Disabled people in refugee and asylum seeking communities

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Summary

The presence of disabled people in refugee and asylum seeking communities in the UK is frequently overlooked and information about their particular experiences is rarely available. Research conducted for this report generated data on the numbers and social characteristics of disabled refugees and asylum seekers living in Britain, reviewed their entitlements to social and welfare services, and provided an insight into the experiences of disabled refugees and asylum seekers, and service providers. The research found that:

- There is no official source of data on the prevalence of impairments and chronic illness among refugees and asylum seekers in the UK. Estimates range from 3% to 10% of the entire population of refugees and asylum seekers.
- Information provided by 44 refugee community groups and disability organisations (mostly in Greater London and South East England) identified over 5,300 disabled refugees and asylum seekers with whom they were in contact at the time of participating in this study.
- Unmet personal care needs were common among the 38 disabled refugees and asylum seekers interviewed by the research team. Problems with inadequate housing, a lack of knowledge of entitlements, communication difficulties, extreme isolation and the need for support in fulfilling parenting roles were recurrent themes. Despite this, many of those interviewed had aspirations to find work.
- Refugees and people with exceptional leave to remain have the same entitlements to disability-related benefits and services as other disabled people living in the UK. Asylum seekers cannot claim disability-related benefits, but can request a community care assessment from their local authority social services department.
- Service providers were often unfamiliar with the needs of disabled people within refugee and asylum seeking communities, and sometimes struggled to provide services and advice to meet impairment-related needs.
- A lack of joint working between refugee reception assistant organisations, local authority social services departments and the National Asylum Support Service (NASS) frequently had a disabling impact on refugee and asylum seekers' lives.

Based on these findings, the authors make a series of key recommendations for social care and refugee practitioners, those providing housing to disabled refugees and asylum seekers, and policy makers. Key recommendations include:

- Disability and race equality training for those working with refugees and asylum seeking communities, and with disabled people.
- Increasing practitioners' knowledge about entitlements to services and support for disabled people in refugee and asylum seeking communities. This applies equally to paid staff and volunteers in reception assistant organisations, local authority social services departments, refugee and disability community groups, housing providers, and planned induction and accommodation centres.
- Clarification of NASS responsibilities and procedures with regard to the specific needs of disabled asylum seekers arising from impairment or chronic illness (for example, around dispersal, accommodation, applying for extra subsistence).
- Clarification of roles and responsibilities (including financial) in relation to disabled refugees and asylum seekers between reception assistant organisations, local authority social services departments and NASS.

- Agreed local-level protocols, with named leads among key staff, to promote joint working between refugee reception assistant organisations and local authority social services departments.
- Building the capacity of voluntary sector organisations (including refugee community groups, disability organisations, Citizens Advice Bureaux) as a local resource for identifying, supporting and advocating for disabled refugees and asylum seekers.

Additional outputs

A workbook for refugee and social care practitioners – *Working with disabled refugees and asylum seekers* – is available from the Social Policy Research Unit publications office. Please contact Ruth Dowling on 01904 433608 or via e-mail at spruinfo@york.ac.uk to order a copy, priced at £3.50 including postage and packing.

An A3 poster signposting the entitlements of disabled refugees and asylum seekers has also been produced and distributed widely. An A4 version of the poster is reproduced on page 32 of this report, which can be copied and distributed freely.

1

Introduction

Context

The last decade has seen a massive rise in the numbers of people seeking asylum in the UK. Government, media and public attention has increasingly focussed on refugees and asylum seekers, and a series of legislative changes has sought, and continue, to alter the nature of support offered to those seeking asylum in this country. Yet, despite this growing focus on refugees and asylum seekers, stereotypical images of those seeking asylum remain, with the media in particular typically portraying asylum seekers as young non-disabled men. Such representations fail to acknowledge the diverse nature of communities in exile and, although there is emerging recognition of diversity in relation to the age, gender, ethnicity and religion of refugees and asylum seekers, the presence of disabled people within refugee and asylum seeking communities is rarely acknowledged (Roberts, 2000).

Thus, although there is a growing awareness of the multiple sources of disadvantage and discrimination experienced by disabled people from minority ethnic communities (Begum et al, 1994; Ahmad and Atkin, 1996; Vernon, 1997), the particular experiences of disabled people in refugee and asylum seeking communities have hitherto been overlooked. Yet, as members of a minority ethnic group, of communities in exile and as disabled people, it seems likely that many disabled refugees and asylum seekers will experience high levels of need for social and welfare services, coupled with difficulties accessing such services. These difficulties may be particularly profound for disabled people who are stigmatised by communities who hold negative perceptions of impairment and disability.

Within this context and against the backdrop of the government White Paper (Home Office, 1998), the Refugee Council joined forces with researchers at the Social Policy Research Unit, University of York, to call for research into the specific needs and experiences of disabled people living in refugee and asylum seeking communities in Britain.

The need for such research was clear as the prevalence of impairment among refugees and asylum seekers living in Britain is unknown, and there is a distinct lack of information about this potentially vulnerable group of people. Anecdotal evidence from general refugee literature confirmed that disabled refugees and asylum seekers did live in Britain (for example, Carey-Wood et al, 1995; Duke and Marshall, 1995), and case workers at the Refugee Council were also encountering disabled people struggling to negotiate both the asylum process and social services disability provision.

With changes to support arrangements for asylum seekers about to take place, it was clear that specific information about the needs and experiences of disabled refugees and asylum seekers was required if service providers were to be able to meet their impairment-related needs.

Thus, in summer 1999, the National Lottery Charities Board and Joseph Rowntree Foundation awarded research grants that enabled the 'Disabled refugees in Britain: entitlements to and needs for social and welfare services' research project to begin its work. This report presents the findings of this research and comments on the implications for practitioners and policy makers in the fields of refugee and disability services.

Aims

The prime objective of the research was to increase the level of knowledge about disabled refugees and asylum seekers living in Britain today. Existing research evidence (see Robinson, 1998) tells us that service providers are largely ill-informed about refugees and their specific needs and that this hinders the development of appropriate services. Literature elsewhere confirms that disabled refugees are "the most invisible ... among the uprooted populations who have fled violence in their own countries" (Boylan, 1991, p 4). Our aim is therefore to improve the ability of service providers to provide appropriate services to this potentially vulnerable group of people by increasing their knowledge about disabled refugees and asylum seekers. Specifically, we sought to:

- investigate the numbers and social characteristics of disabled refugees and asylum seekers in Britain;
- identify their needs and experiences in accessing social and welfare services;
- review changes to the social and welfare entitlements of disabled refugees and asylum seekers;
- investigate service providers' experiences of supporting disabled refugees and asylum seekers;
- disseminate our research findings to refugees, asylum seekers, their advisors and service providers.

The prime focus of the study was on disabled people with physical, sensory (visual, hearing) impairments, learning difficulties and multiple impairments. We did not include mental illness, as some work has already been undertaken on mental health support needs of refugees and asylum seekers (Watters and Fenney, 1997); however, it is worth emphasising that significant numbers of individuals known to organisations contacted during the study were experiencing mental distress in addition to other impairments.

It was beyond the scope of this study to explore participants' experiences of disability culture in relation their countries of origin and also within Britain. This is an area that is important to pursue in the future if we are to increase our understanding of disability cultures in refugee and asylum seeking communities, and more generally.

Research methods

Fulfilling the aims and objectives of the research project required a multifaceted research strategy.

Throughout the duration of the project, the research team received advice and guidance from two separate sources. The project advisory group included experts with experience in the fields of disability, refugees and research, as well as representatives from the Refugee Council and the Joseph Rowntree Foundation. A project consultation group of disabled refugees was also established.

Although there is a dearth of literature related to disabled refugees, a literature review of material relating to social and welfare services for refugees, and social and welfare services for disabled people, specifically for disabled people from minority ethnic communities, was carried out (Roberts and Sloper, 1999). This provided valuable information for hypothesising the experiences of disabled refugees and asylum seekers, and for informing the subsequent fieldwork.

Demographic data relating to refugees and asylum seekers living in Britain are hard to obtain (London Research Centre, 1999), and information relating to disabled people within refugee communities is very rarely found. In the absence of official sources of information, a questionnaire survey of 300 refugee community groups and disabled people's organisations attempted to produce an estimate of the numbers of disabled refugees and asylum seekers living in Britain. These questionnaires encouraged participants to include people whom they considered to have an impairment or chronic health problem. A total of 101 organisations responded (a response rate of 34%), of which 44 organisations were able to provide information about disabled refugees and asylum seekers with whom they were in contact.

A follow-up questionnaire survey of 13 organisations provided detailed demographic data on 111 disabled refugees and asylum seekers. This asked for details (where known) of both impairments and medical conditions. Analysis of the data was restricted to descriptive statistics and was conducted with the assistance of the statistical package SPSS.

Finally, interviews were held with representatives of a further seven organisations known to have contact with a large number of disabled refugees and asylum seekers in order to gather demographic data on disabled people with whom they were in contact.

With the implementation of the 1999 Immigration and Asylum Act, a review of changing entitlements to social and welfare services was conducted, placing particular emphasis on identifying entitlements related to impairment and disability under other legislation.

Qualitative interviews with 38 disabled refugees living in England investigated their needs for social and welfare services, and their experiences of accessing these services. Face-to-face interviews were conducted by trained first-language interviewers who recruited individuals from Somali, Vietnamese, Sorani (Kurdish) and Tamil communities, via media contacts, refugee community groups and by utilising a snowballing technique. Two other interviewees (one Algerian and one Rwandan) also contributed after approaching the researchers with a request to participate. All but one of the interviewers had themselves been through the asylum process, and three had personal experience of impairment. When needed, sign-language interpreters were also involved in the interview process.

Qualitative interviews were also conducted with service providers to elicit their experiences of supporting disabled refugees and asylum seekers. Each reception assistant organisation across Britain was sent a letter inviting them to participate in the research; 11 representatives from 10 reception assistant organisations were eventually interviewed. Local authorities within the areas served by the participating reception assistant organisations were also invited to participate and seven people from different local authority social services departments were interviewed.

Dissemination of the research findings has been an integral part of the project and the last three months of the project were devoted to dissemination activities. In addition to this report, the research team organised and ran an information workshop for refugee and social care practitioners, and prepared individualised report summaries for all participants.

Report outline

The following chapters report on the findings of the research.

Chapter 2 provides details of the changes to the asylum support system following the 1999 Immigration and Asylum Act, and highlights the entitlements of refugees and asylum seekers with regard to social and welfare services. It also briefly acknowledges the likely future changes to support arrangements, as presented in the Government's recent White Paper, *Secure borders, safe haven: Integration with diversity in modern Britain* (Home Office, 2002).

In **Chapter 3** the findings of the questionnaire survey are discussed, providing an insight into the numbers and social characteristics of disabled refugees and asylum seekers living in Britain.

This is followed by **Chapter 4**, which gives a voice to disabled refugees and asylum seekers by presenting their experiences of requiring and accessing social and welfare services.

Chapter 5 presents the service providers' perspective on service provision for disabled refugees and asylum seekers. It includes perspectives from workers within both reception assistant organisations and local authority social services departments.

Finally, **Chapter 6** draws conclusions from the research and suggests the implications both for policy makers and practitioners working in the fields of refugee and disability services provision, and those providing housing to disabled refugees and asylum seekers.

The report ends with a copy of a poster entitled 'Disabled refugees and asylum seekers: what help is available?'. Copies of this poster were disseminated widely in refugee community groups, refugee reception assistant organisations and disabled people's organisations. The poster appears on page 32 and may be photocopied as required.

2

Entitlements to social and welfare services

Introduction

Reacting to the rise in claims for asylum during the late 1980s, the UK government implemented three successive Acts of Parliament relating to refugees and asylum seekers in the following decade. These Acts – the 1993 Asylum and Immigration Appeals Act, the 1996 Asylum and Immigration Act and the 1999 Immigration and Asylum Act – successively reduced the rights of people claiming asylum in the UK to access mainstream social and welfare benefits and services. The frequent changes to the entitlements of refugees and asylum seekers have left refugees, asylum seekers, their advocates and many service providers confused about entitlements.

This chapter clarifies the differences between refugees and asylum seekers, provides details of the changes to the asylum support system following the latest legislation to affect refugees and asylum seekers (the 1999 Immigration and Asylum Act), and pays particular attention to highlighting the entitlements of disabled refugees and asylum seekers to social and welfare services. It also briefly acknowledges the likely future changes to support arrangements as presented in the government's recent White Paper, *Secure borders, safe haven: Integration with diversity in modern Britain* (Home Office, 2002).

Definitions

The media's use of the words 'refugee' and 'asylum seeker' often suggests that these terms refer to the same people and are thus interchangeable. This is not the case – refugees and asylum seekers hold a very different legal status within the UK, and therefore have different levels of entitlements to social and welfare services. For this reason it is important to clarify the differences between people who are refugees and those who are asylum seekers.

Within the UK, a **refugee** is an individual to whom the UK government has offered protection, because it accepts and recognises that he or she is:

> outside the country of his [sic] nationality ... because he has or had fear of persecution by reason of his race, religion, nationality, or political opinion and is unable, or because of such fear is unwilling, to avail himself of the protection of the government of his nationality. (1951 UN Convention relating to the status of refugees)

Individuals will only be granted refugee status by the UK government if they can convince Home Office officials that they have personally suffered, or were personally at risk of, persecution linked to their race, religion, nationality or political opinion.

Asylum seekers are individuals who have asked the UK government to consider their claim for refugee status, but who have not yet received a decision from the Home Office. In time, many asylum seekers will be offered the permanent protection that refugee status confers, and asylum seeking status should not therefore be viewed as inferior to refugee status. Rather, it should be viewed as an earlier point in the *process* of seeking refuge in this country.

It is important to note that, while some people will have their claim for refugee status refused, many individuals who fail to convince the Home Office that they are personally at risk of persecution will be granted permission to stay in the UK. For compassionate reasons, or in cases where the Home Office recognises that it would be dangerous for an individual to return to their country of origin, an individual can be granted Exceptional Leave to Remain (ELR) outside usual immigration rules. ELR is usually granted for four years initially, after which the individual can apply for Indefinite Leave to Remain (ILR) or 'settled' status in the UK.

Entitlements

The 1999 Immigration and Asylum Act received royal assent on 11 November 1999. The following information about entitlements to social and welfare services and benefits is based on the law as it stands in March 2002. Readers should be aware that further changes to entitlements are likely to occur. Other changes may occur in light of devolution.

Refugees

People who have **refugee status** have identical rights to UK citizens with regard to all social and welfare benefits and services. Among other entitlements, they may be eligible for:

- Income Support;
- Housing and Council Tax Benefits;
- local authority housing;
- Jobseeker's Allowance;
- Social Fund payments.

When someone is awarded refugee status they can make claims for Income Support, Housing Benefit and Council Tax Benefit dating back to the day on which they applied for asylum. As long as the necessary forms are completed within 28 days of refugee status being granted, they will be eligible to receive backdated payments equal to the *difference* between the standard benefit levels and the support they have previously been receiving.

Disabled refugees can approach the local authority and request a community care assessment under the 1986 Disabled Persons (Services, Consultation and Representation) Act. Local authority social services departments have a duty in law to assess disabled people, and may be able to provide services that maximise the independence and control that disabled people have over their lives. For instance, they may be able to provide housing, domestic services, personal care, and aids and adaptations. It is, however, important to note that local authorities are not obliged to *provide the services* that they have identified as a need for an individual, and they can make charges for any services they offer.

From the date on which they are granted refugee status, disabled refugees are also entitled to apply for the same disability-related benefits as any disabled UK citizen. These include:

- *Disability Living Allowance:* a benefit for people under 65 who need help looking after themselves or find it difficult to walk or get about.
- *Attendance Allowance:* a benefit for people over 65 who need help with personal care or supervision to allow them to remain safe.
- *Disabled Person's Tax Credit:* a means-tested payment for working people, whose disability puts them at a disadvantage in getting a job.

Disabled refugees can also apply for assistance from the Independent Living Fund and the Disabled Facilities Grant scheme, while their carers can consider applying for the Invalid Care Allowance. Other disability-related benefits may also be available and it is wise for disabled refugees to seek advice from organisations with knowledge of these benefits, such as Citizen's Advice Bureaux, a local Disability Information and Advice Line (DIAL) group or other disability rights groups.

All refugees (including disabled refugees) have the right for their immediate family (husband, wife, children under 18) to join them in the UK, as long as they can provide proof of identity and that the relationship existed before the claim for asylum was made. Members of the extended family may also qualify for family reunion at the discretion of the Home Office.

People with exceptional leave to remain

People with ELR have the same rights as refugees and UK citizens to benefits such as Income Support, Housing Benefit, disability benefits, and community care assessments and services. However, they cannot claim backdated benefits and, unless there are exceptional compassionate circumstances, they are unable to apply for their families to join them from abroad during the initial four-year period of their ELR. While some service providers view ELR as a temporary immigration status, it is important to note that ILR is usually granted after four years of ELR.

Asylum seekers

It is often believed that asylum seekers have no rights to mainstream services and benefits. This is not the case.

The 1999 Immigration and Asylum Act does exclude all asylum seekers from most social and welfare benefits and services (including Income Support, Housing Benefit, Council Tax Benefit and support for *destitute* people provided by local authorities under the 1948 National Assistance Act). Mainstream support for asylum seekers has been replaced by the National Asylum Support Service (NASS) – a specialist support agency.

Asylum seekers are expected to support themselves. If they cannot support themselves and are destitute they can apply to NASS for subsistence and accommodation support. NASS provides accommodation on a 'no-choice' basis and disperses asylum seekers across the UK. Subsistence levels are 70% of Income Support levels (currently £37.77 for a single adult) and, until recently, were provided in a combination of vouchers and a small amount of cash.

Additional financial support for disabled asylum seekers within the NASS system is limited. They have been unable to apply for disability benefits since February 1996 and, although the 1999 Immigration and Asylum Act allows NASS to make "special payments to meet particular needs (eg to someone whose particular medical condition gives rise to special needs)" (Home Office, 1999, para 281), there are currently no set procedures for doing this.

However, asylum seekers are entitled to free NHS treatment. NASS-supported asylum seekers can also apply for a HC2 certificate, which provides entitlement to free NHS prescriptions, dental treatment, wigs, fabric supports, eye tests, vouchers toward glasses and help with transport costs to and from hospital for NHS treatment. Asylum seekers who are supported under pre-NASS arrangements can also apply for help with NHS costs on the basis of a low income.

Disabled asylum seekers are also entitled to apply for local authority support within the community care system. Specifically, local authorities may have a duty to assist asylum seekers in the following circumstances:

- Asylum seekers who have needs arising *other* than solely through destitution under the 1948 National Assistance Act. This includes asylum seekers whose needs arise at least in part from disability or chronic ill health. This issue was considered in the *Westminster City Council v NASS* court case in April 2001 and again in three further cases in spring 2002 involving disabled asylum seekers and the London Boroughs of Enfield and Lambeth (*R [Mani] v Lambeth; R [Tasci] v Enfield* and *R [J] v Enfield*). All four cases confirmed that local authorities have a responsibility to meet the needs of disabled asylum seekers. In the latter cases this extended to providing residential accommodation, even though the individuals' disabilities alone would not have qualified them for residential accommodation.
- Asylum seekers who are leaving hospital after being detained for treatment under the 1983 Mental Health Act.
- Asylum seekers who have been (as children) in local authority care (see the 2000 Children [Leaving Care] Act).

Thus, at present, advocates for disabled asylum seekers should ensure that referrals for social services community care assessments are made as soon as possible, and should be fully informed about individuals' disability-related entitlements and the implications for local authorities of the Westminster ruling (and subsequent rulings).

Ongoing developments

On 29 October 2001 the Home Secretary, Rt. Hon. David Blunkett MP, announced more proposals to alter the system of support for asylum seekers in the UK and alerted interested parties to the publication of a new White Paper that would detail the government's latest plans for reforming the immigration and asylum system. This White Paper – *Secure borders, safe haven: Integration with diversity in modern Britain* (Home Office, 2002) – was published in February 2002. The key changes proposed to the asylum support system include:

- phasing out the voucher system;
- introducing identity 'smart cards' for asylum seekers;
- improving the dispersal system by regionalising the service provided by NASS, introducing greater consultation with local authorities and increasing contact with dispersed asylum seekers;
- introducing Induction Centres, where those seeking assistance from NASS will be screened, identified and offered emergency accommodation;
- introducing Accommodation Centres in which some asylum seekers will be offered accommodation on a 'no-choice' basis under the NASS system;
- extending arrangements for Reporting Centres, with which asylum seekers will be required to maintain regular contact;
- increasing capacity at detention and removal centres;
- extending the period in which those granted refugee status have to transfer from NASS to mainstream social and welfare support systems from 14 to 28 days.

These changes are already being implemented with, for instance, the introduction of the first identity cards in April 2002.

In relation to disabled asylum seekers, the White Paper notes that induction centres will provide an early opportunity to identify 'special needs', but that the planned accommodation centres may not be able to cater for asylum seekers with special needs. There is no discussion within the White Paper of procedures for applying for extra subsistence to meet impairment- or health-related needs, the impact of 'reporting' mechanisms on those with mobility impairments or the need to consider the role of informal support networks when dispersing disabled asylum seekers. Similarly, there is no mention of the need for staff training relating to the identification of 'special needs' or any commitment to meeting those needs that might be identified.

Conclusion

The issue of disabled refugees and asylum seekers' entitlements to social and welfare services is both complicated and ever changing. As documented in subsequent chapters, this has contributed to the considerable confusion among service providers about entitlements and responsibilities, making it even harder for disabled refugees and asylum seekers to get a clear understanding of what support or disability benefits they may be entitled to and how to access them.

Useful resources

Willman, S., Knafler, S. and Pierce, S. (2001) *Support for asylum seekers: A guide to legal and welfare rights*, London: Legal Action Group.

Disability Alliance (2001) *Disability rights handbook, 26th edition*, *April 2001-April 2002*, London: Disability Alliance.

A new edition of the *Disability rights handbook* is published each year and provides excellent information regarding up-to-date entitlements to benefits and services for all disabled people. It might also prove prudent to seek specific advice from lawyers familiar with community care and/or asylum law in relation to specific cases.

3

Numbers and social characteristics

Introduction

There has been little previous research concerning the prevalence of impairment in refugee communities in the UK and there are currently no official sources of data relating to this population. The Department of Social Security used to be able to identify how many asylum seekers on Income Support received the Disability Premium (in November 1999, approximately 5% of the 49,000 asylum seekers receiving Income Support, received the Disability Premium[1]), but the passing of the 1999 Immigration and Asylum Act removed asylum seekers' entitlement to Income Support (see page 6) and this source of data has therefore now disappeared.

Fortunately, research on refugee communities does occasionally provide information about disabled refugees. For example, an inner-London study by the Refugee Employment and Training Centre (1991) established contact with 11 refugee communities (Turkish/Kurdish, Tamil, Somali, Iraqi, Vietnamese, Iranian, Eritrean, Ethiopian, Ugandan, Chilean and Oromo) and noted that:

> All communities commented on ... disability issues. In communities where torture, war, famine, invasions and attacks had taken place there were high levels of disabilities caused by this. In few communities were all disabled registered as such and many were not aware of the benefit entitlement which they have or the reduced responsibilities to seek work that they might accrue should they decide to register. (p 35)

Elsewhere, Carey-Wood et al (1995) found that 10% of their sample of 263 people (of various nationalities) with refugee status or ELR reported "some sort of disability sufficient to affect their daily life" (p 77). Girbash (1991) reported that 4.5% of Vietnamese refugees living in Manchester were disabled, and Duke and Marshall (1995) reported that 3% of refugees from Vietnam who arrived in Britain after 1982 were chronically sick or disabled.

It is within this context that this part of the project was undertaken. First, an initial questionnaire survey was sent to 300 refugee and disability organisations across Britain. Following reminders, a final response rate of 34% was achieved. A second questionnaire requesting demographic data was then sent to organisations that had responded to the first survey. Thirteen organisations provided data on 111 individuals known to them. Finally, interviews were held with seven organisations (also drawn from the initial sample) that knew large numbers of disabled refugees and asylum seekers.

Responses to the initial questionnaire: contact with disabled refugees and asylum seekers

A majority of the responses came from organisations based in Greater London. A total of 44 organisations (12 disability organisations and 32 refugee organisations) were in contact with a total of 5,312 disabled refugees or asylum seekers. A further 45 disability organisations and 12 refugee organisations reported that they knew no disabled refugees or asylum seekers. While it is credible that these disability organisations were

[1] Figures obtained through personal correspondence from the Department of Social Security.

not in contact with disabled refugees and asylum seekers (few disability organisations are in contact with minority ethnic communities), it appears unlikely that refugee organisations would know no disabled people within the communities they served. As such, we speculate that either disability awareness was particularly low or these organisations served communities in which disabled people were stigmatised on the grounds of their impairments.

Figure 1 shows the number of disabled refugees and asylum seekers reported by refugee organisations. These organisations have been grouped by national or linguistic origins.

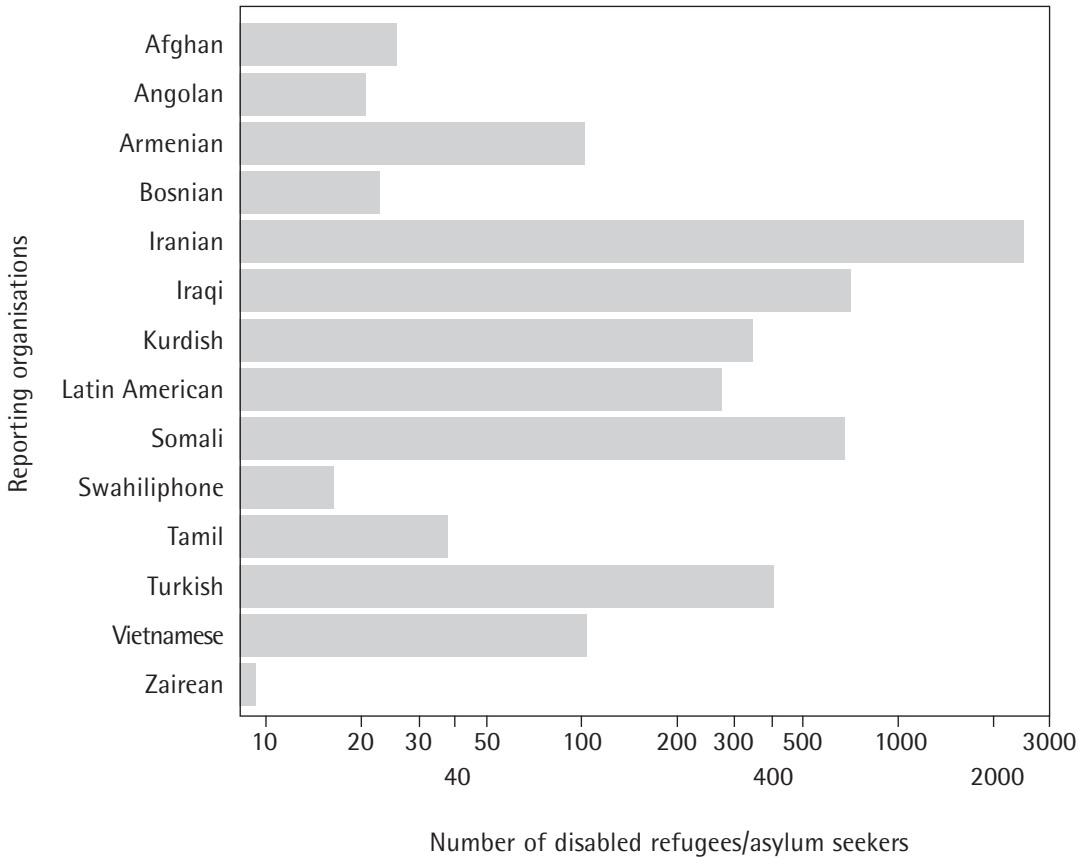
Iranian organisations reported contact with the largest number of disabled refugee or asylum seekers (2,506), followed by Iraqi (705), Somali (673), Turkish (400), Kurdish (340), Latin American (273), Vietnamese (103), Armenian (100), Tamil (37), Afghan (25), Bosnian (22), Angolan (20), Swahiliphone (16) and Zairean (9) organisations. Additionally, 12 disability organisations reported contact with 83 disabled refugees or asylum seekers from various countries around the world.

There is no suggestion that the figure of 5,312 represents a full count of the disabled people in refugee and asylum seeking populations in Britain. In 1999, the United Nations High Commissioner for Refugees (UNHCR) estimated that there were some 265,600 refugees and asylum seekers in the UK (UNHCR, 2000, Table 2.1). If the prevalence of impairment found by either Duke and Marshall (1995) (3%) or Carey-Wood et al (1995) (10%) was replicated in this population, then the total number of disabled refugees and asylum seekers living in Britain could be between 8,000 and 26,500. Likewise, if the 5% figure previously noted from records of those receiving Disability Premiums on Income Support is accurate, there could be some 13,000 disabled refugees and asylum seekers in Britain.

Responses to the second questionnaire: demographic data

Completed supplemental questionnaires were received from 13 organisations (primarily refugee organisations), providing demographic details relating to 111 individual adult disabled refugees

Figure 1: Number of disabled refugees/asylum seekers reported



and asylum seekers from 15 countries. These 111 individuals constitute a small sub-set of the 5,312 disabled refugees identified in the initial questionnaire. Over 60% of the 111 people within the sub-set came from just three countries: Somalia (28 people), Vietnam (20 people) and Bosnia (20 people). There were also 16 people from Angola, 11 from Afghanistan, and individuals from a wide range of other countries (Pakistan, Ethiopia, Kosovo, China, India, Kurdistan, Turkey, Nigeria, Spain). While this pattern of countries of origin largely reflects the background of the organisations that responded to the supplemental questionnaire, it does provide evidence of the diversity of countries from which disabled refugees and asylum seekers come to Britain.

Of the sub-set, 60% were male and 40% were female. Adults of all ages were represented, although the largest contingent (22%) were those aged between 31 and 40. The second largest age group was 41-50 years (18%), although it is also worth noting that over a quarter of the sample (27%) were aged over 60, including one individual aged 91.

The refugees and asylum seekers in the sub-set experienced a range of impairments, although physical impairments were most commonly reported. Just over half (52%) of the individuals experienced a physical impairment, while 20% experienced mental health problems. Sensory impairments were experienced by 13% and learning difficulties by 5%. Finally, 10% of the people in the sub-set experienced multiple impairment. This highlights the need to acknowledge the diversity of impairments experienced by people within refugee populations.

Information regarding the conditions associated with the impairments or the cause of the impairments was provided for 64% of the people within the sub-set. Of these, 18 people had contracted polio and 16 people had experienced traumatic injuries; in 11 cases these were directly attributed to either torture or war injuries. Nine individuals had had strokes and seven had arthritis. The complications of diabetes had resulted in impairments for six people, and four people had a visual impairment resulting from glaucoma (or tunnel vision disease). Three individuals had cancer and four had been diagnosed as having schizophrenia. One individual had muscular dystrophy and another epilepsy. Additionally, a number of people were reported to have been born with impairments. The variety of experience reported here illustrates the need to avoid assumptions regarding the cause of impairments among refugees and asylum seekers. As with the general population, impairments are associated with a wide range of circumstances and conditions.

The 111 individuals for whom demographic data was available had all arrived in Britain since 1980, with a peak in 1983 and further peaks in 1992 and 1993. All those arriving prior to 1986 were refugees from Vietnam, and all those who arrived in 1989 and 1990 were from Somalia. Eight of the 11 people who arrived in 1991 were from the Sudan and over half of those who arrived in 1992/93 were from Bosnia. More recent arrivals were from various countries.

As might be expected, this pattern reflects those years in which large numbers of people from these countries arrived in Britain as refugees or asylum seekers. For instance, refugees from Vietnam primarily arrived in Britain between late 1979 and 1983 (Dalglish, 1989) and 1992 is the year in which Bosnia declared itself independent from Yugoslavia. The resulting war led to 5,635 people claiming asylum in Britain having fled Bosnia and other parts of the former Yugoslavia during 1992 alone (Woodbridge et al, 2000).

The 111 individuals currently held a variety of immigration statuses ranging from asylum seeker, through ELR, ILR and refugee, to UK citizen. All, including those with UK citizenship, had originally entered this country as refugees or asylum seekers. The majority of those for whom data were available had received ELR in the UK (45 people), while a further 27 had obtained UK citizenship.

Twenty-two people had ILR in the UK and 12 were asylum seekers. Only a minority (five people) had been granted refugee status. Over half of those with ELR were from Somalia or Bosnia, while former residents of Vietnam and the Sudan formed the majority of those who had obtained UK citizenship. As with year of arrival, this pattern of immigration statuses largely reflects that found among non-disabled refugees. For instance, between 1991 and 1999, 24,715 people received refugee status, compared to 51,255 who were granted ELR (Woodbridge et al, 2000).

Interview data on numbers and characteristics

Seven organisations that knew large numbers of disabled refugees and asylum seekers accepted an opportunity to provide demographic data on these individuals during an interview with the lead researcher. All the refugee organisations visited were in London and, in total, these organisations provided aggregate data relating to around 900 disabled refugees and asylum seekers. These individuals are a further sub-set of the 5,312 disabled refugees identified in the initial questionnaire.

Kurdish organisation 1

This organisation was in contact with around 120 disabled refugees or asylum seekers, who were predominately male (approximately 80%). The majority were aged between 20 and 45 years, although there were some disabled older people in their community. Among the men, many of those aged under 45 had physical impairments that had arisen as a result of torture. Others had sustained impairments as a result of war-related injuries, either through combat or as civilian casualties. Also, a small number of women had been permanently injured by bullets, mines or bombs. Many people had amputated limbs. Both men and women were represented among the older disabled refugees or asylum seekers and, although the majority was experiencing age-related impairments, some of the men were victims of torture or had sustained war injuries. The most common first language was Sorani (a dialect of Kurdish) and many arrived in Britain during 1992.

Kurdish organisation 2

The second Kurdish organisation was in contact with around 150 disabled refugees and asylum seekers, and, again, they were predominately male (up to 90%). A high proportion of this group of refugees and asylum seekers were aged between 20 and 43 years old, and virtually all had acquired impairments as a result of torture or war-related injuries. Again, many people had amputated limbs. Sorani dialect was the most common language and many of the refugees and asylum seekers known to this organisation were referred to Kurdish organisation 1.

Iraqi organisation

This organisation was in contact with around 350 disabled refugees; 250 of these refugees primarily experienced mental illness, while approximately 100 people had physical impairments. Although some of these people had been born with impairments, the majority had acquired impairments through torture and war-related injuries. Once again, many people had amputated limbs. Less than 10 people with visual impairments and only a few who had learning difficulties were known to the organisation. The gender balance was fairly equal and the age distribution was also broader, although most were adults of working age. Among the small number of older disabled refugees and asylum seekers, chronic health problems were most common, although such problems also affected a handful of younger people. The organisation serves people from various ethnic groups originating in Iraq including Arabs, Kurds and Syrians. Consequently, Arabic and Kurdish (both Sorani [60%] and Badinan [40%] dialects) were used as first languages.

Vietnamese organisation

This organisation estimated that it was in contact with around 65 disabled refugees, the majority of whom were women. Over 80% were aged over 50, and impairments arising from ageing and chronic health problems predominated. For instance, strokes and rheumatism were common conditions. Ten disabled refugees were under 50 years old and three of these people were males who had Down's Syndrome. This organisation also knew one deaf person and a small number of people who had acquired physical impairments as a result of war-related injuries or carrying excessive loads as young people. Vietnamese was the most common first language, although knowledge of Cantonese was fairly widespread. Most members of the community had arrived in the UK between 1978 and 1983.

Somali organisation

Unusually, this organisation was able to provide statistics relating to the disabled refugees and asylum seekers known by its staff. Out of a total of 479 households using the service in the year up to August 2000, 57% of the households (275) included a disabled person or someone with a long-term health problem. Table 1 provides details of self-reported conditions (some people experienced more than one condition). It shows that, while chronic ill health was common, some people had acquired impairments as a result of torture or war-related injuries.

A total of 103 individuals received either Disability Living Allowance or Attendance Allowance, and a further 55 people had made claims for these benefits. Nineteen people appeared to meet the criteria for these benefits but were unable to claim due to their immigration status (that is, as asylum seekers). The disabled people known to this organisation included more women than men and people of all ages. The majority of people spoke Somali, although a number also spoke some English, Italian or Arabic. Most people had arrived in the UK during the last 10 years.

Table 1: Somali organisation: self-reported conditions/impairments

Condition or impairment	Number of reported incidences
Arthritis or rheumatism	60
Mental distress or traumatic stress	41
Asthma	31
Diabetes	30
Leg problems	26
Back problems	24
Visual impairment	18
Heart conditions	14
Renal problems	13
High blood pressure	12
Tuberculosis	12
Epilepsy	11
Paralysis	9
Bullet wounds	8
Child development problems	8
Osteoporosis	7
Polio	5
Use of prostheses	4
Hearing impairment	5
Head wounds	5
Respiratory problems	3
Neurological problems (including epilepsy)	3
Strokes	3
Learning difficulties	5
Others	17
Total of reported incidences	**374**

Note: Terms used are those reported by organisation

Tamil organisation

This organisation knew about 25 disabled refugees and asylum seekers of both sexes and of all ages. Among the younger adults, torture- or war-related impairments were most common, while older people predominately experienced chronic health problems. Tamil refugees and asylum seekers have been arriving in the UK from Sri Lanka since the mid-1980s.

Iranian organisation

While this organisation was able to state that it had dealt with over 3,000 enquiries about 'disability issues' during 1999/2000, it was unable to provide an accurate estimate of the number of disabled refugees and asylum seekers known. The majority of these enquiries were related to mental health problems and less than 10% were related to physical impairments. Severe back problems, epilepsy and limb amputations were common, often as a result of torture. While a majority of people spoke Farsi, others used Kurdish, Turkish or Afghan. Many people had arrived in the UK following the Islamic Revolution of 1979 and the Iran–Iraq war in the 1980s.

Other data on numbers and characteristics

The material presented in this section of the report relates to disabled refugees and asylum seekers who were identified by means other than through the initial screening questionnaire. The degree of overlap between these sources and the initial questionnaire is not known, and it is possible that some double counting of individuals has occurred.

Citizens Advice Bureaux

Three Citizens Advice Bureaux (CAB) responded to a call for information regarding disabled refugees and asylum seekers. A CAB in Wales reported that they were assisting two male disabled refugees who both had physical impairments and were in their early 20s.

A London CAB reported that, during a client profiling exercise, they collected details from 503 people: 88 of these people identified themselves as refugees or asylum seekers and, of these, 8% responded positively to the question 'Do you consider yourself to be disabled?'. Just over 1% also reported that they were receiving Disability Living Allowance.

Finally, a second CAB in London reported that between 20 and 30% of the 500 clients they see each year at an HIV/AIDS specialist centre are refugees or asylum seekers. Many of these people experience physical or mental impairments as a result of HIV or AIDS. The majority of clients are from west and east Africa, for example, countries such as Sierra Leone, Ethiopia, Eritrea and Uganda.

Medical Foundation for the Care of Victims of Torture

The Medical Foundation for the Care of Victims of Torture reported that it has seen some 20,000 clients since 1985, and has an active client list of some 1,000 individuals. All of these people were victims of torture and 99% were asylum seekers or refugees. In addition to the mental health problems experienced by every person on the active client list, over 80% were thought to have physical or sensory impairments resulting from torture. In many cases these impairments were permanent.

Around 20% of clients had reduced hearing or sight, often a result of beatings around the head; similarly, around 20% had developed epilepsy following head injuries sustained during torture. Physical impairments were extremely common, particularly limb injuries and severe back problems, although only 1-2% of clients were wheelchair users. The Foundation sees clients from nearly 90 countries, although at the time of the research 40% were from Middle Eastern countries, including a large number of Kurds from Turkey, Iran and Iraq. Some 40% of the Foundation's clients were from Africa (for example, Algeria and Zaire) and 15% from Europe. Just 5% of clients were from South America.

Conclusion

Although varying in quality, the data presented in this chapter provides significant evidence that thousands of disabled refugees and asylum seekers are resident in this country. This population is extremely diverse and, while it is recognised that this diversity contributes to the invisibility of disabled refugees and asylum seekers, we argue that it highlights the need for accurate demographic data relating to disabled people in refugee and asylum seeking communities. With an increasing awareness of disability within society as a whole and a governmental commitment to combating disadvantage (Home Office Communication Directorate, 2000), it is crucial that any future collection of official demographic data relating to refugees and asylum seekers should incorporate information on impairments.

Note

Additional details relating to this chapter are available in Roberts and Harris (2001).

4

Listening to disabled refugees and asylum seekers

Introduction

During the summer and autumn of 2001 the project's first-language interviewers recruited and interviewed 38 disabled refugees and asylum seekers. While the majority of these individuals lived within Greater London, four people living elsewhere in England were also included in the sample. Over three quarters of the people interviewed chose to invite the first-language interviewer into their homes; the remainder met with the interviewers in refugee community centres. Interviews varied in length, lasting from less than one hour to over three hours. Some disabled refugees and asylum seekers chose to ask a relative to remain with them during the interviews and on seven occasions Keri Roberts accompanied the interviewer for training purposes. Sign language interpreters were also present at a number of interviews.

The participants

The first-language interviewers were asked to recruit adult disabled refugees or asylum seekers (aged over 18) from their own – Vietnamese, Somali, Tamil and Kurdish – communities. Anyone who identified themselves as disabled and who had a physical or sensory impairment, learning disability or chronic health problem was eligible to take part if they had arrived in this country as a refugee or asylum seeker. In total, 11 Vietnamese, 14 Somali, seven Tamil and four Kurdish people met the selection criteria and agreed to participate in the research. In addition, two disabled refugees and asylum seekers (one from Algeria and one from Rwanda) heard about the research and asked to participate. In both cases, it was agreed that they should be allowed to take part.

As research with refugees and asylum seekers often focuses on men, the first-language interviewers were asked to make a particular effort to recruit both men and women to the research. This proved to be a successful strategy and a total of 15 women and 23 men took part in the interviews. It should be noted, however, that none of the Kurdish participants were female, perhaps reflecting the fact that this was the only community for which we had been unable to recruit a female first-language interviewer.

The participants included adults of all ages. The youngest people to be interviewed were two 19-year-olds (one man and one woman), and three people over the age of 70 also took part (one man and two women). The participants included people in their 20s, 30s, 40s, 50s and 60s, and there was no distinguishable link between age and country of origin.

Physical impairments were the most common form of impairment experienced by those interviewed. Twenty people had physical impairments, six people had hearing impairments, three people had visual impairments and one person had mental health problems. Eight people experienced more than one type of impairment. The causes of the impairments ranged from torture and car accidents to infectious diseases, such as meningitis and polio, and chronic illnesses, such as diabetes, haemophilia, kidney disease and strokes. A few individuals, including some of those with sensory impairments, had been born with the impairment.

The immigration status held by the participants ranged from asylum seeker to UK citizen, reflecting all stages of the asylum process.

Although a minority of those interviewed lived alone, most of the respondents lived with at least one other member of their family. At least two of the women were single parents caring for their young children alone. One participant was homeless and a small number were living in temporary accommodation, but the majority (especially those who had refugee status or UK citizenship) had secured permanent housing.

The need for social and welfare services

Many disabled people require support in the form of social and welfare services and benefits to enable them to live independently. It is also widely recognised that refugees may require assistance as they learn to adapt to life in this country. However, to date, there has been little discussion relating to the specific needs of disabled refugees and asylum seekers. During the course of each interview, the participating disabled refugees and asylum seekers were given an opportunity to talk about their own needs in relation to social and welfare services. A number of key themes emerged, which are discussed below.

Personal care

As with many disabled people, disabled refugees and asylum seekers may require assistance to meet their own personal care needs. Difficulties when washing, dressing and making meals were common among those interviewed, although assistance with such tasks was rarely provided by external agencies. While some people continued to struggle alone, others found themselves reliant on close family members. As one young woman explained:

> "I have lived with my mother all my life; she helps me ... my mother cooks and helps to wash and dress me everyday ... I cannot cook or do anything by myself so I rely on my mother.… Once I tried to cook my lunch and I burnt myself and nearly set the house on fire." (Woman, aged 35, with mobility and dexterity impairments from polio[2])

For those individuals who lived alone, a daily visit from a relative or acquaintance was often the only way in which their personal care needs were met. One man explained that he was unable to cook or shop for himself due to multiple impairments sustained during torture, but that his nephew visited daily to provide assistance.

While personal care needs are not uncommon for disabled people, disabled refugees and asylum seekers appeared, in many cases, to be unaware that agencies (such as social services departments) can be approached for assistance – perhaps because such services are not available in their country of origin. As such, it is unsurprising that many of those interviewed had relatively low expectations of service providers. In other cases, although they were aware that personal care assistance might be available, the trauma and shame associated with impairments acquired through torture prevented individuals from seeking help. Perhaps surprisingly, the issue of stigmatisation was rarely mentioned by any of the respondents in any other context. It should also be noted that the standard and suitability of accommodation inhabited by many disabled refugees and asylum seekers in this study undoubtedly exacerbated their need for assistance with personal care tasks.

Isolation

Disabled refugees and asylum seekers can be extremely isolated, especially if they live in unsuitable accommodation and face barriers to getting out and about. Like any disabled person living in unsuitable accommodation, physical barriers such as stairs or non-functioning lifts can present insurmountable obstacles. However, the challenges associated with forced migration, such as separation from family, language difficulties

[2] We have included information provided on gender, age, impairment type and cause of impairment (in some cases a medical condition and in other cases an event) in Chapter 4 and elsewhere in the report because we believe it provides valuable contextual detail in which to understand respondents' comments. At the same time it does not compromise their anonymity.

and arrival in a country where they may know no one, compounds the degree of isolation experienced by disabled refugees and asylum seekers. The combination of physical access difficulties and the lack of an existing social network can result in almost total isolation, which is incredibly difficult to overcome. Many of those interviewed commented on the fact that they were rarely able to leave their homes and rarely met with anyone outside their immediate family. For those disabled refugees or asylum seekers who do not live near others from their country of origin, isolation can be particularly acute. As one woman explained:

> "When I became ill I stopped work and now just stay at home. We are the only Vietnamese family in this area." (Woman, aged 54, with severe arthritis)

For many disabled refugees and asylum seekers the fact that they cannot return to their country of origin is particularly pertinent, and this often leads them to feel that, although safe from persecution, the isolation they experience in Britain is inescapable. As one man explained:

> "To be honest with you if the situation in my country was changed I would not stay here five minutes.... You cannot believe that a free man cannot go out for a month!" (Man, aged 42, with visual impairment, kidney failure and diabetes)

The depth of distress at such isolation varied, although it was clear that some people felt that they were effectively prisoners – a particularly unwelcome analogy for those who had been imprisoned in their country of origin – and on occasion this was a contributing factor to deteriorating mental health. Although not universal, refugee community groups – particularly refugee disability groups – played a key role in overcoming isolation for some people.

Communication

Unmet communication needs were common among those interviewed and highlighted the importance of engaging first-language interviewers and providing sign language interpreters when seeking the views of disabled refugees and asylum seekers. While many of those interviewed were in need of 'English for speakers of other languages' training and despite a genuine desire to learn, few were attending classes at the time of their interview. Problems of physical inaccessibility, finding the money to pay for classes and even insufficient classes were mentioned.

For those individuals whose impairment had a direct impact on their communication skills, the difficulties were further pronounced. None of the deaf participants had known British Sign Language (BSL) before arriving in the UK and, although some of them did have a formal sign language (for example, Tamil Sign Language), others were struggling to communicate through a combination of gesture, 'family-specific' signs and lip reading of their first language. With a national shortage of interpreters fluent in BSL, access to interpreters familiar with other sign languages was particularly problematic, and there are few training courses for deaf people who wished to learn BSL through the medium of other sign languages.

The difficulties faced by disabled refugees and asylum seekers who have acquired communication impairments via brain injury also deserves recognition. Whether it be as a result of a head injury or a stroke, refugees and asylum seekers who were previously fluent in multiple languages sometimes found that their communication skills deteriorated and that they faced particular difficulties when attempting to re-learn language skills. As one man explained:

> "I understand what they say but it takes time for me to understand and answer, sometimes they don't understand what I am saying so I repeat until they understand me. I am trying to understand and speak again ... I used to speak English, Arabic, Persian, now I hardly speak Kurdish. I have forgotten how to speak – I even forgot how to speak my own language. So I have come to a conclusion to be alone, as mixing with people requires you to speak English." (Man, aged 45, with physical impairment, speech impairment and memory problems)

As this quote clearly demonstrates, when a disabled refugee experiences communication difficulties, the issue of isolation becomes pronounced; a factor which was also evident when talking to a young deaf woman who had

limited formal sign language. When asked to describe her week, she indicated:

> "housework, watched TV, cooking, helped my mum" (Deaf woman, aged 19)

Her father confirmed that she rarely left the house, did not attend college and had only recently met another deaf person despite having been in the UK since 1997.

Parenting role

Disabled refugees and asylum seekers may also be parents and have support needs in relation to their parenting role. For some, the enforced separation from their families (particularly common among those who were asylum seekers or had been granted ELR) was particularly hard to bear, especially if they did not know if their family was safe:

> "After I left I do not know their details, because of that I am mentally upset. I do not know what is happening with my family." (Man, aged 47, with a visual impairment sustained during a bomb attack on his home)

For others, a lack of money prevented them from telephoning home regularly despite appeals from their children to ring more often.

For those individuals who were fortunate enough to have their children with them in Britain, the difficulties were different, yet just as urgent. One single mother who experienced unpredictable epilepsy explained that she was afraid of falling when there was no one else around to help care for her two-year-old daughter. Although granted refugee status, she had yet to hear whether her husband and other children would be allowed to join her under family reunion rules. Another single mother of four young children explained:

> "I cannot cook for my children, iron their clothes and hoover the house, take them to school or any activity they like. It is hard for me to miss mother's role in the family. I need to be with my children and get help to do…. Being disabled is hard and it is on different levels, but as a mother I feel bad when I can't do what a mother's supposed to do." (Woman, aged 35, with physical impairments following brain surgery)

Her distress at feeling unable to care for the children far outweighed her feelings concerning the impact of impairment.

Accessing social services and welfare benefits

Although the disabled refugees and asylum seekers interviewed as part of this research clearly had a need for social services and welfare benefits, in many cases they were not receiving the support that would enable them to live independently.

Disabled refugees and asylum seekers with communication impairments faced particular difficulties when accessing or using services. In many cases, linguistic difficulties were overlooked by service providers. For instance, the single mother of four mentioned above explained:

> "I used to get a full package of care, but not any more and I don't know why. I have the same problems and my doctor confirmed this." (Woman, aged 35, with physical impairments following brain surgery)

Although the council had written to explain the change in service provision, the letter was in English and all attempts by the woman's friend to request information by telephone had been rebuffed due to 'confidentiality'. This left the woman (who did not speak or read English) unable to challenge the reduction in her service as she did not know the reasons for the change.

Many other examples of a lack of awareness of linguistic needs were discussed by the respondents, as were cases in which cultural and impairment-related needs were also overlooked by service providers. One case that illustrates many of these points is that of a 42-year-old man who has a visual impairment, and suffers from diabetes and kidney failure.

> "They called a car and they sent me here to live. The council gave the address to the minicab driver and they brought me here. They didn't tell me where I was going ... nothing. They used to give me frozen food

– ready meal – for six to eight months. After that it made me sick. I am still suffering now with that food.... I am a Muslim – I don't eat any meat – they sent me Halal food.... They send about enough for a month or 20 days and they put it in the freezer here and each day they give me two packs ... believe me, that made me sick. I stopped eating it. I told them, 'Don't buy it again. I am not going to eat it'. I stopped it. Friends I knew, they started bringing me food from their home." (Man, aged 42, with a visual impairment, kidney failure and diabetes)

It took eight months for this council to arrange to provide the man with cash that he could use to buy food that was suitable for both his religious and medical needs.

For other disabled refugees and asylum seekers, it was not difficulties in communicating with social services that prevented them from accessing services but, rather, a worrying lack of awareness of what might be available. As one woman explained:

"I do not ask for any service. I would like to, but I don't know what to request or how to initiate a request. I do not know who the service-providing agencies are. I'm disabled and sitting at home." (Woman, aged 72, with a physical impairment)

Such a lack of awareness was common and sometimes led to people missing out on benefits and support. In the most extreme cases, individuals missed out on decades of entitlements as the people they trusted to advise them on settling in Britain failed to tell them about the existence of disability-related benefits:

"The people who sponsored me should have told me that I could claim DLA, but they didn't tell me." (Man, aged 50, with a physical impairment following a broken leg)

The above respondent arrived in Britain in 1978 under a formal government scheme for accepting refugees from Vietnam. He only learnt about and successfully claimed Disability Living Allowance in 1999, having missed out on disability-related benefits for over 20 years.

Aspirations

Although not a focus of the interviews, a majority of those interviewed who were of working age spontaneously expressed a desire to find work or to undergo further education or training. One woman who had recently arrived in Britain explained that in Vietnam:

"I was unable to find work and no college would offer me the opportunity to study because of my disability.... I would love to go to college to learn English so I can fit better into this country." (Woman, aged 24, with a physical impairment post-chicken-pox)

The desire to continue learning and become economically active was extremely common among both the men and women. Quite apart from the financial disadvantages associated with living on benefits (or for asylum seekers, living on vouchers), for people who have lost their country, their family and much of their social networks, perhaps work takes on added meaning. Certainly, the importance placed on the desire by many disabled refugees and asylum seekers to find employment should not be underestimated:

"To me work is a necessity for life. If you are unable to work you feel there is something missing." (Kurdish man, aged 33, with multiple impairments resulting from torture)

Conclusion

The quotes in this chapter give an opportunity to begin to listen to the voices of some of the disabled refugees and asylum seekers currently living in Britain. Their experiences suggest that there are high levels of unmet need, often associated with their situation both as refugees or asylum seekers and as disabled people. Equally important, this material provides useful information about the barriers faced by disabled refugees and asylum seekers when attempting to access and utilise social services and welfare benefit provisions.

5

Listening to service providers

Introduction

In addition to talking directly to disabled refugees and asylum seekers, we were interested in service providers' experiences of supporting this group of clients. The two types of service-providing organisations expected to be most closely involved in providing social and welfare services to disabled refugees and asylum seekers are local authority social services departments (who have a duty to assess all disabled people, including disabled asylum seekers – see Chapter 2) and refugee reception assistant organisations.

The refugee reception assistant organisations were established following the 1999 Immigration and Asylum Act and take a central role in both implementing the dispersal of asylum seekers across the UK and supporting established refugees.

During the summer and autumn of 2001, 11 representatives from reception assistant organisations and seven people from various local authorities across Britain were interviewed. The interviews focused on experiences of supporting disabled refugees and asylum seekers, and the respondent's knowledge of refugees' and asylum seekers' entitlements to social and welfare services. Interviews were recorded with the permission of the respondents and either took place at the respondents' place of work or over the telephone. In addition, observational work was conducted at one of the reception assistant organisations. In all cases anonymity was assured.

Supporting disabled refugees and asylum seekers

Although the interviews involved people from two distinct types of organisation, the discussions raised a number of common key themes, which are discussed below. It should be noted that, while a small number of respondents had experience of supporting large numbers of disabled refugees and asylum seekers, workers based outside the key settlement areas of London and the South East of England had relatively little experience. While this, in part, reflected the numbers of disabled refugees and asylum seekers resident in those areas, it also results from limited disability awareness among refugee reception assistant organisations and social services asylum team members, and limited refugee awareness among disability team members working in social services departments.

Knowledge of entitlements

Knowledge of disabled refugees' and asylum seekers' entitlements to social and welfare services varied among the respondents, with none of the respondents being fully informed of all entitlements. Consequently, all the respondents appreciated an opportunity to discuss the possibilities for supporting disabled refugees and asylum seekers, and noted that participation in the research process provided them with useful additional information.

While the social services respondents were aware of their responsibility to assess all disabled people (irrespective of immigration status), they all commented on the implications of the *Westminster* ruling in relation to disabled asylum

seekers (see page 6). The *Westminster* case confirmed that local authorities have a duty of care for *disabled* asylum seekers, despite the fact that the 1999 Immigration and Asylum Act removed their duty towards *destitute* asylum seekers. However, among social services respondents, views varied on whether or not the ruling actually meant that disabled asylum seekers had to be offered services. This was frequently linked to the financial implications of providing services to this group of clients.

Among reception assistant organisation respondents there was a worrying variation in the level of knowledge about the entitlements of disabled refugees and asylum seekers. While one respondent was particularly well informed about entitlements for disabled people within refugee and asylum seeking communities, the majority of the other respondents had little awareness of the specific services that social services departments and NASS might be able to offer disabled people. This hindered their ability to advise disabled clients and placed them at a disadvantage when attempting to negotiate with both their local social services departments and NASS.

Service roles

All the respondents were offered an opportunity to discuss the role they played in offering services to disabled refugees and asylum seekers. In general, the respondents from reception assistant organisations described themselves as undertaking a signposting role for refugees and asylum seekers. As one respondent explained:

> "What we can offer as an organisation ourselves are limited because we're mainly an advice sort of agency.... We are the link between the asylum seeker/refugee and the service provider." (Reception assistant organisation)

As such, the staff within reception assistant organisations usually act as a 'clearing house' by referring refugees and asylum seekers to service providers, such as social services, housing providers and primary healthcare practitioners. It is clear, therefore, that, to be able to refer people effectively and to advocate on their behalf, reception assistant organisation staff need to have detailed and accurate information about disabled refugees' and asylum seekers' rights and entitlements to services.

By contrast, respondents from local authority social services departments generally saw themselves as offering a generic service, either for disabled people, or asylum seekers. The specialisation and compartmentalisation of social services teams meant that the specific needs of disabled refugees or asylum seekers often exceeded the area of expertise and responsibility of any one team within social services departments. The perceived high cost of meeting the needs of a disabled refugee or asylum seeker often led to questions about who should be responsible for meeting the costs of providing a service. As one respondent explained:

> "I'm reluctant to take on board cases that could cost this department ... £15,000 to £20,000 over a very short period of time.... Resources are tight all the way round, not just for asylum seekers." (Local authority social services department)

Although good practice did exist in both reception assistant organisations and local authority social services departments, in the worst cases a situation arose whereby the reception assistant organisations simply referred disabled clients to social services departments, and individual social services departments rejected their responsibilities towards the client, leaving the client unsupported for long periods of time.

Dispersal

The 1999 Immigration and Asylum Act instigated a process of dispersal for people claiming asylum in the UK, who require accommodation and subsistence support from the UK government. Housing is initially provided in emergency accommodation near the location at which support is claimed, followed by subsequent dispersal to areas distant from London and the South East of England. Accommodation in the dispersed areas is offered on a 'no choice' basis.

Discussions with the service providers highlighted a number of concerns about disabled asylum seekers' experiences of the dispersal system. These are noted below.

Although emergency accommodation is intended to be provided for only a limited period of time (approximately one week) before an individual is offered accommodation in a dispersal area, many respondents commented that disabled asylum seekers can become 'stuck' in the system and left in inappropriate emergency accommodation for long periods of time, sometimes several months. This situation often arose in cases in which the individual concerned had challenged the decision to disperse based on their impairment- or health-related needs. A number of the respondents felt that NASS did not have a set procedure for dealing with such requests from disabled asylum seekers and that, consequently, their cases were unresolved, leaving the individuals concerned 'lingering' in emergency accommodation.

For those disabled asylum seekers who were dispersed, the process of moving often proved to be particularly traumatic and sometimes led to delays in accessing both medical and social care. A respondent from a reception assistant organisation noted that practical difficulties encountered during relocation could be considerable for individuals who had mobility impairments. Asylum seekers are often provided with an address and a train or bus ticket and expected to make their way to their new home unescorted. For individuals with mobility impairments this was particularly difficult, as neither the local authority nor NASS were willing to pay for a personal assistant to accompany them on their journey across the country. The respondent noted that, on occasions, asylum seekers with mobility impairment made multiple attempts before a journey was successfully completed.

In other cases, while the move itself went smoothly, a lack of communication meant that local authority social services departments often received no forewarning that an individual with significant community care needs was moving into their area.

> "Where people with community care needs [are suddenly dispersed], no communication by NASS has been made to the receiving authority." (Local authority social services department)

Indeed, a number of the reception assistant workers commented that they did not know that someone was about to be moved until they appeared with their dispersal notification letter or in some cases until they received a 'phone call from the individual saying that they were now living in a new town. This situation left all the service providers struggling to ensure continuity of services.

Joint working

Given the respective roles of reception assistant organisations (signposting) and local authorities (community care services), it is clear that joint working between the two types of organisation is crucial to the success of any attempts to provide social and welfare services to disabled refugees and asylum seekers. Nevertheless, it appeared that relations were frequently strained between reception assistant organisations and local authorities on this issue. Where joint working was occurring, its success appeared to depend heavily on good personal relationships between key staff and a clear commitment to improving the conditions in which disabled refugees and asylum seekers lived.

Relations were more frequently strained when local authorities with limited budgets received increasing numbers of demands for community care assessments from disabled asylum seekers. In such circumstances, the local authorities began to rely on an interpretation of the law (contrary to the *Westminster* ruling) which placed responsibility for disabled asylum seekers purely on NASS. As one respondent from a reception assistant organisation explained:

> "The local health authority – we have established a good working relationship; it's superb. But unfortunately its not happening with social services. [They] told us ... if you are dealing with NASS then NASS will address all your problems." (Reception assistant organisation)

In other cases, local authority social services departments felt that the needs of the disabled people within their indigenous resident populations should come first and, thus, their relationships with the reception assistant organisations were strained. This was particularly the case in those areas of the country where refugees and asylum seekers are perceived by the public to be 'bogus' or economic migrants rather than people who have fled persecution.

Yet other local authority respondents felt that the reception assistant organisations were ill-placed to be involved in the dispersal system:

> "I do question the role of reception agencies. I think they've managed it better than the private sector could have done, but we feel there is a lot more that could be placed onto NASS." (Local authority social services department)

Opinions like this undoubtedly have a negative impact on opportunities for joint working.

NASS (National Asylum Support Service)

Reception assistant organisations and local authorities both experienced considerable difficulties when attempting to communicate with NASS about disabled asylum seekers. The flow of information was frequently flawed and respondents from both types of organisation believed that NASS failed to adequately recognise or address the needs of disabled asylum seekers. As one respondent from a reception assistant organisation noted:

> "If there's a problem and the case isn't straightforward it seems to get shelved by NASS ... it just seems, you know, well, someone puts it on the bottom of the pile." (Reception assistant organisation)

There was a common perception shared by staff in both reception assistant organisations and local authority social services departments that NASS did not know what to do with disabled asylum seekers, and consequently often did nothing. Many respondents questioned the efficacy of even attempting to contact NASS with impairment-related questions, as they felt that the delay encountered in receiving a reply often exacerbated the negative experience of disabled asylum seekers. For instance, people remained in temporary accommodation, sometimes for many months, while NASS considered whether the person had a valid case to defer dispersal.

The difficulties in communicating with NASS were frequently attributed to the lack of a regional structure within the organisation (NASS currently operates a centralised service from Croydon) and a lack of continuity at NASS in dealing with enquiries. A social services respondent explained that:

> "The problem is we don't have any particular people you can make links with in NASS ... so we haven't been able to do the networking which has enabled us to do good work in the past." (Local authority social services)

This respondent noted that, when dealing with outside agencies, the best way to facilitate joint working was to develop a relationship with a key person who could then develop a good understanding of the case. This proved to be impossible when working with NASS.

Community care issues

Knowledge of community care entitlements and the procedures for requesting an assessment from the local authority social services department varied greatly in reception assistant organisations. One respondent was particularly well informed and backed her requests to local authorities for community care assessments with threats of legal action if they failed to respond. She explained:

> "Sometimes social services department people are not sure whether they could take asylum seekers, so often we have to tell them their responsibility and quote legislations and all that, and then they become aware that, yes, it is their responsibility. Because [in] the social [services] – in all the local authorities – not everybody's aware about all this, everybody goes about doing their own thing. What about asylum seekers? Nothing to do with them! So it is our responsibility – those who are directly seeing them [asylum seekers] on a daily basis – to explain to people what their roles are, what their responsibilities are if we refer clients to them." (Reception assistant organisation)

Another reception assistant organisation worker noted that they had turned to a community care law firm for assistance in applying pressure on the local authority to carry out its legal obligations under community care law. Yet, other reception assistant organisation workers had very little knowledge of community care assessments or how to request them:

Q: "Are you aware of community care assessments?"

A: "Not exactly ... I usually refer them to their GP if it is health-related, for the GP to document, then I would refer this to NASS to provide the service." (Reception assistant organisation)

This suggests that some disabled asylum seekers may be missing out on community care services, as they are being directed purely down the medical route to service provision. While disabled asylum seekers, in common with all asylum seekers, need access to medical care, there is a danger that the lack of referral to social services departments will lead to an unnecessary medicalisation of their impairments and leave them unsupported in terms of personal care needs.

There was also considerable variation in the urgency with which local authority social services departments responded to requests for community care assessments from disabled refugees and asylum seekers. Some local authorities appreciated that disabled asylum seekers often live in unsuitable accommodation and have no or limited access to social or family support networks and thus viewed requests for community care assessments as particularly urgent. Others took the view that each request for a community care assessment should be dealt with strictly in chronological order or even that a community care assessment should not be carried out until the person had been dispersed. This sometimes left disabled asylum seekers without support for significant personal care needs for prolonged periods of time.

Even when a community care assessment had been carried out, this was no guarantee that services would be provided. As with all community care cases, the legal obligation is to conduct the assessment, rather than to provide services to meet identified needs. Thus, while some social services departments took the view that fees should be waived for services provided to destitute disabled asylum seekers, other authorities applied charges as normal, even in cases where it was clear that the client could not afford them.

The differences in the responses of local authorities to requests for community care assessments by disabled refugees and asylum seekers appeared to be closely linked to the numbers requesting help. In areas where there were large numbers of disabled asylum seekers, it was common to find resistance to carrying out assessments based on costs. As one reception assistant organisation worker noted:

> "[The] council is saying, 'we can't do anything'. I think they are getting huge bills for community care assessments and they say they can't manage." (Reception assistant organisation)

It appears that the local authorities experiencing these difficulties have been left to make their own decisions about how to address the financial implications of the sudden arrival of disabled refugees and asylum seekers in their catchment area. Indeed:

> "There has been no communication between the Home Office and the local authorities.... There is a lot of passing the parcel of cases like this [as] there is no clarity about whether that money can be reclaimed." (Local authority social services department)

The dispersal of asylum seekers across Britain has occurred without any apparent consideration of the resulting costs on social services departments in dispersal areas of the country. At present, there are no arrangements for reimbursing social services for providing services to disabled asylum seekers.

The role of voluntary refugee community and disability organisations

The degree to which reception assistant organisations turned to disability and refugee charities for assistance in meeting the needs of disabled refugees and asylum seekers varied considerably. While some workers did not mention this route of accessing support at all, others noted that such voluntary organisations had proved invaluable, as they were able to offer rapid support to disabled asylum seekers. Specifically, when working with a deaf family, one worker from a reception assistant organisation explained that, "We made connections with local Deaf groups" who offered specialised support to the family immediately. By comparison, local authorities were much less likely to draw on the expertise and knowledge of

voluntary refugee and disability organisations. As such, they denied disabled refugees and asylum seekers access to a potentially useful source of assistance, which would not be constrained by the bureaucracy associated with either local authority or NASS services and benefits.

Conclusion

The material discussed in this chapter provides an opportunity to listen to the views of service providers who are currently struggling to support disabled refugees and asylum seekers. Their experiences indicate that workers in this field have significant information needs, not only in terms of disabled refugees' and asylum seekers' needs and entitlements, but also in relation to how one another's organisations work. Additionally, the policy framework under which NASS operates clearly has a negative influence on the ability of both reception assistant organisations and local authority social services departments to address the needs of disabled asylum seekers. Thus, currently, although good practice exists in places, there are many ways in which services to disabled refugees and asylum seekers could be improved. Specific recommendations are put forward in the next chapter.

6

Conclusions and implications

Introduction

The needs, experiences and entitlements of disabled refugees and asylum seekers have not previously been considered in detail within a British setting. Drawing on both quantitative data about the numbers and social characteristics of disabled refugees and asylum seekers living in Britain, and qualitative data from individual disabled refugees and asylum seekers and the practitioners involved in supporting them, the research reported in this document sought to increase knowledge about disabled refugees and asylum seekers. As such, we hope that people working within the field will find that this document increases their knowledge about, and ability to provide services to, disabled refugees and asylum seekers living in Britain. This final chapter draws together the findings presented in this report and, specifically, highlights their implications both for practitioners working within the social care and refugee fields, and for policy makers working in government settings. It also suggests directions for future research.

Entitlements

The entitlement of disabled refugees and asylum seekers to social services and welfare benefits is a complicated issue. Rights are dependent on specific immigration status, and a detailed comprehension of the differences between, for instance, a refugee and an asylum seeker is needed in order to appreciate who is entitled to what. As such, inexperienced practitioners would be well advised to seek advice from community care lawyers with experience in this field. Nevertheless, it is possible to summarise entitlements.

Summary of entitlements

Refugees have a permanent right to remain in the UK, as the government has recognised that they fled genuine persecution in their country of origin. They have exactly the same entitlements to social services and welfare benefits as any other UK resident. This includes the right to a community care assessment from a local authority social services department and to disability benefits such as Disability Living Allowance. Certain benefits can also be backdated to when they applied for asylum.

People with ELR usually have the right to remain in the UK for at least four years, and may then apply for permanent settlement. The government grants this status to people when it believes it would be inhumane to return them to their country of origin. They have the same rights to social services and welfare benefits as UK citizens but cannot usually obtain permission for their family to join them in the UK. Benefits cannot be backdated to the date that they applied for asylum.

Asylum seekers have requested that the UK government considers their right to be recognised as refugees but are still awaiting a response. They have limited rights to social services, but disabled asylum seekers are entitled to a community care assessment as a disabled person (on which basis the local authority may decide to offer services to meet eligible assessed needs). Asylum seekers are not generally eligible for welfare benefits, but can be provided with accommodation and minimal financial support (currently £37.77 per week) from NASS. They are not allowed to choose where they live.

Numbers and social characteristics

Data on the prevalence of impairment among refugees and asylum seekers is extremely hard to find. There are currently no official sources of such data and few refugee or disability groups record systematically instances of impairment among the refugees or asylum seekers with whom they are in contact. Nevertheless, the quantitative survey conducted as part of this research project confirmed that there are thousands of disabled refugees and asylum seekers living in Britain. For example, information provided by 44 refugee community groups and disability organisations identified over 5,300 disabled refugees and asylum seekers with whom they were in contact at the time of participating in this study. Other estimates range from 3% to 10% of the entire population of refugees and asylum seekers. The need to incorporate impairment-related data into official demographic data sets relating to refugees and asylum seekers is clear.

Responses to the supplemental questionnaire and interviews with refugee organisations provided a useful insight into the characteristics of this population. Disabled refugees and asylum seekers are a diverse population from countries around the world. Generalisations are difficult to make as the respondents in this study varied in age (from 18 to 91), gender, impairment type, languages spoken and the length of time they had been living in Britain. This research has shown that the refugee and asylum seeking population includes disabled women and men of all ages who experience a wide range of impairments, some of which may have directly resulted from persecution. The incidence of impairments arising from torture or war injuries was particularly marked among the individuals known to some organisations (for example the Kurdish, Somali and Iraqi organisations). However, assumptions regarding the cause of impairments should not be made. Chronic ill health and conditions related to ageing and diabetes also appeared to be important causes of impairment in this population.

Listening to disabled refugees and asylum seekers

A total of 38 disabled refugees and asylum seekers took part in in-depth interviews, and shared their needs for and experience of accessing social and welfare services with the research team. Although each person had a different story to tell, common themes emerged from the interviews. Many people had unmet personal care needs and were struggling to cope in inappropriate and unsuitable housing. Isolation was a common experience, not only as a result of physical barriers to participating in everyday life, but also because of communication difficulties or separation from social and familial networks. Unmet communication needs were also prevalent. Accessing English lessons was difficult for some people, while others lost language skills following brain injuries and some struggled to acquire language skills through sign languages other than BSL. A lack of understanding of communication, cultural and linguistic issues on the part of service providers sometimes compounded the problems experienced. A number of the disabled refugees and asylum seekers participating in the research were parents, all of whom experienced support needs in relation to their parenting role. Relatively little support was available for this, and parental concerns for the welfare of their children was common, both when the child lived with the parent concerned and when the child and parent were separated. Access to social services and welfare benefits varied, but was often inadequate and difficult. In many cases there were long delays before appropriate services and benefits were accessed. Notwithstanding these challenges, the disabled refugees and asylum seekers interviewed for this research project demonstrated a high degree of resilience and resourcefulness when attempting to overcome the difficulties they faced. Few were content with the status quo and most had aspirations to improve their situation, often through seeking employment or further education.

Listening to service providers

A total of 18 representatives from refugee reception organisations and local authority social services departments were interviewed in the course of the research project. Their experiences of supporting disabled refugees and asylum seekers were enlightening. Knowledge about the population varied and particular gaps in knowledge were identified concerning entitlements to services and benefits, the different legal status held by refugees and asylum seekers and how one another's organisations operated. The provision of services could be improved if the staff involved had improved and up-to-date knowledge about the needs and entitlements of disabled refugees and asylum seekers.

The dispersal of asylum seekers across the UK is controversial. Notwithstanding the general concerns about the policy expressed by many commentators, this research showed that dispersal can be a particularly traumatic and disruptive experience for disabled asylum seekers who may have mobility impairments, communication difficulties and be struggling to negotiate community and healthcare systems.

The practice of joint working between refugee reception organisations and local authority social services departments varied greatly, yet, given their shared concern for disabled refugees and asylum seekers, and their complementary areas of expertise, this is an area in which developments should be pursued. A key barrier to such work is the lack of government support for the financial cost of supporting disabled asylum seekers from existing local authority budgets. Both types of organisation confirmed that NASS has not developed effective policies for dealing with impairment-related requests and suggest that disabled asylum seekers are sometimes sidelined within the asylum support system. Unfortunately, this situation is then often compounded, as knowledge of community care entitlements among reception assistant organisation workers and differing interpretations of the law by social services departments often resulted in long delays in accessing support. Finally, the potential for drawing on the skills of voluntary refugee or disability organisations should be noted, along with the fact that this is currently an under-used source of assistance for disabled refugees and asylum seekers.

Key recommendations for social care and refugee practitioners

Disability awareness and equality training should be provided for all employees and volunteers working in reception assistant organisations. This should be coupled with locally relevant information about how to request a community care assessment, and up-to-date knowledge about disability-related benefits and other available support. This is vital if reception assistant organisations are to succeed in their role of 'signposting' people to appropriate support.

Refugee awareness and race equality training should be provided for social services staff involved in community care assessments and service provision decisions.

Social services departments also need to be clear about the entitlements for assessments and support of disabled asylum seekers as well as refugees, and about the responsibilities placed on local authorities (see *Westminster* and subsequent rulings, discussed p 6).

Key staff within both social care and refugee reception organisations should be identified and equipped to take specific lead responsibility for disabled refugees and asylum seekers.

Agreed local policies and protocols for developing key working between reception assistant organisations and local authority social services departments should be developed.

Joint case conferences, involving both refugee reception organisation and social services staff, could be considered.

Disabled refugees and asylum seekers should be consulted about service developments and involved in regular reviews of services provided to disabled refugees and asylum seekers.

Refugee community groups and disability groups should actively seek funding to allow their staff to attend disability and race equality training courses, and to develop their knowledge of disability-related welfare benefits and refugees' and asylum seekers' entitlements for support.

Key recommendations for those providing housing to disabled refugees and asylum seekers

All staff working in the planned Induction Centres and Accommodation Centres should receive disability and race equality training and be equipped with up-to-date information on disability-related entitlements and procedures for accessing them.

Key personnel in Induction Centres and Accommodation Centres should be identified and be given responsibility for ensuring that impairment-related needs are met.

All housing providers should seek advice from disability organisations when faced with unfamiliar impairment-related requests.

Private housing providers involved in providing accommodation for disabled asylum seekers should provide disability and race equality training for their employees.

Social housing providers should take account of the combination of impairment-related needs and needs associated with belonging to a community in exile when considering applications for assistance for disabled refugees.

Key recommendations for policy makers and NASS

Data on levels and types of impairment should be collected and incorporated into official demographic data sources relating to refugees and asylum seekers.

All NASS staff dealing with applications for support should receive disability and race equality training and be fully equipped with up-to-date information about impairment- and chronic illness-related entitlements and how to access them.

Key NASS personnel with identified responsibility for cases in which there are non-standard or complicated support needs should be appointed and specially trained.

NASS support systems should be flexible enough to take specific account of impairment-related needs (for example, relating to dispersal, reporting mechanisms, and extra subsistence needs arising from impairment or chronic illness). Advice from disability experts should be sought where confirmation of a need is required.

NASS should establish clear procedures for applying for additional financial support for the extra costs associated with chronic ill health and impairments. Such extra subsistence should be available to disabled asylum seekers. These procedures should be communicated to local authorities, reception assistant organisations, and refugee and disability organisations.

Future developments in the asylum process and support services for both refugees and asylum seekers should specifically address the needs of disabled and chronically ill people.

Consideration and clarification of the responsibilities for meeting the financial costs of providing community care services to disabled asylum seekers is required. Currently, there is confusion among statutory service providers and considerable 'buck-passing' on this issue.

Conclusion

The research discussed in this report represents one of the first attempts to investigate the specific experiences of disabled refugees and asylum seekers living in Britain. While it undoubtedly increases the level of knowledge about this population, the researchers readily acknowledge its limitations and the need for further research and development work. Specifically, we recognise that disabled and chronically ill children and young people from refugee and asylum seeking communities were excluded from the research and acknowledge the need for additional training for practitioners working within the field. We therefore hope that researchers will in the future consider carrying out work which will:

- develop and build on the findings and ideas reported here;
- inform training and monitoring systems for practitioners working with disabled refugees and asylum seekers;
- develop information collection procedures for identifying disability, impairment and chronic illness within refugee and asylum seeking communities;
- expand the scope of the research to include disabled and chronically ill children and young people.

We are also particularly keen that both practitioners and policy makers recognise the need to take account of the research findings when developing their services and policies for refugees and asylum seekers. Certainly, within the context of the implementation of the 1995 Disability and Discrimination Act (due to be fully implemented by 2005), it should no longer be acceptable to develop services and policies for refugees and asylum seekers without taking due consideration of the needs of disabled people within these communities.

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Disabled Refugees and Asylum Seekers
What help is available?

NHS treatment:

All refugees and asylum seekers are entitled to register with a GP and receive NHS treatment. Help with prescription charges and other costs may also be available:

- Refugees and people with exceptional leave to remain can apply for help using a HC1 (SC) form available from chemists.
- Asylum seekers should receive a HC2 certificate direct from NASS

Difficulties registering with a GP?

Contact NHS Direct *on 0845 4647 for details of local agencies who can help.*

Social Services:

All disabled people, including refugees and asylum seekers, can ask their local authority social service department for a community care assessment of their needs.

- Refugees and people with exceptional leave to remain have the same rights as British citizens to social services, and may be offered help with personal care, domestic chores and aids and adaptations.
- Asylum seekers have fewer rights to social services, but may still get help if their needs arise from disability or chronic ill health (under the National Assistance Act 1948; upheld in the Westminster City Council V NASS court case in April 2001).

Need a community care assessment?

Contact your local Social Services Disability Team.

Welfare Benefits:

Refugees and people with exceptional leave to remain can apply for many disability related welfare benefits including

- Disability Living Allowance – for people aged 0 - 64
- Attendance Allowance – for people aged 65+
- Disabled Person's Tax Credit
- Income Support (disability premium)
- People who regularly spend 35 hours or more caring for a disabled person can also apply for Invalid Care Allowance.

Need help claiming welfare benefits?

Contact your local Job Centre Plus.

Asylum Seekers are not entitled to any disability related welfare benefits. They should ask NASS for help in meeting the extra costs associated with disability or health needs.

If you are a disabled person and in need of extra financial help from NASS?

Quote Schedule 8 Paragraph 3 of the Immigration and Asylum Act 1999. Note that it allows the Secretary of State to make extra payments to meet particular needs such as medical related needs.

Produced by "Disabled Refugees in Britain" research team, Social Policy Research Unit, University of York.

Working with disabled refugees

Copies of a workbook used during training workshops with social care and refugee practitioners – 'Working with disabled refugees' by Keri Roberts and Jennifer Harris – are available from the Social Policy Research Unit, University of York, price £3.50

Please contact Ruth Dowling on 01904 433608 or spruinfo@york.ac.uk

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Yasmin Hussain, Karl Atkin and Waqar Ahmad

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Ronny Flynn

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