

SAFER AND STRONGER

Experiences of Refugee Women Resettled to the UK





Hind was resettled from Iraq to Ipswich. © UNHCR/Kim Nelson



Cover image: Sulaf, who now lives in the UK. ©UNHCR/David Azia

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TABLE OF CONTENTS

INTRODUCTION	4
Key findings.....	6
Recommendations.....	8
BACKGROUND & CONTEXT	11
AIM OF THE PARTICIPATORY ASSESSMENT	12
METHODOLOGY	13
FINDINGS	16
Country of Asylum.....	16
Resettlement Process.....	19
Life in the UK.....	23
English Language.....	23
Education & Employment.....	27
Housing.....	30
Health.....	32
Family Separation and Reunification.....	34
Community.....	36
Empowerment.....	38
Other.....	42
Specific groups.....	44
LGBTQI.....	44
Older women.....	48
CONCLUSION	49
ACRONYMS	51

This report presents the findings of a Participatory Assessment on the protection and integration situation of refugee women who have been resettled to the United Kingdom (UK) under the UK Government’s resettlement schemes. The research was carried out by UNHCR, the UN Refugee Agency, between July and October 2019. A total of 143 adult resettled refugee women living in the UK were interviewed for the Participatory Assessment.

The UK Government has emerged as a global leader in resettlement in recent years. Since 2014, it has resettled a total of 25,967¹ refugees under its three main schemes: the Vulnerable Persons Resettlement Scheme, Vulnerable Children’s Resettlement Scheme and the Gateway Protection Programme (together, the Schemes).² This Participatory Assessment seeks to gain a better understanding of the needs of refugee women resettled under the Schemes in the last five years, and to ascertain how resettlement has impacted their protection situation, served as a tool of protection³ and provided a durable solution⁴ for those women. The findings from the research support recommendations on strengthening the UK’s resettlement programme as well as the activities of UNHCR and partners pertaining to resettlement.

UNHCR chose to focus on refugee women in recognition of the specific and unique legal and physical protection needs that they may have due to their gender.⁵ Female refugees may have gender-related protection needs in their country of asylum, particularly those identified as “Women and Girls at Risk”.⁶ Challenges women face can also arise or be heightened during resettlement processing and during travel to a country of resettlement.

WHAT IS RESETTLEMENT?

Resettlement involves the selection and transfer of refugees from a State in which they have sought protection (country of asylum) to a third State (country of resettlement) which has agreed to admit them as refugees. It provides refugees with protection and a durable solution. It is also a tangible mechanism for international solidarity and responsibility-sharing amongst States. Only a small number of States resettle refugees. There were 20.4 million refugees of concern to UNHCR around the world at the end of 2018, but fewer than one per cent were resettled that year. Resettlement States provide refugees with legal and physical protection, including access to civil, political, economic, social and cultural rights similar to those enjoyed by nationals.

1 Home Office, *Immigration statistics data tables, year ending March 2020, 21 May 2020*, available from <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-march-2020>.

2 In addition to the Schemes, the UK Government also operates the Mandate Refugee Scheme. For further information see *The UK Country Chapter to the UNHCR Resettlement Handbook*, 2018, available from www.unhcr.org/uk/protection/resettlement/40ee6fc04/unhcr-resettlement-handbook-country-chapter-united-kingdom.html.

3 A tool to provide international protection meets the specific needs of individual refugees whose life, liberty, safety, health or other fundamental rights are at risk in the country where they have sought refuge.

4 A durable solution for refugees is one that ends the cycle of displacement by resolving their plight so that they can lead normal lives. Seeking and providing durable solutions to the problems of refugees constitutes an essential element of international protection.

5 See: UNHCR, *Guidelines on the Protection of Refugee Women*, July 1991, available from www.refworld.org/docid/3ae6b3310.html, UNHCR, *Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees*, 7 May 2002, available from www.refworld.org/docid/3d36f1c64.html, UNHCR, *Report on the High Commissioner’s Five Commitments to Refugee Women*, 13 June 2005, EC/55/SC/CRP.17, available from www.refworld.org/docid/49997af91a.html, and UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, January 2008, available from www.refworld.org/docid/47cfc2962.html.

6 For information on UNHCR’s Resettlement Submission Categories, see UNHCR, *Chapter Six: UNHCR Resettlement Handbook*, 2011, available from www.unhcr.org/46f7c0ee2.pdf.



Ruqia, now living in Bradford, was resettled from Syria. © UNHCR/loana Epure

Furthermore, women, by virtue of their gender, may continue to face challenges, even after arrival in the country of resettlement, which can hamper their successful integration. Studies on refugee integration in the UK (of both resettled refugees and those recognised in-country) have highlighted some of the issues that female refugees and asylum-seekers may face.⁷ These include lack of affordable childcare, safety (including domestic violence and harassment), social isolation, difficulties accessing female medical General Practitioners and gender discrimination in the labour market. The Global Compact on Refugees (GCR) highlights the importance of “investing in robust reception and integration services for resettled refugees, including women and girls at risk”.⁸ This Participatory Assessment, therefore, seeks to provide a better understanding of the nature of the protection

concerns that women face during and after resettlement, and whether there is an appropriate response to those risks.

The GCR recognises the importance of meaningful participation of women and girls in refugee responses.⁹ In line with the GCR and by holding structured dialogues with refugee women, UNHCR seeks to promote their involvement in the design of responses and advocacy efforts. In this way, listening to those who have been resettled will help strengthen the effectiveness of the Schemes. Crucially, the findings and recommendations from this Participatory Assessment should be used to inform the design and implementation of the UK’s forthcoming resettlement scheme and help ensure that UNHCR, the UK Government and partners deliver the best programme possible.

⁷ See Collyer, M., Morrice, L., Tip, L., Brown, R., Odermatt, E., *Policy Brief: English language for resettled refugees*, Spring 2017, available from www.sussex.ac.uk/webteam/gateway/file.php?name=policy-brief-on-language.pdf&site=252, Refugee Action, *Response to Integrated Communities Strategy Green Paper*, June 2018, available from www.refugee-action.org.uk/wp-content/uploads/2018/06/Refugee-Action-response-to-Integrated-Communities-Strategy-Green-Paper-June-2018.pdf, Scottish Government, *New Scots 2 - Engagement analysis of the New Scots Refugee Integration Strategy 2018 to 2022*, June 2018, available from www.gov.scot/binaries/content/documents/qovscot/publications/research-and-analysis/2018/06/news-scots-2-engagement-analysis-new-scots-refugee-integration-strategy/documents/00537019-pdf/00537019-pdf/govscot%3Adocument/00537019.pdf.

⁸ UN General Assembly, *Report of the United Nations High Commissioner for Refugees. Part II. Global compact on refugees, (GCR)*, available from www.unhcr.org/gcr/GCR_English.pdf, para. 74. On 18 December 2018, 181 UN Member states, including the UK, voted in favour of adopting the Global Compact on Refugees, which establishes an international framework for a stronger, more predictable and more equitable international response to large refugee situations.

⁹ *ibid*, para. 75.



KEY FINDINGS

A Syrian Christian refugee and her son on a day trip to Brighton. © UNHCR/Katie Barlow

■ Pre-departure

- When refugee women were not the principal applicant on their submission to the country of resettlement, they did not always wish to disclose serious issues such as domestic violence, which they might be experiencing prior to arrival. This was often because they felt that there was no appropriate opportunity to disclose these issues. It was also because they feared that speaking out would jeopardise their resettlement prospects. This was compounded by the fact that, where they were not the principal applicant, they did not always appear to have a holistic understanding of resettlement and, where applicable, often felt secondary to their husbands during the process.
- Cultural orientation sessions in the country of asylum, facilitated by the International Organization for Migration (IOM) prior to departure to the UK, are useful for refugee women. Further, some participants expressed that, during the sessions, aspects of life in the UK such as how to interact with neighbours and housing rights were not accurately or sufficiently explained. Participants who lived some distance away from the location of the cultural orientation sessions reported that travelling back and forth to the sessions over two days was difficult, and this hindered the effectiveness of the sessions because they were too tired to concentrate. Women also stated they would benefit further from more practical workshops or online courses such as English language classes prior to departure.

■ In the UK

- Almost all women interviewed felt more empowered in the UK compared to their countries of asylum, and better able to protect themselves and speak out about issues affecting them. However, this was not the case for every woman since some continued to be at risk of Sexual and Gender Based Violence (SGBV) in the form of domestic abuse, harassment and exploitation once in the UK. Participants explained that opportunities to create friendships and build a support network helped them to build their confidence and aided their integration.
- All women considered knowledge of English to be a crucial component of successful integration in the local community. Initial integration was more of a challenge for participants from a country of origin or asylum in which English was not widely spoken, and, for these women, there were multiple barriers to acquiring English language skills. These included medical appointments for themselves or family members, travel costs, long waiting lists and childcare commitments. Many women expressed that the teaching style in funded English language classes, whereby only English is spoken in the classroom, was particularly tough for those who were illiterate in any language and for Arabic speakers because of the different alphabet.

- Overall, women were keen to contribute to society and wanted to find volunteering and employment opportunities. Several participants were already engaged in voluntary work within their community with only three of the 143 participants in paid employment. All had been in the UK for more than two years. Most women wanted to enter paid work once their children were older or once they had improved their English language skills. Some women felt that they were being pushed into work by Job Centre staff before they were ready and felt that Job Centre staff were suggesting inappropriate initiatives for them such as employment programmes, which require computer literacy.
- Housing was a significant issue for many women who were resettled through the Vulnerable Persons Resettlement Scheme or Vulnerable Children's Resettlement Scheme. Many felt that their needs and expectations had not been met and communicated concerns relating to the quality of accommodation, these included the size of their housing and mouse infestation. Families who wished to move to a new house were distressed by the lack of support from their local authority in the moving process.
- Almost all participants expressed anxiety and distress due to separation from family members (predominantly adult children and extended family living in other countries). Almost exclusively amongst Syrian participants, there was lack of clarity and misunderstanding regarding family reunification opportunities with extended family. Some participants reported that community members and unspecified officials in their country of asylum had incorrectly told them that they would be able to reunite with their extended family once in the UK. Many participants explained that they felt unable to integrate until their family members join them in the UK.
- The majority of participants had no major concerns with accessing their medical GP. Some women reported that it took a long time to get an appointment and highlighted problems with securing an interpreter. Most participants, particularly single women, mentioned experiencing mental health problems, which were largely reported to be caused by separation from extended family and the psychological effects of trauma.
- Most women spoke positively of their relationships in their local community and said that they felt welcomed by their neighbours. Many women expressed a desire during the focus group discussions for more opportunities to interact locally. However, some reported that they faced racism and harassment from neighbours, including attacks on their houses, which they believed to be due to their status as refugees.
- Many of the 48 per cent of the sample who had been in the UK between two and five years highlighted that they continue to rely heavily on service providers or Non-Governmental Organisations (NGOs) for support after the initial period of intensive support (which typically lasts one or two years).

■ Specific Groups

- Lesbian, gay, bisexual, transgender, queer & intersex (LGBTQI) refugees face unique protection needs in their country of asylum, which they explained should be taken into account during resettlement processing. The Participatory Assessment found that a transgender female was obliged to travel to the UK as a male due to the exit procedures of the country of asylum. Another LGBTQI individual found cultural orientation difficult because other attendees made rude remarks and jokes about them. Thus, they felt stigmatised and devoid of agency.
- After arrival in the country of resettlement, LGBTQI refugees often had mental health concerns and all women highlighted the negative psychological impact their experiences in their countries of origin and asylum had on them. One described herself as having post-traumatic stress disorder. Participants noted that social inclusion programmes and LGBTQI groups can provide them with crucial support during difficult times and can greatly aid integration. However, some were not in touch with the community and felt that, because they lived in smaller towns, it was hard for them to find LGBTQI groups and they did not know how get in contact with them.
- Elderly refugee women who took part in the Participatory Assessment described feeling helpless if separated from their adult children. Those who considered themselves to be “older” by cultural standards also felt “forgotten” during resettlement processing.



Hiba and her daughter, who were resettled from Lebanon to London. © UNHCR/Paul WuBarlow

RECOMMENDATIONS

■ Resettlement Process

- UNHCR should continue to assess its procedures to ensure that resettlement interviews with female adult dependants are conducted in an enabling environment and in sufficient detail to give women as full an opportunity as possible to disclose any protection concerns and ensure a good understanding of the resettlement process.
- IOM should consider the concerns raised by participants regarding cultural orientation. In particular, with respect to the content of cultural orientation sessions, their recommendation for sessions delivered by those who have first-hand information and/or experience on life in the UK and for accommodation to be provided to refugees who do not live nearby the cultural orientation sessions, especially for women travelling alone. This is to ensure that they are not at risk during travel and can fully participate and engage in the sessions.

■ English Language

- The Home Office, the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Education should:
 - continue to consider: (a) the possibility of teaching pre-departure English classes in both English and a refugees' first language; and (b) the possibility of delivering ESOL¹⁰ classes in the UK in both English and a refugees' first language; and
 - continue to work towards establishing innovative ways, such as the delivery of online classes, to access ESOL or other English language classes so that female refugees can learn around hospital appointments and childcare responsibilities or despite transport/care costs.

¹⁰ English for Speakers of Other Languages (ESOL) refers to English language learning opportunities for adult learners (aged 16 or over) in the UK.

■ Education & Employment

- The Department for Work and Pensions should consider the concerns raised by participants regarding lack of understanding for their specific experiences and situation from Job Centre Plus staff and should continue to work towards ensuring that Job Centre Plus staff receive specific training on the needs of refugees in general and refugee women. Training should be provided from an age, gender and diversity¹¹ perspective and should set up review mechanisms to ensure that these needs are taken into account when recommending initiatives for them.
- Local authorities, service providers and community sponsors should consider working in partnership with local businesses to arrange formal volunteering programs for refugees to help them gain work experience in the UK and to build their confidence.

■ Housing

- Local authorities, service providers and community sponsors should consider providing refugees with information on their housing rights soon after arrival, in particular, what options are available to them if they do not like the housing provided.
- Local authorities and service providers should continue to consult refugees and regularly monitor the quality of housing stock provided to resettled refugees.

■ Health

- The UK Government should consider the provision of specific training to caseworkers from local authorities/service providers and to community sponsors on identifying common psycho-social and psychiatric health needs of refugee women. They should also be equipped to appropriately respond to such needs, for example, through psycho-social support or referrals to appropriate/specialised mental health care.
- Local authorities, service providers and community sponsors should continue to explore

ways of strengthening mental health care provision for resettled refugee women.

- Local authorities, service providers and community sponsors should build upon their efforts to provide targeted initiatives that connect refugee women with existing support groups or that establish refugee women's support groups to help in providing psycho-social support and to prevent social isolation.

■ Family Separation and Reunification

- The Home Office, IOM and UNHCR should work together to continue to strengthen the messages on family reunification and these messages should also be emphasised during cultural orientation to ensure a clearer understanding of the prospects of family reunification for refugees in the UK. Messages on family reunification should clearly explain the legal definition of family, the differences between family reunification pathways through a country's immigration procedures and as a resettlement submission category. They should also explain the principles behind resettlement, namely that the identification of refugees by UNHCR is based on protection needs and must be non-discriminatory with family links rarely being the determining factor for resettlement.

■ Community

- Local authorities should continue building upon their ongoing work with civil society such as offering volunteering opportunities to promote the inclusion of refugees in local programmes and initiatives.

■ Empowerment

- The Home Office should consider examining the SGBV support provided to resettled refugees such as exploring strengthening the training provided to local authorities, service providers and community sponsors on the identification of victims and ensuring that referral pathways are effective.

¹¹ For further information on Age, Gender and Diversity, see *UNHCR Policy on Age, Gender And Diversity*, March 2018, available from www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html.

- Local authorities, service providers and community sponsors should consider providing resettled women with safe spaces such as refugee women’s groups as well as workshops on empowerment to boost their confidence and ability to speak out about issues affecting them.
- The Home Office, local authorities, service providers and community sponsors should ensure that refugees are provided with clear information (at the appropriate time and in a language they can understand) on what steps to take once their period of intensive support ends. It should include details on how they can prepare themselves in advance for this time.

■ Other

- The Home Office should make funding available for NGOs that provide ongoing support to refugees so that they can receive crucial assistance and manage any challenges that arise.
- Strategic Migration Partnerships should provide more opportunities for caseworkers in local authorities, service providers and community sponsors to share best practice amongst themselves to enable them to better respond to the ongoing needs of refugees.

■ Specific groups

- UNHCR should consider feedback provided by LGBTQI refugees regarding registration and ensure that there are safe and private areas in UNHCR offices where LGBTQI refugees can register with UNHCR.
- UNHCR, IOM and others involved in resettlement processing should consider the concerns raised

in this Participatory Assessment and ensure that LGBTQI refugees are not exposed to further negative and traumatic experiences during the resettlement process and during travel to the country of resettlement.

- The Home Office should continue to use its best endeavours to ensure that LGBTQI refugees are resettled to areas in the UK where: (a) there are adequate social inclusion programmes for LGBTQI refugees; and (b) they do not end up living amongst the same communities that may have stigmatised them in their country of origin or asylum.
- The Department of Health, Scottish Government, Welsh Government and Northern Ireland Assembly should consider providing LGBTQI refugees with psycho-social assessments in their first year of arrival given the trauma that many will have experienced in their countries of origin and asylum and even from their own communities once in the UK.
- Local authorities, service providers and community sponsors should ensure that LGBTQI refugees (if it is their wish) are able to access support groups and social inclusion programmes as soon as possible after arrival to the UK.
- UNHCR should ensure that, at the initial stages of the resettlement process, elderly people and those who consider themselves to be “older” by cultural standards, are fully aware of what resettlement entails for their age group.
- Local authorities, service providers and community sponsors should ensure that efforts are made to promote the inclusion of refugee women in existing initiatives targeted at older people where they live and/or in women’s refugee support groups.

ABOUT UNHCR

UNHCR, the UN Refugee Agency, is dedicated to saving lives, protecting rights and building a better future for refugees, internally displaced persons, refugee returnees and stateless people. We work to ensure that everybody has the right to seek asylum and find safe refuge, having fled violence, persecution, war or disaster at home. Since 1950, we have faced crises on multiple continents, and provided vital assistance to refugees, asylum-seekers, internally displaced, refugee returnees and stateless people, many of whom have nobody left to turn to.





BACKGROUND & CONTEXT

Maisaa and her two children have started their new lives in Northern Ireland. © UNHCR/Paul Wu

In the UK, the Vulnerable Persons Resettlement Scheme (VPRS) is the Government's largest resettlement scheme. Following its expansion in September 2015, the scheme is expected to have provided 20,000 resettlement places by 2020. In July 2017, the scope of the scheme was expanded to include not just those of Syrian nationality, but all refugees who have fled the conflict in Syria regardless of their country of origin. The VPRS, since it began in 2014, has resettled 19,768 people.¹² The Vulnerable Children's Resettlement Scheme (VCRS) was launched in April 2016 to resettle up to 3,000 at-risk children and their families from the Middle East and North Africa. As of the end of March 2020, 1,826 refugees had been resettled under the VCRS.¹³ Alongside the VPRS and VCRS, the Gateway Protection Programme (GPP), launched in 2004, aims to resettle 750 refugees each year from a small number of targeted locations, generally in protracted refugee situations. Since 2004, 9,939 refugees have arrived in the UK via this scheme.¹⁴ On 17 June 2019, the UK Government announced its intention to continue resettling thousands of refugees under a new global scheme set to start in 2020, which consolidates the Schemes.¹⁵

In line with its mandate, UNHCR is responsible for identifying refugees in their countries of asylum for resettlement to the UK and refers cases to the Home Office for consideration. Cases are identified by UNHCR based on procedures and standards set out in the UNHCR Resettlement Handbook.¹⁶ To have their case submitted to a resettlement country, individuals must be determined as a refugee and resettlement must be identified as the most appropriate durable solution for their protection needs. Refugees must also meet the requirements for submission under one or more of the resettlement submission categories. These are: Legal and/or Physical Protection Needs, Survivors of Torture and/or Violence, Medical Needs, Women and Girls at Risk, Family Reunification, Children and Adolescents at Risk and Lack of Foreseeable Alternative Durable Solutions. Once submitted under one or more of these categories, the Home Office will decide whether the case should be accepted for resettlement to the UK. Each file will have a principal applicant and will include dependants, if any. Where an entire family is considered for resettlement, the principal applicant is usually the head of household who can also articulate the refugee claim.¹⁷

¹² Home Office, *Immigration statistics data tables, year ending March 2020, 21 May 2020*, available from <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-march-2020>.

¹³ *ibid.*

¹⁴ *ibid* and Home Office, *Immigration Statistics: year ending March 2019, 24 May 2019*, available from www.gov.uk/government/publications/immigration-statistics-year-ending-march-2019/how-many-people-do-we-grant-asylum-or-protection-to.

¹⁵ The new global resettlement scheme, which aims to resettle in the region of 5,000 refugees in the first year, will broaden the geographical focus of the UK's resettlement schemes beyond the Middle East and North Africa and will develop a new process for emergency resettlement. From 2020, refugees resettled through community sponsorship will be in addition to the Government's resettlement commitment.

¹⁶ UNHCR, *UNHCR Resettlement Handbook*, 2011, available from www.unhcr.org/46f7c0ee2.pdf.

¹⁷ For further information see *UNHCR Resettlement Handbook*, 2011, available from www.unhcr.org/46f7c0ee2.pdf, p. 330.

If a case is accepted for resettlement, the IOM is responsible for pre-departure arrangements in the country of asylum such as health screening and cultural orientation sessions and organising and facilitating travel. In the GPP, cultural orientation is generally delivered by the Home Office. The curriculum for cultural orientation delivered to refugees under the VPRS and VCRS is jointly agreed on between the Home Office and IOM in consultation with resettled refugees and local authorities.

Following resettlement to the UK, all refugees arriving through the Schemes are provided with initial reception arrangements, casework and orientation support including English language provision by their service provider, usually their local authority. The UK Government also has a community sponsorship programme under the VPRS and VCRS.¹⁸ Rather than local authorities or service providers, community sponsorship

organisations are responsible for the provision of most resettlement support. Typically, caseworker support under the VPRS and VCRS lasts for two years and for one year under the GPP. This is in contrast with the experience of refugees who arrive in the country spontaneously and claim asylum once inside the UK who are not provided with a similar package of support.

UNHCR in collaboration with IOM and City, University of London carried out research in 2015/16 on initial reception and integration for those resettled under the VPRS.¹⁹ Overall the study showed the programme working relatively well. Nevertheless, it also highlighted areas for improvement, notably with respect to English language provision, access to employment and housing. This Participatory Assessment hopes to build upon this previous study by providing further insight into the UK's resettlement schemes.

AIM OF THE PARTICIPATORY ASSESSMENT

The overall aim of the Participatory Assessment is to gain a better understanding of the needs of refugee women resettled under the Schemes in the last five years, and to ascertain how resettlement has impacted on their protection situation, served as a tool of protection and provided a durable solution.

To establish how resettlement provided protection for the target group, the Participatory Assessment considered their protection situation in the UK against that in their countries of asylum to facilitate a comparison. This helped develop an understanding of whether these protection needs had been reduced, continued, transformed or intensified during resettlement and in the country of resettlement. The Participatory Assessment also considered the

effect that the resettlement processing itself may have had on them and whether it may have impacted them negatively thus reducing their own feeling of being protected.

In regard to how resettlement has been a durable solution for refugee women, the Participatory Assessment considered the integration situation of women after arrival in the UK. To be a truly durable solution, resettlement must offer refugees the support and opportunities to facilitate their integration into their new community.²⁰ Therefore, the Participatory Assessment sought to obtain information on the cohort's own perspectives of life here and whether, in their view, they were well placed and suitably supported to integrate in their new host community.

¹⁸ See HM Government, *Community Sponsorship: Guidance for Prospective Sponsors*, December 2018, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/764990/2018-12-04_Community_Sponsorship_Guidance.pdf.

¹⁹ UNHCR, IOM and City, University of London, *Towards Integration*, 2017, available from www.unhcr.org/5a0ae9e84.pdf.

²⁰ See UNHCR, *Preface: UNHCR Resettlement Handbook*, 2011, available from www.unhcr.org/46f7c0ee2.pdf.



METHODOLOGY

Refugee women learning English. © UNHCR/Howard Davies.

The study was grounded in UNHCR's participatory assessment methodology, and the standards contained within the *UNHCR Tool for Participatory Assessment in Operations*.²¹ A Participatory Assessment is a process of building partnerships with refugees, service providers and local government through structured dialogue. This field-tested methodology entails holding separate discussions with different stakeholders, to gather accurate information on specific protection and integration concerns and the underlying causes of these, to understand the capacities of those involved and to listen to proposed solutions.

Given the participatory nature of the assessment, and the need to promote meaningful dialogue with the target group, the primary approach to data collection and analysis was qualitative.

INTERVIEW PROCESS

Desk-based research including a comprehensive literature review of existing evidence and research, semi-structured Focus Group Discussions (FGDs) and individual interviews were used to collect data for this Participatory Assessment. Individual interviews were conducted where requested by an FGD participant or where refugees were unable to attend an FGD, but still wanted to take part.

From July to October 2019, 13 FGDs and nine individual interviews (which included three home-visits and two phone interviews) were conducted across the following locations: Oxford, London, Stevenage, Bradford, Hull, Sheffield, Bolton, Manchester, Lancashire, Aberdeenshire, Dundee, Edinburgh, Bangor and Belfast. The size of the FGDs ranged from two to 21 women. FGDs and individual interviews were normally conducted with interpreter support and all participants spoke either English, Arabic or Kurdish. Local authority and service provider caseworkers were not normally present during the FGDs and individual interviews.

PARTICIPANTS

Women were identified for FGDs and interviews by local authorities or other service providers after consultations with UNHCR regarding the aims of the Participatory Assessment and the format of the FGDs or individual interviews.

To allow for comparison across the different groups in the cohort with respect to the impact of resettlement on protection needs, the Participatory Assessment aimed to interview women from a range of countries of asylum. Further, resettlement processing can also differ between countries of

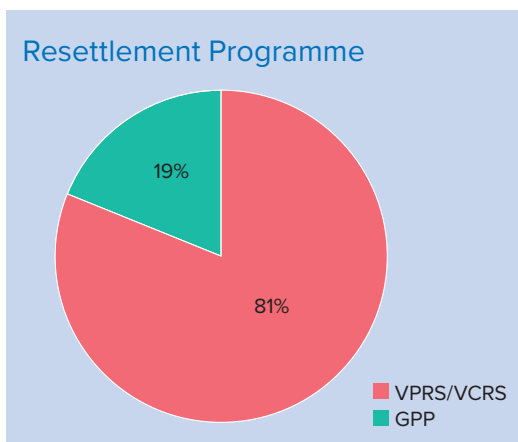
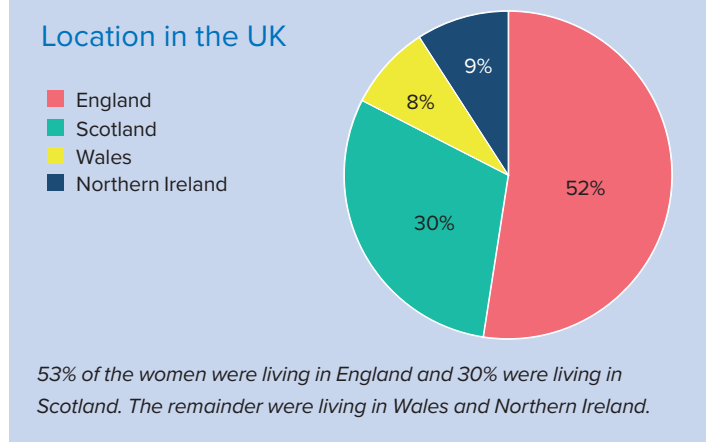
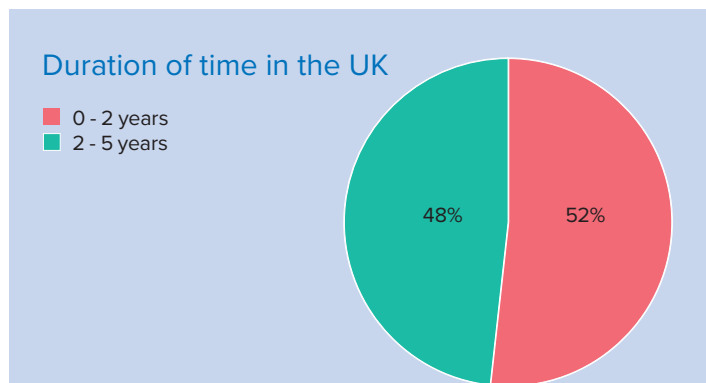
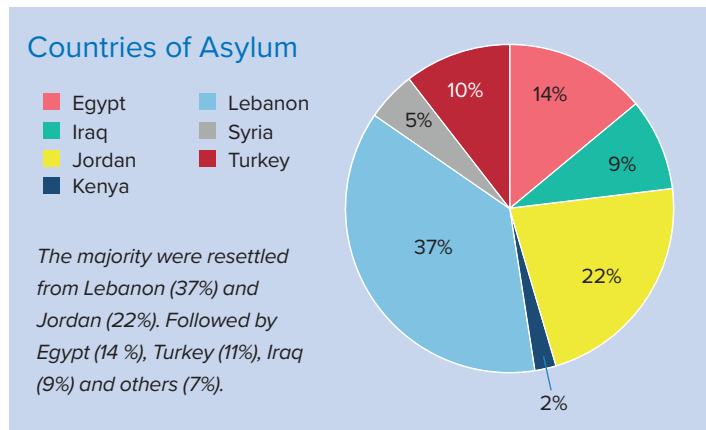
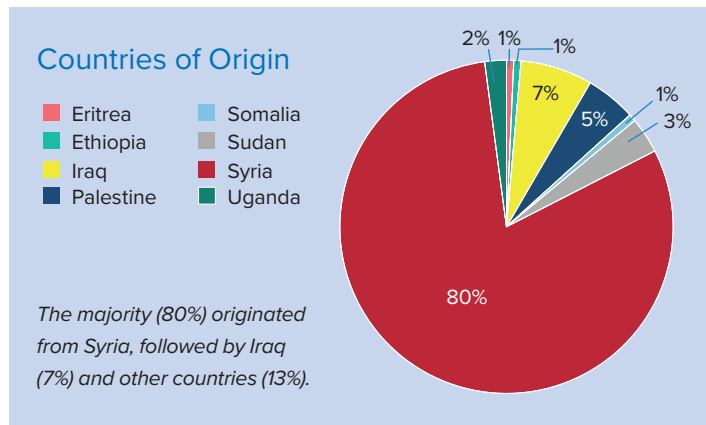
21 UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*, May 2006, available from www.refworld.org/docid/462df4232.html.

asylum which can have an impact on the protection concerns of refugees.²² It also aimed to interview women resettled under all the Schemes. As indicated above, the Schemes provide refugees differing levels of caseworker support, which can impact their protection and integration experience in the UK.

Overall, 143 women over 18 were interviewed as part of the Participatory Assessment. Since 2014, out of a total of 25,967 resettled refugees, 17 per cent have arrived under the GPP and 83 per cent under the VPRS/VCRS.²³ The sample for the Participatory Assessment was therefore closely representative of the make-up of those who have been resettled to the UK under the different schemes. Only one participant (0.6 per cent of the sample) in Edinburgh had arrived and been supported through community sponsorship. This is just below UK statistics which show that 1.72 per cent of refugees who have arrived through the Schemes in the last five years have been resettled with a community sponsorship organisation.²⁴

The charts show the backgrounds of the 143 participants in the sample.

At the time of the FGDs and interviews, 48 per cent of the women interviewed had been in the UK for two to five years.



²² For example, differences can be: the extent to which the government in the country of asylum is involved in the resettlement process, location and length of cultural orientation and exit procedures.

²³ Home Office, *Immigration statistics data tables, year ending March 2020, 21 May 2020*, available from <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-march-2020>.

²⁴ *ibid.*

RESEARCH TOPICS

In each FGD and individual interview, participants introduced themselves and provided some personal background information. The topics²⁵ discussed were broadly divided into three:

- experiences in the country of asylum;
- experiences during the resettlement process; and
- experiences after arrival in the UK including any ongoing concerns.

Participants were asked about their experiences with regards to the protection situation in the countries from which they were resettled. In addition, there was discussion around UNHCR's procedures, in particular, resettlement processes prior to departure. This included the resettlement interview process, average waiting times and the completion of formalities leading up to departure. Participants also shared their views on the medical assessment, cultural orientation and travel, which are organised by IOM. Regarding life in the UK, topics included reception on arrival, access to education, language training, employment, self-sufficiency, health, family reunification, relationships with their local community, physical safety and empowerment. Women were encouraged to provide gender-specific examples and to propose solutions to the problems and challenges identified by them.

ETHICS

Before every FGD and individual interview, participants were required to give informed consent by signing the information and consent sheet provided in English or Arabic.²⁶ Where participants could not read the consent form, interpreters explained the contents to them. For those attending an FGD, each participant was informed that they should not share another participant's responses outside of the discussion.

The Participatory Assessment touched on several sensitive topics including domestic abuse and other forms of SGBV. Therefore, interviewers ensured that the confidential and voluntary nature of the process was clearly explained to all participants. At the start of every FGD or interview, participants were informed that they did not have to talk about topics that they did not wish to discuss and that they were free to leave at any time should they feel uncomfortable. Further, in the case of FGDs, should they wish to, they could talk to the interviewers in a one-on-one session. Some women interviewed opted to share certain issues privately with UNHCR after the FGDs.

Interviews and FGDs were carried out by females including female interpreters to help ensure an enabling environment for the participants to engage in discussions freely.

CHALLENGES & LIMITATIONS

The views of refugee women were taken from all of the devolved nations and included those living in both rural and urban areas. The number of participants, however, varied according to location owing to limitations in the capacity of some local authorities to support the identification of women for this study, as well as a reluctance on the part of some refugee women approached to participate. The assessment was qualitative in nature and was not a quantitative study. Whilst this enabled the collection of in-depth, detailed and diverse data, it somewhat limits the ability to draw general findings from its results. Findings should be considered indicative rather than demonstrative of the broader situation.

²⁵ In designing the topics covered for the semi-structured dialogues UNHCR considered definitions and measurements of integration and protection. See UK Home Office, *Indicators of Integration framework 2019 third edition*, 2019, available from www.gov.uk/government/publications/home-office-indicators-of-integration-framework-2019, UNHCR, *Refugee Integration and the Use of Indicators: Evidence from Central Europe*, December 2013, available from www.refworld.org/docid/532164584.html and UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, January 2008, available from www.refworld.org/docid/47cfc2962.html.

²⁶ There was only one participant who spoke Kurdish. In this instance the consent form was read to her and it was made sure that she understood before signing the form.



FINDINGS

A Syrian refugee family in an informal settlement in the Bekaa Valley, Lebanon.
© UNHCR/Paul Wu

“There was no freedom to do anything before coming to the UK.”

Refugee woman resettled to Northern Ireland

COUNTRY OF ASYLUM

FGDs and interviews began by exploring participants’ situations in their countries of asylum prior to resettlement. Despite it being difficult for some participants to recall this period, they shared with UNHCR the challenges that they faced. In almost all groups, women instantly spoke of the challenges faced by their male family members and children and did not think to highlight their own personal situation. Once prompted and encouraged to think of themselves and the problems that women face in light of their gender, most explained that they had been victims of or at risk of SGBV.²⁷

Many refugees stated that they experienced both verbal and physical harassment when they were in public spaces, such as the supermarket, without a male member of their household. These types of experiences were raised with respect to all countries of asylum from which participants came to the UK. Women who came from camp settings noted that they felt unsafe in the camps because the toilets were far away. Three women described feeling in danger from taxi drivers who tried to lock them in the taxi and take advantage of them. They screamed for help and were rescued by members of the public. Many of those who had been divorced

prior to flight and were alone with their children felt particularly susceptible to sexual harassment. One resettled woman said: “As a divorced lady, people in the street think they can do anything to you because you are divorced.” As a result of these risks, most of the women stated that they stayed at home to protect themselves and many wouldn’t allow their children to leave the home. These women described feelings of being trapped and a lack of freedom.

“I was very frightened. I couldn’t go anywhere alone. I started to carry pepper spray and a lighter.”

Refugee woman resettled to England

“I was going to my doctor one day and I had to come back from the appointment by myself and there was guy in a car who followed me persistently for about an hour, the whole route to the house, and after that I decided not to go out without my husband.”

Refugee woman resettled to Scotland

²⁷ Sexual and Gender-Based Violence (SGBV) refers to violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. See UNHCR, *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*, May 2003, available from www.refworld.org/docid/3edcd0661.html.

CASE STUDY HANNA'S STORY

Hanna is from Syria and was displaced in her country of asylum with her children for five years. She came to the UK in 2017 with her three children.

"It was Eid and there was no public transportation. I had a very important meeting and the only way to get around was by taxi. It is sometimes hard to know if a car is a real taxi or not. I was with my daughter who was about eight years old at the time and I stopped a car from the main road. He said he was a taxi and we got inside. He started to talk to me and I tried to give him polite, short and direct answers. One of the questions was "where is your husband?" I am single but I would usually answer that "he is at home". But my daughter quickly said that "my father is not with us." So the driver started to talk to me in a very inappropriate way. He told me that he knew that my husband is not around and he said that we can negotiate for sexual favours and that Syrian women sleep with men for £5. In front of my daughter, he stated that he has a house outside the city and after we finish, he can give me money so that I can go to my appointment. He locked the doors and I thought that he wanted to kidnap us. I was really nervous and as soon as we reached a traffic jam, I started screaming and shouting and knocking on the windows. When people noticed they came to rescue me. The driver tried to flee but cars surrounded him and I explained to the passers-by what had happened. They started to hit him. To this day my daughter still repeats the story. Now she is 13 and sometimes she will say, "Can you remember that day when...""

Some resettled refugees reported being victims of sexual abuse and harassment whilst working. Working informally exacerbated their vulnerability to SGBV because their employers were more likely to take advantage of them knowing that they would be unlikely to approach the authorities for help. One single mother who was resettled to Scotland explained, *"The manager would have a go at me and say that I should be his girlfriend...I found it useless to report it to the police and mainly I reported it to the UNHCR office...I could have complained but I was on my own and not from the country and also being divorced is a stigma."* Another woman took self-defence classes to protect herself.

In all countries of asylum, participants stated that it was difficult to find adequate housing and to access healthcare due to lack of funds. Many lived in cramped apartments or rooms and felt exploited by their landlords who would charge high rents or frequently threaten to evict them. Participants reported difficulties in receiving adequate antenatal care and experienced xenophobia and mistreatment from hospital staff whilst giving birth. One woman was thankful to UNHCR for providing medical financial support but was critical of the hospital in her country of asylum and described discrimination and being called names by hospital staff. Those who were working, either formally or informally, explained that they were not able to take any maternity leave because they would get fired if they missed too many days off work. One woman returned to work 15 days after giving birth and stated: *"I felt dizzy and tired, but I had to go back to work"*. Hygiene products were reported to not be easily accessible in many countries.

"We never had food at home. I was eating bars of soap for survival. I would send my sister to get food from the neighbourhood. I was breastfeeding but having nothing to eat."

Refugee woman resettled to England

DISCUSSION

Existing studies highlight a number of challenges similar to those highlighted above for refugee women in their countries of asylum.²⁸ Examining the situation of Syrian refugee women in Jordan, Lebanon, and Egypt, UNHCR's 2014 study *Women Alone*²⁹ highlights that women: "never, rarely, or only when necessary left the house due to unfamiliarity, insecurity, or increased responsibilities, experienced feelings of isolation and anxiety, expressed fears of sexual harassment and direct physical violence and were vulnerable to exploitation by landlords." A study of refugee integration in Kenya notes that female refugees are often targeted by police after dark for bribes. It found that refugee women therefore employ strategies to minimize abuse such as avoiding leaving their homes and pretending to be pregnant.³⁰

Echoing the participants' experiences, it is well-recognised that SGBV is a persistent feature of forced displacement situations and can occur at different stages in the displacement process.³¹ UNHCR's 2015 study on SGBV prevention³² explains that Syrian women and girl refugees in the Middle East and North Africa (MENA) region

reported being at risk of domestic violence, forced and early marriage, sexual violence, abuse and exploitation. However, SGBV is under-reported by refugees due to social stigma and cultural norms. With this an everyday reality for many refugee women, resettlement can therefore be an important protection tool for those who have survived or are facing the threat of SGBV.³³ For example, it can physically remove them from a dangerous environment and can also be an opportunity for them to access crucial psychosocial support in the country of resettlement.

Despite such challenges, many participants in the Participatory Assessment appeared proud of themselves for remaining resourceful and resilient whilst in their countries of asylum. For example, some started businesses cooking food or sewing to help support their family. *Women Alone*,³⁴ similarly found that women found hidden strength in their countries of asylum and that many Syrian women demonstrated remarkable resourcefulness in the countries where they had sought refuge. As one participant in the Participatory Assessment stated: "*we tried to stay positive*".

28 International Rescue Committee, *Are We Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict*, September 2014, available from www.rescue.org/sites/default/files/document/1144/ircwomeninsyriareportweb.pdf, UNHCR, *Women Alone*, 2014, available from www.unhcr.org/ar/53bb8d006.pdf and UNHCR, *Sexual and Gender-based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa*, 2015, available from www.refworld.org/pdfid/568f9a014.pdf.

29 UNHCR, *Women Alone*, 2014, available from www.unhcr.org/ar/53bb8d006.pdf.

30 O'Callaghan, O. and Sturge, G., *Against the odds: refugee integration in Kenya*, December 2018, available from www.odi.org/sites/odi.org.uk/files/resource-documents/12542.pdf.

31 See Global Protection Cluster & IASC, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Camp Coordination and Camp Management Food Security and Agriculture Reducing Risk, Promoting Resilience, and Aiding Recovery*, 2015, available from www.europarl.europa.eu/meetdocs/2014_2019/documents/femm/dv/gbv_toolkit_book_01_20_2015_gbv_toolkit_book_01_20_2015_en.pdf, UNHCR, *Sexual and Gender-Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa*, 2015, available from www.refworld.org/pdfid/568f9a014.pdf.

32 UNHCR, *Sexual and Gender-Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa*, 2015, available from www.refworld.org/pdfid/568f9a014.pdf.

33 For further information see UNHCR, *UNHCR Resettlement Handbook*, 2011, available from www.unhcr.org/46f7c0ee2.pdf p.175.

34 UNHCR, *Women Alone*, 2014, available from www.unhcr.org/ar/53bb8d006.pdf.



Syrian refugees in Lebanon on a bus bound for the airport. © UNHCR/Andrew McConnell

RESETTLEMENT PROCESS

Participants were asked about their views on the resettlement process and if they had any suggestions on how it could be improved. They were also asked to share their everyday experiences and what information they wished they had known before coming to the UK.

Many of the women interviewed who came through the VPRS were not the principal applicant in their resettlement submission, which was usually their husband. When asked if they knew why they had been resettled, approximately half of them who arrived as dependants did not appear to have fully understood why they had come to the UK and how the family's protection situation had led to them being resettled.

Two women who were not the principal applicant reported that they were victims of domestic violence in their country of asylum but UNHCR and partners were not made aware of this prior to their departure. One of the women explained that this was because in her separate interview she was not asked about her protection situation in detail. Additionally, she did not feel that it was appropriate for her to share information on the domestic violence she was facing because her

husband was in the adjacent room. She did not find a further opportunity to speak privately with UNHCR staff. The second woman had a separate interview but was reluctant to disclose issues of domestic violence out of fear that she would no longer be resettled since her husband was the principal applicant on the case. The violence both women faced came to light to their caseworkers after arrival in the UK. Some participants suggested that, where women are not the principal applicant on the resettlement case, given the individual challenges that women may face in countries of origin and asylum, they should under all circumstances be interviewed separately in detail about their individual protection situation and should be made to feel important in the process to adequately assess their individual situation and protection challenges.

For many women, waiting for departure gave rise to anxiety. This was exacerbated if there were delays in departure. Almost all women stated that they found the cultural orientation programme provided by IOM useful. However, they suggested that the cultural orientation sessions should be delivered by those who are currently refugees in the UK or a British resident. This was because some insights

into life in the UK were not described accurately or in detail by the facilitators. Information they wished was included or more accurate ranged from the quality of housing and housing rights to the prevalence of pet dogs in public spaces. For example, participants in one FGD explained that because the facilitator had not been to the UK before, when describing that it is important to respect private life in the UK, the facilitator advised that the participants should not bother or say hello to their neighbours. Participants noted that because the facilitator was reading from a syllabus, the facilitator was not actually able to describe how to interact with neighbours when questioned on this issue. This made them scared to approach their neighbours after arrival. They therefore expressed a preference for facilitators who can respond more accurately to their questions when they arise.

Participants also suggested practical workshops or online courses during the period before resettlement, such as pre-departure English classes. In addition, some suggested that more detailed information on family reunification would help refugees better understand the prospects of

their family reuniting with them (discussed further in sections *English Language* and *Family Reunification and Separation* below).

A couple of single women resettled from Lebanon also highlighted that their cultural orientation session was held far from where they lived and they were not provided any accommodation to stay nearby. This wasn't the case for all women interviewed. However, some of those who had no accommodation provided for them, reported having to travel two to three hours from Tripoli to Beirut with young children to attend the sessions. They had to wake up very early to get their children ready in time to catch the transport to Beirut, which was a long, uncomfortable and bumpy journey which caused motion sickness. By the time they reached their destination, they felt exhausted. This made it hard for them to concentrate during the sessions. They had to repeat the same on the second day of the programme, which they felt was challenging. The refugees suggested that cultural orientation sessions be held closer to where they are located or that accommodation be provided in all instances where it involved travel from outside the main cities.



As regards pre-departure medicals, most women seemed pleased. For many it was their first flight abroad and they seemed generally satisfied by the arrangements.

to come to the UK and this kept them in high spirits. Many expressed that they immediately felt welcomed on arrival and appreciated the support given by those who received them at the airport.

Despite being overwhelmed and anxious in the weeks leading up to departure, most were excited

“Resettlement was a relief because we were always worried about impending danger.”

Refugee woman resettled to Scotland

DISCUSSION

Previous studies on the VPRS have highlighted the importance of ensuring that any vulnerability of refugee women to SGBV – both within and outside the household – is addressed at all stages of the resettlement process.³⁵

This Participatory Assessment has highlighted, however, that women do not always have the opportunity or desire to disclose their individual protection situation in the country of asylum, including any SGBV issues they may be facing. In the resettlement process, whilst adult family members are generally interviewed separately, a couple of participants pointed out that the set-up of the interview discouraged them from disclosing SGBV they faced. They also noted that the interview was not detailed enough and so they did not think to tell UNHCR about their personal situation. Another participant explained that, despite there being an enabling environment, she did not wish to share her concerns and protection needs out of fear of jeopardising her family’s resettlement. The majority of participants also reported not having a holistic understanding of

resettlement and not feeling equal partners in the process. They described simply following what their husbands said throughout the resettlement process and keeping quiet during interactions with UNHCR and partners so as not to undermine their chances of being resettled.

These concerns highlight that female dependants may not always feel that they are stakeholders in the resettlement process and may not feel that, as a dependant, they have been provided with an opportunity to express their protection concerns. UNHCR’s practice of interviewing all adult family members separately is recognised as being positive by participants. Nonetheless, taking into account the above feedback, UNHCR should continue to assess its procedures to ensure that any interviews are conducted in an enabling environment and in sufficient detail to give women as full an opportunity as possible to disclose any protection concerns and confirm that women have a good understanding of the resettlement process.

³⁵ International Rescue Committee, *Are We Listening? Acting on our commitments to women and girls affected by the Syrian conflict*, September 2014, available from www.rescue.org/sites/default/files/resourcefile/IRC_WomenInSyria_Report_WEB.pdf, Centre for Social Justice, *The Syrian Refugee Crisis: a resettlement programme that meets the needs of the most vulnerable*, February 2017, available from www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/02/The-Syrian-Refugee-Crisis-Final-002.pdf.

It is crucial that women are not seen as passive actors during the resettlement process and are empowered from day one.

With regards to cultural orientation sessions, as discussed above, the Participatory Assessment found that some insights into life in the UK were not described accurately or in sufficient detail by the facilitators. Further, the participants wanted English lessons pre-departure and additional information on family reunification and housing rights. Some of these findings were also echoed in the Independent Chief Inspector for Borders and Immigration's (ICIBI) inspection of the VPRS which found that "stakeholders and refugees told inspectors that the [cultural orientation] workshops did not

provide enough detail about the area where the latter were being resettled or what they could expect to find on arrival in the UK".³⁶ In light of these findings, the Participatory Assessment recommends that, where possible, IOM consider the feedback and recommendations provided by participants regarding cultural orientation sessions, including the content of sessions and that it be delivered by those who have first-hand information and/or experience on life in the UK. This could be through online sessions. Further, that accommodation should be provided to those who do not live nearby the sessions, especially for women travelling alone or with young children, to ensure that they are not at risk of SGBV during travel and to ensure they can fully participate and engage in the sessions.

RECOMMENDATIONS

- UNHCR should continue to assess its procedures to ensure that resettlement interviews with female adult dependants are conducted in an enabling environment and in sufficient detail to give women as full an opportunity as possible to disclose any protection concerns and ensure a good understanding of the resettlement process.
- IOM should consider the concerns raised by participants regarding cultural orientation. In particular, with respect to the content of cultural orientation sessions, their recommendation for sessions to be delivered by those who have first-hand information and/or experience on life in the UK and for accommodation to be provided to refugees who do not live nearby the cultural orientation sessions, especially for women travelling alone. This is to ensure that they are not at risk during travel and can fully participate and engage in the sessions.

³⁶ ICIBI, *An Inspection of the Vulnerable Persons Resettlement Scheme August 2017 – January 2017*, May 2018, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705155/VPRS_Final_Artwork_revised.pdf.



Refugee women learning English. © UNHCR/Howard Davies

LIFE IN THE UK

To be a truly durable solution, resettlement must offer refugees the support and opportunities to facilitate their integration into their new community. The Participatory Assessment therefore considered their life in the UK and this was the focus of many of the FGDs and interviews. Drawing upon the UK Home Office's *Indicators of Integration Framework*,³⁷ the Participatory Assessment asked participants about their experiences learning the English language, education and employment, access to healthcare, their mental health, family separation and reunification, and their interactions with their local community and empowerment. Participants were also given the opportunity to speak about any aspect of their lives that they wished to highlight.

“So the most difficult challenge we face is the language barrier because we have lots of issues but we can’t express them.”

Refugee woman resettled to Northern Ireland

■ ENGLISH LANGUAGE

A recent study on English language amongst resettled refugees in the UK found that “the value of being able to speak English to be self-sufficient and independent in daily life was a particularly prominent theme amongst women.”³⁸

Similarly, in the Participatory Assessment, all women interviewed considered knowledge of English a crucial component to successful integration in the UK.

The Participatory Assessment found that acquiring English language skills was a priority for many participants and tended to be their focus in the first two years after arrival. Those participants from a country of origin or country of asylum where English is an official language or is widely spoken did not require lessons and expressed that having knowledge of the language on day one greatly aided integration.

³⁷ UK Home Office, *Indicators of Integration framework 2019 third edition*, 2019, available from www.gov.uk/government/publications/home-office-indicators-of-integration-framework-2019.

³⁸ Morrice, L., Tip, L.K., Collyer, M. and Brown, R., ‘You can’t have a good integration when you don’t have a good communication’: English language learning among resettled refugees in the UK, *Journal of Refugee Studies*, 2019, available from doi.org/10.1093/jrs/fez203.



A resettled family on Brighton beach. © UNHCR/Howard Davies

Two Anglophone refugees from Uganda were able to enroll at university within three months of arrival in the UK.

“If you already know English it helps. If you speak English and you are resettled, you are more on the safe side than others who do not and are resettled. It takes years and years for them to integrate.”

[Refugee woman resettled to England](#)

For those who were not already familiar with the language, almost all agreed that acquiring English was their biggest challenge. Hospital/ GP appointments (for themselves, husbands or children) were highlighted as a major barrier for women to attend English language classes. Although the participants understood the importance of learning English, for these families with medical needs it was reported to be very

difficult for women to prioritise their studies. Travel costs were also highlighted as an obstacle to women attending English language classes. One woman in Bradford explained that she had four lessons a week, but her attendance at all depended on whether she could afford a weekly bus pass.

Other barriers highlighted by some women included long waiting lists, childcare responsibilities and scheduling/attendance issues associated with health concerns. Women in Belfast expressed frustration that they were given appointments to register for ESOL³⁹ over six months out. They also reported being greatly assisted by a company that allowed for distance learning classes via tablets so that they could learn from home. Women in Oxford explained that the local authority funded some childcare which was very helpful. In many respects, these obstacles are specific to refugee women and should be accommodated in the design and delivery of ESOL programmes.

³⁹ English for Speakers of Other Languages (ESOL) refers to English language learning opportunities for adult learners (aged 16 or over) in the UK. ESOL programmes can be delivered in both formal classrooms (such as those in further education colleges) and informal community settings. Resettled refugees are provided with fully funded ESOL classes in the UK.

“Because I was caring for my daughter and she had lots of hospital appointments, I didn’t go to learn English.”

Refugee woman resettled to Scotland

“I have a sick note that’s why I stopped going to classes. My health condition means I have so many appointments and I can’t attend the classes because I have so many appointments.”

Refugee woman resettled to England

Many women highlighted that the style of teaching ESOL is not suited to them because Arabic has a different alphabet and some of the refugees were illiterate in both Arabic and Roman script. Therefore, learning in an environment where no Arabic is spoken was noted to be very hard. Women in Belfast explained that they understood the benefits of having classes with those from other nationalities so suggested a brief period where

they could at least have classes in which both Arabic and English are spoken. They felt that this could be delivered prior to departure to the UK. Indeed, almost all participants suggested that pre-departure English language training would aid their integration and independence. Another suggestion raised by participants was increasing volunteering opportunities which they felt would be an excellent way to improve English language skills. The majority of women in the FGD in Stevenage also suggested that more computer literacy classes would allow them to learn English or acquire other skills online.

“First advice is that we need to get used to the language before coming here.”

Refugee woman resettled to Scotland

DISCUSSION

The Participatory Assessment found several different challenges for participants in learning English language. Similarly, previous studies on language acquisition for refugees in the UK have highlighted that refugee women face several barriers to learning English, often due to childcare responsibilities.⁴⁰ The *New Scots Integration Strategy 2018*⁴¹ notes that key obstacles in English learning for refugees and asylum-seekers include the availability of formal ESOL classes, cost of transport and

lack of opportunities or awareness of informal language learning. A study on resettled refugees in the UK found that poor health and caring responsibilities were barriers to learning English. Those interviewed in that study indicated that they found it hard to concentrate in class because of “health-related [concerns], either their own or that of family members, financial pressures and concerns for family they had left behind.”⁴² These findings have also been mirrored in this Participatory Assessment.

40 Refugee Action, *Locked out of Learning: A snapshot of ESOL provision in England*, March 2017, available from www.refugee-action.org.uk/wp-content/uploads/2017/02/Locked_out_of_learning_briefing_paper_February_2017.pdf.

41 Scottish Government, *New Scots: refugee integration strategy 2018 to 2022*, 10 Jan 2018, available from www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/.

42 Morrice, L., Tip, L.K., Collyer, M. and Brown, R., “You can’t have a good integration when you don’t have a good communication”: *English language learning among resettled refugees in the UK*, *Journal of Refugee Studies*, 2019, available from doi.org/10.1093/jrs/fez023.

The UK Government has made efforts to boost English language learning, including for refugee learners, under its *Integrated Communities Strategy - Action Plan*.⁴³ The plan seeks to ensure, inter alia, investment in developing resources for ‘pre-entry’ level English language training and to create a community-based English language programme. In line with these commitments, the MHCLG launched the *Integrated Communities English Language Programme 2019/20*,⁴⁴ which supports highly localised, community-based English language learning in areas where there is a high concentration of people, particularly women, who have no or low levels of English. On 6 March 2020, MHCLG announced its *ESOL*

for Integration Fund 2020/21,⁴⁵ which builds upon learning from this programme. These are welcome initiatives and the Participatory Assessment encourages the MHCLG, the Home Office and the Department of Education to continue considering innovative ways to access ESOL or other English language classes so that female refugees can learn around hospital appointments and childcare responsibilities or in spite of transport/care costs. It is also recommended that consideration be given to: (a) the possibility of pre-departure English classes taught in both English and the first language; and (b) the possibility of delivering ESOL classes in the UK in both English and the first language.

RECOMMENDATIONS

- The Home Office, the MHCLG and the Department for Education should continue to consider: (a) the possibility of teaching pre-departure English classes in both English and a refugees’ first language; and (b) the possibility of delivering ESOL classes in the UK in both English and a refugees’ first language.
- The Home Office, the MHCLG, the Department for Education should continue to work towards establishing innovative ways, such as the delivery of online classes, to access ESOL or other English language classes so that female refugees can learn around hospital appointments and childcare responsibilities or despite transport/care costs.

⁴³ HM Government, *Integrated Communities Action Plan*, February 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778045/Integrated_Communities_Strategy_Govt_Action_Plan.pdf.

⁴⁴ MHCLG, *Integrated Communities English Language Programme*, September 2018, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/738193/Integrated_communities_English_language_programme_prospectus.pdf.

⁴⁵ MHCLG, *ESOL for Integration Fund prospectus*, March 2020, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869825/ESOL_for_Integration_Fund_prospectus.pdf.



Razan Alsous, founder of the Yorkshire Dama Cheese company. © Yorkshire Dama Cheese Ltd

■ EDUCATION & EMPLOYMENT

Both education and employment have been recognised as key to integration.⁴⁶ With respect to education, at the time of the interviews, four of the 143 participants were studying subjects other than English with two of those four having been in the country for more than two years. Two participants later informed the Participatory Assessment team that they went on to enroll in university in between their interview and publication of this report. Four participants, aged 18-25, expressed a strong desire to complete secondary school examinations and had aspirations to go to university once they had improved their English language skills.

“Personally, I have big plans. I would like to enrol in university.”

Refugee woman resettled to England

As regards employment, some of the participants had worked in their country of origin and, usually

informally, in their country of asylum, in jobs such as hairdressing, hospitality, housekeeping and teaching. Only three of the 143 women interviewed in the FGDs were working in full or part-time paid employment in the UK: one as a care worker; one as a barista; and one as an interpreter. All had been living in the UK for over two years. Another was previously employed for four months in an apprenticeship pilot programme in Aberdeenshire. Several of the women were volunteering in a wide range of organisations such as churches, museums, charity shops and foodbanks. They had been helped to do so by their caseworkers and found this a very positive practice. Refugee women based in Oxford were very grateful for a programme there that allowed them to volunteer in a local museum.

The majority of women expressed a desire to enter paid work when their young children were older or once they had acquired English language skills. Some who had only worked in the home and were not confident in how their skills could be transferred to paid employment outside of the home.

⁴⁶ The 2019 *Indicators of Integration* state that “employment provides a mechanism for income generation and economic independence and possibly advancement; as such, it is a key factor supporting integration. Work can also be valuable in (re)establishing valued social roles, developing language and broader cultural competence and establishing social connections.” It also states that “education creates significant opportunities for employment, for wider social connection, and mixing for language learning and cultural exchange.” See UK Home Office, *Indicators of Integration framework 2019 third edition*, 3 June 2019, available from www.gov.uk/government/publications/home-office-indicators-of-integration-framework-2019.



Sulaf, who now lives in the UK. ©UNHCR/David Azia.

They stated that they would like to work in hairdressing, child-minding, teaching and own their own businesses.

“They are pushing us to find work although we have not finished learning, we do not understand the language well, we need that first, they are pushing us.”

Refugee woman resettled to England

Ten women expressed concerns regarding the approach to employment by Job Centre staff. They felt that the staff did not understand their specific experiences such as the trauma they had been through and were pushing them into work before they are ready. Women in Belfast were enrolled in a programme called “Steps 2 Success”.⁴⁷ The programme is designed to help users prepare for, find

and keep a job however participants stated that the main requirement was to sit at a computer at the Job Centre Plus and search online for a job. They felt that, because they were computer illiterate and did not yet have English Language skills, the programme did not provide any tangible benefits to them.

Conversely, some refugee women in Aberdeenshire were enrolled in business gateway sessions and felt that this was positive because many were interested in starting their own business in the future. One participant who already had English language skills and a master’s degree struggled to find employment because all her work experience was from her country of asylum. She said: *“In the beginning, I was a little depressed because I couldn’t find a job ... I’ve been to several interviews, but when they hear that all my experience is in another country, they say they are not sure.”*

⁴⁷ “Steps 2 Success” employment programme is designed to help users prepare for, find and keep a job. Users are given a dedicated adviser who will agree steps and support needed to help move towards and into employment. For more information see: NI Direct, Steps 2 Success, available from www.nidirect.gov.uk/articles/steps-2-success.

DISCUSSION

Overall, although the Participatory Assessment found that many were not in paid employment, participants were keen to contribute to society in the future through work and employment opportunities, which allow them to share their culture with their local communities. Both education and employment are key to integration for refugees in the UK (both resettled and spontaneous arrivals).⁴⁸ However, entering the workforce can be very difficult for many refugees, often because they may not have acquired English language skills. A 2011 study of the UK's GPP by the Centre for Regional Economic and Social Research (CRESR) found that lack of English language was an often-cited reason by respondents as to why refugees do not look for work.⁴⁹ Other factors identified in CRESR's study include the lack of recognition of qualifications and work experience gained outside the UK, similar to participants in this Participatory Assessment.

With such challenges to finding employment, UNHCR has worked with organisations to provide meaningful employment to refugees, and, together with the UK Government, IOM and Business in the Community, recently released *Guidelines to Help British Businesses Employ Refugees*.⁵⁰ Understanding the importance of employment for the participants, this Participatory Assessment notes that it is important for Job Centre Plus staff to be specifically trained on the needs of refugees and refugee women and this needs be taken into account in the recommendation of initiatives for them. Further, it is helpful for local authorities, service providers and community sponsors to work with local businesses to arrange formal volunteering programs for refugees to help build their confidence and gain work experience. Volunteering would also help with improving English language skills.

RECOMMENDATIONS

- The Department for Work and Pensions should consider the concerns raised by participants regarding lack of understanding for their specific experiences and situation from Job Centre Plus staff and should continue to work towards ensuring that Job Centre Plus staff receive specific training on the needs of refugees in general and refugee women. Training should be provided from an age, gender and diversity perspective and should set up review mechanisms to ensure that these needs are taken into account when recommending initiatives for them.
- Local authorities, service providers and community sponsors should consider working in partnership with local businesses to arrange formal volunteering programs for refugees to help them gain work experience in the UK and to build their confidence.

⁴⁸ See UNHCR, *Tapping Potential: Guidelines to Help British Businesses Employ Refugees*, April 2019, available from www.unhcr.org/5cc9c7ed4, UK Home Office, *Integrating Refugees What works? What can work? What does not work? A summary of the evidence, second edition*, June 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812891/integrating-refugees-2019.pdf, Kone, Z., Ruiz, I. and Vargas-Silva, C., *Refugees and the UK Labour Market*, 2019, available from www.compas.ox.ac.uk/wp-content/uploads/ECONREF-Refugees-and-the-UK-Labour-Market-report.pdf, ESRC, *Evidence Briefing: Integration and skills support for Syrian Refugees*, October 2018, available from esrc.ukri.org/files/news-events-and-publications/evidence-briefings/integration-and-skills-support-for-syrian-refugees/.

⁴⁹ Centre for Regional Economic and Social Research, *An Evaluation of the Gateway Protection Programme*: 2011, available from www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-gateway-protection-programme.pdf.

⁵⁰ UNHCR, *Tapping Potential: Guidelines to Help British Businesses Employ Refugees*, April 2019, available from www.unhcr.org/5cc9c7ed4.



Marina, from Sudan, is a single mother of six daughters. She was identified by UNCHR in Egypt for resettlement to France.
© UNHCR/Pedro Costa Gomes

■ HOUSING

For many of the women, their housing situation in their country of asylum was tied to their protection concerns and was a factor in their resettlement to the UK. For example, in their countries of asylum they had poor quality housing, were confined indoors or were at risk of homelessness due to lack of funds or legal residence permits. For the Participatory Assessment, participants were asked about their current housing situation to understand their current protection situation and, where applicable, to see how resettlement may have addressed protection concerns related to their housing situation in the country of asylum.

Overall, most women felt safe in their homes and were no longer in fear of going outdoors. Nonetheless, housing was found to be a significant issue for many families who had come to the UK through the VPRS or VCRS, with concerns expressed by participants about the suitability of housing provided. Whilst some were very happy with their new homes and had no complaints, many expressed that they had expected the government to provide them with accommodation that suited all

their needs and their expectations were not always fully met. A few even said that they had better quality accommodation in their country of asylum. Various reasons for these concerns were provided by participants including: the size of the home (both too small and too big); too many stairs for those with mobility issues; and mouse infestation. Concerns over location were raised by refugees placed in rural areas. Harassment from neighbours, such as eggs being thrown at their house or rubbish being left at their front door, was also reported. It is unclear if this was due to a general lack of social cohesion or if they were being targeted because they were foreigners, and/or more specifically, refugees. Where families wanted to move out of the house they had been provided, they expressed distress that they were not supported by the local authority to find a new property and had to figure out how to move for themselves. A number of participants requested further information during cultural orientation or on arrival on the process for changing properties and an explanation as to why they may not be assisted by the local authority to do so.

DISCUSSION

In this Participatory Assessment, one of the topics women were most vocal about was their homes. Each had different experiences, but they linked their life in the UK to their living situation. Indeed, appropriate accommodation can impact upon a refugees' integration experience.⁵¹

Despite information being provided in the cultural orientation sessions, it seems expectations were high for those who came through the VPRS and VCRS. However, a few provided clear examples of poorly matched/low quality housing such as issues of mouse infestation and homes having too many stairs for those with mobility issues. Similar issues with housing were found in the CRESR's review of the GPP with quality of accommodation and discontent with neighborhoods amongst Iraqi, DRC and Rohingya refugees.⁵² That study also found different levels of satisfaction with housing among refugees living in different housing sectors, and

participants reported problems of damp, mould and infestation by mice. Given that these concerns appear to be ongoing and taking into account the feedback received from participants, local authorities and service providers should continue to monitor the quality of housing stock provided to resettled refugees.

In addition, in line with proposed solutions by the participants, the Participatory Assessment recommends that resettled refugees receive more information about their housing rights. They should be provided with information soon after arrival, on what to do when they do not like their housing and why the local authority cannot assist them in moving. This is aligned with the *New Scots Integration Strategy 2018*, which seeks to ensure that refugees are "better able understand and exercise their housing rights and options."⁵³

RECOMMENDATIONS

- Local authorities, service providers and community sponsors should consider providing refugees with information on their housing rights soon after arrival, in particular what options are available to them if they do not like the housing provided.
- Local authorities and service providers should continue to consult refugees and regularly monitor the quality of housing stock provided to resettled refugees.

⁵¹ UK Home Office, *Home Office Indicators of Integration framework 2019 third edition*, 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835573/home-office-indicators-of-integration-framework-2019-horr109.pdf.

⁵² Centre for Regional Economic and Social Research, *An Evaluation of the Gateway Protection Programme*: 2011, available from www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-gateway-protection-programme.pdf.

⁵³ Scottish Government, *New Scots: refugee integration strategy 2018 to 2022*, 10 Jan 2018, available from www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/, p. 43.



Hadir was resettled with her mother and sister from Iraq to Greater Manchester. © UNHCR/Laura Padoan

HEALTH

Access to healthcare and an individual's physical or mental health situation has been recognised to impact upon a refugee's integration experience.⁵⁴

Participants' experiences of medical General Practitioners (GPs) and hospitals varied. Some spoke highly of their GP and had no issues accessing an interpreter for their appointments. Others, particularly those from Syria, noted that there are long wait times unlike in their country of origin. However, they understood that the system applies to everyone in the UK and acknowledged that it is free. A few women explained that, despite booking an interpreter, when they turned up at the dentist or doctor for their appointment, the interpreter was not there. Notwithstanding these challenges, overall participants spoke positively of their experiences and felt that GPs were sensitive to their needs as women.

Women who had physical health problems themselves or whose family members had physical health problems explained that their health situation

impacted on their integration experience. For example, they stated that they have been largely confined to their home either because of their own health condition or caring responsibilities. This has impacted on their ability to interact with the local population or attend English-language classes. The majority of women expressed difficulties with their mental health. Most stated that this was due to separation from extended family members in their country of origin or country of asylum, which was a big source of anxiety. Challenges with mental health issues were particularly noticeable amongst those who were single (either resettled with teenage or adult children, or whose husbands had passed away since coming to the UK). They felt lonely and isolated, especially those who did not live near other refugees from the same country of origin. Some did not always feel able to share this with their caseworker because they wanted to avoid talking about their problems.

"I tried at first to improve myself but I feel like my mental health is not okay and I have physical health issues. I am struggling." Refugee woman resettled to England

Women therefore suggested that they should be provided with more opportunities to talk about their mental health and for increased mental health support, particularly where they arrived without any other adult support in the household. Those who felt lonely, said that they were grateful to neighbours who had provided them with support and friendship and for various community initiatives such as knitting groups that brought refugee women together.

"When me and my husband first came we were ill and I didn't want to go out of the house or mix with anyone ... it was the support of another woman that really helped me. I started making friends."

Refugee woman resettled to Scotland

⁵⁴ UK Home Office, *Home Office Indicators of Integration framework 2019 third edition*, 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835573/home-office-indicators-of-integration-framework-2019-horr109.pdf, UK Home Office, *Integrating Refugees What works? What can work? What does not work? A summary of the evidence, second edition*, June 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812891/integrating-refugees-2019.pdf.

DISCUSSION

Many women's concerns in their country of asylum were linked to their or a family member's health situation. For example, some participants had medical needs for which they could not receive treatment in their country of asylum. It appears that, for many women, they have been able to address such concerns following resettlement because they now have access to healthcare. However, women highlighted that they still face some challenges such as mental health. Echoing the findings of this Participatory Assessment, a study⁵⁵ on the psychiatric health of 104 female resettled refugee women at risk in Australia found that many experienced levels of trauma, anxiety, and depression. In that study, over two-thirds revealed worries about family overseas, over one-third reported problems with communication, and nearly one-third reported difficulties with loneliness and boredom. In recognition of such challenges, it is crucial that the physical and mental health of refugees is taken into account in programme design. However, mental health support can be difficult to access in the UK. In the Public Accounts Committee's review of the VPRS, Freedom from Torture provided oral evidence that the organisation was concerned that the mental health needs of the vast majority of those who are survivors of torture are not being identified, or that they were being allocated to areas of the country where specialist support was not available.⁵⁶ Given these challenges, in its review of the VPRS, the Center

for Social Justice, recommended that psycho-social assessments should be conducted during a refugee's first primary care consultation in the UK and that mental health professionals should receive extra training in dealing with the psychological trauma of prolonged war and displacement."⁵⁷

In light of what the participants in this Participatory Assessment shared, this Participatory Assessment recognises that caseworkers from local authorities, service providers and community sponsors should be better equipped to identify the psycho-social and psychiatric health needs of refugee women. They should also be equipped to appropriately respond to such needs, for example, through psycho-social support or referrals to appropriate/specialised mental health care. Indeed, it was evident throughout the Participatory Assessment that caseworkers are working very hard to try to meet the mental health needs of resettled refugees. For example, through constant communication with them or setting up social gatherings. Given the prevalence of mental health concerns raised, local authorities, service providers and community sponsors should continue to explore ways of strengthening mental health care provision for resettled refugee women. Further, to combat loneliness amongst refugee women, the Participatory Assessment recommends the provision of targeted initiatives that connect refugee women with existing support groups or that establish refugee women's support groups to help in providing psycho-social support and to prevent social isolation.

RECOMMENDATIONS

- The UK Government should consider the provision of specific training to caseworkers from local authorities/service providers and to community sponsors on identifying common psycho-social and psychiatric health needs of refugee women. They should also be equipped to appropriately respond to such needs, for example, through psycho-social support or referrals to appropriate/specialised mental health care.
- Local authorities, service providers and community sponsors should continue to explore ways of strengthening mental health care provision for resettled refugee women.
- Local authorities, service providers and community sponsors should build upon their efforts to provide targeted initiatives that connect refugee women with existing support groups or that establish refugee women's support groups to help in providing psycho-social support and to prevent social isolation.

⁵⁵ Schweitzer, R.D., Vromans, L., Brough, M. et al., *Recently resettled refugee women-at-risk in Australia evidence high levels of psychiatric symptoms: individual, trauma and post-migration factors predict outcomes*. *BMC Med* 16, 149, 2018, available from [bmcmedicine.biomedcentral.com/articles/10.1186/s12916-018-1143-2](https://doi.org/10.1186/s12916-018-1143-2).

⁵⁶ Public Accounts Committee, *The Syrian Vulnerable Persons Resettlement Programme*, 13 January 2017, available from publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/768/768.pdf.

⁵⁷ See Centre for Social Justice, *The Syrian Refugee Crisis: a resettlement programme that meets the needs of the most vulnerable*, February 2017, available from www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/02/The-Syrian-Refugee-Crisis-Final-002.pdf.



Syrian refugees resettled from Egypt to the UK. © UNHCR/Pedro Costa Gomes

■ FAMILY SEPARATION AND REUNIFICATION

Under international law, refugees have the right to reunification with their family members.⁵⁸ UNHCR recognises the importance of family being able to reunite with one another which is evidenced by UNHCR's involvement in the *Families Together*⁵⁹ campaign. Family separation and reunification was therefore discussed as part of the Participatory Assessment.

In the Participatory Assessment, almost all women expressed anxiety and distress due to separation from family members, primarily adult/married children and some extended family members in their country of origin or country of asylum. Discussions regarding family separation were prominent in most FGDs and was the issue that most participants asked UNHCR about. Positively, four women explained that, after their arrival in the UK, they had successfully applied for their husbands to

join them through the UK's Immigration Rules.⁶⁰ They generally found the process to be satisfactory and were very happy to be reunited with their husbands.

“It's safe for me and for my children but I miss my family. My sister and brother are in jail in Iraq.”

Refugee woman resettled to England

Participants, almost exclusively Syrian, expressed a lack of clarity regarding family reunification opportunities, including reunification in the UK or the chance of traveling to visit adult children still in the country of asylum or in other countries of resettlement. Many had not fully understood the leaflets and information given to them on family reunification opportunities during cultural orientation. They felt the orientation sessions were

58 The legal framework on which the right to family life and to family unity is based is contained in numerous provisions in international human rights law, international humanitarian law, and international refugee law. These are set out in detail in UNHCR, *The Right to Family Life and Family Unity of Refugees and Others in Need of International Protection and the Family Definition Applied*, 2nd edition, January 2018, available from www.refworld.org/docid/5a9029f04.html.

59 The Families Together coalition (see www.families-together.org.uk) calls on the Government to expand the definition of family, grant family reunion rights to refugee children and bring refugee family reunion back under the scope of legal aid.

60 The UK Government's refugee family reunion policy allows a spouse or partner and children under the age of 18 of those granted refugee status or humanitarian protection in the UK to reunite with them here, providing they formed part of the family unit before the sponsor fled their country of origin or habitual residence. For further information see UK Home Office, *Family reunion: for refugees and those with humanitarian protection Version 3.0*, 19 March 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/787275/family-reunion-guidance-v3.0ext.pdf.

not clear enough in explaining the legal definition of family and the difference between the UK's family reunion policy through the UK's Immigration Rules and other pathways to family reunification such as through resettlement. Many understood resettlement to be a right that all refugees are entitled to and could not understand why their family was not able to come to the UK to join them. A few participants stated that they had received incorrect information before arrival from unspecified officials and their communities on the prospect of bringing their extended family members to the UK. Although they understood that UNHCR had advised them before departure that it may not be possible to reunite with certain family members, many participants believed incorrect information they had

heard from their community members that there are several ways to bring extended family over to the UK.

This distress and lack of understanding was considered by participants, particularly mothers resettled without their adult children, to hinder integration. They stated they were unable to concentrate on English language classes and were not able to focus on daily tasks knowing that they had family members abroad potentially in unsafe and precarious situations. To address family reunification concerns and ensure better understanding of the process, some women suggested that more information be provided during cultural orientation on family reunification possibilities (or lack thereof) in the UK.

DISCUSSION

Separation from immediate, dependent and extended family members has been recognised to impact upon a refugee's integration experience and their mental health situation.⁶¹ The findings in this Participatory Assessment regarding family reunification reflect those in the ICIBI's inspection of the VPRS.⁶² With issues of family reunification being so prominent amongst many refugee women, the Participatory Assessment recommends that consideration be given to strengthening information on family reunification during UNHCR's resettlement interview and pre-departure

preparation by IOM to ensure a clear understanding of the prospects of family reunification for refugees in the UK. Information on family reunification should clearly explain the legal definition of family, the differences between family reunification pathways through a country's immigration procedures and as a resettlement submission category. They should also explain the principles behind resettlement, namely that the identification of refugees by UNHCR is based on protection needs and must be non-discriminatory with family links rarely being the determining factor for resettlement.

RECOMMENDATIONS

- The Home Office, IOM and UNHCR should work together to continue to strengthen the messages on family reunification and these messages should also be emphasised during cultural orientation to ensure a clearer understanding of the prospects of family reunification for refugees in the UK. Messages on family reunification should clearly explain the legal definition of family, the differences between family reunification pathways through a country's immigration procedures and as a resettlement submission category. They should also explain the principles behind resettlement, namely that the identification of refugees by UNHCR is based on protection needs and must be non-discriminatory with family links rarely being the determining factor for resettlement.

⁶¹ Refugee Council & Oxfam, *Safe But Not Settled: The impact of family separation on refugees in the UK*, January 2018, available from www.refugeecouncil.org.uk/wp-content/uploads/2019/03/Safe_but_not_settled.pdf, Schweitzer, R.D., Vromans, L., Brough, M. et al., *Recently resettled refugee women-at-risk in Australia evidence high levels of psychiatric symptoms: individual, trauma and post-migration factors predict outcomes*. *BMC Med* 16, 149, 2018, available from bmcmecine.biomedcentral.com/articles/10.1186/s12916-018-1143-2.

⁶² ICIBI, *An Inspection of the Vulnerable Persons Resettlement Scheme August 2017 – January 2017, May 2018*, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705155/VPRS_Final_Artwork_revised.pdf.



Maisaa and her children, speak to their support worker in Northern Ireland. © UNHCR/Paul Wu

■ COMMUNITY

Positive relationships in their community were highlighted by participants as extremely important and, indeed, social connections are recognised as an indicator of integration.⁶³

“I love it already. They are actually very friendly and they welcome us. Even in the street everybody smiling at us.”

Refugee woman resettled to Northern Ireland

Participants were asked about their relationships with their local community, particularly with those from different backgrounds to their own. The majority of women spoke positively of their local communities. Many explained that they had neighbours who were very friendly and helpful and with whom they were learning English. In Aberdeenshire, women explained that they

made friends through school events or birthday parties. Overall, participants were thankful to their communities for welcoming them to the UK.

“I am happy. I have good relations with the neighbours – my daughter loves cooking and baking for them.”

Refugee woman resettled to England

One woman, who was assigned accommodation in a rural area which is not near other houses, expressed that not having neighbours could be difficult because she had no one to talk to and so felt socially isolated. Her children also had no other children living nearby to play with.

Unfortunately, a few women, particularly in Bradford and Hull, reported that their families had faced racism and harassment from neighbours which

⁶³ UK Home Office, *Indicators of Integration framework 2019 third edition*, 3 June 2019, available from www.gov.uk/government/publications/home-office-indicators-of-integration-framework-2019.

they believed was due to the fact that they were refugees. One woman reported it to the police and felt that the police took a long time to respond and, when they did, despite being empathetic, they did not take any action against the neighbours and nothing changed. The other had to move after neighbours had asked her where she was from and then started leaving rubbish in front of her home

and throwing eggs at the house over a sustained period. A few reported verbal abuse because they were wearing hijabs. For example, one woman explained that a woman had tried to extinguish a cigarette on her hijab. Conversely, another woman stated: *“I am the only person in the street wearing hijab, people smile at me and are very nice”*.

DISCUSSION

The experiences of participants with their local communities differed greatly for women both across and within the different areas in the Participatory Assessment. However, overall, the majority of participants described their interactions with their local communities positively. Other studies have noted the importance of community and civil society engagement to successful refugee integration.⁶⁴ Indeed, participants in the Participatory Assessment asked for more opportunities to meet

and interact with people in their local communities. CRESR’s study on the GPP highlighted that service providers: “were actively promoting mutual support and assistance among refugees by helping groups to establish refugee community organisations with the hope that these would represent an important source of support.” In line with the above, the Participatory Assessment recommends that efforts be made to build upon the ongoing work of local authorities and civil society to promote inclusion of refugees in local programmes and initiatives.

“Some of the families stayed in Lebanon for eight years and they didn’t feel integrated like how they feel now. After just six months here I feel integrated. Some people even greet me in Arabic.”

Refugee woman resettled to Scotland

RECOMMENDATIONS

- Local authorities should continue building upon their ongoing work with civil society such as offering volunteering opportunities to promote the inclusion of refugees in local programmes and initiatives.

Centre for Social Justice, *The Syrian Refugee Crisis: a resettlement programme that meets the needs of the most vulnerable*, February 2017, available from www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/02/The-Syrian-Refugee-Crisis-Final-002.pdf, Scottish Government, *New Scots: refugee integration strategy 2018 to 2022*, 10 Jan 2018, available from www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/pages/3/, UK Home Office, *Indicators of Integration framework 2019 third edition*, 2019, available from www.gov.uk/government/publications/home-office-indicators-of-integration-framework-2019.



Maisaa at her new home. © UNHCR/Paul Wu

■ EMPOWERMENT

The GCR highlights the importance of empowering women and girls to build an effective response to their refugee situation.⁶⁵ UNHCR's *Handbook for the Protection of Women and Girls* describes empowerment as a participatory process that engages women in reflection, inquiry, and action.⁶⁶ It refers to a range of activities, from individual self-assertion to collective resistance and the principles underpinning empowerment are: awareness, participation, mobilisation and access and control.⁶⁷ With this in mind, the Participatory Assessment considered whether women felt that they had gained agency over their lives since being resettled to the UK.

Almost all women stated that they felt more empowered in the UK compared to their countries of asylum and better able to protect themselves and speak out about issues affecting them. For example, they mentioned feeling able to call the police for any domestic matter with an expectation that they would be listened to. To them, this was not a possibility in their country of asylum for cultural reasons.

“You have a future, you feel safe. There are rules, when you call the police they will come and help me. People accept you. I can take my own decisions and just live.”

Refugee woman resettled to England

“It’s difficult to live as a single woman in the UK but I feel safe.”

Woman resettled to Scotland

With regard to their marital relationships, some women said that their relationship with their husband was positive in both their country of origin and country of asylum and had not changed since being resettled. Others noted that it had changed for the better because women were considered more equal in the UK when compared to their country of origin or asylum. One refugee woman said about her husband: *“they change and they start to listen, they too also feel like they are respected”*.

⁶⁵ See United Nations General Assembly, *Report of the United Nations High Commissioner for Refugees Part II Global compact on refugees*, Official Records Seventy-third Session Supplement No. 12, A/73/12 (Part II), available from www.unhcr.org/gcr/GCR_English.pdf, para 13, p 3.

⁶⁶ UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, January 2008, available from www.refworld.org/docid/47cfc2962.html.

⁶⁷ *ibid.*

However, a few did note that their relationship with their husband had changed for the worse. The reasons for this were that either their husbands were having trouble adapting to a society where women have the same rights as men, and, as a result, had less control over their wives (including with respect to their movements) or were suffering from post-traumatic stress disorder.

“We have witnessed a lot of things where men have really put a lot of pressure on their wives and restrict their freedoms and tell them not to go out of the house ... the husbands are jealous of the women and their newfound independence because they are used to being superior and we noticed that women started taking to education and English faster than men.”

Refugee woman resettled to Scotland

Four women shared that they had experienced domestic abuse and many other participants spoke of resettled refugee women they knew who had been subjected to domestic violence in the UK. It varied whether this had started pre or post-resettlement. They explained that in the UK they had been able to receive protection from the police and that either their husbands had changed their behaviour or the women were able to leave the relationship. They noted that, due to social norms and because the police did not always take them seriously, this would not have happened in their country of asylum. One woman who had experienced domestic abuse in the UK did not have immediate access to the support she required to leave her situation because she lived in a rural area. It was very hard for her to find alternative accommodation quickly where she lived when she wanted to leave the home. She was eventually able to access a women’s refuge in another town with the support of her local authority which she described as very helpful. Thus, she did not have access to as much support as perhaps women living in cities. For example, one woman in a small city was able to receive counselling (additional to National Health Service counselling) through an NGO.

Importantly, two women who had been resettled alone with their children appeared to be more vulnerable to harassment after resettlement to the UK. They mentioned facing harassment from male suitors in their own community and from ex-husbands/separated husbands (who were not located in the UK). For example, they received text messages with threats to reveal personal information or abduct their children. This gave them severe anxiety and made it hard for them to get on with their lives. Thus, they noted that it is crucial for them to be supported appropriately, for example through counselling or legal advice on their options. In one case, it was hard for a participant to access divorce proceedings soon after arrival because she did not have her own funding. This impacted her sense of freedom and constrained her ability to address her protection concerns after resettlement.

Overall, those participants living in areas where they felt more integrated with the community and who had strong friendship circles tended to feel more empowered.

“I can do this [divorce] without any judgments.”

Refugee woman resettled to England

Two women interviewed were happy that they had divorced their husbands since arriving in the UK and expressed that, due to societal stigma, they would not have been able to do so in their country of origin or asylum. For these women, it was clear that resettlement had played a transformative role in their lives. It also played a transformative role for another woman who was resettled here in 2014 as a dependant of her ill husband with four children.⁶⁸ Her husband passed away two years ago. This woman described that, even though she was sad her husband had died, because she was in the UK, she was able to move on and consider starting a new life including finding a new partner. She spoke with confidence about her optimism for the future and said that she would not have had the same ability to move on in her country of asylum.

⁶⁸ UNHCR also interviewed the same woman as part of its 2015/16 research entitled *Towards Integration* (see UNHCR, *Towards Integration*, 2017, available from www.unhcr.org/uk/5a0ae9e84.pdf).

CASE STUDY REEM'S STORY

Reem is from Syria and was displaced in a neighbouring country with her children for five years. She was pregnant when she was resettled to the UK in 2016.

"I lived in my country of asylum for over five years. Conditions were very bad as I was on my own with four children. My children couldn't access education, and, financially, we were really struggling. We couldn't afford housing and food. I became pregnant with my child who has a different father to my other children. I was not able to tell my family who were also living with me because they would have disapproved and I was at risk from them. When I was approached by UNHCR, they were really helpful and supportive. However, it was still hard for me to share my experiences with them because I didn't even like to discuss my issues. Overall, I am really happy in the UK. Actually the difficulties and challenges I was facing before – all that improved, and everything became better. Importantly, now I live in peace and safety because, in my country of asylum I was not safe from my family. If I had stayed there, I would have had to have an abortion. However, in the UK I was able to have my child safely. Giving birth here was much better than in Syria or my country of asylum. Having a baby here was a great experience and I had a lot of support and help from the midwife."

DISCUSSION

The empowerment that the vast majority of women felt following resettlement was particularly prominent during the FGDs with women who had endured so much, expressing that they now felt free in the UK. This was in stark contrast to their experience in their countries of asylum. Of great concern were the instances of SGBV reported by Participatory Assessment participants, indicating that there is a continued risk of SGBV post arrival in the UK. This is often in the form of domestic abuse from their spouse which can continue to be present after resettlement or can start once they have arrived in the UK. Women explained that men's feelings of loss of control following resettlement intensified domestic violence. This finding has been reflected in Oxfam's study of

refugee perceptions in Za'atari Camp in Jordan which found that families reported an increase in domestic violence against women after arrival in the camp and this was noted to be mainly due to men having lowered self-esteem as a result of displacement.⁶⁹ Further, in the Participatory Assessment, two single resettled women found themselves at risk of SGBV from men in their communities who sought to take advantage of them and who were harassing them. Mirroring this finding, a study on refugee women and girls at risk resettled to Australia found that many continued to be at risk after arrival in the country of resettlement.⁷⁰ They can be at risk of victimisation, isolation from their own communities, exploitation and from domestic violence.

⁶⁹ Oxfam, *Refugee Perceptions Study: Za'atari Camp and Host Communities in Jordan*, June 2014, available from www-cdn.oxfam.org/s3fs-public/file_attachments/rr-refugee-perceptions-study-syria-jordan-020614-en.pdf.

⁷⁰ Bartolomei, L., Eckert, R., & Pittaway, E., *What happens there. follows us here": Resettled but Still at Risk: Refugee Women and Girls in Australia*. *Refuge: Canada's Journal on Refugees*, 30(2), 45-56, 2014, available from refuge.journals.yorku.ca/index.php/refuge/article/view/39618/35897.

In addition, previous studies have considered refugee women's experiences of SGBV in the UK context. In addition to SGBV presenting an immediate protection concern, the associated experience can influence the pace and direction of a refugee's integration.⁷¹ There is therefore a need for services in resettlement countries to be able to robustly respond to SGBV. Evidence presented to the All Party Parliamentary Group on Refugees noted that "women are at risk of gender based violence and sexual violence even after they've been granted refugee status in the UK" and that "services often don't have staff with the specialist skills to work with women who have experienced sexual or gender based violence."⁷² Other studies have also recognised that refugee women often report family violence throughout the process of resettlement and they find barriers such as the inability of services in the country of resettlement to respond to the complexities of their SGBV experiences.⁷³ It is apparent that

in some instances resettled women are not provided with adequate support after arrival.

Based on the above, the Participatory Assessment therefore recommends that the Home Office consider examining SGBV support provided to resettled refugees. This could include exploring strengthening training provided to local authorities, service providers and community sponsors on the identification of victims and ensuring referral pathways are effective. It also recommends that local authorities and service providers consider providing resettled women with safe spaces such as refugee women's groups and workshops on empowerment so that they are able to gain confidence and speak out about any problems such as intimate partner abuse⁷⁴ that might be impacting them. This may also help to combat loneliness that these women can feel once their children are leading more independent lives or are no longer living in their household.

RECOMMENDATIONS

- The Home Office should consider examining the SGBV support provided to resettled refugees such as exploring strengthening the training provided to local authorities, service providers and community sponsors on the identification of victims and ensuring that referral pathways are effective.
- Local authorities, service providers and community sponsors should consider providing resettled women with safe spaces such as refugee women's groups as well as workshops on empowerment to boost their confidence and ability to speak out about issues affecting them.

71 Phillimore, J., Pertek, S. & Alidu, L., *Sexual and gender-based violence and refugees: The impacts of and on integration domains*, 2018, available from www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/iris/2018/iris-working-paper-28.pdf.

72 All Party Parliamentary Group on Refugees, *Refugees Welcome?*, April 2017, available from www.refugeecouncil.org.uk/wp-content/uploads/2019/03/APPG_on_Refugees_-_Refugees_Welcome_report.pdf, p. 37.

73 Phillimore, J., Pertek, S. & Alidu, L., *Sexual and gender-based violence and social justice: parity of participation for forced migrant survivors in the UK?*, 2018, available from www.researchgate.net/profile/Gwenaelle_Bauvois/publication/337063564_France_has_never_been_and_never_will_be_a_multicultural_country_Super-diversity_in_Macron's_France/links/5dc322c092851c81803329e6/France-has-never-been-and-never-will-be-a-multicultural-country-Super-diversity-in-Macrons-France.pdf#page=11.

74 Domestic violence happens at the interpersonal relationship level between intimate partners and can also be called intimate partner violence (IPV). When referred to as IPV, it also covers violence, such as dating violence, that involves persons in intimate relationships but living separately. See UNHCR, *SGBV Prevention and Response*, October 2016, available from www.unhcr.org/583577ed4.pdf.



Refugee women resettled from Egypt to Bradford. © UNHCR/Zainab Makele

■ OTHER

During FGDs and individual interviews, women were asked to share any general suggestions they may have for UNHCR, the UK Government and partners. Most women spoke very highly about their caseworkers and volunteers and expressed views about the support they were receiving. One participant, who was still receiving intensive support expressed that she wished she had more information from her service provider on who to call when her specific caseworker is busy or on leave. She felt that an alternative caseworker wasn't always made available and so it meant that she could go long periods without being able to get in touch with anyone. Some under the GPP (who only have one year of intensive support) also felt that they were not given enough information from their caseworker and the Job Centre on what would happen after the year of intensive support ends. They asked for more concrete information, as soon as possible, given that, by the time they have settled in, they did not have very long to prepare themselves. This was noted to be particularly

important for single women who had childcare responsibilities and who, one woman aptly stated, “have two loads on their back.”

“It’s a mystery about what will happen at the end of the year after support ends.”

Refugee woman resettled to England

Once their intensive support has ended, participants expressed that many still relied on their caseworker, NGOs or friends to assist them with tasks such as reading letters and paying bills. Those who had been in the UK for more than two years explained that they heavily depended on caseworkers/NGOs to provide them with support. These organisations were highlighted by the participants as having played a key and essential role in the lives of resettled refugees, particularly females. Participants recommended a longer-period of intensive support to aid their integration.

DISCUSSION

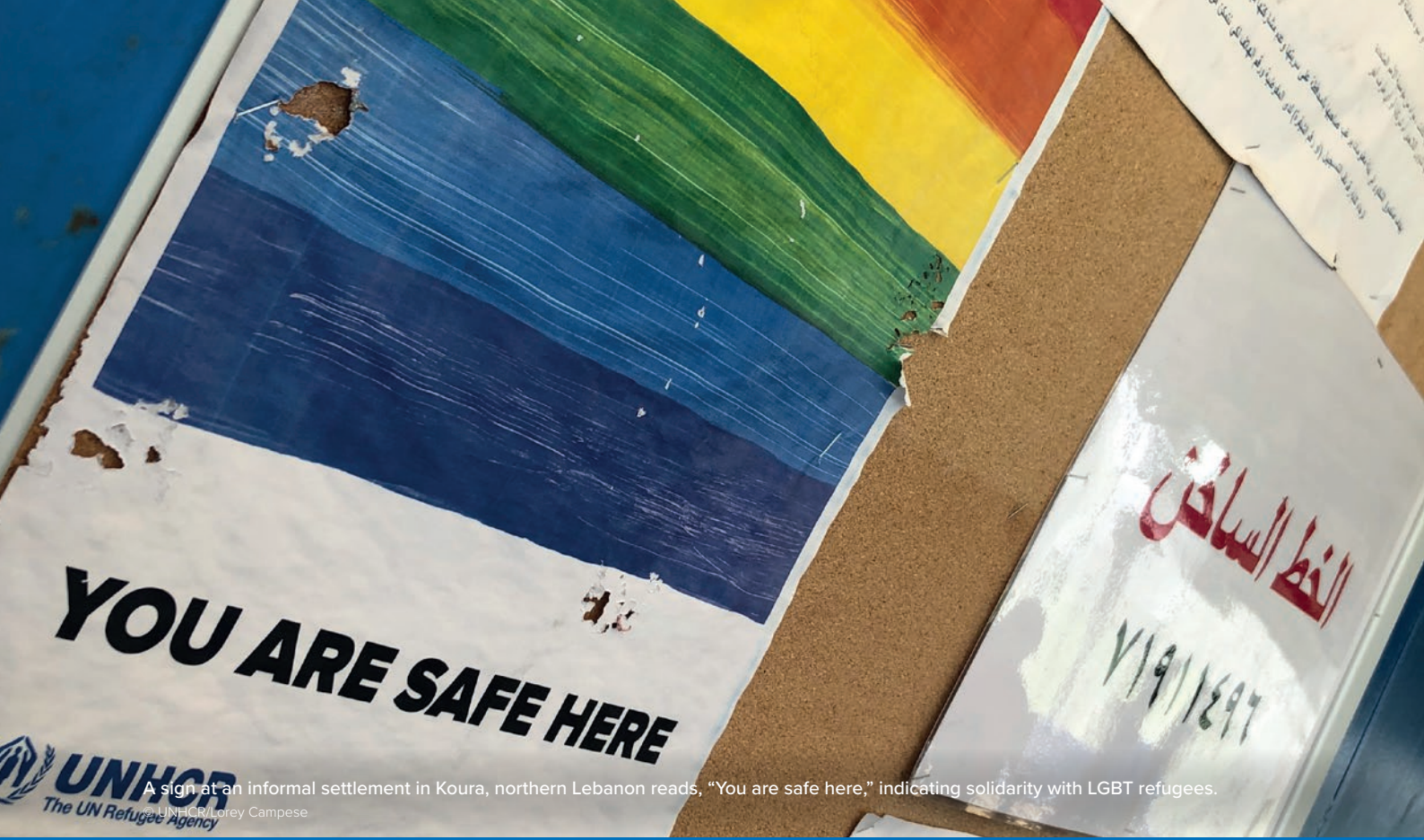
Participants in the Participatory Assessment raised concerns regarding ongoing support after their intensive support ended. Also considering support provision, CRESR's review of the GPP found that "it was common for refugees to approach their Gateway support provider for help and assistance after formal provision had ended."⁷⁵ The report notes that, at times, providers put in place support mechanisms to help the refugees after the formal provision had ended. Women can face many difficulties which have been highlighted in this report, particularly those who are raising children alone. UNHCR recommends therefore, that, where not already being done, refugees are provided with clear information at the appropriate time in a language they can understand on what steps to

take once their support ends. It should include detail on how they can prepare themselves in advance for this time. In addition, funding support should be given to NGOs who provide ongoing help to refugees so that they can continue to feel supported and can manage any challenges that arise. The Participatory Assessment also recommends that there should be more opportunities for caseworkers in local authorities and service providers to share best practice to enable their processes to be as robust as possible to respond to the ongoing needs of refugees. Whilst some opportunities are currently available for best practice sharing, these do not tend to be at the caseworker level and more opportunities should be implemented.

RECOMMENDATIONS

- The Home Office, local authorities, service providers and community sponsors should ensure that refugees are provided with clear information (at the appropriate time and in a language they can understand) on what steps to take once their period of intensive support ends. It should include details on how they can prepare themselves in advance for this time.
- The Home Office should make funding available for NGOs that provide ongoing support to refugees so that they can receive crucial assistance and manage any challenges that arise.
- Strategic Migration Partnerships should provide more opportunities for caseworkers in local authorities, service providers and community sponsors to share best practice amongst themselves to enable them to better respond to the ongoing needs of refugees.

⁷⁵ Centre for Regional Economic and Social Research, *An Evaluation of the Gateway Protection Programme*: 2011, available from www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-gateway-protection-programme.pdf.



A sign at an informal settlement in Koura, northern Lebanon reads, "You are safe here," indicating solidarity with LGBT refugees. UNHCR/Lorey Campese

■ SPECIFIC GROUPS

"Life is hell there for trans people and for all people who are gay... I want to give thanks to the UK Government. I thank them for providing me with shelter."

Refugee woman resettled to England

Lesbian, gay, bisexual, transgender, queer & intersex

LGBTQI persons may be under threat of human rights abuses due to discriminatory laws and the prevalence of hostile societal attitudes in their country of origin and their country of asylum.⁷⁶ Resettlement may be the only solution to problems they face.⁷⁷

As part of the Participatory Assessment, UNHCR met with five women who identified as LGBTQI. Four were resettled under the GPP and one under the VPRS. The refugees spoke of their experiences in their countries of asylum, going through the resettlement process and living in the UK. The women were very grateful to both UNHCR and the UK Government for providing them with the opportunity to be resettled to the UK, which they felt gave them the protection that they could not receive in their country of asylum.

Experiences in countries of asylum prior to resettlement

As regards their experiences in countries of asylum prior to resettlement, the women highlighted facing discrimination, stigmatisation and threats because of their sexual orientation or gender identity from both their host and refugee communities in which they lived. A transgender female was gang raped by men which left her physically and mentally traumatised. Her own family who are refugees also abandoned her as they considered her an embarrassment. This highlights that refugees can often be at risk from their own communities and the need to address this in programme design and implementation in the country of first asylum. This is also relevant when considering a refugee's resettlement destination country, as highlighted by participants below (see LGBTQI - Life in the UK).

⁷⁶ UNHCR, *Chapter Six: UNHCR Resettlement Handbook*, 2011, available from www.unhcr.org/3d464e842.pdf, UNHCR, *Protection Persons with Diverse Sexual Orientations and Gender Identities*, December 2015, available from www.refworld.org/pdfid/566140454.pdf.

⁷⁷ Fisher, BL, *Chapter: Refugee Resettlement: A Protection Tool for LGBTI Refugees: Persecution, Asylum and Integration*, January 2019, available from www.researchgate.net/publication/329484621_Refugee_Resettlement_A_Protection_Tool_for_LGBTI_Refugees_Persecution_Asylum_and_Integration.

CASE STUDY **SALMA'S STORY**

Salma identifies as LGBTQI and was resettled alone to the UK in 2019.

“Before I came to the UK, I was living alone in a camp and I never knew how hard it would be. You have to survive. You had to support your own self. The small accommodation or food provided in the camp wasn't enough to sustain me. I was also under threat from others living in the camp and nationals living in the surrounding areas. I was part of a group of us that was badly beaten in the camp by other refugees who were homophobic. UNHCR put us in one place to live to protect us but actually it made it easier for them to come and attack us. We were beaten in front of UNHCR. It was horrible. Even the police beats LGBTQI people. After that, UNHCR transferred us out of the camp and I was resettled.”

The women also expressed general difficulties in UNHCR registration procedures, particularly for those who identify as a different gender than the one ascribed to them at birth. They said that this was because in some locations, reception arrangements did not allow for private registration and disclosure of gender identity. One woman provided detail and explained that she had asked to be registered in private but was not able to. Therefore she was initially registered by UNHCR with a different gender to the one with which she identifies. This impacted her subsequent ID documents and her ability to live as she wished in her country of asylum.

“There was no real privacy, I tried to lower my voice.”

[Refugee woman resettled to England](#)

However, the participants felt that during their subsequent protection and resettlement interviews they were able and comfortable to share their experiences with UNHCR staff. For most, other aspects of the resettlement process, including cultural orientation and medicals, were noted to be a positive experience because they enjoyed learning about the UK and they found the journey exciting. However, one transgender female was obliged to travel to the UK as a male and to leave her belongings behind due to the exit procedures in her country of asylum. She described this as traumatising because she was travelling with

members of her refugee community who had known her to be female. Further, when she arrived in the UK, she had no clothes and felt that she had to start over again. Another transgender female who was living as an androgynous young person and was (according to her) often mistaken for an ‘effeminate gay male’ felt that the cultural orientation session was not a very positive experience. She felt intimidated by people openly being discriminatory towards her and passing rude remarks. She was indirectly joked at but there was no action taken despite the facilitator being present. Hence, she did not feel comfortable enough to complain.

Life in the UK

As regards life in the UK, the concerned participants all expressed that they finally felt free and able to restart their lives because they could now live openly without discrimination. One transgender female interviewed was happy to be receiving treatment but noted that she faced difficulties in accessing her hospital appointments as the hospital providing treatment was not near her home. Whilst she was still able to attend the appointments, the long journeys were stressful for her. Another transgender female transitioned into a full-time female role upon arrival and was being closely supported by the local authority. She was awaiting a GP appointment and related referral for gender reassignment procedures.

All women highlighted the negative psychological impact their experiences in their countries of origin and asylum had on them. All recognised the need for specialised mental health support for LGBTQI persons although none were receiving it because they did not feel comfortable requesting it. They also noted the importance of building relationships with the LGBTQI communities where they lived. However, they were not in touch with this community because they did not know how to find LGBTQI groups and contact them. Two also lived in smaller towns where there were fewer LGBTQI groups. Since being interviewed, they moved to London which they felt was a more

appropriate city for them to thrive in in light of their sexual orientation. They felt that building these relationships would greatly aid their integration and assist in overcoming post-traumatic stress disorder. One of them began dating a man and had slowly started socialising to try and integrate better.

In addition, with regards to the resettlement country, the LGBTQI participants noted that they would not have been comfortable if they had been resettled close to the community from their country of origin. This is because they would be fearful of threats of violence, similar to what they experienced in their countries of asylum.

“When you live a long life of persecution and fear, when you come to a safe place, you are always in fight-or-flight mode.” Refugee woman resettled to England

DISCUSSION

Participants interviewed for the Participatory Assessment who identified as LGBTQI provided insight into their experiences in their countries of asylum and in the UK. One participant pointed out difficulties she faced with UNHCR’s registration procedures and that she was unable to share her protection concerns with UNHCR at registration because of lack of privacy. The registration office was very busy and the area to talk to UNHCR staff was in close proximity to other refugees. This, she felt, exacerbated her protection concerns because her identification documents did not reflect the gender with which she identified. UNHCR recognises the importance of having safe registration environments which respect the privacy of LGBTQI refugees.⁷⁸ As part of its project⁷⁹ to assess progress made by UNHCR operations to “effectively protect lesbian, gay, bisexual, and transgender, and intersex asylum-seekers and refugees,” UNHCR considered best practices in registration procedures and specific reception or registration measures in place across UNHCR’s offices. These included having safe spaces such as secure waiting areas and special days or

times for registration. In 2014, UNHCR Jordan began an initiative to create conditions to better ensure safe, dignified and equitable access to protection and assistance.⁸⁰ In this Participatory Assessment, it is recommended that, despite it only being raised by one participant in detail, UNHCR should consider the feedback provided by LGBTQI refugees to help ensure that safe and private areas in UNHCR offices where LGBTQI refugees can register with UNHCR are provided.

In addition, one transgender female reported being obliged to travel from her country of asylum as a male without any of her female belongings. Another relayed being made fun of by others attending the cultural orientation session. As described above, these were difficult experiences for them and highlight that LGBTQI refugees can be re-traumatised during the resettlement process and during travel to the country of resettlement. It is therefore recommended that consideration be given to the concerns raised above to ensure that UNHCR, IOM and others involved in resettlement processing avoid exposing LGBTQI refugees to traumatic experiences.

78 UNHCR, *Working With Lesbian, Gay, Bisexual, Transgender & Intersex Persons In Forced Displacement*, 2011, available from www.refworld.org/pdfid/4e6073972.pdf.

79 UNHCR, *Protection Persons with Diverse Sexual Orientations and Gender Identities*, December 2015, available from www.refworld.org/pdfid/566140454.pdf p.40.

80 UNHCR, UNHCR: *Building Capacity for Protection of LGBTI Persons of Concern – Jordan*, December 2017, available from www.refworld.org/docid/5a38dfe64.html.

In the country of resettlement, the Participatory Assessment found that mental health concerns were a reality for those interviewed and opportunities to connect with the LGBTQI community can be an important source of support. Indeed, in light of their unique refugee experience, LGBTQI refugees often require targeted integration support.⁸¹ Participants also noted that they did not always want to be resettled amongst the community from their country of origin. In light of what was shared by participants, it is recommended that best endeavours should continue to be made to ensure that LGBTQI refugees are resettled to areas in the UK where there are

social inclusion programmes and, should it be their wish, they are able to access such groups and programmes as soon as possible after arrival to the UK. Care should also be provided in the allocation of LGBTQI refugees to ensure that once in the UK they do not end up living amongst the same communities that may have stigmatised them in their country of asylum or origin.⁸² Moreover, as highlighted by participants above, consideration should be given to providing access to psycho-social assessments in their first year of arrival given the trauma that many will have experienced in their countries of origin and asylum and even from their own communities once in the UK.

RECOMMENDATIONS

- UNHCR should consider feedback provided by LGBTQI refugees regarding registration and ensure that there are safe and private areas in UNHCR offices where LGBTQI refugees can register with UNHCR.
- UNHCR, IOM and others involved in resettlement processing should consider the concerns raised in this Participatory Assessment and ensure that LGBTQI refugees are not exposed to further negative and traumatic experiences during the resettlement process and during travel to the country of resettlement.
- The Home Office should continue to use its best endeavours to ensure that LGBTQI refugees are resettled to areas in the UK where: (a) there are adequate social inclusion programmes for LGBTQI refugees; and (b) they do not end up living amongst the same communities that may have stigmatised them in their country of origin or asylum.
- The Department of Health, Scottish Government, Welsh Government and Northern Ireland Assembly should consider providing LGBTQI refugees with psycho-social assessments in their first year of arrival given the trauma that many will have experienced in their countries of origin and asylum and even from their own communities once in the UK.
- Local authorities, service providers and community sponsors should ensure that LGBTQI refugees (if it is their wish) are able to access support groups and social inclusion programmes as soon as possible after arrival to the UK.

⁸¹ ACF & Heartland Alliance, *Rainbow Response: A Practical guide to Resettling LGBT Refugees and Asylees*, available from www.rainbowwelcome.org/uploads/pdfs/Rainbow%20Response_Heartland%20Alliance%20Field%20Manual.pdf, ORAM, Rainbow Bridges, *A Community Guide to Building The Loves of LGBTI Refugees and Asylees*, 2012, available from www.refugeelegalaidinformation.org/sites/srian/files/fileuploads/oram-rainbow-bridges-2012.pdf.

⁸² See UNHCR, *Working With Lesbian, Gay, Bisexual, Transgender & Intersex Persons In Forced Displacement*, 2011, available from www.refworld.org/pdfid/4e6073972.pdf, p.14.

Older women

During the FGDs, a number of older women were present. They generally attended the FGDs together with a younger family member such as their daughter or daughter-in-law. Women in these groups highlighted some challenges with their integration in the UK. Some felt that the houses that they had been provided were not suitable because of their physical health. For example, the properties had too many stairs. They did, however, appreciate the challenges in finding appropriate housing and were thankful to the UK Government. It was also noted that, amongst the Syrian population, women in their forties and fifties considered themselves “old”. They consequently could not understand why they were expected to work in the UK. They noted that this was explained to them during cultural orientation but noted that they struggled when explaining to Job Centre Plus staff that they needed

more tailored programs to assist them getting into work because they were either computer illiterate or had minimal English language skills.

Importantly, the Participatory Assessment noted that many older women (including those who perceived themselves to be old) were feeling socially isolated. They were resettled without their adult children, or perhaps with one child, and felt that they did not have help in doing daily tasks or a social life. Consequently, several women from this group were not happy. It was observed that several would not have opted for resettlement but did so for the future of their children. One elderly woman (aged around 70) from Syria was resettled to Edinburgh with her husband and son, who is disabled. Both her and her husband have physical health issues and she felt socially isolated looking after her son and felt as if she has no one to help her.

DISCUSSION

Previous studies have noted that specific interventions are often required for older refugees. They have fewer opportunities for successful integration and can be less motivated to integrate. This Participatory Assessment recommends that efforts be made to ensure the inclusion of refugee women in existing initiatives targeted at older people where they live and/or in women’s refugee support groups. This will help

ensure that older refugees do not feel “forgotten” after arrival in the UK and so that they fully participate in their own lives and their community. UNHCR should also ensure that, at the first stages of the resettlement process, elderly people and those who consider themselves to be “older” by cultural standards, are fully aware of what resettlement in the UK may entail for their age group, including with respect to employment.

RECOMMENDATIONS

- UNHCR should ensure that, at the initial stages of the resettlement process, elderly people and those who consider themselves to be “older” by cultural standards, are fully aware of what resettlement entails for their age group.
- Local authorities, service providers and community sponsors should ensure that efforts are made to promote the inclusion of refugee women in existing initiatives targeted at older people where they live and/or in women’s refugee support groups.

83 UK Home Office, *Integrating Refugees What works? What can work? What does not work? A summary of the evidence*, second edition, June 2019, available from assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812891/intergrating-refugees-2019.pdf.



CONCLUSION

Razan Alsous, founder of the Yorkshire Dama Cheese company. © Yorkshire Dama Cheese Ltd.

“Actually, the difficulties and challenges I was facing before – all that improved, everything became better after coming to the UK. We had healthcare, my children had an education. There were some challenges when I arrived, like the language, but otherwise everything else became completely better.”

Refugee woman resettled to England

This Participatory Assessment looked to gain a better understanding of the needs of refugee women resettled under the Schemes in the last five years, and to ascertain how resettlement has impacted their protection situation, served as a tool of protection and provided a durable solution for those women.

HOW HAS RESETTLEMENT SERVED AS A TOOL PROTECTION FOR REFUGEE WOMEN?

Most women interviewed expressed that they were extremely excited and happy to be resettled. One woman said: “*it was like I was standing at the doors to heaven.*” Yet, for some women, the process of being resettled negatively impacted upon them initially. The Participatory Assessment therefore makes recommendations to address these issues

and ensure that the resettlement process does not exacerbate their concerns.

After arrival to the UK, many women’s protection concerns were addressed because resettlement had provided them with safety and security which they lacked in their countries of asylum. Notably resettlement had provided protection because it had empowered them, and they felt able to speak out confidently about the issues they face. However, this was not the case for every woman, and, for some, their protection concerns continued or transformed. It is therefore crucial that appropriate steps are taken to identify potential protection issues and to put in place appropriate safeguards. Such safeguards, should, in particular, take into account the needs of LGBTQI and elderly refugees as the Participatory Assessment has found that their protection concerns can intensify during and after resettlement.



A resettled family on Brighton beach. © UNHCR/Howard Davies

HOW HAS RESETTLEMENT PROVIDED A DURABLE SOLUTION?

In regard to how resettlement has been a durable solution, the Participatory Assessment considered the integration situation of the participants. The Participatory Assessment found women to be integrating well and settling into their new lives. However, there were barriers to their integration such as difficulties acquiring English language skills, mental health concerns and anxiety over separation from family members. LGBTQI and older refugees were noted to face additional barriers to their integration such as severe latent psychological effects of trauma and social isolation. The Participatory Assessment therefore makes a number of recommendations to help overcome these challenges. Notably, the creation of safe spaces for women such as establishing refugee women's groups is a key cross-cutting recommendation that can build women's confidence and provide them with a network to tackle any challenges that may come their way. It is noted that those who arrive in the UK and claim asylum once in the country also face similar obstacles to integration. The Participatory Assessment thus encourages the UK Government to consider how the recommendations in this report may apply to all refugees in the UK.

Overall, the Participatory Assessment has shown that the UK's resettlement programmes have been

a key tool of protection and a durable solution for women who have been resettled to the country. Thus, resettlement has proved to be extremely valuable for those who are displaced and face protection concerns in their country of asylum. The Participatory Assessment has also shown that the UK's resettlement programmes and the UK Government's initiatives to respond to the needs of resettled refugees demonstrate areas of best practice. UNHCR is grateful to the UK Government, local authorities, service providers, community sponsors, local communities and civil society for their commitment to resettling refugees. With resettlement only being available to a small number of refugees, it is hoped that all actors can continue to work together to expand the UK's resettlement programmes and assist in providing a model and best practice for other states to begin or expand refugee resettlement.

The refugee women interviewed as part of this Participatory Assessment expressed gratitude to the UK Government, UNHCR and partners for resettling them to the UK and giving them the opportunity to openly express themselves. We look forward to continuing to work together to strengthen our protection response for refugee women and all people of concern to UNHCR.

ACRONYMS

CRESR	Centre for Regional Economic and Social Research
ESOL	English for Speakers of Other Languages
FGD	Focus Group Discussion
GCR	Global Compact on Refugees
GP	General Practitioner
GPP	Gateway Protection Programme
ICIBI	Independent Chief Inspector for Borders and Immigration
IOM	International Organization for Migration
LGBTQI	Lesbian, gay, bisexual, transgender, queer & intersex
MENA	Middle East and North Africa
MHCLG	Ministry of Housing, Communities and Local Government
NGO	Non-governmental Organisation
SGBV	Sexual and Gender Based Violence
UK	United Kingdom
UNHCR	United Nations High Commissioner for Refugees
VCRS	Vulnerable Children's Resettlement Scheme
VPRS	Vulnerable Persons Resettlement Scheme

