

Refugee Women's Peer Researcher Project

Accessing information, rights and services in the UK



Ahed Al Hamwi | Cemanur Keleşoğlu | Kidist Teklemariam
Larysa Agbaso | Radhika Puri | Roger Newton | Rowena Hay
Roxana Tarin | Shahnaz Zehri | Sheila Sarkodie
Silifat Adejoke Oki

Working with

BritishRedCross

short+work

Introduction

In March 2021 the British Red Cross appointed an external provider, Shortwork, to deliver a co-produced research project to explore the barriers that refugee women face in accessing information, rights and services in the UK. A group of eight women were recruited via the British Red Cross and Shortwork networks to work as volunteers on the project. The volunteers all have lived experience of accessing help and support in the UK as a refugee. They are also diverse, coming from a range of different countries, including Ghana, Ukraine, Bangladesh, Pakistan, Syria, Turkey, Nigeria and Ethiopia; with experience of accessing support and services in different parts of the UK including Shropshire, Newport, London, Peterborough, Bournemouth, Cardiff, Leicester and Leeds.

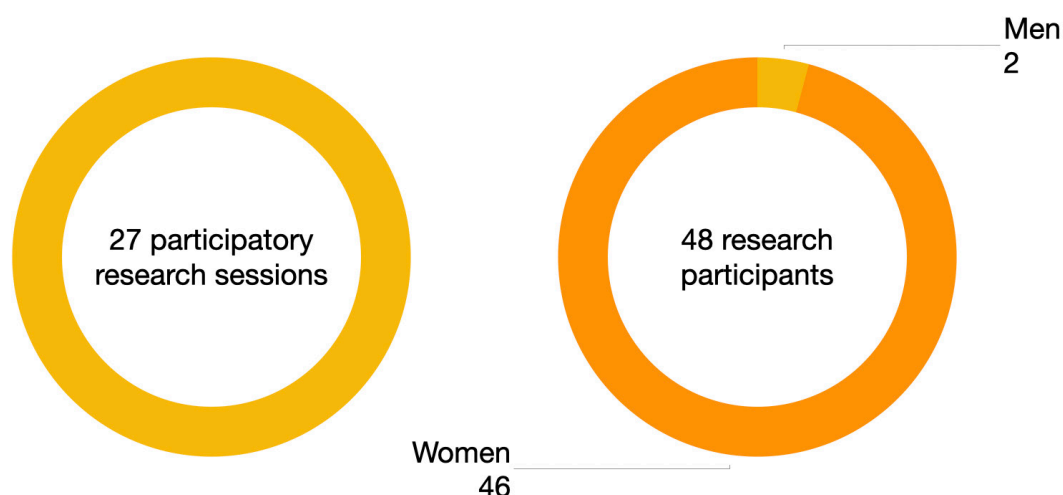
Training and fieldwork

Following their recruitment, the group of volunteers (hereafter referred to as peer researchers) were trained in Participatory Appraisal (PA) - a set of techniques for carrying out community-led research, learning and collective action. Through three online workshops, the peer researchers learnt about the background and ethics of PA, key behaviours and attitudes, questioning and listening skills, and how to facilitate a set of visual interactive tools to explore the following key questions:

1. **KNOWLEDGE:** How much do refugee women know about their rights in the UK and how to access services?
2. **GETTING INFORMATION:** Where do refugee women go for this? What are the sources of information? Which sources do they trust? (e.g. Home Office, Local Authorities, voluntary sector and community organisation)
3. **BARRIERS TO ACCESSING SERVICES:** What barriers do refugee women face in accessing information and services?
4. **DIFFERENCES IN EXPERIENCE:** Do women have different experiences of accessing information and services depending on whether they have come to the UK as a refugee claiming asylum or coming on a family reunion visa? If this is the case - why?
5. **OVERCOMING THE BARRIERS:** What changes would refugee women like to see to overcome the barriers? (e.g. where would they like to access information?)

During a fourth online workshop the peer researchers split into two teams - one focusing on the experience of women coming to the UK through the asylum route, and the other focusing on those entering the UK via a resettlement scheme including family reunion. The teams then set about planning their fieldwork, identifying potential participants to engage in the research through their own family and community networks, colleagues, community venues and online forums.

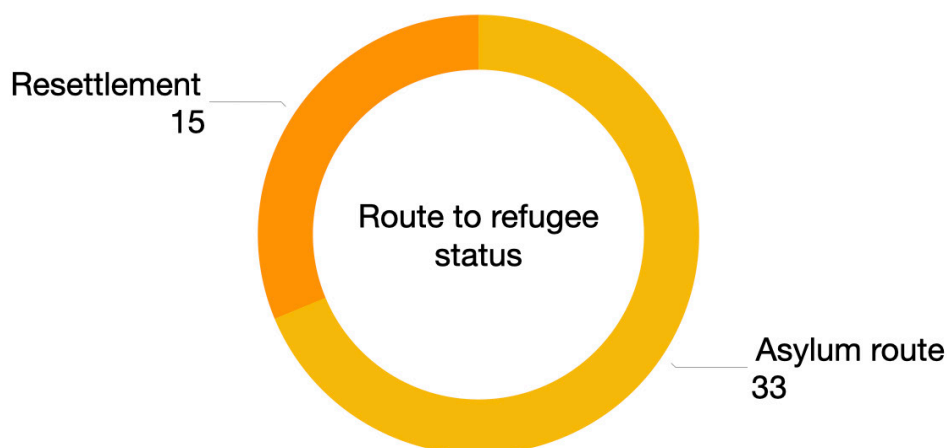
During May and June 2021 the peer researchers undertook their fieldwork based on these plans, with support from Shortwork staff. The limitations of running fieldwork online due to continued COVID-19 restrictions reduced the opportunity to engage with larger groups in community venues as would usually be the case in PA research. Instead, the peer researchers engaged participants in small groups or one-to-one sessions either online or in-person following social-distancing guidelines. The sessions included discussions in a local beauty salon, with colleagues at work, on a park bench in the local park, over the kitchen table with family members, zoom at online support groups, and one-to-one with friends over the phone.



In total the teams completed 27 research sessions and engaged with 48 participants, including two men and 46 women. They included adult participants who ranged between the ages of 18 and 53 years old. Participants came from all parts of the world including Afghanistan [2], Albania [1], Algeria [1], Bangladesh [1], China [1], Colombia [1], the Congo [1], Eritrea [2], Ethiopia [5], Ghana [2], India [3], Iran [2], Kurdistan [1], Nigeria [2], Pakistan [6], Russia [1], Somalia [2], South Africa [1], Sudan [4], Syria [2], Turkey [4], Ukraine [1] and Yemen [1].

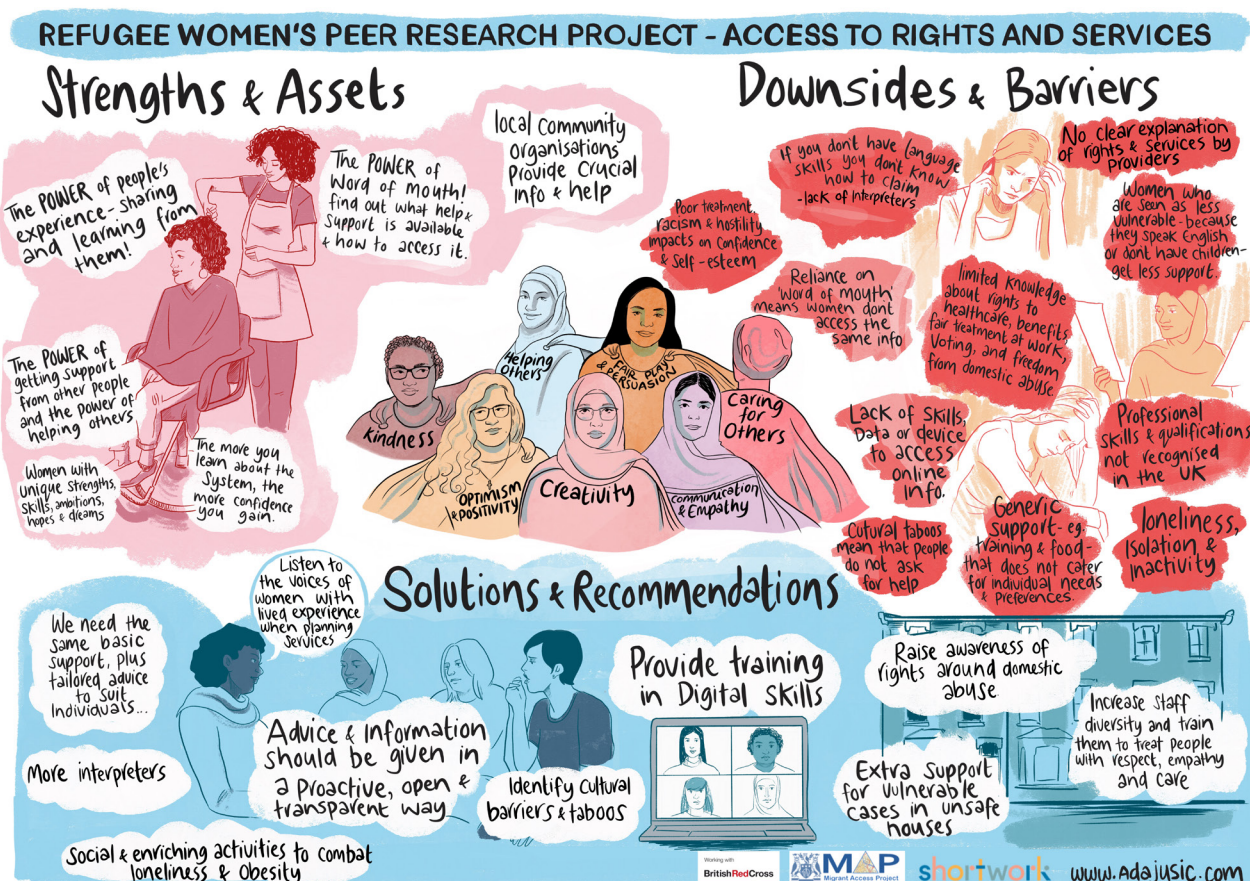


A total of 33 participants in the research came to the UK through the asylum route and 15 came via a resettlement scheme including family reunion.



Approach to analysis

Following the fieldwork period the peer researchers reconvened to share their research findings, and to collaboratively define key themes and recommendations based on what they had learnt. Following the workshop, an artwork, created by Ada Juric, was produced to summarise the main findings and recommendations in an engaging and accessible format, in order for these to be shared with the British Red Cross as well as research participants involved in the project.



The qualitative data including contributions from participants on the interactive PA tools and peer researcher observation notes, were transcribed and thematically analysed with the aid of qualitative data analysis software HyperResearch. The analysis was carried out as a collaboration between one of the peer researchers who was interested in learning more about the process of data analysis, and Shortwork staff. This analysis forms the basis of the findings presented in the remainder of this report, structured around the five research questions.

Findings

1. KNOWLEDGE: How much do refugee women know about their rights in the UK and how to access services?

The peer researchers and participants in the study grappled with the difference between 'rights' and 'services' leading to discussions about what these terms really mean, how they interrelate with each other, and how they have a tangible impact on refugee women's lives. A lack of understanding of what basic or fundamental human rights are was highlighted as an issue, particularly amongst those coming from countries where human rights are not upheld, or amongst women who have not received a formal education. Participants reported a general lack of understanding about the services they are entitled to, and which organisations to approach for help at the national and local level. Many also lacked an understanding of which groups are entitled to certain benefits and services, and the criteria used to define eligibility.

'I'm struggling to understand which types of support is [available] from which institution.' (Female, Turkish, Asylum route)

The rights and services identified as particularly important through the research include access to basic material necessities including food, shelter and clothing; financial help to support welfare through the benefits system; freedom from violence and abuse (in and outside the home); education and training for women and children; healthcare, including sexual health, natal and post-natal care, dentistry and mental health support; safe, stable and private housing; safe and fair employment. In addition, participants stressed the importance of having access to enriching social activities as a way to tackle anxiety, depression, loneliness and inactivity amongst refugee women and children.

2. GETTING INFORMATION: Where do refugee women go for this? What are the sources of information? Which sources do they trust? (e.g Home Office, Local Authorities, voluntary sector and community organisation)

Research participants identified the organisations that were important sources of information and support. These include national level public sector organisations, national charities, third-sector providers with local offices, local authorities, schools, colleges and universities, local charities, voluntary-sector organisations and community groups, and informal community networks.

At the national level the Home Office was seen as a body with lots of power to impact the lives of refugee women, not least because of its pivotal role in processing asylum and family reunion claims. The Home Office was perceived to be distant from refugee women with a limited role in providing direct information and support once status had been provided. Those who had experienced a lengthy or challenging asylum application, or had encountered others in their community who struggled, were fearful of the Home Office. Others criticised it for providing reactive rather than proactive information and advice, and for being distant and out of reach. The role of the Home Office in subcontracting services out to other organisations, and in supporting particular programmes, for example training

programmes in digital skills for refugee women, was also recognised by some.

National level charities were also highlighted as important. These include the Refugee Council, for helping make phone calls to different services and for providing holistic support. The International Care Network for answering questions and providing information. Citizen Advice for making connections with other organisations and providing help to navigate specific problems including consumer issues. The Children's Society for providing education and mentorships for children, facilitating access to a social worker and for providing basic necessities such as food and clothing. The British Red Cross (BRC) was also mentioned as a vital support, and a source of help and information that is well known by refugee women because of its international presence in destabilised and war-torn countries. Participants valued practical help and referrals that local BRC offices provided; the quality and clarity of information; training and employability programmes; and assistance in bringing family members to the UK via family reunion. In addition, participants valued interactions with other refugee women that the BRC facilitated and in particular the support workers and volunteers who had lived experience of accessing services and support themselves.

At the local level, Local Authorities were highlighted as a central source of information and support. This included access to housing and housing maintenance issues; support to access emergency food and toiletries, particularly during the pandemic; and access to social services to help through hardships, provide referrals and information about rights. Local councils were generally seen as slow to respond, particularly regarding housing issues, and were also criticised for poor customer service.

The role of the local NHS trust, including in GPs surgeries and hospital settings was also highlighted as key. Support from midwives in the pre and post-natal period was particularly valued. This included fundamental information about rights, including the right to decide to have a baby, support around domestic violence, and mental health issues, as well as practical access to baby supplies such as nappies and clothes. Long waiting times, and unwelcoming staff, particularly those who work front-of-house, were also seen to be particularly problematic, as was the lack of available interpretation services which made communication difficult, and lead to feelings of isolation and lack of support at vulnerable times - for example when in labour in hospital.

The local Job centre was also seen as an important resource in order to understand entitlements and to access universal credit, employment and training opportunities, as well as schemes such as the free bus pass.

Schools, colleges and universities were also highlighted as important, providing support with mental health, special funding for courses for refugee applicants, and summer school provision to help navigate the university system.

Local charities, religious organisations and community groups are particularly important to refugee women, as they provide a wide range of services. These include information about how the system works, advice and signposting, information and support around claiming benefits and accessing housing; practical help to get home furnishing, access to food, gifts and toys for children; women-specific advice and support around domestic violence, and support for single mothers; access to training opportunities including ESOL; voluntary roles; as well as access to social activities and events.

Informal community support from neighbours, friends and family members was also highlighted as important for everyone, but particularly for refugee women who cannot speak English and need additional help to interpret and overcome language barriers.

3. BARRIERS TO ACCESSING SERVICES: What barriers do refugee women face in accessing information and services?

Refugee women face a number of barriers to accessing information and services in the UK. The lack of transparency about what refugee women are entitled to when they settle in the UK at all stages in the process makes understanding the system challenging. This includes when applying for asylum on entry, but also when accessing services from different government bodies and agencies when refugee status has been secured. Participants reported that the system is complex, and that there is no one source of information to find out what services are available and how to access them.

Despite this lack of clarity, participants felt that service providers do not provide accessible information to refugee women. Indeed, many reported that organisations can be remote and inaccessible due to long-waiting times when accessing call centres; being passed around from department to department with no real clarity about who to speak to and why; a feeling that staff are ticking boxes rather than taking the time to listen and help; deliberate avoidance of giving direct answers; or being given the wrong information entirely. Participants felt that there was a general attitude that refugee women should know their rights and services and how to access them - and a lack of proactive help and advice is the result.

'Deliberate avoidance of direct answers ... [they] just want to tick the box ... getting [our] signatures ... and [then] hurrying to say goodbye.'
(Female, Ethiopia, Family Reunion)

A lack of consideration for the particular challenges that women face in a male dominated environment was also highlighted as an issue, both in the design of services, and in the demographics of the staff providing support.

'They should have more women working as support workers ... someone who has some womanly problems they need to discuss them with the women ... if I have a problem I don't feel comfortable to go to a male.'
(Female, Bangladesh, Asylum route)

Barriers to accessing information and services are particularly high for women who do not speak English, stopping them from understanding the system, expressing themselves effectively and getting the help that they need.

'The foremost barrier for the refugee/spouse visa holder women was the English language which led [to] all other problems. Women find it difficult to explain themselves to ... support organisations which [lead to] further difficulties.' (Peer-researcher observation notes)

Most websites do not include translations, and interpretation services for verbal support are patchy at best, covering a limited number of languages and a limited number of services.

'With difficulty to read and write ... giv[ing] you a website or papers to read is not a help by itself.' (Female, Sudan, Asylum route)

'Few organisation providing interpreting services and staff who could speak my language.' (Female, Ethiopia, Family reunion)

A lack of digital skills and/or access to the internet due to a lack of device and/or access to data was also highlighted as a barrier, particularly as more services have moved online during the pandemic. Digital barriers stand in the way of getting information, accessing basic goods and services, as well as other opportunities such as training and social activities. These issues are compounded for those women who do not have a good grasp of the English language or who lack a formal education.

'The barriers are multiple. If you don't have the computer and the internet, if you don't have the ability to use it, if you can't speak the language, you cannot access it.' (Female, India, Asylum route)

The barriers women face in accessing information and support directly from service providers mean they are more reliant on information from informal networks including family, friends and neighbours. The reliance on word of mouth means that refugee women do not get all the same information and do not have equal access to rights and services as a result. Access to community networks and support at the local level also varies, with those living in rural areas or small towns finding it harder to access information and support from others who have gone through the same system.

'It depends on the community ... there are no people from my country here. I know a lot of people but it feels like I am a stranger when it comes to this.' (Female, Somalia, Asylum route)

The pandemic has also impacted on community support that is available - with voluntary organisations unable to provide crucial face-to-face social and creative activities.

Women are also more likely to take on caring responsibilities including for young children, family members suffering ill-health and older people. Participants felt that these responsibilities mean that women may have less time to search for information and ask questions, or to actively participate in English classes or other opportunities to learn/socialise/make links outside of the home.

'Men - they go and meet ... with different people .. they have a different cycle ... Women don't have so many contacts. They are at home with the children.' (Female, India, Asylum route)

'Looking after children - I feel I don't have enough time to search and ask for more information.' (Female, Syrian, Family Reunion)

A lack of confidence, fear or shame to ask for help was also a key barrier highlighted by participants. This is due to a number of factors including language barriers, low self esteem, loneliness and isolation, distrust in government bodies or fear that asking for help will result in sanctions.

Having the confidence to speak up and challenge those providing a service and push for rights is a barrier for many refugees, but particularly for women who are likely to have less power and voice.

'They don't have the confidence to say what they are entitled to or to push for things.' (Peer researcher observation notes)

The racism and hostility that refugee women face is also a key barrier, with participants feeling judged and patronised; suffering rudeness from staff; being treated as a generic 'refugee woman' rather than as individual, and carrying shame and stigma alongside their refugee status. Particularly cultural norms - for example not wanting to ask for help or to beg - were also highlighted as barriers to asking for help.

'I didn't want people to know ... I felt that I wasn't important ... you feel a little bit in the way ... [you are asked] why are you in UK? You don't want to be judged for what you are rather than who you are.' (Female, South African, Asylum route)

'I came to know that still, women face hardships, harassment, and racism in one of the developed countries like the UK.' (Peer researcher observation notes)

Refugee women reported different experiences based on multiple disadvantages.

'Feeling multiple disadvantages - being refugee - being alone - being woman - being muslim - being minority ethnic group.' (Female, Turkish, Asylum route)

As well as a lack of support given to those who were deemed less 'vulnerable' because they do not have dependents, or have a good grasp of English.

A lack of access to adequate housing was a key area highlighted by participants - and a particular problem for single women and those with dependents. Participants shared stories of multi-generational overcrowding, being housed far from existing family and support networks, inaccessible accommodation when living with a disability, and living in temporary accommodation for many years. A lack of responsiveness to defects, including of heating and cooking facilities, were also cited as ongoing concerns..

Mental or physical domestic abuse is also an area that impacts refugee women disproportionately. Participants identified a number of barriers to getting help including fear of reporting an abusive partner due to cultural norms, stigma, lack of knowledge about where to get help and the risk of homelessness.

Accessing work and education is also a challenge. Barriers reported included the cost of seeking higher education; difficulties in providing references or passport ID to employers; the need to convert existing qualifications gained in another country into a UK equivalent; the generic rather than tailored nature of English Language courses; and the lack of progression into further education or employment. Women also reported that the careers open to them were limited to gendered and generally low paid careers in child-care and adult social care.

'Back home you work for 12 years [and] you know what you are good at [but] when you arrive here you start with learning English and they tell you that you must forget about your background. What you have done in your country isn't important. You start from zero.' (Female, Congo, Asylum route)

Poor health care was also an area of concern due to poor communication and lack of support, particularly when in vulnerable situations such as during and after child-birth.

Participants highlighted a number of impacts of a lack of information and access to services. These include financial difficulties, broken families, poor-decision making, difficulties integrating into UK society, poor physical health, as well as poor mental health including anxiety, panic, depression, loneliness, and low self-esteem.

4. DIFFERENCES IN EXPERIENCE: Do women have different experiences of accessing information and services depending on whether they have come to the UK as a refugee claiming asylum or via a resettlement scheme including family reunion? If this is the case - why?

Participants in the research felt that women who come to the UK via a family reunion visa have less direct access to support services, and are as a result more dependent on male partners and family members for information and advice. This is particularly true for those who are uneducated and do not speak English. Participants reported that it can be difficult for this group to have any independence.

'I found most of the family reunion women are uneducated, living in the UK and coping with this new life is not an easy task for them.' (Peer-researcher observation notes)

'As we are uneducated most of the things are told by our husbands so anything they say we have to believe them and we are totally dependent on them.' (Female, Pakistan, Family union)

Dependence on male partners and family members may also make women coming to the UK via family reunion particularly isolated if they are faced with domestic abuse. Participants reported that they may not have full information about their rights. They may also be fearful of arrest and deportation if they try and escape domestic violence and seek help alone.

Those who came to the UK as asylum seekers face different challenges. Firstly, many experience a very long wait until they gain settled status in the UK, resulting in years of uncertainty and limitations on their freedoms including where they live and work. This lack of agency and inability to move forward with life, lead some women to feel dehumanised and dependent. Participants reported that negative experiences and feelings continue to impact them after they gain refugee status.

'They were horrible to me ... there was a woman who asked me to write down [my] case ... she was shouting, yelling and threatening [me] ... I kept crying when I told them what happened [and why I was claiming asylum] it's really hard to recall all those things ... if you are met with shouts and doubts it doesn't work ... you feel more worthless ... you lose trust and try to flee to them .. rather than go for more support and help.' (Female, Bangladesh, Asylum route)

Some women reported that the system became more confusing after they gained status, and that the community and charitable organisations that had provided help to them as asylum seekers very quickly withdrew support. Participants felt this was a particular problem for vulnerable women, for example those who had come to the UK as victims of trafficking and mothers with young children.

'I was asked to close the file [I'm a] victim of trafficking and I had to stop that support because once the decision is made then your help is stopped but I still didn't know where I was going.' (Female, South African, Asylum)

'When I got my status [the housing provider] asked me to leave in 28 days [it] was hard to find a property in this period and [it] stressed me out a lot because I was busy with my baby.' (Female, Turkey, Asylum route)

Once status is gained, those who came to the UK via the asylum route find it difficult to provide documentation to potential employers such as a passport, evidence or references proofing previous employment or experience from their home country. According to respondents employers have a limited understanding of these barriers, and do not tend to accept references from volunteer placements.

'Employers don't know anything about asylum and ask about the gaps or work experience.' (Female, Albania, Asylum route)

Women who come to the UK via the asylum route but with no dependents, feel that they are seen as 'less' vulnerable and are given less help and support as a result.

'The whole system is very sympathetic to women who have children ... people who choose to be single, who don't have a partner, or who don't have a child are not treated the same way... it is a big discrimination from my point of view.' (Female, Bangladeshi, Asylum route)

Some participants reported a lack of consideration for the vulnerability of single refugee women, particularly when living in shared accommodation with people they don't know, and the isolation they face with no relatives, friends or partners in the UK to provide support.

'Not feeling safe to get involved in society as an alone woman ... Some people take advantage of my situation and vulnerability, therefore I can't trust easily ... anyone who wants to help me.' (Female, Turkey, Asylum route)

5. OVERCOMING THE BARRIERS: What changes would refugee women like to see to overcome the barriers? (e.g. where would they like to access information?)

Participants and peer researchers involved in this project suggested a range of solutions to overcome some of the barriers faced in accessing rights, information and services as a female refugee in the UK.

Education and work

- Provide education in human rights to refugee women.
- Provide more free and high quality training so that refugee women can learn English - this is a key to accessing services and support.
- Enable refugee women to access education and work opportunities so they can support themselves.
- Build upon existing programmes to convert qualifications from different countries into UK equivalents.
- Provide training in IT, alongside access to equipment and data.

Staff recruitment, training and development

- Provide training for staff so they are always professional, helpful and aware of specific issues that impact on refugee women.
- Recruit diverse staff, including those who have lived experience of the system.
- Learn and build on good service, including proactive advice and signposting services that seek to empower rather than patronise.

Services and support

- Have one case worker or a 'one stop shop' locally who can help refugee women access information, support and referrals to organisations that can provide help at the

local level.

- Provide more financial support to single women so they can live independently.
- Fund and celebrate the local grain of community based voluntary sector organisations who help refugees to navigate their entitlement.
- Strengthen multilingual service provision.

Mental and physical health

- Provide domestic violence help, advice and information. Train GPs and other healthcare professionals to understand the signs of domestic violence - they may be the only 'safe' space a woman can go without her partner.
- Provide mental health awareness sessions and support.
- Focus on wellbeing by providing enriching activities including children's clubs, creative activities, peer support groups and conversations clubs, volunteering opportunities, gym and swimming vouchers.

Information sharing

- Be proactive and responsible in sharing information - do not assume that new arrivals know their entitlements. This could be an information session once status has been granted, an integration program or course.
- Provide a website that sets out all information and entitlements for refugee women in all areas including housing, education, benefits, health and personal safety.

Listening and co-creating

- Identify specific cultural taboos and barriers to accessing services.
- Make connections with community leaders at the local authority and national level, listen and respond to the specific issues that women in their communities face, and provide practical information and links to services and support.
- Treat refugee women as individuals - with different stories, problems, needs, skills and ambitions. Tailor advice, information and support to individuals needs and situations.
- Employ women with lived experience as a refugee to provide front line help and support.
- Share and promote work done by refugees and migrants, and the contribution they make to their communities and UK society as a whole.

Conclusions

This report sets out the findings of a peer research project exploring the experiences of refugee women in accessing information, rights and services. It draws on the expertise and networks of a group of 8 diverse women who have lived experience as refugees in the UK. Through research sessions with 46 female and 2 male refugees from many different countries and living in different parts of the UK, the peer researchers have highlighted the considerable barriers that refugee women face in accessing the help and support they need when settling in the UK. Ultimately this stems from the fact that the system of services and support available is complex, entitlements vary, and services are provided by a range of organisations at the national and local level. This inherent complexity is made worse by the fragmented nature, lack of clarity and accessibility in the information that is provided both online and verbally. Language barriers make accessing the right information all the harder, and the translation services that are available are

inadequate. The reliance on online sources of help, particularly during the pandemic year, have inevitably put up further barriers to access due to a lack of data, device or skills, compounding the language and educational barriers that many refugee women face in accessing help. Word of mouth information from family, friends and community networks are crucial to all refugee women when trying to navigate the system. However, the lack of consistent information provided to women as a result means that they are unlikely to access the same services and opportunities. Those women who have caring responsibilities, or are dependent on their partners and immediate family for information, may be cut off from rights and services, and more vulnerable to loneliness, isolation, and domestic violence.

The evidence drawn from this research shows that refugee women face barriers whether they enter the country via the asylum system or a family reunion visa. However, there appear to be some differences in their experiences. For example, those who come to the UK via family reunion may be more dependent on their partners, and more disconnected from information about rights and services. Those who enter as asylum seekers are often affected by the difficulties they faced while waiting for settled status. They also find that help and support comes to an abrupt end when they become a refugee which can be a difficult and confusing transition but particularly for the most vulnerable groups such as women with young children, and victims of trafficking. At the same time, refugee women deemed to be less vulnerable feel they do not get the same level of support. Women of all backgrounds suffer from discrimination and racism as refugees, including outright rudeness, being ignored and poor quality services. Many feel that the information and help they receive is generic, and that they are treated as stereotypical 'refugees' rather than as women with a unique set of skills, ambitions, hopes and dreams. This is reflected in the lack of recognition of previous experience and qualifications when applying for training and employment, and the lack of work opportunities outside of the caring professions.

The participants in the study put forward a range of suggestions to improve things from their point of view. These include building on existing good practice in providing information and support in a proactive and empowering way; as well as new approaches to providing information including information sessions once status has been granted, integration programmes, and local 'one-stop' shops to give refugee women access to information and referrals to organisations that can provide help and support. Greater connections between service providers at the local and national level with community leaders was also suggested as a way to understand particular needs and barriers, as was greater support and funding for local voluntary sector organisations, and particularly those led by refugee women, who are crucial in helping refugees to navigate their entitlements.

As with all qualitative research the findings presented here do not pretend to be representative. They are of course partial views. The broad nature of the research questions necessarily led to wide discussions which can only begin to sketch out the challenges refugee women face in accessing information, support and upholding their rights. There is a clear need to focus the discussion by exploring the particular barriers refugee women face in accessing particular rights, and services, in greater depth; as well as a more specific study exploring the differences in experiences depending on route to status. This is beyond the scope of this short exploratory study, but would be worthy of follow up through further participatory research projects building on the knowledge and skills of this peer researcher group.

shortwork

Action Research
for Social Change

rowena@shortwork.org.uk
07961974581

63 Blundell Street
Liverpool L1 0AJ
www.shortwork.org.uk