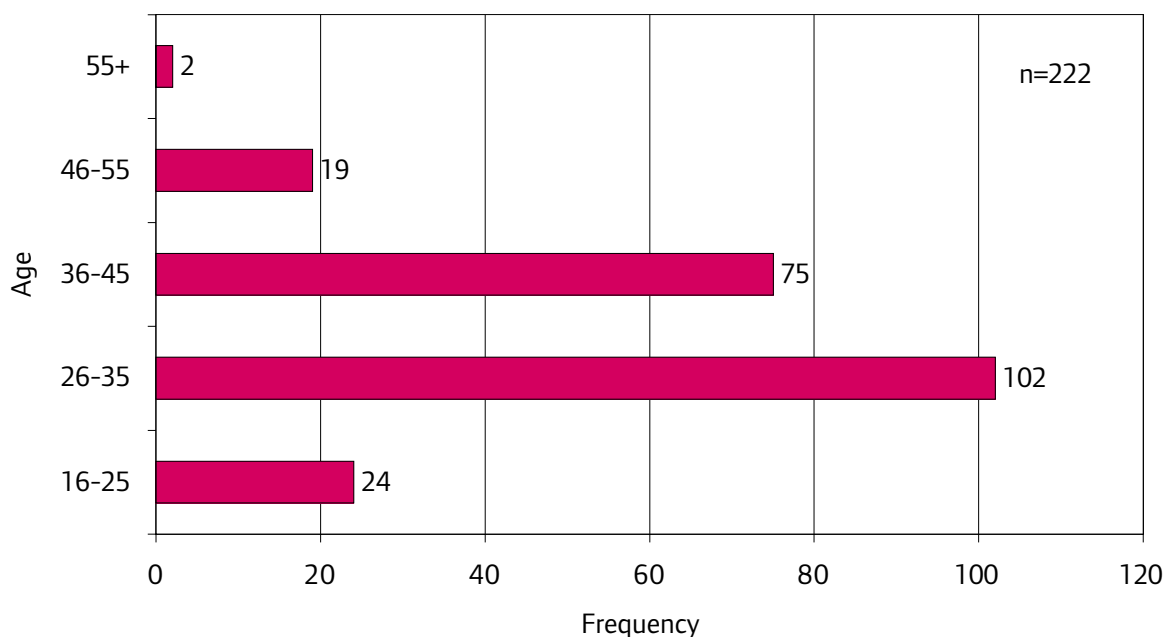
'You have to start from scratch by learning English and it takes time so at the end you are too old to build up a professional career.'

(Zarghoona, doctor from Afghanistan)

Age Most (90 per cent) of the respondents were under 45 years old.

Less than ten per cent were older. All of them could reasonably expect to be economically active for a significant number of years to come.

Figure 1 Age distribution of respondents



Marital status Half (50 per cent) described themselves as married. It is not clear how many of these women are actually living with their husbands. Of the remainder, nearly two-fifths (38 per cent) described themselves as single and the rest as divorced, separated or widowed. Therefore, at least 50 per cent, if not more, are effectively single.

Nationality Forty nationalities were represented in the survey. Somalis were the largest nationality represented (12 per cent), followed by Iranians (eight per cent), Iraqis (eight per cent) and Turkish (seven per cent). Colombians, Congolese and Ugandans were the next significant groups at four per cent each. Women from Albania, Kosovo and Serbia each represented three per cent. The remaining nationalities each represented less than three per cent of those interviewed. The range of nationalities closely reflected the nationalities of the interviewers, leaving some groups under represented. However, the size of the survey ensured that the final selection is a fair reflection of the general experiences of refugee women in the UK. Accessing women from some communities was more difficult than others. Tamil women, for example, are noticeably under-represented. The reasons for this are explored in the next section on Refugee Community Organisations (RCOs) and relate to the lack of resources available for RCOs to meet the needs of professional women in their communities.

Religion Christians and Muslims were fairly evenly represented at 43 per cent and 41 per cent respectively. Other significant groups were Orthodox Christians (eight per cent) and Alevi Muslims (one per cent). The remaining seven per cent described themselves as either having no religion, atheist or humanist.

Languages The most common mother tongue languages were Arabic and Spanish at 11 per cent each. Others were Somalian at ten per cent, Kurdish (nine per cent), Turkish (seven per cent), Farsi (seven per cent), Albanian (six per cent), Serbo-Croat (five per cent), Luganda (five per cent) and French (five per cent). A further 20 or more languages were mentioned. The most common second languages were Arabic and Russian.

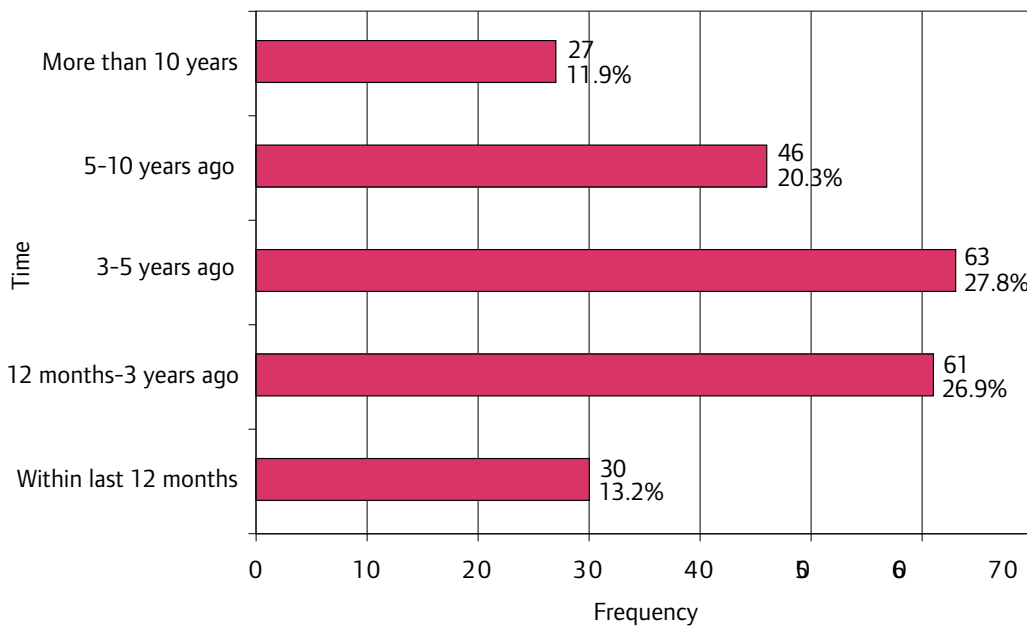
With regards to their English language skills, 33 per cent felt that they had excellent written and spoken ability, 47 per cent felt they had good English language skills and 20 per cent described themselves as having basic spoken skills.

Immigration status

*‘(The) inability to work in my own profession (leaves me) feeling worthless, my lack of social status makes me depressed.’
(Burmese doctor, 55+, been in this country more than 10 years)*

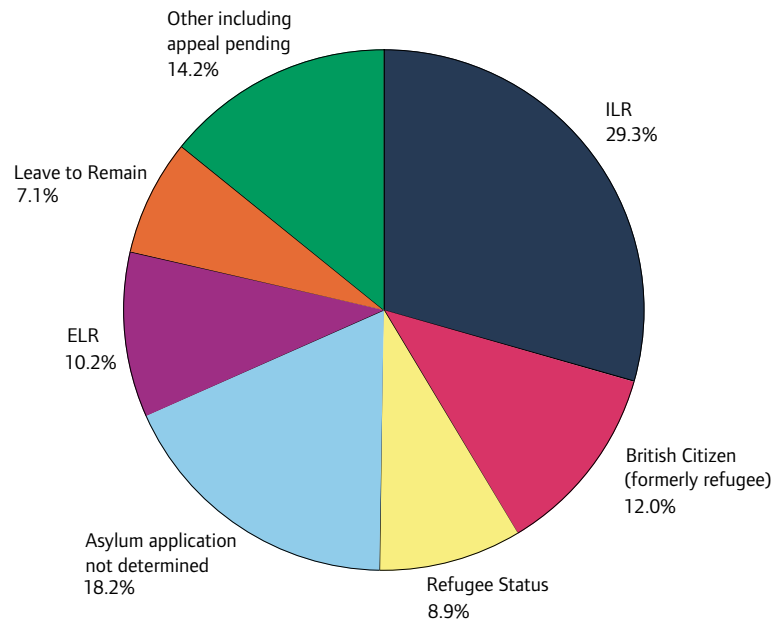
Nearly two-thirds (60 per cent) had been in the UK for over three years, with over one-tenth (13 per cent) having arrived within the last twelve months. The table below indicates that about a third (32 per cent) have been in this country for over five years. It is disturbing that refugee women have been living in the UK for such long periods without being able to practice, update their skills and be made aware of new developments in their professions.

Figure 2 When did you first arrive in UK?



*‘The Home Office took my passport and didn’t give me any ID instead. Now I experience difficulties every time I’m asked to show my documents. I can’t get the results of my IELTS test and I’m not allowed to take my PLAB test without ID.’
(Mariam, doctor from Rwanda)*

Figure 3 overleaf shows that half (51 per cent) have Indefinite Leave to Remain (ILR), British citizenship or refugee status and have security of residence with full employment rights. Just under one-fifth (17 per cent) have ELR or Leave to Remain which conveys an uncertainty with regards to their future. Of the remainder, just under one-fifth (18 per cent) were still waiting to hear about their application.

Figure 3 Immigration status

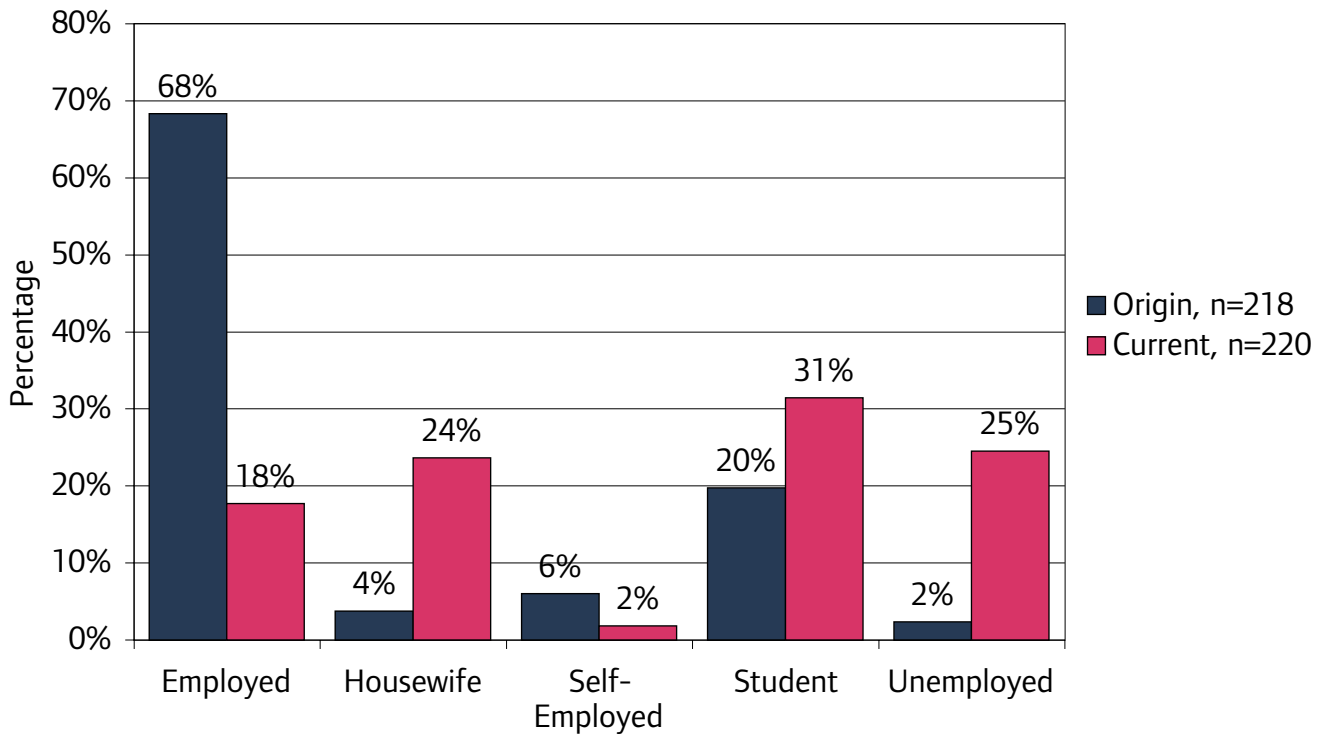
From the figures available through the Home Office, it is possible to estimate that about two-thirds (61 per cent) of women coming into the UK as asylum seekers make a claim based on their own experiences. Two-thirds (66 per cent) of those interviewed in this research had their status based on their own claim as opposed to being a dependant. This is a significant statistic in that it shows this group of professional women to be less affected by rules governing dependants of refugees.

Education and employment

Over two-thirds (68 per cent) described themselves as employed in their country of origin while now less than a fifth (18 per cent) describe themselves as employed here in the UK. Nearly two-thirds (63 per cent) are dissatisfied with what they are doing now, with 90 per cent saying they would like to practise their chosen profession. The reasons given for not practising centred on the need to improve their English, to re-qualify and childcare responsibilities.

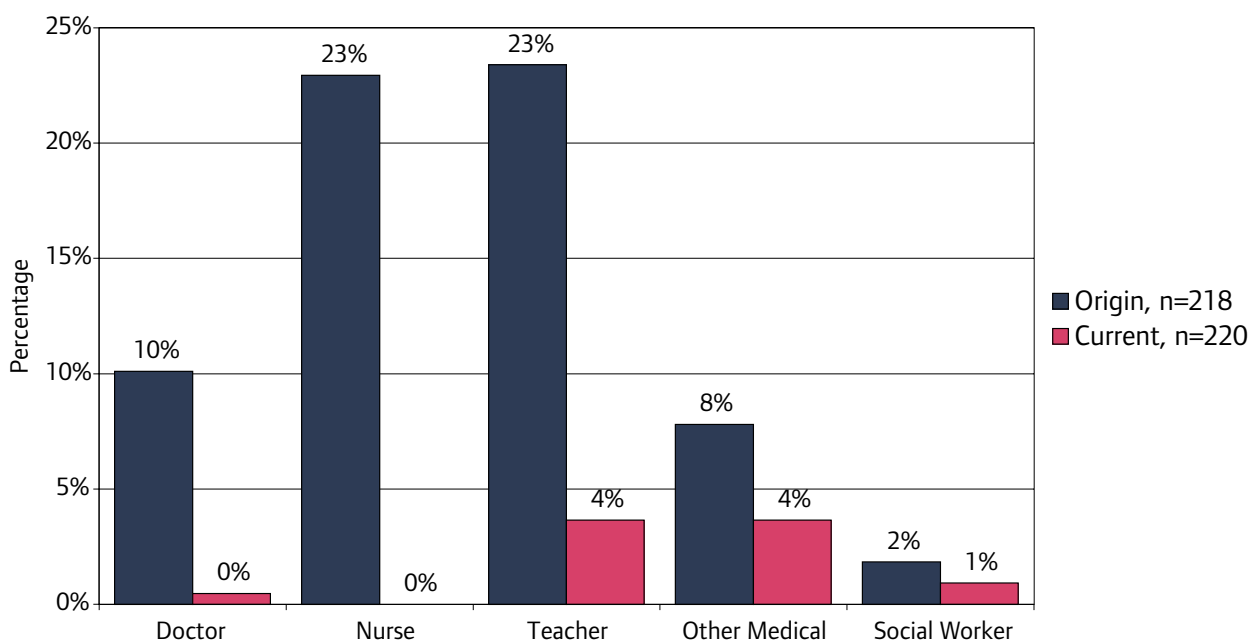
Only four per cent described their main occupation in their country of origin as being a housewife or carer. This contrasts with the recent study of a more randomly selected sample of women newly arrived in the UK (Dumper, 2002), in which 60 per cent described their main occupation as being a housewife or carer. One can deduce therefore that this group of women are highly motivated to continue in their chosen professions.

Figure 4 Employment status in country of origin and currently



The target group was those in the teaching, nursing and medical professions. In this analysis, a third of respondents (33 per cent) identified themselves as teachers, another third (32 per cent) as nurses and a quarter (25 per cent) as doctors or other medical professionals. The remaining tenth (10 per cent) were students or currently working in other fields but hoping to train as nurses or teachers.

Figure 5 Profession in country of origin and currently



Over two-thirds of the respondents (68 per cent) had been educated to University level and this would confirm the level of education required by teachers and doctors. A third (30 per cent) had been educated to secondary level. Two-thirds (67 per cent) said they could speak English before they came to the UK, and nearly three-quarters (73 per cent) had studied English since arriving in the UK. Nearly three-quarters (71 per cent) said that they wanted to continue to attend ESOL classes to improve their English.

'The main problem I have been facing since I came to this country is that I can't pay childcare expenses and no one tries to help me.'
(Esther, nurse from Uganda)

Half of the respondents (50 per cent) had attended training courses such as IT and other short vocational courses. Of these, two-thirds (66 per cent) felt that it had helped them.

To assess the opportunities for career progression once in employment, those that were employed were asked a set of questions on training opportunities within their current employment. A third (33 per cent) said that there were none, whilst the remaining two-thirds (67 per cent) felt there were some or that the opportunities were good.

Of those that described themselves as unemployed, nearly nine-tenths (85 per cent) had never been employed in the UK. Over half (58 per cent) described themselves as being the main source of income for their household.

Access to advice

'At the beginning I couldn't find information on what to do, how to start studying, financial problems to study and childcare.'
(Maria, teacher from Albania)

Friends and family were the main source of advice on arrival in the UK (63 per cent), followed by Refugee Community Organisations (RCOs) (16 per cent), the Refugee Council's One Stop Service (16 per cent) and the Citizen's Advice Bureau (CAB) (13 per cent). It is interesting to note that when asked who they turned to for advice now, friends and family were relied on less (34 per cent) with 22 per cent turning to the CAB and 18 per cent turning to refugee organisations. The use of solicitors was also increasingly mentioned as another source of advice. This confirms that for refugee women, word of mouth is often the most effective method of disseminating information.

A fifth (21 per cent) mentioned that getting advice was a problem and often required travelling great distances across London.

Integration issues

The questionnaire also aimed to find out what the women themselves felt about their lives in the UK, how they saw their future evolving and what their expectations were. To achieve this, they were asked a series of open-ended questions on integration. It was an opportunity for them to articulate and describe their relationship with UK society and their vision for the future. An overwhelming 95 per cent said they would like to be integrated into UK society. The definitions of integration given can be summarised under some key themes:

- there was a strong recognition of the need to adjust to a new society: ‘the capacity to adapt in a different environment’
- it should be a mutual process: ‘Integration is adjusting to a life without losing what you like from your lifestyle’
- the process should be fair: ‘all people from different countries... feel equal as British citizens and safe’
- an acknowledgement of active citizenship: ‘to come out of isolation and... participate and contribute to society in studying, working and socialising with people’
- ‘being able to speak English without losing your own language’.

When asked what would contribute to the feeling of being integrated, the key themes were having a job, having a good command of English, having secure immigration status, mixing with English people and having friends. The social dimension of integration was a recurring theme. This is a particular issue for refugee women who have previously received support from within the home and family in the main and which would now no longer be available to them. It can be argued that male refugees, partly through their arrival in greater numbers and through their more public presence within their communities, would more easily be able to access support systems from networks within the community. A selection of quotes is given below:

‘Everything, the culture, the people. The city, I don’t know the city. I don’t know how to socialise’

‘Find English friends. To be in English communities’

‘Being recognised as a human being other than as an asylum seeker’

‘Getting a job and learning the language, finding friends and having a

good social life'

'Speak fluently, probably working because you can make lasting friends and be helpful to society, which everyone needs to be'

'Requalify in my profession'

3.2 Issues arising from interviews with refugee women and associated services

This section summarises some of the key issues raised through interviews and conversations held with a number of individuals working in this field (see Appendix 3). The views of the women who took part in the survey as well as in-depth interviews held with a further 300 refugee women were also included.

Confusing and conflicting information

'Nobody gives you the right advice. Everywhere you go you get told something different'

(Daniella, teacher from Croatia)

The implementation of both national and local policy varies from borough to borough and causes great confusion for women trying to understand and access the system. For example, ESOL services can be different and the availability of clinical attachments and school placements vary depending on local resources. ESOL teachers were cited as having a key role in providing information. One woman found the General Medical Council website useful. For another, the breakthrough came during a RWA course when a member of staff showed her the Jewish Council for Racial Equality Guide for Refugee Doctors. This is a document that clearly needs to be more widely circulated.

'The problem is in knowing where to get this type of information.'
(Refugee advisor)

Even the experts, those working close to the sources of information complain about the difficulty in getting hold of information. For example, one tutor interviewing prospective university students found out purely by accident that her University had produced a booklet providing the information needed to interpret the educational background of overseas candidates.

Feeling discriminated against

'This country is not prepared to implement what is on paper regarding equal opportunities policies and that is the main factor.'
(Elsa, nurse from Angola)

The need to monitor and review the implementation of equal opportunities policies at all levels and in all areas of work was a strong message. Many women felt that they were being discriminated against by the system by being made to go through a process of re-qualification which did not make any concessions to their position as a refugee and having to start from scratch.

'Being discriminated against as an asylum seeker in terms of educational loans or career grants.'
(Fatima, doctor from Iran)

There was a strong feeling that they faced prejudice by individuals within the system because they were refugees.

'The major difficulty that I face is to be integrated into the health system. More awareness is needed from English doctors about our problems and how they can help. Health professionals can contribute greatly in breaking this circle.'
(Elena, doctor from Bosnia)

Implementation of policy relies too heavily on the commitment of individuals within the system to make things happen. For example, one borough did not have enough hospital placements to meet the demand. Only the imagination and concern of a particular Equalities Advisor led to the development of an agreement with a neighbouring borough, in which refugees would be paid their travel expenses to travel to that borough for their placement. It is important that access to the system does not rely on the presence of individual champions.

In addition, the position of women from the EU who do not have to go through as many hurdles as refugee women has the potential to cause resentment.

The lack of support available for refugee women going through the different phases of re-qualification

There is too much onus on individual refugee women to have to sort out their clinical attachments with no clearly indicated pathway to do this. It is difficult to know what the appropriate channels are to get a clinical

attachment are and achieving this requires real determination. As has already been referred to, the culture within the medical establishment is overwhelmingly male with men making up 79 per cent² of consultants. This can be intimidating for any woman. For refugee women who are communicating in a second language, they will feel at a particular disadvantage. In addition, there are numerous practical barriers that can be prohibitive.

'Sometimes you cannot even get past the secretary to talk to the consultant. One secretary was very nice and fixed an appointment for me with the consultant. Once I had the chance to be interviewed, it was all right. He offered me a job.'
(Faridah, GP from Iraq)

'It is better to study in a group, but we get no help to do this. In one hospital we asked to meet in one of the empty classrooms, but were refused, so we have to meet in the canteen.'
(Aliya, GP from Sudan)

There are indications, following the DH recommendations, that this is getting easier. Some local health authorities are providing free clinical attachments to refugees and hospitals, such as St Mary's in Paddington, are offering clinical attachments to refugees.

Voluntary work

For the teaching, nursing and medical professions, the value of voluntary work should not be underestimated. One former GP worked for six months as a volunteer in an old people's home to improve her English. This was reiterated for teachers.

'There is a misperception amongst many refugees that the more qualifications they acquire, the easier it will be for them to get a job, when really what they need to do is improve their English and develop their experience of working in the system. For teaching, volunteering can be a way in.'
(Advice worker)

However, for many who do try to volunteer the experience can be dispiriting.

'As an overseas doctor, in my view the big problems is that there is no opportunity such as voluntary jobs for refugee doctors in hospitals.'
(Belinda, doctor from Zimbabwe)

'I want to get a job and to study for nursing. But it is difficult and it takes long so I tried to do voluntary work, but the centre rejected my request.'
(Stella, nurse from Sierra Leone)

Finance

'I need childcare and assistance (I have three kids) so that I would be able to start retraining and achieve full employment.'
(Asther, teacher from Ethiopia)

'The major difficulty I face is insufficient funds to pay for maintenance so that I can study on a course or the course fees.'
(Sahra, teacher from Sudan)

Financing the costs involved in re-qualification can be prohibitive. Not only are there the exam fees, there are childcare costs, travel costs and for doctors especially, the cost of having to buy expensive course books. Determined individuals find themselves travelling great distances to attend a college where they can complete the necessary courses and exams. Lectures are held in hospitals that can also be located far away. Clinical attachments can cost around £1,200 and they often have to travel around and search for these themselves. Many give up.

Childcare

'It is impossible to work when you have a child. It is really difficult.'
(Sacdiyo, teacher from Somalia)

'The major difficulty I face is earning a low income and looking after kids as a single mother.'
(Carole, teacher from Burundi)

Nearly a fifth of the women surveyed described childcare responsibilities as the main reason for not practising in their profession. Many of the women come from countries where, in the case of Eastern Europe, there is greater state childcare provision and in the case of African and Middle Eastern countries, the extended family still plays a strong role in caring for children. The practicalities of juggling childcare and work is difficult for all women, especially in London where costs are high and provision is patchy both across the London boroughs and age ranges. For refugee women who have lost all support systems, the struggle is more acutely felt. In addition, they are more likely to be hesitant about leaving a child with a stranger or with people they cannot communicate with. Women who want to re-enter the medical profession require the ability to work long,

uncompromising hours. For example, one nurse, a single mother, was offered a job that required starting at 5.30am. She had to refuse it because she could not find a childminder who started at that time. In addition, career breaks to have children are viewed unfavourably. A more flexible approach to working times for mothers with young children would enable many women to return to this area of work and benefit all women.

Immigration status

There are several issues here. One is the uncertainty faced by many of the women interviewed about their future. Those with ELR or Leave to Remain need to renew their application on a regular basis, which leaves them feeling vulnerable and unable to make plans far ahead in time. At the same time, the employment rights connected with the different immigration status are confusing for employers. They often err on the side of caution and reject applications from refugees, even though they may be eligible to work.

Phone calls to two London teacher supply agencies revealed a complete lack of understanding of the employment rights of refugees.

A third issue is that for some women their immigration status is dependent on their husband's asylum application. The spouse of an asylum applicant is not allowed to work in the UK. This is likely to have a greater impact on female asylum seekers than male asylum seekers. One woman has been waiting for five years for a decision to be made on her husband's claim. For women whose marriages have broken down, this leaves them in an impossible situation.

'It is difficult to join a GP scheme as they don't want asylum seekers. The London deanery refused to give me a clinical attachment because I was still an asylum seeker.'

(Fatima, doctor from Iran)

The role of Refugee Community Organisations (RCOs)

RCOs play a vital role in signposting refugee women to specialist sources of information and advice. Most do this very successfully, within the constraints placed upon them. During the course of the research, some women stated that their RCO did not always have the information they needed. This is because some RCOs, particularly the smaller ones, do not have the resources to cater for the needs of professional refugee women. More funding and resources are needed for RCOs to run projects that can reach out to and provide refugee women with the advice and support they require.'

The culture of work

One of the struggles for both refugees and employers is the need to adapt and understand each other's working culture.

'Teaching has changed towards much more student centred group work. In a lot of countries, teachers are viewed with respect. Inner city schools (in the UK) are challenging places to be.'

(Advice Worker)

'Research on Somalis has shown that even when they have qualified teacher status, the drop out rate amongst refugees is very high. It is particularly high at secondary level.'

(FE worker)

The classroom experience is an isolating one for all teachers, and especially so for refugees who are new to the system and may not have the usual support of family and friends.

In the medical field, many refugee doctors and nurses have gone through a different system of training and will have different technical and professional experiences. Refugee nurses have often come from systems where they were given considerable responsibility with regards to the handling of medicines and other medical interventions. The hierarchical system of nursing in place in the UK puts many refugee nurses in positions where they hold less responsibility than they used to and they end up feeling de-skilled.

'Many employers don't bother to find out what the nurses working for them know and end up wasting valuable skills and knowledge.'

(Health professional)

Nurses

'It is becoming more recognised that refugee nurses are a resource that hasn't had the same recognition as doctors. There is a political and economic difference between doctors and nurses. The plight of men is more recognised than the plight of women.'

(FE worker)

There are not the same mechanisms in place for nurses as there are for doctors. Two examples illustrate this point. The first is a structural one relating to the system in which every deanery has to have a person with responsibility for refugee doctors. There is no equivalent mechanism for nurses. A second example is the system of registration of doctors held by

the BMA. There is no similar registration of refugee nurses. However, discussions are underway to set up a refugee nurses liaison group, similar to the working group on refugee doctors. A more systematic dialogue is needed between the Nursing and Midwifery Council and advice agencies. In addition, the model being used to attract qualified staff back to the NHS (see reference Department of Health 2002) could be considered as a way of making the NHS more welcoming for refugee nurses.

The Workforce Development Confederation has a strategic role in taking forward the recruitment and retention of refugee nurses through commissioning training and developing supervised practice placements. One of the barriers to refugee nurses accessing supervised practice is the capacity of the trusts to supervise them. One of the London confederations currently has 400 nurses waiting for places who have received a decision from the NMC that they are ready to get a supervised practice. However there is a shortage of nurses at a grade that can supervise them. More could be done by confederations to value the contribution of refugee nurses in the NHS. One way of taking this forward would be to appoint a named person in each confederation to co-ordinate initiatives aimed at bringing refugee nurses into the workforce. In addition, greater co-ordination on NHS targets for the different London confederations could help to direct nurses to the areas of greatest need.

part 4 conclusions and recommendations

4.1 Conclusions

This research highlights the isolation refugee women face in trying to overcome the barriers facing them and re-enter their chosen profession. Some of these barriers they share with other women through their gender. These are barriers arising from a labour market that still discriminates against women. As professional women, a major barrier to furthering their career is their role as carers and mothers. Women's lower economic status in most cultures can contribute to a lack of confidence in overcoming these barriers and this is something refugee women share with other women.

Other barriers arise out of their position as refugees. Alongside refugee men, they face having to prove their professional aptitude, with few allowances being made for the fact that many of them have had to start again. They share with refugee men the experience of having to learn a new language and culture of work. Unlike refugee men, however, they cannot rely on the support systems and networks available to many refugee men. For refugee men, participation in public life is considered more acceptable and they can access RCO networks, other formal or informal associations. Refugee women are more likely to have relied on the support systems of the home and family and as the research indicates, this is no longer available to them.

In addition, as refugee women, they face being rendered invisible by the lack of available data and an absence of monitoring of their presence in the workforce. They face restrictions on their employment rights and some refugee women are discriminated against as dependants. The current system requires them to enter at great cost to themselves, both in emotional effort and financial resources.

In view of the vocational nature of the teaching, nursing and medical professions, it is not surprising to find a high level of commitment to continuing to do this work. These women have already invested considerable time and resources to the completion of their training in their country of origin. This research confirms that refugee women professionals are highly motivated to continue in their professional fields. This is an area they are able and willing to contribute to. To fail to address the ways in which refugee women are excluded from entering these professions would be to waste a valuable resource. This research urges ways to be sought to make use of the skills and experiences held by refugee women living in the UK and in particular, in London.

'I believe that the medical trade is very specific and not many doctors would easily give up their education and experience and social status, so

they are in general very determined people.'

(Nadia, doctor from Ukraine)

4.2 Recommendations

These recommendations try to identify strategies that will ensure refugee women's equal access to the teaching, nursing and medical professions, without relying on individual champions to facilitate this. Some of the recommendations can be regarded as being applicable to the teaching, nursing and medical professions generally. However, some are specific to the structures and systems of each profession and so have been put under the appropriate heading.

General

DfES, DWP and DTI should be asked to join the GLA, London Development Agency (LDA) and relevant London partners, in identifying what action they could respectively take to remove barriers faced by refugee women seeking to contribute professional skills to public services in London. This discussion should, for example, cover:

- how far existing government schemes to improve labour market access have addressed these barriers and how they could more effectively do so
- current good practice at regional or sub-regional level
- steps to encourage flexible working times for refugee women with childcare responsibilities, as part of overall strategies on work-life balance both within their own employment and in the private sector
- refugee women's access to existing childcare services
- examination of refugee women's needs as part of strategies to enhance crèche provision at colleges and local authority nursery provision
- a review of how government departments and agencies under their control are implementing equal opportunities policies, to assess their impact on refugees, especially refugee women, across all service levels from front-line advice staff to hospital consultants.

The Home Secretary should be urged to restore the right to take paid employment for all asylum seekers awaiting a decision on their claim for six months or more; this right should be made automatic; and it should be open equally to principal applicants and to their dependants of working age, thus offering refugee women equal access to the labour market whether they apply in their own right or as a partner of an asylum seeker.

Immigration services should produce standardised work permits for all those eligible for work that can be easily read and understood by employers.

Gendered asylum statistics should be developed to increase the visibility of refugee women. Statistics should also be introduced to indicate the recruitment and retention of refugee women and to help monitor good practice.

More investment is needed into setting up local, specialist projects for refugee professionals in London. This would speed up the process of getting refugees into professional fields where there is a shortage and help refugee women access the information they needed.

London providers should be encouraged to introduce more effective language classes offering intensive, accelerated language learning which is tailored to the professional needs of refugee women and that takes their childcare responsibilities into account.

Through Londonwide partnership structures, London schools and hospitals should be encouraged to develop more mentoring schemes for refugee professionals to develop on the job experience and a mutual understanding of cultural working practices.

Representatives of the RCO sector in London, with participants in this research project, should be invited to discuss how such organisations could develop their capacity to support refugee women entering areas of the labour market where access is particularly difficult.

The experiences of professional refugee women in London who have already been through UK training should be researched to give pointers to improving services for refugee women seeking to enter these professions.

Medical

The London Health Commission should encourage London Health Care Trusts to respond to the DH recommendations on providing clinical attachments for refugees.

The Nursing and Midwifery Council should have a named person who can act as a point of contact for advisors and others on issues concerning refugee nurses. It should also set up a system in which it can identify refugee applicants and make sure they are directed to the appropriate services.

There is a need for a named person in each Workforce Development Confederation to co-ordinate initiatives aimed to bring refugee nurses into the workforce.

There is a need for health authority staff to learn more about the working culture, training and skills that refugee doctors and nurses bring with them. Opportunities for this can be facilitated through conferences, mentoring schemes and other such initiatives.

Teaching

London providers should be invited with the GLA, to seek government support and appropriate resources for London schools to take on and support refugee women on teaching placements.

Appropriate support for refugee women teachers needs to be considered. Further research on the degree to which refugee teachers can benefit from the acclimatisation courses set up by local education authorities, for overseas recruited teachers, may be useful.

Refugee women should be informed of the other routes available into teaching. These may offer a more gradual introduction to the system and be particularly helpful for women who have children (see Appendix 3).

A1 audit summary

Age	26-35	26-35	26-35	36-45	16-25
Nationality on UK entry	Afghanistan	Rwandan	Albanian	Somali	Somali
Mother tongue	Persian	Rwandies	Albanian	Somali	Somali
English language skills	Good S	Excellent W + S	Excellent W + S	Excellent W + S	Excellent W + S
Other languages	Pashtoo				
When did you arrive in the UK?	3-5 years ago	3-5 years ago	Within last 12 months	3-5 years ago	12 months to 3 years ago
Immigration status	ILR	Leave to Remain	Asylum application not determined	Refugee	Leave to Remain
Employment status in country of origin	Employed	Employed	Employed	Student	Employed
Profession	Doctor	Teacher	As a Teacher		Nurse
Current occupation	Student	Housewife	Housewife	Housewife	Unemployed
Main wage earner	No	Yes	No	Yes	No
Age	26-35	26-35	26-35	26-35	26-35
Nationality on UK entry	Albanian	Ugandan	Sierra Leone	Turkish	Zaire
Mother tongue	Albanian	Luganda	French	Kurdish	French
English language skills		Excellent W + S	Excellent W + S	Good S	Good S
Other languages					
When did you arrive in the UK?	Within last 12 months	More than 10 years ago	12 months to 3 years ago	12 months to 3 years ago	Within last 12 months
Immigration status	Asylum application not determined	ILR	ELR	ILR	Leave to Remain
Employment status in country of origin	Employed	Student	Student	Housewife	Employed
Profession	Pharmaceutical				Nurse
Current occupation	Housewife	Unemployed	Unemployed	Housewife	Student
Main wage earner	No	No	Yes	No	Yes
Age	16-25	36-45	26-35	26-35	26-35
Nationality on UK entry	Somali	Somali	Ugandan	Somali	Zambian
Mother tongue	Somalii	Somali	Luganda	Somali	Zambian
English language skills	Excellent W + S	Good S	Excellent W + S	Good S	Excellent W + S
Other languages					
When did you arrive in the UK?	3-5 years ago	Within last 12 months	5-10 years ago	12 months to 3 years ago	3-5 years ago
Immigration status	Refugee	Asylum application not determined	ILR	Leave to Remain	Leave to Remain
Employment status in country of origin	Student	Employed	Student	Housewife	Employed
Profession		Hospital			Nurse
Current occupation	Student	Housewife	Student	Student	Unemployed
Main wage earner	No	No	Yes	Yes	Yes

Age	26-35	36-45	26-35	16-25	36-45
Nationality on UK entry	Rwandan	Iraqi	Iraqi	Iranian	Iraqi
Mother tongue	Luganda	Arabic	Arabic	Persian	Arabic
English language skills	Excellent W + S	Good S	Excellent W + S	Good S	Basic S
Other languages		Russian			
When did you arrive in the UK?	3-5 years ago	More than 10 years	Within last 12 months	12 months to 3 years ago	12 months to 3 years ago
Immigration status	ILR	ILR	ELR	Asylum application not determined	
Employment status in country of origin	Employed	Employed	Employed	Student	Employed
Profession	Medicine	Doctor			Teacher
Current occupation	Housewife	Student	Student	Student	Housewife
Main wage earner	No	Yes	No	Yes	No
Age		36-45	36-45	36-45	36-45
Nationality on UK entry	Ugandan	Somali	Sudanese	Sudanese	Iraqi
Mother tongue	Luganda	Somali	Arabic	Arabic	Kurdish
English language skills	Good S	Basic S	Good S		Basic S
Other languages	Runyakole	Arabic		Russian	Arabic
When did you arrive in the UK?	12 months to 3 years ago	5-10 years ago	3-5 years ago	5-10 years ago	Within last 12 months
Immigration status	Asylum application not determined	British Citizen (former refugee)	ILR	British Citizen (former refugee)	Asylum application not determined
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	Enrolled nurse	Teacher	Dietician	Teacher	Senior architect, engineer
Current occupation	Employed	Housewife	Student	Employed	Student
Main wage earner	Yes	Yes	Yes	No	Yes
Age	26-35	26-35	36-45	26-35	26-35
Nationality on UK entry	Ukrainian	Ethiopian	Congolese	Sudanese	Congolese
Mother tongue	Ukrainian	Amharic	French	Arabic	Tshileuba
English language skills	Excellent W + S	Excellent W + S	Basic S	Good S	Good S
Other languages	Russian	French	Lingola		French
When did you arrive in the UK?	5-10 years ago	12 months to 3 years ago	5-10 years ago	Within last 12 months	Within last 12 months
Immigration status	Asylum application not determined	Other	Leave to Remain	Asylum application not determined	ELR
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	Doctor	Teacher	Assistant nurse	University teacher	Veterinary
Current occupation	Student	Unemployed	Student	Student	Student
Main wage earner	No		Yes	Yes	Yes

Age	26-35	16-25	16-25		26-35
Nationality on UK entry	Iraqi	Somali	Angolan	Croatian	Serbian
Mother tongue	Kurdish	Amharic	Portugese	Croatian Serbian	Serbian Croatian
English language skills	Excellent W + S	Basic S	Basic S	Good S	Good S
Other languages	Arabic	Arabic		Russian	
When did you arrive in the UK?	12 months to 3 years ago	3-5 years ago	Within last 12 months	3-5 years ago	3-5 years ago
Immigration status	ILR	ELR	Leave to Remain	ILR	Refugee
Employment status in country of origin	Employed	Unemployed	Student	Employed	Self-Employed
Profession	Doctor	Studying the Koran at home		Nurse	
Current occupation	Student		Student	Unemployed	Student
Main wage earner	Yes	Employed	No	No	No
Age	36-45	26-35	16-25	26-35	16-25
Nationality on UK entry	Iraqi	Iranian	Kosovan	Serbian	Serbian
Mother tongue	Kurdish	Parician	Albanian	Serbian	Serbian
English language skills	Excellent W + S	Good S	Good S	Basic S	Good S
Other languages	Arabic				
When did you arrive in the UK?	12 months to 3 years ago	Within last 12 months	3-5 years ago	12 months to 3 years ago	3-5 years ago
Immigration status	Refugee	Asylum application not determined	Asylum application not determined	Other	ILR
Employment status in country of origin	Employed	Employed	Student	Employed	Student
Profession	Doctor	Teacher, assisted in university		Nurse	
Current occupation	Unemployed	Housewife	Housewife	Unemployed	Student
Main wage earner	No	No	No	Yes	Yes
Age	36-45	26-35	16-25	16-25	36-45
Nationality on UK entry	Sudanese	Congolese	Turkish	Serbian	Iranian
Mother tongue	Arabic	French, Ungala, Lingala	Turkish	Serbian	Kurdish
English language skills	Excellent W + S	Excellent W + S	Basic S	Excellent W + S	Excellent W + S
Other languages					Arabic and Turkish
When did you arrive in the UK?	More than 10 years	More than 10 years	Within last 12 months	3-5 years ago	More than 10 years
Immigration status	ILR	ILR	Asylum application not determined	Asylum application not determined	British Citizen (former refugee)
Employment status in country of origin	Employed	Employed	Unemployed	Student	Employed
Profession	Teaching high school	Teaching			Teacher
Current occupation	Self-employed	Unemployed	Housewife	Student	Employed
Main wage earner	No	Yes	No	No	Yes

Age	46-55	36-45	36-45	36-45	46-55
Nationality on UK entry	Iranian Kurdish	Iraqi Kurdish	Iranian	Iranian	Turkish
Mother tongue	Kurdish	Kurdish	Kurdish	Farsi	Turkish
English language skills	Basic S	Excellent W + S	Good S	Good S	Excellent W + S
Other languages	Farsi	Arabic	Farsi		German
When did you arrive in the UK?	More than 10 years	More than 10 years	3-5 years ago	5-10 years ago	More than 10 years
Immigration status	British Citizen (former refugee)	ILR	Asylum application not determined	ELR	British Citizen (former refugee)
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession		Medical Doctor	Nurse	Physiotherapist	University lecturer
Current occupation	Unemployed	Employed	Unemployed	Employed	Employed
Main wage earner	No	Yes		Yes	No
Age	36-45	26-35	36-45	36-45	46-55
Nationality on UK entry	Iranian	Iraqi Kurdish	Iranian	Iranian	Turkish
Mother tongue	Farsi	Kurdish	Farsi	Farsi	Turkish
English language skills	Good S	Basic S	Basic S - good W	Good S	English
Other languages		Arabic			
When did you arrive in the UK?	5-10 years ago	12 months to 3 years ago	Within last 12 months	12 months to 3 years ago	More than 10 years
Immigration status	ELR	ILR	ILR	Refugee	British Citizen (former refugee)
Employment status in country of origin	Employed	Employed	Employed	Employed	Self-Employed
Profession	Full-time employment	Pathology lab assistant	Teacher in high school	Research assistant	Chemist
Current occupation	Unemployed	Housewife	Unemployed	Unemployed	Employed
Main wage earner	Yes	No	Yes	Yes	Yes
Age	26-35	26-35	46-55	36-45	55+
Nationality on UK entry	Iraqi Kurdish	Iranian Kurdish	Iranian	Iranian Kurdish	Somali
Mother tongue	Kurdish	Kurdish	Kurdish	Kurdish	
English language skills	Excellent W + S	Excellent W + S	Excellent W + S	Good S	Good S
Other languages	Arabic	Farsi	Farsi	Farsi	Italian
When did you arrive in the UK?	5-10 years ago	3-5 years ago	5-10 years ago	5-10 years ago	12 months to 3 years ago
Immigration status	British Citizen (former refugee)	Refugee	ILR	ILR	ELR
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	Primary school teacher	Lab technician	English teacher	Primary school teacher	Nurse
Current occupation	Self-employed	Employed	Self-employed	Unemployed	Housewife
Main wage earner	Yes	Yes	Yes	Yes	Yes

Age	36-45	36-45	36-45	26-35	36-45
Nationality on UK entry	Somali	Somali	Somali	Congolese	Ethiopian
Mother tongue		Somali		French	Arabic
English language skills	Excellent W + S	Basic S	Excellent W + S	Good S	Excellent W + S
Other languages	Arabic and Italian		Italian and Arabic		
When did you arrive in the UK?	5-10 years ago	5-10 years ago	3-5 years ago	12 months to 3 years ago	More than 10 years
Immigration status	ILR	ELR	British Citizen (former refugee)	ILR	British Citizen (former refugee)
Employment status in country of origin	Self-Employed	Employed	Employed	Employed	Employed
Profession	Nurse	As nurse	Secondary school teacher/science	Commercial dept Clerk travelling co	Plastic shoes factory in Bulgaria
Current occupation	Unemployed	Unemployed	Unemployed	Student	Housewife, student
Main wage earner	No	Yes	No		No
Age	26-35	26-35	26-35	36-45	36-45
Nationality on UK entry	Somali	Somali	Ethiopian	Sudanese	Bolivian
Mother tongue	Somali	Somali	Ahmaric	Arabic	Spanish
English language skills		Good S	Good S	Good S	Excellent W + S
Other languages		Arabic		Turkish	
When did you arrive in the UK?	5-10 years ago	12 months to 3 years ago	5-10 years ago	More than 10 years	More than 10 years
Immigration status	ILR	ILR	Other	British Citizen (former refugee)	British Citizen (former refugee)
Employment status in country of origin	Employed	Housewife	Student	Employed	Student
Profession	Nursing	Nurse		Social advisor	
Current occupation	Unemployed	Student	Unemployed	Employed	Student
Main wage earner		No		Yes	No
Age	36-45	36-45	36-45	26-35	36-45
Nationality on UK entry	Somali	Somali	Columbian	Zimbabwean	Russian
Mother tongue	Somali		Spanish	Shona	Tiatiarina
English language skills	Good S	Good S	Good S	Good S	Good S
Other languages		Arabic		Ndebele	Ozbek, Aziain,
When did you arrive in the UK?	5-10 years ago	5-10 years ago	5-10 years ago	Within last 12 months	Slovakian, Ukrainian 3-5 years ago
Immigration status	ILR	ILR	ILR	Asylum application not determined	Refugee
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	Nurse/midwife	Nurse		Marketing officer	Director, public library
Current occupation	Unemployed	Employed	Student	Housewife, student	Employed
Main wage earner	Yes	Yes	No		No

Age	36-45	26-35	26-35	36-45	
Nationality on UK entry	Turkish Kurd	Turkish	Ugandan	Turkish	Ivorian
Mother tongue	Kurdish	Turkish	Luganda	Turkish	Agni
English language skills	Good S	Good S	Excellent W + S	Basic S	Good S
Other languages	Turkish		Runyakole		French
When did you arrive in the UK?	More than 10 years	5-10 years ago	3-5 years ago	3-5 years ago	12 months to 3 years ago
Immigration status	British Citizen (former refugee)	British Citizen (former refugee)	Asylum application not determined	ILR	Asylum application not determined
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	In the council	Nursery nurse	Nurse (enrolled)	Craft teaching	Teacher
Current occupation	Employed	Employed	Employed	Housewife	Unemployed
Main wage earner	Yes	Yes	Yes	No	
Age	36-45	26-35	16-25	36-45	
Nationality on UK entry	Turkish	Turkish	Turkish	Turkish	Congolese
Mother tongue	Turkish	Turkish		Turkish	French
English language skills	Excellent W + S	Good S	Basic S	Good W + S	Lingala
Other languages	Spanish				
When did you arrive in the UK?	More than 10 years	More than 10 years	12 months to 3 years ago	5-10 years ago	More than 10 years
Immigration status	British Citizen (former refugee)	British Citizen (former refugee)	ILR	ILR	ILR
Employment status in country of origin	Student		Employed	Employed	Self-Employed
Profession		Social worker	Nurse	Teaching	French teacher
Current occupation	Employed		Housewife	Employed	Employed
Main wage earner		No	No	No	No
Age	26-35	26-35	26-35	46-55	26-35
Nationality on UK entry	Turkish	Somali	Turkish	Turkish	Ethiopian
Mother tongue	Turkish	Somali	Turkish	Turkish	Amharic
English language skills	Good S	Good S	Good W + S	Basic S	Excellent W + S
Other languages		Italian			English
When did you arrive in the UK?	More than 10 years	12 months to 3 years ago	More than 10 years	More than 10 years	5-10 years ago
Immigration status	British Citizen (former refugee)	ILR	British Citizen (former refugee)	ILR	Asylum application not determined
Employment status in country of origin	Employed	Student	Employed	Employed	Employed
Profession	Nursery nurse		Teacher	Teacher (primary)	Teacher training
Current occupation	Housewife	Student	Employed	Housewife	Employed
Main wage earner	No	No	No	No	

Age	36-45	46-55	36-45	26-35	26-35
Nationality on UK entry	Azerbaijani	Russian	Somali	Sierra Leone	Croatian
Mother tongue	Azeri	Russian	Somali	French	Serbian Croatian
English language skills	Good S	Good S	Good S	Excellent W + S	Excellent W + S
Other languages	Russian				
When did you arrive in the UK?	12 months to 3 years ago	More than 10 years	More than 10 years	3-5 years ago	3-5 years ago
Immigration status	ILR	British Citizen (former refugee)	British Citizen (former refugee)	Leave to Remain	Asylum application not determined
Employment status in country of origin		Employed	Employed	Housewife	self-emp/employed
Profession	Physician in A&E	Medical Doctor	Laboratory assistant for health		Laboratory technician
Current occupation	Student	Student	Housewife	Housewife	Student
Main wage earner	No	Yes	Yes	No	No
Age	46-55	14/7/1959	26-35	36-45	26-35
Nationality on UK entry	Iranian	Somali	Somali	Iraqi	Croatian
Mother tongue	Farsi	Somali	Somali	Arabic	Serbian Croatian
English language skills	Good S -	Basic S	Good S	Excellent W + S	Good S
Other languages	Excellent W	Italian			
When did you arrive in the UK?	3-5 years ago	3-5 years ago	5-10 years ago	3-5 years ago	3-5 years ago
Immigration status	ELR	Refugee	ILR	ELR	ILR
Employment status in country of origin	Self-Employed	Employed	Student	Employed	Student
Profession	I had clinic	Teacher		Teacher in secondary school	Maths teacher, Norway
Current occupation	Housewife	Housewife, student	Unemployed	Employed	Student
Main wage earner	Yes/No	Yes	Yes	No	No
Age	26-35	26-35	36-45	26-35	26-35
Nationality on UK entry	Iraqi	Burundian	Sierra Leone	Congolese	Serbian
Mother tongue	Arabic	Kisundi		French	Serbian Croatian
English language skills	Good S	Good S	Excellent W + S	Good S	Basic S
Other languages		French and Swahili		Lingala	Norwegian
When did you arrive in the UK?	12 months to 3 years ago	12 months to 3 years ago	12 months to 3 years ago	3-5 years ago	3-5 years ago
Immigration status	ELR	Refugee	Other	ILR	ILR
Employment status in country of origin	Employed	Employed	Housewife	Employed	Employed
Profession	Medical Doctor	Nurse		Nurse	Teacher (primary)
Current occupation	Unemployed	Unemployed	Unemployed	Student	Housewife
Main wage earner	Yes	No	Yes	Yes	No

Age	36-45	36-45	36-45	26-35	26-35
Nationality on UK entry	Serbian	Iraqi	Iraqi Kurdish	Iraqi	Somali
Mother tongue	Serbian Croatian	Arabic	Kurdish	Iraqi	Somali
English language skills	Good S	Good S	Excellent W + S	Good S	Excellent W + S
Other languages	Russian	Kurdish	Arabic		Arabic & Hungarian
When did you arrive in the UK?	3-5 years ago	3-5 years ago	5-10 years ago	5-10 years ago	3-5 years ago
Immigration status	ILR	ILR	British Citizen (former refugee)	ILR	ELR
Employment status in country of origin	Employed	Self-Employed	Employed	Employed	Student
Profession	GP doctor		Teacher	Teacher	
Current occupation	Housewife	Employed	Employed	Employed	Housewife
Main wage earner	No			Yes	No
Age	26-35	36-45	36-45	36-45	36-45
Nationality on UK entry	Sudanese	Iranian Kurdish	Iraqi	Croatian	Burundian
Mother tongue	Arabic	Kurdish	Kurdish	Serbian	Luganda
English language skills	Good S	Basic S		Excellent W + S	Excellent W + S
Other languages	French	Farsi	Arabic	Russian	
When did you arrive in the UK?	Within last 12 months	3-5 years ago	12 months to 3 years ago	3-5 years ago	12 months to 3 years ago
Immigration status	Other	ILR	Refugee	ELR	ILR
Employment status in country of origin	Employed	Employed	Employed	Employed	Housewife
Profession	Lecturer	Training nurse	Consultant doctor	history/geography	
Current occupation	Unemployed	Student	Unemployed	Employed	Unemployed
Main wage earner		Yes		Yes	Yes
Age	46-55	26-35	36-45	26-35	46-55
Nationality on UK entry	Turkish	Iraqi Kurdish	Iraqi	Somali	Iraqi
Mother tongue	Turkish	Kurdish		Somali	Arabic
English language skills	Basic S	Good S	Good S	Good S	Excellent W + S
Other languages		Farsi and Arabic		Arabic	
When did you arrive in the UK?	3-5 years ago	3-5 years ago	5-10 years ago	Within last 12 months	5-10 years ago
Immigration status	ILR	Refugee	British Citizen (former refugee)	Asylum application not determined	ELR
Employment status in country of origin	Employed	Part-time student/unemployed	Employed	Student	Employed
Profession	Teacher (primary)		Teacher		Headmaster
Current occupation	Housewife	Unemployed	Unemployed	Housewife	Unemployed
Main wage earner	No	Yes		Yes	

Age	36-45	36-45	16-25	16-25	26-35
Nationality on UK entry	Uganda	Rwandan	Albanian	Albanian	Kenyan
Mother tongue	Luganda	Rwandies	Albanian	Albanian	Swahili
English language skills	Excellent W + S	Excellent W + S	Basic S	Basic S	Excellent W + S
Other languages				Greek	
When did you arrive in the UK?	5-10 years ago	3-5 years ago	Within last 12 months	12 months to 3 years ago	3-5 years ago
Immigration status	British Citizen (former refugee)	Asylum application not determined	Asylum application not determined	Asylum application not determined	Asylum application not determined
Employment status in country of origin	Unemployed	Student	Student	Student	Employed
Profession		Business			Teacher
Current occupation	Student	Housewife	Housewife	Housewife	Housewife
Main wage earner	Yes	Yes	Yes	Yes	No
Age	26-35	46-55	16-25	26-35	26-35
Nationality on UK entry	Tanzanian	Ukrainian	Yemeni	Somali	Albanian
Mother tongue	Swahili	Ukrainian	Arabic	Somali	Albanian
English language skills		Good S	Basic S	Excellent W + S	Excellent W + S
Other languages		Russian			
When did you arrive in the UK?	5-10 years ago	5-10 years ago	12 months to 3 years ago	Within last 12 months	Within last 12 months
Immigration status	ILR	Leave to Remain	Other	Asylum application not determined	Asylum application not determined
Employment status in country of origin	Housewife	Employed	Employed	Employed	Employed
Profession		Nurse in Ukraine	Nurse student	Nurse	Staff nurse
Current occupation	Student	Unemployed	Student	Housewife	Housewife
Main wage earner	Yes	Yes	No	No	No
Age	36-45	46-55	26-35	36-45	
Nationality on UK entry	Rwandan	Yemeni	Sierra Leone	Sierra Leone	Albanian
Mother tongue	Rwandies	Arabic	French	French	Albania
English language skills	Good S	Good S	Excellent W + S	Excellent W + S	Good S
Other languages		Indian			
When did you arrive in the UK?	12 months to 3 years ago	12 months to 3 years ago	12 months to 3 years ago	5-10 years ago	Within last 12 months
Immigration status	Leave to Remain	Other	Other	ILR	Asylum application not determined
Employment status in country of origin	Self-Employed	Employed	Employed	Employed	Employed
Profession		Nurse	Staff nurse	Teacher	Nurse
Current occupation	Housewife	Unemployed	Unemployed	Housewife	Housewife
Main wage earner	Yes	Yes	No	No	No

Age	16-25	26-35	46-55	16-25	26-35
Nationality on UK entry	Somali	Brazilian	Brazilian	Brazilian	Serb Croat
Mother tongue	Somali	Portuguese	Portuguese	Portuguese	Serbian
English language skills	Excellent W + S	Basic S	Basic S	Basic S	Basic S
Other languages			Italian and German		
When did you arrive in the UK?	Within last 12 months		12 months to 3 years ago	Within last 12 months	3-5 years ago
Immigration status	Asylum application not determined		ILR		Leave to Remain
Employment status in country of origin	Student	Employed	Employed	Employed	Employed
Profession		Social worker	Nurse	Teacher (primary)	Nurse
Current occupation	Student	Employed	Employed	Student	Housewife
Main wage earner	No	Yes	Yes	Yes	No
Age	26-35	16-25	26-35	26-35	36-45
Nationality on UK entry	Brazilian	Brazilian	Brazilian	Brazilian	Colombian
Mother tongue	Portuguese	Portuguese	Portuguese	Portuguese	Spanish
English language skills	Basic S	Basic S	Basic S	Good S	Excellent W + S
Other languages					
When did you arrive in the UK?	12 months to 3 years ago	12 months to 3 years ago	12 months to 3 years ago	3-5 years ago	5 years ago
Immigration status	Other	Other	Other	ILR	ILR
Employment status in country of origin	Employed	Student	Employed	Student	Employed
Profession	Secretary		Nurse	Teacher	Hospital administration
Current occupation	Student	Student	Student	Housewife	Volunteer
Main wage earner	Yes	Yes	No	Yes	No
Age	16-25	26-35	26-35	36-45	46-55
Nationality on UK entry	Brazilian	Brazilian	Portuguese	Bosnian Serb	Columbian
Mother tongue	Portuguese	Portuguese	Portuguese	Serbian	Spanish
English language skills	Basic S	Good S	Excellent W + S	Good S	Good S
Other languages					
When did you arrive in the UK?		12 months to 3 years ago	3-5 years ago	3-5 years ago	5-10 years ago
Immigration status	Other	Leave to Remain	Other	ILR	British Citizen (former refugee)
Employment status in country of origin	Student	Employed	Student	Employed	Student
Profession	Teacher (primary)	Unemployed			Dress maker
Current occupation	Student		Student	Unemployed	Self-employed
Main wage earner		Yes	Yes	No	

Age	36-45		26-35	36-45	36-45
Nationality on UK entry	Columbian		Ecuadorian	Chilean	Colombian
Mother tongue	Spanish	Spanish	Spanish	Spanish	Spanish
English language skills	Basic S	Basic S	Basic S	Good S	
Other languages		German			
When did you arrive in the UK?	More than 10 years	Within last 12 months	Within last 12 months	3-5 years ago	3-5 years ago
Immigration status	Asylum application not determined	Other	Refugee	ILR	ILR
Employment status in country of origin	Student	Employed	Employed	Employed	Employed
Profession			Nurse	Midwife	Nurse
Current occupation	Student		Unemployed	Employed	Unemployed
Main wage earner	Yes	No	Yes	Yes	Yes
Age	16-25	36-45	26-35	36-45	26-35
Nationality on UK entry	Chilean	Ecuadorian	Ecuadorian	Chilean	Ecuadorian
Mother tongue	Spanish	Spanish	Spanish	Spanish	Spanish
English language skills	Excellent W + S	Good S	Basic S	Basic S	Basic S
Other languages					
When did you arrive in the UK?	5-10 years ago	3-5 years ago	12 months to 3 years ago	3-5 years ago	3-5 years ago
Immigration status	Other	Asylum application not determined	Refugee	Leave to Remain	Other
Employment status in country of origin	Student	Employed	Unemployed	Self-Employed	Student
Profession		Doctor	Nurse		
Current occupation	Student	Student	Unemployed	Employed	Housewife
Main wage earner		Yes	Yes	No	Yes
Age	46-55	36-45	46-55	36-45	36-45
Nationality on UK entry	Colombian	Columbian	Chilean	Cuban	Columbian
Mother tongue	Spanish	Spanish	Spanish	Spanish	Spanish
English language skills	Basic S		Good S	Good S	Basic S
Other languages				Italian, Russian, French	
When did you arrive in the UK?	5-10 years ago	12 months to 3 years ago	More than 10 years	5-10 years ago	12 months to 3 years ago
Immigration status	Asylum application not determined	Asylum application not determined	Refugee	British Citizen (former refugee)	Asylum application not determined
Employment status in country of origin	Housewife	Nurse	Employed	Student	Self-Employed
Profession			Teacher	Teacher	
Current occupation	Employed	Student	Housewife	Employed	Employed
Main wage earner	No	No	No	Yes	Yes

Age	26-35	36-45	26-35		16-25
Nationality on UK entry	Columbian	Kosovan	Nigerian	Iranian	Ugandan
Mother tongue	Spanish	Albanian	Others	Farsi	Luganda
English language skills	Basic S	Good S		Good S	Excellent W + S
Other languages					
When did you arrive in the UK?	12 months to 3 years ago	3-5 years ago	5-10 years ago	More than 10 years	12 months to 3 years ago
Immigration status	Asylum application not determined	Other	Other	ILR	Leave to Remain
Employment status in country of origin	Employed	Employed		Employed	Student
Profession	Teaching pre-school	Medical doctor		Teacher	
Current occupation	Employed	Student		Advice & guidance officer	Housewife
Main wage earner	Yes		Yes	Yes	Yes
Age	55+	26-35	26-35	26-35	26-35
Nationality on UK entry	Chilean	Ukrainian	Afghanistan	Iranian	Rwandan
Mother tongue	Spanish	Ukrainian	Dary-pashton		Kimyarwanda
English language skills	Excellent W + S	Good S	Good S	Good S	Excellent W + S
Other languages	French & Arabic	Russian		German	Luganda
When did you arrive in the UK?	More than 10 years	12 months to 3 years ago	12 months to 3 years ago	12 months to 3 years ago	12 months to 3 years ago
Immigration status	Refugee	Other	ELR	Refugee	Asylum application not determined
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	Social worker	Medical officer in the hospital	Medical Doctor	for theatre	Dental nurse/ass't
Current occupation	Employed	Unemployed	Student	Unemployed	Employed
Main wage earner	Yes	No	No	No	Yes
Age	36-45	36-45	26-35	16-25	26-35
Nationality on UK entry	Iranian	Algerian	Iraqi	Sudanese	Ugandan
Mother tongue	Arabic	Arabic	Arabic		Luganda
English language skills	Excellent W + S	Excellent W + S	Good S	Excellent W + S	Excellent W + S
Other languages	Turkish	French		Swahili	
When did you arrive in the UK?	More than 10 years	5-10 years ago	12 months to 3 years ago	12 months to 3 years ago	3-5 years ago
Immigration status	British Citizen (former refugee)	ILR	ELR	Asylum application not determined	Other
Employment status in country of origin	Employed	Employed	Employed	Student	Employed
Profession	Registered GP	Doctor in public health	Doctor	Nurse training centre	Nursery
Current occupation	Unemployed	Housewife	Student	Student	Student
Main wage earner	Yes	no - husband		Yes	Yes

Age	36-45	26-35	16-25	26-35	35-36
Nationality on UK entry	Ugandan	Somali	Ugandan	Albanian	Kosovan
Mother tongue	Luganda	Somali	Ugandan	Albanian	Albanian
English language skills	Excellent W + S	Good S	Good S	Good S	Good S
Other languages					
When did you arrive in the UK?	5-10 years ago	Within last 12 months	12 months to 3 years ago	12 months to 3 years ago	12 months to 3 years ago
Immigration status	ELR	Asylum application not determined	Asylum application not determined	Other	Other
Employment status in country of origin	Self-Employed	Employed		Employed	Employed
Profession		Nurse	Teacher	Doctor, paediatrician	Teacher
Current occupation	Housewife	Housewife	Unemployed	Housewife	Housewife
Main wage earner	Yes				No
Age	36-45		26-35	26-35	26-35
Nationality on UK entry	Somali	Zimbabwean	Zimbabwean	Turkish Kurd	Turkish
Mother tongue		Shona	Shona	Turkish	Turkish
English language skills	Good S	Excellent W + S	Excellent W + S	Basic S	Good S
Other languages	Italian and Arabic				
When did you arrive in the UK?	5-10 years ago	Within last 12 months	12 months to 3 years ago	12 months to 3 years ago	5-10 years ago
Immigration status	British Citizen (former refugee)	ILR	Refugee	Other	Leave to Remain
Employment status in country of origin	Employed		Employed	Employed	
Profession	Nurse		In a private clinic	Nurse	
Current occupation	Housewife		Voluntary work	Housewife	
Main wage earner	Yes	Yes	Yes	No	
Age	36-45	26-35	36-45	36-45	36-45
Nationality on UK entry	Somali	Kosovan	Kosovan	Chilean	Iranian
Mother tongue	Somali	Albanian	Albanian		Farsi
English language skills	Good S	Excellent W + S	Intermediate level	Excellent W + S	Excellent W + S
Other languages					
When did you arrive in the UK?	3-5 years ago	3-5 years ago	12 months to 3 years ago	12 months to 3 years ago	More than 10 years
Immigration status	ELR	Other	Refugee	ILR	
Employment status in country of origin	Employed	Employed	Employed	Employed	Employed
Profession	Nurse	Nurse	Teacher, headmaster	Paediatrician	Teacher
Current occupation	Housewife	Housewife	Housewife, student	Employed	Employed
Main wage earner		No	No		Yes

Age	46-55	26-35	26-35	26-35	26-35
Nationality on UK entry	Ukrainian	Turkish Kurd	Iranian	Congolese	Iranian
Mother tongue	Ukrainian	Turkish	Persian	French	Farsi
English language skills	Good S		Good S	Good S	Good S
Other languages	Russian & Polish		Russian	Luganda	
When did you arrive in the UK?	5-10 years ago	3-5 years ago	12 months to 3 years ago	3-5 years ago	12 months to 3 years ago
Immigration status	ELR	ELR	Other	ILR	Other
Employment status in country of origin	Employed	Employed	Student	Employed	Employed
Profession	Nurse (20years)	Nurse		Nursing	Film making & teaching
Current occupation	Unemployed	Housewife	Student	Student	Student
Main wage earner		No	No	Yes	
Age	26-35	26-35	16-25	16-25	36-45
Nationality on UK entry	Kosovan	Libyan	Ukrainian	Iranian	Iraqi
Mother tongue	Albanian	Arabic	Ukrainian	Farsi	Arabic
English language skills	Excellent W + S	Excellent W + S	Good S	Good S	Basic S
Other languages			Russian		
When did you arrive in the UK?	3-5 years ago	5-10 years ago	12 months to 3 years ago	12 months to 3 years ago	3-5 years ago
Immigration status	Asylum application not determined	ILR	Other	Other	ILR
Employment status in country of origin	Employed		Student	Student	Employed
Profession	Teacher		Nurse then Doctor	summer medical clinic	Teacher
Current occupation	Student		Student	Student	Unemployed
Main wage earner		No	No		Yes
Age	26-35	36-45	16-25	26-35	26-35
Nationality on UK entry	Rwandan	Yemeni	Columbian	Afghanistan	Iraqi
Mother tongue	Rwandies	Arabic	Spanish	Pushto	Arabic
English language skills	Excellent W + S	Good S	Excellent W + S	Good S	Good S
Other languages	Luganda	Italian	Italian	Persian	
When did you arrive in the UK?	3-5 years ago	3-5 years ago	3-5 years ago	5-10 years ago	3-5 years ago
Immigration status	Other	ILR	ELR	ILR	ILR
Employment status in country of origin	Self-Employed		Student	Employed	Employed
Profession				Medical-doctor	Teacher
Current occupation	Student		Student	Student	Housewife
Main wage earner	Yes			Yes	Yes

Age	36-45	26-35	26-35	26-35	26-35
Nationality on UK entry	Peruvian	Iranian	Zaire	Eritrean	Ethiopian
Mother tongue	Spanish	Farsi	Kinjo	Tigrana	Amharic
English language skills	Good S	Basic S	Good S	Good S	Good S
Other languages		Russian	French	Amharic	
When did you arrive in the UK?	5-10 years ago	Within last 12 months	Within last 12 months	3-5 years ago	3-5 years ago
Immigration status	ELR	ILR	Other	ILR	Other
Employment status in country of origin		Student	Employed	Employed	Employed
Profession			Nurse	Teacher	Nurse
Current occupation		Student	Unemployed	Student	Unemployed
Main wage earner					
Age	46-55	26-35	26-35	26-35	26-35
Nationality on UK entry	Ukrainian	Afghanistan	Afghanistan	Eritrean	Ugandan
Mother tongue	Russian	Farsi	Dari	Tigrana	Uganda
English language skills	Excellent W + S	Good S	Excellent W + S	Good S	Excellent W + S
Other languages				Arabic	Kiswahili
When did you arrive in the UK?	5-10 years ago	5-10 years ago	12 months to 3 years ago	3-5 years ago	12 months to 3 years ago
Immigration status	ELR	ILR	ILR	ILR	Refugee
Employment status in country of origin		Employed	Student	Student	Student
Profession	Consultant-gynaecologist	Medical doctor			Student - studying for post graduate diploma in law
Current occupation	Employed	Unemployed	Student	Unemployed	
Main wage earner		No	No	No	No
Age	26-35	26-35	26-35	26-35	46-55
Nationality on UK entry	Somali	Congolese	Iraqi	Sierra Leone	Eritrea
Mother tongue	Somali	Kisonge	Kurdish	Temme	Tigrana
English language skills		Good S	Basic S	Good S	Good S
Other languages	Bangoli	French	Arabic	Krio	Amharic
When did you arrive in the UK?	3-5 years ago	12 months to 3 years ago	Within last 12 months	12 months to 3 years ago	3-5 years ago
Immigration status	Refugee	ILR	Asylum application not determined	Other	ILR
Employment status in country of origin	Self-Employed	Employed	Employed	Student	Employed
Profession		Laboratory	Doctor		Bank branch manager
Current occupation	Student	Student	Unemployed	Unemployed	Unemployed
Main wage earner		No			

Age	46-55
Nationality on UK entry	Eritrean
Mother tongue	Tigrana
English language skills	Good S
Other languages	Amharic & French
When did you arrive in the UK?	Within last 12 months
Immigration status	Asylum application not determined
Employment status in country of origin	Employed
Profession	Bank accountant
Current occupation	Unemployed
Main wage earner	
Age	26-35
Nationality on UK entry	Turkish
Mother tongue	Turkish
English language skills	Good S
Other languages	
When did you arrive in the UK?	5-10 years ago
Immigration status	Leave to Remain
Employment status in country of origin	Employed
Profession	Nurse
Current occupation	Student
Main wage earner	No
Age	26-35
Nationality on UK entry	Kosovan
Mother tongue	Albanian
English language skills	Good S
Other languages	
When did you arrive in the UK?	3-5 years ago
Immigration status	Asylum application not determined
Employment status in country of origin	Employed
Profession	Nurse
Current occupation	Housewife
Main wage earner	No

a2 case studies

Case study 1 - doctor

Farida is a GP, from Iraq. She studied medicine in Russia and has worked in Morocco, Yemen and Kuwait. She arrived in 1991 unable to speak English and soon after arrival went to English classes to improve her English. As a single mother with one child, she found it difficult to attend English classes and find the time to fulfil the requirements for re-qualifying as a doctor in the UK. However she was determined. Her teachers at the English language classes she went to were an invaluable source of advice. In addition, she found the General Medical Council website useful.

In 1992, she undertook a one-year certificate course in Care for the Elderly. She worked for six months as a volunteer with elderly people to improve her English. She also worked as an interpreter for the Iraqi community. Eventually in 2001 she took her Part 1 Medical PLAB exam, which she passed. She is waiting to do her Part 2.

For a year, she had to pay for the process of re-qualifying out of her own limited resources. It is difficult to cope with the financial requirements. There are expensive books to buy, the transport to college, lectures can be in hospitals miles away from where you live and individuals have to find their own clinical attachments. This can require travelling vast distances around London, trying to make appointments for an interview with the consultants who can offer attachments. Sometimes getting past the secretary to speak to the consultant can be a problem.

Eventually she found a consultant willing to give her an attachment. In addition, she is receiving a grant to assist her with the next stages of her PLAB exam.

Case study 2 - doctor

Tania is a gynaecological obstetrician who came to the UK five years ago from Eastern Europe. She arrived not knowing where to turn to for advice. It was while attending English classes that she heard about the RWA. While attending a course there, she was shown the 'Guide for Refugee Doctors' by the Jewish Council for Racial Equality. This told her all she needed to know about trying to re-qualify in the UK. She contacted Barnet College and studied for a year, passing the IELTS exam. Following that, she went to the Postgraduate Centre for Refugee Doctors, where she completed and passed all her PLAB exams.

Earlier in the year, she was travelling several times a week to Wigan where she had been offered a job as a surgeon. However, it was a long way to travel, she has a five year old child and is still waiting for her asylum

application to be heard. Instead she took on a four month job in Guys Hospital as a psychiatrist. She finds it difficult to join the GP scheme as she is technically still an asylum seeker and has been refused clinical attachments on those grounds.

Asylum seekers are not eligible for exemption from PLAB fees and so Tania had to pay for her Part 1 fees. However, she managed to get assistance for her Part 2 fees. Although she is separated from her husband, as he was the main applicant, she is dependent on him for her refugee status.

Case study 3 - teacher

Aida is 32 years old. In 1991 she graduated with a three year Diploma in Teaching from Mvara Teachers' Training College. She practiced for seven years in the Sudan before seeking asylum in the UK in 1999. She was granted refugee status soon after. When she first arrived, she wanted to continue in her teaching career. In the Sudan, she had taught English and Religious Education, however she was also qualified to teach Maths. This is what she thought she would teach here as she felt it would be easier to teach Maths in a second language. She went to an adult educational guidance service in North London, who referred her to a refugee advice service. They informed her that she should take on an administrative job to acquire work experience and improve her English and also referred her to a college in Enfield. The advisor there told her that her teaching degree was not recognised here and that she would have to re-qualify. In order to be accepted for a course, she would have to have a reference from someone who had known her for two years, and then study for a further three years.

She found out about an office administration course at the Refugee Council, which she didn't do because it was a six month, full-time course and she needed to work. She also was reluctant to take on office work as she felt it would be wasting the skills and experiences she had developed over the last seven years in Sudan. She attended a six-month English proficiency course, thinking that when she finished this, she would be able to apply for higher education. However, she found out that this led to nothing and that universities all required her to have done an access course of some kind. She was disappointed and felt that she had wasted her time.

After a while she began to lose interest. She left London and is now considering getting into accountancy. She felt that she did not receive good advice and was not given enough information on the options available to her.

Case study 4 - nurse

Amina is 38 years old and arrived in UK in 1989. She is a qualified General Nurse (her Diploma in Nursing was obtained in Somalia) and has worked in Somalia for seven years in a hospital. Her duties involved the administration of drugs, injections, immunisations, assisting with operations, general patient care etc. She tried to register with UKCC a few years after she arrived when she felt confident about her ability to communicate in English. However the UKCC required many documents and references that she could not possibly provide. For example they asked for reference from the doctor with whom she used to work in Somalia and a reference from the teacher who taught her on her nursing course. However, both these men had already fled Somalia to escape the war. She heard from a friend back in Somalia that they may be in the UK. She could not register with UKCC and instead attended a number of different courses to help her further improve her English and communication skills. However she has not been able to get back into her profession.

Amina has now enrolled at the University of London College of Nursing and is starting her degree in Nursing in January next year. She believes that starting all over again is the only way to practice nursing again.

A3 contacts for this research

Professionals consulted in the course of the research

Elizabeth Anionyu, Deputy Chair, Department of Health Task Group on Refugee Health Professionals.

Akgul Baylav, Equalities Advisor, Barking and Dagenham Primary Care Trust

Dee Borley, Royal College of Nursing

Diana Cliff, North East London Workforce Development Confederation

Sandra Cullen, Head of Refugees Team, Department of Education

James Cutchell, Department of Education

John Eversley, Senior Research Fellow, Queen Mary College, University of London

Jill Rutter, University of North London

Helen Watts, PRAXIS Research

Isabel Fish, British Medical Association

London Education Agency

Sue Pickerell, Overseas Trained Teachers Programme, Teachers Training Agency

Quay Education Services

Sian Reece, Language and Literacy Unit

Azar, RAGU, London Metropolitan University of North London

Hernan Rosenkranz, RETAS

Jill Rutter, London Metropolitan University

Azar Sheibani, RAGU, London Metropolitan University

Helen Watts, PRAXIS Community Project

Deng Yai, Refugee Council

Other routes into teaching

Early Years Provision Refugee women have failed to benefit from national programmes for under five year olds. The area of childminding can provide a progression route into the school system, through the process of registration, taking part in training and contributing to the development of nursery provision. There is a shortage of childcare and early years workers in London. However many refugee women do not have the facilities or space required to register as a childminder and those with professional teaching qualifications may fear entering the Early Learning sector as working below their capacity.

Bi-lingual classroom assistance This is a post where language support for classroom teachers is provided in schools with high numbers of children speaking different languages. This can provide an overseas, qualified teacher with classroom experience in the UK. However, there is no unified, systematic approach to this role. The system of recruitment and conditions of service varies among local authorities. Some schools offer their bi-lingual assistants permanent contracts, some pay by the session. Most local authorities pay £5.90 per hour. This compares with £7.50 - £30 per hour for interpreting, which thus attracts the best teachers. Women are more likely to become bi-lingual assistants than men. Some boroughs such as Merton and Sutton, have combined to share bi-lingual assistants. This enables the schools to draw from a wider range of languages and can provide the bi-lingual assistant with a more secure contract. A possible model for refugee education is the tradition developed in travellers education for services to be shared across local authorities.

Other classroom experiences Classroom experience can also be obtained through offering your services as a volunteer or being employed as a classroom assistant. There is not enough information available to be able to assess how far refugees participate in these schemes.

Mentors/Advisors There are several schemes offering support and advice to young people, with an expansion of recruitment of adults being employed as mentors for vulnerable children and young people. Connexions and the Excellence in Cities programme are two such schemes. This is a growing service and can provide an introduction to the education system. Some services are looking for specialist refugee advisors and some schools have recruited refugee mentors.

Organisations visited

Albanian Association

Barking and Havering Health Authority

Camden Family Service Unit

Carila

Daymer

Hackney and Lewisham Partnership

Halkavi

Haringey Community

Homeless Action, Barnet

Homerton Hospital Advocacy Service

Imece

Iranian Women's Group

Islington African Project

Kenyan Women

Kurdish Cultural Centre

Kurdish Refugee Women's Centre

LAWR (Latin American Women's Rights)

Latin American Disabled People's Project

Middle East Centre for Women's Study

NAFSIYAT

Pembury Hotel

Portuguese Association

PRAXIS

RAGU

Refugee Council One Stop Service

RETAS

RWA clients

St. Pancras Hospital

Serbian Community Centre

Sierra Leone Women's Forum

Somali Advisory Bureau

Stoke Newington Refugee and Asylum Centre

Sudanese Centre

Tower Hamlets African project

Yemen Community Association

A4 references and other relevant publications

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A Bloch, G Atfield (2002), *The Professional capacity of nationals from the Somali Regions in Britain*, Goldsmiths College, London

J Carey-Wood, K Duke, V Karn, T Marshall (1995), *The Settlement of Refugees in Britain*, Home Office Research Study 141

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Praxis (2001), *Recruitment of Internationally Trained Healthcare Professionals into Primary Care*

Refugee Assessment and Guidance Unit (RAGU) (2002), *Partners in Education: Schools and refugees in London*, London Metropolitan University

Refugee Council (1999), *Creating the Conditions for Refugees to Find Work*, Refugee Council

Royal College of Nursing (2002), *Internationally recruited nurses. Good practice guidance for health care employers and RCN negotiators*, Royal College of Nursing

V Shawcross, K Grosser, J Goldsmith (1987), *Women in Mind: The educational needs of women refugees in the UK*, World University Service

D Shiferaw and H Hagos (2002), *Refugees and Progression routes to employment*, London, Refugee Council

A5 Questionnaire

RWA RESEARCH PROJECT QUESTIONNAIRE

RESEARCH ON REFUGEE & ASYLUM SEEKING WOMEN

A. PERSONAL DATA

1. Name:
2. Address:
3. Age: (range: 16-25; 26-35; 36-45; 46-55; 55+)
4. Nationality before seeking asylum _____
5. Religion _____
6. Marital Status

(a) Married	[]
(b) Cohabiting	[]
(c) Single	[]
(d) Divorced	[]
(e) Separated	[]
(f) Widowed	[]
7. Languages:

	Basic Spoken	Good Spoken	Excellent Written & Spoken
Mother tongue _____	[]	[]	[]
English _____	[]	[]	[]
Other _____	[]	[]	[]

B. IMMIGRATION STATUS

12. When did you arrive in this country?

(a) Within the last 12 months	[]
(b) 12 months – 3 years ago	[]
(c) 3 years – 5 years ago	[]
(d) 5 – 10 years ago	[]
(e) More than 10 years	[]
13. What is your immigration status at present?

(a) Asylum application not yet determined	[]
(b) Application rejected	[]
(c) Have filed an appeal against rejection	[]
(d) Leave to Remain	[]
(e) Exceptional Leave to Remain	[]
(f) Refugee	[]
(g) Indefinite Leave to Remain	[]
(h) British citizen	[]
(i) Don't know	[]
(j) Other	_____
14. Is your status based on your own claim? Yes [] No []
15. If you have had a positive decision, how long did it take for your application to be determined? _____ (Months/Years)

RWA RESEARCH PROJECT QUESTIONNAIRE

C. EDUCATION & LANGUAGE

16. Level of Education: (Mark the appropriate space. For (e)(f)(g) specify area of study)
Where?

- | | | | |
|---|--------------------------|-------|-------|
| a) No Schooling (indicate level of literacy) | <input type="checkbox"/> | _____ | _____ |
| b) Primary | <input type="checkbox"/> | _____ | _____ |
| c) Junior Secondary/ Middle | <input type="checkbox"/> | _____ | _____ |
| d) Secondary/ High School | <input type="checkbox"/> | _____ | _____ |
| e) University Degree | <input type="checkbox"/> | _____ | _____ |
| f) University Diploma | <input type="checkbox"/> | _____ | _____ |
| g) Other Post-Secondary / Technical Education | <input type="checkbox"/> | _____ | _____ |

17. Were you speaking English before coming to the UK? Yes No

If yes, how would you describe the level?

- | | |
|--|--------------------------|
| a) Basic spoken | <input type="checkbox"/> |
| b) Basic spoken + reading | <input type="checkbox"/> |
| c) Basic spoken, reading and writing | <input type="checkbox"/> |
| d) Basic spoken, good reading and writing | <input type="checkbox"/> |
| e) Good spoken, reading and writing | <input type="checkbox"/> |
| f) Fluent spoken and excellent reading and writing | <input type="checkbox"/> |

18. Have you studied English in the UK? Yes No

If yes, what level was this?

- | | |
|------------------------------------|--------------------------|
| a) ESOL Basic (e.g. Pre and NVQ 1) | <input type="checkbox"/> |
| b) ESOL Intermediate (e.g. NVQ 2) | <input type="checkbox"/> |
| c) ESOL Advanced (e.g. NVQ 3) | <input type="checkbox"/> |
| d) Cambridge First Certificate | <input type="checkbox"/> |
| e) Cambridge Advanced | <input type="checkbox"/> |
| f) Cambridge Proficiency | <input type="checkbox"/> |
| e) Other (e.g. RSA) | _____ |

19. How would you describe the level of your English now?

- | | |
|--|--------------------------|
| a) Basic spoken | <input type="checkbox"/> |
| b) Basic spoken + reading | <input type="checkbox"/> |
| c) Basic spoken, reading and writing | <input type="checkbox"/> |
| d) Basic spoken, good reading and writing | <input type="checkbox"/> |
| e) Good spoken, reading and writing | <input type="checkbox"/> |
| f) Fluent spoken and excellent reading and writing | <input type="checkbox"/> |

20. Do you feel you need to study more English? Yes No

At what level?

- | | |
|------------------------------------|--------------------------|
| a) ESOL Basic (e.g. Pre and NVQ 1) | <input type="checkbox"/> |
| b) ESOL Intermediate (e.g. NVQ 2) | <input type="checkbox"/> |
| c) ESOL Advanced (e.g. NVQ 3) | <input type="checkbox"/> |
| d) Cambridge First Certificate | <input type="checkbox"/> |
| e) Cambridge Advanced | <input type="checkbox"/> |
| f) Cambridge Proficiency | <input type="checkbox"/> |
| e) Other (e.g. RSA) | _____ |

RWA RESEARCH PROJECT QUESTIONNAIRE

D. EMPLOYMENT DETAILS

21. What was your occupation in your country of origin?

- Housewife/ carer
- Student
- Unemployed / seeking work
- Self Employed (describe) _____
- Employed (describe) _____

22. What is your current occupation?

- Housewife/ carer
- Student
- Unemployed / seeking work
- Self Employed (describe) _____
- Employed (describe) _____

23. Are you satisfied with what you are doing now? Yes No 24. If you are not practising in your profession would you like to? Yes No NA

25. If yes, why are you not practising in your profession? _____

26. Have you tried to requalify in the UK? Yes No

27. Why not? _____

28. Have you attended any training programmes in the UK? Yes No

29. What were they and how long did the training programme last?

	Training Course	From	To
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____

30. Do you feel training helped you find employment? Yes No **For those who are employed – Questions 30 - 34**31. In your current employment, what opportunities do you have for developing your career?
None Some Good 32. In your current employment, have you requested to go on any training courses?
Yes No

33. To whom did you make your request?

- Line Manager
- Personnel Department
- Other _____

RWA RESEARCH PROJECT QUESTIONNAIRE

34. Have you had your request for training turned down? Yes [] No []

35. What reasons were given? _____

For those unemployed – Questions 36 - 39

36. Have you ever been employed in the UK? Yes [] No []

37. If yes, describe what you were employed as and why the employment ceased. _____

38. Are you actively seeking employment? Yes [] No []

39. If yes, what would you say were the factors inhibiting you from getting employment?

All

40. Are you the main wage earner in your household? Yes [] No []

41. Is this the main source of income for your household? Yes [] No []

E. ACCESS TO ADVICE

42. When you first came to the UK, where did you receive your main source of advice?

Friends/ Relatives [] Refugee Community Organisation []
state which _____
 CAB [] Refugee Council One Stop Service []
 Other _____

43. Where do you turn to for advice now?

Friends/ Relatives [] Refugee Community Organisation []
state which _____
 CAB [] Refugee Council []
 Other _____

44. Do you have problems getting advice?

No [] Yes [] Describe _____

F. INTEGRATION ISSUES

45. What are the major difficulties you face in this country you would like to mention?

46. How would you define 'integration'? _____

47. Are you interested in integrating into UK society? Yes / No

RWA RESEARCH PROJECT QUESTIONNAIRE

48. If yes, what factors would make you feel integrated?

49. If no, why?

50. What are your plans for the future?

51. Any additional information.

Name of interviewer _____

Date of entry _____

Signature _____

Other formats and languages

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Chinese

中文
如果需此文檔的您的母語拷貝，
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Vietnamese

Tiếng Việt
Nếu bạn muốn bản sao của tài liệu này bằng
ngôn ngữ của bạn, hãy gọi điện theo số hoặc
liên lạc với địa chỉ dưới đây.

Greek

Αν θα θέλατε ένα αντίγραφο του
παρόντος εγγράφου στη γλώσσα
σας, παρακαλώ να τηλεφωνήσετε
στον αριθμό ή να επικοινωνήσετε
στην παρακάτω διεύθυνση.

Turkish

Bu broşürü Türkçe olarak edinmek
için lütfen aşağıdaki numaraya
telefon edin ya da adrese başvurun.

Hindi

यदि आप इस दस्तावेज़ की प्रति अपनी भाषा में चाहते हैं,
तो कृपया निम्नलिखित नम्बर पर फोन करें अथवा दिये
गये पता पर सम्पर्क करें।

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি
(কপি) চান, তা হলে নীচের ফোন নম্বরে
বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے
ہیں، تو براہ کرم نیچے دیئے گئے نمبر پر فون کریں
یا دیئے گئے پتے پر رابطہ قائم کریں۔

Arabic

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