






Disabled people in refugee and asylum-seeking communities in Britain

The presence of disabled people in refugee and asylum-seeking communities in Britain is frequently overlooked and information about their particular experiences is rarely available. Research conducted by Keri Roberts and Jennifer Harris of the University of York 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 amongst refugees and asylum seekers in Britain. In a survey for this study, 44 refugee community groups and disabled people's organisations identified 5,312 disabled refugees or asylum seekers known to them.
-  Unmet personal care needs, unsuitable housing and a lack of aids and equipment were common among the 38 disabled refugees and asylum seekers interviewed. Other themes were: a lack of knowledge about their entitlements or how to get a community care assessment, communication difficulties and extreme isolation.
-  Most workers in 'reception assistant' organisations lacked knowledge about the disability-related entitlements and needs of refugees and asylum seekers.
-  Service providers were critical of the government's dispersal policy and its lack of consideration of the needs of disabled people who are seeking asylum.
-  The researchers identified an acute need for improved joint working between reception assistant organisations, local authority social services departments and the National Asylum Support Service (NASS). With few exceptions, relations between these key agencies seemed very strained, arising from:
 - unclear policies and procedures and lack of named contacts equipped to handle enquiries about disabled asylum seekers, especially in NASS;
 - considerable confusion in and across agencies about responsibilities for financing community care packages and suitable housing;
 - overstretched social services resources, which sometimes meant the needs of disabled refugees and asylum seekers were seen as less pressing than those of other disabled people in the locality.

Introduction

The last decade has seen a massive rise in the numbers of people seeking asylum in Britain. Over the same period, recognition of the multiple sources of disadvantage and discrimination experienced by disabled people from minority ethnic communities has increased. Yet awareness of the presence of disabled people within refugee and asylum-seeking communities has remained low. Against a backdrop of ongoing legislative changes the 'Disabled refugees in Britain' research project sought to review the social and welfare entitlements of disabled refugees and asylum seekers; investigate their numbers, needs and experiences in accessing social and welfare services; and also investigate service providers' experiences of supporting disabled people from refugee and asylum-seeking communities.

Entitlements to social services and welfare benefits

The Immigration and Asylum Act 1999 led to changes to asylum seekers' entitlements to social services and welfare benefits. In addition to reducing asylum seekers' entitlements, the changes led to considerable confusion regarding the rights of people at all stages of the asylum process. Focusing on disabled people, the researchers reviewed entitlements and confirmed that refugees and people with exceptional leave to remain have the same entitlements to disability-related benefits and services as other disabled people. Asylum seekers cannot claim disability-related benefits but, in common with all disabled people, they can request a community care assessment from local authority social services. The local authority then determines what needs may be eligible for services, what services (if any) they will provide, and whether to charge the individual for services used.

Numbers and social characteristics

There is no official source of data on the prevalence of impairment amongst refugees and asylum seekers living in Britain. Estimates range from 3 per cent to 10 per cent of the total population of refugees and asylum seekers. An initial survey responded to by 101 refugee community groups and disabled people's organisations identified 5,312 disabled refugees and asylum seekers known to 44 organisations.

Demographic data on 111 disabled people from refugee and asylum-seeking communities known to 13 community groups confirmed they are a diverse

population in terms of gender, country of origin, age, immigration status and type and cause of impairment.

One Kurdish organisation interviewed for the study was in touch with 120 disabled refugees or asylum seekers, mostly male, aged between 20 and 45 years old and with physical impairments arising from torture. Others, including a small number of women, had acquired impairments through combat or as civilian casualties injured by bullets, mines or bombs. In contrast, a Vietnamese organisation was in contact with around 65 disabled refugees, mostly women, with 80 per cent aged over 50 and impairments arising from ageing and chronic illness. Among those known to some organisations, experience of multiple impairments (e.g. both physical impairments and mental health difficulties) appeared common.

Listening to disabled refugees and asylum seekers

First-language interviewers talked to 38 disabled people from six countries during the course of this research. The participants ranged in age from 19 to over 70 and included 15 women and 23 men. Those interviewed had a variety of impairments including physical, hearing, visual, mental health and multiple impairments. All had originally applied for asylum in the UK, although many now had British citizenship, refugee status, or exceptional leave to remain.

Unmet personal care and domestic assistance needs (e.g. washing, dressing, making meals) were common and few people were aware that social services might be able to assist with such tasks. These needs were often exacerbated by problems with inadequate housing and a lack of aids and adaptations. Several interviewees (including two disabled women raising young children on their own) reported great anxiety about the lack of practical assistance available for essential parenting roles.

A lack of knowledge about entitlements and of how to negotiate social services and benefits systems led to individuals missing out on benefits and services, sometimes for decades. A Vietnamese man had been part of an official refugee programme, but no one told him about Disability Living Allowance. As a result, he missed out on 22 years of disability-related benefits. A Somali woman described her current situation:

"I do not ask for any services, 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."

Communication difficulties were common. Accessing English classes for speakers of other languages frequently proved difficult, not only for financial reasons but also due to a lack of impairment-related access. None of the deaf participants knew British Sign Language (BSL) prior to their arrival and there are very few training courses available for people who have to learn BSL through other sign languages. One young deaf woman had very limited communication as a result. Her father confirmed that she rarely left the house, had not been able to access a sign language course, and had only recently met another deaf person despite having been in the UK since 1997. Support for people who experienced language difficulties as a result of brain damage was also lacking.

The combination of disabling barriers and lack of social networks sometimes led to extreme isolation. Many interviewees mentioned that they rarely left their home or had visitors. One commented that his life in exile provided sanctuary from persecution, yet felt like a prison sentence due to the isolation he experienced as a disabled person.

Listening to service providers

Lack of knowledge

Most service providers were unfamiliar with the full range of entitlements of disabled people within refugee and asylum-seeking communities. The study interviewed one respondent in a reception assistant organisation who was particularly well informed about the legal requirement on local authorities to do community care assessments for disabled asylum seekers and refugees. Most workers, though, had very little knowledge of community care assessments. This hindered their ability to act as effective advocates and signposts for disabled clients.

Strained relations and financial disputes

Reception assistant organisations and local authority social services departments frequently encountered difficulties working with each other and with the National Asylum Support Service (NASS).

The question of financial responsibility for meeting the needs of this group of clients was a major source of contention, resulting in strained

relations between agencies. 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. Recent court rulings (e.g. Westminster City Council v NASS, April 2001) which have established that local authorities have responsibilities for meeting the needs of disabled asylum seekers appeared to have added to the confusion rather than clarified matters. In the words of a social services officer in one local authority:

"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 [for care packages] can be reclaimed."

Although there was some good practice, in the worst cases reception assistant organisations simply referred disabled clients to social services, and social services departments rejected their responsibilities towards the client, leaving the disabled person unsupported for long periods of time.

Dispersal and NASS

Criticism of the government's dispersal policy for asylum seekers was common, particularly with regard to its lack of consideration for the needs of disabled people, as was criticism of NASS. Several people felt that NASS did not have a set procedure for dealing with requests from disabled asylum seekers and that consequently their cases were unresolved. This was made worse by the lack of continuity at NASS in dealing with enquiries and the lack of named people who were equipped to respond to enquiries about disabled asylum seekers.

Implications for policy and practice

Based on these findings, the researchers recommend:

- Impairment-related data 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 full disability and race equality training.
- Key personnel – in NASS, reception assistant organisations and social services – with identified responsibility for cases in which there are non-standard or complicated support needs should be appointed and specially trained.

- There should be clarification of NASS responsibilities and procedures, and of local authority responsibilities, for the specific needs of disabled asylum seekers that arise from impairment or chronic illness (e.g. with regard to dispersal, accommodation, applying for additional financial support for extra impairment-related costs).
- There needs to be disability equality training for those working with refugee and asylum-seeking communities and training to increase professionals' knowledge about entitlements for disabled people in refugee and asylum-seeking communities.
- 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.
- The issue of responsibility for meeting the financial costs of providing community care services to disabled asylum seekers requires due consideration and clarification.

Conclusion

Disabled people in refugee and asylum-seeking communities frequently experienced great hardship. Considerable confusion about the responsibilities of different agencies and NASS, a lack of co-ordinated information and service provision, and gaps in professional knowledge on disability-related entitlements increased the difficulties experienced by disabled people in refugee and asylum-seeking communities.

About the project

Keri Roberts and Jennifer Harris of the Social Policy Research Unit carried out the research in collaboration with the Refugee Council. It was jointly funded by the National Lottery Charities Board and the Joseph Rowntree Foundation. The research involved a review of entitlements, a questionnaire survey of refugee community groups and disabled people's organisations, and qualitative interviews with 38 disabled people from refugee and asylum-seeking communities and with 18 representatives from reception assistant organisations and social service departments.

How to get further information

The full report, **Disabled people in refugee and asylum seeking communities** by Keri Roberts and Jennifer Harris, is published for the Foundation by The Policy Press as part of the Social Care: Race and Ethnicity series (ISBN 1 86134 479 1, price £11.95).