



Refugees and other new migrants: a review of the evidence on successful approaches to integration

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Foreword

This review of the evidence base on successful approaches to the integration of refugees and new migrants was commissioned in early 2004. The primary purpose of the work was to inform discussions at the Home Office's 2004 UK National Integration Conference 'What works locally? Balancing national and local policies'. The National Integration Conference is an annual event for researchers, policymakers and practitioners working in the refugee integration field, aimed at developing a coherent understanding of what interventions are effective in this area and shaping future policy and research agendas.

Following the conference in June 2004 where the main findings of the review were disseminated, the second refugee integration strategy, *Integration Matters*, was published by the Home Office in March 2005. This strategy has set a framework in place for statutory and policy activity in the refugee integration field and for much of the work of non-governmental organisations, supported through its funding streams.

This review was used to inform the development of *Integration Matters* and has proved useful in a number of discussions of policy and practice relating to integration. It has therefore been reviewed and polished to create this publication. However, the reader needs to understand that this review in effect presents an historic snapshot of the evidence base on successful approaches to the integration of refugees and other new migrants immediately prior to the publication of *Integration Matters*. In particular, references to 'current' policy and documents should be understood as relating to that period.

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Abstract

In 2004, the Home Office commissioned a literature review on the evidence base on successful approaches to the integration of refugees and other new migrants in the UK, focusing on five facets – community relations, housing, employment, health and education. The purpose of the review was to identify:

- the integration outcomes for refugees and other recent migrants on each facet of integration;
- factors contributing to those outcomes;
- the effectiveness of interventions undertaken to improve outcomes; and
- the quality of the evidence base and how it can be improved.

The review, which was completed in 2004, was undertaken to inform the future policy and research agendas, by summarising current knowledge about 'what works' in the integration of new migrants and identifying gaps in knowledge on which research could focus.

The following key findings emerged from the review.

- New migrants have less favourable outcomes on measures of integration than the UK population as a whole but the experience of new migrants is not homogenous.
- A number of factors contribute to those outcomes, including: lack of language skills and recognition of qualifications; mobility; migrants' lack of knowledge of how to access services; generic systems that are insufficient to meet migrants' needs; hostile public attitudes; and legal barriers associated with immigration status.
- There is some evidence of success from a range of initiatives focusing on migrants and migrant groups, on employers, agencies and the public, and which build bridges between individuals, groups and institutions.
- Three messages to inform the policy and research agendas emerge particularly strongly: the power of providing information for migrants, host communities, the media and service providers; the importance of investing in language tuition; and the need to consider how major data gaps could be addressed.

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COMPAS

The Centre on Migration, Policy and Society is the ESRC national research centre on migration, established in October 2003 and based at the University of Oxford. Its purpose is to: undertake interdisciplinary research on global mobility; evaluate national, local, international and European policy options for just and effective migration management; develop migration theory in the context of contemporary social transformations; and act as an international and national hub for a network of individuals and institutions in the field, academic and practitioner.

www.compas.ox.ac.uk

List of abbreviations

ABSSU	Adult Basic Skills Strategy Unit
ACPO	Association of Chief Police Officers
ADF	Adviser Discretion Fund
ALMP	Active Labour Market Programmes
BET	Basic Employability Training
BMA	British Medical Association
BME	Black and minority ethnic
CBI	Confederation of British Industry
CDRP	Crime and Disorder Reduction Partnership
CEHR	Commission for Equality and Human Rights
CESI	Centre for Economic and Social Inclusion
COMPAS	Centre on Migration, Policy and Society
CRE	Commission for Racial Equality
DEE	Department for Education and Employment
DES	Department of Education and Science
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DWP	Department for Work and Pensions
EAL	English as an additional language
ECRE	European Council on Refugees and Exiles
ECSMA	European Convention on Medical and Social Assistance
ELR	Exceptional leave to remain
EMAG	Ethnic Minority Achievement Grant
ERF	European Refugee Fund
ESOL	English for Speakers of Other Languages
ESRC	Economic and Social Research Council
EUMC	European Monitoring Centre on Racism and Xenophobia
FTET	Full-time Employment and Training
GCIR	Grant-makers concerned with Immigrants and Refugees
GMC	General Medical Council

HEFCE	Higher Education Funding Council
HMI	Her Majesty's Inspectors
IAG	Information, Advice and Guidance
ICAR	Information Centre about Asylum and Refugees
IELTS	International English Language Testing System
ILR	Individual Learner Record
INCORE	International Conflict Research
IND	Immigration and Nationality Directorate
IPPR	Institute for Public Policy Research
IPS	International Passenger Survey
IRSS	Immigration Research and Statistics Service
ISD	Immigration Status Document
ISR	Individual Student Record
JCWI	Joint Council for the Welfare of Immigrants
JRF	Joseph Rowntree Foundation
LEA	Local Education Authority
LFS	Labour Force Survey
LMS	Labour Market System
LSC	Learning and Skills Council
LSP	Local Strategic Partnership
NACAB	National Association of Citizens Advice Bureaux
NARIC	National Recognition Information Centre for the UK
NASS	National Asylum Support Service
NCVO	National Council of Voluntary Organisations
NDC	New Deal for Communities
NDLP	New Deal for Lone Parents
NDYP	New Deal for Young People
NECARS	North East Consortium for Asylum and Refugee Support
NHS	National Health Service
NIACE	National Institute for Adult Continuing Education
NINO	National Insurance Number
NLNS	National Literacy and Numeracy Strategies

NRU	Neighbourhood Renewal Unit
ODPM	Office of the Deputy Prime Minister
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
PCT	Primary Care Trust
PES	Public Employment Service
PLAB	Professional Linguistic Assessment Board
PLASC	Pupil Level Annual Census
PMS	Personal Medical Services
PSA	Public Service Agreement
QCA	Qualifications and Curriculum Authority
RAA Berlin	Regional Centre for Education, Integration and Democracy
RAGU	Refugee Advice and Guidance Unit
RASAP	Refugees and Asylum Seekers Advice Project (Leicester)
RCO	Refugee Community Organisation
REMISUS	Refugee and Ethnic Minority Support Services (Liverpool)
RETAS	Refugee Education, Training and Advisory Service
RETI	Refugee Employment and Training Initiative
RRA	Race Relations Act
RSL	Registered Social Landlords
SEN	Special Educational Needs
SOC	Standard Occupational Sectors
TUC	Trade Union Congress
UNHCR	United Nations High Commissioner for Refugees
WBLA	Work Based Learning for Adults
WDC	Workforce Development Confederation
WHO	World Health Organisation
YMCA	Young Men's Christian Association

Executive summary

Sarah Spencer

Introduction

In 2004, the Home Office commissioned the Centre on Migration, Policy and Society (COMPAS) to undertake a short review of the evidence base on the integration of refugees and other recent migrants. The review addressed four questions in relation to five facets of integration – employment, housing, community relations, health and education. The four questions considered were as follows.

- What are the current integration outcomes for refugees and other recent migrants?
- What are the key factors that affect those outcomes?
- What is known about the effectiveness of different types of intervention undertaken to improve outcomes?
- What is the quality of the evidence base and how could it be improved?

The purpose was to inform the future policy agenda by summarising what is currently known about successful interventions to promote the integration of refugees and other new migrants. In addition the review, which was completed in 2004, was intended to identify gaps in knowledge to inform the research agenda.

Methodology

For each of the five facets of integration, a contributor with expertise in that area was selected to undertake the review of the evidence base. Each contributor searched the literature using keyword searches of databases, searches of indexes of key journals, reviews of the reference sections of previously identified studies and consultation with other experts working in the field.

Given the limited time-frame and the disparate nature of the evidence base, a number of parameters were established at the outset. The review focused on published English language literature on the experiences of refugees and new migrants in the UK, although comparable evidence from Europe and elsewhere was incorporated where perceived to be relevant. As the review is practical in focus, a number of working definitions of key concepts were adopted.

- 'New' migrants were identified as those who have been in the UK for less than five years. They may be here for less than a year, or be intending and allowed to stay permanently.
- The term 'integration' was used to mean the two-way process of adaptation by both migrant and host society that enables the migrant to prosper and move towards attaining, over time, equality of access, participation and outcomes.

Measurement of integration on each of the five facets drew on the indicators identified in the Home Office report by Ager and Strang, *Indicators of Integration* which was in preparation during the period of the review. This study proposed indicators to measure the facets of refugee integration, including those on which this review focused. Information was not always available on each of these indicators. Therefore, in some instances, the authors adopted broader or alternative measures and provided justifications for their selection in terms of desired outcomes of the integration process.

Thus, in relation to community relations, the outcome is identified as a community where: people feel safe and secure in the absence of overt tensions; they are included in community life and can benefit and contribute on an equal basis; they share respectful attitudes towards one another and are able to interact and co-operate positively; and they share a stake in their local polity based on a sense of trust and belonging.

In housing, the goal is identified as safe, affordable accommodation, interpreting safety to mean not only within the property but in the surrounding neighbourhood. The author notes that housing conditions also have implications for migrants' sense of belonging, for their health, and for their access to jobs and services.

In employment the desired outcome is identified as access to a job, measured as parity of employment rates with the national average. The longer-term goal is parity in rates of under-employment: that the job should match the individual's qualifications, skills and earnings potential.

In health, the immediate policy goal is parity in access to health services and the ability of health and social care providers to respond to the specific needs of each individual. The long-term goal is parity in health outcomes, life expectancy and disease experience.

In education, qualifications and fluency in English are key goals of the integration process, aiming for parity in outcomes at each stage of education, including pre-school take-up.

Integration levels of refugees and other new migrants

For some new migrants, these goals pose no challenge. The work permit-holders taking up professional jobs may have little difficulty buying or privately renting a house in the suburbs, securing a place for their children at school, relying on health insurance to access medical care and, with good English, forging relationships with colleagues and neighbours. In practice, as the reviews highlight, there is little information on the experiences of the skilled migrants who come to work in the UK (on work permits or through more targeted programmes)¹ – nor on their low-wage counterparts in agriculture, hospitality and the food manufacturing sectors.²

Evidence regarding the outcomes of refugees and new migrants on the five facets of integration is limited because many studies that consider these groups focus on more broadly defined populations (such as the migrant population as a whole, ethnic minorities or populations defined by country of birth). From the small group of studies that are sufficiently targeted on refugee and new migrant populations, two themes emerge.

- Refugees and other new migrants have less favourable outcomes on measures used to assess integration than the population of the UK as a whole. For example, local studies suggest that new migrants experience greater instability in accommodation, lower ownership rates, poorer housing conditions and a greater reliance on the rental sectors than do the UK-born population.
- Despite this tendency, the outcomes for refugees and new migrants on particular facets of integration is not homogenous. There is clear evidence of diversity in experiences linked to individual characteristics, country of origin, geographical location and a range of other factors. In employment, the foreign-born population has a bipolar performance on skills and wages distributions (with concentrations occurring around the upper and lower ends). In education, the school attainment levels of new refugees and other migrants are affected by socio-economic status, English language ability, access to education and experiences of racism, with some ethnic groups (including those born in the UK) performing better and others worse than the UK-born population as a whole.

The authors emphasise that the challenges faced by refugees and other migrants in the integration process may not derive solely from their recent arrival in the UK. In relation to health and housing in particular, the challenges can result from poverty and exclusion, and/or race discrimination. It follows that strategies to promote integration of new migrants also need to address those broader issues. Experiences are, moreover, mediated not only by migrant status but by class, gender, age and ethnicity. This review, however, focused on the dimension that is added by their 'new migrant' status, a dimension that may not be entirely addressed by mainstream policy approaches.

Factors affecting the integration of refugees and other new migrants

Across the five facets reviewed, six often mutually reinforcing factors limit the process of integration. These variably relate to the migrant, to aspects of the host society and to the policy framework, and affect different groups of migrants to varying degrees.

- **Lack of language skills and/or recognised qualifications.** National employment and education data show a high correlation between insufficient English language and lower attainment at school and performance in the labour market. Studies show these factors inhibit access to services, particularly health services. In employment, lack of recognition of qualifications is widely recognised as a barrier.
- **Mobility.** Moving from place to place disrupts schooling, prevents continuity in health care, forces reliance on temporary accommodation, and disrupts social networks and community life.
- **Migrants' lack of knowledge of the system.** This includes, for example, how to find accommodation, and lack of familiarity with the school system or the role of GPs.
- **Generic services insufficient, in part, to meet migrants' needs.** Studies consistently suggest that needs can go unmet, although it is not always clear whether this applies to migrants only, or reflects general resource limitations. Particular limitations have been identified in:
 - authorities' and staff experience of working with migrants;
 - availability of information about migrants and their entitlements;
 - availability of interpreters (or agreement on who should pay for them);
 - knowledge of migrants' cultural backgrounds;
 - development of policies and services to take account of the specific requirements of migrants and their mobility;
 - consultation with the migrants themselves;
 - communication between services or failure to mainstream this section of the community into a relevant strategy;
 - resources and provision in the public and voluntary sectors, partly because funding streams are short term and *ad hoc*;
 - timely provision of National Insurance numbers and hence in access to jobs;
 - the willingness of some over stretched GPs and schools to register asylum seekers;
 - choice in accommodation, leading to residence in substandard housing.
- **Hostile public attitudes.** Studies suggest that lack of information about new arrivals, exacerbated by unbalanced media coverage, can create a climate of fear and some overt hostility and violence in which migrants can hesitate to venture into the streets, to access health services or provide personal information.
- **Legal barriers to integration associated with immigration status.** For some migrants, direct restrictions are placed on access to jobs, to housing, to free post-16 education, to non-emergency health services, and to welfare benefits. In this category also belongs the current requirement that refugees move from their National Asylum Support Service (NASS) accommodation within 28 days of receiving a decision on their status, and the indirect impact of dispersal to areas where some public services are under strain. There would be value in assessing the impact of such provisions relative to the benefits that these measures are intended to achieve.

Effectiveness of interventions to promote the integration of new migrants and refugees

Inevitably, it is difficult to disentangle the impact of mainstream services from those with a migrant focus. In community relations alone, for instance, there are policies on civil renewal, active citizenship, social cohesion, social exclusion, neighbourhood renewal, regeneration, sustainable communities, equality and race relations, all of which impact on relations among

members of the public but do not necessarily include a focus on migrants. In education there are numeracy and literacy strategies; in employment, New Deal and Jobcentre Plus, the impact of which cannot be neatly detached from that of initiatives targeted solely at migrants. Nevertheless, evidence from a number of interventions, most notably those targeted at refugees and asylum seekers, tentatively suggests some common themes on successful approaches. While many initiatives have been introduced to address only one facet of integration, an holistic, joined-up approach, reflecting the reality of the integration experience, is likely to be most effective. Inter-agency co-operation and information sharing is commonly found to be significant in delivering better outcomes.

Measures to promote integration, for which there is some evidence of success, fall into four categories, which are discussed in the following sections.

Interventions focused on migrants and migrant groups

- **Provision of information to newcomers before and after arrival:** on local services, rights and responsibilities, and where to get advice. The information provided by some schemes is evaluated more positively by migrants and external researchers than others.
- **Language tuition and language support services:** language classes for adults (found to be of variable quality); delivery of language teaching in a work setting; the holistic role played by Ethnic Minority Achievement Grant (EMAG) teachers in schools with an inclusive ethos; English as an Additional Language (EAL) classes for pupils and language support when accessing services (found to be crucial in health care, in terms of the translation of forms and health information).
- **Structured assessment, induction and ongoing support:** to assess individual needs and target appropriate support, including: health needs assessment; targeted language and skills training; effective home-school links supporting pupil attainment; and ongoing housing support. Studies on asylum seekers and refugees point strongly to the value of an individualised and holistic case management approach – addressing education, jobs and housing needs side by side. They suggest that initiatives to address a single need, for instance providing the deposit for rented accommodation, are most effective as part of a broader scheme, such as schemes providing advice to landlords wary of migrant tenants and access to housing benefit advice. Lack of funding for such schemes has proved a major barrier and the fragility of partnerships between agencies can make schemes vulnerable to collapse. There are successful initiatives abroad in this area from which the UK could learn. Evidence on asylum seekers, in Sweden and the Netherlands as well as the UK, suggests that living in language clusters facilitates appropriate service provision – in health, housing and education – and is welcomed by migrants themselves. This suggests that a level of residential segregation is not necessarily negative for the integration process.
- **Capacity building** with migrant community organisations: as partners in service provision; as a means to reach and consult migrants; and as confidence builders. Evidence suggests that community organisations, including faith-based organisations, can be a gateway for migrants into wider society and that building 'bonding capital' among migrants can increase their capacity to build 'bridging capital' in broader social networks. It also suggests that funding of such groups could do more to encourage bridging activity. Programmes funded to build 'bonding capital' could be viewed more favourably if they also support the promotion of 'bridging capital'.

Interventions focused on employers, agencies or the public

Despite the emphasis in the past on policy interventions focused on the migrant, the evidence suggests the equal importance of a focus on employers and agencies in contact with migrants, and a focus on the public.

- **Provision of information to, and consultation with, local communities, adults and schoolchildren:** to prepare them for new arrivals, educate them about migrants and their entitlements, and listen to their concerns. Comparative national studies and local evaluations found that tensions can be diffused where host communities are prepared for

new arrivals, and housing opportunities opened up on estates which would previously have been too hostile.

- **Myth-busting strategies:** providing information to the press, or working in partnership with local media, have been found effective in countering misinformation and securing positive coverage.
- **Information to front-line service providers:** including data on migrants in their area, on their needs, entitlements and cultural backgrounds.
- **Adaptation of mainstream services** to meet the particular circumstances of migrants, such as: medical records that asylum seekers can take with them to accommodate their mobility; specialist services to victims of torture; and building awareness of asylum seekers into police strategies for handling racist attacks and aggravated offences.
- **Training service providers** in mainstream agencies: in meeting the specific health or education needs migrants present, on how to use language support agencies when interpreters are not available in-house, or in co-ordination with other local agencies.
- **Appointment of specialist staff**, such as a teacher, health visitor or receptionist with responsibility for refugees, or setting up a pool of accredited interpreters on which to draw.
- **Appointment of staff from newly arrived communities**, because of the additional specialist knowledge they bring.

The evidence suggests that improvement strategies should, wherever possible, focus on adaptation of mainstream services, not on short-term, *ad hoc*, piecemeal, grant-funded initiatives. It also suggests the importance of voluntary and community organisations as service providers but that their contribution can be constrained by a shortage of funding and by broader capacity issues. A surprising omission from the evidence on services provided on the public sector was the lack of reference to the statutory duty under the Race Relations Amendment Act 2000 to promote good race relations and race equality. This may suggest that the relevance of migrants to those responsibilities has not yet been addressed by the public bodies concerned.

Interventions that build bridges between individuals, groups and institutions

- **Outreach by service providers** to introduce themselves to migrants, for example by the police through 'welcome packs', building confidence to encourage reporting of racist attacks.
- **Introducing migrants to their neighbours**, including faith-based outreach initiatives – engaging neighbours in the reception process, providing food parcels and welcome packs, and arranging joint community activities. Project evaluations show this can require continuity of purposeful engagement if tensions are not to re-emerge and can be effective within a broader initiative to foster civic participation and community development.
- **Mentoring, befriending and hosting schemes** in the community: these have been found in evaluation to be successful in promoting dialogue, building trust and facilitating engagement, which is beneficial for migrants but also leads to positive social outcomes. Further consideration is needed regarding the extent to which the positive outcomes for migrants and those directly involved in the scheme extend to communities as a whole. Good practice includes trained and police-checked volunteers spending time with newcomers and putting them in touch with local services and people, and induction mentoring in schools, in which the role of a designated member of staff to manage the induction process was identified as central to success. In other parts of Europe similar goals of interaction are pursued by sponsoring refugees' membership of social, cultural and sports clubs, thus forging relationships around a common interest.
- **Volunteering by migrants** has the same benefits, but also creates more direct pathways to work and can contribute to positive media coverage.
- **Conflict prevention and resolution:** this includes initiatives like the Commission for Racial Equality (CRE) Safe Communities Initiative which provides guidance and brokers inter-agency co-operation in areas where tensions are high; training local people and newcomers to be community facilitators; and engaging newcomers in community development work that fosters engagement and belonging in all local residents.

This evidence suggests that bridges are built not by imposing the values of the majority on a minority but by tackling fears of change and by removing barriers to participation, helping individuals and communities to come together for a common purpose.

Interventions based on partnership working

- **Local partnerships:** many studies, and the inspectorates in education and local government, emphasise the importance of establishing inclusive local partnerships to deliver joined-up services, providing help with housing, training, work experience, and access to community networks all from one source of support. It has been found that agencies must share common objectives, and that partnership with community organisations can enhance capacity to deliver appropriate services. This is easier in London and other areas where refugees are living in language clusters than in areas where that capacity in refugee community organisations is currently less extensive.

Quality of the evidence base

Data on the integration of refugees and other recent migrants are limited and generally relate to ethnic minorities (including the majority born in the UK) or to the 'foreign-born', an umbrella category which includes those who have lived in the UK for decades and can mask differences between countries of origin. With the exception of some data on asylum seekers and refugees (often conflated), breakdowns are not made by immigration status, so that it is not possible to assess what happens to newly arrived wives and husbands in the job market, for instance, to the children of overseas students at school, nor to the health status of low-wage work permit holders. Nor can it be assessed whether public attitudes towards asylum seekers differ in a meaningful way from those towards other migrants. The review often had to rely on proxy measures for the populations of interest: in education, data on children for whom English is not their first language, for instance, although this will include some who are UK-born.

This lack of data inhibits research. Moreover, most policy interventions promoting integration are too recent to have been the subject of any evaluation exercise. There is therefore only a limited extent to which it is possible to identify authoritative evidence on outcomes or robustly evaluate 'good practice'.

The following gaps in data and research were identified, at the macro and micro level, across the five policy areas.

- National education, employment, health, housing and public attitude data not just on the foreign-born but on new migrants, where necessary disaggregated by age, gender, country of origin and crucially, date of entry to the UK and immigration status. Date of entry and immigration status have not traditionally been included in mainstream government surveys. Surveys such as the Labour Force Survey could potentially provide such information, as could some service providers if they were to address it in their monitoring of service users. There is a tension between this need for data and the delivery of public services on the basis of need, without questioning each service user on their immigration status. Without better data or targeted research it will nevertheless be difficult to identify the specific needs associated with migrant status or evaluate the impact of policy interventions.
- The experiences of different categories of new migrant, not only refugees. What happens to those migrants who come to marry, as low-wage workers on temporary permits, or to study? What factors impede their access to suitable housing or employment? Does their health improve or decline? Why? What is the impact of restrictions on access to social housing and benefits? What forms do their involvement in community networks take and which factors impede or facilitate building bridges with their local community? Longitudinal studies are needed to track new arrivals and the factors that help, or hinder, their progress.
- The impacts that migrants have on local services and on local labour and housing markets. Empirical work exists on the national impacts on wages, for instance, but less

evidence on the impact on wages or employment in particular areas, nor, for instance, on the impact of refugees on the housing market in dispersal areas.

- Evaluation and policy guidance on the many practical, local initiatives that exist to support new migrants. Service users do not always share service providers' view of good practice. While local providers are strong on innovation, investment is needed in independent studies, both quantitative and qualitative, to provide evidence that will enable providers to make their contribution more effective.
- Conceptual clarity in relation to community relations. How should good community relations between new migrants and established groups, including long-standing ethnic minority communities, be defined? What are the processes that can strengthen such relations? How can migrants be mainstreamed into policy initiatives in the areas of social cohesion, civic renewal and race relations? How should good community relations be measured? Research on the levers that promote the transition within migrant community groups from bonding capital (relations within the group) to bridging capital (across the community divides) is one particular research gap.

Conclusion

Sufficient evidence exists on the outcomes of refugees and other new migrants in education, employment, housing, health and community relations to indicate that action is needed to support integration processes. Some common factors particular to new migrants that contribute to these outcomes are known. However, neither the data nor the research are yet available that make it possible to state, with confidence, what approaches are most effective in promoting the integration of new migrants. Nevertheless, from the evidence that is available, these three messages to inform the policy and research agendas emerge particularly strongly.

- The power of information – for migrants, so that they can access services already available; for local communities, to diffuse tensions; for the media, to counter myths and inform positive coverage; and for service providers, to equip them to meet the needs of this section of the community.
- The importance of investing in language tuition – for access to work, learning, services and relationships in the community.
- The need to consider if many of the major data gaps could be addressed by adding date of entry to the UK to existing surveys and to the monitoring of service outcomes.

1 Introduction

Sarah Spencer

Background

In 2004, the Home Office's Immigration and Statistics Research Service (IRSS) commissioned the Centre on Migration, Policy and Society (COMPAS) to undertake a summary review of the evidence base on successful approaches to the integration of new migrants and refugees, focusing on five key policy areas: community relations, housing, employment, health and education, making reference to language as a facet of integration where appropriate rather than in a separate chapter.

The review was commissioned to provide background information for the UK National Integration Conference in 2004. The aim was to inform the future policy agenda by summarising current knowledge concerning 'what works' in integration processes. In addition, it was intended that the review would highlight gaps in the evidence base to inform the research agenda.

To generate a summary of the evidence base, the review sought to address four specific questions in relation to each of the five facets of integration.

- What are the current outcomes for refugees and other recent migrants?
- What are the key factors that affect these outcomes?
- What is known about the effectiveness of different types of intervention undertaken to improve outcomes?
- What is the quality of the existing evidence base and how could it be improved?

Owing to the time-limited nature of the review it has not been possible to examine comprehensively the relationship between each of the facets of integration, for example, the effects of employment in success in the search for suitable housing, or vice versa. The review was intended to provide background information for the UK National Integration Conference and did not set out to look at these relationships.

Methodology

Existing knowledge of the evidence base on the experiences of refugees and new migrants in the UK was used to select the most appropriate methodology. Systematic review, where the aim is not only to synthesise the findings emerging from research studies but to provide an overall assessment of their strength, was rejected as an unfeasible approach. Previous exploratory work in this field has demonstrated that few research studies meet the methodological standards required for undertaking this type of review.¹ In addition, as integration has many different facets and can be measured in a number of different ways, few research studies are directly comparable in terms of the outcomes being measured, ensuring that the assessment of the strength of the evidence underpinning different findings in this field is far from straightforward. Nevertheless, the importance of identifying the quality of the evidence demonstrating what works in migrants' integration was recognised and an emphasis was placed on exploring the strength of individual findings, the evidence base in general and thus the steps that need to be taken to enhance this in the future.

For each of the five facets of integration, a contributor with expert knowledge in that particular field was selected to undertake the review of the evidence base. The review was completed in 2004.

Because of the limited time-frame available for the review and the disparate nature of the evidence base, a number of parameters were established at the outset. The review focused solely on the published English-language literature, as this is the most readily accessible. An emphasis was placed on exploring the experiences of refugees and new migrants entirely in the UK context, although comparable evidence from Europe and elsewhere was incorporated

in certain cases (for instance, in areas where little evidence has been produced within the UK or experiences within the UK were reflected elsewhere).

Each contributor searched the published literature relating to the particular aspect of integration on which they were focusing, using a variety of techniques – keyword searches of relevant databases, searches of the indexes of key journals, reviews of the reference sections of previously identified studies and consultation with other experts working in the field. Following discussion, guidance was circulated indicating the key questions to be addressed in the review. Each question focusing on the content of the evidence was accompanied by a question considering its quality – in particular considering the extent to which it could be generalised to migrant populations as a whole and the reliability of the finding in terms of the presence of factors that may have introduced bias.

There is a significant lack of data relating to the integration of migrants and this in turn inhibits research. There was only a limited extent to which it was possible to identify authoritative evidence on outcomes or robustly evaluate ‘good practice’. Nevertheless, there is some evidence of successful initiatives, set out in each chapter. Common themes, problems and gaps in the evidence base were then drawn together into an executive summary that seeks to summarise the state of play regarding the integration outcomes relating to refugees and other new migrants and the interventions for which there is some evidence of success.

Owing to the practical focus of the review on identifying successful approaches to improving the integration of refugees and other new migrants, a number of definitions for key concepts were established prior to the processes of literature search, selection and review.

‘New’ migrants were defined as those who have been in the UK for less than five years. They may be here for less than a year, as in the case of seasonal agricultural workers, or be intending and allowed to stay permanently. While ‘integration’ is often used only in respect of those heading for permanent settlement, those here for just a few months may equally have health needs, may raise issues for community relations and, in the case of children, will need to attend school.

Integration remains a contested term and was used in this review to refer to the two-way process of adaptation by both migrant and host society that enables the migrant to prosper and move towards achieving, over time, equality of access, participation and outcomes.

The notion of ‘good practice’ is also contested. A number of service providers identified policies and procedures which they were confident were examples of good practice but this could not always be substantiated from the literature or by reference to the user community.

Integration outcomes were identified at the outset for each policy field, to guide the literature selection process. These outcomes draw on the indicators identified in the Home Office report by Ager and Strang, *Indicators of Integration*², which was in preparation during the period of this review. That study proposed indicators to measure refugee integration in education, health, employment and housing. In some cases this meant that indicators were proposed for which no data were available for migrants other than refugees. In some instances, the contributors to this review proposed broader indicators: in housing for instance, including the safety of the neighbourhood as a goal, beyond the availability and quality of housing itself.

Structure of the report

The following five chapters focus, in turn, on each of the five aspects of integration – community relations, housing, employment, health and education. Each chapter first considers how integration on the specified aspect can be measured, with reference to the work of Ager and Strang but also through discussion of the availability and quality of the relevant data. The current evidence base regarding the levels of integration of refugees and other new migrants is then summarised and the factors determining the achieved levels are discussed. The principal types of intervention to promote integration in the UK – whether national or local, whether by the state, the private sector or the voluntary sector – are then reviewed, considering, for each, the evidence on whether it works and whether it can be considered a successful approach for improving integration. Finally, the quality of the evidence marshalled to answer these questions is assessed, with the identification of areas upon which future

research needs to focus. Each chapter concludes by proposing recommendations arising from the review of the evidence base, for future policy, practice and research.

2 Integration of new migrants: community relations

Anja Rudiger

The UK has always been a diverse and multicultural society, but not necessarily an integrated and cohesive one. Building social cohesion is a particular challenge when the force of previous unifying ideas, such as national identity, faith or monarchy, has diminished and migration has become a fact of life. Cohesion becomes more dependent on the social networks people form, the daily relationships within and between communities, and the capacity of local communities to identify shared needs and pursue common goals. Forging such relations between established residents and newcomers from abroad entails particular difficulties.

Measuring community relations with new migrants

Just as the impact of new migration on community relations has yet to be fully considered, so a clear understanding of what is meant by good community relations has yet to be established.³ A suitable basis is available, though, in the definition and indicators relating to community cohesion, as well as in the Home Office's *Indicators of Integration*⁴, in the emerging good race relations guidance⁵ and the social capital framework⁶. The following analysis will categorise and review evidence of policy interventions on this basis. This means that interventions will be considered successful if, in the specific context of incoming migration, they are able to contribute to advancing one or more of the following general goals, which form the wider framework for defining and achieving good community relations: equality, security, respect, co-operation and unity. In doing so, policies will help to build the capacities of communities to engage in bonding, bridging and linking relationships.⁷ The importance of these linkages is recognised in *Indicators of Integration* which define the three domains of integration under the category 'social connections' as social bonds (connections with a community defined by, for example, ethnic, national or religious identity), social bridges (with members of other communities) and social links (with institutions, including local and central government services).⁸

This framework will be used with reference to all groups of new migrants, even though, at a policy level, temporary migrants, including asylum seekers, have not been explicitly identified as a target group of integration strategies. Inclusion of all migrants, regardless of their status, within this policy framework appears necessary to support good community relations, as those with a temporary or precarious status may actually have greater difficulties entering into positive relations with established residents than those with (or heading for) permanent residence. Moreover, in practice, many temporary migrants are likely to stay in the long term, so that an early policy focus on developing good relations could yield benefits in the future.⁹ Such an integrated approach also dovetails with the need to work with entire geographical communities rather than focusing on migrants alone.

As a policy goal, good community relations between new migrants and receiving communities can be assumed to exist when people feel safe and secure in the absence of overt tensions, are included in community life and can benefit and contribute on an equal basis, display respectful attitudes towards one another, are able to interact and co-operate positively, and share a stake in their local polity based on a sense of trust and belonging.

These outcomes are interdependent and signal a complex interplay of causes, contributory factors and results. In their fullest form they require communities to be built on security, equality, respect, co-operation and unity, and to engage in bonding, bridging and linking relationships. Good community relations will have a positive impact on integration outcomes in employment, education, health and housing, while problems at community level are likely to impede integration. This review will summarise what is known about the community relations between new migrants and settled groups and the factors affecting this, explore the impact of a range of policy interventions in this area and, on the basis of existing evidence, examine how policies can contribute to fostering good community relations.

Community relations: outcomes and contributory factors

Community relations have not been at the centre stage of research or policy-making on integration. The emphasis has instead been on more measurable aspects and quantifiable outputs of the integration process, mainly in the area of employment, but also in education, health and housing.¹⁰ Similarly, the policy and practical focus has been on migrants' performance in the integration process, rather than on that of the receiving communities or the interaction between these groups.¹¹

The need for more concentrated efforts to improve relations between new and established communities becomes evident in the light of frequent reports of attacks against asylum seekers, protests by local residents against dispersal of asylum seekers or proposed accommodation centres, competition over access to public services and resources, conflicts between incoming and established groups¹² (including tensions between newcomers and settled Black and minority ethnic (BME) communities),¹³ and hostility towards intra-EU migration from accession countries, all in the context of a negative element in the portrayal of migrants in the media.¹⁴

Public opinion surveys consistently reveal high levels of xenophobia, though not necessarily always racism, among the British population,¹⁵ particularly in international comparison. For example, the European Values Survey reveals that British attitudes towards immigrants are consistently more negative than the EU average, even when more positive than other Europeans about racial and cultural diversity. Interestingly, the same survey also indicates a comparatively low level of neighbourliness in the UK.¹⁶ A recent British survey found that nearly four in ten people would prefer to live in an area with people of the same ethnic background as themselves. It also revealed high levels of resentment and mistrust towards others regarding the use of public services and benefits, with most suspicion expressed towards asylum seekers and recent migrants, but little towards BME groups.¹⁷

Trust and neighbourliness are generally considered core components of good community relations. Recent surveys found that people from BME groups were considerably less likely than White people to say they trusted many people in their neighbourhoods and more likely to perceive low levels of neighbourliness. Likewise, people in the most deprived wards displayed significantly lower levels of trust and neighbourliness than those in wealthier areas.¹⁸ While these data do not refer directly to migration-related issues – and recent migrants neither form a separate category of respondents nor feature in the survey questions – the findings point to possible problems with community relations in deprived areas and in areas where BME groups reside. As 70 per cent of Black and minority ethnic citizens live in the 88 most deprived wards, these areas often overlap.¹⁹ Significantly, many asylum seeker dispersal areas are also situated in those most deprived wards. An evaluation study of the impact of dispersal on selected deprived areas, which are part of the New Deal for Communities (NDC) programme, pointed to detrimental effects on community relations in locations where residents already felt pressures of inadequate housing and public services and where the voluntary sector was underdeveloped.²⁰

Overall, evidence points to tensions in community relations between new and established groups in certain geographical areas, as well as potential tensions indicated by national opinion data. Some newcomers' experiences of abuse and attacks are also well documented. A recent literature review of the local impact of migration found much evidence of problematic community relations, and few accounts of successful relations, although the volume of references to tensions was deemed to be greater than its reliability, with most references based on media reporting.²¹ That review also aimed to quantify the wider social costs of community relations and – despite a lack of data relating specifically to migrants – stated that poor relations trigger public finance costs for policing and the criminal justice system, whereas good relations involve resource costs for local community initiatives and some voluntary sector infrastructure support.²²

The lack of qualitative information on the impact of new migration means that the factors contributing to community tensions remain subject to debate. While some analysts argue that low levels of trust are a direct result of ethnic diversity, survey evidence suggests that it is not diversity itself but the issue of immigration that preoccupies people, and that the degree of their anxiety is closely linked to economic deprivation.²³ People from the lowest social classes

are more than twice as likely to express high levels of resentment towards recent migrants receiving public support as people from the highest.²⁴ White and BME respondents displayed similar attitudes towards recent migrants, which corresponds to reports that tensions do not necessarily arise along racial lines. Rather, where competition over scarce and finite resources and services is the greatest, relations with newcomers are most likely to be negatively affected.²⁵ With regard to refugees and asylum seekers, this is compounded by the fact that asylum seekers tend to move or be dispersed to areas already suffering from poor public services.

At the same time, protests over asylum accommodation centres, for example, suggest that community relations are not affected by economic determinants alone. Evidence points to factors ranging from national policies (such as the dispersal policy and the withdrawal of asylum seekers' permission to work) to community profiles, including pre-existing tensions and fragmentation, inflammatory media reporting, far-right activities, lack of information and consultation about the reception of newcomers, no prior experience of receiving migrants, little experience with diversity and inadequate public services.²⁶ In the light of this intricate interplay of factors, it is important to note that some of the key indicators of poor community relations, such as low levels of social interaction, neighbourliness and trust, can function both as causes of a negative impact of migration and as outcomes of a poorly managed inflow of newcomers. Causes and results form a complex vicious circle, which calls for holistic interventions addressing community relations prior to, during and after incoming migration movements. Evidence of policy interventions that address these complex factors will be reviewed in the following section.

Policy interventions

Policy interventions to foster good community relations between newcomers and established groups can be joined up with a wide range of existing government initiatives designed to enhance overall community well-being, ranging from civil renewal and active citizenship to community cohesion, neighbourhood renewal, sustainable communities, social inclusion, and a horizontal equality and diversity approach. Policies in all of these areas affect community relations, which in turn can impact on the outcomes of these initiatives. However, there is little evidence that relations between migrants and established groups currently form an integral part of this mainstream policy agenda. There is also no targeted strategy for promoting good relations with new migrants, and little evidence that a migration dimension forms part of the current community cohesion agenda, which primarily addresses relations with Black and minority ethnic groups. Nevertheless, there have been many individual initiatives, mainstream and targeted, from central, regional and local authorities as well as the voluntary and community sector, which this review will examine. For future policy approaches, the government's updated Refugee Integration Strategy has the potential to provide both a mechanism for identifying issues specific to relations with new migrants and guidance for integrating these in existing policy initiatives.

Certain preconditions will have to be met before policy interventions can achieve progress in fostering understanding and co-operation between newcomers and established groups. The greater the inequalities in economic and social status, as well as in legal and political rights, the more difficult it is for people to come together and bridge such divides.²⁷ A sense of basic economic and physical safety is therefore necessary to enable dialogue and co-operation to take place.²⁸ For this reason too, this review will present policy interventions as progressing along a continuum of objectives that overlap while building on each other: from security and equality to respect, co-operation and unity, and from bonding to bridging to linking activities.

Developing responsive public services

Implementing the statutory duty to promote good race relations

The existing statutory policy framework provides valuable tools and mechanisms for improving community relations between newcomers and established groups. First and foremost, the Race Relations Act (RRA), as amended in 2000, places an enforceable duty on most public authorities to tackle race discrimination and to take active steps to promote both race equality and good relations between persons of different racial groups. A notable proportion of new migrants cannot be considered members of racial or ethnic minorities, although no precise

statistics exist on this. However, the law includes within 'racial groups' people of differing nationality and national status. This means that when carrying out the duty to promote good race relations, public bodies must take account of the needs of all those who might face hostility on grounds of nationality, including, for instance, newcomers from eastern Europe.²⁹ The Audit Commission has also advised public authorities that newer communities, such as asylum seekers and refugees, should be explicitly addressed in race equality provisions and initiatives.³⁰

However, an independent review of the implementation of the public duty revealed a general lack of understanding of, and attention to, the good race relations part of the duty.³¹ This suggests that more awareness-raising combined with enforcement action may be required to ensure that public bodies develop effective strategies to promote good race relations. This task has acquired additional urgency in the context of plans for the proposed Commission for Equality and Human Rights (CEHR) to engage in promoting good relations among different communities: a task likely to require concrete guidance if it is to generate meaningful and measurable outcomes.³² While relevant guidelines exist in the form of the government's community cohesion guidance for local and regional authorities, supported by a set of voluntary community cohesion indicators, these do not directly relate to relations with newcomers.³³

Mainstreaming newcomers into public services

Adequate resourcing, planning and delivery of public services are key to establishing good community relations. A literature review of the local impact of migration found a direct link between the issue of resource use and the state of community relations.³⁴ While an analysis of perceived or real competition over access, quality and quantity of public resources and services lies largely beyond the scope of this review, evidence suggests that resource allocation should be sensitive to migration and diversity characteristics, as well as economic factors.³⁵ It also points to the advantages of delivering services to new migrants as part of mainstream provision – provided these services are resourced and planned accordingly – as this encourages local mixing. The specific needs of migrants should be recognised and integrated into all phases of consultation, planning and delivery. Carefully planned mainstreaming can increase transparency and thus prevent mistrust arising from the suspicion that asylum seekers, in particular, receive better and quicker service provision.³⁶ Well-managed, adequately resourced and jointly used public services in areas of incoming migration could help generate an understanding among the public, in the Audit Commission's words, that "[d]iverse black and minority ethnic communities, including asylum seekers and refugees, are also critical partners in improving local quality of life through contributing to wealth creation, service excellence and social cohesion".³⁷

Facilitating information exchange and communication

Existing community cohesion guidance includes a section on asylum seekers and refugees, which stresses the responsibility of local authorities and agencies to prepare the ground for the arrival of asylum seekers by providing information to local communities. While practices in this area have improved over the last few years, asylum policies and processes have generally been found to take insufficient account of cohesion objectives and of statutory requirements under the RRA.³⁸ For example, an independent review carried out in early 2003 found that the policies and practices of the National Asylum Support Service (NASS) had not, by then, paid much attention to cohesion concerns when deciding on dispersal areas, carrying out dispersal or dealing with failed asylum seekers; nor had cohesion-related evidence been sufficiently integrated into the plans for accommodation centres.³⁹ Those omissions have in turn made it difficult for local authorities to meet their statutory obligations. Despite Audit Commission guidance on monitoring community profiles, needs and views, and communicating with service users on new initiatives,⁴⁰ there has been little information provision to, or communication with, local communities in dispersal areas.⁴¹ This has led to situations where "[c]ommunity relations [were] being put at risk by a fear or failure to explain fairly simple matters".⁴²

A number of basic but effective means for improving community relations are available to statutory bodies. According to research and anecdotal evidence, the public is more concerned about proper, controlled and legitimate management mechanisms for incoming migration than about the sheer number of migrants or their origin.⁴³ Rational management can cultivate public

trust through information provision, openness, transparency and direct communication.⁴⁴ A survey of attitudes towards asylum seekers and refugees found that, when asked about their behaviour towards incoming groups, the “*action which people would be most likely to take would be to find out information about refugees and asylum seekers*”.⁴⁵ Much practical evidence confirms that awareness-raising and listening to the concerns of established communities are essential tools for preventing or reducing tensions.⁴⁶ This was not addressed by the government’s first Refugee Integration Strategy, which, despite appealing to the willingness of local communities to help refugees, offered little guidance on communicating with and supporting local communities.⁴⁷ The second Refugee Integration Strategy, *Integration Matters*, includes an aim, “*to prepare host communities for the long-term settlement of refugees, including by improving information provision*” and outlines progress that has been made in this area. With the regionalisation of NASS, there may be an increasing ability to provide information about new arrivals to communities and respond to their concerns.⁴⁸ Open information exchange is extremely relevant to both incoming and receiving communities; ideally, it should occur in a direct, face-to-face manner, for example by introducing new arrivals to their neighbours.⁴⁹ Likewise, the evidence also suggests that all newcomers should receive accessible information on the local area, its services and implicit social norms, and on their legal rights and responsibilities. In the asylum process, a proactive communication strategy should form an integral element throughout, from before arrival to accommodation and move-on arrangements.

Ensuring newcomers’ personal safety

Direct communication with front-line service providers and the police has also proved valuable. Introductory contacts between local police and asylum seekers as soon as possible after arrival, as recommended in the Home Office’s community cohesion guidance, are particularly useful for developing a strategy against racial harassment, which requires reporting mechanisms that rely on awareness and trust.⁵⁰ Recognising and combating racism and racial harassment are aspects of a statutory obligation that has a special significance for newcomers, as insecurity creates a major barrier to participation in community life.⁵¹ Progress has been made in integrating the needs of newcomers into local policing strategies. Positive initiatives include police forces distributing welcome packs, visiting drop-in centres and participating in multi-agency or specific police fora on migration-related issues; recommendations for further advances are awaiting implementation.⁵²

Building the capacity of new communities

In the framework of the community cohesion and civil renewal agendas, community capacity building has been identified as a key delivery mechanism.⁵³ Sound evidence (cited below) exists that capacity building can be an effective mechanism to meet specific needs as well as foster wider understanding, thereby helping new communities gain the security and confidence necessary to engage in cross-community networks and participate in local governance.⁵⁴

While assistance to Refugee Community Organisations (RCOs) has been widely acknowledged as vital for ensuring the delivery of support services to refugees,⁵⁵ the significance of RCOs for building social capital by generating a sense of security and identity among refugees is only slowly being recognised. Moreover, the role of RCOs in building bridges to other communities has been perceived as an aspiration rather than a reality.⁵⁶ However, comparative EU research has identified the vitality of the RCO sector as an indicator of integration, on the basis of the key “*role of social networks and the social capital of refugee communities in providing the foundations for integration*”,⁵⁷ whereby “*the existence of RCOs ensures that a critical resource is in place to support the different modalities of integration*”.⁵⁸ To enable the RCO sector to flourish, a mechanism for providing systematic, sustained support would be required. At policy level, refined dispersal practices to enhance geographical concentration of newcomers with shared experiences and needs, for example through locally arranged micro-clustering, could promote the development of the sector. In addition, a focus is needed on developing mechanisms for the capacity building of RCOs from a grass-roots level, by identifying and disseminating RCOs’ own good practice in this area.

Evidence suggests that capacity building for new communities should begin with systematic support for RCOs and other migrant organisations as builders of essential bonding social capital among newcomers. There has been an assumption that BME groups in general

already display high bonding activity that can lead to self-segregation and economic exclusion.⁵⁹ However, this has been challenged, for example, by a pilot study in east London, which found that there is *“no foundation for policies that attempt to limit bonding on the grounds that this prevents them from bridging”*, and that instead there is a positive relation that makes bonding a prerequisite for bridging.⁶⁰ Some groups, particularly Bangladeshis as well as refugees and asylum seekers, were found to lack not only bridging but also bonding activity. This left individuals vulnerable in an area rife with hostility towards refugees and asylum seekers. Despite a generally well-developed voluntary sector, support was deemed necessary to help the most excluded groups to build basic social capital.⁶¹ This was also confirmed by an extensive study of asylum seekers in Scotland, which concluded that *“[g]roups formed by asylum seekers themselves, and subsequently refugees, appear to be especially effective in promoting a sense of security and community which provides a safe basis for building good inter-community relationships.”*⁶² Empirical research with settled migrants in the Netherlands also underlined the importance of intra-ethnic bonding activity as a basis for wider civic participation and trust: *“The more an ethnic group is engaged in its own community’s affairs the more it participates in local politics and the more it trusts the political institutions.”*⁶³

By enabling individuals to come together as groups – albeit homogeneous groups based on language or nationality clusters – RCOs help refugees to develop the skills and confidence for engaging in the wider community.⁶⁴ Research into the RCO sector in the east of England has shown that some RCOs acted as ‘cultural ice-breakers’, employing an outward focus that generated opportunities for both refugees and local residents to engage in joint leisure activities.⁶⁵ Statutory sector policies can promote or impede engagement with the wider community and cross-cultural issues, as experiences in various EU member states have shown.⁶⁶ For example, where migrant organisations’ interests have narrowly focused on developments in their countries of origin, the evidence suggests that policies that limit migrants’ access to mainstream civic life and decision-making processes have been a contributory factor.⁶⁷

Policies can instead encourage RCOs to move from initial bonding to a second stage of networking with other refugee groups across barriers of language or nationality, for example by supporting the setting up of regional refugee networks.⁶⁸ Such wider, more diverse networks could also present an opportunity to reach out and include other new groups, such as labour migrants, who may lack contacts with either RCOs or BME organisations. Targeted support for these activities would entail the recognition that RCOs have a role to play that extends beyond essential support and service delivery.

In a third step, the capacity of RCOs and their networks to build bridges to the wider voluntary sector, including BME organisations, can be developed further. While evidence of sustained co-operation is still scarce, regional initiatives are under way. In the east of England, networking capacity is currently being built to enable better co-operation among RCOs, the BME voluntary sector and the mainstream voluntary sector. In Yorkshire, support for RCOs for partnership working with the wider voluntary sector has been agreed by the Regional Consortium as a strategic goal. At both national and local levels, consideration could be given to incorporating the capacity-building needs of new communities in existing voluntary sector compacts.

The fourth step of RCO capacity building entails the development of linking social capital that enables engagement with statutory agencies and partnerships. Community Empowerment Networks (set up and supported by the Office of the Deputy Prime Minister) should explicitly include RCOs and recognise the facilitation of community relations as part of their remit. To enable meaningful participation, capacity must be built on all sides, including training mainstream agencies, partnerships and voluntary organisations in improving accessibility.⁶⁹

In addition to the important role of refugee-led organisations, evidence points to another group of actors who may be able to support refugee communities’ move from bonding to bridging and possibly linking activity. In east London, faith-based organisations were found to be the most active and closely networked groups, with many links to community initiatives as well as regeneration partnerships. As faith can constitute an important source of identification for migrants and minorities,⁷⁰ participation in ethnically diverse faith-based organisations could provide the first bonds through which particular groups of new migrants gain grounding in local community life. Bonds within a particular faith community can entail bridges to ethnically

different people who share the same faith.⁷¹ While homogeneity is maintained at one level, it is transcended at another. Research on asylum seekers in different parts of England found that *“religious organisations can be effective in promoting understanding, as religion and faith can provide meeting opportunities for people which are based on common interests and beliefs, regardless of ethnic background”*.⁷² It does appear, however, that Christian organisations have been the most active, so incentives for a wider range of faiths to take up engagement with new communities should be considered.

Changing attitudes, preventing conflicts

Negative public attitudes towards migration in general and newcomers in particular can ignite and fuel community tensions and conflicts. Among the many factors that influence attitudes, including competition over resources and other actual or perceived conflicts of interest, the role of the media has been most widely identified as instrumental in generating a climate of hostility and fear with a negative impact on community relations. Media monitoring has accumulated a sound evidence base of inaccurate and hostile reporting, particularly by the national media,⁷³ and opinion polls have confirmed that the public perceives the coverage of asylum seekers as overwhelmingly negative.⁷⁴ Research has also pointed to the impact on audiences, which ranges from resentment, hostility and fear in receiving communities to insecurity and fear among newcomers and defensiveness among decision-makers.⁷⁵ The detrimental impact on community relations has also been recognised in the wider context of community cohesion policy,⁷⁶ prompting some local authorities to address media relations as part of their cohesion strategies.

Evidence suggests that adopting systematic and proactive media strategies can help all statutory and voluntary sector bodies, from the Home Office to RCO networks, in generating more balanced reporting on newcomers. This includes explaining policies, plans and actions, countering biased and inaccurate reporting, and promoting coverage of good practice and positive human interest stories. The most commonly practised approach consists of supplying ‘myth-busting’ information,⁷⁷ whose impact is likely to depend on it being used in a proactive, flexible and timely fashion. Developing relationships with local and regional media has often proved valuable, leading to features on positive initiatives such as community work undertaken by asylum seekers.⁷⁸ Working with media organisations as partners or sponsors of local projects can help build sustainable relationships and generate ownership by the local media of the objective of good community relations.⁷⁹ Where media strategies are already in place, their effectiveness and reach have yet to be assessed in a systematic way so that lessons can be shared more widely. In contrast to relations with local media, little evidence exists of attempts to influence national coverage. A coherent, transparent and proactive approach by government departments and national agencies, using positive language and images, could complement local and regional strategies effectively.

Changing hostile attitudes and preventing or diffusing tensions also requires two-way communication and interaction. Anti-racist and intercultural education initiatives, often directed at young people from established communities, have designed methods for learning about asylum seekers and refugees in preparation for actual contacts or community involvement.⁸⁰ Where newcomers and established groups are targeted equally, projects aim to generate respect for other cultures through an exploration of difference within existing, structured group settings, for example in schools or churches.⁸¹ All these approaches can be effective in countering stereotypes by using a controlled setting that provides a safe environment and equal starting point for all participants. Outside the educational realm, however, the existence of actual grievances and tensions renders interaction more challenging, especially as newcomers and established groups do not usually encounter one another as equals and may also perceive their needs and goals as competing.

In this context, conflict prevention and resolution initiatives carried out under the community cohesion agenda offer learning opportunities for a more systematic approach to addressing migration-related tensions and could be assessed for their replicability, especially in dispersal areas.⁸² The Commission for Racial Equality’s Safe Communities Initiative, recently set up to provide support in resolving tensions and preventing conflicts between communities, aims to advise agencies on effective responses to tensions involving newcomers and intends to take a proactive role in mediation.⁸³ The evaluation of the Neighbourhood Renewal Unit’s (NRU) Community Facilitation Programme, which supported local conflict resolution work following

the 2001 disturbances, considers the dual role of deprived neighbourhoods as not only renewal areas but also as dispersal areas, and assesses the contribution of facilitation activities in this context.⁸⁴ Any future programme of community conflict resolution work could include the development of local capacities for addressing conflicts specifically related to migration. Successful conflict prevention and resolution initiatives have aimed at fostering the confidence and ability of all groups to deal with conflicts, rather than suggesting that conflicts could be eliminated entirely. By adopting a peer education approach and training local people from all communities, including newcomers, to become community facilitators,⁸⁵ such initiatives can generate valuable bridging social capital.

Supporting mentoring and volunteering

Anchored in the enabling context of migrant-led community networks, measures supporting the bridging activity of individuals can engender valuable cross-community interaction and build trust. There is sufficient evidence, cited below, to suggest that mentoring and volunteering schemes are effective methods for facilitating individuals' engagement with wider community life by developing linkages and improving perceptions.⁸⁶

Mentoring schemes are related to befriending initiatives designed to help overcome the social isolation of asylum seekers and refugees, which has been identified as a serious problem.⁸⁷ Women from those groups are at a particular disadvantage, as in their case restrictions inherent in the current legal and policy framework can be compounded not only by safety concerns but also by caring responsibilities and language barriers based on gendered social roles.⁸⁸ Befriending services can significantly enhance social interaction, but as a practical tool they often remain underused.⁸⁹ However, befriending principles have also spawned more formal initiatives, such as refugee hosting,⁹⁰ as well as increasingly popular mentoring schemes.

The benefits of a one-to-one relationship built in a successful process of mentoring can go beyond the mutual understanding and respect developed between mentor and mentee. Its relevance to wider community relations was emphasised in the Crick report: "*Mentoring provides a bridge between the receiving communities and new immigrants.*"⁹¹ This has been substantiated by an independent external evaluation of the Time Together mentoring scheme for around 150 participants, which concluded "*that mentoring is a particularly powerful and effective tool for refugee integration.*"⁹² The scheme has been specifically geared towards refugees, though the evaluation recommended that the inclusion of asylum seekers would be an effective means for reducing prejudice in receiving communities. It differs from peer mentoring practices⁹³ in its explicit emphasis on a two-way process of integration based on reciprocal relations between members of new and established communities. The scheme aims to tackle fears on both sides by overcoming ignorance through engagement, breaking down barriers and building understanding. The evaluation found that benefits to the wider community developed as both mentors and mentees raised awareness of integration issues in their immediate environment as well as wider social networks.⁹⁴ It suggested that this positive link between individual outcomes and wider social impact should be explored and strengthened further in future initiatives. It should be noted that, while evaluations of schemes have shown that mentoring has benefited mentor and mentee, both of whom achieved raised awareness of integration issues in their own environments, the extent and ways in which the outcomes of mentoring have penetrated and influenced communities as a whole still requires clarification.

In some other EU countries, local authorities encourage social interaction between individuals by sponsoring refugees' membership in social, cultural or sports clubs frequented by local people, which helps to bring people together on the equal basis of shared leisure interests and activities.⁹⁵

In Britain, volunteering has become a popular tool for refugee integration,⁹⁶ although it is mainly considered as a step towards formal employment rather than a means to foster good community relations. However, as the Home Office has set a specific target for increasing community participation, with volunteering as one of its central components, it would make sense for newcomers to be explicitly included in this policy.⁹⁷ There are significant variations in volunteering, with much lower volunteering rates in deprived areas compared to wealthier areas. There are also ethnic differences, with Asians, and particularly Asian women, least

involved in volunteering, and Black women most involved.⁹⁸ BME groups in general tend to engage more in informal volunteering and other forms of community participation, so that an emphasis on formal volunteering may not be the most productive approach with these groups.⁹⁹ Existing cultural and economic differences in the perception of and access to volunteering are likely to impact on newcomers as well, in addition to possible language barriers. Experience has shown a specific need for support in recruiting, managing and motivating refugee volunteers, particularly as the concept of volunteering is not always understood by some new communities.¹⁰⁰

Volunteering is particularly relevant for asylum seekers, as their often visible lack of purposeful activity, combined with their collective isolation, can lead to resentment among established communities.¹⁰¹ However, asylum seekers appear to face particular difficulties in entering mainstream volunteering, and are often active only within the RCO sector. While it may be the case that asylum seekers actively choose to volunteer within this sector, barriers to their volunteering within mainstream sectors range from a lack of awareness of their eligibility and excessively formal application procedures, which disadvantage newcomers and non-native speakers, to prejudice within organisations. In one local area a survey found that over 60 per cent of voluntary organisations would not consider involving asylum seekers or refugees as volunteers.¹⁰² Some volunteer bureaux have addressed this issue through awareness-raising and training for both potential volunteers and organisations, and by organising short, one-off projects that involved both asylum seekers and local people as volunteers.¹⁰³ A number of Citizens Advice Bureaux, for example in Wigan and Glasgow, have trained asylum seekers to become client advisers, a role which enables volunteers to provide guidance not just to other asylum seekers but also to enquirers from established communities.¹⁰⁴ Regional integration strategies can support this by building voluntary sector capacity to work with asylum seeker volunteers.¹⁰⁵ Both volunteering and mentoring schemes also have a high potential for informing media portrayals that showcase newcomers' positive contribution to community life.¹⁰⁶

Finally, although not strictly speaking an example of volunteering, it is worth noting the increasing popularity of non-monetary forms of local economic activity such as time banking. These activities, by which people accumulate and spend time credits for services rendered and received, could make a very positive contribution to generating co-operation and trust between newcomers and established residents. An external evaluation of existing Time Bank schemes has shown their success in involving participants from socially excluded groups, including women and BME groups, who would not normally take part in formal volunteering.¹⁰⁷ It has demonstrated that time banking led to links of reciprocity and trust within local neighbourhoods, crossing social divides through group activities and social mixing. It thus has a clear potential for involving newcomers and could offer particularly good opportunities for engaging female migrants. The participation of newcomers should be monitored and actively supported by the statutory sector.

Developing communities

The evidence set out in the previous sections shows that social bonds created by support organisations, individual bridges built through mentoring and volunteering, and horizontal communication encouraged in conflict prevention work are vital for developing supportive, active and cohesive communities. Within this context, community development initiatives can assume a key role in encouraging systematic cross-community co-operation between new and established groups to help improve community life for all. Beyond building infrastructure for support and participation, which is the focus of capacity building, community development aims to nurture long-term interaction across boundaries by building diverse and overlapping networks that are accessible to everyone on an equal basis.¹⁰⁸ Value-based community development approaches have a long tradition of empowering people to deal with tensions and divisions, for example by working with individuals and groups *“to identify the sources of conflict and to create solutions that are acceptable to all parties”*.¹⁰⁹ If successful, they can generate *“some degree of genuinely shared ‘public’ life at the local level”*,¹¹⁰ and thus instil a sense of belonging and a common vision, supported by relationships based on trust and respect.

While community development is said to be *“at the heart of the government’s agenda, right across the different government departments, across both central and local government”*,¹¹¹

the process of devising a coherent strategy is at an early stage,¹¹² and little evidence exists of migration-related issues being incorporated. At an analytical level, community well-being has been introduced into performance measurement of local authorities, mainly in the form of voluntary Quality of Life indicators. Useful evidence might be gained from local reports on the community cohesion indicators, which could be provided through their incorporation into local government's statutory Best Value process. Local assessments of the suitability of these measurements for capturing the migration dimension would be helpful. Despite statutory provisions, there is little evidence to date that local authorities are in a position to identify how targets relating to service delivery and economic development intersect with the dynamics of diverse community relationships and networks.

Community development work is based on the premise that cross-community interaction is sustainable only if it is not treated as a goal in itself but instead involves generating shared interests and working towards common goals that benefit all residents – newcomers as well as established groups.¹¹³ Such co-operation can counteract both segregation between communities and competition for resources and services. Experience in Northern Ireland has shown that significant community development support at neighbourhood level is needed, in addition to infrastructure capacity building, in order to work in areas with a low level of bridging activity, and this may be similar in areas of incoming migration.¹¹⁴ Designated support in Britain could be specified in local Community Strategies and actively guided by Local Strategic Partnerships (LSPs). Many local authorities have established refugee forums that co-ordinate refugee-related activities, and these have the potential to fulfil the role of facilitating, encouraging and supporting refugee involvement in community development.

Much useful work is already taking place on the ground, despite the absence of a migration-sensitive policy framework. Some recent participatory initiatives in community safety and urban design have managed to involve new and established communities in improving their local environment. For example, in a series of grassroots projects, community development workers enabled local women to come together, discuss problems in their neighbourhood, identify their needs and conduct safety audits by taking joint walking tours of local streets, parks and facilities.¹¹⁵ This brought together diverse groups of women who would not have otherwise interacted with one another or with local policy-makers. Newly arrived women shared their initial impressions of the neighbourhood, revealing their feelings of vulnerability and lack of confidence. As projects of this type are not specifically geared towards facilitating interaction between newcomers and established residents, they are reliant on attracting newcomers through word of mouth, occasionally supported by multilingual information and links with RCOs. To ensure a more systematic participation of newcomers, as well as an explicit focus on improving community relations, consistent support and direction from the policy level would be necessary;¹¹⁶ in the case of community safety projects, Crime and Disorder Reduction Partnerships (CDRPs) could take a lead.¹¹⁷ Given the difficulty of obtaining an overview of the extent to which community development work with newcomers is already part of mainstream initiatives, support to all local initiatives for expanding outreach and monitoring participation by newcomers could form the basis of more coherent interventions.

A systematic inclusion of newcomers in mainstream community development work requires that adequate and accessible resources are directed to such work, especially in dispersal areas. Research has shown that community fragmentation existing prior to the arrival of asylum seekers exacerbated tensions at a later stage.¹¹⁸ In many dispersal areas, established communities themselves have long lived without investment in community development or basic community facilities that would encourage social interaction. These areas might also benefit from new forms of community ownership of local public assets, provided they involve all sections of the community. This could help stimulate civic engagement and a shared sense of belonging.¹¹⁹ While no evidence appears to be available of practical experience in this area, research has found that the availability of, and shared access to, community-based facilities and services gives rise to opportunities for cross-community interaction. This would also point to an advantage of mainstream service provision over targeted provision.¹²⁰ Overall, the evidence suggests that community development approaches clearly have a role to play at all stages of the integration process, from preparing communities for incoming migration to enabling co-operation between newcomers and established residents and facilitating joint involvement in local governance.

Encouraging civic participation

Good relations between new and established communities depend on social bonds within groups and bridges between them. Those relations can be further strengthened by forging links with the wider public sphere to enable joint participation in and influence over local civic affairs.¹²¹ Horizontal involvement “provides a firm foundation for the ‘vertical involvement’ of people in governance structures and in engagement with civic institutions, though it is not automatic, and requires targeted support”.¹²² Public policy has to ensure that diverse communities are collectively able to engage with the decision-making processes that shape their lives.¹²³ In a multicultural society, shared local influence can strengthen connections between groups and generate an overarching sense of unity, belonging and trust. Evidence of migrants’ civic participation in Amsterdam showed that “civic engagement is the most powerful determinant of the quality of multicultural democracy”, as participation leads to closer attachment to public life and an identification with the polity.¹²⁴

The civil renewal agenda aims to encourage active citizenship and widespread civic participation by tackling barriers to involvement, empowering citizens and bringing diverse communities together to work towards shared goals.¹²⁵ In so far as newcomers have been targeted as part of this agenda, the focus has been on encouraging them to take up formal citizenship, and increasing the symbolic significance of this step by introducing knowledge and language requirements as well as citizenship ceremonies. However, language and citizenship education may actually be most valuable and most needed soon after arrival rather than during the naturalisation process.¹²⁶ It may also be unhelpful to adopt a narrower interpretation of citizenship for migrants than for established citizens¹²⁷, especially since comparative research across EU countries has demonstrated that migrants’ integration has progressed furthest in those countries that grant a wide range of citizenship rights to migrants and provide ready access to the policy-making process.¹²⁸ Therefore, in addition to encouraging naturalisation, there appears to be a need for policy interventions that foster the active citizenship of newcomers and thus increase integration and trust.¹²⁹

An inclusive concept of active, civic citizenship enshrines the rights and responsibilities of nationals and non-nationals alike and their equal role in creating cohesive communities. It is argued that “good and active citizenship is how we behave towards each other collectively and that is what binds us together, rather than assertions of national, ethnic or religious priorities or particular interpretations of history”.¹³⁰ At European level, this recognition of the practical function of citizenship in promoting cohesion is manifest in the concept of ‘civic citizenship’ for third country nationals introduced by the European Commission as a “sufficient guarantee for many migrants to settle successfully into society”, particularly through enabling local political participation, which has led to greater political integration in a number of EU member states.¹³¹

For communities that include many non-nationals, an introduction of non-traditional modes of political participation (e.g. citizens’ juries) could be particularly beneficial, as such collective mechanisms can also promote mutual respect in the context of different formal and legal rights.¹³² Moreover, factors related to ethnicity have been identified as a barrier to participation almost as high as nationality. Surveys revealed that White people are significantly more likely than Black and minority ethnic people to be involved in civic participation in the political sphere.¹³³

Such evidence suggests that increased efforts to dismantle barriers to civic participation and representation are required, especially in the form of tackling institutional prejudices and rendering decision-making processes more accessible and inclusive. The Audit Commission has called on local authorities to “develop outcome measures, particularly focusing on increasing black and minority ethnic community influence on decision making, their trust and confidence in services and employment, and on positive community relations”.¹³⁴ Similarly, the community cohesion guidance points to the importance of developing people’s confidence to exert influence vertically as part of fostering a sense of belonging to a locality.¹³⁵ Policy interventions based on these guidelines should reach beyond the race equality context to include new migrants in all measures, targets and actions. The new Single Community Programme, for example, which merges the NRU’s existing community participation initiatives, could raise awareness among newcomers of participation opportunities in schools, the NHS and the police, and develop support for taking advantage of those opportunities. Moreover, in addition to engaging individuals, this programme could be well placed to facilitate collective

action that allows the exercise of shared citizenship at community level. The need to ensure that RCOs and their networks are included in decision-making processes relating to regeneration and renewal has already been identified.¹³⁶ More generally, LSPs could be expected to provide the extra support that all diverse communities of new and established groups are likely to require to engage collectively in local governance. This would also help to include new communities in the community participation imperative of the Local Government Act 2000.

Gaps in evidence

The above analysis does not claim to offer a systematic overview of relations between new and established communities in Britain or the factors underpinning these relations. Instead, it relies on survey data, evaluations of projects and funding programmes, thematic analyses, and examples from particular regions and localities to identify key problems, interventions and solutions at policy and practical level. Little of the evidence that emerged can be considered fully reliable, representative and objective. It should be recognised that this is not only because of a lack of available and sufficiently targeted research and analysis, but also because the field of community relations contains little 'performance' to be measured, few quantifiable outcomes to be added up and no definitive comparators between different communities. Community relations are by definition local, and so it seems appropriate that this is a policy area in which good practice is almost entirely driven from the bottom up.

There are many local initiatives that bring new and established communities together and foster good community relations. Most of these do not result from systematic and coherent efforts at policy or programme level, but are instead driven by local needs as they arise. To assess the extent of existing local initiatives, how they emerge and under what conditions they succeed, would require a large-scale survey and evaluation. However, to ensure that such initiatives consistently inform policy-making in this field, it may be equally productive to devise methods for better information sharing between individual projects and local stakeholders, as well as among policy-makers at local, regional and national level. Dissemination and use of available information can be considered at least as important as the collection of new information.

Nevertheless, there are two main areas that require further investigation. First, some lack of clarity remains regarding the definition and measurement of good community relations, specifically in relation to new migrants. The present analysis has drawn mainly on the definition of community cohesion, on social capital indicators and on emerging thinking on good race relations. Although none of these definitions and indicators is specific to migration-related issues, in conjunction they offer useful guidance. It does not appear, however, that such guidance is in fact much used in practice. Community relations and cohesion are often not perceived as areas of investigation or intervention in their own right, but as an outcome of policies in the sectors of employment, education, health and housing. Some progress has been made by encouraging the incorporation of cohesion and Quality of Life indicators in local performance reviews, though the migration dimension is unlikely to be captured by this.

Second, there is a lack of agreement about which groups are subjects and targets of policies relating to community relations. Temporary migrants and asylum seekers do not appear to be covered by relevant policy interventions. The policy distinction between BME groups and new migrants is not perceived as particularly useful by many practitioners, if migrants themselves belong to ethnic minorities. It is not always clear how migration experience differs from minority experience with regard to building relationships with mainstream society. Much literature sees race as the determining factor, pointing to the relative success of White migrant groups and relating this to their relative invisibility in terms of their race.¹³⁷ Further research could establish whether skin colour is the critical factor and, more positively, help identify the particular experiences, needs and views of migrant groups and whether these differ from those of settled BME groups. This could also include a closer investigation of tensions between newcomers and settled BME communities.

At a policy level, the insufficient attention paid to the impact of new migration on community relations appears to be attributable in part to the continued separation of asylum policies from refugee integration objectives. While refugees have attained the right to remain in the UK, and asylum seekers still await a decision on their status, in both cases there is a need to ensure

good relations with the wider community. Furthermore, policy action is also impeded by a lack of disaggregated data, as there is little monitoring that distinguishes groups by their immigration status,¹³⁸ for example, “*some highly vulnerable groups are not picked up reliably in any social surveys or by our administrative systems*”.¹³⁹ These ‘missing’ groups are most often identified as ‘asylum seekers/refugees’. In fact, even fewer data exist on labour migrants, dependants or overseas students. The present analysis has not been able to draw on any systematic information on local areas that are involved in receiving, for example, labour migrants and on issues that might have arisen as a response. This lack of data on migrants other than asylum seekers and refugees was confirmed by a recent review of the existing information base, which also highlighted the weakness of data on community relations in a migration context with regard to any factors other than race.¹⁴⁰ Since baseline data collection on community profiles is already part of the statutory duty on public bodies to promote race equality, as well as being recommended by the community cohesion guidance, support could be given to local agencies for ensuring that the data collected are relevant to identifying issues relating to all groups of migrants.

Conclusions

The evidence has shown that policy interventions can support the development of good community relations, not by superimposing values or requiring newcomers to assimilate, but by tackling fears of change and removing barriers to participation, thus helping communities to come together. Good relations between new and established communities demonstrate a society’s ability to include new migrants, facilitated by a sound management of diversity within an equality and human rights framework. However, while it is now widely accepted that integration is a two-way process,¹⁴¹ involving change on the part of both new and established communities, research and policy interventions appear to focus on one side of the process, usually the adaptation undergone by migrants. Relations between the two sides often remain hidden, unwittingly reflecting the dearth of cross-community contacts in reality. It can be argued, however, that it is these relations that form the core of the process of inclusion that is expected to produce an integrated, cohesive society.

While the evidence does not suggest a need for significant new, stand-alone initiatives, a joined-up and coherent mechanism for mainstreaming cross-cutting migration issues seems to be required, together with a reconciliation of contradictory policy approaches (such as cohesion and aspects of asylum policies). While community cohesion is in the process of being mainstreamed across government departments, it should also routinely flag up and include migration-related aspects, especially as part of a community cohesion proofing policy.¹⁴²

This review has presented six types of policy interventions undertaken to improve community relations, roughly corresponding to the distinct aspects of the definitions of community cohesion and good race relations. Perhaps unsurprisingly, less evidence was found to support interventions focusing on the relational aspect of community life, compared to interventions working mainly with either new or established groups. On the basis of this evidence a good case can be made for the need for public bodies to provide adequate services and information to new and established communities alike and to devise robust systems to tackle racial harassment. Sound evidence is also available to support capacity building for new communities and to promote mentoring and volunteering schemes. Likewise, measures to change public attitudes by countering negative media reporting are fairly well evidenced. Much less evidence, however, was found to support specific policy interventions around conflict prevention, community development and civic participation, all of which require working directly with both new and established communities and supporting them in developing and pursuing common goals. Yet it can be argued that these interventions in particular are essential to developing good community relations. While newcomers and established groups equally need to acquire the information, capacity and security to engage in interaction, it is this interaction that is most difficult to foster and sustain. To get to the heart of good community relations, policy interventions will have to respond to this challenge.

Table 1: Policy interventions, aims and outcomes

Interventions	Overall objectives	Social connections	Specific aims	Desired outcomes
Developing responsive public services: mainstreaming, sharing information and facilitating communication	Equality, security, respect	Bridges and links	Implementing statutory duty to promote race equality and good race relations; integrating newcomers' needs into planning, resourcing and delivery of services; sharing information with local authorities and facilitating communication among local population, service providers, police and newcomers especially in dispersal areas, preventing and combating racial harassment	Fair and adequate public service delivery to all; favourable perception of services and reduced competition over access, preventing resentment, prejudice and tensions; physical safety and social security for all groups
Capacity building for new communities	Security, equality, respect	Bonds and bridges	Building support networks for newcomers; meeting newcomers' social, cultural and psychological needs	Increased voluntary and community sector capacity to provide services and support to newcomers; newcomers develop sense of security and confidence that enable them to contribute to social life on an equal basis
Proactive media relations, public education and conflict resolution	Respect, security	Bridges	Improving media reporting and public images of newcomers; changing public attitudes towards newcomers; preventing and resolving tensions and conflicts; supporting community facilitation; developing cross-cultural understanding and interaction	Fair and balanced media reporting; respectful public attitudes towards newcomers; cross-cultural understanding and interaction; reduced tensions and fewer conflicts
Mentoring, volunteering and time banking	Respect, co-operation	Bridges	Providing advice and support; enabling reciprocal learning; overcoming isolation and building relationships; enabling newcomers to participate and give something back to local communities	People-to-people ties; cross-cultural understanding and interaction; inclusion of newcomers in community life
Community development	Co-operation, unity	Bridges and links	Supporting cross-cultural local engagement; bringing different groups together in the pursuit of common interests; developing strong and inclusive communities	Social networks among diverse groups; less segregation; positive and active co-operation among groups; conflict resolution; shared sense of belonging and trust; community empowerment
Civic participation opportunities	Equality, unity	Bonds, bridges and links	Encouraging participation of newcomers and RCOs in civic affairs and various forms of local governance	Shared sense of belonging and trust; shared stake in local polity; more representative civic institutions; exercise of active citizenship

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3 Integration of new migrants: housing

Deborah Phillips

Access to safe, affordable and appropriate accommodation is one of the prime concerns of all new migrants and refugees and is a key facet of successful integration. Housing conditions and experiences are important for a household's sense of security and belonging, and have a bearing on access to services such as health care and education and opportunities for employment.¹⁴³ Housing has been a key driver for most government-led programmes for the settlement of people seeking asylum, and successful housing integration is likely to have an impact on community relations, the level of secondary migration by new migrants, and the development of a migrant household's capacity for secure and independent living. Housing-related issues affecting new migrants in particular relate to the preparation of host communities for their arrival, the initial provision of housing and availability of ongoing support, the provision of move-on support for refugees leaving dispersal accommodation and the prevention of homelessness.

Measuring new migrants' housing outcomes

A Home Office report has outlined several criteria for measuring the housing integration of refugees, in particular:

- the proportion of refugees living in owner-occupied or secure rental accommodation;
- the proportion living in the most deprived local authority wards, compared with the general population;
- reported satisfaction with housing conditions;
- levels of homelessness.¹⁴⁴

These indicators, however, need some qualification. The concept of housing satisfaction is open to several constructions, depending on the indicators used for evaluation. Case studies of housing association tenants in Manchester, London and Birmingham found that while most people were satisfied with the standard of their accommodation, they were less happy with the cultural sensitivity of their landlords and their perceived vulnerability to racist harassment.¹⁴⁵ Many studies and reports have picked up on the issue of safety. Worries about, or the experience of, harassment undermine security of tenure, threaten housing satisfaction and increase the risk of homelessness. Many of the examples of good practice in housing integration reviewed below thus view tackling racist harassment as integral to their strategies and a criterion for success.

Housing: new migrants' outcomes and contributory factors

There are only limited accurate data focusing specifically on the national distribution and the housing circumstances of new migrants settling in the UK over the last five years. However, academic research,¹⁴⁶ together with Home Office data, suggests that many new migrants are attracted to the perceived opportunities and social networks in London and south-east England, although others may gravitate to cities where they have family or other connections. This has given rise to an uneven geography of migrant and refugee settlement, placing disproportionate strain on housing providers in south-east England in particular. The minority ethnic population is also disproportionately concentrated in London (45 per cent of the total), as well as in the larger metropolitan areas and the former textile towns of north-west England. In contrast, significant areas of the UK have very few people of BME origin.¹⁴⁷ Strategies for accommodating and supporting new migrants are usually less developed in these regions, and community support may be lacking.

The policy response to the uneven flows of new migrants into different regions of the country has been to implement a national scheme of asylum-seeker dispersal (enacted in 2000, under the 1999 Asylum and Immigration Act). Home Office data provide the best source of

information on the initial destinations of asylum seekers, although it enumerates only those supported through NASS. At the end of March 2004, of the 48,610 asylum seekers staying in NASS-supported accommodation, 40,460 were living in England and the largest receiving regions were Yorkshire and Humberside (9,875), the West Midlands (8,455) and the north-west (7,835).¹⁴⁸ There is clearly an attraction to Greater London: of those choosing to find their own accommodation and receiving subsistence support from NASS, 72 per cent were living in the capital, and the rest were spread fairly evenly throughout the regions. Robinson suggests that secondary migration, to major cities like London, among dispersed asylum seekers waiting for a decision runs at 18–20 per cent.¹⁴⁹

Good data on the geographical mobility of refugees following a positive decision are lacking, although a number of studies have made estimates based on sample data. These range quite widely, and may reflect the influence of different support structures at different times. The pull of London nevertheless seems consistently strong. Carey-Wood *et al.* estimated that, between 1991 and 1993, 85 per cent of new refugees moved to London.¹⁵⁰ More recently, the Yorkshire and Humberside Consortium estimated that about 50 per cent of asylum seekers moved from this region after dispersal.¹⁵¹ A survey of refugees conducted in north-east England found that 48 per cent aspired to settle in the capital.¹⁵² The potential for access to decent affordable accommodation in London is, however, limited. There is some evidence to suggest that new migrants and refugees, like people from BME groups, are over-represented among the homeless, but there are no national data to quantify this.¹⁵³ Academic research into housing needs and access to the social rented sector indicates that there may also be a significant amount of 'hidden homelessness'.¹⁵⁴

Data on the tenure and quality of new migrants' housing are far from systematic, as different categories of migrant status are not measured in any national surveys or administrative data sources that collect information on housing. Consequently, the only available data derive from a number of small studies, usually focusing on particular groups or localities.¹⁵⁵ These indicate that new migrants rely heavily upon the private and social rented sector, as well as friends and relatives. Census data reveal that this tenure pattern differs significantly from that of the general population (over 70 per cent of whom own their home) and also from that of some of the more established Black and minority ethnic groups, particularly people of Indian origin.¹⁵⁶ With the exception of highly skilled migrant workers, owner-occupation is rarely achieved in the early stages of settlement, if at all,¹⁵⁷ although longitudinal analyses of housing pathways are lacking.¹⁵⁸ The pattern of tenure reflects migrants' low socio-economic status and the high proportion of single-person households.¹⁵⁹ These characteristics, and thus the level of owner-occupation in the migrant population, may change with the introduction of a points-based system by the Home Office for migrant entry. Evidence from local studies suggests that the housing conditions of new migrants are often poor. For example, Garvie collated information from Environmental Health Officers inspecting private rental properties in five local authorities over a three-month period.¹⁶⁰ The findings pointed to high levels of overcrowding (86 per cent), often presenting an unacceptable fire risk, and assessed that one in six properties were 'unfit' for human habitation. However, it should be borne in mind that this sample was not representative and may be biased, as Environmental Health Officers most often inspect properties when there has been a complaint.

There are also some examples of private rental accommodation used to house asylum seekers through NASS contracts falling below acceptable standards.¹⁶¹ The Joseph Rowntree Foundation drew on interviews with professionals and asylum seekers to assess housing provision in West Yorkshire.¹⁶² The quality of migrants' housing in certain sectors was deemed to be variable, with private rented housing assessed as the worst, and there were concerns about the types of neighbourhood where migrants were living, because of racist harassment. Several reports have observed that asylum seekers and refugees have either been allocated to, or have settled in, deprived council estates in low-demand areas which are characterised by poverty, community tensions and crime.¹⁶³ Similar concerns have been raised with respect to the housing of Portuguese and Chinese migrant workers in Lincolnshire and Norfolk respectively.¹⁶⁴ Many of these workers, however, remain outside the social housing system and, according to a Boston council report, live in highly overcrowded private rental accommodation.¹⁶⁵

Although the evidence is patchy and small-scale, and is therefore not necessarily representative of the wider picture, it would seem that the housing experiences of new migrants, asylum seekers and refugees are often characterised by instability, which poses problems in terms of people's sense of well-being and the progress of integration initiatives. In the early months (and sometimes years) of residence, new migrants may have to move several times because of the temporary nature of their accommodation (e.g. hostels), short-term rental agreements, the changing circumstances of friends and families with whom they might be staying, or, in the case of people seeking asylum, a change in immigration status and thus type of support.¹⁶⁶ Qualitative studies in West Yorkshire, Glasgow and Nottingham indicate that migrants also often experience a sense of vulnerability, because of the threat of homelessness, racist harassment (from landlords and local residents), uncertainty about rehousing decisions, and, in some cases, a lack of support from people with a similar language or culture.¹⁶⁷ Researchers conducting interviews and focus groups with housing representatives and new migrants in Hull, Sheffield and Wakefield concluded that this can bring feelings of isolation, stress and depression, which may be exacerbated by poor housing conditions.¹⁶⁸ Asylum seekers in particular spend much of their time inside their homes, because of unemployment, language differences and fears of harassment. This brings particular demands in terms of support and can have a significant impact on their health and well-being, especially if housing conditions are poor.¹⁶⁹

The reports reviewed previously, together with academic studies such as those of Robinson *et al.* and Zetter and Pearl, clearly indicate that housing outcomes for new migrants may be explained by several factors: Home Office policies for the accommodation of asylum seekers; the limited resources of most people when they receive a positive decision; the policies and practices of housing providers; and the search for a safe, supportive environment by new migrants and refugees.

A succession of immigration and asylum Acts has shaped the housing pathways and options of asylum seekers and refugees in the UK. The Asylum and Immigration Appeals Act (1993) and the Asylum and Immigration Act (1996), together with the Housing Act (1996), were important in redefining asylum seekers' entitlements to local authority homelessness assistance, but the introduction of a centralised system of support and dispersal of asylum seekers under the 1999 Asylum and Immigration Act had particular significance for the housing circumstances and integration experiences of today's asylum seekers and refugees. While some asylum seekers opt to find their own accommodation, many are housed through the NASS system. Key features of this system are: the dispersal of asylum seekers to 12 designated areas in the UK where the demand for housing is lower than London and the south-east; the allocation of accommodation on a 'no choice' basis; and the requirement to move on from NASS accommodation within 28 days of receiving a final decision on refugee status. The Chartered Institute of Housing has observed that the Home Office clusters overlap with the 88 local authority areas identified by the Social Exclusion Unit as the most deprived areas in Britain.¹⁷⁰ Further revisions to the legislation were introduced through the Nationality, Immigration and Asylum Act 2002, with the proposal of accommodation centres for new asylum seekers and the introduction of section 55, which prohibited (with some exceptions) support for asylum seekers who fail to make their claim as soon as "reasonably practicable" after their arrival in the UK.

The housing outcomes associated with family reunion are also affected by the requirement that migrants who arrive in the UK as family members must have "no recourse to public funds". This inhibits access to social housing through the homelessness channels, raises issues about affordability and access to appropriate family accommodation, and constrains women's access to emergency refuges in cases of domestic violence because of the inability to contribute financially through housing benefit.¹⁷¹

Regional differences in housing outcomes may arise through the local decisions made by the 12 regional consortia¹⁷² about how best to accommodate asylum seekers when dispersed. For example, while English consortia aim to house asylum seekers in language clusters in order to facilitate support, not all have achieved this goal. Qualitative research in Yorkshire and Humberside suggests that, in practice, decisions have often been driven by the availability of accommodation.¹⁷³ So, for example, the 105 Eritreans living in this region in

2002 were dispersed across eight cities.¹⁷⁴ This places a strain on the provision of language support, community infrastructures and translation services.

Qualitative research in Scotland and England indicates that the policy of dispersal has produced new challenges for housing providers.¹⁷⁵ First, community tensions, sometimes fuelled by hostile media coverage of asylum issues, can obstruct the housing and integration process by undermining feelings of safety and belonging. This can decrease migrants' satisfaction with their housing and increase the potential for secondary migration. Second, dispersal has brought some mainstream providers, especially in areas with few people of ethnic origin, into contact with new migrants from diverse cultural backgrounds for the first time.¹⁷⁶ An academic survey of housing providers in Glasgow referred to the problem of a "steep learning curve" for many as they learnt to respond to asylum seekers' needs, support cultural differences and deal with the growth in racist incidents.¹⁷⁷ Housing providers in Lincolnshire encountered similar problems because of influxes of migrant workers from Portugal in 2002.¹⁷⁸

Factors influencing the transition to decent permanent housing relate to the dynamics of the national and local housing markets.¹⁷⁹ There is much evidence from academic research that BME households are disproportionately disadvantaged in the competition for housing, especially when there is a shortage of accommodation.¹⁸⁰ This is also likely to be true for new migrants coming from the same minority ethnic groups. Affordability restricts housing options in London and the south-east in particular. As demonstrated by Carey-Wood *et al.*'s research,¹⁸¹ this increases the likelihood of poor housing outcomes (poor conditions, overcrowding and insecure tenancies, for instance) and homelessness. Two recent overviews of housing and community cohesion for the Chartered Institute of Housing point to the ways in which housing outcomes and integration experiences may also be shaped in some localities by regeneration strategies and community cohesion initiatives.¹⁸² Newly formed 'housing regeneration companies', for example, aim to be responsive to local housing demands, including those of new migrants. Also, although housing projects do not feature prominently in the action plans of the Community Cohesion pathfinders,¹⁸³ both community and urban renewal strategies are founded on the principles of community involvement and active citizenship, and may thus provide opportunities for the integration of new migrants and refugees.

Policy interventions

A review of the evidence base indicates that there is a wide range of initiatives designed to promote the integration of new migrants through their housing. Objective evaluations of these initiatives are, however, patchy. A number of housing providers make claims about 'good practice' or offer advice on what they believe to constitute good practice, but with little evidence to substantiate this. Where robust evaluations have been undertaken, they tend to relate to specific, and often relatively short-term, initiatives. Research and evaluation have tended to focus on the earlier stages of settlement, reflecting the urgency of migrants' housing needs at this time and the focus of government initiatives. Systematic, national overviews, assessing integration over an extended period of time, are lacking.¹⁸⁴ For this reason, there is a greater focus in the following section on initiatives relating to the housing of migrants during the early period of their residence in the UK, in particular those interventions relating to reception, orientation and the development of community cohesion, where the policy focus and evaluation activity have been greatest. There is consequently less consideration of longer-term housing issues for those migrants who have resided in the UK for a considerable period of time, for instance initiatives relating to pathways into permanent housing including home ownership.

This review includes both evidence of good practice that has been independently evaluated and examples of initiatives which current thinking would suggest are promising.¹⁸⁵ The examples presented are drawn from published and web-based sources, as well as discussions with housing providers.¹⁸⁶ This review considers the key factors identified by service providers, new migrants and refugees, and researchers as integral to a successful transition to secure, permanent accommodation and its associated attributes: namely, independent living in a non-hostile environment. These key factors are:

- the orientation of newcomers and preparation of residents in the receiving area;
- continuing support for new migrants and existing residents;
- move-on support for new refugees;
- preventing homelessness.

Some housing and integration strategies tackle several of these key areas, while others are more focused on particular stages of the resettlement process.

Preparation for the arrival of new migrants and refugees

As the previous chapter explored with reference to community relations, preparation of host communities for the arrival of new migrants and refugees constitutes an increasing feature of the range of policy interventions put in place to further integration. The section below outlines a number of the interventions that have been developed by housing providers or that have a specific linkage to housing.

Case-study research and national overviews of migrant housing and settlement strategies in England, Scotland, Germany, Sweden and the Netherlands indicate the importance of preparing both the newcomers and existing residents for the reception process.¹⁸⁷ Evidence from these wide-ranging studies indicates, first, that community tensions and resentment may arise when new migrants arrive in established neighbourhoods unannounced, and second, that new migrants are more likely to move elsewhere if they face hostility, especially if their housing needs are not adequately met. Planned strategies for the induction and support of migrants and refugees include work with refugees to be settled under the United Nations High Commissioner for Refugees (UNHCR) refugee resettlement scheme,¹⁸⁸ and the Government's move towards induction and reception centres (e.g. the Hillside Centre in Leeds). The UNHCR refugee resettlement scheme has the advantage of being able to target people in refugee camps before they arrive in the UK, a strategy which is not possible with other new migrants. In a review of 'what works' in the UK, Sweden and the Netherlands, Robinson *et al.* have emphasised the importance of positive media reporting, as in the case of the Kosovan refugees, involving: frequent media briefings; the collation of case material on new migrants in order to meet their needs; the 'regional orientation' of migrants before dispersal, for example through videos and online information; and community involvement in the reception process.¹⁸⁹

In Scotland, housing providers who were interviewed by a team of academic researchers felt that discussions with local residents prior to the arrival of asylum seekers had considerably reduced friction.¹⁹⁰ In Southside, Glasgow, for example, public meetings were held to inform local people about the services that asylum seekers would receive and about the circumstances that had given rise to their forced migration. As a result, local people formed a welcoming committee to present the asylum seekers with clothing. Some evaluation of the impact of these initiatives was provided through a seminar for stakeholders and asylum seekers' representatives in Glasgow in 2002. Asylum seekers were generally positive about Glasgow City Council's housing services and felt that the documentation given on their arrival in the city was excellent, with praise for the Council's Welcome Pack. There was less praise for the YMCA's housing and induction project in the city, which was not thought to be sensitive to the concerns of the new migrants.¹⁹¹ An interim evaluation by Michael Bell Associates in 2002, however, drew no firm conclusions as to the utility and relevance of the YMCA scheme.¹⁹²

In Leicester, the value of careful and extended preparation for the arrival of new migrants and refugees has been demonstrated. A multi-agency group, including the council, refugee organisations and the police, engaged in 12 months of preparatory work before housing asylum seekers on the predominantly White Northfields estate.¹⁹³ This involved meetings, setting up a forum for the exchange of information, attempts to counter myths about asylum seekers and refugees, and close consultation with the local tenants' and residents' associations. An evaluation of the scheme by housing policy researchers concluded that new housing opportunities had been opened up through the careful preparatory work, but that major transformations in the ethnic composition of an area require all local agencies to be

working effectively towards the same objectives.¹⁹⁴ The evaluation also concluded that grassroots organisations need to be consulted and involved, and that there is a need for continuing support to ensure that small tensions between new and existing tenants do not escalate into deeper divisions.

Examples of good practice in orientating new migrants and preparing local residents for their arrival can also be drawn from projects devised to support BME households moving into White neighbourhoods in which they have not traditionally lived. The Canalside Community Induction Project in Rochdale has been heralded as a model of good practice in housing integration.¹⁹⁵ The project was designed to enhance the sustainability of a new housing association development for Bengalis in Canalside, an area perceived as unwelcoming to minority ethnic groups. Orientation and integration activities included providing support to new and existing tenants to help sustain tenancies (especially in cases of racist harassment), a good flow of information, and organising community activities. An independent evaluation by the University of Manchester at the end of the project concluded that the Induction Project had made Canalside a safer place, by encouraging community participation. It also highlighted the importance of employing front-line staff, who were able to engage effectively with the incoming and receiving populations over an extended period. There were also lessons to be learned from this scheme about what can go wrong. When support was withdrawn at the end of the project in 2001, tensions recurred, threatening the security of new tenancies. A follow-up project now supports Black and minority ethnic people moving into social rented accommodation in the area.¹⁹⁶ Its goal is to promote social interaction, counter negative perceptions and tackle racist harassment.

Continuing support

Evidence from the Canalside Project suggests that identifying new migrants' and refugees' continuing housing and support needs, and evolving strategies to meet them, are vital to the successful housing and integration of the newcomers. The process extends beyond satisfying the basic need for shelter to include a package of support to facilitate the transition to permanent accommodation, independent living and a better quality of life. A range of academic assessments,¹⁹⁷ covering the UK and Europe, have advocated a holistic approach, which assists new migrants and refugees not only in terms of their housing but also to access training, work experience, education and community networks. The development of support strategies has been assisted by the policy of allocating new migrants to language clusters upon dispersal, a strategy endorsed by independent research into migrant experiences in the UK, Sweden and the Netherlands.¹⁹⁸ This report, along with other policy-related academic research into the Black and minority ethnic communities in Britain,¹⁹⁹ argues that we need to move away from the view that ethnic residential segregation is a bad thing, and to recognise the benefits it can bring in terms of support, a sense of security and social capital.

An Audit Commission report recommended that housing providers should consult and involve new migrants and refugees in the development of housing strategies affecting them.²⁰⁰ In the past, BME housing associations led the way with their 'Housing Plus' and community development activities,²⁰¹ but there are now many other examples of good practice. The Chartered Institute of Housing has endorsed a number of interventions,²⁰² although not all have been independently evaluated. Some housing associations have worked to support tenant groups made up of refugees and asylum seekers as part of their mainstream tenant participation strategies, thus giving asylum seekers a voice in the development of housing services. Others have made an explicit commitment to meeting the needs of refugees (e.g. through housing policy and management directives), as in the case of Focus Housing Association.²⁰³

The indications are that partnerships with specialist housing associations or voluntary sector organisations (e.g. RCOs) can help in the formulation of refugee-specific housing initiatives. For example, in Liverpool, the Refugee and Ethnic Minority Support Services (REMISUS) work in partnership with local housing associations to provide accommodation, advice and support for asylum seekers and refugees. Safe Haven, West Yorkshire, employs refugees as support workers, and East Thames Housing Group and Wandle Housing Association have links with specialist refugee organisations.²⁰⁴ There are, however, limits to the capacity to

form such partnerships in the dispersal regions, since RCOs and other minority ethnic organisations are disproportionately concentrated in the London area. Additionally, during a Home Office workshop on new migrant housing and homelessness which brought together practitioners from housing providers across Britain, it was suggested that this type of relationship is not always sustainable because of the imbalance in power between large (mainstream) and small (RCO) organisations.²⁰⁵

An important part of continuing support and housing integration packages involves helping new migrants and refugees to make new contacts in the local community, with both agencies and local people. Examples of good practice evaluated through qualitative research by the Information Centre about Asylum and Refugees (ICAR) include the befriending scheme run by the Northern Refugee Centre in Sheffield and Barnsley.²⁰⁶ This involves volunteers, many of whom are asylum seekers and refugees themselves, and offers information and support to vulnerable clients. Anecdotal evidence suggests that churches, mosques and other places of worship can also play an important role both in welcoming new migrants and refugees and in providing continuing support.²⁰⁷ For example, in Glasgow, the organisation Castlemilk Churches Together, established in 2000, has been deemed an important local resource by academic researchers.²⁰⁸ This sort of intervention can be particularly helpful in areas where there is limited experience of receiving newcomers from different backgrounds. For example, in Lincoln, the church-based organisation Lincoln Welcome is the only refugee agency in the city. In the more ethnically diverse city of Leicester, a welcome project, opened in 2002, is run by volunteers and is supported by Refugee Action, Leicester Cathedral and the Faiths Asylum Group. It offers information, advice and subsistence support, and is linked to a specialist Women's Project for asylum seekers and refugees.²⁰⁹

Housing integration cannot succeed, however, unless it is promoted in an environment in which racist harassment and negative media images are also tackled.²¹⁰ A number of studies have emphasised the widespread occurrence of racist harassment and its damaging effect on housing integration. For example, research in north-east England stressed that "racism is a key issue region wide",²¹¹ and the Scottish Executive concluded that "the widespread experience of racism and harassment remained a serious problem".²¹² Many new migrants and refugees do not feel safe in their local area and may be afraid to go out. Housing providers are thus having to work together with the police, community development workers and other organisations to support the development of more tolerant and inclusive communities.²¹³ A good example of this may be found in Leicester, where refugee and mainstream agencies are working in partnership to combat racist harassment and community tensions on the Northfields estate.²¹⁴ While many local authorities and social landlords have well-established mainstream policies for dealing with racist harassment, it is important to recognise that a sudden influx of asylum seekers, for example, may create different tensions from the ones faced by more settled ethnic groups. Indeed, tensions between established Black and minority ethnic residents and newcomers may have to be addressed.

Move-on support

New refugees have to move from their NASS accommodation on receiving a positive decision. The level and type of support offered at this stage have implications for their access to decent, affordable accommodation, for the numbers of people who will opt to stay in the region to which they were dispersed, and for community cohesion. Experience suggests that, without support, many new refugees will drift to London.²¹⁵ Negotiating successful housing outcomes also has implications for the health and well-being of new migrants.²¹⁶ In view of the short notice given to move (at most 28 days, and for those in emergency accommodation/induction centres, only seven days), rapid adjustment is necessary. Some refugees, especially single people who may not be granted priority need status within local authority housing allocation systems, may have to move to temporary housing before finding permanent accommodation.²¹⁷ Housing agencies are increasingly recognising the importance of developing proactive move-on support. The implementation of effective interventions has gained particular urgency with the increasing pressure on mainstream and voluntary organisations as the number of positive decisions has grown. There are many initiatives under way, some of which have been endorsed by housing bodies (e.g. the Chartered

Institute of Housing) and researchers as good practice.²¹⁸ Rigorous, objective evaluations of these schemes have not, however, always been undertaken.

There are several examples of independently evaluated good practice in Leicester. For example, the Refugees and Asylum Seekers Advice project (RASAP), run by Leicester City Council and supported by funding from the European Refugee Fund (ERF), provides new refugees with support and advice about benefit applications and rehousing. A project evaluation in 2002 by Michael Bell Associates reported that the project is “addressing a demand for advice and support” and “does appear to represent value for money”. In its first year of operation, RASAP handled over 450 cases and obtained more than £500,000 in benefits for its users. In addition, Leicester City Council Asylum and Refugee Unit set up a pioneering Refugee Hosting Scheme in 2002. The aim is to find accommodation for new refugees with host families in the community. Refugees pay for the accommodation with housing benefit or wages. This scheme, together with a wider programme of support for refugees, secured over £200,000 in funding from the Home Office, the ERF and the Neighbourhood Renewal Fund in 2003. This includes a translation service, a Refugee Resettlement Project and summer activities for refugee families. The Chartered Institute of Housing has endorsed the Hosting Scheme and ICAR assesses it to be working well, helping refugees to integrate and become confident and content in their new environments.²¹⁹ This scheme has parallels with *Unió Pobles Solidaris* in Valencia, Spain.²²⁰

The need for move-on support for refugees accessing the social rented sector has been recognised in a number of schemes. Safe Haven Yorkshire, a non-profit-making housing organisation, has established a Community Housing and Inclusion Project based in Humberside and South and West Yorkshire. It appointed three community development workers, who were funded by the ERF for 12 months from September 2002. They produced a move-on information booklet for new refugees to assist integration in Sheffield, Rotherham, Leeds, Hull and Wakefield, and promoted self-help models for the development of community organisations.²²¹ Safe Haven has also received funding from the Housing Associations' Charitable Trust to help develop and disseminate good practice,²²² and provides material support for new refugees moving into permanent accommodation. This intervention has been widely cited as an example of good practice, although an evaluation of the scheme was not available at the time of writing.

Other promising initiatives are those that provide ‘floating support’ for refugees. In South Yorkshire, for example, the Refugee Housing Association has worked in partnership with the South Yorkshire Housing Association and Sheffield City Council to develop tenancy support for new refugees using Supporting People funds administered by the Office of the Deputy Prime Minister.²²³ The council provides housing (28 units) to the Refugee Housing Association under licence, for subletting to refugees. Tenants are supported for up to two years, after which they become secure tenants. Tenants pay rent to the Refugee Housing Association, which covers service charges for furniture and other support. The New Leaf project in Sheffield, which involves the North British Housing Association, also provides short-hold assured tenancies and ‘floating support’ for Somali refugees in the city.²²⁴ The project now has 13 furnished, self-contained flats in a desirable part of Sheffield, thus aiming to break the association between refugee housing and deprived areas.

Churches and other places of worship again have a role to play in supporting the move-on process. For example, Bournemouth Churches Housing Association is using ERF and consortium funds administered by the Home Office (£150,000) to finance a Refugee Floating Support project, which helps refugees to make the transition into suitable and affordable accommodation, and to access education, employment and voluntary work. An interim evaluation by Michael Bell Associates concluded that the project was showing “significant outcomes” and that it was “highly rated by service users”.²²⁵ Meanwhile, in South Yorkshire, churches are facilitating the development of a self-help initiative by Eritrean families, which provides advice, support and translation services.²²⁶

While many new refugee families will seek social rented housing, single refugees leaving NASS accommodation are especially likely to have to turn to the private rented sector for housing. Support is often needed in order to help find tenancies, provide stability, and prevent

both exploitation by landlords and homelessness. Lack of money available to pay a deposit or rent in advance can be a serious hurdle to accessing private rental accommodation. This is a problem that new refugees have in common with other vulnerable, low-income households searching within this sector. A number of mainstream agencies are working to support vulnerable tenants, mainly through the National Rent Deposit Forum. The website for this organisation shares a number of examples of good practice from across the country,²²⁷ although independent evaluations are lacking. The initiatives include support for landlords (who may be suspicious of certain types of tenant, including refugees), bond and rent-in-advance schemes, housing benefit advice, and home grants schemes to help with furnishings. The organisers of schemes include churches, councils and housing associations, and many draw on Supporting People funds.

The greatest limitation to these schemes relates to the restricted funds of voluntary sector organisations, which can usually provide support only in the early years of accommodation. The aim is to get tenants to a stage where they can secure a lettings contract. Although there are few evaluations of these types of scheme, a pilot rent-in-advance/guarantee scheme in the London borough of Lewisham was assessed as successful in increasing access to the private sector, particularly for those not in priority need for social rented housing.²²⁸ However, it was not deemed to be a solution to homelessness because vulnerable tenants often need continuing support and advice in order to sustain the tenancy, especially in cases of harassment. In 1998 the Refugee Council also carried out a pilot rent-in-advance scheme.²²⁹ It assessed this to be moderately successful in terms of the lettings made, but identified the key obstacles to success to be the financial risk involved and the problems of co-ordinating partnership working. It was observed that if one partner pulls out, then the whole scheme can fall.

There are also opportunities to learn from initiatives in housing and social integration in the European Union (EU), which have been evaluated by the European Council on Refugees and Exiles (ECRE) task force.²³⁰ In Austria, for example, the *Integrationshaus* (Integration House) project in Vienna provides transitional accommodation between the asylum reception centre and permanent housing for just over 100 people, accommodated in units of one to three rooms each. This allows new refugees to adapt to life in the host country by living in a supported environment for up to two years. The residents are prepared for independent living through help with the search for housing, welfare advice and interaction with local residents from the host community, who are engaged in education and language projects.

Preventing homelessness

The ultimate aim of move-on schemes is to enable a smooth transition to decent, affordable and permanent accommodation and, importantly, to prevent homelessness. All low-income migrants and refugees are vulnerable to homelessness, but asylum seekers are particularly vulnerable if they fall outside the NASS support system. Several groups of people fall into this category. First, people who are unable to prove that they have applied for asylum “as soon as reasonably practicable” after entering the UK may not be eligible for NASS support and accommodation (section 55 of the Nationality, Immigration and Asylum Act 2002). There is little information about where people go after receiving a negative decision. Research by the Refugee Council suggests that refugee and other voluntary-sector organisations have been assisting with finding temporary accommodation, but that many rely on friends and relatives and some destitute asylum seekers are sleeping rough.²³¹ Second, if asylum seekers refuse offers of accommodation through the NASS dispersal scheme, then their support may be terminated and the adults and children housed separately. Third, new refugees (especially single people) and in-country asylum seekers whose status changed on 1 May 2004 as a result of the enlargement of the EU and the provision of free movement to incoming states, were also vulnerable.

Local housing authorities are required to produce Homelessness Strategies which review the level of homelessness within the locality, devise a strategy for combating problems identified and methods for monitoring progress. These strategies are a key mechanism for addressing the homelessness of new migrant populations. The Chartered Institute of Housing argues that good practice approaches to the formulation and implementation of homelessness strategies

involve the co-operation of local authorities and stakeholders.²³² It cites as an example the North Lanarkshire Council, which developed its Homeless Strategy through workshops to discuss options previously identified by a multi-agency group considering the local Housing Strategy and the findings from a survey of service users. The Housing Associations' Charitable Trust nevertheless questions just how effectively mainstream homelessness provision is addressing the needs of new refugees, especially in terms of the provision of translation services, training in cultural sensitivity and tackling racist harassment.²³³ It is a question which cannot be answered because of a lack of data.

Sheffield City Council is targeting homeless Black and minority ethnic groups and refugees through its move-in scheme. It uses a multilingual team to support people throughout the housing process and introduces the applicants to local community and support networks. Asylum seekers in local authority accommodation are now being offered the option of making the tenancy permanent when they receive a positive decision, thus giving continuity in housing and local contacts. A promising intervention is evident in Leicester, where the City Council has put in place a number of 'tenancy sustainment' teams. Funding has come from the Homeless Action Programme, Drug and Alcohol Specific Grant, National Lottery and the Single Regeneration Budget, administered by the Office of the Deputy Prime Minister. The aim is to prevent evictions, ensure tenancy support through a good flow of information about the tenants' needs, and provide advice about rent arrears.

There are also shortages of affordable accommodation for low-income key workers in London and other regions of high house price inflation (e.g. south-west England). Some of these are migrant workers from the EU. While some nurses, teachers and other public sector employees are likely to benefit from recent housing initiatives (e.g. Starter Home subsidies and Housing Corporation funding for nominated key workers), lower-paid migrant workers will be facing similar housing challenges to refugees.

An holistic approach

Zetter and Pearl suggest that good practice in devising housing support packages encompasses an effective orientation of newcomers to the new environment, the development of links with statutory providers and primary referral agencies, effective community development work, and move-on advice and support.²³⁴ Although there has been relatively little formal, objective evaluation of the many housing and integration initiatives under way, there is a clear indication that positive outcomes are dependent upon:

- an holistic approach;
- cultural sensitivity;
- expertise in new migrant and refugees issues;
- integrated services, including legal advice;
- recreational services;
- interpreting services; and
- flexible service provision, with the capacity to respond quickly to new groups of arrivals.

The work of Zetter and Pearl and others suggests that major constraints relate to:

- lack of funding;
- poor communication with NASS, which inhibits planning for the housing needs of new refugees;
- difficulties in recruiting interpreters in dispersal areas with few minority ethnic groups; and
- lack of accredited training for those who work with new migrants and refugees.²³⁵

The Chartered Institute of Housing has concluded from its national review of the evidence that housing agencies currently have a mixed track record of working with asylum seekers and refugees.²³⁶ Local authorities play a key role in the delivery of policy interventions, especially through their involvement in the regional consortia, although their knowledge of the specific

needs of new migrant groups is sometimes limited. There is also inconsistency in practice among local authorities in the way that refugees are treated under the homelessness legislation, and in the extent to which their needs are reflected in Race Equality schemes. The more specialist role played by refugee housing providers is significant, given their knowledge and commitment to targeted as opposed to mainstream service delivery, but their capacity is relatively small. Meanwhile, housing policy researchers have concluded that Registered Social Landlords (RSLs) have hitherto shown a variable level of involvement, and in some regions this has been very limited.²³⁷ Private landlords play a large part in the provision of accommodation, but their commitment to wider goals of integration must be questioned.

Gaps in the evidence

To plan for housing support, community development and integration, estimates are required of the numbers of refugees likely to remain in a region and their particular needs. However, there is a lack of information about what happens to people after a positive decision, in terms of both where they settle and their housing circumstances. Regional consortia generally make estimates of the demand for move-on accommodation and support in their region (using Home Office guidelines), but these are fairly crude and are likely to underestimate real demand because of the expansion of family units, the limited nature of data available to produce estimates (e.g. those who are in NASS accommodation) and the complexity of post-decision migration by refugees.

In a wide-ranging overview of literature on integration undertaken for the Home Office in 2002, Castles *et al.* drew attention to the relative lack of academic research into the specific housing needs and circumstances of new migrants and refugees.²³⁸ Drawing on Castles' overview and the research undertaken for this report, it is possible to identify a number of gaps in the evidence base:

- the impact of new migrants and refugees in the housing market in dispersal regions;
- the impact of family reunion on migrants and refugees who are excluded from social housing;
- the sustainability of language clusters in dispersal regions given housing availability;
- the housing circumstances (tenure and quality) of new refugees;
- an understanding of the numbers affected by homelessness and their experiences, including hidden homelessness among refugees;
- the housing needs of children and teenagers;
- gender differences in housing need, including those relating to lone parents;
- a long-term assessment of housing outcomes, for example, in order to assess whether new lets can become long-term positive outcomes, through an analysis of housing pathways;
- the extent to which the new migrants' housing experience can be attributed to their special circumstances (i.e. as asylum seekers or refugees) as opposed to poverty, social exclusion and racism; and
- the role of housing in integration.

There are many good practice guides on housing interventions targeting new migrants and refugees,²³⁹ and on approaches to integration.²⁴⁰ However, it is more difficult to find a good range of examples of schemes that have been rigorously evaluated.²⁴¹ A recent report on refugee housing in Yorkshire and Humberside comes to a similar conclusion, pointing to the fact that "there is no benchmark by which to assess the performance of the initiatives".²⁴² The Scottish Executive has provided perhaps the best national overview,²⁴³ and the introduction of a 'star-rating system' for ERF and Challenge Fund projects provides a welcome benchmark for evaluation. This should facilitate the dissemination of good practice. However, at present and at best, positive steps forward and areas for further work can be identified. There is thus a need for more independent evaluation of initiatives, using the expertise of those working in the field of housing policy research. Small community organisations, and indeed some of the larger housing providers, generally lack the time, the skills and the funds to undertake carefully designed and objective evaluations.

Conclusions

Indicators of success in housing and integration strategies point to the importance of accessing decent permanent accommodation and creating an environment in which new migrants and refugees feel safe and secure and have a sense of belonging. The examples of good practice reviewed in this chapter emphasise the multifaceted nature of this challenge, which involves developing practical support structures and social networks as well as tackling racist harassment and negative media images of new migrants and refugees. Increasingly, social housing providers are acknowledging that the needs of new migrants and refugees extend far beyond the basic housing requirements because of cultural differences and the trauma of forced migration.²⁴⁴

The notion of 'good practice' can be both contentious and difficult. A number of service providers identified policies and procedures which they believed were examples of good practice, even though this view was not substantiated with reference to the user community. It is also clear from this review that it is not possible to recommend good practice that will apply equally well in all localities for all groupings of new migrants and refugees. Locally responsive strategies are needed, tailored to the needs of particular communities in different localities.²⁴⁵ The evidence suggests that the potential for success is enhanced when holistic, community-centred,²⁴⁶ inter-agency approaches are adopted, supported by adequate resources and a clear political commitment. Experience from the British and European contexts suggests that housing and integration strategies are more likely to work when they develop partnerships with voluntary-sector organisations with specialist knowledge, contacts and skills, and involve both the user community and Black and minority ethnic organisations (e.g. Black and minority ethnic housing associations). The capacity of these organisations is, however, often limited and their funding may be uncertain. There is thus a need to work towards the mainstreaming of appropriate housing services for new migrants and refugees. The effective development of multi-agency collaboration can be difficult to put into practice because of the significant time involved, a lack of commitment by some partners, and the high level of demand that it makes on specialist agencies. A particular challenge in multi-agency working involves managing the perceived tension between agencies whose role is primarily one of advocacy and support and those whose main role is to follow the statutory requirements of the immigration and asylum legislation.²⁴⁷

An evaluation of good practice inevitably reveals a number of difficulties in implementing initiatives as well as areas for further work. Recurrent themes arising from wide-ranging evaluations, such as that by the Scottish Executive,²⁴⁸ as well as more focused assessments in particular localities, are:

- the lack of experience on the part of housing agencies;
- a confusion of responsibilities;
- lack of consultation;
- lack of co-ordination of support services;
- lack of funds; and
- lost opportunities to build on successes because of the short-term nature of projects.²⁴⁹

This is particularly noticeable in the area of community-building, where fragile inter-ethnic relationships benefit from long-term nurture and support. Service providers in different parts of the UK have expressed the view that support services are often operating beyond capacity.²⁵⁰ Also, although there are a number of examples of good practice, such practice has often evolved independently and there are only limited examples of different organisations learning from each other. The Housing Associations' Charitable Trust is, however, working with the Joseph Rowntree Foundation to establish a network of key housing providers and refugee organisations to disseminate good practice among its members.

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4 Integration of new migrants: employment

Will Somerville and Patrick Wintour

Employment provides income, economic advancement, security and increased self-worth. It gives 'economic independence', helps to restore self-esteem, offers the chance to learn the native language and, in some cases, provides the opportunity to make contacts.²⁵¹

There is significant evidence on the importance of employment to successful integration. The Audit Commission reported that employment is arguably the key factor in integration,²⁵² and the Home Office's *Indicators of Integration* report highlighted employment as one of the four main domains that are "widely acknowledged as critical factors in the integration process".²⁵³ Similarly, migrants themselves value employment.²⁵⁴ There is strong evidence that economic inactivity, particularly long spells outside the labour market, has negative consequences for integration.²⁵⁵

The UK Government has recognised that employment is fundamental to integration. The Home Office strategy for refugee integration, *Integration Matters*, and the Department for Work and Pensions' (DWP's) Refugee Employment Strategy, *Working to Rebuild Lives*, emphasise the importance of employment, stating, for example, that "employment is a key area for refugees who are building their new lives in the UK".²⁵⁶

The European Union has also recognised the role of employment in integration. This is shown in European Employment Strategy, approved by all member states, and in the Common Basic Principles for immigrant integration policy, where the third principle reads "Employment is a key part of the integration process and is central to the participation of immigrants, to the contributions immigrants make to the host society, and to making such contributions visible".²⁵⁷

Measuring new migrants' employment outcomes

It is important to make clear what is meant by employment. The employment rate, the unemployment rate²⁵⁸ and the rate of economic inactivity of migrants are performance measures of successful integration into the labour market. Performance can be benchmarked against the average rates of employment, unemployment and inactivity of the population as a whole, and further analysis can involve disaggregating by gender, age and ethnicity. The annual earnings or income of migrants is a further indication of performance within the labour market.

There are other indicators of migrants' integration that are relevant to employment: the rates of under-employment (defined as having professional and university qualifications but being in manual employment); the number of part-time workers wanting a full-time job; the levels of self-employment; the number of days lost to sickness/absence; the level of unionisation within a workplace; the number of days of training and/or the amount spent on training per employee; the proportion of migrants in senior positions; and the levels of job satisfaction. However, data are not available in relation to migrants in the UK on many of these basic indexes, as many national surveys and administrative data sources relating to employment do not include a variable measuring migrant status, or they contain insufficient numbers of migrant categories to enable any meaningful analysis.

The key performance measure is whether the individual has a job, i.e. the employment rate. This is one of only two key performance measures outlined in the Home Office strategy *Integration Matters*.²⁵⁹ Other indicators are intended to measure whether the job in question is commensurate with the skills and earning potential of the migrant.

This chapter sets out what skills migrants have, their performance in the labour market, and the quality of the data used to make these assessments. It then considers the effectiveness of

interventions in the labour market before concluding by identifying gaps in the evidence base that need to be addressed to further understand this area.

Employment: new migrants' outcomes and contributory factors

The evidence on the performance of migrants in the labour market indicates a mixed picture. However, before examining this statement further, it is necessary to assess the quality of the data on which it is based.

Migration statistics are fragile on a number of counts. There is no universal standard definition of 'migrant', and debate continues over whether migrant status should be identified by the proxy indicators of birthplace or nationality and how far the definition is affected by duration of stay.²⁶⁰

Studies on the performance of migrants in the labour market rely heavily on Labour Force Survey (LFS) data. The LFS is robust and the official statistical source of the population and the labour market, surveying 0.2 per cent of all households in the UK (continuous quarterly household sample). There are several features of the Labour Force Survey that nevertheless make it difficult to work out the performance of migrants in the labour market. First, there is a danger of sampling errors, the size of the sample being small. Thus the LFS is typically aggregated over four quarters. Second, the LFS does not enable one to differentiate the labour market performance of migrants (new or long-standing) by immigration status – it does not record the status of 'refugee', for example. Third, it is likely to under-report those who may fit into one of the 'illegal' working categories.²⁶¹

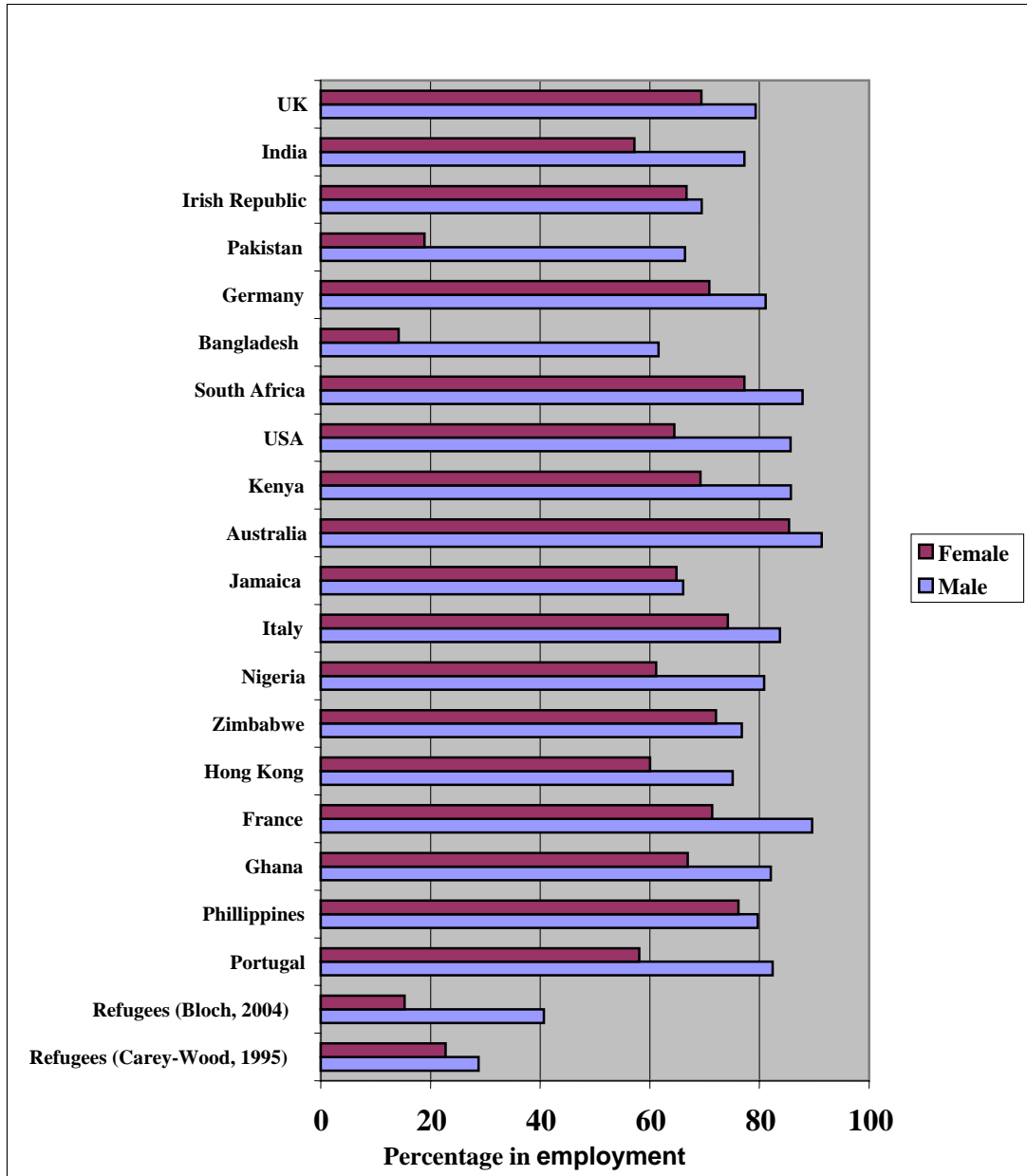
Other relevant sources include the International Passenger Survey (IPS), Census data and records of the Department for Work and Pensions. These sources suffer from a range of other limitations, including problems with definitions. Traditionally, for example, data on the UK labour market have focused on ethnic minorities rather than on 'migrants', without any clear distinction between new and settled migrants.²⁶²

Nevertheless, use of a variety of different sources can create a partial picture of migrants' human capital and performance in the labour market. The employment rate among migrants is around 64 per cent, compared to around 75 per cent for the UK-born. Migrants tend to have either high or low skills – a bipolar skills distribution – with similar polarisation of wage levels.²⁶³ Migrants are also likely to be employed in particular sectors. The Standard Occupational Sectors (SOC) with an above average proportion of migrants include health, education, finance and construction.²⁶⁴

LFS data show that the employment rate for the foreign-born population is worse than for the UK-born population. However, there are major differences between countries of origin (although these differences have not been shown to be causal) and the heterogeneity of performance is crucial.²⁶⁵ Figure 1 sets out the performance of the top 18 working-age migrant groups according to the LFS definition of foreign-born, together with data from two refugee surveys.²⁶⁶ The data clearly show that economic inactivity is particularly marked for Pakistani and Bangladeshi migrants and for refugees.

Figure 1: Foreign-born employment rate (LFS)

The foreign-born (migrant) employment rate for males and females, by country of birth, as a percentage of the total working age population (aggregated LFS data, December 2002 to November 2003) compared with the UK average (first line, in bold) and two small-scale refugee surveys (bottom two lines). The top 18 countries of origin are in order of volume and represent 59.7 per cent of the total stock of working age migrants in the UK in 2003.



Adapted from Ognjenovic and Somerville, 2004.

Figure 1 shows clearly the variations in performance by nationality. This is confirmed by other studies.²⁶⁷ Performance also differs significantly when gender is disaggregated. The employment, unemployment and economic inactivity outcomes are more marked for female migrants than for males. Females are, for instance, more likely to be economically inactive or unemployed. There is also a higher probability of self-employment for the foreign-born than for those born in the UK.

Evidence on earnings is limited but reveals major disparities between immigrant populations.²⁶⁸ Particular nationalities in low-skill, low-paid work may be earning significantly below the national average.²⁶⁹

There is an important question of the trajectory of labour market performance over time. Employment levels are lower among the foreign-born arriving after 1990.²⁷⁰ Evidence also suggests that unemployment rates of White migrants converge with the UK average over the life-course but the performance of non-White migrants does not.²⁷¹

The quality of the data on the foreign-born (which have been used as a proxy for migrants) is sound as it is based on the LFS. However, as discussed above, the data tend to include those who have lived in the UK for long periods and do not identify differing immigration status, for instance those who have come for family reunion.

This chapter is concerned with interventions to promote integration through employment. However, some migrants come to the UK because they have already secured a job and permission to work. The work permit system, for example, enables an employer to recruit someone overseas for a specific position, as is also the case under the Seasonal Agricultural Workers Scheme and the Sectors Based Scheme for workers in hospitality. Students are allowed to work part-time but are primarily in the UK to study rather than work.

The labour market performance of groups that are not students or in the work permit system is therefore of particular interest. This includes those arriving in the UK for family reunion and forced migrants. Unfortunately, the data do not enable the identification of the performance of those arriving in the UK for the purpose of family reunion.

The major data sources also do not allow the measurement of the performance of forced migrants. However, a number of surveys and qualitative research studies present useful insights into the skill levels and employment rates of forced migrants.

There have been a range of studies on skills and education, including the National Institute for Adult Continuing Education (NIACE) audit (which focused on asylum seekers)²⁷² and those commissioned by Learning and Skills Councils (LSCs) in north London, Coventry and Warwickshire, and Devon and Cornwall, and studies by Southampton City Council and Plymouth City Council.²⁷³ A skills audit has also been conducted by the Home Office.²⁷⁴

The studies show that forced migrants have similar education and training qualifications to the UK population. More importantly, questions on previous employment generally show that forced migrants had levels of economic activity in their country of origin in a similar distribution to UK residents. This suggests that there are barriers for forced migrants in the UK that arise from differences between the UK and countries of origin in relation to the labour market and policy framework. Again, the studies highlighted differences in levels of skills and education between different countries of origin.

In terms of the employment, unemployment and economic inactivity rates of refugees, the different studies present widely varying results. One review of the existing evidence has suggested that unemployment rates vary from 75 per cent to 90 per cent depending on geographical area and mobility.²⁷⁵

The studies show different levels of employment and unemployment but all show unemployment rates *significantly* above the national average.²⁷⁶ Alice Bloch of Goldsmiths College has undertaken a number of robust studies into refugee employment using integrated survey and qualitative data collection techniques (one-to-one interviews). The most recent, commissioned by DWP, found a refugee unemployment rate of 36 per cent, six times higher than the national average.²⁷⁷ Studies have also found that refugee females are less likely to be employed than refugee males.²⁷⁸

A further aspect of refugee employment is the widespread *underemployment* of refugees. This has been confirmed by a number of studies²⁷⁹ and applies to the underemployment of

refugee professionals.²⁸⁰ There is also no evidence that refugee professionals in low-skill jobs progress up the skills and income ladder.

The validity and reliability of studies of refugee employment can be questioned on the basis of sample size, how representative the samples were, and current relevance (owing to major changes to the asylum system and to rules concerning migrants and the labour market).

To summarise, the performance of new migrants is marked by variety. While it is not possible to identify from the data the employment or unemployment rates of migrants of differing immigration status, it is clear that there will be marked differences. The evidence on refugee employment is limited but points towards weak performance with high levels of unemployment, economic inactivity and underemployment, despite refugees' prior education and work experience. The quality of data and analysis on migrant performance in the labour market has improved in recent years but there remain significant gaps in the evidence base. These gaps will be considered later in this chapter.

Factors affecting employment

There are many factors affecting the employability of refugees and other new migrants: some relating to the individual migrant, such as proficiency in English; some relating to the opportunities in the labour market in the area in which migrants are living; and some relating to the policy framework, which can enhance or impede migrants' integration into the labour market.

Research has identified a range of factors that can affect the employment of migrants. These include English language proficiency, education, qualifications, length of residence, immigration status, aspirations for migration, age, gender, and social and community networks.²⁸¹ Domestic circumstances such as poverty and overcrowding have also been found to be important barriers to finding and advancing within employment.²⁸² The importance of work experience, particularly for refugees, is widely acknowledged.²⁸³ Labour market factors may include employer discrimination and the supply of jobs within relevant sectors. Factors within the policy framework include status, the provision of services and documentation.

Migrants may also have characteristics that partly offset the barriers to employment. There may, for example, be higher entrepreneurship among migrant groups. There is, however, little research evidence to test this theory – the usual example cited is the experience of Ugandan Asians in Leicester, which occurred a generation ago.²⁸⁴ Furthermore, it is unclear whether the factors affecting this success were a high entrepreneurial skill base or discrimination in the labour market that left little alternative to self-employment.

Assessing the relative importance of each barrier in accessing and progressing within employment is not straightforward. Furthermore, the most important factors affecting the employment rate for the foreign-born in general may be different from the factors affecting the employment rate of refugees or other specific migrant groups in particular.

Factors relating to individuals

A recent review of studies of migrants (i.e. the foreign-born) in the labour market highlighted four key factors underpinning migrant performance in the labour market: education; the country where qualifications are obtained; English language fluency and the number of years since arrival in the UK.²⁸⁵ The quality of the evidence is robust. The studies reviewed included econometric modelling and the studies controlled for other variables, including socio-economic factors. However, the studies refer to foreign-born migrants and not to particular groups of vulnerable newcomers such as refugees.

Across the board, lack of proficiency in the English language is judged to be the primary barrier to employment.²⁸⁶ English language competence also differs by linguistic group, suggesting that the barrier may be more significant for some nationalities and groups than for

others.²⁸⁷ It is worth noting that some studies combine 'language level' with 'qualification' and treat them as a single variable. In studies where this is the case, the importance attached to it as the key factor in labour market performance becomes even more pronounced.²⁸⁸

The importance of English language is recognised in the academic literature.²⁸⁹ Fluency in English is associated with a rise in employment probability of approximately 15 per cent, for example.²⁹⁰ This is also recognised by practitioners²⁹¹ and by the Government. The DWP strategy *Working to Rebuild Lives* records, for example, that "*refugees face a number of barriers to employment but are particularly disadvantaged by language difficulties and unfamiliarity with the UK labour market*".²⁹²

Factors within the labour market

Migrants' access to the labour market may be impeded by discrimination by employers, although the research evidence relating to this issue focuses on ethnic minorities, rather than groups defined by migrant status.²⁹³ There is evidence that migrants' job search techniques are less successful. However, this limited success cannot be solely explained by their choice of job-seeking method or their observable characteristics.²⁹⁴

Discrimination specific to refugees, based not on ethnicity but on their refugee status, has been identified.²⁹⁵ In addition to status,²⁹⁶ language and accent may also contribute to discrimination experienced by refugees.²⁹⁶ Employers may also not wish to employ migrants because of concerns over legal status and a mistaken fear of prosecution under section 8 of the 1996 Immigration and Asylum Act (amended 2003).²⁹⁷

Employment conditions, while not relevant to accessing jobs, are important in terms of progression. Conditions are also important because while work can provide security, income and confidence, it can also be exploitative. As a result it may damage integration.

Although it is not easily quantifiable, there is evidence that there is significant exploitation in labour-intensive low-wage sectors of the economy. Legal obligations relating to employment conditions such as payment of the national minimum wage, provision of contracts and holidays may not be observed.²⁹⁸ Language deficiency may inhibit many migrants from accessing knowledge of their workplace rights and seeking legal advice.

Other evidence has confirmed that refugees' employment terms and conditions are poor, and notably worse than those experienced by ethnic minorities generally.²⁹⁹

Factors within the policy framework

A number of factors independent of the migrant and the labour market can impede access to jobs. These include immigration status, the provision of services, and documentation.

Some migrants are precluded by their immigration status from undertaking any employment (e.g. asylum seekers), from working in particular kinds of employment (e.g. migrants with a Working Holidaymaker visa), from working beyond a maximum number of hours (e.g. students can work for a maximum of 20 hours per week in term time) or from shifting to jobs that may pay more or offer enhanced opportunities (e.g. migrants on the Sector Based Scheme).³⁰⁰

Status also affects access to services. The most relevant public sector programmes for facilitating access to the labour market are Active Labour Market Programmes (ALMP), usually referred to as the New Deal. The New Deals are accessible to refugees, but other migrants' visa terms and/or country of origin may be restrictive.³⁰¹

English language provision is generally considered central to integration. The question is rather whether current provision is successful in facilitating employment and reducing the size of the English language barrier. Any analysis of delivery and effectiveness of English

language (ESOL³⁰²) provision should acknowledge that this is an area of rapidly changing policy.³⁰³

Where migrants lack sufficient English to secure a job or progress in the labour market, overcoming this obstacle may be problematic, as there are serious shortfalls in English language training, co-ordination and funding.³⁰⁴ There are major local variations in service delivery and quality despite the fact that all providers share a common curriculum.³⁰⁵ Information, Advice, and Guidance (IAG) on ESOL may be limited.³⁰⁶ Available evidence suggests that provision remains severely limited and inappropriate.³⁰⁷ More specifically, there is also a shortage of courses specifically geared towards female migrants, for example for Muslim women requiring an all female class and female teacher, and for those with children needing to arrange childcare. Furthermore, while refugees are entitled to ESOL provision at no cost, there is a three-year residence threshold that acts as a barrier to new migrants from outside Europe (in England but not Wales, Scotland or Northern Ireland).³⁰⁸

The issue of qualifications is two-fold, covering both the possession of a qualification and its recognition in the UK. A lack of recognised qualifications or vocational training has also been shown to be a significant barrier to employment.³⁰⁹

For those entitled to work, lack of documentation establishing that entitlement, or long delays in securing documentation (such as a National Insurance number) have been identified by several studies as factors in preventing employment.³¹⁰

There are a number of problems associated with the evidence supporting the above analysis. First, language proficiency is sometimes grouped with other skills or components under the heading 'human capital'. This makes it difficult to identify it as a separate factor. It is also difficult to differentiate between skills and issues around the transferability of human capital. Second, there are no clear quantitative studies that can control for immigration status for skills and employment outcomes, so migrants who have entered to take up well-paid jobs are grouped in the data with those family members or refugees who arrive with little education or language skills. It is therefore necessary to rely on qualitative data or on small-scale surveys to explore the experiences of specific categories of migrants. Third, few causal connections can be made. The factors discussed above indicate linkages or associations rather than enabling the definitive identification of causal relationships.

To conclude, there are a number of interrelated, mutually reinforcing barriers that contribute to the employment rate of migrants. There are both specific barriers and general barriers that apply to all entrants to the labour market. Barriers may affect different groups of migrants to different degrees. Key factors include education, qualifications, length of time in the UK and – above all – proficiency in the English language. A number of barriers are independent of the labour market and of the migrant and within the policy framework. These barriers may have a particularly significant effect on forced migrants.

Policy interventions

A great many policy interventions are relevant to the employment–integration nexus. A number of interventions are directed at the workforce as a whole (usually by the state) and there are interventions and initiatives aimed specifically at migrants.

Interventions are made by the state and by the private and voluntary sectors. Although its primary role in this area is as an employer, the voluntary sector may also assume a role when statutory responsibilities have not been met; for this reason, the voluntary sector is given particular attention below. There are also bodies aiming to bring about greater coherence and co-operation among all the different stakeholders working with refugees and asylum seekers, in response to widespread agreement that there was a lack of co-ordination.³¹¹ However, there is no evaluation evidence on how successful this partnership working has been.

Interventions directed at the workforce

A number of interventions, such as the national minimum wage, have an impact on migrants in and out of the labour force, although they are not specifically directed at addressing barriers particular to migrants. However, these broad state interventions manifest themselves in different ways for migrants than for UK nationals. Legislation on employment and on discrimination similarly cover the whole workforce but, again, the coverage of migrants is not complete and there are specific exceptions.

Broad interventions include the minimum wage, tax credits, Active Labour Market Programmes such as the New Deal and measures to facilitate the transition from benefits to work.³¹² These interventions may benefit some groups of migrants (particularly refugees) more than the UK population as a whole, as several programmes are directed at the 'hard to help' and areas of geographical disadvantage. However, this is offset by the fact that refugees are less likely to use statutory employment support (Jobcentre Plus).³¹³ Furthermore, there is a degree of overlap between types of intervention introduced by the state specifically for new migrants and refugees, which are reviewed below, and those targeted at ethnic minorities.³¹⁴

The impact of interventions supporting access and progression to work will, however, differ depending on migrants' immigration status. For example, refugees are allowed full access to tax credits, whereas those subject to immigration control who come from a country that has not signed the European Convention on Medical and Social Assistance generally are not.³¹⁵

Legislation

Migrants may benefit from the strengthening of the race discrimination legislation (Race Relations (Amendment) Act 2000) and new regulations to make religious discrimination at work unlawful. The race legislation provides protection from discrimination not only on grounds of ethnicity but also on grounds of colour, nationality and national origin. A new provision in the Race Relations (Amendment) Act, which obliges public bodies to promote race equality and good race relations, has been expressly interpreted to cover the needs of new communities of refugees and asylum seekers.³¹⁶ Employers regularly cite legal obligations as one of the main reasons for changing practice, and increasing the strength of the anti-discrimination legal framework thus offers powerful leverage. However, there is evidence that a large number of local authorities and swathes of the private sector are not engaging with the 'race' agenda and it is thus debatable how far the legislation is benefiting migrants in terms of employment.³¹⁷

Employment legislation offers protection to the workforce at large. While the provisions are universal, elements of the legislation are specific to migrants. First, as with many overlaps between immigration and domestic law, there are grey areas. For example, it is unclear whether all infringements of health and safety regulations apply in respect of workers in breach of their immigration restrictions. Second, there are specific sections of legislation dedicated to migrants. The most important is section 8 of the 1996 Immigration Act (amended 2003), which aims to prevent employment of those not entitled to work. Section 8 makes it unlawful to employ someone without permission to work and places a duty on employers (by giving them a statutory defence if they follow the guidance) to check workers' documentation. It means that the level of proof of entitlement to work has increased (generally requiring two identifying documents with matching names).

Other relevant legislation includes the Gangmasters Act, which completed its passage through Parliament in May 2004. This has tightened earlier law on operators and gangmasters and amended recruitment agency legislation in order to conform to health and safety and minimum wage requirements. A new regulatory body for gangmasters has been established to cover labour providers in the packaging, fisheries and agricultural industries.

Employment and migrants in the voluntary sector

The voluntary sector plays a key role in addressing the needs of migrants. This is particularly true of RCOs, where the literature suggests that the sector plays an important role in integration. This 'dominant assumption'³¹⁸ has been challenged and therefore requires particular examination in the context of employment.

It is important to distinguish organisations that focus particularly on refugee employment,³¹⁹ on refugees and asylum seekers more generally,³²⁰ or on migrants,³²¹ as well as mainstream voluntary organisations that include training and employment for migrants and refugees as part of their overall client group.³²²

The size of the voluntary sector that focuses on employment *and* migrants or refugees is difficult to gauge. There are at least 14 refugee community organisations offering some kind of specialist employment support in west London alone, for example.³²³ Historically, employment and training by the voluntary sector has been underfunded and small-scale. In the early 1990s it was low, with 50 funded projects in the UK and a small number from Europe.³²⁴

Zetter and colleagues at Oxford Brookes University have recently assessed refugee community-based organisations across the UK, building on previous work.³²⁵ Key findings include differences in size within the sector and differences between London and the regions, which has clear implications for policy. More importantly, Zetter argues that RCOs do not have the capacity or resources that would "*promote long-term integration into the labour market*".³²⁶

A number of projects have been funded by the Home Office Challenge Fund (a fund specifically aimed at innovative voluntary sector projects for refugees). All projects have been evaluated, providing four years of research evaluations. Lessons learned include, from a user perspective, ensuring that there is access to a project. Lessons for the national set-up include the need for clear goals and aims attached to funding, to avoid friction between the objectives of different funding streams, longer funding cycles, less administration, and the value of technical support.³²⁷

In respect to the projects themselves, successful characteristics included: holistic services (e.g. one-stop-shops); a comprehensive assessment of clients' needs, ensuring user involvement; partnership working; projects built out of existing community structures and/or built on existing projects to include refugees; and proper language, translation and staff recruitment mechanisms.³²⁸

There are thus broad policy interventions that include migrants along with other groups of people. However, not all groups of migrants are likely to meet conditionality rules. Legislation on employment, race and religion is potentially extremely important but manifests itself differently for migrants (as opposed to non-migrants) and for different groups of migrants (depending on status). The voluntary sector is considered important for integration but in the case of employment has a weak record as a result of low, precarious and inconsistent funding. Where projects are successful, a number of characteristics (listed above) emerge as important.

Targeted policy interventions

The following analysis examines some of the key policy interventions that are relevant to the refugee and migrant experience in terms of employment.

Language tuition

A number of organisations, from the state, private and voluntary sectors, are engaged in providing language tuition to migrants. These include full- or part-time courses for a variety of purposes, including as part of an employment package.

There has been a wide overhaul of ESOL provision in the UK, including a new curriculum and its inclusion as a key strand of the Government's national strategy for improving basic skills. The Department for Education and Skills (DfES) estimates that overall funding for ESOL is £240 million.³²⁹

Currently, there are no reliable data available about the number of migrants who take advantage of this provision, nor about the English language standards achieved by refugees or other migrant groups. Importantly, this also applies to how much is spent on ESOL for the purpose of employment. As discussed above, there are concerns over the delivery of ESOL, such as evidence that it is patchy and oversubscribed, that there are problems in relation to the recruitment of teachers and that teacher training is poor.³³⁰

It is difficult to assess language course provision in the context of employment outcomes, as not all language courses are work-based and virtually none is evaluated on the basis of job outcomes. There are, however, several important pilots and individual initiatives.

DWP commissioned a number of research projects to inform the evidence base for its refugee employment strategy.³³¹ The evidence pointed to the benefits of work experience and course intensity, particularly an *"increased ability to learn"*. Other findings highlighted that participants gained language skills (writing, speaking etc.) at different rates, and participants would gain from better information and communication throughout the entire process.

ESOL courses – especially for new arrivals – may be hampered by efforts to tackle other issues, such as finding suitable accommodation. Evaluation evidence from the specific ESOL project recommended the course for intermediate/advanced level learners for the greatest employment gains.³³²

The evidence supports the importance of ESOL in finding a job and also emphasises the importance of partnership and the referral process. For example, closer working relationships with NASS and Home Office representatives were advised. Furthermore, greater targeted publicity (especially for women) would be beneficial.

Importantly, for the specific ESOL pilot project, results showed that only 20 per cent of course participants gained employment. This is comparable to outcomes of other ESOL courses that are not work-focused, suggesting that the pilot was neither more nor less successful than other provision.

Overall, research findings show that refugee learners themselves feel ESOL classes improve their language skills,³³³ although refugees reported concerns with mixed ability and large-sized classes (care should be taken with the policy implications of this), and that greater flexibility on attendance would be welcomed.³³⁴

Private sector

A number of private sector providers of welfare-to-work programmes have developed or are developing tailored language courses aimed at migrant jobseekers with access to the New Deal (a range of employment and training opportunities are available to all New Deal participants). The private sector accounts for ten per cent of New Deal provision, Employment Zones and a number of Action Teams.³³⁵ While no figures are available for the numbers of new migrants and refugees affected, it is likely to be increasingly significant. The providers who have developed language programmes include Working Links, Work Directions and Reed in Partnership.

The evaluation of these programmes remains extremely limited. The best evidence is for individual projects, which show encouraging findings that those participating on language courses have better job outcomes.³³⁶

English for professionals

The Government does not typically support ESOL learning above Level 2 (intermediate level). However, Level 2 is not always appropriate for professional learners such as teachers, engineers and health professionals (particularly nurses and doctors).

Despite lack of government funding, specialised courses do exist. No rigorous evaluation evidence exists in regard to job outcomes but practitioners highlight the need for learning culturally appropriate language and work-relevant communication skills.³³⁷ The importance of tailoring skills to migrants' employment needs is corroborated by Audit Commission research.³³⁸

There are several other employer initiatives that aim to improve language ability. These are discussed below.

Translation and language support

The case for translation in the early stages of arriving in the UK has been largely accepted by practitioners. Many organisations in the state, private and voluntary sectors recognise the demand for translation services.

Statutory agencies have engaged in various translation initiatives but there is little evaluative evidence regarding their effectiveness.³³⁹ Research into translation services in Jobcentre Plus offices was commissioned by DWP.³⁴⁰ Of the four common ways of providing interpreter services (family and friends, language line, Jobcentre Plus staff, and professional interpreters), the study recommended, on balance, professional interpretation while acknowledging the expense. Crucially, the study highlights the fact that no formal method is in place to assess demand for translation services.

A number of trade unions are involved in language and translation support, but evaluation of their impact is in the earliest stages. Examples of projects include the Trade Union Congress's (TUC's) Portuguese Workers project, the Transport and General Workers Union's migrant projects in north-west England and Northern Ireland, and work undertaken by the Union of Construction, Allied Trades and Technicians and Britain's General Union in the construction industry. The projects are generally aimed at improving employment conditions and language ability, and providing translation help. UNISON also run several projects. They are directed at recent migrants, particularly those who have English language difficulties. The aims include improving employment conditions, reducing racism, and improving compliance with basic employment law.³⁴¹ No robust evaluation evidence exists at this stage.

A study for unions, employers and the Construction Industry Training Board in the communication industry sought to identify good practice to promote operational communication. Recommendations included that language support should be placed in the context of health and safety with a particular focus on real-life dangers, should be written without idioms and technical jargon, and build up language needed for social interaction.³⁴²

Union learning representatives are a new type of trade union representative concerned with increasing access to education and training within the workplace. The expansion of the Union Learning Fund (which funds union learning projects) announced by the Chancellor of the Exchequer in 2003 suggests there will be increasing union interventions in learning in the workplace.³⁴³ This intervention is not aimed at migrants but is likely to include at least some projects that are specifically tailored to the needs of migrants.

Skills training

The state, voluntary and private sectors provide training to those in and out of work to improve their levels of skills. Raising skill levels is crucial to finding work and advancing within employment.

There are a number of national programmes that include migrants and refugees but are not specifically aimed at particular groups. For those out of work, it is likely that Jobcentre Plus will refer jobseekers to Work Based Learning for Adults (WBLA) courses (adult training programmes). However, evaluation data on WBLA courses, on various pilots and on all New Deal provision cannot be disaggregated by immigration status. In the future, it will be possible to evaluate outcomes for refugees as Jobcentre Plus added a refugee marker to its Labour Market System (LMS) in 2004.³⁴⁴

DWP has commissioned research into the processes and provision of training available for its ESOL customer groups (which will include migrants, even if they have been in the UK for long periods of time).³⁴⁵ The research found that the current format of Basic Employability Training (BET) and Full-time Employment and Training (FTET) provision was not achieving its targets for these groups. Recommendations included the need for improved communication, better ESOL screening and the formulation of assessment tools by ESOL experts as well as a greater diversity of provision.

For those in work, the Learning and Skills Council runs Employer Training Pilots in 18 areas of the country for those who do not have a Level 2 qualification. They are employer-led and seek to include ESOL within their remit of raising skills. However, evaluation evidence does not allow disaggregation by immigration status.

Furthermore, there are the higher and further education sectors as well as private colleges and distance learning courses all dedicated to improving skills. Again they are not specifically aimed at migrants but will encompass migrant learners.³⁴⁶ In reality, it is likely that provision and practice will vary. For example, some migrants may have to pay overseas rates.

The issues of appropriate training and access to that training are complicated by the fact that many new migrants and refugees have qualifications and skills that are not recognised in the UK. Recognition is through the National Recognition Information Centre for the UK (NARIC). At a national level, good practice can be seen in Jobcentre Plus advisers who use the Adviser Discretion Fund (ADF)³⁴⁷ to cover the cost. At a local level, some organisations have established productive links with NARIC.³⁴⁸

Turning to specific projects, there have been several projects that have built on the small-scale studies of refugee and asylum-seeker skills. These projects have had success in matching refugees to jobs in the local area.³⁴⁹

Another policy intervention is work with refugee health professionals.³⁵⁰ The Refugee Council and the British Medical Association (BMA) have a database of refugee doctors in the UK to match refugee health professionals to vacancies in the National Health Service, for example.³⁵¹

Help in finding work

Welfare-to-work interventions at a national level are largely focused around the Public Employment Service (PES) which, in the UK, is Jobcentre Plus. Government policy recognises that there are 'hard to help' groups within the UK labour market including, for example, the disabled, single parents and the over-50s. Refugees are recognised as such a group but other migrants are not. Jobcentre Plus has developed a strategy to support refugees into work but not other groups of migrants. The policy interventions below refer, in general, to refugees.

DWP research highlights key areas for good practice, including ensuring that resettlement issues are dealt with alongside provision³⁵² and that advisers in Jobcentre Plus offices and providers of training need to work closely together; and recognising that the referral process needs to be carefully handled, and that refugee communities are diverse and contain many different skill profiles and aspirations, suggesting that individually tailored help is crucial.³⁵³

The refugee employment strategy, *Working to Rebuild Lives*, launched in March 2005, aims to improve NASS support, ease the transition to work, simplify documentation (through the

introduction of the new Immigration Status Document (ISD),³⁵⁴ facilitate the opening of bank accounts and of getting National Insurance Numbers (NINOs), and increase the availability of 'adaptation' courses, outreach, and better translating and interpreting. The strategy has also been underpinned by an operational framework set up by Jobcentre Plus. This web-based framework offers the opportunity to share good practice and disseminate clear information on policy, legal terminology and robust sources of information.³⁵⁵

There is a range of local projects that help refugees find work³⁵⁶, a number of which have websites.³⁵⁷ The largest cohort of projects on refugee integration and employment has been funded through the Home Office's Challenge Fund and European Refugee Fund. These projects have been monitored and evaluated by Michael Bell Associates on behalf of the Home Office. They form a useful corpus of evaluative practice and a good practice guide has been produced.³⁵⁸

The *Making it Work* guide assessed eight local projects³⁵⁹ and built on research and evaluation evidence over several years. The key characteristics of successful projects included developing an effective and convincing plan; promotion and marketing to avoid a slow start; partnership working; project management skills to avoid recruitment and set-up issues; self-evaluation; early thinking on how to make projects sustainable in the long term; and the value of publicity.

Partnership

The value of partnership comes across strongly from the evidence. *Working to Rebuild Lives* describes partnership working with the voluntary sector as "crucial".³⁶⁰ There are some examples of Jobcentre Plus working in partnership with local authorities and the voluntary sector, for example in Leicester, Portsmouth and Birmingham, to promote the employment of refugees. However, this practice has not been widely disseminated within the organisations as a whole, nor in those cities where there are significant refugee communities.³⁶¹

A number of organisations have also worked in partnership with other agencies. These partnerships appear to be successful and offer much potential good practice.³⁶² Some projects have been evaluated.³⁶³ It is possible to assess the impact of some individual projects such as Access First in Oxfordshire and to draw conclusions about 'what works', but these observations tend to be fairly general and could be applied to a wide range of voluntary sector activity – for example, the importance of involving and consulting beneficiaries, or the need for clear and measurable objectives.

Work experience

The Audit Commission judged lack of work experience to be one of the major barriers to gaining employment. Independent research and practitioners in the field acknowledge this and there are various volunteering schemes, work placements and work trials across the country.³⁶⁴ The New Deal includes arrangements for work experience, for example.

Work experience, employment placements and volunteering more generally are relatively important as a way of building refugees' confidence in their employability.³⁶⁵ Most refugees will have broad language needs and may lack knowledge of the UK labour market (recruitment and selection processes) as well as aspects of culture (interviews and social etiquette) to which the employer will have to pay special attention. However, schemes specifically tailored to such needs are limited and not all migrants are eligible to participate in existing schemes.³⁶⁶ Overall there are few measures or schemes in place that actively encourage employers to formulate any tailored work experience programmes or even take on refugees.³⁶⁷

Employers' initiatives

Both employers and government gain from migration and there may be a joint role in promoting the benefits of migration.³⁶⁸ The recent TUC, Confederation of British Industry (CBI) and Home Office joint statement indicates that this might be beginning to happen.³⁶⁹

There are several examples of good practice relating to the employment and integration of migrants where companies have taken the initiative. Barclays, HSBC and other major companies in Canary Wharf have agreed the same level of pay, higher than the industry average, for (predominantly migrant) office cleaners, for example.³⁷⁰ Good practice may include proper reception and induction procedures, close co-operation on language and skill programmes, and help with integration (through organising social activities or assistance with accommodation needs, for example).

Employer-led training and employer-led projects have been identified as a key aspect of good design, which reinforces the good practice points outlined above.³⁷¹ For example, work placements and work experience are more effective when voluntary agencies co-operate closely with the employer.³⁷²

There are thus a number of specific policies and initiatives in the employment-integration field, ranging across levels of governance, different sectors and different policy areas. Key points for good practice include intensive language programmes (although there is little consensus on the work-focus element of the programme); early and professional translation; use of volunteering and work experience; appropriate training with clear aims and supported by good referral and communication channels; employers playing a central role; and projects that take on board management principles from planning through to sustainable funding bases. Success lies too in holistic approaches that offer integrated solutions and an emphasis on partnership.³⁷³

Gaps in evidence

There are clear gaps in the evidence base. Robust data are not available for all of the indicators laid out in the introduction. Crucially, this includes employment rates, unemployment rates and economic activity disaggregated by immigration status and especially by refugee and family reunion status. Further gaps in the data are:

- annual earnings or income of migrants by immigration status;
- the rates of underemployment (defined as those with professional and university qualifications in manual employment);
- the number of part-time workers wanting a full-time job;
- the levels of self-employment by migrant status;
- the engagement of migrants with the informal or irregular economy;
- the number of days lost to sickness/absence for migrants compared with UK-born citizens;
- the level of unionisation within the workplace;
- the levels of training and/or the amount spent on training per migrant employee compared with the UK average;
- the proportion of migrants in senior positions compared with the UK average;
- levels of job satisfaction compared with the UK average;
- the extent of discrimination against migrants on grounds of race, religion or national status.

There are also major gaps in finding out 'what works'. The key omission is the independent evaluation of projects across the voluntary, private and state sectors by outcomes and particularly, by *job* outcomes. Work to address more information gaps would include research to assess:

- the impact of local partnerships and holistic working;
- the impact of language training on successfully finding work;
- the impact of building networks on successfully finding work;
- the impact of specifically tailored support on successfully finding work.

Forthcoming Home Office evaluations should provide a number of important answers to these questions.

Conclusions

This chapter has focused on a benchmark performance indicator of the employment rate. Evidence suggests the employment rate for new migrants and refugees is mixed. For refugees, evidence suggests the employment rate is significantly lower than the national averages but the data are not robust enough to quantify the levels. Factors affecting performance are varied. Language fluency, qualification level, length of time in the UK and discrimination emerge as important.

A number of interventions of different types are being undertaken in the field of employment. The *Indicators of Integration* model³⁷⁴ suggests that there needs to be a close connection between the key 'domains' of health, education, employment and accommodation. Good practice will need to 'join up' the delivery of services to the individual at the point of need.³⁷⁵ Some good practice is starting to emerge in terms of language, translation, skills, help in finding work and among employers but – in general – good practice based on firm evidence is limited.

There has been a great deal of activity in the area of migrants' employment and the lessons drawn out in the discussion above are important. However, the evaluation evidence on which this paper draws remains very recent and of varying quality. Further robust evidence is required before it can be stated with confidence what works in terms of the integration of refugees and other new migrants into the labour market.

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5 Integration of new migrants: health

Mark R. D. Johnson

Health, along with employment, education and housing, is seen as one of the four primary means and markers of integration.³⁷⁶ Good health enables better participation in society, and the supply of appropriate health care shows the responsiveness of society to the needs of new members. However, a major public and policy concern expressed in the popular media is that new migrants and refugees are attracted to the UK because of the National Health Service (NHS) and the prospect of 'free medical treatment' and social welfare care.³⁷⁷ This concern was also extant in the early years of the twentieth century. There is, however, no evidence of significant 'health tourism' or exploitation of NHS resources. Such evidence as exists suggests that while some asylum seekers have suffered torture and trauma, the health of most new arrivals and immigrants is good, although most established minority ethnic groups in Britain tend to have poorer health than the national average.³⁷⁸

Evidence from Scandinavia suggests that the occupational health of recent migrants may be less good than that of those born in Sweden,³⁷⁹ and it is likely that poor health has other adverse effects on the satisfactory integration and future life chances of new citizens. It is therefore important to consider possible good practice to prevent deterioration of health after arrival and thereby improve national public health and reduce health inequality: all key targets of the Government, as expressed in the NHS Plan.³⁸⁰

Measuring new migrants' health outcomes

There is a need to clarify what is meant by integration in relation to health for new migrants and refugees. The key factors must be:

- equity of access to relevant health services; and
- the ability of health and social care services to respond to the specific needs of the relevant minority groups.

In the longer term, integration indicates:

- a parity of health outcomes and life expectancy or disease experience.

The Home Office's *Indicators of Integration* report suggests five 'practice-level' indicators (relating to the relative proportions of refugees' use of or involvement in health care services) and two core policy-level indicators.³⁸¹ On the basis of current NHS information systems and records, none of these can be measured since 'refugee status' is not included as a variable in any NHS dataset. Two subsidiary policy indicators (numbers of refugee clinicians joining clinical registers, and the existence of health authority strategies for addressing priority health needs) could be addressed by a suitable research project,³⁸² but are not at present answerable by reference to any regularly published source. Similarly, assessing the availability of culturally appropriate patient information is a matter of concern to all those working in the field of 'ethnicity and health', but as yet no national database of such materials exists.³⁸³

The question of parity in health outcomes and life expectancy may be correlated to some extent with integration (in this case meaning similarity) in lifestyles. However, epidemiological research shows that adoption of 'host population' lifestyles may result in adopting behaviour (such as smoking) associated with raised levels of incidence of certain 'diseases of affluence' such as coronary heart disease, or cancers, previously seen to be lower among populations of migrant origin. In theory, therefore, 'integration' could lead to a worsening of certain health outcomes. A better strategy for integration would seek to minimise this, the host society learning from or adopting the health behaviours of new migrants: a phenomenon that may be seen in the popularity of the so-called 'Mediterranean' diet!

Health: new migrants' outcomes and contributory factors

Evidence on migrant health outcomes is sparse. Most research and publications relating to health of migrant minorities are in fact disease studies, or studies of health care services, rather than treating health in the World Health Organisation (WHO) sense as *“the complete state of physical, mental and social wellbeing and not merely the absence of disease and infirmity”*.³⁸⁴ In this sense 'integration' in social terms is a key element of health, and being socially and economically integrated into society should enhance (or be a key element of) health.

Similarly, 'new migrants' comprise not only refugees (as defined in terms of the 1951 Geneva Convention) and those permitted to live in the UK on grounds of humanitarian protection and settled immigrants: asylum seekers, those who have migrated to the UK for economic reasons, EU citizens, recruits for health and social care work, dependants and overseas students must also be considered. This is a very broad group, few of whom can be identified by a health care service that seeks to be free at the point of need and minimise bureaucratic obstacles to its use. Many of these migrants may, in due course, become settled and integrated into society so that they do not fulfil earlier expectations of 'return', and become instead established British minority ethnic groups.

There is, in Britain, no immediately accessible source of data that gives any direct measurement of or authoritative perspective on the health of new migrants or refugees, whether from an epidemiological, personal, public health or occupational health perspective.³⁸⁵ Further, even when seeking information on specific health needs, such as those of people with a physical disability or impairment,³⁸⁶ or specific health conditions such as TB and HIV,³⁸⁷ it is almost impossible to establish reliable estimates of the relative risks among different groups, whether defined in terms of their ethnic origin, citizenship status, or length of residence in the UK.³⁸⁸

Estimates and perspectives can be obtained only by assembling a number of small, group-specific studies, or using indirect proxy measures and collating a synthesis of 'expert opinions'. One of the few datasets to record birthplace is the registration of deaths for mortality statistics, but even here there is rarely any detail on length of residence. Where data are defined by ethnicity, no information is in general available on citizenship status, length of residence or birthplace, and exceptionally few studies report the details of differences in status between migrant, refugee and asylum seeker, except those specifically designed to examine one or other of these groups. In most such cases, the data are then confused by conflating heterogeneous cultures and countries of origin into larger groups because of the need to conduct robust statistical analysis.

Research in Sweden, where data relating to migration status are well kept and accessible to researchers, has consistently shown worse health outcomes and a greater probability of work-related ill-health for workers who are migrants and refugees – a feature not found in UK surveys of health and illness at work. Rather, UK research into workplace health amongst the population born outside of the UK, suggests that a reverse trend may be evident, at least in workplaces that are sufficiently regulated to take part in the annual Labour Force Survey, where length of residence in the UK is associated with increasing risk of workplace-related injury or accident. Certain (mostly longer-established) migrants are less likely to be employed in the highest-risk occupations and this must be taken into account when comparing health outcomes.³⁸⁹

The Swedish research suggests that the effect arises primarily because of the low social support available to migrant (and more especially, refugee) workers, thereby resulting in higher levels of stress or 'job strain'. The implication is drawn that foreign-born workers are less able to move between jobs, and that greater mobility would assist, as well as provision of work-related social support. For refugees and new migrants in the UK, the same finding is likely to hold true, but may be complicated by the possibility that, for some at least, employment may be on the margins of legality,³⁹⁰ or obtained only by working under exploitative conditions, which in themselves are likely to be productive of poor health

outcomes.³⁹¹ The fact possibly also exists that migrants, and particularly refugees, in the UK are more likely to be in poor quality housing than those in Sweden, which would also have an impact on health. However, the researchers are not aware of specific evidence on this point.

In so far as there is any consensus, it is generally agreed that both recently arrived economic migrants (of all skill levels) and new asylum seekers demonstrate fair or good levels of health compared with populations in their countries of origin and with minority populations already resident in UK.³⁹² With the exception of relatively minor traumas attributable to travel, and some incipient mental health problems (including anxiety, for example), most are healthier than the majority of the UK population. There is evidence among migrant populations of lower levels of smoking and alcohol consumption, and to higher reliance on vegetarian diets, which are also likely to lead to lower levels of certain diseases such as cancers.³⁹³ This situation does not, however, remain constant. In many cases migrants' health (in particular, mental health) deteriorates significantly within six months to five years of arrival. Occupational health certainly worsens over the life course and, if not addressed, health concerns relating to provision of screening and immunisation may also show significant deterioration after arrival, since there is clear evidence of poor levels of awareness, and of access to and uptake of preventive care services by all such new arrivals.³⁹⁴

A review of research relating to the health needs and health care of refugees and asylum seekers conducted on behalf of the Home Office and NASS found little research relating to the health care needs of refugees in the UK, or solutions to these, reported in the scientific 'peer-reviewed' literature.³⁹⁵ It should be noted that few papers make clear distinctions between the status of asylum seeker (awaiting determination of a claim for asylum) and refugee (having leave to settle), and for most of the non-UK literature the two terms are synonymous. Even where reports refer to asylum seekers and/or refugees, these are often grouped with other people of the same (or similar) ethnic origin, as the focus of research is frequently on 'cultural' or clinical issues which are not immediately seen to be differentiated by civic or national status. There is also a lack of scientific papers that specifically examine the health of seasonal workers, migrants arriving as dependants, international students, or illegal migrants and casual labourers, although some reference to the first and last two groups has been made in the media, especially following the deaths of Chinese cockle-pickers in Morecambe Bay.³⁹⁶

Clinically, reports on asylum seekers/refugees typically describe a number of mental health problems, including high levels of nervous illness, headache and depression. Many papers have found problems in new migrants accessing both general medical care and dental treatment, usually because of their lack of national insurance cover. Other reports refer to a different type of problem in accessing health care arising from uncertainty over status, it being reported that the introduction of the Asylum and Immigration Act 1996 had led to *"GPs [being] increasingly likely to tell asylum seekers that their books were full . . . a reflection of their fear that treatment would not be covered by national insurance"*.³⁹⁷

There were also concerns that misleading information, such as that *"being in the determination process diminishes one's chances of getting NHS treatment"* or that health status might affect chances of being granted leave to remain, was affecting the willingness of asylum seekers to seek access to health care. This could lead to later development of more serious illness or complications – or of 'disappearance' from official processes. Reports in the professional media also refer to problems for GPs with whom mobile populations of migrants are registered in attaining their 'target payment' levels.

In general, the focus of published reports in the health literature is primarily on the experience, presentation and needs of people recognised as refugees, rather than on those at the somewhat earlier stage of seeking asylum. Many reports are descriptive of differing clinical pictures, exotic illnesses associated with recent migrants, and the consequences of flight, torture and experience of 'refugee-ism'.³⁹⁸ More immediately, valuable material for UK practice is to be located within the 'grey literature' emanating from projects, annual reports (notably of public health departments) and conferences, or published by organisations dealing specifically with refugee needs. There is a reasonable amount of research-based, academically sound published material on clinical issues relating to the refugee/asylum-

seeking communities in Europe, particularly from Scandinavian and, less frequently, Dutch, authors: *"Refugees were infrequent users of emergency services, saw few specialists, missed few appointments . . . diagnoses of mental disorder were rare . . . [but] even when refugees seek medical care . . . their unique problems are rarely addressed"*.³⁹⁹

Despite concerns about the reported high levels of need among some migrant groups for sexual health-related treatment, there is little detailed or reliable evidence on this area, apart from reports on the number of people of African origin attending for AIDS-related conditions. There appears to be a low uptake of many services, and a need for outreach and patient education programmes. Sexual health clinics do not routinely ask for information on immigration status nor publish detailed analysis of their users.⁴⁰⁰

Another issue raised in this context is the issue of female circumcision/genital mutilation which, following the Prevention of Female Circumcision Act (1985), bringing Britain into line with most other European countries, is illegal. However, cases have been reported among refugee and other populations, mostly from the Horn of Africa region – Sudan, Somalia and Eritrea.⁴⁰¹ Many other European states permit clinical and social work staff to intervene and there are community-based groups seeking to educate women against this practice.⁴⁰²

A significant number of new migrants with particular health and social care problems are 'unaccompanied minors' – children who arrive in Britain seeking refugee status. The size of this group increased from 2,700 in 2000 to 3,500 in 2001; they are given special protection in law, and also have very specific needs.⁴⁰³ The mental health of such children has been extensively researched and guidance prepared for health professionals, but there is little knowledge on the long-term effects on such young people, nor comparison between groups.⁴⁰⁴

Few research studies have gone beyond the level of the descriptive to identify factors contributing to migrants or refugees' 'integration' in health, except in so far as they relate to 'barriers' to improved health or use of health care. Virtually none has been designed to examine this process in a scientific manner, or to evaluate the strength and importance of different factors. That said, there is a degree of consistency in the findings of various studies which suggests that there may be some scope to generalise from their findings, once contextual factors such as changing NHS organisation and attitudes towards different groups have been taken into account. Practice-based publications have also drawn attention to the very significant issues and impact on health among refugees arising from racist attacks and the mobilisation of political opposition to the presence of asylum seekers.⁴⁰⁵ There are also significant numbers of reports of self-harm and suicide.⁴⁰⁶

One of the most effective ways of establishing what might be useful for future groups is to consider the 'career' of a previous group which began as a refugee stream but has now become a well-established minority community, such as the Vietnamese. It is probable that these experiences provide the best-evaluated and most relevant models of good practice as guidance for future responses.⁴⁰⁷ A selection of current projects designed to address relevant issues can also be identified, although many are as yet unevaluated and do not fit the requirements of 'evidence-based practice'.⁴⁰⁸

Recently, increasing interest in the health of refugees and asylum seekers in the UK has led to a growth of policy-oriented discussion papers or reviews about these questions, many of them noting the gaps in the literature and the dangers of extrapolating from non-UK studies.⁴⁰⁹ A singular contribution to the British literature, although explicitly and deliberately focusing on the key issues in 'refugee health' for public health policy in London, brought together a review of most of the recently conducted research and a survey of developments in practice relating to migrant health in London health authorities.⁴¹⁰ That was prepared before the reorganisation of the refugee dispersal programme (NASS) and of the NHS into its present form, focused on the organisation of primary care. However, the majority of its findings still hold true, and were reflected in Woodhead's review of service providers' experiences, carried out for the King's Fund. That report also makes a valid point which may act as a deterrent to the development of 'best practice': *"GP surgeries that offer good and*

*appropriate services to asylum seekers . . . become well known . . . This leads to a disproportionate number . . . using these services and puts pressures on them”.*⁴¹¹

The following are the key findings and issues raised in the London studies.

- Migrants' needs change over time – both within cohorts and between different cohorts.
- Health status on arrival is 'not especially poor' (on average) but tends to deteriorate.
- Disease problems are exacerbated by the conditions in which refugees live after arrival.
- Problems arise from temporary registration and refusals of medical services to register refugees.
- There is little evidence of effective initial health assessment, screening, monitoring, and subsequent referral and health surveillance of new arrivals.
- Interpretation and language support are crucial and inadequate.
- Most projects are stand-alone, short-term and uncoordinated, and few are evaluated.
- There is a lack of systematic mapping of information on refugees and their health.
- An important minority of asylum seekers are victims of torture or other trauma, but their health needs are unlikely to emerge until other priorities (e.g. shelter) are met.
- GPs may not be aware of prescribing patterns in countries of origin, as refugees are unaware of local practices in the UK.
- Overcrowding and conditions in hostels create health and hygiene problems.
- Fear that HIV status may compromise asylum applications leads to concealment.

Across all of the reports reviewed relating to the health of refugees and new migrants, certain 'contributory factors' associated with relatively poorer health outcomes emerge as common themes, although none has been exhaustively tested or subjected to approved procedures for evidence-based practice. However, multiple studies relating to single population groups⁴¹² have repeated similar findings: this summary draws upon a synthesis of such single-group and single-issue or specific location reports. It is believed that the conclusions are robust, and that, in most cases, they repeat the findings of previous reviews of the literature.

Language

The primary problem identified in most research and practice reports is English language ability. Nearly every service provider in Britain appears to have a different approach or emphasis in its provision of the key resource: language support or interpretation. A major problem has been the question of cost and responsibility, although it is government policy to move towards a unified national language support service delivered through NHS Direct. A national framework contract has been signed for the service and national guidance issued,⁴¹³ but local rules still apply in certain instances, so that a local service may be available only to clients referred by community mental health teams, but not for GPs, or hospital services. In another location, clients may be encouraged to seek referral through a local authority asylum support team, transferring the costs outside the NHS budget, even if they are seeing a medical professional.

Self-employed independent contractors such as dentists and opticians may feel unable to treat without an interpreter, but refuse to pay themselves for that service (and not be eligible for interpreters from the health trust or local authority social services department). Other medical staff say that they are 'too busy' to access language support, or do not have the time and knowledge to set up bookings, especially if they require a 'rare' language. The national availability of a universal language support service through NHS Direct is not well understood or used by medical and nursing staff, few of whom have any experience or training in the use of telephone interpreter support. Meanwhile, inadequate language skills continue to form at least partial barriers to the speed and quality of access to health care.⁴¹⁴

'Newness' and ignorance of the system

A number of problems for new arrivals in Britain are associated simply with unfamiliarity with the organisation of the NHS. This may also be an issue for service providers when new arrivals have not yet obtained NHS reference numbers or identity documents demonstrating their entitlement and permitting linkages to health records.⁴¹⁵ While these may be temporary barriers to access, they can have a crucial impact when migrants such as asylum seekers are moved at short notice between locations, or others are deterred from following up preventive services.⁴¹⁶ Some practitioners have reported difficulty in knowing who is entitled to what levels of service.⁴¹⁷ Although this has been the subject of several guidance letters, and the situation was recently changed in relation to asylum seekers, most primary care providers continue to supply 'immediately necessary' treatment without question.

A second major problem is in arranging appointments and availability. Many asylum seekers have problems in attending on time because of transport difficulties, or may not understand the operation of NHS appointment systems.⁴¹⁸ Indeed, many migrants do not understand the concept and role of the GP and their gatekeeper function in making referrals to secondary care, nor their own entitlement to services.

Allied to this is the problem that arises when health service users move on (or are moved by agencies such as NASS), or have no reliable recorded address for the health service to contact them. This, and unfamiliarity with entitlement or the importance of early reporting, may also lead to discontinuity in care and late presentation with symptoms or in pregnancy, all of which have been shown to have adverse effects on the health care and outcomes of migrants, and their omission from screening and other preventive health actions such as vaccination programmes.⁴¹⁹ Paradoxically, 'newness' and lack of exposure to 'western' fears about the safety of some immunisations may lead to better uptakes of such services.⁴²⁰

Cultural competence of local health care systems

It is clear that there is marked variation with location in the ability to respond to cultural diversity. Many health service providers outside major metropolitan centres have little experience of meeting the needs of people with different religious, language or cultural backgrounds from the majority, and are under-resourced in training or educational materials for their staff, access to specialised services such as multi-faith chaplaincy, or specific dietary provision. Some lack awareness of the implications of cultural diversity for care planning and provision.⁴²¹ This may be a particular issue in rural areas where increasing numbers of overseas (temporary) workers are employed in seasonal harvesting, or in university areas with large numbers of overseas students. The requirement imposed by the Race Relations Amendment Act for all health (and other public sector) bodies to develop race equality strategies will lead to a change in this situation, although it is not yet clear that this will benefit all (especially White European) migrants equally.⁴²² There is, however, ample guidance available in relation to refugees and race equality issues.

Cultural competence of local health care staff

Many of those working with asylum seekers have had to undergo a fast learning process.⁴²³ Some have previous experience of multicultural working, but nearly all require more information on the cultural and clinical backgrounds of their new clients. This could be a wider issue. It is certainly the case that insensitive treatment based on ignorance can have adverse health effects on patients, either through loss of self-esteem, or indirectly through rejection of advice given by service providers who are ignorant of key aspects of cherished cultures. Greater sensitivity requires workers to have easy access to a source of up-to-date and accurate information on the source countries from which asylum seekers come. They may also need some basic understanding of the issues involved in 'cultural competence', such as the so-called 'acculturation gradient' whereby migrants and their descendants or younger dependants may selectively adopt cultural knowledge and practice from the 'host' society.⁴²⁴

Psychological climate

There is also considerable agreement in most reports that satisfactory integration, avoidance of mental health problems and satisfactory usage of existing health care services depend on new arrivals overcoming the 'climate of fear' engendered by adverse media coverage, racialised or direct harassment, and the uncertainty and insecurity allied to their civic status. Suspicion of authority figures may lead to resistance to registration, concealment of information, and avoidance of services intended to be health-promoting, such as screening and immunisation. Continuing campaigns against asylum seekers' 'misuse' of health services, especially, leads to reluctance to make proper use of them, the increase of mental health problems and social isolation, and late presentation with potentially curable infections or other conditions. Again, much of the evidence for this is anecdotal or circumstantial, but there is some evidence from the US that a climate of racism is associated with raised levels of ill-health. Furthermore, stress is well established as being associated with raised levels of infection risk, blood pressure and gastrointestinal disturbance.⁴²⁵

Disposable income and poverty

Finally, all commentators agree that a major contributory factor relevant to health integration and health outcomes is poverty and the ability to pay. This is directly linked to the low wages received by many new migrants in employment and the restrictions placed on asylum seekers (and refugees with unrecognised qualifications) in seeking and obtaining work, including section 55 changes in support and exclusion from benefits.⁴²⁶ Earlier systems of support for asylum seekers, based on vouchers, also created problems in ability to pay, when bureaucratic delays and mobility led to problems in obtaining certificates of exemption for NHS prescription charges.

Many reports relating to minority ethnic groups have sought to explain excess ill-health in such groups in terms of the established social class gradient in health, although these do not always explain the association between migrant or minority status and lower socio-economic status, or the failure of the NHS to address such inequalities.⁴²⁷

Policy interventions

A selection of examples of interventions that may represent 'good practice' in working towards improved health care for migrants is presented here, using materials culled from grey literature and professional newsletters as well as more formal reviews and surveys of health agencies conducted by the Centre for Evidence in Ethnicity, Health and Diversity at De Montfort University and the University of Warwick.⁴²⁸

The majority of initiatives and interventions can be summarised as relating to the increased availability of information. The development and transmission of relevant information are linked to the nature of the problem associated with the integration of new migrants, in that this newness creates problems both for the individual service user in accessing the required health care services, and also for the professional or service provider in knowing relevant information about the specific needs of their clients, and in communicating with them. Information is also critical in the planning and management of services at a macro level.

Flows and sources of refugees and new migrants change regularly, and data recording ('ethnic monitoring') is severely underdeveloped, especially in regard to the needs of refugees and 'new' migrant groups. For these reasons, and because of a series of reorganisations affecting both health care provision and the management of refugee and asylum-seeker groups, there has been little grounded and recorded evaluation or organisational learning in this field. In this respect, it may be that the health sector is particularly badly affected, with NHS development of a primary-care-led system still emerging. Virtually none of the initiatives identified for this review had been in existence for long enough (that is, over three years) to be evaluated, for that evaluation to be subjected to peer review, and for it to appear in print. In that sense, therefore, none of these findings would meet the usual formal test of 'evidence-

based practice' in medicine, even if it were possible to subject them to approved systems of controlled trial.

Key types of development may be aimed at the migrants themselves, or at those seeking to deliver services; or they may seek to change existing structures and procedures. Key interventions that appear to be well regarded or reported as having an impact include the following.

Education and training for recently arrived migrants

This includes education in the functioning and structure of the NHS, and in locally relevant health promotional issues, including family planning, sexual health, occupational health and diet. While often recommended, no such programmes have actually been evaluated.⁴²⁹

Educational initiatives to inform professionals

These include initiatives to inform doctors, nurses and other professionals about the entitlements, specific needs and specific cultural attributes of refugees, asylum seekers and new minority groups. Guidance is now regularly found in, for example, articles in publications from the British Medical Association, handbooks from the Royal Colleges and the King's Fund, and professional magazines such as *GP*, *Nursing Times*, *Doctor and Pulse*. Additional resources include the MA in Refugee Studies at the University of East London, workshops at the University of Kent at Canterbury's Centre for Migration Studies, and conferences such as that held by the Royal Society of Medicine in June 2004.⁴³⁰ The Office of the Deputy Prime Minister's Neighbourhood Renewal Unit has also produced a 'warden's factsheet' entitled *Guidance for Neighbourhood Wardens Working with Asylum Seekers and Refugees*.⁴³¹

A limited number of recent publications have begun to provide information for health care professionals about the care needs of refugees.⁴³² These, along with a series in the *British Medical Journal* by Burnett and Peel, the new handbook on human rights issues from the BMA, and a handbook produced by Burnett and Fassil, play an important role in filling the knowledge gap among providers. Not least, all begin by stressing the entitlement of refugees and asylum seekers to treatment including routine health surveillance.

Translated forms and health information

Material in other languages is being developed by a number of local and national initiatives, and made available either to migrants over the internet, or to professionals providing services.⁴³³ There is at present no central register of these, but many examples are hosted on, or accessible through, the HARP website. A recent health service conference on language needs in Leicestershire was provided with copies of a leaflet in Somali: *Caruur Badbaadin Qof Kasta Hawshiisa (Child Protection: Everybody's Business)*.⁴³⁴ The Refugee Council maintains a supply of health-related leaflets in relevant languages.

Health needs assessments

Assessments relating to specific groups and locations to inform local practice planning and provision⁴³⁵ tend not to be widely reported, and may be most easily located locally in annual reports of directors of public health; others are listed in the national research register of the Department of Health.⁴³⁶

Hand-held records and individual needs assessments

Records now given to some migrants include those of immunisation status and medical histories, which may refer to experience of torture and similar sensitive matters.⁴³⁷ A number of health and local authorities have developed 'patient-held records' or 'welcome and information packs'; some of these can be obtained from primary care trusts and local authority social care departments, but there is no central repository nor any evaluation of any of them. Other sources include Housing Support Services (Leeds), which has also produced a

bilingual health screening questionnaire and Notes on *Taking Prescribed Medicines* in a selection of languages.⁴³⁸

Proper recording of monitoring data

The importance of data relevant to the provision and planning of services for newly arrived groups is increasingly recognised.⁴³⁹ These need to be incorporated in routine data collection and analysis and linked to emergent schemes for 'ethnic monitoring', and to include additional information, specifically and explicitly 'immigration status', with appropriate safeguards for confidentiality and against misuse.⁴⁴⁰ To date, however, 'patient profiling' has not been widely trialled or evaluated: a new scheme was announced recently at a conference on language needs in Leicester, which includes a detailed pro forma to record religion, language need and preferences in respect of diet, gender of medical attendant and religious days.⁴⁴¹

Specifically resourced reception and assessment, or specialist service delivery facilities

These may be led by a nurse, health visitor or GP, and may include staff with specific responsibilities and skills in mainstream service provision and management structures.

Several primary care trusts (PCTs), such as Heart of Birmingham PCT, Leicester City East, and Derby, have supported Personal Medical Services' (PMS's) pilot support schemes⁴⁴² and specialised clinic facilities for primary care delivery to asylum seekers. In April 2004 Leicester East PCT created a £200,000 medical centre dedicated solely to the care of asylum seekers and staffed by three GPs. Central Derby PCT reopened a redundant medical centre as the Fountain Primary Care Service, specifically to provide care for all new asylum seekers arriving in Derby, with a capacity of 1,200 users. This ran into difficulties when NASS decided to suspend location of new asylum seekers in the city.⁴⁴³

Five salaried GPs were employed in Glasgow, along with a nurse co-ordinator.⁴⁴⁴ Two worked in one medical centre attending to about 1,800 refugees as part of a larger practice, supported by interpreters; other GPs were located elsewhere in the city. The salaried basis of employment allowed for the additional time spent in paperwork, and enabled the doctors to offer 15-minute (double-length) appointment sessions. The Health Board allocated around £600,000 in 2000/01, and £1 million in 2001/02 to support this work, but received no additional funding from central government.

Many US reports also note that a refugee health programme organised through a specialised clinic has been found to be the most effective way of overcoming the problems of lost or poor medical records.⁴⁴⁵

Links to, and support for, refugee-/community-based organisations

The development of capacity both to support new arrivals, and to work collaboratively with other community groups, is a key recommendation of many reports, and many examples may be located of significant local project work undertaken by RCOs and other 'bridge-building' support agencies.⁴⁴⁶ The West Midlands Refugee Council held a series of international conferences to discuss such work with the Scottish and Welsh Refugee Council.⁴⁴⁷ Similarly, the Regional Refugee Forum North East has played a key role in capacity building.⁴⁴⁸

Integration of health professionals of refugee and new migrant origin⁴⁴⁹

A frequent theme of coverage in the professional media is the waste of potential implicit in the failure to recognise the skills of refugees and asylum seekers. During the initial asylum-seeking process, there are prohibitions on employment which may be hard to remove. However, it might be possible to use the bilingual and clinical skills of those awaiting decisions. This would assist those seeking to deliver services, and accelerate diagnosis or treatment in many cases. It is important that such skills should be kept in use in order to prevent loss of facility. It can also be argued that 'usefulness' contributes to self-esteem and hence to health. Early recognition of individuals with such abilities would be of value, as would

the making of links with the various relevant organisations⁴⁵⁰ in anticipation of the removal of prohibitions on work.

Action has now been taken to implement support for refugee health professionals, and the Department of Health has provided £2 million funding for over 40 local projects and initiatives supporting refugees wishing to work in the NHS. It is recommended that a central co-ordinating point within the Department of Health is now established to bring together all of the initiatives on refugee health professionals, identify common difficulties and ensure that lessons from different areas are learnt across the board.

Further support has been provided by the BMA in conjunction with the Jewish Council for Racial Equality and Postgraduate Centre for Refugee Doctors in London, and voluntary refugee databases have been set up at the British Medical Association, British Dental Association and Royal College of Nursing.⁴⁵¹ Of 1,014 refugee doctors on the BMA database, only 69 have so far found employment in the NHS, although an informal survey of local projects revealed that there are over 160 refugee doctors currently working in the UK.⁴⁵² Many are assisted by local projects such as the West Midlands Refugee Doctor Group, set up in 2003 to assist in the integration of refugees with any clinical qualifications. It included representatives from the local NHS workforce development confederations, universities, primary care trusts, the postgraduate deanery, the Midlands Refugee Council, and nurse and dentist representative bodies. Funding was provided by central government as well as the Workforce Development Confederations (WDCs), and a major role has been organising mentoring and work-experience placements.⁴⁵³

Similarly, the Royal College of Nursing register is now producing regular reports. This shows that of 202 nurses registered in June 2004 (including at least 59 with midwifery qualifications), 130 had permission to work in the UK, but only 35 were in employment, while 121 were unemployed. Of these, only 40 had been in the UK for less than one year (97 for between one and three years) and only 34 had full refugee status: 75 were still awaiting determination, and 28 were under 'humanitarian protection', while a further 43 had indefinite leave to remain⁴⁵⁴ However, many have yet to pass the International English Language Testing System (IELTS).⁴⁵⁵

This uncertainty about status, as well as the problems of obtaining sponsorship to study for UK skills and language accreditation and obtain practice placements, present major problems for integration and debar these workers from supporting the NHS in providing care for members of their ethnic groups. Similar issues arise with members of other health-related professions (including occupational and speech therapy, for example) who do not appear to have any similar institutional support.⁴⁵⁶

Gaps in evidence

There are multiple deficiencies in the information base required to guide best practice in developing services to meet the health integration needs of minority and migrant groups. Some of these relate to specific health issues, such as psychosocial stresses or clinical needs of particular groups; others relate to the impact of migration and associated phenomena on the health of migrants, or the effects of providing particular health care interventions. The needs of certain types of new migrant health service user, such as those with physical disabilities (including visual and hearing impairment) have been very little researched. An urgent initial requirement would appear to be a longitudinal study of the 'health and health services career' of new migrants, to examine their initial and subsequent experiences of health care, and the impact that this has on their usage patterns and health outcomes. This could then be tied to the evaluation of various interventions.

Key gaps that have been identified in studies reviewed for this report include:

- research on post-migration stress and related psychosocial problems of refugees or other migrants;
- the effects of detention on the mental health and psychological well-being of refugees, and its impact on integration;

- nutrition, particularly with respect to poverty/vouchers or not being able to purchase or cook familiar food;
- access to leisure/exercise facilities and its effect on the health of refugees and other new migrants;
- refugees with special needs or disabilities, particularly children with special needs, and their problems in accessing health services;
- the sexual health of refugees and teenage pregnancy.

In nearly all research, the focus has tended to be on a poorly described and confused overlapping cohort of asylum seekers, refugees and other migrants of similar ethnic or cultural background, without care being taken to establish their precise status or the impact that this may have on their health or health care access. There is almost no published research that is sufficiently targeted specifically to examine the situation of other types of new migrant.⁴⁵⁷

Conclusions

There is still a need for a better information and evidence base, and acceptance of the valid findings of existing reviews, along with appropriate action and resources to support these. Specifically, the evidence base would benefit from a number of initiatives or developments:

- a longitudinal 'tracker' survey of new arrivals, from first arrival in UK (including the asylum seeker phase, if relevant);
- evaluation and publication of results from the many initiatives set up to address the above issues;
- a period of stability in NHS and immigration procedures and structures to enable organisational learning;
- data recording ('ethnic monitoring' or 'patient profiling') which includes data on dates of migration and citizenship status and enables better systems for identifying numbers and characteristics of migrants; and
- development of co-ordination systems between health authorities and other sectors, to support multi-agency solutions to local needs and overcome problems of communication in dispersal-based asylum seeker processes.

In terms of practice provision, in addition to the above, several key recommendations emerge:

- use of adequate early individual health needs assessment coupled with the provision of educational intervention relating to the use of NHS facilities and structure, and the issuing of hand-held records to overcome problems of repeated mobility and the need to ask intrusive and sensitive questions each time a patient relocates;
- closer working relationships between NHS bodies and refugee community organisations, and greater transfer of sustainable resources to such bodies to permit the development of integrated services and reliable support structures;
- training of health care workers in the use of language support services to assist migrants, including those who are not literate in their mother tongue;
- integration of specialist or supplementary services into the mainstream, rather than truncation or abandonment with consequent loss of institutional competence and loss of the possibility of evaluation;
- development of new entrant screening in positive ways using the new planned induction centres and health care assessment procedures;
- use of systems for exchanging medical (client) information between areas and providers of services, such as the portable (patient-held) medical records developed by the new DH Asylum Seeker Co-ordination Team, and a move towards use of bilingual forms;
- dissemination of clear guidance and training materials to providers and provision of appropriate training to those likely to experience migrant users;

- provision of clear and detailed information to refugees/asylum seekers and new migrants about the organisation of health services, especially the role of primary care as a referral pathway; and
- training of refugees as health care workers (including health care support workers), and use of their skills to train existing providers, while facilitating the re-entry to work of those who hold existing health care qualifications.

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Key websites and e-mail discussion lists

- <http://hcna.radcliffe-oxford.com/bmegframe.htm> (health care needs assessment)
- <http://www.ethnic-health.org.uk> (ESRC Centre for Evidence in Ethnicity, Health and Diversity)
- Minority-ethnic-health@jiscmail.ac.uk (join via free subscription at www.jiscmail.ac.uk)
- www.bma.org.uk/public/ethics/aslym.htm (NB 'asylum' is misspelt in this address)
- www.doh.gov.uk/ethnicity2001guidance/record.doc (official guidance on recording ethnic group data)
- www.geog.ucl.ac.uk/mru (Migration Research Unit, University College London: SOPEMI reports)
- www.harpweb.org.uk (health for asylum seekers and refugees) (HARPWEB)
- www.icar.org.uk (information centre on asylum seekers and refugees, King's College, London)
- www.ippr.org (Institute for Public Policy Research: migration and equalities team reports)
- www.lho.org.uk/hil/bme.htm (London Health Observatory)
- www.phslive.com (Public Health Sector, Liverpool John Moores University)
- www.refugee.org.uk
- www.refugee-doctors.org.uk
- www.torturecare.org.uk
- www.warwick.ac.uk/CRER

6 Integration of new migrants: education

Simon Warren

The integration of refugees, asylum seekers and other new migrants in the UK will be mediated by a number of factors, including education. Access to, and experience of, education provision is crucial to migrants' well-being and their development of social cohesion. The experience of populations of new migrants to date demonstrates that the integration experience will be differentiated not only by migrant status but by social class, gender and ethnicity. It is important to consider the experiences of these earlier cohorts of new migrants in order not to reproduce the failures of previous models of integration, and so to break the cycle of discrimination and inequality that has marked much of the history of immigration to the UK. These experiences demonstrate the fact that integration will be strongly mediated by the experience of racism, both individual and institutional.

While much of the evidence in this paper relates to asylum seekers and refugees, recent evidence from Northern Ireland⁴⁵⁸ strongly suggests that migrant workers more generally, particularly those working at the low end of the economic scale, have very similar experiences. For both groups the outcomes of education, such as qualifications and fluency in English, are necessary for successful transition into the labour market, and for navigating social life.

There are some important features of UK education that frame the experience of new migrants. Compulsory education (from the age of five to age 16) is a universal service. Access to this is not differentiated by immigration status. Pre-school formal education provided by school-based nurseries is also intended to be a free and universal service. However, although the Government is planning to make nursery provision available to all four-year-olds, it is currently not universally available. Access to other forms of pre-school provision, while not differentiated by immigration status, is determined by the ability to pay. School-based post-16 education (for those aged 16 to 18) is a free service, access to which is dependent on the discretion of the head teacher or the local education authority (LEA).

Access to further or higher education is differentiated by immigration status. Those granted refugee status are regarded as home students with all of the rights to mandatory maintenance grants and loans this entails. This also applies to those asylum seekers granted exceptional leave to remain (ELR). People with ELR, however, must fulfil a three-year ordinary residency criterion to become eligible for a higher education grant or loan. Asylum seekers are regarded as overseas students for fees and awards for further and higher education. They have no entitlement to grants or loans but they may be able to study on part-time further education courses for a reduced fee. High-skilled migrants or asylum seekers with access to substantial private resources may not be unduly affected by these conditions of access to UK education.

Measuring new migrants' education outcomes

Evidence examined in this paper in relation to the integration of new migrants has to be judged against a set of criteria. A Home Office report⁴⁵⁹ has recently proposed criteria for measuring the educational integration of refugees, in particular:

- the percentage of refugee children reaching benchmark achievement at the end of each stage of education, including vocational qualifications;
- the number taking up pre-school education;
- the proportion of refugee children placed in special needs provision (compared with the general population);
- the extent to which the individual school roll reflects the distribution of children by ethnicity and refugee status in its catchment area and/or local authority area;
- the number of refugees entering university.

The indicators relating to institutional performance, however, need to be enhanced to take full account of the requirements of current equal opportunity legislation: the Race Relations (Amendment) Act 2000, the Special Education Needs and Disability Act 2001, the Disability Discrimination Act 1995, the Human Rights Act 1998 and the Sex Discrimination Act 1975. It also needs to take account of the DfES guidance in relation to BME achievement, building on the Community Cohesion Standards for Schools jointly launched by the Home Office and the DfES. In particular, education provision needs to be judged by the following criteria.

- Access to education: whether it removes barriers to the identification of, and access to, education, including providing information on migrants' rights of access, supplying induction support, managing mobility and providing safe environments.
- Access to teaching and learning: whether it promotes a needs-led approach to curriculum development, provides open access to a full or appropriate curriculum, contributes to an appreciation of cultural diversity, and challenges prejudice, bias and stereotyping.
- Access to achievement: whether it closes the achievement gap and has assessment arrangements that enable all students to achieve at the highest levels possible and do not put any group at a substantial disadvantage.

Education: new migrants' outcomes and contributory factors

The lack of reliable data on pupils by country of origin, date of entry to the UK education system, or immigration status in national surveys and administrative data sources means that there is limited systematic information regarding educational outcomes and processes for asylum seekers, refugees and other new migrants. Consequently, evidence has to be drawn from a number of alternative sources. These include datasets where various proxy indicators are substituted for new migrant status and estimates of population size produced by relevant agencies. Much of the evidence is, however, provided by independent research, which is often small-scale, qualitative and overwhelmingly focused on London. The evidence base is thus not consistent across the nations and regions of the UK. There is consequently some inconsistency in the nature and scope of the evidence presented here.

Numbers

Until 2003 there was no common system for collecting and recording information on the ethnicity or country of origin of children in UK schools. LEAs and schools had not been required to maintain systematic databases on children's ethnicity, leading to a diversity of methods and quality. Where data have been collected, this has not necessarily been done in such a way as to allow asylum seekers, refugees or other new migrants to be identified.⁴⁶⁰

Although there are thus no reliable figures for the number of new migrants in the education system, a number of proxy measurements are available. It is estimated that there were 82,000 asylum seekers and refugee children in UK schools in 2001.⁴⁶¹ These were known to be more likely to live in London than in other parts of the UK. In 2002 alone, over 18,950 dependants, the majority of whom were school-aged children, were estimated to accompany or subsequently join principal asylum applicants.⁴⁶² In addition, an estimated 6,200 unaccompanied asylum-seeking children arrived in the UK in that year. It is reported that 2,160 of these children were registered as aged under 16 and thus entitled to school places.⁴⁶³ This will impact upon the nature and quality of education provision in areas of refugee and asylum-seeker settlement in England.

Eighty-two per cent of principal asylum applicants in 2002 were aged between 18 and 34. Research indicates that on arrival in Britain most asylum seekers and refugees have little or no English,⁴⁶⁴ and so are likely to need some level of English-language (ESOL) provision. Importantly, for England and Wales, 50 per cent of migrants (not including asylum seekers and refugees) aged between 15 and 23 came for the purpose of study,⁴⁶⁵ adding another dimension to the educational needs of new migrants – ranging from short-term language courses to postgraduate research. Universities often have their own pre-entry language arrangements, including academic language courses. It is therefore unclear what level of

ESOL provision this group of migrants might need. It is also unclear what kind of provision these students' dependants might require.

In 2003 there were 10,000 asylum seekers and refugees in Scotland (6,000 supported through the National Asylum Support Service), most of whom were in Glasgow.⁴⁶⁶ Relatively large proportions of the BME communities in Scotland were born outside the UK.⁴⁶⁷ This might indicate that a significant proportion of Scotland's BME communities are new arrivals and have particular educational needs.

The proportion of school-age children whose first language is not English provides another proxy measure. In January 2004 the percentage of pupils of compulsory school age and above in England recorded as having English as an additional language (EAL) was 11 per cent in primary schools and nine per cent in secondary schools.⁴⁶⁸ The figures on EAL pupils, however, need to be treated with some caution. There is no standardised method for assessing children's English language needs.⁴⁶⁹ The DfES figures do not indicate the level of English language proficiency, what languages children do speak, nor whether they are UK-born. EAL is therefore a weak proxy for new migrant status.

Attainment and language acquisition

Evidence from a range of small-scale studies is consistent in identifying the very positive role schools have in the lives of asylum-seeker and refugee pupils.⁴⁷⁰ Schools are seen by these children, young people and their families largely as providing safe and supportive environments. They are also regarded as the most stable social institution in what are often insecure and unstable lives.

There is, however, little concrete evidence on the educational attainment of migrant children in schools. There is evidence to suggest that some asylum-seeker children often make very good progress academically; this is more marked in primary than in secondary schools, and more so in mathematics than in English.⁴⁷¹ It is also known that Somali, Turkish, Turkish Kurdish and Turkish Cypriot pupils reach lower levels of achievement in English schools than other groups.⁴⁷² One of the key issues for migrant children and young people is that of English language acquisition. Overall, EAL pupils have lower levels of educational attainment than non-EAL pupils. EAL pupils are often at a lower starting point than non-EAL pupils but appear to make greater progress subsequently, so that they 'catch up' with their peers. The performance of EAL learners does vary across ethnic groups, with Chinese and Indian EAL pupils having higher levels of attainment than other ethnic groups of EAL learners. Significantly, Bangladeshi and Black-Caribbean pupils do less well regardless of EAL status.⁴⁷³ There is some limited evidence to suggest that once refugee and asylum-seeking pupils gain a good grasp of English they make good academic progress, as the EAL evidence would suggest.⁴⁷⁴

Although the DfES collects data on the number of EAL pupils in English schools, this information does not provide an indication of the proportion who actually receive EAL support. The Department of Education Northern Ireland, in contrast, does provide this information.

Contributory factors to education outcomes

Although limited in scope, research is beginning to highlight a number of key factors that may explain the relatively poor and inconsistent outcomes outlined above.

Emphasis on EAL

The differential performance of EAL pupils may be more closely associated with social class and economic deprivation. There is a strong correlation, established by a number of studies, between educational attainment, ethnicity and economic deprivation.⁴⁷⁵ The significance of English language acquisition as an indicator of inclusion must therefore be treated with caution. Although learning English has to be a key stage in education, the historical evidence indicates that although English language acquisition has been a strategy for inclusion and integration for the past four decades it has failed to change the patterns of educational attainment for BME groups.⁴⁷⁶

The focus on language acquisition has failed to explain the persistently low academic attainment of White working-class and African-Caribbean pupils. Obstacles to achievement by EAL pupils tend to be defined in terms of language acquisition to access the curriculum. This can lead to confusion between the assessment of need in terms of EAL or in terms of special educational needs (SEN)⁴⁷⁷. Deeper learning difficulties can be overlooked in a concentration on language difficulties, or, conversely, language problems can be defined as learning difficulties. EAL pupils can be unwittingly placed in lower teaching groups because of low teacher expectations. This overwhelming focus on language acquisition to access the curriculum can obscure the fact that many pupils requiring EAL support are multiply disadvantaged.

Access barriers

A number of largely small-scale qualitative studies⁴⁷⁸ have identified that asylum seekers and refugee children encounter barriers to accessing school places in England and Scotland⁴⁷⁹. The *No Place to Learn* study succinctly details most of the key issues facing refugee and asylum-seeking families in seeking access to school places. Barriers to access include lack of knowledge among schools of refugees' and asylum seekers' entitlement to education.⁴⁸⁰ This can lead to delays of up to 20 days in accessing places.⁴⁸¹ There are often shortages of school places if children enter mid-year, so that they can end up in undersubscribed schools, which often provide a poorer quality of education. Access is a particular problem for large families, where children can be spread across a wide geographical area. This places significant financial burdens on families that rely upon reduced levels of income support.

The situation is exacerbated by the frequent moves of accommodation experienced by many asylum-seeker and refugee families who are reliant on emergency and short-term housing. The poor health associated with the poor housing conditions many asylum seekers and refugees experience also has a negative impact on children's education. Refugee children may also have more crowded and less comfortable conditions in which to complete their homework than their peers and be less likely to have a computer or internet access to assist them. Adults for whom English is not their first language, whether born in the UK or not, generally have very poor levels of literacy and numeracy, making access to education, training and employment difficult.⁴⁸²

A recent Home Office report on the state of ESOL provision for adults in London, the east Midlands and the north-east of England showed that, although asylum seekers and refugees are anxious to learn or improve their English, they face barriers accessing provision. The main barriers to access are: the shortage of classes; a lack of advice and guidance on courses; a lack of literacy in their own language; and inappropriate ESOL provision, particularly the lack of English teaching for professional or vocational development.⁴⁸³ These findings support those of previous studies.⁴⁸⁴ Similar outcomes have been found in a number of local studies.⁴⁸⁵

Institutional capacity

There is some evidence that many of the schools and LEAs in dispersal sites lack the necessary capacity to respond effectively to the needs of asylum-seeking pupils.⁴⁸⁶ Inner-city schools with experience of serving diverse communities, accustomed to managing significant

pupil mobility, and with staff who had experience and expertise in teaching pupils with EAL, were found to be more proficient in managing the admission of the asylum-seeker pupils. In contrast, schools with little of this background took some time to adjust admission procedures to the new arrivals, so delaying the integration of the pupils.

Racism

Many of the studies cited above report asylum seekers' and refugees' experience of racism. While this is a consistent feature of the evidence, the issue is not explored to any great degree. This partly reflects the relative absence of a race equality dimension to the research methodologies employed. It is most usually presented in terms of direct racism, such as asylum seeker and refugee children feeling that their school peers did not welcome them. The racial harassment of asylum seekers and refugees is well reported in the media. There is not, however, a strong tradition of race equality research in studies on asylum seekers and refugees. Yet race and racism must be considered at least a potentially important variable in the experience of many new migrants, and particularly needs to be understood by public bodies in the context of their statutory duty to promote race equality for pupils under the Race Relations (Amendment) Act 2000. While there are considerable methodological difficulties associated with quantifying the levels of bullying experienced by children in school, this is also a topic that requires consideration in relation to refugee and other new migrant children, as it constitutes another factor that may underpin their educational performance.

Policy interventions

The recent history of UK education is characterised by government-sponsored initiatives aimed at improving schools and raising educational attainment. Until recently, this has been generic in focus or targeted on geographical areas. Some targeted intervention has been aimed at BME and EAL pupils through the Ethnic Minority Achievement Grant (EMAG). Recently, there has also been consultation around achievement strategies for BME pupils. The DfES has attempted to develop a more coherent national approach to support for asylum-seeker and refugee pupils.⁴⁸⁷

Evaluation of these interventions is being conducted across the different levels by a range of agencies: evaluators within government departments, independent evaluators commissioned by government departments, LEAs, schools, independent funding institutions, community organisations and the academic research community. This evaluation work is necessarily diverse in scope and methodology. The small-scale studies, though they are consistent in the issues raised, are weak in terms of evaluating particular initiatives and practices, and at relating the practices to outcomes. Other research has found that, in general, the most effective schools are those that can be characterised by a high degree of reflexive practice – where teaching and learning as well as school systems are a focus for critical reflection – led by the head-teacher and senior management team. This may be a critical factor in making different strategies successful.⁴⁸⁸

The following sections examine those interventions aimed specifically at asylum seekers and refugees, and surveys of policy and practice responses to the barriers to access to education, teaching and learning, and to achievement for asylum seekers, refugees and other new migrants.

Ethnic Minority Achievement Grant: specialist teacher support

EMAG provides funding for schools to raise the attainment of minority ethnic pupils, including newly arrived pupils. The evidence suggests that EMAG teachers can be crucial to supporting asylum-seeker and refugee pupils' access to school, teaching and learning, and possibly achievement. A number of surveys of practice have sought to measure the impact of EMAG and identify aspects of good practice.⁴⁸⁹ These surveys suggest that there is a positive effect on the performance of BME pupils generally. EAL pupils in particular were identified as making good progress.

This conclusion has, however, to be treated with caution. Much of the data from LEAs and schools has been unreliable, and relatively small samples were involved in these evaluations. Moreover, what impact there is on outcomes has not so far altered the national pattern of attainment experienced by BME pupils – the ‘equality gap’. Nevertheless, the studies demonstrate some consistency in the factors that appear to contribute to the successful use of EMAG, factors that correspond with those identified by previous research conducted by the DfES (formerly DfEE).⁴⁹⁰ These factors include the integration of EMAG into whole-school systems, an anti-racist and inclusive school ethos, clear and systematic induction systems for all newly arrived pupils, benefit-led monitoring systems, in-class mainstream pupil support, and effective dialogue with pupils, families and communities.

Procedures for initial assessment, especially for newly arrived pupils, were well developed in these successful schools. Usually initiated at LEA level by EMAG managers, the documents and procedures had often been customised by school staff to reflect the local context and provide opportunities for more in-depth assessment for learning. Where possible, schools used pupils’ first languages as part of the assessment procedure and some regularly collected and annotated writing samples in both pupils’ home languages and English. In the best practice these assessment procedures led to benefit-led individual target-setting.

The quality of their monitoring procedures was a major feature of these schools. The schools were careful to monitor the progress of minority ethnic pupils at individual and group level, and to monitor the initiatives they had set up, adapting or discontinuing them as appropriate. A strong feature of the assessment procedures for bilingual pupils in these schools was the integration of EMAG and whole-school systems. These schools used a common assessment framework for EAL pupils based upon the Qualifications and Curriculum Authority (QCA) Language in Common scales to map achievement onto the National Curriculum. This ensured that the progress of all pupils was tracked on a common scale and facilitated joint working between EMAG and school assessment co-ordinators. It also facilitated the process of benefit-led target-setting at a whole-school level and by ethnic group.

Induction

One of the barriers to inclusion faced by asylum seeker and refugee children is the impact of mobility on their school experience. As well as early and effective assessment of need, the role of a designated member of staff to manage the induction process appears to be central to successful induction. EMAG teachers, as has been shown, often play an important role in supporting the induction of newly arrived pupils. The development of intensive induction programmes, often focused on English-language acquisition alongside mainstream classroom support, was identified by Ofsted as effective in integrating asylum-seeker children into schools.⁴⁹¹ One school, reported by Ofsted, made use of a weekly designated time for admissions that allowed administrative staff to devote their time and effort to helping the families, as well as enabling the school’s EMAG co-ordinator to brief the class teachers with information about the asylum seeker.

This evidence reinforces the case for managed induction for all newly arrived pupils irrespective of status, and the integration of induction procedures with common whole-school assessment for learning frameworks.

Language support

The DfES provides guidance on support for EAL and newly arrived pupils within the National Literacy and Numeracy Strategies (NLNS).⁴⁹² This guidance is aimed at supporting access to teaching and learning for newly arrived EAL pupils. The NLNS are intended to raise the numeracy and literacy standards of every primary school pupil in England. Evaluation of the NLNS offers inconclusive evidence of impact for EAL pupils. While EAL pupils tend to perform less well than their peers, and greater fluency in English is associated with better progress and performance, this finding was weakened by flaws in the operation of target-setting and assessment in the NLNS.⁴⁹³

There is some evidence of the successful use of English-language tuition across the curriculum, rather than focused more narrowly on the development of basic skills, in supporting asylum-seeker children to access a range of subjects.⁴⁹⁴ This was found to be particularly important for those children who would be taking examinations. Evidence suggests that there is a need for continuing EAL support beyond the early stages of learning, for EAL as a cross-curricular issue, for it to be managed as a whole-school issue, and for close monitoring of the impact and progress of EAL teaching. This was seen as particularly important given that schools that had witnessed an increase in new arrivals had also experienced a reduction in provision of regular support for more advanced learners of English. Again, the role of EMAG teachers in changing mainstream approaches through intensive work with subject departments was seen as significant in developing more effective work.⁴⁹⁵

On the basis of the evidence presented, it is difficult to disaggregate the effect of poverty from that of English-language fluency. This is particularly important given that a majority of EAL pupils live in relatively deprived circumstances. It is not possible to determine from the evidence whether the pupils with greater fluency, and therefore improved performance, are the children of Pakistani, Bangladeshi, asylum-seeker and refugee families living in deprived urban areas, or the children of professional families.

The Further Education Funding Council has funded pilot projects to extend basic skills and ESOL provision in outreach settings.⁴⁹⁶ The recruitment of new ESOL learners, including asylum seekers and refugees, exceeded the original targets, in part indicating a significant level of unmet need. Asylum seekers and refugees represented ten per cent of the summer projects and 28 per cent of the pilot projects, with the majority accessing ESOL provision. The evaluation concluded that asylum seekers and refugees are not a 'hard to reach' group because they are highly motivated. However, for these groups, appropriate provision is 'hard to reach'.

Projects responded by ensuring that courses were linked to information about accessing services and dealing with immigration procedures; by providing travel and sustenance support; by providing help with childcare, which particularly enabled women to access provision; and by making effective use of early assessment in order to signpost asylum seekers and refugees to appropriate provision. However, providers were not able to overcome the barriers created by the inflexibility of funding arrangements and the instability and uncertainty caused by the dispersal system.

Inter-agency working

There is an increasing emphasis in government policy on inter-agency working to improve the wellbeing of children, young people and families. Effective partnerships among LEAs, relevant agencies, schools, pupils, families and communities have been identified as important factors in developing effective educational responses to asylum seekers in dispersal sites.⁴⁹⁷ In particular, where an LEA was able to provide schools with background information about the pupils before they were admitted, schools handled the admissions with greater ease. This depended on the LEA receiving correct and relevant information from NASS or the appointed housing agency.

Gaps in evidence

The lack of reliable and sufficiently detailed data on new migrants makes it difficult to estimate the proportions accessing education provision, and to monitor their progress and attainment. This does not automatically mean that the policy response should be to seek more personal information. The current use of ethnic monitoring data is a contentious issue. The evidence reviewed here points very strongly to the effectiveness of universal strategies. The presence of asylum seekers and refugees has raised equity issues relevant to all pupils and students, such as the role of induction programmes for all newly arrived pupils, and the need for whole-school, mainstream approaches within which there will be targeted strategies. The role of ethnic monitoring in benefit-led strategies is inconclusive.

However, there is a lack of basic information, in particular in relation to the:

- geographical distribution of asylum seekers and refugees in educational institutions, including those for adult education;
- mobility of asylum seekers and refugees and how this impacts on their education and on educational institutions;
- correlation between level of English proficiency and academic attainment;
- correlation between EAL proficiency and identification of special educational needs;
- extent to which the educational experience of asylum seekers and refugees is attributable to their special circumstances as opposed to poverty and racism;
- relevance of EAL models, developed in relation to BME communities, to asylum seekers and refugees and diverse new migrant populations;
- impact of the dispersal system on migrant communities and education provision;
- the impact on migrant pupils of the Race Relations (Amendment) Act, with its duty on schools to promote race equality and good race relations.

There is also a significant need for evaluation of existing initiatives. Although this review of evidence points to some positive examples of practice, and clearly indicates some consistent features of that practice, the evidence of the effectiveness and sustainability of these is limited. Even large-scale evaluations of national initiatives fail to take account of the diversity of populations. This is attributable partly to the low research and evaluation capacity in the field. There is a need for all mainstream national initiatives to be independently evaluated using methodologies that are sensitive to cultural diversity.

Conclusions

On the basis of the evidence and evaluation of interventions, key features of effective educational provision for asylum seekers and refugees and other new migrants can be identified.

- Effective and timely signposting of appropriate entitlements and provision.
- Sustainable effective support enabled by reflexive practice, characterised by:
 - an anti-racist ethos, institutional responsibility and leadership;
 - managed induction processes aimed at all new arrivals;
 - an active knowledge-management strategy drawing upon national and local guidance on support for asylum seekers and refugees and other new arrivals;
 - use of benefit-led assessment for learning as a basis for resource management and evaluation of interventions;
 - EAL/ESOL support across the curriculum, provided in appropriate venues, including provision for advanced learners of English;
 - professional development, increasing institutional and personal capacity to respond positively to migrant pupils' needs.
- Holistic support, based on an understanding of the multiple social, cultural and economic barriers to access.

Targeted interventions (as on the language needs of new migrants) will be most effective within the context of high-quality universal but flexible provision. This provision has to be needs-led rather than service-led. Effective provision occurs in the context of reflexive professional cultures. The key challenge facing education (and other fields of public policy) is how to develop such a reflexive culture. The Race Relations (Amendment) Act requires all public bodies to develop such a culture, to reflect critically upon their normal practice and how it might impact negatively upon different groups of pupils and students. The full implementation of the Race Relations (Amendment) Act across the education system should now be treated as a priority by DfES.

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Notes

¹ Schibel, Y., Fazel, M., Robb, R. and Garner, P. (2002) *Refugee integration: Can research synthesis inform policy? Feasibility study report*. Home Office RDS Online Report 13/02.

² Ager, A. and Strang, A. (2004) *Indicators of Integration*, London, Home Office Development and Practice Report 28.

³ The Home Office's project on developing indicators of refugee integration (Ager and Strang, 2004) seeks to address this gap by identifying modes of 'social connection' in a social capital framework. The proposed measures of social relationships that connect refugees into the wider community include engagement in RCOs and volunteering, as well as various forms of social and civic participation. The definition and indicators of good community relations set out by the present review will address and develop most of these measures.

⁴ Ager, A. and Strang, A. (2004) *Indicators of Integration*, London, Home Office Development and Practice Report 28.

⁵ The official definition of a cohesive community is one where:

- there is a common vision and a sense of belonging for all communities [UNITY];
- the diversity of people's different backgrounds and circumstances is appreciated and positively valued
- [RESPECT];
- those from different backgrounds have similar life opportunities [EQUALITY], and
- strong and positive relationships are being developed between people from different backgrounds in the workplace, in schools and within neighbourhoods [CO-OPERATION].

(Local Government Association and Home Office 2002, p 6).

The Commission for Racial Equality's draft definition of good race relations, from which the concepts in brackets derive, adds the aspect of security, or freedom from racism. Another useful proposal for indicators can be found in Chanan (July 2002).

⁶ The Office for National Statistics has adopted the OECD's definition of social capital: "*networks together with shared norms, values and understandings that facilitate co-operation within or among groups*" (Harper, Sept. 2002, p 2). *The dynamic relationship between bonding, bridging and linking activities is of particular relevance here. "Bridging social capital is required to transcend religious, ethnic, social or other divides"*: Performance and Innovation Unit (April 2002), p 33. One of the challenges for policy interventions is to identify the factors that "*facilitate the growth of social capital in contexts where the starting point is characterised by strong ethnic and social fissures*": (*ibid*, p 44). Social capital also forms the basis of the Home Office's draft integration indicators.

⁷ None of these definitions includes migration-related issues, but in combination they seem sufficiently comprehensive to address community relations between new and established groups. With regard to the cohesion indicators, however, the missing reference to migrants might be more problematic.

⁸ Ager, A. and Strang, A. (2004) *Indicators of Integration*, London, Home Office Development and Practice Report 28.

⁹ The first Refugee Integration Strategy recognises that refugees will begin "*to establish links prior to being granted status*": Home Office (Nov. 2000), p 12. That such links require support at policy level is acknowledged, e.g. at regional level: see Yorkshire & Humberside Consortium for Asylum Seekers and Refugees (Nov. 2003), 6; see also Zetter *et al.* (2002), p 121.

¹⁰ For a similar observation see e.g. Zetter *et al.* (2002), p 68.

¹¹ For example, the UK Development Partnerships under the asylum seekers strand of the EU's EQUAL programme primarily adopted a human capital focus, undertaking skills audits of asylum seekers, preparing orientation packs, supporting language learning and promoting volunteering to enhance employability.

¹² For example, the June 2003 incident involving asylum seekers and local residents in Wrexham.

¹³ Such as the tensions between established Asian communities and newly arrived Kurdish asylum seekers from Iraq in Derby in late 2003 and in Peterborough in the early summer of 2004. Police attempted to explain these conflicts with reference to rumours as well as cultural differences.

¹⁴ Many of these problems have been identified in a recent review of media reports and literature carried out by Craig *et al.* Their qualitative surveys also found evidence of tensions between BME communities and migrants; cf. Craig *et al.* (2004), p 37. Tensions caused by dispersal decisions have not only received much media attention but were also pointed out in the evaluation of NASS: see Noble *et al.* (March 2004), p 40.

¹⁵ See e.g. MORI (May 2002).

¹⁶ See Halman (2001). See also European Monitoring Centre on Racism and Xenophobia (2001).

¹⁷ Duffy (2004). The opinion data do not, however, enable a differentiation of attitudes towards specific categories of migrants, as surveys tend to use the terms 'asylum seekers', 'refugees' and 'immigrants' interchangeably without mentioning, for instances labour migrants, overseas students or newly arrived dependants. This may reflect the fact that the public is rarely in a position to identify the legal category to which a migrant belongs.

¹⁸ See data from the 2000 General Household Survey, in Coulthard *et al.* (2002). However, some limits to the relevance of such data for community relations and social capital become apparent when considering the finding that London has the lowest levels of neighbourliness and other positive indicators, and rural regions have the highest. What emerges here appears to be the urban–rural divide, rather than a more complex understanding of social cohesion. London has not been the site of notable community conflicts over the last decade.

¹⁹ Social Exclusion Unit (March 2004), p 5.

²⁰ See Sheffield Hallam University (Nov. 2003), pp 10, 21.

²¹ Craig *et al.* (2004), pp 26–7.

²² See *ibid*, pp 11, 29–32.

²³ The presumed link between diversity or immigration and lack of trust and civic spirit is also put into question by a MORI survey, according to which respondents considered longer working hours and time spent watching TV or on the internet as the main causes for a decline in community spirit, with the presence of newcomers in only fourth place. See Duffy (2004).

²⁴ *Ibid*.

²⁵ The correlation between economic deprivation and community tensions has also been substantiated by research on community cohesion, leading many analysts to conclude that problems are those of poverty rather than a lack of cohesion. For an early example of such research findings, see Joseph Rowntree Foundation (April 1999). See also Sheffield Hallam University (Nov. 2003); this study found high levels of resentment and suspicion, particularly about perceived preferential treatment of asylum seekers, among residents in NDC areas.

²⁶ See e.g. Craig *et al.* (2004), pp 9, 33 and *passim*; Sheffield Hallam University (Nov. 2003), p 21 and *passim*. The impact of dispersal policies is also seen as dependent on these factors: see Noble *et al.* (March 2004), p 40.

²⁷ “*Inequality probably stretches the social fabric, increasing the social distance between individuals and reducing the likelihood of shared social associations, norms or mutual respect*”: Performance and Innovation Unit (April 2002), p 41. Research has also confirmed that poverty constitutes a barrier to building community ties, as financial constraints and lack of child care inhibit participation: see Taylor (2002), p 94. For an analysis and summary of research findings on the negative impact of inequality on community interaction and community governance, see Bowles and Gintis (Dec. 2000), pp. 17–18, 20.

²⁸ For example, research in Scotland found that many asylum seekers felt threatened in their neighbourhoods, which impeded their ability to engage with local residents: Barclay *et al.* (2003), p 65.

²⁹ When issuing guidance on the race relations aspect of the public duty, the CRE has an opportunity to make explicit that the concept of race encompasses migration status by way of nationality.

³⁰ Audit Commission (2004), pp 44, 49.

³¹ Commission for Racial Equality and Schneider-Ross (2003), p 9.

³² See Department of Trade and Industry (May 2004), p 35. Such guidance might also be more effective if it were based in law. For example, a legal policy review of the existing public duty framework and its possible extension beyond race equality suggested legislating for a statutory duty to promote good community relations. “*This would tie in well with the current government’s community cohesion initiatives and provide a platform for community relations initiatives*”: O’Cinneide (2003), p 78.

³³ See Local Government Association and Home Office (2002); Home Office and Local Government Association (2003). The headline indicator (“*the proportion of people who feel that their local area is a place where people from different backgrounds can get on well together*”) has also been included among the Audit Commission’s Quality of Life indicators (QoL 25) and as a voluntary indicator for the Best Value Performance Indicators (BVPI) General Survey 03/04.

³⁴ See the study by Craig *et al.* (2004), which reviewed a substantial body of literature, in addition to conducting qualitative research, and found the issue of resource use among the most prominent factors influencing community relations, with the exclusion of migrants attributed to resource competition in areas of poverty: see *ibid*, pp 28–9.

³⁵ For example, a recent MORI poll on NHS patient satisfaction indicated that an area’s ethnic diversity is negatively related to patient satisfaction. MORI conclude that this “*highlights that a more ethnically diverse population presents real challenges to local service providers . . . On some readings it suggests that funding formulae need to take yet further account of this in future, if one is interested in more equalisation*”: see Page and Taylor (2004).

³⁶ See also the research conclusions of D’Onofrio and Munk (Feb. 2004) and Barclay *et al.* (2003). Policy interventions aiming to increase trust in public institutions could be guided by research that has shown that trust is determined by how well informed people are, how much control they experience over their lives and to what extent they feel able to exert influence over community affairs. See Grimsley *et al.* (2003).

³⁷ Audit Commission (2004), p 25; see also European Council on Refugees and Exiles (1999), p 27.

³⁸ Much analysis is available on this issue; see e.g. Audit Commission (2000), which stresses the importance of a proactive management of community relations for dispersal planning; also Zetter *et al.* (2002), p 116.

³⁹ The reviewers concluded that it was essentially beyond NASS’s remit and capacity to take cohesion issues into account. As a remedial step they recommended that NASS work more closely with local government and share information openly wherever possible: see Noble *et al.* (March 2004), pp 40–1. The Parliamentary Select Committee

on the Office of the Deputy Prime Minister has taken a more pronounced view, calling for an examination of “cases where the current dispersal policy is alleged to have damaged local communities”, and recommending that the “Home Office’s work on social cohesion should be extended to providing advice to the National Asylum Seekers Service with a clearly identified contact point. Clear guidance should be provided to NASS on developing relationships with local authorities and other service providers, local communities and the voluntary sector and sufficient resources should be provided”: House of Commons Select Committee on the Office of the Deputy Prime Minister (May 2004).

⁴⁰ Audit Commission (May 2002), p 60. The CRE’s statutory guidance on the public duty contains similar provisions.

⁴¹ For example, the literature review by Craig *et al.* identified inadequate information dissemination about immigration policies, programmes and practices as a central factor in intensifying community tensions: Craig *et al.* (2004), p 29.

⁴² D’Onofrio and Munk (July 2003), p 7. National government policies and their insufficient management were found by a number of qualitative research studies to contribute to misunderstanding, mistrust and tensions in local areas: see D’Onofrio and Munk (Feb. 2004), p 52; Barclay *et al.* (2003), p 74 and Craig *et al.* (2004), p 36.

⁴³ See Craig *et al.* (2004), p 34, based on evidence from nationwide qualitative surveys of local stakeholders. Anecdotal evidence comes, for example, from Jan O. Karlsson, chair of the Global Commission on International Migration and former Swedish Minister of Migration, delivered at the seminar ‘Mixed Messages: Migration and the Media’, IPPR, London, 5 July 2004.

⁴⁴ See, e.g. Grimsley *et al.* (2003), who identified information, control and influence as the three determinants of public trust.

⁴⁵ MORI (May 2002), p 11.

⁴⁶ See, e.g. the findings and recommendations in D’Onofrio and Munk (Feb. 2004), p 59.

⁴⁷ See Home Office (Nov. 2000), p 3 and *passim*.

⁴⁸ *Integration Matters: A National Strategy for Refugee Integration*, Home Office, March 2005, pp. 24 and 52.

⁴⁹ The Audit Commission identified a range of actual and potential good practice that local authorities could employ to improve information provision and facilitate basic communication between asylum seekers and established residents: for example, public meetings with established residents and asylum seekers hosted by local councillors, and the creation of community liaison officer posts as links between residents, asylum seekers and services. See Audit Commission (2000), pp. 34–5. The good practice examples, collated by the Commission in its fieldwork, were found to reduce tensions and increase understanding.

⁵⁰ The Audit Commission cites as examples of good practice police visits to asylum seekers’ hostels to build trust, as well as weekly police surgeries for asylum seekers: see *ibid*, p 36.

⁵¹ As migrants may be subject to harassment based on xenophobia, it is not sufficient to address racism merely as part of a wider problem facing BME groups in general. The first Refugee Integration Strategy recognises racism as a barrier, but refers to findings by the Social Exclusion Unit for further action. See Home Office (Nov. 2000), p 3. The second Refugee Integration Strategy identifies a number of steps to prevent racism against refugees, focusing on better provision of information about, and portrayal of, this population. See Home Office (March 2005), p.23.

⁵² An independent review of the process and practice of reporting and recording racist incidents against asylum seekers in the North East region has recently been carried out, which resulted in an identification of good practice examples as well as a set of policy recommendations: see Clark (March 2004). See also Association of Chief Police Officers (2001), which recommends a clear public communications strategy. Examples of initiatives can also be found in the Yorkshire Regional Integration Strategy.

⁵³ “Community capacity building is widely acknowledged as key to strengthening and building skills and confidence within communities. Sustainable community capacity building, which enables residents to build social capital and own the lengthy process of [neighbourhood] renewal, rests at the heart of the community cohesion agenda”: Home Office (Dec. 2003c), p 15. For a definition of community capacity building, see Home Office (Dec. 2003a), p 2. Community capacity building also “promotes equality of access and opportunity, cultural understanding and joint working between communities . . . , and recognises that some people have special needs”: *ibid*, p 16.

⁵⁴ This would correspond to a former Home Secretary’s description of community capacity building as “building the capacity, the social assets, and the leadership which will enable communities to take advantage of both the targeted help which is available and broader economic and social improvements and investment”: Blunkett (Dec. 2003), p 1.

⁵⁵ This official acknowledgement dates back at least to a Home Office report on refugee needs in 1997 and has subsequently been incorporated in the Refugee Integration Strategy and funding schemes. See Carey-Wood (1997).

⁵⁶ See, e.g. the findings by the feasibility study in the east of England: The Guild (June 2003), p 4 and *passim*.

⁵⁷ Zetter *et al.* (2002), p 139.

⁵⁸ *Ibid*, p 19. Numerous research studies in this area have confirmed this finding, which is reflected in ECRE’s policy position on refugee integration: “Refugee empowerment is critical in refugee integration. Refugee community organisations . . . provide a focal point for community activities, facilitate the development of political self-confidence, and act as intermediaries between individual refugee members and the host community”: European Council on Refugees and Exiles (Dec. 2002), p 16.

⁵⁹ See, e.g. Performance and Innovation Unit (April 2002), p 33. Bonding activity often proceeds along ethnic lines, with ethnicity, particularly White ethnicity, mobilised for collective action.

⁶⁰ Begum (Dec. 2003), p 29. This is not to deny that strong bonding social capital can contribute to self-segregation and exclusion, and can endanger good community relations, as tight functional networks such as those formed by local British National Party members demonstrate. Segregated communities, for example in northern cities, might have strong social capital within them, but little between them. The “*stronger the social capital within a group, the greater the hostility to outsiders*”: Summerfield and Babb (2003). The challenge for policy-makers is facilitating the transition from bonding to bridging in a situation of existing fragmentation. Further research into the process of such a transition would be beneficial.

⁶¹ See Begum (Dec. 2003), p 29.

⁶² Barclay *et al.* (2003), p 112; see also p 67.

⁶³ Fennema and Tillie (1999), 721. This correlation between bonding and wider civic participation and trust was found even in the case of migrants’ engagement with authoritarian or fundamentalist organisations, because of the positive effect of individuals learning to engage in collective action: *ibid*, p 723. Fennema and Tillie’s findings were to a significant degree confirmed in an international comparative perspective, including studies in Belgium, Denmark, Germany and Denmark: see Jacobs and Tillie (May 2004), p 426. While the Danish findings were not able to substantiate the positive correlation between ethnic bonding activity and civic trust, they concurred in concluding that ethnic bonding has “*no negative relations with social trust [. . . and no signs] that could fuel tension*”: Togeby (2004), p 528. Empirical research in Australia found that bridging difference requires the existence of strong bonding links. For a summary of these findings, see Onyx (Nov. 2003), pp 5, 10.

⁶⁴ It is this link between security and wider interaction, between bonding and bridging, that David Blunkett, when Home Secretary, highlighted in a more general context: “*Some think there is a tension between, on the one hand, trying to make communities secure and stable, and on the other, trying to help them be more open to change. But this is a mistake . . . it is security and stability which allow people to feel confident to take an active role in collective life, to welcome change from outside or inside the community*”: Blunkett (Dec. 2003), p 5.

⁶⁵ The Guild (June 2003), p 57.

⁶⁶ See, e.g. Rudiger (2001); also Zetter *et al.* (2002), p 119.

⁶⁷ Comparative research in Germany, the Netherlands and the UK found “*political orientations on the countries of origin of immigrants to be most prevalent in localities that offer immigrants few channels of access to the decision-making process and grant them little legitimacy in the public domain*”: Koopmans (2004), p 449.

⁶⁸ Research in the Netherlands has shown that a large number of links among migrant organisations, i.e. the existence of dense networks, is particularly conducive to engendering a sense of social and political trust. See Fennema and Tillie (1999), p 715 and *passim*. Moving beyond intra-ethnic bonding, research in Belgium found a positive link among membership in ethnic organisations, parallel membership in cross-cultural organisations and civic participation, based on the creation of cross-ethnic social capital. See Jacobs *et al.* (May 2004), pp 555–6.

⁶⁹ Monitoring data for the participation of refugees and other newcomers in LSPs and other partnerships is not readily available, though evidence of limited involvement and knowledge has been recorded. In the east of England there was no evidence of refugee involvement in initial community consultations by LSPs, and only a little awareness of statutory planning and decision-making mechanisms among RCOs and the refugee-supporting voluntary sector. Some areas appeared to lack any channels through which the needs and views of refugees could feed into the planning of service delivery. See The Guild (June 2003), p 22.

⁷⁰ See, e.g. Attwood *et al.* (2003), p 98. Black people and Asian people were nearly three times as likely as White people to engage in the field of religion. For Black and Asian people, religion was the highest-ranked field of civic engagement overall.

⁷¹ “*Organised faith groups can play a pivotal role in bridging activities across communities*”: Begum (Dec. 2003), p 7.

⁷² D’Onofrio and Munk (Feb. 2004), p 43. The important role of churches was also confirmed by research in Scotland: Barclay *et al.* (2003), pp 39, 68, 77, 101, 103.

⁷³ See, e.g. Buchanan *et al.* (2003); also Barclay *et al.* (2003), pp 87ff. For further resources on media monitoring see also Finney (2003).

⁷⁴ See Audit Commission (2000), p 33; MORI (May 2002).

⁷⁵ See, e.g. studies on asylum seekers and refugees in Scotland, the east of England and other localities in England: Barclay *et al.* (2003); The Guild (June 2003) and D’Onofrio and Munk (Feb. 2004). Research by an NGO, Article 19, found that asylum seekers and refugees themselves perceived a direct link between media coverage and public hostility and aggression: see Buchanan *et al.* (2003), pp 38–9; this was also found by the qualitative survey in Craig *et al.* (2004), pp 36–7. The Press Complaints Commission, in its 2003 guidance note on refugees and asylum seekers, pointed out “*the danger that inaccurate, misleading or distorted reporting may generate an atmosphere of fear and hostility that is not borne out by the facts*”. The correlation between tabloid media readership and fear of attack was also confirmed by the British Crime Survey, which found that tabloid readers were three times more likely than broadsheet readers to be very worried about becoming a victim of physical attack: Simmons and Dodd (2003), p 134. The legal option of placing complaints against the media for incitement to racial hatred does not seem a promising way to tackle the problem of inflammatory reporting, given that successful prosecutions for incitement have been extremely rare.

⁷⁶ See also Home Office (Dec. 2001) p 45; also the subsequent warning that “*media reporting of asylum seeker issues may create community cohesion problems*”: Home Office and Local Government Association (2003), p 7.

⁷⁷ For a list of initiatives, see D’Onofrio and Munk (Feb. 2004), p 48. Myth-busting can take innovative forms, such as recent radio ‘infomercials’ aired in Yorkshire.

⁷⁸ For good practice case studies, see Finney (2003).

⁷⁹ See e.g. Home Office (Oct. 2003) p 9, on the collaboration in Leicester.

⁸⁰ An example is the education pack (*A Safe Place*) for secondary schools produced by Show Racism the Red Card, which aims to enable young people to challenge stereotypes about asylum seekers and refugees and to promote their involvement as active citizens, using professional footballers as role models.

⁸¹ An example is the Swapping Cultures initiative in Coventry, led by Minorities of Europe, which has for a year operated in a wider community cohesion context but is now planning to bring together a group of refugees with a group of young White farmers: Minorities of Europe (2003).

⁸² For example, Community Cohesion Pathfinder projects all focus on “*stimulating contact and debate between groups that might not otherwise have any opportunity to meet*” (Home Office, Oct. 2003, p 8), and a detailed analysis of what this entails for specific groups, such as new migrants, would be welcome. It is not clear how many of the Pathfinders actually deal with new migrant groups, as BME, refugees and asylum seekers are consistently referred to as one group in the review report.

⁸³ <http://www.cre.gov.uk>

⁸⁴ Neighbourhood Renewal Unit, Evaluation of the Community Facilitation Programme, Research Report 13 (November 2004)

⁸⁵ The Leicester-based project, ‘Resolving Differences – Building Communities’ is an example of how tensions between new Somali and settled African Caribbean groups are being addressed by training young people from Somalian, African Caribbean, Asian and White backgrounds as community facilitators to carry out mediation, conflict resolution and peer education (Renewal.net Case Study: ‘Resolving Differences – Building Communities’). Potential lessons learned from working with non-English-speaking Somali newcomers should be analysed and disseminated beyond the local context. Similarly, the Oldham-based organisation ‘Peacemaker’, led by Asian youth, has gained a reputation for enabling Asian and White youth to bridge the divides between their communities through mentoring and peer support programmes, particularly in situations of existing tensions. See Renewal.net Case Study: ‘Peacemaker’; also James (2003). Such initiatives could be adapted to working with asylum seekers, refugees and other newcomers.

⁸⁶ Internationally, examples of good practice can be found, for instance, in Canada, which has had a government-sponsored host programme for newcomers in place since 1991, matching Canadian volunteers with newcomers to help ease the settlement process and enable learning about each other’s cultures. An official evaluation of the host programme is planned for 2004/05, but a recent review by the Canadian parliament found this and other settlement programmes “*fundamentally sound*”, albeit “*inadequately funded*”: House Of Commons Canada, Settlement and Integration (June 2003), p 18. The report also called on the Government to launch a public education campaign to provide more information about migrants and their contributions (*ibid*, p 15) and to facilitate further the active involvement of members of the local community in the integration process, in particular to encourage newcomers to stay in low-immigration areas (*ibid*, p 16). Interestingly, another government programme allows the private or community sponsorship of refugees, thus enabling additional refugees to settle in Canada, beyond the official targets for government-assisted refugees.

⁸⁷ See Barclay *et al.* (2003), p 32.

⁸⁸ *Ibid*, 66; also Time Bank (Nov. 2003), p 5.

⁸⁹ Research in Scotland found that opportunities had been missed to promote interaction systematically through befriending services: Barclay *et al.* (2003), pp 67, 77. A positive example, however, is a ‘buddies club’ set up as part of a Connexions service in Coventry. Based at a secondary school, the club provided access to information and advice, as well as “*a chance for local young people and young refugees and asylum seekers to socialise together in a safe space*”: Connexions (2003), p 32.

⁹⁰ The Leicester Refugee Hosting Scheme was launched by Leicester City Council in 2003 to find accommodation for new status refugees and foster their integration. A hosting scheme could set examples for geographical desegregation, involving, among others, affluent communities that are not usually situated within dispersal areas.

⁹¹ The Advisory Board on Naturalisation and Integration (ABNI) based this claim on consultation findings as well as examples of local practice: Home Office (Sept. 2003), p 27. It gives the example of a mentoring programme at Tower Hamlets College, which is intentionally kept separate from the College’s ESOL provision, as it is designed to benefit not only the individuals involved but also local neighbourhood renewal and development: *ibid*, p 58.

⁹² Drake and Ellis (Nov. 2003), p 3. This evaluation, based on focus groups, surveys and interviews, is the only formal assessment of a mentoring programme this review has identified. Other mentoring schemes exist across the country, but the extent of these and the number of refugees who have benefited from them cannot be easily gauged.

⁹³ Local mentoring schemes tend to emphasise the skills development and advice dimension of mentoring by training asylum seekers to become mentors to other asylum seekers. This clearly has many benefits, though is not as directly relevant to improving interaction between communities as mentoring schemes involving mentors from established groups.

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- ⁹⁴ The evaluation found that participants became ambassadors for refugees: Drake and Ellis (Nov. 2003), p 4.
- ⁹⁵ See European Council on Refugees and Exiles (1999), p 23.
- ⁹⁶ This corresponds to the UK's high level of voluntary work compared to the greater popularity of more formal civic engagement in other European countries (through churches, parties and unions): see Halman (2001).
- ⁹⁷ The Home Office's Public Service Agreement (PSA) 8 is to "*Increase voluntary and community sector activity, including increasing community participation, by 5% by 2006*". The participation rate in 2001 was 47.5 per cent (Attwood *et al.*, 2003, p 75). Participation is defined as one of three core activities: civic participation, informal volunteering and formal volunteering. These activities are recognised as indicators of social capital, as well as of healthy and well-functioning communities (see e.g. Chanan, July 2002). The Active Communities Unit, tasked with promoting participation, has not yet included newcomers – as distinct from BME groups – as an explicit target group of its initiatives, although within Immigration and Nationality Directorate (IND) a volunteering strategy for refugees is currently being developed. See Home Office (March 2005) p. 72.
- ⁹⁸ Attwood *et al.* (2003), pp 83, 93–4.
- ⁹⁹ See Institute for Volunteering Research (2004), p 11.
- ¹⁰⁰ See The Guild (June 2003), p 64.
- ¹⁰¹ Government policy is starting to recognise this, for example by promoting volunteering for young asylum seekers as part of the Connexions programme: see Connexions (2003), p 51.
- ¹⁰² This research has been carried out by the Islington Volunteer Centre (Oct. 2002).
- ¹⁰³ *Ibid.*
- ¹⁰⁴ See Anon. (2004). The development of a volunteer induction package for bureaux and other advice agencies across the UK is planned.
- ¹⁰⁵ The Yorkshire Regional Integration Strategy has done this. In the interest of reciprocal relations, it also encourages individuals from established communities to volunteer in refugee organisations.
- ¹⁰⁶ For example, positive media coverage has been achieved by the Time Together mentoring scheme as well as by many volunteering initiatives, including those introduced by Citizens Advice.
- ¹⁰⁷ See Seyfang and Smith (Oct. 2002).
- ¹⁰⁸ See Gilchrist (1999). This is particularly important as evidence suggests that simple top-down initiatives, such as promoting involvement with voluntary organisations, are not very effective in increasing bridging activity. It matters how organisations or community activities are organised, with flat and diffuse networks more conducive to bridging activity than hierarchically structured and integrated groups. See Savage *et al.* (April 2004), p 35.
- ¹⁰⁹ Gilchrist (Feb. 2003).
- ¹¹⁰ Nash (2002), p vi.
- ¹¹¹ Blunkett (Dec. 2003), p 16.
- ¹¹² See Home Office (Dec. 2003a, b).
- ¹¹³ Some evidence of successful multi-ethnic alliance building for the purpose of achieving social change exists in the United States, particularly concerning co-operation between African Americans and new communities. See Grantmakers Concerned with Immigrants and Refugees (2002). Given the prevalence of tensions between newcomers and settled BME communities in the UK, factors enabling such alliances deserve further analysis.
- ¹¹⁴ International comparative research has suggested that, worldwide, only limited experience exists of public interventions to improve community relations at a local level, be it with minorities or migrants, and that Governments find it difficult to act in this area. It has pointed to the lead role Northern Ireland has taken with regard to the range of activities supported; see McCartney (2003), p 2. An account of early experiences in Northern Ireland concludes that community development can improve community relations only if provided with coherent statutory support beyond capacity-building measures, so that a community can become not only confident enough to assert what it wants but also "*confident enough to consider the opinion and rights of other communities*", see Frazer and Fitzduff (1994), p 21.
- ¹¹⁵ Women's Design Service (1998); also ongoing Women's Design Service projects in London, Bristol and Manchester.
- ¹¹⁶ For example, a review of regeneration programmes concluded that sustained support for community development is needed because "*public policy that ignores the differences in people's ability to take advantage of participatory arrangements and opportunities is likely to reinforce existing social, political and economic inequality*". Goodlad (2002), p 82.
- ¹¹⁷ CDRPs are already obliged to promote cohesion, and to involve and gain the trust of all sections of the community. At a wider strategic level, Yorkshire has set an example by establishing a community development network for those in the voluntary and statutory sector working with asylum seekers and refugees, which also invites mainstream community development representatives to consider their roles and engage in partnership working. See Yorkshire & Humberside Consortium for Asylum Seekers and Refugees (Nov. 2003), 20.
- ¹¹⁸ Barclay *et al.* (2003), pp 37, 72ff.
- ¹¹⁹ See also Performance and Innovation Unit (April 2002), p 64.

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- ¹²⁰ At the same time, the research findings also stressed the need for community development work to focus explicitly on anti-racist awareness-raising: Barclay *et al.* (2003), pp 9, 38.
- ¹²¹ For example, comparative international research has shown that “*contact programmes to improve inter-community understanding will be inadequate if problems of inequality, disadvantage and marginalisation are not tackled*”, and if participation of marginalised groups in public affairs is not increased: McCartney (2003), p 11.
- ¹²² Home Office (Dec. 2003b), p 14.
- ¹²³ The importance of shared local control of areas, priorities and services has also been identified by MORI as a key mechanism to create cohesive communities, especially with reference to research in the US: Duffy (2004).
- ¹²⁴ Fennema and Tillie (1999), p 722.
- ¹²⁵ See e.g. Home Office (May 2004), pp 18–19.
- ¹²⁶ See also Home Office (Sept. 2003), p 13.
- ¹²⁷ “*The question of naturalisation requirements cannot be separated from the general aims of public policy to increase participative citizenship and community development . . . The two senses of ‘citizenship’, as nationality as defined by law and as participation in public life, should support each other*”: Home Office (Sept. 2003), p 9.
- ¹²⁸ See Koopmans (2004), *passim*.
- ¹²⁹ For the correlation between participation and trust, see the research findings of Fennema and Tillie (1999).
- ¹³⁰ Crick (Nov. 2003), p 1. This understanding is to some extent reflected in Home Office (May 2004), p 6.
- ¹³¹ European Commission (2000), p 19. Civic citizenship is “*based on the principle of providing sets of rights and responsibilities on a basis of equality with those of nationals but differentiated according to the length of stay while providing for progression to permanent status*” (*ibid*, p 22). The Commission explicitly links this concept to local political participation of long-term non-nationals (European Commission, 2003, pp 23, 30). The directive on the residency status of third country nationals, adopted in Dec. 2003 by all member states except the UK and Ireland, offers such an approximation of rights after five years of residency.
- ¹³² See also Performance and Innovation Unit (April 2002), p 73.
- ¹³³ Attwood *et al.* (2003), p 81; for data from the 1999 Poverty and Social Exclusion Survey, see Bradshaw and Williams (2000).
- ¹³⁴ Audit Commission (2004), p 49.
- ¹³⁵ Indicator CC04: ‘The percentage of adults surveyed who feel they can influence decisions affecting their local area’ (also QoL indicator 23). See Home Office and Local Government Association (2003).
- ¹³⁶ See, e.g. The Guild (June 2002), pp 22–3. NDC partnerships provide an example of opportunities for engagement, as shown in a study of NDC areas that identified barriers to the participation of asylum seekers in NDC partnerships, as well as examples of ways to overcome such barriers. See Sheffield Hallam University (Nov. 2003), pp 27ff.
- ¹³⁷ See the findings of the literature review by Craig *et al.* (2004), pp 27–8.
- ¹³⁸ In this context, analysis could potentially be inhibited by the fact that the ONS has raised the numeric threshold for collecting data on BME population at a local level, thus reducing the amount of disaggregated data available.
- ¹³⁹ Social Exclusion Unit (March 2004), p 23.
- ¹⁴⁰ Craig *et al.* (2004), pp 21, 26.
- ¹⁴¹ See e.g. European Commission (2000), p 19; also ECRE (Dec. 2002), p 4, and Castles *et al.* (2002), pp 11–12.
- ¹⁴² Many programmes and initiatives would benefit from incorporating a focus on migration-related issues, particularly the Neighbourhood Renewal strategy and its new Single Community programme, as well as the ODPM’s Sustainable Communities plan.
- ¹⁴³ Carey-Wood *et al.* (1995).
- ¹⁴⁴ Ager and Strang (2004).
- ¹⁴⁵ Zetter and Pearl (1999).
- ¹⁴⁶ Robinson *et al.* 2003 and Carey-Wood (1997).
- ¹⁴⁷ For example, people from BME groups comprise only two per cent of the total population in north-east and south-west England.
- ¹⁴⁸ Home Office (2004), tables 9 and 10.
- ¹⁴⁹ Robinson *et al.* (2003) tracked 56,000 asylum seekers over 21 months and found 18–20 per cent had moved, mainly to London, Birmingham and Manchester, because of isolation and/or harassment.
- ¹⁵⁰ Carey-Wood *et al.* (1995).
- ¹⁵¹ Yorkshire and Humberside Consortium for Asylum Seekers and Refugees (2003).

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- ¹⁵² Refugee Advisory Committee on Tyneside (2002).
- ¹⁵³ Harrison *et al.* (forthcoming 2005), ch. 3: Zetter and Pearl (1999) and Hutson and Clapham, eds. (1999).
- ¹⁵⁴ Cole and Robinson (2003) and Zetter and Pearl (1999).
- ¹⁵⁵ See e.g. Garvie (2001); Wilson (2001); Stansfield (2001); Buck (2001) and Bloch (2002).
- ¹⁵⁶ People of Indian origin, for example, are predominantly owners (76 per cent), although their housing is not always of good quality. People of African-Caribbean heritage are more likely to be social renters (43 per cent), but nearly half are owners. For further detail, see Harrison, Malcolm and Deborah Phillips (2003) *Housing and Black and Minority Ethnic Communities*. Office of the Deputy Prime Minister: London, ch. 3.
- ¹⁵⁷ The only exception to this has been Ugandan-Asian migrants arriving in 1972, who are predominantly owners (Quilgars *et al.*, 2003).
- ¹⁵⁸ Quilgars *et al.* (2003), p 38. The only study of the longer-term housing pathways of refugees at a national level is that of Carey-Wood *et al.* (1995), but this is now dated.
- ¹⁵⁹ Castles *et al.* (2002) estimate that nationally there are three single refugees for every family while Birmingham City Council (2002, p 5) estimates that it needs to cater for six times as many single people as families. This differs from the general population, where less than one-third of households (30%) are single-person households (2001 Census).
- ¹⁶⁰ Garvie (2001).
- ¹⁶¹ The best-publicised example was documented in a Home Office report into the poor conditions faced by asylum seekers living in flats rented through Landmark in Liverpool (Home Office press release, 103/2003).
- ¹⁶² Wilson (2001).
- ¹⁶³ D'Onofrio and Munk (2003); Scottish Executive (2003) and Carter and El-Hassan (2003).
- ¹⁶⁴ The following articles describe the poor housing conditions and tensions faced by Portuguese and Chinese farm and factory workers in, respectively, Lincolnshire and Norfolk: King's Move, *Housing Today*, 2 July 2004 and Far from Home, *Housing Today*, 16 May 2003.
- ¹⁶⁵ Far from Home, *Housing Today*, 16 May 2003.
- ¹⁶⁶ For example, on receiving a positive decision, people living in NASS accommodation are required to move within 28 days. A change in status for in-country asylum seekers from the ten EU accession countries on 1 May 2004 also brought a requirement to leave NASS accommodation and to seek alternatives in the private or social rented sectors.
- ¹⁶⁷ West Yorkshire: Wilson (2001); Glasgow: Buck (2001) and Nottingham: Stansfield (2001).
- ¹⁶⁸ Carter and El-Hassan (2003).
- ¹⁶⁹ Carey-Wood (1997).
- ¹⁷⁰ Chartered Institute of Housing (2003).
- ¹⁷¹ Further information about the vulnerability of women with no recourse to public funds may be found at <http://www.womeninlondon.org.uk>
- ¹⁷² As of January 2005, the Home Office that there will be 12 regional consortia: Northern Ireland, Scotland, Wales, and the nine English regions, namely the South West, North West, East Midlands, West Midlands, East of England, Greater London, Yorkshire and Humberside, North East, and South Central East.
- ¹⁷³ Carter and El-Hassan (2003).
- ¹⁷⁴ *Ibid*, p 21.
- ¹⁷⁵ Scottish Executive (2003) and Chartered Institute of Housing (2003).
- ¹⁷⁶ Scottish Executive (2003).
- ¹⁷⁷ *Ibid*.
- ¹⁷⁸ *Housing Today* (2002).
- ¹⁷⁹ Housing Market Health-Check, *Roof*, March–April 2004, pp 18–19.
- ¹⁸⁰ See e.g. Karn (1997); Phillips (1998) and Harrison *et al.* (2003).
- ¹⁸¹ Carey-Wood *et al.* (1995).
- ¹⁸² Robinson *et al.* (2004) and Blackaby (2004).
- ¹⁸³ The Community Cohesion Pathfinder Programme is a Home Office/ODPM initiative launched in 2003. Linked to the Community Cohesion Unit located in the Home Office, it aims to develop good practice in promoting community cohesion by drawing on areas where community relations seem to be working well. Fourteen pathfinders had been approved in England in July 2004. See Robinson *et al.* (2004) for further discussion.
- ¹⁸⁴ An exception to this may be found in research into the housing experiences and secondary migration of settled Vietnamese refugees by Robinson and Hale (1989).

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- ¹⁸⁵ For example, independent research by academics such as Zetter and Pearl (1999) and Robinson *et al.* (2003) provides a state-of-the-art understanding of 'what works' and what does not.
- ¹⁸⁶ Key publications worthy of particular mention are: European Council on Refugees and Exiles Task Force (n.d.); Carter and Hassan (2003); Scottish Executive (2003); Zetter and Pearl (1999); and Chartered Institute of Housing (2003).
- ¹⁸⁷ For example, see Boswell (2001); Hutt (2002); Wilson (2001); Buck (2001); Robinson *et al.* (2003); Scottish Executive (2003); Onofrio and Munk (2003) and Hewitt and Cwerner (2002).
- ¹⁸⁸ A group of voluntary-sector refugee organisations is working together, under the Resettlement Interagency Partnership, to provide information, advice and specialist support to these refugees both before and after arrival in the UK. The Resettlement Interagency Partnership consists of eight NGOs co-ordinated by the Refugee Council: the seven others are the British Red Cross, International Rescue Committee, Migrant Helpline, Refugee Action, Refugee Arrivals Project, Refugee Housing Association and the Scottish Refugee Council. The programme is fully funded by the Home Office. See Refugee Council: <http://www.refugeecouncil.org/news/may04/relea164.htm>
- ¹⁸⁹ Robinson *et al.* (2003).
- ¹⁹⁰ Scottish Executive (2003).
- ¹⁹¹ *Ibid.*
- ¹⁹² Michael Bell Associates (2002).
- ¹⁹³ Blackaby (2004).
- ¹⁹⁴ Robinson *et al.* (2004). pp 40–5.
- ¹⁹⁵ Blackaby (2004).
- ¹⁹⁶ *Ibid.*
- ¹⁹⁷ See e.g. Zetter and Pearl (1999); Robinson *et al.* (2003) and d'Onofrio and Munk (2003).
- ¹⁹⁸ Robinson *et al.* (2003).
- ¹⁹⁹ Harrison *et al.* (2003) and Robinson *et al.* (2004).
- ²⁰⁰ Audit Commission (2000).
- ²⁰¹ Harrison (1995).
- ²⁰² Chartered Institute of Housing, 2003.
- ²⁰³ *Ibid.*
- ²⁰⁴ *Ibid.*
- ²⁰⁵ These views were expressed within the context of the Housing and Homelessness Workshop at the Home Office UK National Integration Conference, London, 29–30 June 2004.
- ²⁰⁶ ICAR (Information Centre about Asylum and Refugees in the UK), <http://www.icar.org.uk>.
- ²⁰⁷ Zetter and Pearl (1999).
- ²⁰⁸ Scottish Executive (2003).
- ²⁰⁹ ICAR (Information Centre about Asylum and Refugees in the UK), <http://www.icar.org.uk>.
- ²¹⁰ Audit Commission (2000); Chartered Institute of Housing (2003), pp 4–5; Robinson *et al.* (2003) and Blackaby (2004).
- ²¹¹ Refugee Advisory Committee on Tyneside (2002), p 3.
- ²¹² Scottish Executive (2003).
- ²¹³ See e.g. the report by the Yorkshire and Humberside Consortium for Asylum Seekers and Refugees (2003).
- ²¹⁴ Robinson *et al.* (2004).
- ²¹⁵ Chartered Institute of Housing (1999).
- ²¹⁶ Carter and El-Hassan (2003).
- ²¹⁷ Yorkshire and Humberside Consortium for Asylum Seekers and Refugees (2003).
- ²¹⁸ See Zetter and Pearl (1999).
- ²¹⁹ Chartered Institute of Housing (2003); ICAR (Information Centre about Asylum and Refugees in the UK), Mapping the UK (Leicester), http://www.icar.org.uk/content/res/map/regions/eng_emid/leice/proj.html.
- ²²⁰ European Council on Refugees and Exiles Task Force (n.d.).

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- ²²¹ Yorkshire and Humberside Consortium for Asylum Seekers and Refugees (2003).
- ²²² Carter and El-Hassan (2003).
- ²²³ *Ibid*, p 26.
- ²²⁴ *Ibid*, p 27.
- ²²⁵ Michael Bell Associates (2002).
- ²²⁶ Carter and El-Hassan, 2003, page 23.
- ²²⁷ National Rent Deposit Forum, <http://www.nrdf.org.uk/content.asp?cat=17>.
- ²²⁸ Castles *et al.* (2002).
- ²²⁹ Refugee Council (1998).
- ²³⁰ European Council on Refugees and Exiles Task Force (n.d.).
- ²³¹ Refugee Council (2004), p 7.
- ²³² Chartered Institute of Housing (2002).
- ²³³ Carter and El-Hassan (2003), p 35.
- ²³⁴ Zetter and Pearl (1999).
- ²³⁵ For example, Chartered Institute of Housing (2003).
- ²³⁶ *Ibid*.
- ²³⁷ Quilgars *et al.* (2003) and Carter and El-Hassan (2003).
- ²³⁸ Castles *et al.* (2002).
- ²³⁹ For example, LGA Housing Unit (2003).
- ²⁴⁰ For example, Robinson *et al.* (2004) and Blackaby (2004).
- ²⁴¹ Castles *et al.* (2002) came to a similar conclusion when reviewing government housing and integration documents.
- ²⁴² Carter and El-Hassan (2003), p 35.
- ²⁴³ Scottish Executive (2003).
- ²⁴⁴ *Ibid*.
- ²⁴⁵ d' Onofrio and Munk (2003) and Audit Commission (2000).
- ²⁴⁶ A community-centred (in this case, refugee-centred), inclusive approach towards integration was strongly advocated in the report to the European Commission by the North of England Refugee Service, *Hearing the Voices of Refugees in the Policy and Practice of Integration in the EU* (2001).
- ²⁴⁷ This theme is pursued further in Scottish Executive (2003).
- ²⁴⁸ The Scottish Executive's evaluation was based on interviews with refugee agencies, local authorities, community organisations and 63 asylum seekers.
- ²⁴⁹ Scottish Executive (2003); Yorkshire and Humberside Consortium for Asylum Seekers and Refugees (2003) and Carter and El-Hassan (2003).
- ²⁵⁰ Buck (2001); Dunstan (2002) and Yorkshire and Humberside Consortium for Asylum Seekers and Refugees (2003).
- ²⁵¹ Bloch (2000).
- ²⁵² Audit Commission (2000), p 75. The report states, alongside its chart showing the barriers to employment, that securing employment is arguably the key factor in the successful integration of refugees in the wider community.
- ²⁵³ Ager and Strang (2004), p 3.
- ²⁵⁴ For example, Home Office research on refugees highlighted that 33 per cent of respondents felt the priority in improving their quality of lives was employment: Home Office and MORI (2004).
- ²⁵⁵ Valtonen (1994); Knox (1997).
- ²⁵⁶ DWP (2003), p 7.
- ²⁵⁷ European Union (2005)
- ²⁵⁸ There are several definitions of unemployment. The international (ILO) definition is most commonly used and is defined as 'those not working, looking for work within the last four weeks and available to start within two weeks'.
- ²⁵⁹ Home Office (2004), p 40.

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- ²⁶⁰ Dobson *et al.* (2001).
- ²⁶¹ For further information on sizing the illegal population, see Pinkerton *et al.* (2004).
- ²⁶² Hatton and Wheatley Price (1999).
- ²⁶³ Glover *et al.* (2001) and Shields and Wheatley Price (2002).
- ²⁶⁴ Dobson *et al.* (2001).
- ²⁶⁵ Dustmann and Fabbri (2002); Dustmann *et al.* (2002); and Haque (2002).
- ²⁶⁶ The two refugee surveys are Carey-Wood *et al.* (1995) and Bloch (2004).
- ²⁶⁷ GLA (2005), Kyambi (2005).
- ²⁶⁸ Kyambi (2005), p 3.
- ²⁶⁹ Evans *et al.* (2005)
- ²⁷⁰ Kyambi (2005), p 3.
- ²⁷¹ Wheatley Price (2001).
- ²⁷² Aldridge and Waddington (2001).
- ²⁷³ The reports are available at www.icar.org.uk.
- ²⁷⁴ Kirk (2004).
- ²⁷⁵ Feeney (2000).
- ²⁷⁶ A small-scale national survey of refugee settlement (Carey-Wood *et al.*, 1995) in 1995 found that 36 per cent of refugees were unemployed while 27 per cent were working at the time of the survey. The Peabody Trust (Peabody Trust/London Research Centre, 1999), in a small-scale sample (236 interviews), estimated that 42 per cent of refugees and 68 per cent of asylum seekers were unemployed. Two west London studies also show much higher than average rates of unemployment among refugees: 57 per cent in a Brent and Harrow study (1995) and 80 per cent in a study of Ealing, Hounslow and Hillingdon (Refugee Employment and Training Initiative, 1997). These two surveys were also based on unrepresentative samples.
- ²⁷⁷ Bloch has undertaken several qualitative and survey-based studies. The most recent (2003) found unemployment of 36 per cent (based on a survey of 400 refugees) and economic participation of 29 per cent (compared to ethnic minorities at 60 per cent). Bloch has also conducted a small-scale qualitative study that found refugees are likely to be under-employed (Bloch, 1999).
- ²⁷⁸ Dumper (2002). Refugee Women's Association (2002).
- ²⁷⁹ Feeney (2000). SEQUAL (2005).
- ²⁸⁰ New migrants may also suffer from underemployment (Evans *et al.*, 2005).
- ²⁸¹ Bloch (2004), p 14.
- ²⁸² Castles *et al.* (2002), p 95.
- ²⁸³ For example, Audit Commission (2000); Employability Forum (2003a).
- ²⁸⁴ Audit Commission (2000).
- ²⁸⁵ Kempton (2002), p 6.
- ²⁸⁶ Bloch (2004), p 14. Bloch states that proficiency in the language of the country of asylum is fundamental for the social and economic integration of refugees. Those with fluency in the language have a greater range of employment options: Audit Commission (2000), p 75. The Audit Commission's sliding scale of cumulative barriers starts with language proficiency. Dunn and Somerville (2004), p 5, highlight both the qualitative and the quantitative evidence for lack of proficiency in the English language being the primary barrier to employment.
- ²⁸⁷ Basic Skills Agency (1996).
- ²⁸⁸ Wheatley Price (2001). Policymakers should not ignore the fact that there is a strong association between previous formal education (and previous English lessons) and English language competence (Basic Skills Agency, 1996).
- ²⁸⁹ Bloch (2004). Brown (1997).
- ²⁹⁰ Dustmann and van Soest (1998).
- ²⁹¹ Employability Forum (2003b).
- ²⁹² DWP (2003), p 20. This example refers to English language learning specifically for the purpose of *employment*. Clearly, however, language has broader implications for integration.
- ²⁹³ Castles *et al.* (2002).

²⁹⁴ Frijters *et al.* (2003).

²⁹⁵ IES (2003). Dhudwar (2005)

²⁹⁶ SEQUAL (2005).

²⁹⁷ IES (2003).

²⁹⁸ Anderson & Rogaly (2004); CAB (2004); Lawrence (2006).

²⁹⁹ DWP (2002).

³⁰⁰ Somerville (2004a).

³⁰¹ For a full explanation see Somerville (2004a). New Deal training eligibility also depends on additional conditionality, such as the qualifying time periods (although this is likely to be waived for the hard to help).

³⁰² ESOL is an abbreviation of either English for Speakers of Other Languages or English as a Second or Other Language.

³⁰³ ESOL provision has more than doubled over the past three years (DWP, 2003). The Government has developed a new adult core curriculum for English Language (the ESOL curriculum) and ESOL is included as a strand of the national literacy strategy, Skills For Life. ESOL is delivered by various providers: Jobcentre Plus (through Work Based Learning for Adults), further education colleges, adult education colleges, private colleges, training organisations and voluntary and community groups. As well as developing the core ESOL curriculum, recognised qualifications for ESOL learners have been in place from September 2004. New resources in the form of teaching and learning materials will be available, and those with language needs will be referred, with the help of the Adult Basic Skills Strategy Unit (ABSSU), to new ESOL screening tools and initial assessment materials.

³⁰⁴ Griffiths (2003).

³⁰⁵ *Ibid.* The report highlights examples, such as in Ealing, where training is under-provided despite the high level of refugee and asylum seeker population. The report states that in some areas ESOL courses are heavily oversubscribed and several local authorities had waiting lists of over 200 people.

³⁰⁶ Raise Partnership (2005).

³⁰⁷ Griffiths (2003) identified the main barriers as a shortage of classes and long waiting lists as well as teacher training. Wilkinson (2003, p 61) criticised the “shortage” of ESOL provision and noted that it was “not always appropriate”. Thomas and Griffiths (2003, p 21) highlighted language difficulties and noted that “many [advisers] reported a shortage of provision”. Grief and Taylor (2002) concluded that asylum seekers are well motivated but current ESOL provision does not always meet their needs. *Inclusion* (2004) confirmed the lack of provision. ECOTEC Research and Consulting Ltd (2004) offers a number of lessons particularly in respect to the evaluation of the work-focused ESOL pilot scheme.

³⁰⁸ Home Office (2003).

³⁰⁹ Audit Commission (2000), p 75.

³¹⁰ NACAB (2000); Audit Commission (2000).

³¹¹ These bodies include the Home Office National Refugee Integration Forum subgroup on employment and training and the London Development Agency’s flagship cross-cutting initiative on asylum seekers and refugees (part of its Framework for Regional Skills and Employment Action).

³¹² Changes since 1997 can be categorised into four areas. The first consists of new employment programmes, of which the New Deal for Young People (NDYP) was the first and most visible. There are now seven New Deals – including the New Deal for Lone Parents (NDLP) – as well as a range of area-based programmes and pilots such as the private sector-led Employment Zones. The second is a major expansion of financial support to those in work – these include the working and child tax credits and other types of support designed to ‘make work pay’. This includes the national minimum wage and incentives to smooth the transition into work. Third, benefit reform has seen a new focus on work, including for those not traditionally seen as ‘unemployed’. For example, work-focused interviews for inactive claimants have now become compulsory and will become more so (HM Treasury, 2004). Finally, there has been administrative change, principally with the amalgamation of the Employment Service with the Benefits Agency into Jobcentre Plus in 2001. The Department for Work and Pensions was also created in 2001 and HM Revenues and Customs now delivers tax credits.

³¹³ Shute (2005). Gregg and Wadsworth (1996).

³¹⁴ For example, there is an overlap with the Public Sector Agreement (PSA) target on ethnic minorities (“to increase employment rates of ethnic minorities, taking account of the economic cycle, and to reduce the difference between their employment rates and the overall employment rate”) and the consequent Jobcentre Plus interventions such as targets, staff training and outreach, and a new policy fund of £8 million over the next two years to help people from ethnic minorities into work by funding specialist advisers in areas with high ethnic minority populations (HM Treasury 2003, p 86).

³¹⁵ Somerville (2004a).

³¹⁶ Audit Commission (2004), p 44.

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- ³¹⁷ Gupta (2003).
- ³¹⁸ Zetter *et al.* (2004), p 5.
- ³¹⁹ For example, Refugees into Jobs or Refugee Advice and Guidance Unit (RAGU).
- ³²⁰ For example, the Refugee Council or Refugee Action.
- ³²¹ For example, the Joint Council for the Welfare of Immigrants (JCWI).
- ³²² For example, the Prince's Trust.
- ³²³ Michael Bell Associates (2003).
- ³²⁴ This is unlikely to have improved radically. For example, of 426 regeneration projects run by 50 local authorities, the European Commission found just 20 dedicated to refugees and asylum seekers – of which employment was not the sole focus (cited in Audit Commission, 2000).
- ³²⁵ There is far more evidence on refugee community organisations and on refugee-focused projects than on new migrants more generally.
- ³²⁶ Zetter *et al.* (2004), p 6.
- ³²⁷ Michael Bell (2003), pp 35–7.
- ³²⁸ Michael Bell (2003), ch 5. Note that these evaluations refer to all projects and not just to employment-focused projects.
- ³²⁹ DfES source. KPMG are currently undertaking a study of ESOL within the DfES.
- ³³⁰ Griffiths (2003).
- ³³¹ ECOTEC Research and Consulting Ltd (2004). This report summarises the evidence of several research projects. The most relevant to ESOL provision included the research project 'Work-F ESOL for Refugees', a pilot project which aimed to inform refugees of the UK's working culture and environment while also teaching English language skills in a 13-week ESOL course, and the early evaluation of a second pilot project, the Haringey Refugee Pilot (the Refugee Integration for Career Opportunities or RIFCO). The three-year pilot, launched in May 2003, is designed to offer immediate support to new refugees, including accommodation, other welfare support, the formulation of an employment plan based on work and language assessments, and referral to appropriate and immediate ESOL.
- ³³² ECOTEC Research and Consulting Ltd (2004).
- ³³³ Home Office and MORI (2004), p 2. Among those who attended language classes, 55 per cent said that their English skills had improved.
- ³³⁴ ECOTEC Research and Consulting Ltd (2004).
- ³³⁵ Somerville (2004b).
- ³³⁶ For example, Working Links runs a work-based ESOL course in Brent. Its Language to Work programme is funded through the Brent Action Team Innovation Fund and consists of four intensive modules of training, counselling and supported job search; it typically takes 160 hours from entry to employment. Working Links' Brent Action team has moved 46 per cent of people into work, which is higher than other New Deal provision. However, how far this is a consequence of the language programme is unclear. Furthermore, it is suspected that the employment may not be commensurate with skills.
- ³³⁷ Employability Forum (2003b), p 6. For an example of such a project, see www.arakelian.co.uk.
- ³³⁸ Audit Commission (2000), p 74. The report considers that classes may prove most useful to participants if combined with other skills training.
- ³³⁹ For example, Jobcentre Plus co-produced with the Home Office a fact sheet in 17 languages on Jobcentre Plus support and sent it to refugees with status along with the NASS 35 form. There is no evaluation evidence on whether this has increased contact with Jobcentre Plus.
- ³⁴⁰ ECOTEC Research and Consulting Ltd (2004). The first study, *Providing Interpreter and Translation Services to Jobseekers*, aimed to identify the scale of need and costs incurred from these services.
- ³⁴¹ The aims of the UCATT and GMB projects in London include reducing illegal working, meeting health and safety concerns, and securing payment of the national minimum wage. The TUC Portuguese Workers project is jointly run with the Portuguese Trade Union Confederation, the CGT-P, and aims to improve employment conditions and pay for all Portuguese workers and reduce racism.
- ³⁴² Schellekens and Smith (2004).
- ³⁴³ For an outline of the role of union learning representatives, see Chartered Institute of Personal Development (2004).
- ³⁴⁴ The marker was added to LMS in April 2004. However, the marker will be voluntary so these data, while useful, are likely to under-represent the numbers of refugees going through Jobcentre Plus provision. There may also be some data capture issues.

³⁴⁵ ECOTEC Research and Consulting Ltd (2004). The second report, *Basic Employability Training / Full-time Education and Training (BET/FTET) Provision*, examined processes and provision available for Jobcentre Plus ESOL customers. The prime ESOL customer group was established as being from a mix of embedded and new Black and ethnic minority groups whose educational backgrounds range from low levels (particularly those from rural areas), through middle levels (e.g. of those whose education had been repeatedly interrupted, for example because of civil war), to the higher levels of professionals.

³⁴⁶ Zetter (2002), pp 60–1. For example, the College of North East London (CoNEL) provides a wide variety of ESOL courses; it currently has 2,500 ESOL students and a waiting list of over 1000. There is a strong emphasis on linking ESOL with vocational training at CoNEL, with a range of courses on offer including ESOL and Hairdressing and English for the Service Industry. In addition, outreach work occurs in over 30 centres throughout Haringey. Many of the courses are specifically geared to the needs of refugees.

³⁴⁷ A discretionary fund of up to £300 that can be used by all front-line personal advisers in Jobcentre Plus on items or services they believe will help an individual back into work.

³⁴⁸ For example, RAGU refers people to NARIC without charge.

³⁴⁹ For example, the Eastern England Consortium for Asylum Seeker Support's *Pathways into Employment* maps the skills of refugees and asylum seekers and matches them to local jobs. See www.icar.org.uk for more information.

³⁵⁰ There are similar initiatives with other professionals. The British Dental Association (BDA) has a database for refugee dentists, for example.

³⁵¹ Another example is the work of Refugees into Jobs (RiJ), who tutor refugee doctors for the difficult PLAB I and II English exams that must be passed before they are allowed to practice in the UK.

³⁵² A practical example might be the one-stop-shops used by local authorities and benefits agencies (now Jobcentre Plus). See Bloch (2004), p 30.

³⁵³ ECOTEC Research and Consulting Ltd (2004).

³⁵⁴ Immigration Status Documents are provided by the Home Office.

³⁵⁵ The Refugee Operational Policy Team site will be available to Jobcentre Plus staff.

³⁵⁶ These include Brent Local Authority supporting Refugee into Jobs (RiJ), and Redbridge and Waltham Forest Strategic Health Authority supporting a project for refugee doctors. RiJ provides advice and guidance for refugee jobseekers and, through its contacts with employers in London, has been able to act as an effective placement agency. Project leaders have emphasised the importance of being able to offer translation and language services for those without a job and of promoting work-rich networks. An independent consultant is currently evaluating this project. There are few organisations dedicated entirely to moving people into work and those that do largely focus on refugees as opposed to new migrants *per se*. However, the advent of the European Refugee Fund, the Home Office's Challenge Fund and the EQUAL fund, alongside the support from independent trusts and foundations, such as City Parochial Foundation, Bridge House, Comic Relief, Community Fund and others, has led to the provision of financial support for a very wide range of organisations in many different parts of the country, including London (Pecan, Praxis, RiJ, South London Congolese, Horn of Africa Refugees, Camden and Westminster Training Partnership, Hackney and Islington RTP, North West London Workforce Development Confederation), Leicester, Liverpool, Leeds, Wolverhampton, Wakefield, East of England, Glasgow and Northern Ireland

³⁵⁷ Several projects have websites, e.g. Pecan (www.pecan.org.uk) and Praxis (www.praxis.org.uk). Others are accessible via on local authority websites, e.g. RiJ (www.brent.gov.uk). Others can be accessed through the Refugee Council or ICAR websites (www.refugeecouncil.org.uk and www.icar.org.uk).

³⁵⁸ Michael Bell Associates (2004).

³⁵⁹ *Ibid*. The eight projects are the Asphaleia Project, based in Worthing, West Sussex, which specifically provides services to young people (predominantly unaccompanied refugee children); the Cardiff County Council/SOVA's Refugee Housing Advice Project, which has built upon existing tried and tested ideas, such as providing bond guarantees to prospective tenants; the Refugee Education and Training Advisory Service's Promoting Effective Employment for Refugees (PEER) Project; the Evelyn Oldfield Unit's Refugee Integration Initiatives, based in London, which undertakes second-tier work to meet the needs of numerous refugee community organisations within the capital and beyond; the Princes Trust Scotland: Shared Road Project, which works in partnership with Strathclyde Police and Glasgow City Council youth services and has been responsible for work that has brought together young refugees and asylum seekers with young indigenous residents in the Red Road area in Glasgow; the West Midlands Consortium for Asylum Support (WMCARS) Community Integration Partnership; the Women's Business Development Agency's Plymouth Refugee Integration Project, a project that delivers a package of support to refugees in the south-west to enable them to set up their own businesses; and Day-Mer Turkish and Kurdish Community Centre, which has had long-standing links with the Turkish and Kurdish communities across north London and a track record of innovative projects.

³⁶⁰ DWP (2003).

³⁶¹ Employability Forum (2004).

³⁶² For example, Access First is a partnership project managed by Refugee Resources in Oxford which seeks to support refugees and asylum seekers in Oxfordshire into work and training that matches their skills and aspirations. The project established close links between the host organisation, Refugee Resource, and local employers such as Oxfordshire Fire and Rescue Service and the Community English School.

³⁶³ For example, the Access First project has been independently evaluated by Michael Bell Associates. The conclusions and recommendations include the need for employment services to have at their core the model of individually tailored guidance and the development of individual learning pathways; the importance of good relationships with local employers; the effectiveness of working in partnership where the project staff take responsibility for ensuring that the partnership works well; and the importance of consultation and involvement with refugees themselves.

³⁶⁴ For example the Employability Forum recommended that “*work experience opportunities*” be provided “*where possible*” in order to facilitate refugee employment: http://www.employabilityforum.co.uk/pdf/The_Untapped_Workforce.pdf, p 5. There are also various projects geared to this end: for example, the Refugee Resources Access First Project includes intensive English language, a work preparation course and organising placements. For more information see the Refugee Resources Annual Report 2002/3, pp 8–9.

³⁶⁵ For a full list of relevant volunteering opportunities, see Wilson (2003).

³⁶⁶ Somerville (2004a), pp 188–9. Asylum seekers are not allowed to undertake paid work or volunteer for employment-related work, and migrants of working age receiving benefits may be affected if they do so.

³⁶⁷ Organisations that promote volunteering and placements specifically for refugees include the Refugee Council (www.refugeecouncil.org.uk), Community Service Volunteers, the Refugee Education, Training and Advisory Service (RETAS), the Refugee Women’s Association, TimeBank (www.timebank.org.uk), and SOVA www.sova.org.uk

³⁶⁸ For example, the fiscal benefits, economic benefits (such as filling skill shortages and negligible or positive impacts on employment and wage levels) and business ownership and start-up benefits (ten per cent of businesses are owned by ethnic minorities). There is good practice in Scotland (Fresh Talent) and Canada (the statutory duty to consult the public).

³⁶⁹ The TUC, CBI and Home Office issued a joint statement in September 2005 where they jointly committed to support managed migration in the interests of the UK economy.

³⁷⁰ The initiative was taken in part to reduce the turnover of staff and to increase loyalty to the company. Rentokil Initial has developed NVQ training programmes for second-language speakers to complement the programme. Other companies that have developed programmes include Bernard Matthews, which helps with the accommodation, induction, language and skill needs of their (largely Portuguese) migrant workforce. Noon Products, which employs more than 500 refugees in west London, has made it a company policy to undertake training of employees with limited skills in the English language, both on-site and by day release. There is as yet no evaluation evidence on whether this has increased retention, productivity, skill levels or job satisfaction.

³⁷¹ The concept of the ‘demand-led’ approach has been applied to employment programmes for all disadvantaged groups. For a general overview of the concept and how it is being applied to welfare to work in the UK, see www.nationalemploymentpanel.gov.uk

³⁷² Somerville (2004a), p 290.

³⁷³ Bloch (2004), p 30. Bloch suggests better policy intervention “*can only be achieved through integrated, early, intensive and targeted measures*”.

³⁷⁴ Ager and Strang (2004).

³⁷⁵ Ager and Strang (2004).

³⁷⁶ Ager and Strang (2004).

³⁷⁷ Jackson (2003).

³⁷⁸ Davey Smith *et al.* (2000); Arai and Harding (2004) and Johnson *et al.* (2005).

³⁷⁹ Szczepura *et al.* (2004a).

³⁸⁰ Department of Health (2000).

³⁸¹ Ager and Strang (2004).

³⁸² The *British Medical Journal* has recently conducted an informal survey of the major refugee doctor projects in the UK which identified over 160 refugee doctors currently in practice, but this does not include many doctors from older refugee movements, or other types of clinical staff (BMA 2005).

³⁸³ The Department of Health (DH) has sponsored the development of HARPweb – www.harpweb.org.uk – which has made a start on such cataloguing of materials relevant to current refugee groups, and NHS Direct is beginning to catalogue translated patient information leaflets. A number of attempts have been made to collect information on health promotion information in minority ethnic languages, but there is no general database of translated health-related materials in the UK.

³⁸⁴ The WHO states that health should be regarded as a “*resource for everyday life and not an object of living, a positive concept emphasising social and personal resources as well as physical capabilities*” (World Health Organisation ‘Alma Ata’ declaration).

³⁸⁵ BMA (2002); Blackwell *et al.* (2002) and Szczepura *et al.* (2004a).

³⁸⁶ Roberts and Harris (2002).

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- ³⁸⁷ Coker (2003).
- ³⁸⁸ Aldous *et al.* (1999).
- ³⁸⁹ Szczepura *et al.* (2004a).
- ³⁹⁰ While working illegally is not to be condoned, and it is hard to locate authoritative data on the degree to which it occurs, there is much anecdotal evidence that many asylum seekers, refugees and other migrants do accept work that is not properly regulated. The death of at least 19 Chinese cockle-pickers in Morecambe Bay in early 2004 led to a number of reports about 'migrant slave labour' such as those in the *Guardian* newspaper (14 Feb. 2004, p 7) and *Observer* (15 Feb. 2004, p 4).
- ³⁹¹ Szczepura *et al.* (2004a) and Sundquist *et al.* (2003).
- ³⁹² Szczepura *et al.* (2004a).
- ³⁹³ Gill *et al.* (2003) and Johnson *et al.* (2000).
- ³⁹⁴ A recent conference in Rotterdam, the first European workshop on migrant health, demonstrated that these concerns are found across the whole of Europe: *Ethnicity and Health*, 9 (Supplement 1), 2004.
- ³⁹⁵ Johnson (2003).
- ³⁹⁶ E.g. *Guardian* special report, 27 March 2004, pp 1, 4, 5: Inside the grim world of the gangmasters.
- ³⁹⁷ Anderson (1998).
- ³⁹⁸ Hauffe and Vaglum (1993).
- ³⁹⁹ Weinstein *et al.* (2000).
- ⁴⁰⁰ Fenton *et al.* (1997) and Fenton and Wellings (2001).
- ⁴⁰¹ Arbesman *et al.* (1993).
- ⁴⁰² The Birmingham-based Midlands Refugee Council has hosted a project of this nature since 1995.
- ⁴⁰³ Thomas and Byford (2003).
- ⁴⁰⁴ Hodes (1998, 2000) and Levenson and Sharma (1999).
- ⁴⁰⁵ Burnett and Peel (2001a).
- ⁴⁰⁶ Burnett and Peel (2001b).
- ⁴⁰⁷ Cam and Shieh (2001).
- ⁴⁰⁸ There is no commonly accepted single source of guidance on what constitutes 'best practice' or evidence-based practice: the journal *Clinical Governance Bulletin*, published by the Royal Society of Medicine, debates this on a regular basis and points to guidelines from the Agency for Healthcare Research and Quality (<http://www.ahrq.gov/>), National Institute for Clinical Excellence (<http://www.nice.org.uk/>) and Scottish Intercollegiate Guidelines Network (<http://www.sign.ac.uk/>) as examples. None of these has sections specifically regarding new migrants or refugees and asylum seekers. The National Electronic Library for Health (<http://www.nelh.nhs.uk/>) is developing a national resource of best practice but at present has no specialised section dealing with migrants or refugee issues: a search on its website in August 2004 found only two items – one on healthcare guidance for work with refugee children and the other a note on female genital mutilation.
- ⁴⁰⁹ Sellen (2000).
- ⁴¹⁰ Aldous *et al.* (1999).
- ⁴¹¹ Woodhead (2000).
- ⁴¹² For example, *The Ethiopian*: Papadopoulos *et al.* (2004).
- ⁴¹³ The Department of Health has issued several circulars and reports relevant to the provision of language support, including *Guidance on Developing Local Communication Support Services and Strategies* (2004) and a report by Silkup Consultants (2003); the *Equality Strategy Team's 'Race Standard* guidance states clearly that "providing communications support to service users is not an optional extra". A national contract for interpreting and translation services was signed in autumn 2004 between NHS Direct and Bowne Global Solutions, and the use of this resource is being developed, but as yet no evaluation is available. In respect of refugees and asylum seekers, much translated information is already accessible through the DH-supported HARP website (www.harpweb.org.uk), which will eventually incorporate a database of quality-assured locally translated resources and a protocol for best practice. NHS Direct is also currently establishing an 'Ethnic Health Information Resource Centre', which will hold stocks of patient information available in languages other than English.
- ⁴¹⁴ Szczepura *et al.* (2004b).
- ⁴¹⁵ This will become more important with the implementation of new controls and restrictions proposed in a consultation announced on 'non-emergency treatment' for overseas 'visitors' in August 2004: see www.dh.gov.uk or *Guardian*, 9 Aug. 2004, letters, p 13, The Health of Refugees, Dr P Matthews, Dr S Montgomery, Dr P Le Feuvre and others.

⁴¹⁶ These issues have recently been reviewed by the Scott Inquiry for the Department of Health and NASS, and new strategies are being put into place to improve the dispersal of asylum seekers with healthcare needs. There is also a new policy bulletin relating to asylum seekers with care needs which can be accessed on the Home Office website. Details of the health care review (Scott, 2004) are accessible from the Department of Health Asylum Seeker Co-ordination Team or at:

http://www.ind.homeoffice.gov.uk/ind/en/home/applying/national_asylum_support/nass_news/archive.html.

⁴¹⁷ This is currently spelled out in HSC 1999/018, available on the DH website, but is subject to review, and terms such as 'ordinarily resident' are not fully defined: see D. Martin, *A Free Ride for Health Tourists, Doctor*, 3 June 2004, p 25, and subsequent letters in the same journal, e.g. M. Tyler, *Some Foreigners Can Be Charged, Doctor*, 24 June 2004, p ²¹.

⁴¹⁸ There is no direct evidence on this matter, but it has been regarded as important in studies of earlier minority ethnic groups in Britain: see e.g. Johnson and Carpenter (1995).

⁴¹⁹ Raja-Jones (1999) and Atri *et al.* (1997).

⁴²⁰ Bhopal and Samin (1988).

⁴²¹ Chirico *et al.* (2000).

⁴²² The Race Relations Amendment Act (2000) for the first time laid a statutory duty on all health authorities, trusts and other public bodies responsible for health care to "promote equality of opportunity and eliminate unlawful discrimination". All such health bodies are now required to have prepared a "race equality scheme", which will include attention to issues of employment and service delivery (CRE, 2004). Guidance is given in documents such as the NHS strategic health authorities' *Race Equality Guide 2004* and DH (2003). It is unclear how far this will cover the needs of groups that are not seen as "racial and ethnic" minority groups under the Act, such as the Portuguese, or migrants from the recent accession states of the European Union, who are reportedly being employed in significant numbers in rural areas for agricultural labour. Reports from the Commission for Racial Equality and NHS also show that there has not been a rapid implementation of responses to this duty so far. A follow-up review (Bhatt, 2003) noted that strategic health authorities reported "a lack of clarity about race equality work" and that they were "unprepared to performance manage for race equality" (www.cre.gov.uk/cust-bin/parser.pl), CRE press release, 30 April 2003).

⁴²³ Katikireddi *et al.* (2004).

⁴²⁴ Chirico *et al.* (2000).

⁴²⁵ BMA (2002); Semmes (1996) and Marwaha and Livingston (2002).

⁴²⁶ Mayor of London (2004).

⁴²⁷ Acheson (1998) and Nazroo (1998).

⁴²⁸ The Centre's publications and database can be accessed online at the Warwick University website (www.ethnic-health.org.uk) or the website of the Mary Seacole Research Centre at De Montfort University (www.dmu.ac.uk/msrc).

⁴²⁹ For example the recommendation of the Community Cohesion and Refugee Settlement in Stoke on Trent Planning and Consultation Workshop held in March 2003: "to develop a resource that would introduce local health services to the refugee and asylum seeker community on their arrival". One publication designed to meet the same need was a well-produced booklet, in English only, developed by the National Information Forum, with sponsorship by Lloyds Bank (Hayfield, 2001). Since its production (for sale at £2.75) there has been little evidence of its circulation or use, although it is understood that it was intended to be given to asylum seekers on arrival.

⁴³⁰ Reported in *BMJ Careers*, 26 June 2004, p 283: Refugee Medicine in the United Kingdom, by Peter Cross.

⁴³¹ BMA Ethics Committee guidance note, 2001: *Access to health care for asylum seekers*, accessible on BMA website; Burnett and Peel (2001a, b); Levenson and Coker (1999); and educational articles in professional journals, such as Williams (2004) and Heptinstall *et al.* (2004).

⁴³² Including those by Levenson and Coker (1999) and Levenson and Sharma (1999).

⁴³³ See espially the role being increasingly played by the repository contained within the HARPweb initiative (www.harpweb.org.uk: Health for Asylum Seekers and Refugees).

⁴³⁴ Leicester City Council and Eastern Leicester Primary Care Trust (2004).

⁴³⁵ Blackwell *et al.* (2002).

⁴³⁶ www.dh.gov.uk/research/nrr.htm; see also, e.g., *Access to Primary Care for Refugees and Asylum Seekers in Barking and Dagenham*, available at: <http://www.smd.qmul.ac.uk/gp/BAHATweb/research.htm>.

⁴³⁷ Blackwell *et al.* (2002).

⁴³⁸ Unit 39, Concourse Ho, Dewsbury Rd, Leeds LS11 7DF, tel.: 0113 277 0999, email: kmsutcliffe.housingresources@virgin.net, and the HARPweb website. A longer report into the matter has been supported by Bedford and Luton Health Action Zone: Parry (2002).

⁴³⁹ Department of Health plans are to include 'ethnicity monitoring data' in new forms to be used for registration with a general practice (primary care), as a means to improving the current situation.

⁴⁴⁰ Public Health Sector (2000).

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- ⁴⁴¹ Leicester City Council and Eastern Leicester Primary Care Trust (2004).
- ⁴⁴² PMS (Personal Medical Services) are funded as special additional services rather than, like most primary care general practice, funded out of GMS (general medical service) funds.
- ⁴⁴³ *Doctor* newsletter, 25 Sept. 2003.
- ⁴⁴⁴ Von Kaehne (2001) and McDonald (2001).
- ⁴⁴⁵ Weinstein *et al.* (2000).
- ⁴⁴⁶ Cam and Shieh (2001). See also Carey-Wood *et al.* (1995).
- ⁴⁴⁷ West Midlands Refugee Council, *Dispersion or Disposal: Retrieving Refugees' Skills for Our Society*, Birmingham, Jan. 2001.
- ⁴⁴⁸ *inExile*, no. 25 pp 14–15. FaithRegen UK, a training agency, supported by the Learning and Skills Council, illustrated its work and courses for Muslim community leaders with flyers circulated at the Home Office Integration conference, London, 29–30 June 2004 (<http://www.faithregenuk.org/>)
- ⁴⁴⁹ This paper does not explicitly set out to consider the issue of health workers of migrant origin, or the employment of refugees and new migrants in the health care system, but such issues cannot be entirely avoided, if only because it appears that a significant number of refugees and asylum seekers have medical, nursing or other health-related qualifications, and because (as with established minority ethnic groups) a frequent recommendation to resolve difficulties in health service delivery to people whose language and culture are different from the majority is to increase the employment of their members in the health service, thus providing expertise that can help meet those needs.
- ⁴⁵⁰ See Von Kaehne (2001), or initiatives such as the Midlands Refugee Council's skills match project.
- ⁴⁵¹ Doult and Batty (2001) and BMA (2005).
- ⁴⁵² Deol (2004) and BMA (2005).
- ⁴⁵³ *BMA News*, 4 Jan. 2003, p 6.
- ⁴⁵⁴ <http://www.rcn.org.uk>; details supplied by RCNDirect.
- ⁴⁵⁵ The IELTS (International English Language Testing System) is an examination that nurses and midwives are required to pass before being allowed to register with the Nursing and Midwifery Council to practise in the UK; it is analogous to the PLAB (Professional Linguistic Assessment Board), which medical practitioners must pass. The GMC has recently waived fees for refugee doctors' first four attempts at part 1 of the PLAB test, although this concession does not apply to those still seeking asylum.
- ⁴⁵⁶ The DH Refugee Health Professional Steering Group has supported a small number of projects aimed at the 'allied health professions' and a national website is being developed to provide a comprehensive single source of information for refugee health professionals: www.rose.nhs.uk.
- ⁴⁵⁷ A review of all NHS research recorded in the latest edition (2004, 2) of the National Research Register located fewer than a dozen relevant studies. Four related to the mental health of specific BME groups of migrant origin; two concerned dietary change; two were part of European initiatives into social care and 'migrant-friendly hospitals'; and there were a small number on particular diseases, notably HIV/AIDS, TB, and the epidemiology of heart disease. Other studies located using relevant keywords related to Traveller/Gypsy groups, and internal migration or homelessness.
- ⁴⁵⁸ Bell *et al.* (2004).
- ⁴⁵⁹ Ager and Strang (2004).
- ⁴⁶⁰ The Pupil Level Annual Census (PLASC) introduced by the DfES in England includes data on ethnicity as well as academic achievement. The ethnic categories are derived from the 2001 national census. However, the ethnic categories used by the 2001 census do not allow for a systematic mapping of the relationship between asylum seekers and refugees in relation to education. The DfES, Learning and Skills Council (LSC) and Higher Education Funding Council (HEFCE) have introduced a more standardised approach to collecting and recording ethnicity, based on the 2001 census categories. This attempt at standardisation is unevenly deployed across the UK. The PLASC applies only to England. Similar systems operate in Scotland and Wales, but not in Northern Ireland. The same applies to the Individual Learner Record (ILR) and the Individual Student Record (ISR) introduced by the LSC and HEFCE respectively. The different national systems do not always allow for comparison.
- ⁴⁶¹ Rutter (2001).
- ⁴⁶² Home Office (2003).
- ⁴⁶³ Bhattacharyya *et al.* (2003).
- ⁴⁶⁴ Carey-Wood *et al.* (1995).
- ⁴⁶⁵ Office for National Statistics (2004).
- ⁴⁶⁶ Scottish Refugee Council (2003).

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- ⁴⁶⁷ Scottish Executive (2004).
- ⁴⁶⁸ DfES (2004c).
- ⁴⁶⁹ The Qualification and Curriculum Authority (QCA) has developed a common scale for both EAL assessment and the National Curriculum. Currently this is not a statutory instrument.
- ⁴⁷⁰ Blair *et al.* (1998); Bolloten and Spafford (1998); Vincent and Warren (1998); Stead *et al.* (1999); Jones (1993); Jones and Ali (2000); Ofsted (1996, 2003a); Power *et al.* (1995); Rutter and Jones (1998); Macaskill and Petrie (2000) and Sherriff (1995).
- ⁴⁷¹ Ofsted (2003a).
- ⁴⁷² Ali (2001) and Jones and Ali (2000).
- ⁴⁷³ Bhattacharyya *et al.* (2003).
- ⁴⁷⁴ Rutter and Jones (1998).
- ⁴⁷⁵ Bhattacharyya *et al.* (2003); Gillborn and Gipps (1996); Power *et al.* (2002); Power *et al.* (1995) and Rutter and Jones (1998).
- ⁴⁷⁶ DES (1985); Gillborn and Gipps (1996) and Townsend (1971).
- ⁴⁷⁷ Hall (1995).
- ⁴⁷⁸ Most of these studies are small-scale: 'I Didn't Come Here for Fun' – 33 children and young people; 'Reaching First Base' – 20 families, 115 refugee women, 25 refugee community organisations (RCOs); 'A Case for Change' – 118 children; 'Supporting Refugee Children in School' – 71 interviews with refugee parents, RCOs, teachers and LEA officers. However, the 'No Place to Learn' study involved a survey of all 149 English LEAs as well as in-depth case-study work in three LEAs.
- ⁴⁷⁹ Vincent and Warren (1998); Power *et al.* (1995); Rutter (2001); Macaskill and Petrie (2000) and Sherriff (1995).
- ⁴⁸⁰ E.g. Netto *et al.* (2001).
- ⁴⁸¹ Dennis (2002).
- ⁴⁸² Carr-Hill *et al.* (1996). This was a large-scale study involving 1,170 respondents from a range of minority language groups (South Asian, Chinese, refugee groups) born outside the UK.
- ⁴⁸³ Griffiths (2003). This study involved interviews with 100 ESOL providers in four London boroughs, the east Midlands and north-east England.
- ⁴⁸⁴ DfEE (2000); FEU (1994); Schellekens (2001).
- ⁴⁸⁵ Phillimore (2004); Learning and Skills Council (2004).
- ⁴⁸⁶ Ofsted (2003a). This survey involved 37 schools in 11 LEAs.
- ⁴⁸⁷ The DfES guidance on supporting these children relies heavily upon the evidence of 'good practice' collated by the Refugee Council and Jill Rutter in particular. This guidance is partly supported by a small-scale Ofsted survey of the impact on schools of the arrival of asylum-seeking children. The survey was particularly interested in the experience of schools in dispersal sites. See DfES (2004a, b).
- ⁴⁸⁸ Blair *et al.* (1998).
- ⁴⁸⁹ Ofsted (2001, 2004a, b) and Tikly *et al.* (2002). These primary and secondary school surveys involved Her Majesty's Inspectors (HMI) visiting 23 schools: 1 nursery, 11 primary, 10 secondary, and 1 special school.
- ⁴⁹⁰ Blair *et al.* (1998).
- ⁴⁹¹ McAndrew and Power (2003). The DfES has recognised that its improvement strategy has tended to assume a stable school population and that there was little research into the effects of mobility on schooling. The DfES has since funded the 'On the Move' project in 51 secondary schools. The Induction Mentor Initiative in 48 secondary schools followed 'On the Move'. The DfES has carried out an evaluation of this latter initiative involving a sample of 18 schools based on geographical spread and mobility type.
- ⁴⁹² DfES (2002).
- ⁴⁹³ Earl *et al.* (2003); Ofsted (2003c). There are two main large-scale evaluations: an external evaluation commissioned by the DfES and conducted by Ontario University, and an evaluation conducted by Ofsted. Both involved large, nationally representative samples of schools, and used both quantitative and qualitative methods.
- ⁴⁹⁴ Ofsted (2003c).
- ⁴⁹⁵ Ofsted (2003b). This evaluation is based on visits to 11 schools and colleges identified as demonstrating good practice at KS4 and post-16, and an analysis of 200 students' written scripts.
- ⁴⁹⁶ Grief and Taylor (2002).
- ⁴⁹⁷ Ofsted (2003a).