

FOCUS GROUPS WITH REFUGEES: REPORT TO THE WELSH REFUGEE COUNCIL

Terry Threadgold and Sadie Clifford

CARDIFF SCHOOL OF JOURNALISM, MEDIA AND
CULTURAL STUDIES

Research Team

The research was carried out by Terry Threadgold (project co-ordinator), Sadie Clifford (lead research assistant), Vanessa Bucolli, Selina Moyo, and Amira Bakhiet, with assistance from Pierrot Ngardi, and Ibrahim Harbi.

Introduction

Researching Refugees in Wales

The exact number of refugees in Wales is unknown, because statistics are not kept on individuals once they have been granted leave to remain. However, the Welsh Local Authorities Consortium for Refugees and Asylum Seekers (WLACRAS) does keep statistics on asylum seekers at dispersal. For the months of October and November 2005, at the end of the period when this research work was carried out, the numbers of asylum seekers in the four dispersal areas of Cardiff, Newport, Swansea and Wrexham, followed by its percentage of the total number were estimated to be:

	Cardiff	Newport	Swansea	Wrexham
OCT 05	1080 (40.4%)	545 (20.4%)	1001 (37.4%)	48 (1.8%)
NOV 05	1008 (43.5%)	360 (15.5%)	905 (39%)	44 (1.9%)

WLACRAS have produced a series of tables and graphs for this report showing the nationalities and the numbers of dispersed asylum seekers from August 2003 - November 2005. These are attached in Appendix 2.

We have included these figures because they appear to be the only statistical evidence we have of the likely make-up of the refugee population in Wales.

The absence of any regular mapping of those granted refugee status and deciding to remain in Wales is a real issue for work like this which would ideally be representative of the refugee population. Representativeness is however difficult to achieve when there is no accurate statistical information on the population to be researched. The lack of statistics is also a serious issue for the making of policy in this area. It is clearly very difficult to plan for, to resource adequately, or to manage refugee inclusion, when the size and make-up of the population to be 'included' is not accurately known.

Methodology

We have attempted in the relatively short time available for this research to access as representative a sample as possible. We have relied on a network of contacts in the

refugee sector and a snowballing technique to access as many refugees as possible in the main dispersal areas, across different national groups, and including men, women, children, disabled, traumatised and older refugees.

The majority of focus groups were moderated by Sadie Clifford and Terry Threadgold. We were greatly assisted in this process by Vanessa Bucolli, Selina Moyo, Amira Bakhiet, Ibrahim Harbi and Pierrot Ngadi, all of whom helped to set up focus groups and to moderate or interpret for them. Their participation was part of an active process of inclusion of refugees in the research process. All assisted with the construction of the focus group questions which were also discussed by the Welsh Assembly Government project steering group. Sian Thomas provided invaluable advice on working with children and Steve Maddern on traumatised asylum seekers.

All participants were asked to sign an ethics form, which was translated as required, explaining the purposes of the research, and guaranteeing anonymity. They were also asked to supply demographic details on a separate form. These are analysed below. All adult participants were paid travel expenses to enable them to participate. Interpreters were used wherever necessary.

Many of the focus groups were small, 3-4 participants. The largest were of 8-10 participants. Individual interviews were carried out as appropriate.

Participants - Breakdown by City

	Number of Respondents	% of Total Respondents	Number of Focus Groups
Cardiff	91	(66.4%)	26
Swansea	17	(12.4%)	3
Newport	16	(11.7%)	3
Wrexham	13	(9.5%)	3

Because inclusion needs to begin on day one of the asylum process, we also carried out focus groups with long term and homeless asylum seekers. Many of these groups also spoke openly of being traumatised. We did not access many older refugees, perhaps because of the way people cease to identify as 'refugees' after they have status and have lived here for long periods. Accessing disabled and traumatised refugees was not easy in the time available but we did speak with some. We also

sought advice from refugee community organisations and community leaders and we interviewed and carried out focus groups with them.

As many focus groups and interviews as possible were transcribed in the time available. Where this was not possible, we listened to the tapes and recorded patterns of response and transcribed quotes as evidence manually. All recorded material will be transcribed before the project ends.

Approach to Writing this Report.

Lacking the right to vote and often stereotyped by the national press, refugees (except those from the Commonwealth) have little voice in British society. The Welsh Assembly Government's aim to produce a refugee inclusion policy requires as a first step that that refugee voice be heard. This report therefore avoids editorialising as much as possible. There is of course interpretation involved in the selection and organisation of the evidence. Otherwise the aim is, as far as possible, to present the ideas, hopes, fears and beliefs of refugees in Wales in their own words.

Demography and Representativeness

The total number of focus group respondents and interviewees is 137. The following paragraph assesses all the meaningful demographic percentiles for this group (dependent on whether the survey question was answered by the respondent).

67 (48.9%) respondents are male, 70 (51.1%) are female. The most common age range are 26-35 and 36-50 years old for men (22 respondents, 16% in each category) and for women, 26-35 years (28 respondents, 20.4%). This concurs with IPPR's most recent research on new migration, (Kyambi 2005), but contradicts the stereotypical 19-25 years age range of the media image of the refugee, which applied to only 21 (15.8%) of our respondents. The project also encompassed minors under 18 (17, 12.4%), of whom the youngest was 5 years old. 3 (2.2%) were between 5-10 years old, and 14 (10.5%) between 11-18 years. Older people were less accessible, but still represented (4 respondents, 3.1%, were over 51 years).

Our respondents also challenged the media image of the refugee as single and male; 80 (58.4%) are married or cohabiting, and of those married/cohabiting 69 (50.4%) have children. Of the 49 (35.8%) of single refugees in our sample, only 7 (5.1%) have children. However, the qualitative analysis reveals that these figures hide the real circumstances of many refugees. Many female respondents, for example the Somali women, are effectively single mothers, because their husbands are still in their country of origin. 32 married respondents (40.5%) did not live with their spouses, 20 (62.5%) of whom were women. Of the 49 (35.8%) single adult refugees, 22 (55%) do not live with their family.

Two respondents (1.5%) were disabled. One (0.7%) was medically recognised (and treated) as having been traumatised. However, as the section on mental health shows, a great deal of evidence of trauma, including torture, emerged in the general focus groups. These individuals have not been treated.

Amongst our group, there were 31 different nationalities. 8 people (6%) claimed to be British, although only 2 respondents (1.6%) were born in the UK. British is the third most common nationality claimed by these focus group participants. Respondents were also asked what country they had left before arriving in Wales; 32 different countries were cited. England was not one of them, yet the qualitative research revealed that some had first arrived in England. The focus groups revealed mixed conceptualisations of the specificity of England and Wales under the 'British' umbrella. The most common is Somalia (28 – 22.4%), the second most common Sudan (16 – 12.8%) and the third D.R Congo (12 – 9.6%). In line with this, the largest national group is Somalis (34 – 25.4%), followed by joint second most frequent, Sudanese and Congolese, both at 14 (10.4%). There were 10 nationalities represented by just one person each.

The question 'what is your ethnicity?' elicited 25 different answers. Some were also nationalities, such as Somali, Yemeni and Iraqi. Other ethnic identities include Hutu, Bantou and Kiyaruwanda. Some depended on colour, such as 'white' and 'black', others were based on continents, e.g., 'European' or 'African'. One respondent wrote 'Black Welsh', though no other respondent claimed a Welsh identity. The most common ethnicity given is 'Black African' (20 people – 18%).

The second most common is 'African', 18 respondents (16.2%), the third most common is 'Somali' – 14 respondents (12.6%). There was a range of up to 3 different ethnicities and 2 different nationalities claimed, revealing the existence of 'hyphenated identities', which were further exhibited in the qualitative work.

The most common length of time to have lived in the UK by our respondents is 3-5 years (70 people, 51.9%), the same as the most common length of time lived in Wales (55 people, 45.8%). 42 (30.7%) had lived in the UK for less than 2 years, and 54 (39.4%) had lived in Wales for that length of time. For both categories, the duration range 0-2 years is the second most common answer. For the question pertaining to Wales, the least frequent answer was 16-25 years, which was given by no-one at all. However 2 (1.7%) respondents had lived in Wales for between 26-50 years. If 'long-term' is defined as more than 10 years, 9 people (6.6%) have lived in the UK long-term, and 4 (2.9%) are long term residents in Wales.

The responses to the question on level of formal education is also instructive. 13.1% of our sample were in primary school, 25.4% in secondary school, 23.1% engaged in further education, 16.9% completing a higher degree and 16.2% involved in postgraduate education. The areas being studied (14b) are remarkably diverse and only 5.4% of our sample had no formal education. These are also figures which radically challenge the media myths about refugees and asylum seekers.

In our sample, Cardiff is somewhat over-represented. It was more difficult to access refugees in the other areas in the time available. However, there is considerable evidence from the focus groups themselves that the major issues are common to all dispersal areas and major urban areas in Wales and do not differ greatly across nationalities.

Appendix 2 contains the full analysis of demographic information. Demographic details are also given at the beginning of sections of this report where relevant.

Section 1. Language, Communication and Information.

There are a total of 32 different first languages amongst the sample, and considerable language ability. 18 respondents (13.1%) answered that they have 2 first languages, 2 (1.5%) said they have 3 and 6 people (4.5%) claimed 4 first languages. Despite this language diversity, there are some commonalities; the largest groups of speakers are Somali (27.5%); Arabic (16%) and French (12.2%). Respondents were asked to rate their English and Welsh language ability (both writing and speaking) according to the scale 'fluent/good/basic/cannot'. Only 6 people (4.4%) rated themselves as unable to speak any English, however a further 41 (29.9%) claimed only 'basic' speaking ability. 43 people (31.4%) rated their speech as 'good' and 47 (34.3%) considered themselves to be 'fluent'. Nine of these, however, have English as their first language, so 38 (27.7%) have achieved fluency in English as a second or other language (ESOL). Personal ratings for the writing of English show slightly less confidence; 38.4% rate themselves at the lower half of the scale, and 61.6% at the upper half. There are no 'fluent' or 'good' ratings for either speaking or writing Welsh, and the percentage of those who answer 'cannot' is 92.4% and 95.5% respectively.

ESOL

English as a Second or Other Language (ESOL) is by far the most common type of learning currently undertaken. Of the 29 respondents taking ESOL lessons, 15 (51.7%) are Somali. The next largest group is Afghan, of whom 4 (13.8%) are learning ESOL. There appears to be considerable need amongst the Somali community, of whom 3 (8.8%) 'cannot' speak any English, and 20 (58.8%) rate their ability as 'basic'.

The focus group participants recognised the importance of learning English for several reasons. Firstly for integration – 'to feel free and integrate fully, you must have the language' (FG 28). There is a clear will to learn English for integration; Translator: 'she says I would like to learn the language and I would like to mix with people. She says I have got a problem, you know I do not speak English at the moment' (FG 6). Respondents also noted that English is vital for employment -

‘first get the language, then get the job’ (FG 8). It is clear that employers think this is the case even for low-paid work; Translator: ‘[she says] for cleaning, why does she need English’ (FG 30). There is also evidence that work continues to provide impetus to improve on basic English skills - ‘every job you do you must write, now I am trying to writing better because is 2 years, 3 years I work there, I don’t write properly, I want to write properly like I write French, I write Portuguese, but the English, it come slowly’ (FG 17). Finally respondents also pointed out that accessing services can be made problematic without language skills – Translator: ‘she says language is a big barrier, if you do sort of understand the language you could be accessing [other services], you have that confidence to access, but when you are not very confident and you don’t speak the language, there is a problem’ (FG 6).

Refugees have informal methods of learning English, which can be very effective, such as - ‘I watch TV, news, documentaries, quiz shows’ (FG 1). However, other groups pointed out that as asylum seekers, they were prevented from using this resource by NASS, who have even removed televisions from properties (FG 17, FG 29). Another method is via friends, although this requires connection to a local bilingual population such as the Somalis in Cardiff – Translator: ‘she’s actually asked other Somalis, what do you say?’ (FG 7). Furthermore, the workplace can be an English-learning experience – ‘I go to school [at work] because I talk with the customers, its very good’ (FG 30).

Many, although not all, refugees have taken advantage of ESOL lessons whilst asylum seekers. The positive aspects of this method of learning English cited by respondents are that the lessons are free and the teachers are kind (FG 29, FG 15). However, some respondents feel that the method of teaching English in English is not an appropriate one, and would rather have lessons in their own language (FG 32, FG 16).

There are problems in accessing learning. The first problem for access is poverty - Translator: ‘the problem with this lady is she has to obviously go to school and educate herself now and so does her husband, they both can’t, they can’t afford to pay the bus’ (FG 10). Poverty and social isolation also prevent mothers of pre-school children from getting the child-care they need to attend classes – Translator: ‘it’s

quite impossible for her to go to school, she had one letter delivered in her house to say there were some English classes going on but because he's only that young [a baby] she can't leave him and she doesn't know anybody else [to babysit]'. Poverty also creates the need to work long and, if necessary, unsocial hours which prevents respondents improving their language skills – 'I go to ESOL classes, and now I want [more], but I don't have time, I work...I get up at four' (FG 30). A final problem for some is a limit on the number of hours that classes are available; four hours a week is not enough, they say (FG 28).

Respondents also have issues which prevent them from taking full advantage of any ESOL lessons that they are able to access. Older respondents find language-learning difficult - 'its easier for the kids' (FG 32). The Employability Forum (2004: v) notes that 'current ESOL provision is seldom appropriate for learners from professional backgrounds'. Our focus group participants with a professional background support this view – 'a qualified person, leaving him, because of the system restrictions, with the others, who are really starting learning the language is de-motivating for him or for her' (FG 11). Psychological problems cause difficulties in learning, and these are widespread amongst respondents (as we will be shown later). This response came from a long-term asylum seeker group, who have not received a decision from the Home Office after two to five years – Translator: 'She said each and every one of us obviously we've been here long enough to know the language, but when you have other worries and other issues, and you're not mentally settled here, then you have other priorities, learning the language doesn't obviously come first' (FG 10).

Children and parents are happy with the English Language teaching in schools, for example this parent – 'I must say they get a lot of help' (FG 24). A secondary school-aged respondent says 'EAL is like helping the people who came from different countries with their English, and they help me with my coursework' (FG 25). However, children are strongly motivated to learn English by the threat of bullying - 'I have really problem...with my daughter and high school, because she doesn't speak English...there was really really pressure, they put too much pressure on her, the children in school, there was fighting and she had her leg broken, she was in hospital' (FG 30) The need to make friends is also a motivating factor - 'I didn't

know how to speak English properly when I first came here so I used to keep on saying what, what do you mean? So it was quite hard but I kept on going and now I'm OK to speak to them and make friends' (FG 25).

A further example of good practice exists in a scheme which benefited members of the new EU accession countries (who had previously been asylum seekers). The translator explains: 'there is a...scheme at the Parade...to go into the schools, and the family joins the children. These two [respondents] visited the primary school with their children, it is one hour every Monday, she stayed in the class with her son, she use English and have a really big advantage than what they had. It is better to extend this scheme, I think it is a very important scheme, and we have for all the accession states at the Parade'

Language is a marker of identity and in this context, of difference. Adult respondents have also noted that proficiency in English is not equivalent to integration - 'they pick you up from the language, when you speak, your accent, they notice that this one is not one of us' (FG 17). As it is an identity issue, political manoeuvring around it can make refugees feel threatened – 'even David Blunkett, the Minister of the Home Office, one day he tried to suggest some law or policy to not allow people to speak their own language at home...they have no right...in my home, I have a right to speak my language' (FG 1)

Translation

Respondents give an overall picture of a patchy translation service. For some, this has not been experienced as problematic, such as in the following exchange;

Respondent 1: The main issue was English...but by the time we came there was an interpreter, helping us out, and everything...

Interviewer: 'But have you had interpreters wherever you have needed them?'

Respondent 2: Yes, when we have needed them they have'.

Interviewer: 'How about the housing department?'

Respondent 3: 'They go with me, so like. Now my mum goes and she will understand'.

Interviewer: 'But in the beginning, you had to be there?'

Respondent 3: 'It was me' (FG 4).

The third respondent in this conversation was the son of the family who at the time of arrival, when he translated at the housing department and other social services, was of secondary school age.

In the health field, there is similar patchiness of provision - 'she used to have translation when she was pregnant, but after having the baby she dealt with everything herself' (FG 7). In this piece of transcript, the translator adds evidence of her own (in brackets):

Translator: 'She says the GP won't provide the services...She says they always tell her to go and get somebody or wait until somebody just comes. (It's very true, that's serious and it's really not taken on board. I know, I have got a friend and she doesn't speak English and her daughter is always going with her to the GP. I think it's too much for the child to hear) (FG 6).

Another woman giving birth was not only denied interpretation services but also attacked for her inability to speak English:

Translator: 'there was nobody there to translate, unless she brought someone out...they kept asking her why she didn't do the language, she was not in the right state, she was actually learning at the same time she was evicted from the property so she had other worries on her mind' (FG 10).

This lady was given an operation under general anaesthetic without giving her informed consent:

Translator: 'she said she had a gallbladder operation, there was nobody to interpret for her or translate, and they were asking her all these questions and she said I just signed the paper, she said I don't even know if my kidneys are missing or anything, I don't know what I signed' (FG 35)

This uneven provision of interpretation services leads some refugees to feel that full access to services is not their right, but in the gift of the frontline staff member they happen to encounter:

'The LanguageLine, sometimes they use it and sometimes they don't use...the person who receive you, if he is happy with you he can help you, if he is not happy he [says] no no no, you go and find an interpreter' (FG 17)

However, there may be worse places in the UK for translation in the field of health. One woman gave birth in Birmingham:

‘it was a lot more difficult in Birmingham than in Cardiff, she had no translation, she used to ask and beg people to come with her to the doctors, at that time she didn’t speak any English whatsoever so it was very very difficult for her’ (FG 7).

There are more problematic issues with interpretation where legal issues are concerned. For example:

‘When I visit my solicitor, then the problem was I didn’t get any translator, because all the people I knew at that time were working, everybody was busy, so it was so difficult to get a translator, and just 10 days to reply, so I found somebody from my family, but the problem was, his English was not good enough to translate, he really did a good job for me but I felt that because of his limitations of his language, he didn’t make everything correct, he didn’t translate everything, so just I get refused, but part of the refusal, I think it was because of the translation’ (FG 9).

Even more seriously, allegations of deliberate mistranslation by interpreters at Home Office interviews are alleged by this respondent. He was able to speak English, but the eldest of the family, who did not, became the main applicant and an interpreter was provided:

‘there was a lady who usually asked the questions, she asked a question, there’s always an interpreter here, he translates in a different way. So every time he catches you out, you know, she asked you a blatant question, where you came from, and he asks you, just makes sure you say something wrong so as soon as she writes it down you’re gone’. This respondent believes that this problem is due to inter-tribal tensions in Somalia – ‘its all about the tribes and things, ok, it happened in Somalia, but people here still speak about it, still confront each other’ (FG 18).

This is a common story in relation to such interviews and is evidenced several times in focus groups. A related issue is the failure of providers of translation services to ensure that translators speak the same dialect as the client who needs translation.

Cardiff Council’s own Draft Ethnic Minority Housing Strategy 2004-09, *Accommodating Diversity throughout Cardiff* subscribes to LanguageLine and claims that ‘all service areas are encouraged to use this. In addition, Adult Services operate

an internal translation and interpretation service that is available to service areas' (Cardiff Council 2004:4). The evidence above demonstrates a clear failure to respond to this 'encouragement'. These public services are failing in their civic duty towards members of a disadvantaged section of the community in not fulfilling their own recommendations, in not utilising the range of linguistic expertise available in refugee communities, and in not training frontline staff to recognise and appreciate linguistic difference and capacity.

One example of good practice here is the WAG funding of an interpretation course to be taught by Lifelong Learning at Cardiff University with the aim of training refugees to give appropriate support to their communities. The course is already fully subscribed and should have started in September. Sadly the funding has not yet been forthcoming and course participants have been deferred and disappointed.

Information

Respondents have spoken of the need for accurate information on a range of issues. There are examples of good practice here; the group quoted here is discussing the absence of information about housing after leaving NASS accommodation upon the accession of their home country to the EU:

'all the Czech people they don't know what to do, because everyone they ask came out from the houses, so this all people need help so everyone go to [a council support worker], she was really helping us at that time' (FG 30).

The Welsh Refugee Council is also referred to by refugees as a place of advice - 'the Refugee Council, they gave us advice, on how to help us...they were understanding' (FG 18).

Other respondents found accessing accurate information difficult, particularly in the early days:

'you don't know the system, you are coming in this country, no-one is telling you, in this country we doing this, we doing that, you are just entered straight away in the system' (FG 17).

This confusion contrasts with the happy experience of a refugee whose uncle was already settled in the UK and, as a solicitor, understood the system. He describes his asylum process as ‘calm... simple...it didn’t take long at all actually’ (FG 18).

Although the context of arrival was also different in 1996, this evidence suggests that accurate knowledge can smooth over a difficult process. Some refugees do rely on family and friends, and more established BME communities for information - ‘if one knows a bit more than another, they all help out’ (FG 10):

I went straight towards where the Somalis were, just asking people, as soon as I went there, they took me to the advice centre...and they advised me really where to go to’ (FG 18).

However, relying on family and friends may not guarantee reliable information,

‘settling was the headache, because we didn’t know how to go about things, basically the only family we had here was just one...and they didn’t know where they were, they knew the mosque and home, they didn’t know anywhere else’ (FG 18).

Another focus group describes the consequences of a lack of information:

‘people, and especially people from ethnic groups, they weren’t actually told their rights, they don’t know their rights, they live in kind of poor conditions and they don’t know what to do about it’ (FG 9).

‘I spend most of my time alone in my home...I can do nothing because I know nothing’(FG 29).

The research team has been asked for information, usually on specific instances, usually after the focus group is ended. One example of the specific type of information sought is in the field of employment:

‘I am an infant and child nurse. I want to go back to work in a hospital, but it is very difficult to find the right person who knows if my qualifications are acceptable or not, its very hard’ (FG 30).

The transition period (the 28 days an asylum seeker has to leave NASS accommodation when granted leave to remain) is a time of acute need for fast, accurate information. However, this is precisely the time when NASS support is withdrawn:

‘I kept calling my case worker at NASS and he kept saying I can’t help you, go and find your own support worker’ (FG 9).

‘There is no other help, they just give you your status, everything stops because you were used to something and it stops, and you have got to get your new life, which is the most important life than the first one, so you have no-one to help you, you can’t find any help, if you ask for help they say oh we are sorry we’re here to help asylum seekers...you have a lot of things to do, a lot of paperwork...so you need help on that days, for the beginning, and you need financial help too’ (FG 23). Another focus group member agrees - ‘no information on where you can really go to get that help, if they give a guy a package before you starting looking for work...you are entitled to this or you are entitled to that, you have no knowledge of where you can go to get help...because is only when you get to know people and then they will say you know you can do this and you can do that, why the council can’t do that in the first place, you know, give you information on what you are entitled to get or what process you have to go through to reach that stage where you’re just like everybody else’ (FG 23).

Refugees have found considerable ignorance amongst the host population, for example:

when I came here, I try to interview people, do you know the Congo? They say oh, where is the Congo, what are you talking? (Pierot Ngadi, director, Voice of the Congo).

‘When they ask me, where you come from, Sudan, they’ll be like, where’s that? They don’t know a thing about geography’ (FG 26).

Some refugees discuss the way in which ignorance is linked to racism and anti-refugeeism:

‘those Welsh people, they never meet a black person, they never meet a refugee...because sometime they don’t watch news...sometimes they don’t know where is London, where there is a mix of culture, so if you meet someone like that in Wales, how can you explain, how can you teach him, the way he is going to watch you when you pass in the street, is got to teach him another way’.

A woman asks:

‘why is not any knowledge, public need to know where it [asylum seekers’ money] come from, every penny’ (FG 22)

Host ignorance can be a considerable problem when dealing with institutions which are not flexible enough:

‘I had gigantic problems with the agency, they keep calling me now and again and say for example, you didn’t put your postcode for Somalia, you know, what’s the door number for Somalia? We didn’t have a door at all, we were nomads!’ (FG 9).

‘Even those cards, that they ask, identity – the Congo don’t have identity since Mobutu left’ (Pierot Ngadi, director, Voice of the Congo).

Section 1. Recommendations.

- Assembly Government to work in partnership with RCOs and other agencies (e.g., housing provides, WLACRAS) to produce accurate statistics on refugee numbers and locations for policy purposes. These should be gender sensitive.
- Refugees require better information on a range of issues crucial to their integration and inclusion. Better statistics on who and where they are is a first step in knowing how to provide this. The development of further strategies should be carried out in partnership with RCOS, WRC and other relevant agencies.
- Capitalise on the rich linguistic resources available in refugee communities by capacity building of RCOs to provide language support for new arrivals in their own mother tongue, and providing professional interpreting training for refugees to ensure adequate, sensitive and accurate translation.
- Review current interpretation and translation practices and ensure that public services at least actually make use of what is available and know that they should do this.
- Review the provision of ESOL in partnership with RCOS and others, to ensure that provision takes account of differences in ability and where possible uses support workers who speak community languages to support beginners who struggle with classes entirely in English.
- Find ways of supporting refugees to pay travel and childcare costs to enable them to attend English classes.

- Provide training and information for frontline service workers on refugee issues (history, geography and policy changes) and on their responsibilities towards refugee clients.
- Work in partnership with RCOs and others to facilitate encounters between refugees and ‘host’ populations which encourage mutual understanding, provide information in both directions and work to counter racism and prejudice.

Section 2. Building Strong Communities

The task of achieving integration, even when it is redefined as inclusion, still tends to fall on the refugee not on the ‘host’ community. There are broadly three populations who need to be involved in integration/inclusion – the white ‘host’ population, the existing BME communities and refugees. This section examines the possibilities for building strong bridges between communities, beginning with refugees’ experiences of racism, anti-refugeeism and Islamophobia. It is important to note that the white non-Muslim female members of the research team may not have managed to elicit all the information there is on these issues. As a white focus group participant pointed out:

‘I haven’t any problem just because I am look like English people, I have a lot of friends who are different colour, different culture, always telling me they suffer, they was telling me very open because I am same, I am asylum seeker, they can’t tell you [the researcher] very open because they think you embarrassed or scared to make you upset’ (FG 22).

Integration, Prejudice and Identity

The most serious personal experiences of bigotry and hatred amongst the refugees who participated in this research are physical attacks on property and people, although fortunately these are limited in number:

Translator: 'she said on Bonfire Night we had the egg and fireworks through the letter box...we don't know who they are' (FG 35).

'They vandalised three cars of mine, totally, and one was put on fire...one guy used to come to my place, 5 o'clock in the morning, that I have parked in the wrong way' (FG 23).

(The latter incident took place in Wrexham and the former in Newport.) A white host community banded together in the following example to reject the black refugee:

I've seen someone, who was offered a property, before he entered that property, he came just to visit, and the people [neighbours] say no, you not here, no you can't stay here and all of them they call each other, they stand in the street, shouting to that guy' (FG 17).

"Small-scale" prejudice, of which there are numerous examples, is an everyday occurrence for non-whites. This black man feels that 'when you doing something, you feel like someone's behind you, someone looking after you...someone watching you, generally' (FG 17). Black respondents in Wrexham experience racism whilst going about their normal business:

'in some shops or something, they way they reply you, you can see it in the body language, in the eyes' (FG 29);

'they show it by expressions on their faces, people see you coming they might cross the road go on the other side, you go to the store, they give you the change, they want to chuck it in your hand' (FG 23).

Another black man feels that 'white people believe that black people are stupid' (FG 16). Anti-refugeeism also occurs in Cardiff, as indicated by this white woman:

'this man was telling me I just hate all this asylum seeker, come for our country, he is self-employer, some painting, decorating, [he says] I am hard-working, paying all taxes and this asylum seeker sitting like big house, free, everything, he didn't know I am asylum seeker so he was talking with me very open...he was very angry, aggressive' (FG 22).

The word 'refugee' is a problem as this black participant explains:

'I feel like it is a word when you go to say to people I am a refugee so people watch you and treat you another way, they forgot you are human being, person, you can touch and can speak, so they is like, no you are refugee, stay down there, don't come over' (FG 16).

Another says that ‘even people who know you, who have been friends, when you tell them you are an asylum seeker, they don’t phone you any more’ (FG 11).

There is much more evidence of these feelings and experiences of daily refugeeism across the focus groups. However, some refugees (less than have mentioned experiencing small scale prejudice in the focus groups) have not experienced problems: Translator: ‘there are some who have been the victim of racism, but according to himself, there’s nothing’ (FG 17). Another says: Translator: ‘I have never had this experience [racism] with Welsh people, that’s why everytime he prays that God bless these people’ (FG 13). A Muslim woman in Cardiff says: ‘I don’t think so there is a problem, I live in here four year and a half, and everytime I wear the hijab, and nobody tell me, nobody shout me’ (FG 22).

Some refugees adopt an attitude towards integration similar to that of the police (according to Forest and Kearns 2000); that the absence of overt prejudice (disorder) equals positive integration. For example; ‘you can be with them on the train, the bus, and no bad things going to happen’ (FG 13):

‘Here, people seem friendly, they just say hello, you know, they have smiley faces, I don’t know but to make friends with them, I don’t know how far I can go because they wouldn’t let me, it could be because of my colour, you know, or where I came from, all those things’ (FG 29).

A black Muslim women at first claimed she got on well with her neighbours in a mixed area of Cardiff, but this exchange ensued when she was probed about the extent of co-operation between herself and her white neighbours:

Interviewer: ‘Can you borrow sugar from these neighbours?’

Translator: ‘She said they are good neighbours but she never had any experience with that, she didn’t ask them anything and they’re just greeting each other’ (FG 20).

There was a range of language ability in the research sample, and understandably many did not understand the term “integration”. Some of those who were familiar with the word – mainly refugee community organisation leaders – argued that its meaning was unclear. They recognise it as a term emerging from policy-makers, and ask that these people define it more clearly for them:

‘what [does] the Welsh government mean by integration? They should define how they want people to integrate with society...they should come forward and explain, we want you, you come in this country, I want you to be this, that, and give the opportunity’ (FG 17).

Yet even where the task of integration is broadly understood as essentially making friends with members of other (host) communities, some refugees feel there are barriers on their part to fulfilling its requirements, as this exchange shows:

Interviewer: ‘do you have any contact with the Welsh through societies, through associations, through events?’

Respondent: ‘ah, that is integration. To be honest, not about Welsh but I got a psychological barrier to whom don’t speak my own language, I can’t fully integrate, even if somebody speaks Arabic, and is not my accent, my Sudanese accent, I can’t fully integrate, I don’t know, is it a problem inside me, I don’t know’ (FG 1).

It is notable that the word inclusion is not used at all. This evidence suggests that the Welsh Assembly Government needs to be very clear about what integration and inclusion mean and to be very clear about what it is that refugees are meant to integrate into. It is entirely reasonable that refugees might be anxious about integration/inclusion if it suggests assimilation and should feel that:

‘I don’t want to change my family, my culture in here, I just keep my language and my culture as well and my children...they want to keep my language, culture, religion, everything’ (FG 22).

Facing prejudice based on skin colour and immigration status, many say that:

‘my best friends are from my country because I feel already safe and secure and we share ideas and views, mostly with refugees and asylum seekers’ (FG 16).

Interestingly, the refugee doctors’ group has a professional identity which transcends nationality:

‘most of them [friends] coming from the medical background, if we want to speak about the nationality I can speak about 15 different nationalities, between Welsh, English, Scottish, Irish and Indian doctors, Pakistani, who are working with us in the hospitals’ (FG 24).

This suggests very strongly, as does the evidence on education below, that employment or profession helps to build ‘communities of interest’ which are both inclusive and integrative.

Aspects of white Welsh culture on the other hand can be barriers to integration/inclusion, especially for Muslims, who do not wish to drink alcohol or to meet in mixed gender groups. This Somali woman arrived in Wales at the age of two years:

‘obviously, growing up in this country I have had a lot of Welsh friends, don’t really see them much now, but I do mix with a lot of the Somali community as well, because obviously we have a lot in common...being British has got a set of values and a way of life, and being a Muslim has got its own set and way of life, now our values contradict the British way of life in certain aspects, there are certain things about being British you don’t want to be part of, it goes against our Islamic values, that’s why I can’t call myself a British Muslim’ (FG 9).

This is echoed by a recent arrival:

‘if you be a practising Muslim, there is a big barrier between you and the community here, because lifestyle is very different...even I am confused, what is integration they talking about...any immigrant, he work, he pay tax, he do anything as a British one, what’s integration mean – they want him to go as a Muslim to the pub, to drink?’ (FG 1).

However, whilst the majority of focus group participants consider support from a community with which they identify to be very important, whether that community is based on nationality, language or profession, it is important not to overlook isolated examples of counter-evidence. This Yemeni woman in Cardiff says:

‘if you have more friends from your country, sometimes you get much more problems, most of the time I live alone with my kids and in Yemeni culture they don’t accept these things, so that’s why I’m a little bit away from Yemeni community and Yemeni culture. I know the way they think so just because of that’ (FG 32).

The evidence in these examples shows very clearly how difficult the question of integration/inclusion actually is. In many cases initial integration is into a ‘host’ minority community but not always. Meanwhile the majority community, which policy assumes to be the ‘host’ is not always a place people want to be and does not know it is seen as a ‘problem’.

There are positive examples of refugees freely mixing with a variety of nationalities, including white Welsh. Work and education are identified as key places in which to meet members of other communities;

‘my best friends are 50/50 white people as well because I am going to school..if I am not at the school, my own people are my best friends’ (FG 16);

‘for me the Welsh people is a good man. I work with them’ (FG 17).

Another place experienced positively in terms of integration is, according to this Iranian woman :

‘actually one of the best place in Wrexham that I have been there was library, they knew that we are asylum seeker but they were very polite, very helpful, you know, and very nice really’ (FG 29).

Others express a sense of belonging in Wales:

‘maybe we were dispersed, not by our choice, but by the government policy, this is the place where we are calling home, because this is the place where we find our friends, this is the place where we are working, this is the place where we are doing what we can do’ (FG 11).

Finally, many refugees recognise that both inclusion and integration should involve a two-way process as the most effective way of building strong communities. This would require that the white Welsh community, currently the least integrated with, or included in, refugee communities, make efforts to approach them. This Congolese man says:

‘we need to feel like we are at home, but how? Is not for us to force white people to treat us as friend, no. I don’t know why, because black people didn’t offend any white people in this way, black people didn’t insult or abuse or attack any white people in this way, white people should change their mind to treat us like friend’ (FG 16).

These two long-term refugees (who arrived in Wales as young children) identify succinctly the core problem with white discourses around integration:

Respondent 1: ‘I think integration is a two-way system, most of when people talk about integration, it kind of implies that it’s our fault, as an ethnic group, we’re not integrating into the society’.

Respondent 2: 'I think we need to get them [the British] to integrate with us'.

Media

All refugees who use British media point out that it is predominantly negative towards them. They blame the media for promoting anti-refugeeism amongst the majority host population:

'we feel that the media are to blame for publishing negative representations of refugees and they do not treat people equally or tell the public why refugees are here' (FG 12). 'My neighbour's boys ask my son, is that right that you foreigner just get car here free, you don't pay taxes?...all things is not their fault, it is the media's fault' (FG 24).

'They make us to be enemies of the people' (FG 15).

Media reports can also cause unnecessary fear for refugees:

'they keep saying the immigrants, they don't integrate, they keep their life, they speak their own language, even David Blunkett, the Minister of the Home Office, one day he tried to suggest some law or policy not allow people to speak their own language at home...they have no right...in my home, I have a right to speak my language' (FG 1).

The anxious exchange below testifies to the vulnerability of refugees and asylum seekers to media announcements:

Respondent 1: 'but I listen to news, me...immigration, today he say will back'

Respondent 2: 'everybody is going to back'

Respondent 1: 'today'

Respondent 3: 'today?'

Respondent 2: 'today'

Respondent 1: 'secretary of state, innit'.

Interviewer: What did he say?

Translator: 'They said that on the news, they said they will deport everybody that don't have any status here' (FG 20).

One response is to reject the UK media: 'the media does not say the truth so we rely on our own channels of information' (FG 12). When researchers entered respondents' homes, it was common to find non-British channels on television, via satellite. This choice strengthens trans-national identities, but risks compromising the extent of the refugee's knowledge and understanding about British culture. Although transnational links are everywhere evidenced among our focus groups, the media representation of these issues also has something to answer for here in weakening the desire to integrate or be included.

Others also look to the media for a solution to the problem of ignorance amongst the host population about immigration issues:

'newspaper and some maybe television supposed to explain in very simple way where it come from money' (FG 22);

'here, the local community doesn't accept the asylum seekers, they have the wrong ideas about asylum seekers. Because the common man, he doesn't even know the difference between an asylum seeker and an illegal immigrant. So the awareness should be done, by the Assembly, by us as a community, by the media, should raise the awareness of the people themselves' (FG 11)

The July bombings in London

Some refugees felt that in the aftermath of the 7/7 bombings in London, the media acted irresponsibly: 'after the bombing, when they [the media] say, oh this refugee spent 10 years with tax blah blah blah, he got ten thousand pound a year, and they lie' (FG 16). Another says:

'Somalis are being recognised in Cardiff and before they never used to be. We were being seen as black, but now we are being known as Somali, and the media plays their part as well...like women sitting in a GP surgery, people have said comments to them and really looked at them and even in the streets people have had comments made' (FG 6)

One Eritrean refugee, a former soldier, had a unique response to the event:

I see some people they hate me, but they are right...if they make bomb in my country, any people from foreign, I am angry isn't it, of course...I am angry that they make bomb, I can't explain, I don't eat food one day, two day in my home, I am angry because they died some young people' (FG 29)

Some refugees experienced Islamophobic incidents in the aftermath of the bombing, particularly Muslim women, whose hijabs made their religious identity apparent. The worst of these incidents as directly experienced by focus group participants is revealed in this exchange:

Translator: 'she said, after the London event, one white guy followed her and said bad words to her and talked badly about Muslims and he went following her for a long way'.

Interviewer: 'what did you do?'

Respondent: 'nothing, I am not doing anything because I am alone and I have 2 children, I can't do anything, only I listen'.

Interviewer: 'did you call the police?' 'no, because...'

Translator: 'she said she was coming from Lidl and the road was empty and she was frightened by him and then she just tried to walk quickly to go to the main road to feel safe among people and when she reached Splott Road where there were many people, he left' (FG 20).

Others had heard of physical attacks - 'some lady, in Grangetown, they pulled her scarf...I didn't see, they just told me' (FG 22).

There was an increase in fear amongst Muslim women who wear the hijab;

‘even going to the city centre, we’d go in pairs...suddenly now your identity as a Muslim was straightaway recognised, the way we look and the way we dress, we just became visible on July 7th’ (FG 9).

A son says of his family:

‘since the 7th of July, nothing has happened, but my mum is scared and everything. And when she watches television she is scared, but us the boys and my dad we are cool’ (FG 4).

However, this fear appears to be fading:

‘after this...bomb in London some people is bad looking about the asylum seeker...I know, I feeling...you know some person have got hijab or some kind, is bad looking, that’s it...now is I think so is back, is normal’ (FG 22);

‘my mum thought that all the white people will start to turn against Somalis and thinking they had something to do with it’

Interviewer: ‘did they?’

Respondent: ‘No, nothing like that’ (FG 31).

Policing

Experiences of the police by refugees in Wales fall into three categories. There are positive experiences, in which the refugee has been helped by police, or compares them favourably to the police in their home countries. The second category is that where police have apparently been unable to help when asked for help. The third category of experiences is where the police are perceived to have acted in a racist or anti-refugeeist manner.

The woman in the following account suffered a dangerous attack from her neighbour, a drug dealer, but was rescued by police:

Translator: ‘he broke the door and came into the house and then she called the police, she had reported [it] before...and that’s why when she reported this time, they came in two minutes, 2 police cars from different directions, and they took him and they told her that he was drunk and they told her just because he was single...he thought he could come and spend time with her, and then they changed the lock’ (FG 20).

Another woman found that; 'I used to go to sign every week, we had to go, and they were very kind, very polite' (FG 29), whilst a third teaches her child that British police are benign:

'I remember when my child just see the police, oh, police!, I say no, don't worry, police here have different meaning, in my country police means security, and security is not for you, for government and against you, but here police means he does help you' (FG 24).

In the following account the police apparently failed to respond a request for help:

I have got neighbour – sorry to swear – but he says go back home you fucking black bastard...I did report it to the police, but nothing has been done...they said yes we are going to sort you out, we're going to talk to him...but its like nothing has been done...he has been doing like that for...like about three months' (FG 3).

The director of the refugee community organisation, "Voice of the Congo", Pierot Ngadi, invited the police to provide information for his group:

'my idea was to invite Amnesty International to invite the police community officer...those people will meet Congolese in Cardiff, in Swansea, in Newport, they will explain how it works here, how the law works, what they should do, but they refuse'.

Finally, there are some serious complaints levelled against more than one Welsh police force. This group in Swansea had an unusually high number of negative encounters with police;

'people assume you are a criminal, even the police themselves do that...they stop me all the time, they just stop me for nothing, they just look at me and ask me to stop' (FG 3);

'especially if you are standing next to a car, the police are always going to come, they start asking you, hello, is that your car. And you thinking no, we are just standing there. And they will end up saying please can you go and stand somewhere else because the owner will think you want to break into their car, its ridiculous, you know' (FG 3);

'you know sometimes when you go to the train station and you are waiting for someone to come there, you can't stand three or four people there for more than half an hour, for you see police coming to ask you what you are doing there' (FG 3).

This focus group of black men in Wrexham also seemed to have a large number of complaints:

‘when I first came here in Wrexham, just they phoned the police, the police came to me and asked me who are you...and I showed them my papers and the like and they say people saying there’s a stranger’.

One man, whose car was vandalised on many occasions said that he had called the police:

‘at first when they heard the accent is not from here, they took 3 hours, then my neighbour, she’s a lady, she’s called [anonymised Welsh/English name], she spoke to them they took 5 minutes, because of the accent’.

This man asserts that:

‘the north Wales police are very racial...they stopped me and my girlfriend...instead of the police came and ask questions, they come and arrest her without asking anything, you know just come and try to embarrass her in the place, when she reached the police [station] and they get to find out what happened they let her go...they were very nasty to her’ (FG 23).

The most serious allegation relates to an incident in Cardiff, where there have been few other complaints by respondents against the police. Whilst the passage of evidence is rather long, it is given here in detail as it contains some grave charges:

‘When my ex-husband threw out me from Adamscourt, I went with [anonymised daughter’s name] to pick up some our stuff and clothes...behind me come two officers, policemen, telling me I am illegal immigrant and I have to go to police station...[Daughter] starts crying, they put me in handles [handcuffs] I ask please don’t do it because [daughter] was scared, she was only 6 year old...they took us to Fairwater police station...I ask may I make one phone call, they said no...so me with [daughter] spend night in the cell, and [daughter] was crying, she was shaking, you know it was so stressful for her, and next morning she wake up early in the morning ask, mummy where are we, are we still in prison, yes [daughter], we still in prison, but [anonymised friend’s name] will sort it out. [Friend] phoned to my solicitor and about two o’clock they say sorry, it was mistake, just, you can go home, just a mistake, they say sorry, just go. [Daughter] was so scared, about few months, when police car come, she grab me oh, mummy they for us? I think it is not right to put 6, 7-year old child in cell for through night...after this night she’s so changed, she starts scared and be nervous’ (FG 22).

Representation and the Franchise

There does not appear to be a great deal of concern amongst refugees that they are unable to vote (unless they are from a Commonwealth country) without citizenship. There is commonly confusion and ignorance when focus groups are asked if they can vote. A few are against the idea: 'I don't want to [vote]...my religion do not allow to participate in politics' (FG 29); 'I don't understand and I don't like this politics. I watch the news but I don't understand [the system]' (FG 30).

Those who would like to be enfranchised have a variety of reasons. One believes it to be a matter of principle:

'if someone is from a country which is a member of the Commonwealth, they don't have this barrier, they have access to this right. Why I have to suffer because my country was not colonised?' (FG 11).

Another finds his non-appearance on the electoral roll to be a practical disadvantage;

'it affect my life because I can't get a visa in my bank because I am not vote. But I work, I need the money like everybody get a visa card. If I want to pay the ticket...by internet...I work, they give me money every month, but I can't get the visa card' (FG 17).

Finally, a mother does not want the right for herself but for her child;

'she learn politics in St. David's College, she is very angry, why I am not voting because maybe the young people they know what they want and maybe the old politicians don't know what they want and they talking about this, it must to the young people give vote...she is dreaming sometimes, if we are voting, we voting the very good politician' (FG 22).

However, despite the general lack of interest in voting, there is some awareness of and consultation with Members of Parliament, with mixed results. These refugees are trying to appeal against Home Office decisions against them:

'sometime we go to the MP, we tell them, the MP try to wrote to the Home Office, but we are still waiting' (FG 13);

‘I am going to Alan Michael and nothing, only just to send the letter [to] the Home Office, they coming back the end, the Home Office the letter, you are going home’ (FG 20);

Translator: ‘she went to my local MP, they said they advise her to leave the country, and if she doesn’t want to leave they’ll have to force her to leave’ (FG 35).

In other areas, however, refugees have found MPs helpful:

Translator: ‘she said I’ve been taking no money for 2 years, and I have a child as well, I wasn’t getting anything...through the MP fighting NASS he managed to get my money’ (FG 35).

Another got assistance with a housing problem:

‘I went to see my MP, this Johns, he was Labour, Newport Rd...he contacted the people who were responsible for me...they tried to find a solution for me...and really I succeeded (FG 21)

Religion

Religion is more important to this sample of refugees in Wales than to the wider UK population. Whereas 15.5% said that they had no religion in the 2001 census, only 3.6% (5 respondents) answered ‘no’ to the survey question, ‘do you have a religion?’ Thus in this sample, 132 people - 96.4% - are religious. Religion is important to those who answered that they did have one. In answer to the question ‘do you practise your religion,’ 109 respondents (83.2%) said yes and only 22 (16.8%) said no.

In this context, in cases where poverty prevents respondents from attending their place of worship, it is a serious matter. A council house tenant says: ‘I was given a house in Ely, and the house was very far from the [Somali] community, there were absolutely no mosques’ (FG 9). This Somali woman in Newport is also disadvantaged - Translator: ‘she said I take vouchers, I can’t even catch the bus [to get to the mosque]’ (FG 35). A lack of English has prevented one respondent from fully accessing her religious service of choice, although she does not express particular

concern: ‘we just pray in our language, even though the ceremony is in English’ (FG 30).

Some reserve their place of worship for that purpose alone, i.e.; ‘mosque is for praying, not for socialising’ (FG 24). However, many others gain support networks there - ‘the priest is very supportive of her friend’ (FG 30); and ‘you see most of them [friends] in the mosques well’ (FG 31). For the destitute asylum seekers in the next quote, their church is a lifeline: Translator: ‘sometime I go to a friend...or go to the church and I can sleep’ (FG 13); Translator: ‘some people in the church try to give us what we can survive with’ (FG 13).

In Wrexham, one of the two drop-in centres for asylum seekers and refugees is a Methodist church, however Muslim refugees and asylum seekers attend regularly. Places of worship can be spaces for integration and inclusion; one marriage was even contracted from a meeting between a white female refugee volunteer support group worker and a black male asylum seeker at a church in Wrexham. Another church in Cardiff is described as ‘mixed black and white’ (FG 13).

Voluntary and Refugee Community Organisations

The research team investigated the involvement of refugees in volunteer work as well as gathering evidence and opinion from leaders of refugee community organisations. Amongst the former population, volunteering is generally seen as beneficial, both for that individual and for the people s/he helps. Some examples include:

‘I had to go and take pills for anti-depression, so I went to my children’s school...and I was offered something to do and it was very good for me because it helped me to build my self-confidence, and it was helpful for the school because I trained 14 children for Arabic GCSE, and they got 7 A*(star)’s’ (FG 11).

‘I was so depressed and so alone, but when I heard one of the ladies...she told me you can come to DPIA and study...I just thought I found my home’ (FG 24).

‘I’m the vice-chairman of the DPIA...I need to give some time for them, simply because they expect me and I am in better situation than them and I have no problems so I should help them to see the way and give advice’ (FG 24).

Not only does volunteering assist with personal growth and improve the lives of others, it can also promote integration:

‘to practise English and make some friends, I come to Whitchurch hospital and ask for some voluntary work...it help very much because people start talking to me, asking you whats the matter, why are coming to this country, you know you explain situation, same to Home Office, and everybody say, oh if I will be like officer of Home Office I will give you leave to remain straight away’ (FG 22).

Another woman says:

‘I am volunteering with Women Connect First, and there are many Indians, Pakistanis, Jamaicans, Sudanese, Somalis, and Egyptians...I have made many friends with my neighbours and they are very good. And I feel very safe, when I work here, and I also integrated with many different and they are very good and I feel very happy to stay here’ (FG 5).

A member of the Sudanese community in Cardiff says that:

‘we got here in our community many educated people and many are not even refugees and they have lived here for a long time, so they know how to deal with these issues and they tell each other. And because the community has connections, so this helps. You know having communities, this really helps’ (FG 5).

In contrast, the lack of a volunteer community organisation can cause hardship and refugees without this resource express a desire to create it for themselves. This Afghan family in Cardiff feels isolated because ‘no- one is from our city like Harach’, and other Afghans have formed a community which excludes women and children:

Translator: ‘there is one community for Afghans in Cardiff, it came on recently. But it just like they have no rights to say it, because they have strict orders. They want to get women involved. To be members of this community they say no, they want to make activities, they say no, so that’s why they want to start [another community]’ (FG 5).

A group of Somali women in Newport met each other for the first time at our focus group. One said:

Translator: ‘since living in Newport I’ve found it very difficult because they don’t have any people from their own community who can work for them, there’s no women here in Newport to help them and support them, they’re unable to express their concerns and issues’ (FG 35).

Despite this, they already had a clear idea of what they wanted to do about it:

Translator: ‘a lot of these ladies have negative decisions, we’d like to get together and have one voice...they’re messing around with our lives, [for] a very long time, even if they want to return us back, its best knowing what they want to do with us’ (FG 35).

Yet these women believe that they have been banned from working voluntarily by the Home Office:

Translator: ‘she said we wanted to work voluntarily, just to learn the language, one day a week, we’re not even allowed to do that, they’re not allowed to work, its the Home Office’ (FG 35).

The Cymru Refugee Academic Council recommend instead that due to its power to improve individual lives and to promote integration, volunteer work should not be restricted, saying; ‘open the volunteering chances, not just a specified sector’ (such as only mentoring for refugees and asylum seekers). It suggests that:

‘you find in the asylum seeking communities people who are not only qualified but also willing to volunteer for, lets say, schools [or universities, but] those institutions are not ready to absorb and use this free service’.

Stable, long-term and non-competitive funding is required for the development of RCOs. The current situation, in which numerous small pots of funding are available for competitive tender creates the need for community leaders to spend large portions of their time drawing up budgets, filling in application forms and even attending training sessions on how to fill in funding applications. This benefits organisations which are able to employ a funding manager, which is impossible for RCOs in their current state of under-funding. The leader of Voice of the Congo, Pierot Ngadi, points out how small organisations fail to secure funding:

‘even, you know how many organisations here are doing money on behalf of refugees and asylum seekers but they don’t respect those people, maybe they don’t know exactly...but they don’t like to fund us, its big problem, they don’t trust us’ (his organisation secured funding from Cardiff County Council).

His position was supported by other RCO organisations. This also ensures that time is taken away from the core tasks of benefiting members of the organisations, and draws community leaders away from their constituents and into the community of middle-class service providers, which is arguably potentially detrimental for their long-term representativeness. It is also divisive and unsustainable as a means of dealing with the issues of poverty and exclusion that characterise many asylum seeking and refugee groups.

Despite their under-funded status, current community organisations are catering for many different needs, offering imaginative solutions to long-standing challenges. Just a few examples include schools workshops on the contribution that Somalis have made to Cardiff, run by the Somali Integration Society under Ibrahim Harbi, which has already received independent reports of the highest praise and requests for the extension of the scheme.

‘The Sudanese community are making monthly one session especially for the women, to raise the awareness of our women to the current issues here in the host communities, how to deal with her children, how to prepare her own business plan according to the Western society...here the community is playing a very major role for the integration of those women, and changing them from marginalised women at home so that they can join the active life’ (FG 11).

Voice of the Congo undertakes a variety of activities, some designed for the benefit of Congolese refugees, such as the workshops on laws and rights in the UK, but also those designed to integrate its members and benefit the wider community, on ‘what also they should be, to be integrated here, and also how they can integrate’ (Pierot Ngadi).

Recommendations of the Refugee Community Organisations

Refugee Voice Wales, the Cymru Refugee Academic Council, Voice of the Congo and the Somali Integration Society have all contributed recommendations to this report. In the spirit of allowing refugees their own voice, we quote their recommendations here:

- ‘This is the idea: the empowerment of the refugee communities to be representative within the areas of the political decision regarding the issues and concerns of the refugees here, regarding health, housing, education. They know the needs of their communities, so they should be involved in policy’
- ‘Empowering refugee community organisations...means changing from being service users to service providers’
- ‘Let’s try to communicate with [the Welsh Assembly Government], to inform them, to give them firsthand information, then it will become very easy for them to inform people in their constituencies’
- ‘This is in the hands of the Assembly government to facilitate integration, to find work placements based on the need of individuals and the need of the market. And when those people are on the scheme, give them access, let’s give them the opportunity to learn about the system, to know more about the area’
- ‘[The refugees doctors group, WARD] is helping people with that professional background...it is good, but not enough, extend it, give the same approach to the other people with the other professional backgrounds’
- ‘We [RCOs] can help people by GP access, and supporting these RCOs and helping the GP services by giving interpretation or information. Even your approach to your GP differs completely from my approach, it depends on our cultural background. So here it means the communities are going to give the access to its members to understand the existing culture here’
- ‘RCOs should participate in the housing association management committee...by doing that they bring the issues and concerns of refugee needs to that place’
- ‘Bring this service to those communities who have many teachers, professional teachers, who might teach basic English, ESOL, for their community’
- ‘When you are asking for empowerment that means you are also asking for funds’
- ‘Refugee Voice Wales feels confident to be able to take forward general issues affecting all refugees and many of these are policy issues which as individual organisations people might not be able to tackle because of a variety of

reasons that include capacity in terms of financial resources, human resources, and sometimes appropriate knowledge of issues. By coming together as RCOs people have more networks and are likely to receive more assistance from those willing to help refugees and asylum seekers.’

- ‘As there is a more wide varied membership to Refugee Voice Wales, people can share resources which are lacking as individuals. As most of the work is voluntary it also means people can share their time and be active in a variety of activities affecting the community’.

Section 2. Recommendations.

- If an inclusion policy for refugees is to be more than rhetoric and have real effects the terms *integration*, *inclusion* and *community* must be much better defined so that it is clear *who is to integrate or be included into what and how*.
- Given the amount of prejudice, racism and discrimination that is evidenced in the focus groups, the Assembly Government needs to take the lead in ensuring that current equal opportunities and race relations legislation is not only complied with in legal terms, but implemented and monitored at all levels across Wales.
- Combating institutional racism in the police, in welfare provision and in the media remain central to the project of inclusion. Training is required in all these areas.
- Certain institutions – work, education, libraries, churches in this sample – but also arts and sports - have a particularly important role in promoting integration and inclusion, in combating racism and in constructing community. More focus needs to be placed on interventions in these areas.
- This requires first addressing the poverty and linguistic and training needs which currently stop people reaching these significant points of intervention. It is not insignificant that very few of those we spoke to were involved in sport or the arts. Many were unemployed. Some could not afford the fare to travel to places of worship.

- It must be made clear that interventions which focus on local forms of racism or prejudice in deprived or working-class areas continually fail to address elite and much more powerful forms of racism such as those expressed in the political language of immigration itself and in the media. These elite forms of racism must also be addressed.
- Forms of, and/or fora for, forms of engagement which combine knowledge and communication, are strongly led, bring groups together and are honest and open about confronting racism are urgently needed.
- White 'host' communities need to be informed about incomers to their areas, about who they are and what support they are receiving, about integration/inclusion agendas, and about ways in which they as 'hosts' can contribute to these.
- Refugees need accurate information about the political process in Wales and the UK. Using the new Citizenship booklet may be a place to start.
- Anomalies with respect to franchise, particularly in relation to long term residents and children of longterm residents educated in the UK, require attention.
- Voluntary work is a crucial way of dealing with imposed periods of unemployment as asylum seekers. Ways need to be found of involving mainstream employers in providing volunteering opportunities and of making a culture where this happens a normal part of doing business in Wales.
- Involving refugees and RCOs in all of these processes as partners and experts is a crucial part of the way forward.
- They must have stable and sustainable funding to do the work that is needed.

Section 3. Fulfilling Potential.

Employment.

Our statistics correlate with the 70% unemployment estimates for refugees of Tomlinson and Egan (2002). 129 people answered the question of whether they were working now (10 more than answered whether they had worked in their countries of origin). Here in Wales, more people were unemployed (96 – 74.4%) than were employed (33 - 25.6%). This is a reversal of the situation in the refugees' home countries. Furthermore, the type of work undertaken is reduced in skills; not one respondent classified themselves in the highest category, whereas previously 10.1% were in higher managerial, administrative or professional work. The largest categories of work are now the two lowest, skilled manual work and unskilled or casual labour (both containing 10 people – 27.8% each, or 55.6% altogether). Only 3 people are self-employed (8.3%), and 8 people (22.2%) are currently in supervisory, clerical, junior managerial or professional work. The most skilled category is now also the smallest category on the socio-economic scale (excluding self-employment), in which there were only 5 respondents (13.9%).

119 respondents chose to answer the question about their job in their home countries. The largest percentage of people who had worked were the self-employed – 11.8% (14 people). These were mainly business owners, in fields as diverse as ownership of a restaurant, a phone shop, farms, and a construction company. There was a basketball player, a hairdresser and a private detective, as well as respondents involved in the music industry and import-export; a driver and a private GP. Three categories had the same number of positive replies; 12 people (10.1%) had worked in each of the higher managerial, administrative or professional sector, the middle managerial, administrative or professional sector and skilled manual work. 10 respondents (8.4%) were in supervisory, clerical, junior managerial or professional work, and the smallest category of working people had been in semi and unskilled manual work or casual work. The largest category overall was people who answered

that they did not work at home – 38.7% (46 respondents). Another 5 people (4.2%) chose to write that they had been studying at home, and 2 more (1.7%) said they had received state benefits, so the percentage of people who were economically inactive in their home countries was 44.5% (53 respondents). Thus, more respondents had been at work in their countries of origin than had not been employed. Also, a larger percentage – 28.6% (34 people) were in more skilled occupations, i.e., the ABC1 socio-economic categories, than were in less skilled work, the DE categories – 15.1% (18 people).

These figures demonstrate how the refugees to whom the research team have spoken have failed to secure jobs commensurate with their previous work, and how unemployment for this group has increased by 34% (excludes those who were students in their country of origin). However, many place great significance on getting a job, arguing that it is a vital part of integration/inclusion as well as offering greater freedom to choose goods and services. Some focus on the personal level, for example:

‘If someone is working, he is also meeting new people, he is creating new environment where he can talk to, speak, share ideas, why not to explain do you know why I’m here? We share experience, its also a part of integration’ (FG 33).

To others, a job gives them a sense of entitlement - ‘when I am working, they will get my tax and I am contributing in that society’ (FG 13). For many of those who work, it has increased chances of personal integration; ‘it [his job] helped me a lot to understand Welsh or British people a lot better’ (FG 9). However, this is not guaranteed, due to the racism and anti-refugeeism in Welsh (and UK) society. The worst case in our evidence is the workplace bullying of a white Hungarian woman : ‘six months I was bullied in work...because they are English and they are work together, they don’t want somebody to come in’ (FG 30). Refugees can also be made to feel out-of-place in work, even at publicly-funded organisations:

‘I worked in the benefits agency at one point, and it was quite difficult because I seemed to be the only black person there, and also the only Muslim person there, and...every Friday... they would say will you come out to the pub... I would continuously tell them... but they could never understand why I couldn’t go with them’ (FG 9).

However, un- or under-employment is considered to be much worse than this by the majority of refugees. When asked if they would prefer to work or live on benefits, the vast majority replied that they would prefer to work. Most preferred work for the opportunity to fulfil their own potential, both in terms of earnings and integration/inclusion. One refugee pointed out also that with a job, 'you can get stability...but if it is benefit, tomorrow it might stop' (FG 13). Only a handful of mothers, and a disabled person, replied that they were unable to engage in paid employment and would therefore prefer to get benefits. There are different attitudes amongst mothers, however. Some consider that raising their children is their most important job, and therefore prefer not to take paid employment- 'I have got to be work all day somewhere, I can't because I have seven years, six years son' (FG 30). Others, such as this Somali mother of seven school age children, assert that - Translator: 'if she can work, she will be happier' (FG 20). One refugee doctor, who now works in the unskilled sector also suggested that those with professional medical skills should be made a special case so that the problem of under-employment can be dealt with:

'give us benefit, not just ask me go work in factory, because we have no time for studying, and this is the problem as well...still I haven't passed any course, and I have to study, but still I have no time because I have to work' (FG 24).

Refugees frequently discussed the impact of un- and under-employment on their lives and on their ability to integrate. Men have talked about the way in which their masculine identity is threatened: 'I want to go and search for my job, I am man, I want to go to job, [benefits] is not good for the man' (FG 16). They are also concerned about the impact of their situation on their children, as this exchange between two respondents and the translator shows;

1st Respondent: 'when my children go to school, their friends ask, what job you know',

2nd Respondent: 'what your dad is doing, he is cleaner, come on, is shame',

1st Respondent: 'yes, my father do cleaning job, and the friend laugh, when my children come home, they are very very...'

Translator: 'sad, unhappy, upset'.

Some refugees, particularly professional people whose identities have previously been bound up with their capacity for skilled work, speak of avoiding opportunities to meet and mix with members of the host community, because they are humiliated by their lack of professional work; ‘when you try to socialise, and somebody asks you ‘what do you do?’, you say to them, I don’t work, I’m on the dole, that’s very shameful’ (FG 11).

Many women on the other hand work in lowly paid, largely unregulated forms of unskilled labour if they work at all. They work long hours and shift work and they are frequently not paid what they are promised at the end of a long night. Exploitation and discrimination appear to be endemic in these contexts.

Male refugees do not really understand why they are unable to get the jobs that they want. Many assume that reasons centre on racism and anti-refugeeism. The most elaborate of these rationalisations is this typology from a focus group of black men:

‘we follow the level, or the scale, first of all Welsh, if they can’t find a Welsh, they say ok now, European Union, ok they can’t find it, they say ok those white people, after white people they say those who look like white, if they can’t find it, they go now for black people or ethnic minority who have citizenship, if they can’t find, they ok who now, those who have married with Welsh or white, if they can’t find them, ok now we can do a refugee’ (FG 16).

Within the professional sphere, there is also anti-refugee discrimination, as this respondent was warned by a member of the host community:

‘your status, please please don’t mention you are a refugee, because you will never get a job, that is what you can hear from a consultant who’s really worried about you so really want to help you...you will not hear that from anyone openly’ (FG 24).

Others point out that there is also Islamophobic and anti-Arab discrimination;

‘they don’t end up short listed, just because of their names. We all know that if you have in your name Mohammed, Ahmed or an Arabic name, this is a real problem’ (FG 5).

Further barriers to employment include the non-recognition of experience and qualifications acquired in countries of origin, the difficulty in finding information about how to apply for positions, and practical issues such as the need for referees when former networks have been lost and new ones not yet made. This man is trying to return to his previous profession as a self-employed private detective, but must get a UK licence;

‘I want to fill in application form for licence, this application form must sign by solicitor, GP, because I haven’t solicitor, and my GP told me no, I can’t sign, but I’m looking this licence for my job, but now, any person not like to sign this application form’ (FG 16).

Another very practical problem is clothing or cultural difference, and mainstream attitudes towards it; one group of Congolese men wear traditionally brightly-coloured clothes, but believe that employers think that they ‘dress like rappers’ (FG 28).

The Home Office publication, *Full and Equal Citizens* (Home Office, 2000) notes both the current difficulty and the desirability of refugees returning to their previous occupations. One important barrier found in Wales is the lack of recognition of qualifications. This Trinidadian male pin-points the absurdities in the current system:

‘I owned my own construction business, I did painting, welding, sand blasting, water blasting...but they are telling me I cannot bring my certificates here and show it and get a job...I’ve done this for 25 years, I’m a professional in my field, and now I have to go and get NVQs in order to get a job...It makes me feel a bit angry, because my country is a British colony’ (FG 23).

This woman cannot access the information she needs:

‘I am an infant and child nurse. I want to go back to work in a hospital, but it is very difficult to find the right person who knows if my qualifications are acceptable or not, its very hard’ (FG 30).

Certain groups, such as the Welsh Asylum Seeking and Refugee Doctors' Group (WARD) have been supported by the Welsh Assembly Government to undertake work experience in hospitals. They have found this an extremely valuable experience, in terms of learning about the NHS system:

‘the Assembly did fund us through a special scheme...and it was a very good opportunity for us, but what we need is to make this opportunity again for us, not just for six months’ (FG 24).

It was also valuable for the Welsh hospitals:

‘one of the feedbacks, one of the consultants say these are extraordinary junior doctors, they are the best junior doctors work in the NHS for a long time now and we are proud of that’ (FG 24).

However, none have been able to secure employment since the end of their placement. In contrast with the majority of refugees, this group is keenly aware of specific barriers to their employment, which they believe are the gap in their CV, their age and the recruitment system. The current UK policy of enforced unemployment for asylum seekers, combined with the long time it takes the Home Office to grant leave to remain – anywhere between three and seven years – means that refugees can have a large gap in their CVs. According to *Integration Matters*, refugee employment is one of the indicators of integration (Home Office 2005), yet government policy itself creates a barrier to employment. These highly educated refugees with valuable skills bear the cost of an incoherent governmental strategy. This is a typical story:

‘I came to Britain in ’98, I passed the IELTS exam in 2003, I passed both PLAB exams in 2004 and I’m still waiting for a job, nothing so far, that’s my history, worked in a takeaway for a long time’ (FG 24).

One explains – ‘our opportunity to get the job is less, why? Because we have left the job for some time, we have a gap in our CV’. They are also unable to secure medical employment by taking positions below their previous status: ‘I applied the whole last six months and I have never been shortlisted, because I am 42 years old, nobody looked at my CV, and the whole of the competitors are 26, 27’. Finally, they argue that the NHS recruitment system forces them into unfair competition as overseas doctors:

‘they put us in a competition with overseas doctors, but its different, because I live in this country, the overseas doctor have a choice, they have an option...if they didn’t find a job they can go back, but we can’t do that’ (FG 24).

Furthermore, ‘it is not an equal competition because overseas doctors get huge support from their governments’ (FG 24). They believe that they should be allowed to compete as British doctors - ‘we should have the priority over overseas, because we live here’.

These well-qualified respondents are also ill-served by JobCentrePlus:

‘can I complain against the Job Centre, they place [pressure] on us to work anything, to close our files, but their service they admitted is undeveloped for the doctor, it is unprofessional, they cannot provide you with any course medically, they cannot contact any hospital to make some arrangement for us to work’ (FG 24).

Another well-educated individual has found the attitude of JobCentrePlus frontline staff towards refugees unhelpful, calling them ‘ugly’:

‘I am not saying they are ugly in a literal sense, but they way that they are approaching people and the way that they are treating people, I am saying ugly people for that reason’ (FG 11).

This is not a universal experience, however – one female feels that ‘I was being encouraged by a lady in JobCentre’ (to enter into training, FG 21).

The system also contains small anomalies which can be perceived by refugees as unfair discrimination. This participant argues that Commonwealth immigrants receive certain rights over refugees in the field of employment just as in the franchise:

‘if I want to work, for example, for central government departments, I can’t, civil service, I can’t. But if I were from the Commonwealth countries, yes I can. Why, I am asking, why? The colonial past is really dominating our day-to-day lives’ (FG 11).

The Education and Welfare of the Refugee Child

From a sample of 137 focus group participants, 17 (12.8%) were children between the ages of 5 - 18 years. Of the children, 3 (2.3%) were between the ages of 5 and 10, whilst 14 (10.5%) were between 11 – 18 years old. All the younger children rate their proficiency in English speaking as ‘fluent’; whilst 8 (57.1%) of the older children do. 6 (42.9%) of the older children rate their English speaking as ‘good’, but

none state that it is 'basic' or that they cannot speak English. 3 of the children claim English as a first language (all in the older age bracket), including one who claims English as a second first language. The largest language group is Arabic, spoken by 8 (47.1%) child respondents, and the total number of languages spoken across the group is 9. One respondent (an 11-18 year old) claimed to be British, whilst one other claimed dual nationality as British-Somali. The largest national group is Sudanese, cited by 5 (29.4%) and there are 10 nationalities all together. One (5.9%) is employed in unskilled or casual work, and the others are all in education (94.1%). A range of subjects are studied; the largest group is taking GCSEs (3; 18.8%); the second largest groups are studying for A-levels (2; 12.5%) and attending year eight (2; 12.5%).

The vast majority of the children who have taken part in the qualitative research are thus attending mainstream UK education. Refugee parents and children express satisfaction with the provision of education within the mainstream, for example:

Translator: 'her children have entered Cardiff University, she is really happy about that, two daughters who are doing medicine, so she is really happy that they have integrated and settled and they have been able to get a chance' (FG 6).

'She can write, she can read...I think its something really good for studying and make some future here' (FG 30).

'All the children are ok in school, no problems, the teachers love them, they love the school' (FG 10).

A college age respondent believes that in comparison to Saudi Arabia; 'education is better here' (FG 26). Because it is provided to all, mainstream schooling is seen by refugee parents as a place where their children can integrate – Translator: 'she said the kids actually mix with all the others, white kids' (FG 7). One example of good practice which recognises and celebrates difference is demonstrated by this (unnamed) school – Translator: 'if they are having an event they actually ask her to bring some traditional food in' (FG 10).

One participant's child is visually and mentally disabled, and is now educated at an establishment designed to cater for those needs:

Translator: 'Her older daughter's got special needs so she goes to a special school. She had to wait two years before they found her a school so now she's in school' (FG 10).

This length of delay for assistance is clearly undesirable, but the parent is relieved that the child is now receiving appropriate education, provided by the council. A few children also attend weekend school outside the mainstream system, to learn Arabic and the Koran. However, these respondents are very young (5-11 years old) and when asked to compare their two schools use criteria such as how loudly the teachers shout. One claims to have more friends in her English-speaking school than in her Arabic-speaking school (FG 25), but their approach to both appears to be similar.

Most of the minors arrived in this country with little or no English, and received extra EAL (English as an Additional Language) assistance. There were mixed responses to this. Young female pupils seem to accept it as extra help:

'EAL is like helping the people who came from different countries with their English, and they help me with my coursework.'

Interviewer: is that useful?

Respondent: 'Yes' (FG 25).

However, the older male respondents have rejected it. This may be because it requires a support worker sitting alongside the pupil in class, which marks out that child as different - 'I said to my teachers I didn't want any [EAL] help...she was getting on my nerves' (FG 26). These young males (in Swansea) employ the same arguments against the method of teaching EAL in English in school as adult males (in Cardiff) employ against ESOL lessons;

'I had them, and I said to mine, you trying to help me, but you don't even speak my language, so how are you helping me?' (FG 26).

There does appear to be a gender difference in attitudes towards learning English and accepting help in doing it across this sample.

One reason for the more positive attitudes is the child's need to make friends. Lack of English language skills is cited as a barrier to integration - 'I was scared because I didn't have any English, and I thought I would never ever have any friends' (FG 25).

These children appear to have been made to feel excluded because their language marked them out as different:

Boy 1: 'they used to ask [where we came from] three years ago. But now they have stopped because they don't see the difference'.

Boy 2: 'Its like before we had an accent, you know, and now his English is good and there is no-one asking' (FG 4).

It is notable that many of the child respondents pluralise verb forms, in imitation of colloquial English in (south) Wales. Parents spoke of more serious problems of discrimination and bullying with respect to language:

- 'I have really problem...with my daughter and high school, because she doesn't speak English...there was really really pressure, they put too much pressure on her, the children in school, there was fighting and she had her leg broken, she was in hospital' (FG 30).

Other respondents have found that friends were their best source for learning English, and choose to represent it as a positive pressure :

'he used to take the mick, see, when I used to say something [incorrectly], he used to take the mick and it help me' (FG 26).

'My sister started talking and they told their surnames and we started playing touch, and we just knew each other... then I knew quite a bit of English and then I just knew English when I went to school' (FG 27).

Bullying is a widespread problem – all the children participating in focus groups have discussed suffering bullying. Some is related to gender rather than racial difference; the youngest girls in particular complain about boys claiming the attention of the teacher and teasing them - 'I really don't like the boys when they tease me in school' (FG 27); 'they're [boys] always making her [the teacher] choose them' (FG 27). However, many respondents have experienced racial abuse in schools:

'When I first came in I was like the only black person in class, they really used to [inaudible] you have got to show them that just because you are a different colour from them it doesn't mean you are, you understand?' (FG 3).

There is a continuum of bullying, beginning with the cold shoulder;

‘The first day everybody was crowded around me and after one week I was just left alone, nobody cared’ (FG 27).

‘When you sit in the class most of them are sitting at the back, they don’t have to say anything, its just body language, they sit at the other side of the class to me’ (FG 3).

Verbal abuse was overheard by this refugee parent working voluntarily in language support :

I was once in the library of the school, and I heard children, one was an asylum seeker, a girl from Africa, next to her was a Welsh boy and in these words he said to her why did you come to Britain, is it because your mum doesn’t have money in her country? And then he carried on, he said a lot of things, very very nasty things’ (FG 24).

A secondary school-age girl says:

‘the boys in our class...they used to say oh we don’t want the refugees in our country...we want them to go back and they take all our tasks and the money and everything and I was so quiet I couldn’t say anything’ (FG 25).

Physical abuse also occurs, as in the example above on the consequences of a lack of English and in this example from a parent;

‘at that school, I heard a lot of very bad remarks towards asylum seekers’ children, my own son for example has been beaten, we had to take him to the hospital, he had some stitches, just because he is a foreigner’ (FG 24).

Just as with the adults, children are unable to identify a single source of discrimination – they may be bullied for being refugees, or for racial or national difference. Even in schools where there is a multi-cultural intake, there can be bullying along the fault-lines of national difference; ‘this boy, he was being rude, and he said my country is all rubbish’ (FG 27); ‘sometimes because I’m the only one who’s Sudanese in the whole class, and I feel like I’m like lonely and all that’ (FG 27). Adult respondents, however, recalled schooldays in mixed environments as positive:

‘there was more of us [Somalis] than anybody else so it was quite alright, and the...kids that actually went there were very nice anyway, most of them had mixed race in them anyway so it was quite a nice pleasant school’ (FG 7).

One young black girl is finding it harder to make friends in her new, predominantly white school than in her previous, multi-cultural school, but does not locate this difference in race (she is of primary school age), although her mother seems to (FG 27). There appears to be a difference between children who have just arrived and long-term residents. Whilst this girl first claimed 'I have a lot of Welsh friends from my school' (FG 25), when pressed about who her best friends were she said; 'refugees' (FG 25). In another group, however, a brother states that where they live in Tremorfa is 'mostly white...it works for them [the younger focus group members, his siblings] they've grown up with white people, its not an issue' (FG 31). Refugee children have learnt to hide their status from their peers. One parent says that this is common 'the children always deny they are asylum seekers or refugees' (FG 11). Another parent demonstrates the difficulties that can arise from this concealment:

'my children, they don't say we are refugee... for example at school sometime they have some kind of trip, and they wanted me to pay money and sometime I say oh, this is a lot of money, you can tell them that you are a refugee and I have not to pay...my children say no, you have to pay because they don't know I am refugee, I don't like them to know' (FG 24).

School responses to issues around asylum seeker/refugee children are mixed, and there is some indication that predominantly white schools have less well-developed policies for dealing with this issue. One parent demonstrates an example from Penarth School :

'I remember there, we had to ask for free meal, and they did not know how to deal with refugees. And until now, we really suffer for this...we need to contact every three or four months NASS to send us a letter to say we are taking support from them, and we send them that letter...but it was stressful especially for me and my daughter, because she didn't want the others to know that she is a refugee' (FG 5).

A different policy is the norm in another (unnamed) school, also in Cardiff:

Translator: 'Certain grants that children are provided with in college to buy books etc were refused for her daughter because she hasn't got status, school meals, college meals' (FG 10).

Another parent asserts:

‘concerning the teachers, in some schools the pupils are not aware of this issue, asylum seekers and refugee, because it depends on which school and which areas, for example the school where my children were studying there were no asylum seekers, so they are not recognised as asylum seekers, but here the question of race discrimination by teachers themselves. My son tells me for example, teacher treats me not the same way she treats Kevin’ (FG 11)

In relation to bullying, there are a number of complaints from both children and parents that racial and anti-refugee prejudice by children goes unchecked by teachers. ‘if we have a fight with like someone who’s from here and then we go tell the head teacher or someone, they normally believes them’ (FG 25), says one primary school girl. A boy relates: ‘something happened like, we came late three of us...but like two other white girls came after us, she [the teacher] said nothing to them’ (FG 4). This parent concurs: ‘children in school they have the problems with the racism...the teachers...if they are white Welsh, I feel like they are looking at them differently’ (FG 30). However, one Somali respondent, a long-term resident in Wales, recalls her own childhood experiences at an (unnamed) primary school and Cathays High school – ‘in primary school there was racist kids...they wouldn’t tolerate anything like that in high school’ (FG 7).

Further examples of good practice come from the Willows school, where there have been two schemes to tackle bullying. One is a ‘racism book’ – ‘if someone like do something racist then they [teachers] write his name in the racism book’ (FG 25) and the other is a buddy scheme in which the year eleven pupils support year sevens, which was apparently successful - buddies, they come and talk to you and ask if you’re like being bullied or anything like that...so then it [the bullying] started to stop and everything so it worked’ (FG 25). These policies have clearly raised awareness amongst the children that racism is unacceptable. The anti-racist culture has permeated this school to such an extent that these children describe an incident in which a chain letter circulated amongst the pupils to “name and shame” one transgressor:

‘this girl...she started calling her [my friend] names and making fun of her colour and stuff, even though she’s just a bit darker-skinned than her, so then everyone knew her as a racist then they sent me a letter, everyone signed it...wrote her name and said that person is a racist and everyone started copying it...so the girl stopped’ (FG 25).

Local youth are cited as the cause of racial and anti-refugee incidents against adults:

‘About the insults, I heard many things in Swansea, many family in town here they have problems...from the gang, the young children, young teenagers, they insult them, they just beat the stone and burn the car’ (FG 24).

‘these kids, they disturb, the mothers they don’t look after the children, they are at work, and the kids are alone on the street, they do anything, I lived there three years, I had eggs and in my window and everything, but I don’t think of calling the police, they are young children, no-one can do nothing with them’ (FG 30).

‘I lives opposite a big field and they usually get like cars and stuff and they burns them, and it’s a mess and the police are always there...the ones we know are mostly white, its usually them lot’ (FG 31).

The children who participated in our focus groups, unlike the adults, cited a range of cultural and sporting activities. Some take violin lessons, some watch and play football, and are able to meet peers with a variety of backgrounds, for example; ‘I like to play football, I play for a local side...its mixed, like, some Somalis, some Arabs, Africans’ (FG 31). They also have high ambitions – answers to the question of what they want to do as adults include artist, vet, doctor, nurse, and buying and selling cars. Several mention owning their own business, or going to university. One has even been able to fulfil an ambition by coming to this country:

‘that was one of my dreams when I was in Sudan, to come and see Arsenal play, and I went to see them against Man. United, and against Chelsea as well, that was the biggest dream ever’ (FG 26).

These are clearly positive aspects which speak to the extent to which refugee children imagine themselves as part of British or Welsh society, included and enabled to participate in cultural and sporting activities, and able to have high ambitions for the future.

Section 3. Recommendations .

Employment

- Continue to make recommendations against the enforced unemployment of asylum seekers by UK Policy. This contravenes Article 23 of the Universal Declaration of Human Rights (1948) and clearly works against both integration and inclusion.
- Deal with unemployment among refugee communities.
- Ensure that employers are not only legally compliant with, but implementing current Equal Opportunities and Diversity Legislation, including the Race Relations Act, and that this is monitored.
- Provide training for employers and frontline staff: e.g., in JobCentre Plus and other agencies.
- Capacity-build RCOs to provide information and training to their members on UK employers' expectations.
- Capacity-build RCOs to develop links leading to work experience placements for their members.
- Deal with the issue of under-employment among refugee communities. Extend the WARD scheme in duration and expand it across other professional areas: e.g., re-training for refugee journalists, academics, accountants and others.
- Learn from the WARD scheme. Negotiate towards the inclusion of refugee doctors in the British rather than the overseas jobs competition and use this as a precedent for categorisation of other professionals once re-trained. Ensure as far as possible, in setting up such schemes, that some employment will follow re-training.
- Adopt a gender aware approach to all of the above issues. A large proportion of refugee and asylum seeking households in Wales are headed by female single parents. Many of these women are working currently in unregulated unskilled areas such as cleaning. They are subject to exploitation and

discrimination when they do work and they require flexible childcare support in order to do it. Both areas require attention and review.

Education

- Provide more support and for post-16 education and training in order to help asylum seeker and refugee young people to achieve their full potential.
- Provide support for young people who have completed their education in Wales but are unable to work, to engage in further training or to attend university because the Home Office has failed to make a decision in respect of their parents' leave to remain.
- All schools must have a zero-tolerance policy on racist/anti-refugee bullying and harassment. Teachers must be trained and supported to implement this and it must be monitored. Examples of good practice should be documented and used to develop good practice in all schools.
- Training for all teachers as well as inspectors and LEAs will also be necessary.
- Provide a dedicated asylum-seeker/refugee team at Children's Services
- Guidance for schools to ensure that asylum seekers are able to access the benefits to which they are entitled, with standard practice across Wales (e.g., school meals and poverty related benefits).
- Information for refugee families about local schools and admissions procedures.
- Encouragement for children to undertake extra-curricular activities, and where possible the provision of support to overcome the barriers that poverty imposes on participation.
- Develop better lines of communication between police and communities about white youths and anti-social or racist behaviour outside school and ways of dealing with it.

Welfare

- From other sections of this report it is clear that many of the causes of school failure or under-achievement are related to poverty: poor housing, health problems related to this, depressed and distracted parents without the English ability and skills to support education in English and so on. Underlying all the recommendations above then is the need to introduce measures to alleviate poverty and provide better quality of life for the asylum family.

Section 4. Accessing Core Services.

Housing

Housing is a core issue for all refugees, ranking alongside employment in terms of significance to the refugees' quality of life, and therefore also impacting on their ability to integrate. All refugees who had experienced the NASS housing system seem to have found it problematic. Key complaints include the poor quality of the houses and the often inadequate, and gender or culturally insensitive, facilities. One woman had lived in what was translated as a 'campus'; Translator: 'she said there was 70-odd people and 2 washing machines...and she had kids' (FG 7). Sharing rooms for example can create tensions between asylum seekers of different religions, ages, cultures:

'I am a Christian for example, he is Muslim, they put me in the same place, when he is crying or praying or doing this it disturb me or disturb someone else' (FG 34).

The organisation is unresponsive to serious complaints;

Translator: 'she suffered a lot in her previous house, her neighbour was a drug dealer and the teenagers they used to knock on her door and frightening her, she said she [had] complained many times about the house, but NASS they didn't listen to her' (FG 20).

NASS also employs private agencies but appears to fail in its duty to oversee the quality of their service. Examples of bad practice include the failure to notify tenants of visits:

'they have the key and they can come any time just get in. No privacy, it happened to me many times, I was going out of the bathroom and suddenly I find the man there' (FG 11)

This extends apparently to removing personal property from residences:

‘but we had a TV and someday house provider came to collect it...he said if you want to have a TV you should pay the licence...we were four girls, we shared the money to pay for the licence, that’s the best we can do, not to take it away from us’ (FG 29).

These are not one off complaints but appear consistently across the focus groups.

Dispersal, and the consequent need to move from house to house, creates huge problems for later integration and inclusion, preventing asylum seekers from making links with any host community and promoting an anxious, unsettled state of mind:

‘I make a life for myself in England, but in March 2005, Sunday morning at 9 o’clock, three men from the house provider they knock the door without any warning and they told me we are going to move you to Wales, and they moved me with tears...I lost everything, I lost my hope to life, I lost my health, I lost my friends and I was extremely lonely in that house and I don’t have even one friend in Wales’ (FG 29).

The following woman has been dispersed several times during the five years she has been waiting for a decision and still has not got refugee status:

Translator: ‘I have 4 children, I’ve been in the UK for 5 years, I’ve been dispersed to a lot of different places, Sunderland, Redcar, Weston-super-Mare, London, Newport...all this being dispersed through the country has proven to be difficult, for the children, especially, we just get settled, then...’ (FG 35).

Another woman says that she has found dispersal as difficult as living in her civil war-torn country:

Translator: ‘she’s just saying coming to the UK she thought it was going to be a better life for her, but moving back and forth from one house to another, not knowing where she is, is almost just as difficult as being there’ (FG 7).

The generally negative impact of these kinds of experiences on asylum seekers, often over extended periods of five years or more, do irreparable damage to the likelihood of later integration and inclusion. The dehumanisation of being moved about the country without any consideration for basic human dignity or rights, the lack of privacy and the constant discrimination, creates an expectation of further

discrimination. Once refugee status is granted, the search for housing becomes if anything more difficult and produces increasing anger and frustration:

‘if you fill in the form for house, they give you, but is not the same house you live now, they give the refugee people the house is not nice’ ... ‘it was very hard to find accommodation, every time I go to housing association...oh, your point is not high because you are single, you are not on priority list, but I have friends, Welsh, British, they are single but they have got a flat, is discrimination’ (FG 16).

However, not all refugees find the process discriminatory – this Swansea woman says that ‘the housing ones...they treat everyone almost the same’ (FG 3) When leave to remain is granted, NASS support stops and refugees have 28 days in which to vacate NASS accommodation. Since they have been forced to live on benefits, often for several years, they are poor, without resources, and reliant on council and social housing services. However, these providers are over-stretched, and this means that many refugees end up in temporary accommodation such as hostels not designed specifically for refugees. The accounts of the standard of living in this type of accommodation are very disturbing. A disabled Muslim told us:

‘I stay exactly 14 months in the hostel, and it was a terrible experience, because the kind of people that live in the hostel they are very bad – drug-users and probably has mental problems’ (FG 1).

Two focus group members lived in the same council-run hostel in Wrexham, the second respondent has been on the council house waiting list for 7 months:

Respondent 1: ‘When NASS support stop, I remove to [emergency accommodation]...the refugee council, they said me you will stay here for two weeks or three weeks, but I [am there]...two months. In the house there is no kitchen...no oven...no fridge...almost three months now, this is my problem...no laundry or something to wash clothes’.

Respondent 2: ‘we are living in the same hostel, but different doors...I have a kitchen and an oven and everything, but he doesn’t have these facilities in his flat...he asked them to move him to where I am staying, because there is one spare room there, but I don’t know what they are doing’ (FG 29).

Translator: it wasn’t their fault because they left them for a while in NASS accommodation and they didn’t send them to temporary accommodation and then after that they just gave them limited time and they went to a hostel’ (FG 5)

Others are forced from council housing into emergency accommodation because they are unable to pay the rent:

‘I was pregnant...it was too hard because we couldn’t find jobs, so we have eviction letter from the housing, I am in homeless now...[the temporary accommodation is] in Llanishen, two rooms, no kitchen, no washing machine, so we stay in this house 28 days, and see what happens’ (FG 30).

The research team has spoken to a number of mothers in Cardiff and Newport who are homeless and in emergency accommodation. This group is in particular need of appropriate accommodation, because of the children. As this mother points out, ‘raising children in a hostel is not really very good...you cannot hold the children like this, they have to play’ (FG 21).

Concerns about the impact of conditions in council houses on children dominate focus groups with mothers. This is particularly the case in Cardiff. In Newport apparently: Translator: ‘they do have nice houses’ (FG 35). Far more respondents, however, do not have nice houses. There are typically problems with lack of space, poor maintenance and location in ‘dangerous’ neighbourhoods. For example;

Translator: ‘she’s just explaining how difficult it is actually to live in the house, three flights of stairs she’s climbing [with the pram and the babies] (FG 7).

This mother explains via a translator:

‘they’ve [the children] caught eczema due to the damp in the housing, its not actually a house that’s in good condition for her kids to be there, she has told them [NASS] but nothing’s been done’ (FG 10). ‘

There is a problem now in our housing association...we have many problems with electricity especially in winter...our three children have very bad cough and asthma, they are suffering. And my daughter-in-law, because she has very high rheumatic pain’ (FG 5).

A translator explains:

‘the way that they build that house...you can’t accept it a for family, and she is afraid about her children, it is really not good, it is not ready properly, its damaged’ (FG 16).

In a different focus group the problems are the same:

Translator: 'the houses are really really old, they're unbearable, water coming from the ceiling...the kids had allergy problems because of it [the house], they wouldn't sleep, their nose would block, you know, hygiene issues' (FG 7).

Another mother discusses the impact of over-crowding, again through a translator:

'as you can see her little boy's getting excited because there's so much room [here, where the focus group is held]...and she's sharing with this young lady...there's not enough room for the kids' (FG 7).

Finally, concerning location:

'Ely, it is a rough area...some people there, the same day they moved in they were robbed, by the people they were living with [neighbours], and by now there is 6 police reports, but the housing don't seem to care about it' (FG 17).

Another mother says:

'they showed me just one house, and it was too small in a rough area, and I said I don't accept that one because I have children, I don't want to go to rough area...the house now I am there it is not a good one, but I had to stay there because I had no choice' (FG 24)

Many refugees find council and social housing providers unsympathetic to their need for integration with, and inclusion into, host BME communities:

'I was given a house in Ely, and the house was very far from the [Somali] community, there were absolutely no mosques, no any kind of halal shops, no even black people around. So when I turned the house down and stated these reasons, the housing officer was not convinced enough, he thought I could just pick and choose' (FG 9).

In the focus groups there were several experiences of apparently discriminatory practices by council housing services, in which choices offered to the 'British' are not offered to refugees:

'I had no choice – first of all they tell me, and they tell everybody that you have 3 choices, they will show you 3 house, but when I was there he says yes, these refugees every time different between the British people, they tell me no, if you don't want this house there is no house any more' (FG 24).

‘my problem is, why they are forcing refugee people to stay against their will, if you like it or not, you have to stay there, you must, is a command, an obligation, you must stay there, it means that they don’t care about you, if you refuse, go away – why?’

You can’t do it to white people, what you can say, because we are black?’ (FG 16).

There is one example of good practice in this area. A woman was allowed to turn down a house because it was too far from the hospital, where she had to take her son every fortnight due to his heart condition (FG 22). Finally in relation to location, the Cymru Refugee Academic Council points out that:

‘after being granted leave to remain you have the right to move to any part of the UK, but if you are accepted here in Cardiff as a person in priority need you can’t exercise this freedom, or this access to the service in another area... because you were dispersed here in Cardiff, Cardiff is your local connection. So local connection is a barrier to integration, it also undermines your freedom of movement’.

There is one example of good practice by Cardiff Council, which ran a refugee homefinder service funded by the central UK government. One of the focus group translators is a council employee who was herself a refugee who suffered difficulties in this area. The scheme assisted people in the transition period after refugee status is granted. She explains:

‘its very very difficult...the problem for them is they need to find a property, they have to first find a job, for this process to be entitled to benefit. Until this time comes they don’t know where to live, that is when they have to find the worst somewhere, which is very bad, so they moved from this property. Actually I supported my client and offered the money to pay the advance payment and the bond, because I am working for refugee homefinder services, so the money is enough now, for them to find a better house’.

This council workers’ clients chose to compliment her in the focus group: ‘everyone go to [anonymised council worker’s name], she was really helping us at that time’ (FG 30). A member of a different focus group, not involved with this council worker, remarked that:

‘there is a good practice in Wales, which is refugee home finder service, there is a scheme which helps really many refugees in that state, especially the singles, but for the families and others that is another issue’ (FG 24).

The Cymru Refugee Academic Council quoted this scheme as an example of good practice and suggested re-establishing and extending it:

‘let’s learn from good practice, the so-called refugee home finder service, that service is helping people especially who are not attractive for private sector’.

The private sector has its own particular barriers for refugees. One is the high cost, particularly the capital outlay on bond (typically one month’s rent) and another month’s rent in advance. Typical private sector conditions may not suit refugees, for example; ‘is high price, and they say only six months [contract], and no smoking’ (FG 30). Some do not have the language skills or cultural capital to negotiate with private landlords:

‘if you come to the private sector, the issue is the finance, the issue is the reference, the issue is dealing with the landlord, whether you persuaded him to give the house to you’ (FG 11).

There are also the same problems as all UK tenants suffer:

‘they just want their money, they don’t mind about the property whether it needs repairing or not, because they know people are [desperate]’ (FG 30).

If the refugee is in receipt of housing benefit, securing private accommodation becomes much more difficult:

‘if it is not you who are paying, the housing benefit system takes too long to process this benefit, so the landlord is not willing to wait’ (FG 11).

One focus group member had personal experience of the difficulties that bureaucratic breakdowns and delays can cause:

‘we still have a problem, when you get a house in the private sector, the benefits agency will review your case every six months and then because some of the documents you have submitted at the time, six months ago, they have ended or

whatever it is, so they would just stop your benefits, and your landlord would be on your back' (FG 9).

However, the few refugees at our focus groups who were in private accommodation indicated that they still actually preferred it:

'for me its like being dependent, to rent housing association, its somebody's house, its not mine, I even can't feel freedom in the toilet'; 'I don't want council [house]...because my husband took me to Llanrumney area, Ely, and show me what does mean council, so I don't want live in this kind area because I know I will hard work, and who live in a council house? People who don't work, alcoholics' (FG 24).

These comments appear to indicate that for these respondents, being able to rent in the private sector empowers them, perhaps because their living arrangements are common to those of many British citizens, perhaps because this appears to give them some choice and some control over their lives. Living in private housing, however difficult the process of getting there, begins to make them feel like themselves again, 'ordinary', no longer refugees .

Health

Many refugees' experience of health and social care professionals have been very positive. They express gratitude for the care and dedication shown to them by doctors and nurses, social workers and mental health professionals, for example; 'they are very very helpful' (FG 1); 'I have been treated in a very very good way, they were checking me all the time, because I got some complication with my pregnancy and I was treated in a very good way' (FG 24). However, there are still issues which need to be addressed to improve the inclusion process.

An important problem is the unevenness of provision of interpretation services in GPs surgeries and at hospitals. This issue is discussed above in Section 1 'language communication and information'.

The refugees who took part in the focus groups have two further concerns about the quality of the existing services; the length of waiting lists and disappointment at the prescriptions. For some these are matters which affect them directly but are not considered to be abnormal or discriminatory:

I wait for 2 years to see consultant' (FG 1);

'for the doctor...we have some problems, they give us drugs not very strong, when you are sick, they used to give us paracetamol, paracetamol, paracetamol' (FG 13).

However, refugees who have experienced racism and anti-refugeeism sometimes see this as the cause for delays in their health treatment or as the reason why their prescription expectations are disappointed.

'One year waiting for operation, the question is why, is just for black people?' (FG 16);

'in this country, especially if you are refugee, the main thing they are writing to the refugee is paracetamol' (FG 16).

These perceptions understandably cause anger in refugees who believe they are being treated with less respect and care than (white) British citizens. With respect to the prescription of cheaper drugs for refugees, they are probably right. With respect to waiting lists, perceptions of discrimination could easily be managed by the provision of accurate information on the state of the National Health Service.

Other concerns are specifically related to the asylum or refugee experience. The research team interviewed unsuccessful asylum seekers who have been made destitute whilst they wait for their appeals to be heard. In one case a man failed to get refugee status because doctors failed to provide the Home Office with the proof he required of having been tortured in his home country:

Translator: when we fled from our country we have been traumatised and tortured. Since I've been here they sent me to see the doctor, and they have been assured that I have been tortured. But even so they didn't even write to the Home Office to say that yes, that man was tortured. Since they gave him the appointment, since four months, and now they have themselves been convinced I am sick and they sent me a letter saying that you will be operate. But that time, when Home Office needed some evidence, proof, to know that I was really tortured, they didn't do anything, but now they are sending me the letter to say really we believe that man was tortured, his leg is failed, he can't walk properly' (FG 13).

Poverty can also make it difficult for refugees to maintain a treatment regime. This refugee has been on the council house waiting list for seven months. The emergency accommodation is a hostel, where – ‘there is no kitchen...no oven...no fridge...the medicine, I must take with some food and some water...the problem is the house’.

The Refugee Council reported that refugees and asylum seekers experience difficulty gaining access to GPs and hospitals (2004). One respondent in this research was refused treatment:

Translator: ‘They said because she is an asylum seeker, and it is an expensive operation, then they won’t make it to her...she should just drink lots of water and take some medicine...she was admitted to the hospital for 10 days...they told her they would send her a letter, but it is 8 months and she doesn’t know...she said she’s keeping losing weight and she has pains every day’ (FG 20).

Yet policies designed to combat any failure to access health services can also have unintended consequences that are worth highlighting in order to underline the importance of clear communication and frontline staff awareness of the vulnerability of this group in the service provider-user relationship. One respondent had been moved from Stoke to Wrexham by the housing company employed by NASS on the eve of her regular biopsy. Health visitors in Wrexham enrolled her in their scheme to guarantee access to health services by performing GP registration and appointment setting themselves. The two health visitors explained how this ensures that language problems do not prevent their clients seeing a doctor, whilst enabling them to spread the case burden evenly amongst local GPs. However, this refugee, who spoke very good English, was unhappy with her treatment:

‘not only he didn’t treat, I mean he didn’t really examine you...he delayed and he didn’t care, I went back to him several times and I came to health visitor several time and I begged them...I was afraid if I change my GP by my own maybe its affect my case... health visitors, I call them gatekeeper, I mean they were really stop me to do something for myself...finally I ask them several times to change my GP, and they change in the same, I mean they ask his wife, GP’s wife, another practicer, to visit me, but the treatment was the same’.

It is important to note that both health visitors, who spoke to the research team, denied that ‘gate-keeping’ health services was their intention. It appears that, as with the

cases of perceived racism and anti-refugeeism above, cultural misunderstandings and a lack of clear communication can result in undue suffering on the part of the refugee and impact negatively on the likelihood of integration.

Cultural factors also impact on refugees' desire to take advantage of the services offered. The Sudanese refugee quoted below suffers from muscular dystrophy, but despite being content with the mainstream treatment he has received, says:

'I rely on my friends from my community. Even the government, the social security offer me to give me a carer, somebody to come to help you, but I refuse it because I feel like I want somebody from my community, from my own culture'.

Interviewer: 'If the government offered you a support worker from your own community would you accept that?

Respondent: 'Yes, I would accept it' (FG 1).

He is strongly integrated into his local Sudanese community.

As the BMA (2001) note, 'on arrival in the UK, their [asylum seekers] health, already precarious, often deteriorates'. Our findings concur with their evidence; for example – Translator: 'She's only been diabetic since she's been here...she's saying her blood pressure has totally changed since...being here' (FG 10). This is importantly also the case with mental health, because current UK government policy promotes 'symptoms of anxiety and depression, which in many cases is a direct result of their Asylum status, and the uncertainty over their future' (Maddern 2005:70). The mental health of refugees has great significance for integration/inclusion. Symptoms of depression, Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) include anxiety and panic attacks, intrusive thoughts (i.e. "flashbacks"), sleep disturbance, lethargy, irrational outbursts of anger, emotional liability such as crying fits, loss of interest in everyday life and strained relationships. A person suffering these symptoms is clearly in a disadvantaged positioning relation to integration and inclusion. As this refugee points out:

'I wasn't making any friends in fact...you are still thinking of who you left at home and are they still alive or are they dead...all those sort of things that are mixed up in your head, you don't make friends easily...you don't socialise with people' (FG 21).

This research project has found considerable evidence of trauma in refugees in Wales. None of these respondents have received any mental health diagnosis, counselling or treatment:

Translator: 'She's lost her memory since she's been here, she has a lot of memory loss, due to what she's been through' (FG 10).

Translator: 'if she stay in one place, she think a lot, and many thoughts come about to think, oh, your children now maybe where are they' (FG13).

Translator: 'she used to push her little kids in prams and she'd sometimes even go into the road because she'd got so much on her mind' (FG 7).

Translator: 'she's given up hope, there's nothing she can do, she says, that's why she's so quiet, she doesn't think there's any point [in talking about it in the focus group]' (FG 10).

'facing this really problem you know has made me to lose my hope about life and now I am waiting for death' (FG 29).

'every time I am going only to watch the television, that's my distraction, my hobby, and when I am thinking those things I have image of what happened to me, and it comes, it comes, it comes' (FG 34).

Researchers were only able to access one refugee who had received mental health treatment in Wales. She had received help from the Medical Foundation for the Care of Victims of Torture in London, her point of arrival. The Foundation contacted a member of Cardiff Health Access Team. The respondent describes the long and sometimes painful process of getting help:

'a person came to me...knocked at my home...I was so scared to open [the door] to him...he gave me an appointment, he told me he is psychiatric nurse...with time...you tell him what happened, you have a person to tell you that it is not you who caused this...sometimes you feel you don't trust that this is helping, but once you start you feel the impact of it...you feel really it is helping' (FG 21).

This life history is particularly worthy of note due to its unusually happy ending. This respondent is settled in Cardiff, raising her children, training to use computers in business administration, in order to re-open the business she had run in her country of origin and maintaining good relationships with a variety of host communities, including the white Welsh as well as with her own community. The mental health treatment she received, and that so many others clearly need, has undoubtedly

impacted positively on her capacity for integration. As she says: ‘after I got help, now I am alright...sometimes when I see where I am now I think the future is very bright when I see where I came from’ (FG 21).

Section Four. Recommendations Emerging from Findings.

Housing

- The majority of negative experiences with NASS housing noted in this report occurred before asylum seekers reached Wales. Nonetheless these experiences impact on later integration in the Welsh context. They demonstrate gender, cultural and religious insensitivity and almost certainly fail to comply with UK Human Rights, Equal Opportunities and Diversity and Race Relations Legislation. These needs to be pointed out at every opportunity in an effort to effect change.
- Work to have the concept of “local connection” disappplied to refugees, because it works against integration.
- There is an urgent need to improve the quality of current council and private housing stock in Wales, to enforce regulations to control private landlord’s behaviours (whether racist and discriminatory, ignoring complaints from tenants, or withholding bonds for specious reasons), and to review and prevent discriminatory practice by councils.
- Stronger partnerships between housing organisations and RCOs could lead to more culturally sensitive services, related more closely to people’s needs.
- Reinstate and extend a service like the Homefinder service to manage the difficulties presented by the policy context: i.e., the short period allowed for people to find housing once refugee status is granted. There are other examples of good innovative practice that could be explored here (Perry 2005). However, it is important that local authorities and government departments look to ‘mainstream’ services and funding to ensure wide availability and sustainability.

Health

- Manage expectations with accurate information about the length of waiting lists and cultural assumptions by NHS practitioners. Capacity-build Refugee Community Organisations (RCOs) to provide this information.
- Provide accurate information to GPs on their responsibilities with respect to asylum seekers and refugees and how to fulfil them. Medico-legal reports demand responsibility to the courts and require time-consuming research by the health professional. This needs to be understood and training provided if necessary to enable doctors to (a) recognise and treat traumatised patients and (b) provide the evidence required by the Home Office in making decisions.
- The Welsh Assembly Government to ensure NASS recognise that its acceptance of Scott's (2004) proposals to improve asylum-seekers' healthcare access must also extend to the companies it employs.
- Capacity-build RCOs to provide healthcare support workers, drawing on the considerable healthcare expertise available from refugee doctors and nurses living in Wales (see section on Employment for further discussion of this group)

The following mental health recommendations are contributed by Steve Maddern, of Cardiff Health Access Team, and the All-Wales Asylum Seeker nurses forum. His full report is entitled *Worlds Apart. Examining the impact of nursing interventions on the psychological and mental health of refugees and asylum seekers in industrialised countries* and is made possible by the Florence Nightingale Association and funded by the Band Trust.

- The Department of Health and The Wales Assembly Government should have a strategic vision on the provision of mental health services provided to asylum seekers and refugees.
- Specific posts should be identified within regions to identify and co-ordinate existing mental health services for refugees, and to develop these where there is the greatest need.
- Funding for organisations such as the Medical Foundation for the Care of Victims of Torture should be considered as mainstream to enable local

services to be provided on a basis equivalent to those in London, Manchester and Glasgow

- Consideration should be given by health services and local authorities, health and social services commissioners, Wales Assembly Government, Scottish Parliament etc. as to the nature and structure and function of mental health services for refugees and asylum seekers. Options such as full integration with existing, generic services or specific, dedicated mental health services for refugees, or a mix of the different models could be considered.
- As part of the above review of service delivery, health and social commissioners should consider the skills and experiences of service providers in caring for and treating refugees and asylum seekers.

(Maddern 2005: 143)

Section 5. The Vulnerable.

Safety

When asked the question, ‘do you feel safe in Wales’, the majority of refugees answer in the affirmative. Many, like this man, express considerable gratitude:

... by being here, we saved our life, so we have to say – there is a moral issue, and I am saying thank you to the people of Wales that I am alive, and more than that I am expressing my ideas and my opinions, so there are a lot of positive things’.

It is clear from responses to this question that ‘safety’ for refugees is a relative concept. It is usually defined in these exchanges in relation to where they came from: ‘compared to where we come from, and what we have suffered, so we are safe’ (FG 24); ‘Its better than Somalia’ (FG 20). Only the destitute asylum seekers, who are at risk in many ways on the streets of Cardiff, do not say they feel ‘safe’. However, in terms of what ‘safety’ might mean in a wider British context, the research team have pinpointed a number of areas in which refugees are vulnerable.

It is clear from Section 4 of this report that trauma experienced in the country of origin and left undiagnosed and untreated puts many vulnerable people at risk. The experience of disabled refugees, while not accessed in detail in this report (See above, Introduction, Section 3 and Section 4), appears to put both children and adults at risk and to leave them without the support they need. We found no evidence of vulnerability in relation to elderly populations within refugee groups. Indeed we found no elderly populations. This may well be because, after a certain time, people stop identifying as refugees, rather than because there are no issues here.

Children

Poverty impacts on children in a number of different ways. New-born babies are put at physical risk if their food supply is uncertain or if their living conditions promote ill-health (see section 4, accessing core services, for discussion of poor quality housing and children's health). The asylum seeking mother in the focus group quoted here is desperately impoverished, relying on 'section four' assistance:

Translator: 'she's got no family here at all, and obviously the issue of a new-born child, she's got facilities like cot and pram through donations from friends, but no other support, she gets tokens and that's about it' (FG 10).

Another in Newport does not even have support networks of friends to rely on, as she has been dispersed five times in five years:

Translator: 'for nearly a year and a half she's not been receiving NASS support, she said I've started to get section 4, they gave me vouchers because I've had a baby, really it doesn't go as far as the baby, its not much money...since living in Newport I've found it very difficult because...there's no [Somali] women here in Newport to help them and support them' (FG 35).

She fears that the baby faces starvation:

Translator: 'she said I take vouchers, I can't buy baby food with that, she said I can starve, it doesn't matter, but the baby can't, she's going to need weaning soon, and I can't buy baby food, she said basically on the vouchers it seems like they've got a system where she can't buy anything for the baby only for herself...she said it seems like a rule that's sort of from policy level, because people in Cardiff on section four they can't buy anything for their babies either' (FG 35).

These women are asylum seekers, not refugees, but what happens to them and their babies during this period begins a cycle of poverty, depression and hopelessness which potentially colours the refugee experience.

The children in the focus groups had been uprooted from their homes and removed to a new country. They had left behind friends and family, and this traumatic experience expressed itself in the children's assertions of missing home. Only the long-term residents (those who arrived in this country at pre-school age) seemed protected from this. More recent arrivals speak of people they left behind - 'I miss all my friends in

Russia so without them I feel a bit lonely' (FG 27). 'We ring them [friends and relatives], and talk to them as well on MSN messenger, but its nothing compared to seeing them like' (FG 26). 'I also miss living in a big house, living with my family and my cousins' (FG 25). They miss too the familiar surroundings of their own country - 'I still miss my country, I still miss Sudan' (FG 27). 'You miss the country as well, you were born there, its in your blood so you do miss it, no matter how rubbish it was' (FG 26). One child hoped for a family reunion, which seemed unlikely because of poverty let alone the policy difficulties the child does not know to mention: 'my grandmother she wanted to come here and live with us and my mum's thinking about it, she's not sure because we haven't got that much room in the house' (FG 27).

Refugee children seem to have grown distressingly accustomed to constant disruption to, and upheaval in, their everyday life. Whilst the parent/s is/are seeking asylum, they are subject to dispersal. When the parent/s receive leave to remain, they must leave NASS accommodation (where they may have been settled for several years). If the family then suffers from poverty (a common result of enforced unemployment for several years) and is dependent on council housing, the family can be placed a long way from their previous housing, forcing the child to leave familiar surroundings and school friends once again. The two children quoted below met at Adamscourt Refugee Housing Centre:

Girl 1: 'we used to say we hate it, we hate it here';

Girl 2: 'but now we really miss it'; Girl 1: 'we miss it because we used to play, play, all the day play';

Girl 2: 'and we used to be all together, we said we want to move but we want to live close to each other, really close' (FG 27).

Another girl explained that when she moved house, she was upset because she would have to attend another school – 'on the last day...I was nearly crying' (FG 27).

Repeated or multiple dispersal is injurious to the child's education, as the example of the son, now aged 10, of the Somali woman in Newport who had been forced to move five times shows:

Translator: 'There were a lot of times he didn't actually attend school, because we were there for such a short time the authorities said that it wasn't worth them being settled'.

Poverty can curtail children's participation in sporting and cultural activities, which are among the most significant sites for personal integration and the promotion of social cohesion. One respondent says 'now the [wrestling] coach is saying he's going to do it [coaching] three days a week. So how am I going to get the money?' (FG 4). Another child's expressed Olympic hopes for 2012 have been dashed by poverty, which also threatened his chances at football trials for Cardiff City, who:

'asked me for boots, shin pads, hand string warmer, loads of stuff. And I was going to do athletics as well, even I won a competition, I came second. He [the coach] said come join me but you got to pay that much, I couldn't afford it. And you got to buy those shoes like what, fifty, sixty quid shoes' (FG 4).

All the child respondents have family left behind in their country of origin, and for some this curtails their education - 'I had to leave college so I could work and send some money back home' (FG 18). Poverty prevents mothers from accessing proper childcare, which can have serious repercussions. An interpreter for the police worked on the case of a woman who:

'left the house and went to college and she left her son at home, he was just 10 years old, and they treated this lady as a criminal person...she was just studying [ESOL] at college, it was the [school] holiday' (FG 24).

A focus group translator explains:

'there was a time when she was extremely ill, she actually had no-one to pick up the kids from school, no-one to turn to, and next they went to a neighbour and she's got to a state where she said I'd rather go back than to be living like this' (FG 10).

The problems of poverty appear to be exacerbated by the lack of a dedicated refugee/asylum seeker team at Children's Services. One focus group member, a long-term resident in the UK, is a social worker in Cardiff, having worked for 10 years for social services in London. She gives a recent example of a case of extreme poverty which she had handled:

'this lady was refused section 17 on two occasions and I think it had to do with the individual worker and the manager...certain people at a certain level of management,

they're not knowledgeable themselves, or they don't go to the training on the different policies, the policy is always changing and it causes a lot of confusion...I don't think that would have happened in London, because I think London's more forward and more established' (FG 9).

As well as suffering curtailment of their life chances through poverty, some children also suffer restrictions on their ambitions due to the undecided status of the parent. The Home Office can take five years or more to grant leave to remain, and during this time the child is progressing through the mainstream school system:

'A child, working very hard, he gets his A-levels, he goes for interviews, he gets accepted, but he can't go because of the situation of the parents...its very very frustrating for children...and I know a lot of families whose children are getting the A-level this year and they are very worried, they don't know what to do. It is difficult to say to your child, well yes you have to work hard to get your A-levels and so on, and at the same time he doesn't know if he is going to go to university or not' (FG 11).

There is evidence that teachers, perhaps well meaning, actively undermine children's ambitions for this reason. As this parent says:

'they [the college, Glan Hafren] said to him don't dream, because you'll never get to university' (FG 10).

Other places find more hopeful ways of dealing with the impossible situation; 'the school told him to do them [fill in UCAS forms] and just see what each university says' (FG 10). This mother's situation demonstrates the acute problems that can be caused by the intersection between poverty and Home Office delays:

'I have been offered leave to remain but up to today I haven't received my status papers...my son is already at university and I'm waiting for status papers to determine if he has to pay overseas fees or home fees so its very painful' (FG 11).

The Destitute

Another very vulnerable group are the destitute asylum seekers. The research team interviewed two men and two women who have been sleeping rough since their applications for asylum were turned down. They are the only group who reply in the negative when asked if they feel safe, for two reasons. Firstly they are in physical danger:

Translator: 'How can I be safe, even I don't have house. If I sleep outside maybe they can kill me, I am not secure' (FG 13).

Secondly, they fear for the future, either deportation or a continuation of their present dreadful conditions:

Translator: 'She is insecure, because of her life, her future' (FG 13). The places where they sleep are not safe

Translator: 'I am a woman and for one week I spend my nights just outside. And you know...those people who drink beer, the drinker, they come sometime to disturb me, to derange me...I am suffering outside, how can you imagine? Sometime I go to the Congolese shop when they want to close it and I explain to them can I sleep here' (FG 13).

This man tries to sleep in different places in order to avoid burdening his friends and attracting the police:

Translator: 'sometime I go to a friend, I ask him can you allow me to sleep even this night here...or go to the church and I can sleep...not the same place [every night]...I am going around here and tomorrow there'.

However, they do not use homeless shelters, believing that they are not entitled to them, and would be at risk of deportation from them. Food is difficult to find, they are reliant on charity and friends:

Translator: 'we are surviving only on what friends and colleagues can give us to eat' (FG 13);
'we drink water, we eat rice only' (FG 13).

One woman said after the focus group that she had had no food for several days, only Coca-Cola. Hygiene is also an issue :

Translator: 'as a woman I have to clean my body every time but I don't have place to go, what can I do?' (FG 13).

These destitute asylum seekers unsurprisingly feel that the system has placed them in an impossible position:

Translator: ‘when they refuse my application for asylum, they told me you have to leave your house, you don’t have friend, you don’t have family, you don’t have anywhere to go, and you don’t receive money’ (FG 13).

This man compares his current circumstances with his home country, which continues to suffer regional warfare:

Translator: ‘what we are going to live here, what we see here its really more [worse] than that we left there’ (FG 13).

There is a huge issue here about the effects of policy in creating vulnerability. These are ‘failed’ asylum seekers of course but the refugee communities know who they are and where they are. The responsibility for these people is left with some of the most vulnerable communities and groups in Wales. Moreover the experience of seeing friends and peers made destitute does nothing to assist the integration of the refugees who are left with the task of dealing with the cruel effects of policy decisions which actually infringe basic human rights.

Conclusion:

The final section of this report demonstrates the need for further research and consultation in relation to trauma, disability and age among refugee groups. The results of the Save the Children Report, *Uncertain Futures* (2005), should be read in conjunction with this report. It also shows very conclusively how intertwined the asylum and refugee experience are in practice and how profound are the potential impacts of the first on the second. This creates difficulties for an Inclusion Policy for Refugees in Wales. Clearly many of the issues that require attention are not devolved. They cannot nevertheless be ignored in this policy context if the policy that is constructed is actually to have real and beneficial effects for refugees in Wales.

Section Five: Recommendations.

- Various areas of UK Government Policy on asylum have negative impacts on the entire process of integration/inclusion and social cohesion in devolved contexts and require constant monitoring and response by the Welsh Assembly Government. These include: the policy which makes failed asylum seekers destitute (Bucolli 2005); the practices of deportation, which like the former, drive asylum seekers underground; the process of multiple dispersals by NASS; the issue of Section Four vouchers and the vulnerability of babies; the position of children of longterm asylum seekers who complete school and have nowhere to go.
- This section of the report raises again the need for training of teachers in handling vulnerable children: e.g., knowing how to advise, and support the ambitions of, those whose parents do not have status.
- Education, along with sports and cultural activities, are key areas for personal integration and social inclusion. They are often not available to refugee children or such children are unable to ‘develop their full potential’ in these areas because of poverty (or the complex economics of transnational family arrangements). There is a need to ensure that refugee children are eligible for sports grants (as well as school books etc) and that a much greater focus is placed on refugee children’s involvement in sporting and cultural activities.
- Post-16 education is again an issue for both asylum seeker and refugee children. Discussions need to take place with UCAS and universities in order to provide better access for both to these forms of further education. This seems particularly urgent in relation to children of longterm asylum seekers who have effectively grown up in Wales, in whose education Wales has invested over periods of five years or more, and who then find themselves unable to work or study further. This whole area requires review and policy focus.

Appendix 1.

Results of Survey Questionnaire

1) What age are you?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0- 10	3	2.2	2.3	2.3
11-18	14	10.2	10.5	10.5
19-25	21	15.3	15.8	26.3
26-35	50	36.5	37.6	63.9
36-50	41	29.9	30.8	94.7
51-65	3	2.2	2.3	97.0
66+	1	.7	.8	97.7
				100.0
Total	133	97.1	100.0	
Missing System	4	2.9		
Total	137	100.0		

2) What sex are you?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	67	48.9	48.9	48.9
female	70	51.1	51.1	100.0
Total	137	100.0	100.0	

3) What is your marital status?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid married/cohabiting	80	58.4	58.4	58.4
single	49	35.8	35.8	94.2
other	8	5.8	5.8	100.0
Total	137	100.0	100.0	

4) If you are married, do you live with your spouse?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	47	34.3	59.5	59.5
	no	32	23.4	40.5	100.0
	Total	79	57.7	100.0	
Missing	System	58	42.3		
Total		137	100.0		

5) If you are single, do you live with your family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	23	16.8	48.9	48.9
	no	24	17.5	51.1	100.0
	Total	47	34.3	100.0	
Missing	System	90	65.7		
Total		137	100.0		

6) Do you have any children?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	83	60.6	61.9	61.9
	no	50	36.5	37.3	99.3
	99.00	1	.7	.7	100.0
	Total	134	97.8	100.0	
Missing	System	3	2.2		
Total		137	100.0		

7) Do you have a religion?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	132	96.4	96.4	96.4
no	5	3.6	3.6	100.0
Total	137	100.0	100.0	

8) Do you practise your religion?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	132	96.4	96.4	96.4
no	5	3.6	3.6	100.0
Total	137	100.0	100.0	

9) What is your first language?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid french	16	11.7	12.2	12.2
english	9	6.6	6.9	19.1
somali	36	26.3	27.5	46.6
arabic	21	15.3	16.0	62.6
farsi	6	4.4	4.6	67.2
tigrigna	4	2.9	3.1	70.2
kurdish	8	5.8	6.1	76.3
amharic	2	1.5	1.5	77.9
russian	1	.7	.8	78.6
urdu	1	.7	.8	79.4
nobian	2	1.5	1.5	80.9
rutooro	1	.7	.8	81.7
lingala	3	2.2	2.3	84.0
turkish	1	.7	.8	84.7

	tswana	1	.7	.8	85.5
	shona	3	2.2	2.3	87.8
	pushto	1	.7	.8	88.5
	sindebele	1	.7	.8	89.3
	ndebele	1	.7	.8	90.1
	portuguese	1	.7	.8	90.8
	luganda	1	.7	.8	91.6
	rwandese	1	.7	.8	92.4
	bajuni	1	.7	.8	93.1
	hungarian	3	2.2	2.3	95.4
	ukrainian	1	.7	.8	96.2
	kirundi	1	.7	.8	96.9
	czech	3	2.2	2.3	99.2
	kikuya	1	.7	.8	100.0
	Total	131	95.6	100.0	
Missing	System	6	4.4		
Total		137	100.0		

Second answers to question 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	french	2	1.5	11.1	11.1
	english	1	.7	5.6	16.7
	arabic	3	2.2	16.7	33.3
	amharic	1	.7	5.6	38.9
	russian	1	.7	5.6	44.4
	lingala	3	2.2	16.7	61.1
	bodini	3	2.2	16.7	77.8
	kemanji	2	1.5	11.1	88.9
	kikongo	1	.7	5.6	94.4
	swahili	1	.7	5.6	100.0
	Total	18	13.1	100.0	
Missing	System	119	86.9		
Total		137	100.0		

Third answers to question 9.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	kikongo	1	.7	50.0	50.0
	swahili	1	.7	50.0	100.0
	Total	2	1.5	100.0	
Missing	System	135	98.5		
Total		137	100.0		

Fourth answers to question 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	french	1	.7	100.0	100.0
Missing	System	136	99.3		
Total		137	100.0		

10) How would you rate your ability to speak English?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	fluent	47	34.3	34.3	34.3
	good	43	31.4	31.4	65.7
	basic	41	29.9	29.9	95.6
	cannot	6	4.4	4.4	100.0
	Total	137	100.0	100.0	

11) How would you rate your ability to write English?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	fluent	40	29.2	30.8	30.8
	good	40	29.2	30.8	61.5

	basic	42	30.7	32.3	93.8
	cannot	8	5.8	6.2	100.0
	Total	130	94.9	100.0	
Missing	System	7	5.1		
Total		137	100.0		

12) How would you rate your ability to speak Welsh?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	basic	10	7.3	7.6	7.6
	cannot	121	88.3	92.4	100.0
	Total	131	95.6	100.0	
Missing	System	6	4.4		
Total		137	100.0		

13) How would you rate your ability to write Welsh?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	basic	6	4.4	4.5	4.5
	cannot	126	92.0	95.5	100.0
	Total	132	96.4	100.0	
Missing	System	5	3.6		
Total		137	100.0		

14) What level of formal education do you have?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	primary 5-11yrs	17	12.4	13.1	13.1
	secondary 11-16 yrs	33	24.1	25.4	38.5

	further 16-18 yrs	30	21.9	23.1	61.5
	higher - degree	22	16.1	16.9	78.5
	postgrad	21	15.3	16.2	94.6
	No formal education	7	5.1	5.4	100.0
	Total	130	94.9	100.0	
Missing	System	7	5.1		
Total		137	100.0		

14a) Are you currently engaged in any type of learning?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	84	61.3	63.6	63.6
no	48	35.0	36.4	100.0
Total	132	96.4	100.0	
Missing System	5	3.6		
Total	137	100.0		

14b) If so, what are you studying and at what level?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid postgrad	1	.7	1.3	1.3
further education	1	.7	1.3	2.6
medicine degree	4	2.9	5.3	7.9
A-level	29	21.2	38.2	46.1
ESOL	1	.7	1.3	47.4
I.T	1	.7	1.3	48.7
MRCP	1	.7	1.3	50.0
PLAB	1	.7	1.3	51.3
MSc Critical Care	1	.7	1.3	

IELTS	1	.7	1.3	52.6
year six	1	.7	1.3	53.9
primary	1	.7	1.3	55.3
school	1	.7	1.3	56.6
year five	1	.7	1.3	57.9
human rights	1	.7	1.3	59.2
accounting	1	.7	1.3	60.5
sports and	1	.7	1.3	63.2
science	1	.7	1.3	64.5
year eight	2	1.5	2.6	65.8
year ten	1	.7	1.3	67.1
accounting	1	.7	1.3	68.4
foundation	1	.7	1.3	69.7
pathway to	1	.7	1.3	71.1
progration	1	.7	1.3	72.4
NVQ Social	1	.7	1.3	73.7
Care	1	.7	1.3	77.6
NVQ level	1	.7	1.3	78.9
four	1	.7	1.3	80.3
sewing	1	.7	1.3	82.9
italian	1	.7	1.3	84.2
university	1	.7	1.3	86.8
plumbing	3	2.2	3.9	88.2
business	1	.7	1.3	89.5
administration	1	.7	1.3	90.8
sport science	1	.7	1.3	92.1
computer	2	1.5	2.6	96.1
PGCE French	1	.7	1.3	97.4
Introduction	2	1.5	2.6	98.7
to Nursing	1	.7	1.3	
college	1	.7	1.3	
business law	1	.7	1.3	
degree	1	.7	1.3	
computer	1	.7	1.3	
degree	1	.7	1.3	
patchwork				
project	1	.7	1.3	
swansea				
university				
GCSEs	3	2.2	3.9	
ILM first line	1	.7	1.3	
management	1	.7	1.3	
NVQ beauty	1	.7	1.3	

	therapy				
	masters	1	.7	1.3	100.0
	Total	76	55.5	100.0	
Missing	System	61	44.5		
Total		137	100.0		

15) What type of work did you do at home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	higher	12	8.8	10.1	10.1
	middle	12	8.8	10.1	20.2
	junior	10	7.3	8.4	28.6
	skilled manual	12	8.8	10.1	38.7
	unskilled/casual	6	4.4	5.0	43.7
	self-employed	14	10.2	11.8	55.5
	state benefits	2	1.5	1.7	57.1
	didn't work	46	33.6	38.7	95.8
	studying	5	3.6	4.2	100.0
	Total	119	86.9	100.0	
Missing	System	18	13.1		
Total		137	100.0		

15a) Do you work now?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	33	24.1	25.6	25.6
	no	96	70.1	74.4	100.0
	Total	129	94.2	100.0	
Missing	System	8	5.8		
Total		137	100.0		

15b) If so, what type of work do you do now?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	middle	5	3.6	13.9	13.9
	junior	8	5.8	22.2	36.1
	skilled manual	10	7.3	27.8	63.9
	unskilled/casual	10	7.3	27.8	91.7
	self employed	3	2.2	8.3	100.0
	Total	36	26.3	100.0	
Missing	System	101	73.7		
Total		137	100.0		

16) What nationality are you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	british	8	5.8	6.0	6.0
	somali	34	24.8	25.4	31.3
	iranian	2	1.5	1.5	32.8
	eritrean	3	2.2	2.2	35.1
	iraqi	9	6.6	6.7	41.8
	ethiopian	3	2.2	2.2	44.0
	algerian	2	1.5	1.5	45.5
	sudanese	14	10.2	10.4	56.0
	yemeni	4	2.9	3.0	59.0
	russian	1	.7	.7	59.7
	congolese	14	10.2	10.4	70.1
	saudi	1	.7	.7	70.9
	rwandan	2	1.5	1.5	72.4
	turkish	1	.7	.7	73.1
	motswana	1	.7	.7	73.9
	zimbabwean	5	3.6	3.7	77.6
	syrian	2	1.5	1.5	79.1
	afghan	6	4.4	4.5	83.6
	burundian	2	1.5	1.5	85.1
	irish	1	.7	.7	85.8
	angolan	2	1.5	1.5	87.3
	ugandan	2	1.5	1.5	88.8
	ivorian	1	.7	.7	89.6

	belgian	1	.7	.7	90.3
	trinidadian	1	.7	.7	91.0
	hungarian	3	2.2	2.2	93.3
	ukrainian	1	.7	.7	94.0
	czech	3	2.2	2.2	96.3
	kenyan	2	1.5	1.5	97.8
	ghanaian	1	.7	.7	98.5
	african	2	1.5	1.5	100.0
	Total	134	97.8	100.0	
Missing	System	3	2.2		
Total		137	100.0		

Second answers to question 16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	british	1	.7	20.0	20.0
	somali	2	1.5	40.0	60.0
	sudanese	1	.7	20.0	80.0
	zimbabwean	1	.7	20.0	100.0
	Total	5	3.6	100.0	
Missing	System	132	96.4		
Total		137	100.0		

17) What ethnicity are you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	somali	14	10.2	12.6	12.6
	african	18	13.1	16.2	28.8
	black african	20	14.6	18.0	46.8
	persian	1	.7	.9	47.7
	eritrean	3	2.2	2.7	50.5
	arab	5	3.6	4.5	55.0
	kurdish	7	5.1	6.3	61.3
	white	4	2.9	3.6	64.9
	asian	5	3.6	4.5	69.4
	north african	1	.7	.9	70.3

	mixed	1	.7	.9	71.2
	middle east	2	1.5	1.8	73.0
	russian	1	.7	.9	73.9
	sudanese	4	2.9	3.6	77.5
	black	10	7.3	9.0	86.5
	yemeni	1	.7	.9	87.4
	iraqi	1	.7	.9	88.3
	pakistani	1	.7	.9	89.2
	doungolassy	1	.7	.9	90.1
	kiyaruwanda	1	.7	.9	91.0
	black welsh	1	.7	.9	91.9
	kongo	2	1.5	1.8	93.7
	hutu	1	.7	.9	94.6
	bantou	1	.7	.9	95.5
	european	5	3.6	4.5	100.0
	Total	111	81.0	100.0	
Missing	System	26	19.0		
Total		137	100.0		

Second answers to question 17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	african	3	2.2	60.0	60.0
	black	1	.7	20.0	80.0
	african	1	.7	20.0	100.0
	asian	1	.7	20.0	
	Total	5	3.6	100.0	
Missing	System	132	96.4		
Total		137	100.0		

Third answers to question 17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	arab	1	.7	100.0	100.0
Missing	System	136	99.3		

Total	137	100.0		
-------	-----	-------	--	--

18) What country did you leave in order to come to the UK?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	somalia	28	20.4	22.4	22.4
	iran	2	1.5	1.6	24.0
	eritrea	3	2.2	2.4	26.4
	iraq	9	6.6	7.2	33.6
	ethiopia	2	1.5	1.6	35.2
	algeria	2	1.5	1.6	36.8
	sudan	16	11.7	12.8	49.6
	yemen	4	2.9	3.2	52.8
	russia	2	1.5	1.6	54.4
	d.r. congo	12	8.8	9.6	64.0
	saudi	1	.7	.8	64.8
	rwanda	2	1.5	1.6	66.4
	turkey	1	.7	.8	67.2
	zimbabwe	6	4.4	4.8	72.0
	syria	2	1.5	1.6	73.6
	afghanistan	6	4.4	4.8	78.4
	burundi	2	1.5	1.6	80.0
	morocco	1	.7	.8	80.8
	congo- brazzaville	1	.7	.8	81.6
	angola	2	1.5	1.6	83.2
	uganda	2	1.5	1.6	84.8
	ivory coast	2	1.5	1.6	86.4
	belgium	1	.7	.8	87.2
	kenya	1	.7	.8	88.0
	trinidad	4	2.9	3.2	91.2
	libya	1	.7	.8	92.0
	czech republic	1	.7	.8	92.8
	somaliland	3	2.2	2.4	95.2
	ghana	2	1.5	1.6	96.8
	switzerland	1	.7	.8	97.6
	born in UK	1	.7	.8	98.4
	33.00	2	1.5	1.6	100.0
	Total	125	91.2	100.0	

Missing	System	12	8.8		
Total		137	100.0		

19) How long have you lived in the UK?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 6 months	4	2.9	3.0	3.0
	less than 1 yr	9	6.6	6.7	9.6
	0-2 yrs	29	21.2	21.5	31.1
	3-5 yrs	70	51.1	51.9	83.0
	6-10 yrs	14	10.2	10.4	93.3
	11-15 yrs	4	2.9	3.0	96.3
	16-25 yrs	2	1.5	1.5	97.8
	26-50 yrs	3	2.2	2.2	100.0
	Total	135	98.5	100.0	
Missing	System	2	1.5		
Total		137	100.0		

20) How long have you lived in Wales?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 6 months	9	6.6	7.5	7.5
	less than 1 yr	10	7.3	8.3	15.8
	0-2 yrs	35	25.5	29.2	45.0
	3-5 yrs	55	40.1	45.8	90.8
	6-10 yrs	7	5.1	5.8	96.7
	11-15 yrs	2	1.5	1.7	98.3
	26-50 yrs	2	1.5	1.7	100.0
	Total	120	87.6	100.0	
Missing	System	17	12.4		
Total		137	100.0		

