

An Evaluation of the Gateway Protection Programme

A Report Commissioned by the Home Office

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Executive Summary

Background and aims

The Gateway Protection Programme (GPP), running since 2004, is the UK quota refugee scheme providing assistance to refugees designated as especially vulnerable by the United Nations High Commissioner for Refugees. It is co-funded by the UK Border Agency and the European Refugee Fund (ERFIII). It currently provides 12 months of dedicated material and social assistance for up to 750 vulnerable refugees in the UK each year.

This report presents the findings of an evaluation of the GPP for a sample of 146 adult refugees who arrived in the UK between February and May 2009. The research had two main aims: to investigate how the GPP was being delivered by different organisations across a number of resettlement areas; and to explore the resettlement and integration experiences of refugees during their first 18 months of life in the UK.

Method

The research cohort included 146 adult refugees: 105 from Iraq, 18 from the Democratic Republic of Congo (DRC) and 23 Rohingya, a minority ethnic group from Burma. Data collection took place six, 12 and 18 months after the refugees arrived in the UK and during each phase involved three main activities: a questionnaire survey of 146 refugees; focus groups with 35 men and women from the three 'nationality' groups; and 48 interviews with strategic and operational staff across the five Gateway providers, as well as other agencies working with Gateway refugees.

Summary of research findings

- Gateway support initially focused on 'reception orientation', before shifting to integration support. The emphasis of support also tended to shift from more intensive support to lighter touch assistance, in a bid to promote independence. Satisfaction with Gateway support was closely related to how easily refugees could get in touch with their caseworker. There was, therefore, a downward trend in levels of satisfaction during the 12 month provision period.

- Gateway providers reported various barriers which limited access to ESOL provision, including demand outstripping supply; poor coordination of local provision; and a shortage of pre-entry level ESOL training. In response, they reported having to "fight" to help refugees access training and developing their own packages of English language support and training.
- Gateway providers developed innovative responses to tackle the limited access to ESOL provision (e.g. using women's groups, combining formal training with social activities, employing dedicated tutors).
- Gateway providers emphasised the importance of mediating between refugees and service providers to improve the responsiveness of local services to refugee needs and to help refugees access mainstream provision.
- The ease with which refugees adapted to life in the UK was reported to vary between different nationality groups, prompting Gateway providers to suggest that support should be tailored to the particular needs of each arriving group.
- Gateway providers did not provide targeted support for the refugees beyond the 12 month support period, but it was common for refugees to approach their Gateway support provider for help and assistance after formal provision had ended, for example, for advice about health care and state benefits.
- All Iraqi men respondents could speak English fluently or well. Rohingya and DRC refugees had made progress with their English throughout the 18-month research period, but the majority could still only speak English a little or not at all. Across the three nationality groups, women had more limited English language skills than men, in part linked to greater barriers to accessing ESOL training.
- Only three refugees (all Iraqi men) had experience of paid work during the first 18 months after their arrival in the UK. Few Rohingya and DRC refugees were actively looking at 18 months, still being more concerned about meeting basic needs.
- More than one-quarter of the refugees had done some volunteering. The majority of these (12 of 19) were Iraqi men. A key motivating factor was to gain work experience. The vast majority reported it to be a positive experience which they enjoyed.

- Satisfaction with accommodation varied through time, between different nationality groups and across resettlement areas. Iraqi refugees expressed lower levels of satisfaction with their accommodation; Iraqi refugees in Hull, the lowest. This may have been linked to the relatively high living standards of the Iraqis in this sample before coming to the UK. Refugees in housing association and local authority accommodation reported higher levels of satisfaction than refugees in private rented housing.
- Relatively high levels of satisfaction were reported with the local area as a place to live; 69 per cent reported feeling that they belong to their immediate neighbourhood at 18 months, well above the national average (59%)³. Also, 89 per cent agreed that the local area is a place where people from different backgrounds get on well together, also above the national average (76%)³.
- A large minority of refugees reported being the victim of a verbal or physical attack, and some being victimised more than once. Almost half of those affected did not report the incident. Those who did, expressed dissatisfaction with the response of the police or the Gateway provider.
- The majority of respondents were in contact with other refugees. Men generally had more social contact with fellow refugees than women. The majority of respondents also reported socialising with non-refugees. College was an important place for meeting and making friends with non-refugees. Volunteering also provided opportunities to meet non-refugees.
- The vast majority of refugees were registered with a doctor, but 41 per cent reported problems accessing health care. Women encountered more problems than men. These problems appeared to be rooted in English language issues.

1. Context

Focus and Structure of this Report

This report presents the findings of an evaluation of the resettlement and integration experiences of 146 adult refugees who arrived in the UK through the Gateway Protection Programme (GPP) between February and May 2009, including 105 originally from Iraq, 18 from the Democratic Republic of the Congo (DRC), and 23 Rohingya, a minority ethnic group from Burma (see Appendix 1 for more detail on the sample).

The research had two main aims: First, to investigate how the GPP was being delivered by different organisations across a number of resettlement areas; and second to explore the experiences of the Gateway refugees during their first 18 months in the UK, including experiences of Gateway support, satisfaction with life in the UK, and progression towards social integration.

Chapter Two provides an overview of the research approach. Attention then turns to consider the research findings. Chapter Three explores implementation of the GPP by the different delivery agents working across the resettlement areas, before discussion moves on in Chapter Four to explore the experiences of the Gateway refugees during their first 18 months in the UK. A final chapter summarises the key implications of the research for policy.

The Gateway Protection Programme

The GPP is part of an international programme operating under the supervision of the United Nations High Commissioner for Refugees (UNHCR). The aim is to give some of the world's most vulnerable refugees the opportunity to access protection. In the UK, the programme is managed by the UK Border Agency (UKBA), and co-funded by the European Refugee Fund III (ERF III). The first refugees on the Programme arrived in the UK in March 2004 (RIAP, 2004). Annual quotas, set by Ministers, limit the number of arrivals (*ibid*). The current quota means that up to 750 refugees can be resettled in the UK via the programme each financial year. In the 2009 calendar year, 855 refugees were assisted (Home Office, 2010). Beneficiaries are provided with 12 months of dedicated material and social assistance, which is provided by different agencies in different resettlement areas across the UK. The overarching aim is to support and facilitate refugees' integration into UK society.

2. Approach

Data collection took place six, 12 and 18 months after the refugees arrived in the UK and involved three main activities (see Appendix 2 for more detail on the approach):

(i) *Questionnaire survey of refugees* - a questionnaire survey of all 146 adult refugees who arrived in the UK between February and May 2009. The survey consisted largely of closed questions, many of which had either been used in previous evaluations of Gateway, and some drawn from national surveys (e.g. the Place Survey²) providing benchmarks with the wider population. Iraqi refugees were sent the questionnaire by post in English and Arabic. Low levels of literacy among the DRC and Rohingya refugees required that questionnaires were completed via face-to-face interviews in relevant community languages. Some questions were the same at each stage to explore change over time.

The response rates were high by usual survey standards for all three questionnaires, yet the original sample had halved by the final questionnaire at the 18 month stage. This was largely due to the loss of Iraqi respondents. While most DRC (16 of 18) and Rohingya refugees (20 of 23) remained in the sample to the end of the research, only a third of the Iraqi refugees (35 of 105) did so. This was likely linked to the different methods of engagement with Iraqi refugees. Postal methods are associated with lower response rates than face-to-face research methods.

(ii) *Focus Groups with Refugees* - the focus groups provided an opportunity to investigate refugee experiences and opinions in more depth. Six focus groups involving 35 participants were carried out across the three stages of resettlement. Participants were selected at each stage to explore issues arising from the questionnaire responses. Focus groups with each of the nationality groups were conducted separately and in community languages. Four focus groups were mixed sex and two (with Iraqis) were women only.

(iii) *Agency Interviews* - during each round of fieldwork, interviews were conducted with staff working for Gateway providers across the seven resettlement areas. This included staff involved in strategic, operational management, and front-

line roles. The interview schedule was semi-structured and explored approaches to providing resettlement support, related successes and challenges. Interviewees were also asked to reflect on some of the findings emerging from the research with refugees.

3. Gateway Protection Programme Support

Five lead agencies were charged with delivering Gateway provision across seven resettlement areas (see Table 1). This chapter profiles the role of these lead agencies, before considering three key lessons learnt by Gateway providers about the successful resettlement and integration of refugees.

Table 1: Gateway provider profiles

Lead Agency	Resettlement Areas	Nationality of Refugees	Profile	Housing
Action in Communities	South East (Bromley and Colchester)	Iraqi	A relatively small, faith-based organisation, which draws on local volunteers	Sourced from private landlords. Refugees often remain in same home after 12 months
Refugee Council	Hull and Sheffield	Iraqi	Large voluntary sector organisation with a long history of supporting refugees. Support provided by own trained staff.	Sourced from private landlords. Refugees often remain in same home after 12 months
Norfolk County Council	Norwich	Iraqi and DRC	Originally worked with the Refugee Council, who provided social assistance, but took over full provision.	Sourced from private landlords. Refugees often remain in same home after 12 months
Horton Housing Association	Bradford	Iraqi and Rohingya	A local housing association, which provides housing and support services in West and North Yorkshire.	Housing sourced from Manningham Housing Association. Refugees able to extend tenancy beyond 12 months
Refugee Action, in partnership with local authorities	Greater Manchester	Iraqi	Refugee Action is a large voluntary sector organisation with a long history of supporting refugees. Casework support transfers to local authorities at 6-8 months.	Temporary accommodation sourced from the local authority (for 6-8 months), then helped to secure a tenancy, usually from a private landlord.

3.1 The Role of the Lead Agency

Lead agencies are bound by the conditions of their grant agreement with UKBA to meet the immediate needs of refugees upon arrival in the area and provide practical orientation and targeted casework support tailored to household needs. Central to the delivery of this support package is a caseworker, who provides support for the first 12 months after settlement, on a ratio of one caseworker per 20 refugees. In two of the resettlement areas (Bradford and Greater Manchester) there are separate grant agreements to provide

accommodation, but otherwise lead providers are also required to house refugees in family homes where people can remain for at least 12 months.

Gateway providers across the seven resettlement areas provided a similar package of support to the refugees. Initially, all providers concentrated on 'reception orientation', which typically included assisting refugees with applying for benefits, registering with health providers, opening a bank account, settling them into their homes, showing them how to operate essential equipment such as heating systems, and providing information about the local area and English culture. Subsequently, the focus shifted to the provision of help improving English language skills, accessing training and education and supporting a move into work. Ongoing support was also provided addressing particular challenges, for example with housing, benefits and health related issues. During the course of the 12 month support period, the emphasis was reported to shift from intensive support to more light touch assistance, in a bid to promote independence.

Support was typically provided through a combination of:

- *One-to-one support*, delivered by a caseworker assigned to a family, sometimes supplemented by one-to-one support from a specialist worker (e.g. social worker).
- *Group sessions*, typically provided on a 'one off' basis on issues such as the National Health Service or how the school system works. Services, such as the police and local colleges, were also invited to deliver information briefings. Sessions were also sometimes run for particular groups (e.g. women).
- *Drop-in sessions* at set times each week where individual refugees can see support and/or specialist workers about particular issues.

3.2 Promoting integration

Gateway providers identified four key challenges to refugee integration, which they worked to overcome by adapting and developing their activities.

(i) English for Speakers of Other Languages (ESOL) training

Providers expressed concerns about problems frequently encountered by refugees trying to access ESOL provision in their local area, including:

- *Demand outstripping supply* - Gateway staff reported that there were not enough ESOL places available locally and some refugees had to wait many months before accessing ESOL provision. Community organisations were reported to be trying to fill this gap in provision, but this ESOL training was rarely accredited. Another consequence of demand outstripping supply was that ESOL providers rationed supply by limiting training to only a few hours per week.
- *Lack of coordination* - problems with the availability of training were compounded by the poor coordination of ESOL provision in some areas. Informal provision provided by community organisations was in a constant state of flux; being reliant on volunteers and starting and stopping suddenly due to short-term funding. This made it difficult for Gateway providers to plan too far ahead.
- *A shortage of pre-entry level ESOL training* - was reported in Bradford, Hull and Greater Manchester. This caused particular problems for the Rohingya refugees in Bradford. One officer explained that this reflected a diversion of attention towards higher ESOL levels, for which funding was more readily available.
- *Geography of provision* - some refugees struggled to access colleges and adult learning centres because of their location. Travel costs and difficulties fitting attendance around other responsibilities, such as dropping off and picking up children from school, were reported to limit attendance.
- *Enrolment* - enrolment dates were usually fixed and linked to term times. Depending upon when they arrived in the UK, refugees sometimes had to wait months (e.g. until the following September) before being able to enrol on a formal accredited ESOL course.

Given these barriers, Gateway providers reported often having to "fight" to help refugees access ESOL training. Sometimes this was done on a case-by-case basis. In other instances Gateway providers had taken the lead in trying to facilitate a more coordinated approach to local ESOL provision. There were also examples of Gateway providers developing their own package of English language support and training. Examples included: women's groups, combining formal training and social activities; the employment of a dedicated tutor to deliver pre-entry level training to Gateway refugees; and a volunteer programme, whereby people visited refugees and engaged them in conversational English.

(ii) Relations between Gateway providers and other services

The ability of refugees to access mainstream services (housing, health care, Jobcentre Plus) was recognised as critical to independent living and effective integration. Local service providers were reported to be generally positive towards working with and assisting refugees. Even in areas with little history of resettlement (e.g. Colchester) services had been responsive to refugee needs and had forged good links with the Gateway provider. However, there were some problems.

Some schools were reported to be reluctant to enrol children from refugee families because they were viewed as having special needs which would impact negatively on the school. There were examples of GPs and dentists being reluctant to register refugees, and health care services unwilling to provide interpretation support for refugees, apparently because of concerns about associated costs. There were also examples of service providers rationing access to provision on the basis of spurious qualification criteria. In relation to ESOL provision one Gateway provider noted *“a lot of people say to us ‘you need to be in the country two years, you need to be married to a British Citizen’ and stuff... and we know it's not true”*. Confusion about the rights of refugees also appeared to limit access to employment; some employers being reluctant to employ refugees, partly because of uncertainty about their right to work in the UK. As a result of these problems, it was reported that caseworkers can spend a lot of time trying to help refugees access and utilise services, diverting them away from other tasks.

In response to these problems, Gateway support providers across the resettlement areas had held awareness-raising events for local service providers, at which they were briefed about the Gateway programme and the situations and experiences of Gateway refugees. Particular agencies were also often invited along to talk to the refugees about the services they provide. Positive working relations with local service providers were also reported to be promoted through the early development of a multi-agency support team, led by the Gateway provider initially but leading to a collective approach longer-term.

These activities were often established practice for agencies with a longer history of involvement in the Gateway Protection Programme. For example, in Greater Manchester, a special arrangement had been developed with the education department to address the concerns of local schools and to manage the integration of refugee children into the school system. This involved allowing the Gateway refugee children to spend their first term in the

school system 'Starting Point', a programme developed to help newly arrived refugee children prepare for mainstream school and delivered in a centre located in a primary school.

(iii) Tailoring support to the particular needs of different groups

The ease with which refugees adapted to life in the UK varied dramatically between nationality groups. An officer in Hull reported that Iraqi refugees were highly independent and only turned to their Gateway caseworker if there was a problem they could not resolve themselves. The independence of this group was reported to, in part, be a product of their proficiency in the English language. This finding is consistent with evidence that integration outcomes are closely associated with English language skills (Cebulla et al., 2010). In contrast, Rohingya and DRC refugees were reported to be, often heavily, reliant on their caseworker for help and assistance during their first 12 months in the UK, and to have an ongoing need for support that extended beyond the formal support period.

In response, it was suggested that the length of the support period and the specific package of support needs to be tailored to the particular needs of each arriving group. Although providers emphasised the importance of a gradual shift during the 12 month provision period, from intensive support towards the active promotion of independence, for some groups it might be necessary to provide more intensive resettlement training and longer term integration support. Gateway providers suggested that the responsiveness of the Gateway programme to the needs of different refugee groups would be promoted by providers working with successive cohorts of refugees from similar backgrounds, allowing the accumulation of knowledge and expertise and the development of effective working practices.

(iv) Support beyond 12 months

In most cases, the lead agency did not provide targeted support for Gateway refugees beyond the 12 month support period. However, it was common for refugees to approach their Gateway support provider for help and assistance after formal provision had ended. In these circumstances, caseworkers reported signposting refugees to mainstream service providers, refugee specific services and refugee community organisations. There were also examples across the resettlement areas of Gateway support officers (and volunteers in Bromley and Colchester) continuing to support and assist individual refugees beyond the support period. Many of these refugees were facing extreme difficulties, for example, associated with health problems, a housing crisis or financial hardship. Officers were going

beyond their formal duties to provide advice and assistance and to mediate on behalf of refugees with landlords, health care providers and Job Centre Plus.

There were some examples of Gateway support providers putting in place support mechanisms to help the refugees after the formal Gateway provision had ended. Rohingya refugees in Bradford were reported to regularly attend a weekly drop-in session run by Horton Housing, which ran for between six months and one year after formal Gateway support ended. In Sheffield, the Refugee Council had helped refugees to develop a 'Gateway Forum' so that all Gateway refugees, past and present, could maintain contact and provide ongoing help and advice for each other.

It was suggested that targeted support focusing on training and employment should extend beyond 12 months for all refugees, recognising the difficulties accessing employment and the apparent difficulties Job Centre Plus encounters responding to the particular needs of refugees.

4. Refugee Experiences

This chapter draws largely on the survey and focus group research with refugees, incorporating findings from the Gateway provider interviews as context.

The majority of respondents (66 of 71) reported they were satisfied with their life in the UK. However, the resettlement and integration experiences of the refugees varied, sometimes dramatically, between nationality groups, resettlement areas and between men and women. Among the 64 refugees who participated in all three stages of the research, the proportion of DRC and Iraqi refugees who were satisfied increased over time. The proportion of Rohingya satisfied fell at 12 months but increased again at 18 months. These experiences, which were not always directly attributable to GPP provision, are explored below.

4.1 English Language Skills and ESOL Training

Eighteen months after arriving in the UK, half of the longitudinal sample (35 of 71) reported that they could speak English fairly well or fluently. Only 3 per cent (2 of 71) reported they could not speak English at all. These figures compare favourably with the situation for the same people six months after arrival, when only 34 per cent (24 of 71) reported being able to speak English fluently or fairly well and 18 per cent (13 of 71) reported not being able to speak English at all.

Major differences were apparent in the English language skills of men and women and different nationality groups. Iraqi refugees were better able to read, write, speak and understand spoken English than the other nationality groups. This reflected the fact that many Iraqi men had worked for the British army as interpreters. Eighteen months after arriving in the UK, all Iraqi men were able to speak English fluently or fairly well. In contrast, Rohingya and DRC refugees had arrived in the UK with limited or no English language skills. Both groups had made progress during the first 18 months after arrival, yet 80 per cent of Rohingya refugees (16 of 20) and half (8 of 16) of DRC refugees could still only speak English a little or not at all after 18 months. Possible explanations for relatively slow progress learning English include the fact that many of the Rohingya refugees had received little formal education in Burma, they possessed only limited literacy skills (Rohingya was a solely oral language until very recently), and suffered a shortage of pre-entry ESOL provision in Bradford.

Nearly three-quarters (27 of 37) of all women respondents reported being able to speak and understand spoken English only a little or not at all after 18 months in the UK, compared to just over a quarter of men (9 of 34). An English language skills gap between men and women was consistent across nationality groups, but was more pronounced for Iraqis. Less than one half (8 of 18) of the Iraqi women reported not having good enough English to do their grocery shopping, and one half of Rohingya women reported not having good enough English to travel on public transport. Over half of all refugee women (21 of 37) compared to a quarter of the men (9 of 34) reported difficulties communicating with a doctor.

A possible explanation for the lower levels of English language proficiency among women is the particular problems that women encountered accessing ESOL provision; a finding consistent with evidence that women refugees with children tend to access the least ESOL education and make the slowest progress (Evans and Murray, 2009). Providers reported key barriers to be the availability of childcare to enable women to attend classes (women were typically the primary carer in the family) and various cultural barriers associated with a woman's role in the family and home. The limited availability of pre-entry ESOL training was also likely to impact disproportionately on women. Meanwhile, men were reported to benefit from being drawn into formal ESOL provision as part of their preparation for work when they registered for Job Seekers Allowance. As a result, 71 per cent (24 of 34) of women attending ESOL classes were receiving between one and four hours of training per week, while two-thirds of men (15 of 23) attending ESOL lessons were receiving five hours or more.

Eighteen months after their arrival, 80 per cent of the refugees were attending ESOL classes and the vast majority of refugees reported enjoying ESOL classes. Not only did attendance allow them to improve their English, it also provided an opportunity for socialising, and had helped refugees develop friendships with each other. At 18 months, the majority of DRC (13 of 15) and Rohingya (12 of 17) refugees reported wanting to do more hours, a preference reflective of the recognised limits of their English language skills (e.g. only one in 16 DRC refugees and six in 20 Rohingya refugees reported that their English was good enough to be able to find a job). Iraqi men were least likely to be attending lessons, the primary reason being the advanced English language skills of this group.

4.2 Employment and Training

After 18 months, only three refugees had experienced paid work in the UK. All three were Iraqi men. They reported that the nature of the work was not commensurate with their skills, experience or qualifications (one reported working in a supermarket and another was

working as an interpreter for a Gateway support provider). Half of all men (18 of 34) and one quarter of the women (9 of 37) reported that they had applied for at least one job in the UK by the 18 month stage. Most of these people (22 of 27) were Iraqi. Few Rohingya and DRC refugees appeared to be actively looking for work 18 months into resettlement.

Six months after arrival, providers reported that DRC and Rohingya refugees were more concerned with meeting more basic needs, rather than looking for work. These included learning English; getting to grips with unfamiliar technology (including telephones, home heating, showers, and computers); and acquiring practical and cultural knowledge (for example, using public transport and putting bins out). Twelve months after arriving in the UK most Rohingya refugees cited lack of English as the main reason they had not looked for work. For many refugees, this continued to be the case 18 months after resettlement, when two-thirds of Rohingya refugees and three-quarters of DRC refugees reported that their English language skills were not good enough to find a job.

Other factors identified as making it difficult for refugees to find work in the UK include the lack of recognition of qualifications and work experience gained outside the UK, discrimination by employers, and confusion on the part of potential employers about the right of refugees to work in the UK. Refugees also pointed to supply-side issues, reporting that there are not enough jobs in the local area.

For people used to having a job, being unemployed can be a negative experience. Iraqi women reported being very worried about their husbands who were bored and depressed having nothing to do all day. The women reported that this problem was exacerbated because the men were unable to socialise with each other easily, as a result of living so far apart.

Relatively few refugees had studied in the UK or undertaken job-related training, despite high levels of unemployment. In total, only nine refugees (eight men and one woman) had undertaken job-related training during the 18 months since arriving in the UK, and six (five Iraqis and one DRC refugee) had studied in the UK. Limited English language skills appeared to be a key barrier limiting access to education and training. During a focus group discussion in Sheffield, Iraqi men pointed to a need for training to help them translate professional qualifications gained overseas into relevant UK qualifications.

4.3 Volunteering

Increasing numbers of refugees were involved in volunteering. Six months after arrival, just over a tenth of the longitudinal sample (7 of 64) had been involved in volunteering in the UK, rising to 13 per cent at 12 months, and then to 28 per cent 18 months after arrival. Of all respondents at 18 months, nearly two-thirds of volunteers were Iraqi men (12 of 19 volunteers). This means that nearly three-quarters of Iraqi men had done some volunteering. Most people had volunteered for between one and four hours per week (11 of 19), but two people had volunteered for more than 10 hours per week. Volunteering roles were varied, but included helping in charity shops, as teaching assistants in schools, in youth centres, museums, and with refugee community organisations.

Previous studies have emphasised the importance of work-relevant volunteering opportunities in a bid to help refugees improve their employment opportunities (Cramb and Hudek, 2005; Jones et al., 2008). It is therefore interesting to note that 17 of the 19 refugees who had done some volunteering identified work experience as a motivating factor. An Iraqi man explained during a focus group session that when he started looking for work, employers were asking for UK work experience. He therefore started looking for volunteering opportunities, guided by his Gateway caseworker. Other important reasons for volunteering identified by more than three-quarters of these refugees included learning or practicing English; meeting other people; and to feel useful. The vast majority of refugees (17 of 19) reported enjoying their volunteering experience. Interestingly, over half of refugees who had volunteered reported that the work matched their skills and qualifications, reflecting a better experience than the refugees who had secured formal paid employment. One respondent, an Iraqi man, reported that a voluntary role with a refugee support agency had resulted in an offer of formal paid employment with the organisation.

4.4 Housing

Refugee satisfaction with housing increased throughout the study. Of respondents who remained in the study throughout the 18 month research period, more than 80 per cent (53 of 64) expressed satisfaction with their accommodation six months after arrival. By 18 months, this had risen to more than 90 per cent of refugees (58 of 64). However, these headline figures mask subtle variations through time, between different nationality groups, and across resettlement areas.

Iraqi refugees expressed the lowest levels of satisfaction with their accommodation six months after arrival; only 71 per cent (20 of 28) expressed satisfaction compared to 85 per cent of Rohingya (17 of 20) and all of the DRC refugees (16 of 16). A quarter of Iraqis were dissatisfied with the size of their homes (21 of 85), and 28 per cent with the condition/state of repair of their homes (24 of 85). One explanation put forward by Gateway providers for these low levels of satisfaction was the higher expectations of Iraqis, who had lived in good standard housing before leaving Iraq. Iraqi refugees substantiated this hypothesis in focus group discussions by nostalgically describing their "nice homes" in "nice areas" back in Iraq. The Iraqis has not been dislocated from their homes for very long before arriving in the UK, compared to the DRC and Rohingya refugees, who had spent many months, if not years, in refugee camps before being resettled.

The fact that levels of satisfaction among Iraqi refugees varied between resettlement areas suggests other factors were also at play. Six months after arrival, Iraqi refugees in Bromley were least satisfied with their level of rent and condition of their homes. Iraqis in Sheffield reported the highest level of satisfaction with local area, while Iraqis in Hull reported the lowest levels of satisfaction with the size of their home, the cost of heating, the local area and their neighbours. These issues were explored during a focus group with seven Iraqi women in Hull. Most of the women in this resettlement area were living in private rented accommodation. All commented that they had been allocated housing that was in poor condition and located in "*bad areas*". The women talked at length about the poor physical quality of their accommodation, reporting problems of damp, mould and infestation by mice. They also bemoaned the lack of space, including gardens for children to play. Most women were unhappy with their neighbourhood and complained about their distance from Halal shops, which were in the centre of town. They also questioned why they were dispersed far away from friends and family, making it difficult to meet up.

Reflecting on these experiences, support providers reported that they had sometimes encountered problems sourcing suitable and appropriate housing for the refugees. In some cases, problems were related to a reliance on the private rented sector for accommodation and the reluctance of some private landlords and estate agents to rent to people on benefits and/or to refugees. As a result, one support provider reflected that weeks were spent trying to secure accommodation for refugees, while another reported that the process was a lottery, in terms of the time and effort involved for the provider and the nature of the housing secured.

Eighteen months after resettlement in the UK, the different nationality groups reported similar levels of satisfaction with accommodation, 93 per cent of Iraqis (26 of 28) , 90 per cent of Rohingya (18 of 20) and 87 per cent of DRC refugees (14 of 16) reporting that they were very or fairly satisfied. One possible explanation for the improvement in satisfaction rates among Iraqi refugees is that initial expectations had been tempered by the reality of what housing was available and accessible to them in the UK. Another possible explanation is that Iraqi refugees had moved house and improved their housing situation. In Sheffield, for example, it was reported that a number of Iraqi families had moved to be close to other Iraqi families and many were now living in the same neighbourhood. Even so, at 18 months, almost half (13 of 28) of all Iraqi refugees expressed dissatisfaction with the size of their home (compared to 20% of Rohingya and 6% of DRC refugees) and a third (9 of 28) of Iraqis expressed dissatisfaction with the condition and repair of their home . Meanwhile, three-quarters of the Rohingya refugees expressed dissatisfaction with the condition and repair of their home, an increase from only 10 per cent after six months. The reasons for this are unclear, but during focus group discussion Rohingya refugees complained about delays in their landlord responding to reported problems with their accommodation.

Finally, different levels of satisfaction with housing were apparent between refugees living in different housing sectors. Refugees in housing association and local authority accommodation reported higher levels of satisfaction than refugees living in private rented housing. Gateway support providers explained this finding by pointing to higher rent levels in the private rented sector, compared to the social rented sector, which can serve to restrict the housing options available to refugees, given limits placed on housing benefit allowances. This often resulted in refugees moving into relatively poor quality accommodation. This was particularly true for large families and also for young single people, who could often only afford poor quality bedsit accommodation. The cost of housing was also reported to represent a barrier to work. For example, during focus group discussion, some Iraqis expressed concern that they would not be able to afford their current level of rent in low paid employment.

4.5 Life in the neighbourhood

Relatively high levels of satisfaction with the local area as a place to live were reported six, 12 and 18 months after resettlement. The vast majority (over 90%) of DRC refugees reported consistently high levels of satisfaction with their local area throughout their first 18 months in the UK. Satisfaction among Iraqi refugees gradually increased from 75 per cent

(21 of 28) after six months to 86 per cent (24 of 28) after 18 months. In contrast, satisfaction levels among Rohingya refugees fell slightly from 90 per cent (18 of 20) after six months to 80 per cent (16 of 20) after 18 months.

Eighteen months after resettlement, despite reporting high levels of satisfaction with the local area as a place to live, the majority of Iraqi refugees (16 of 28) were keen to move house; although most wanted to remain in the same town or city. A large minority of DRC refugees (7 of 16) was also keen to move, whereas 85 per cent of Rohingya refugees (17 of 20) wanted to stay put. The impression that Iraqi refugees had weaker ties to the local area was reinforced by measures of belonging. For example, at 18 months almost half of the Iraqi respondents (13 of 28) reported feeling very or fairly strongly that they belonged to their immediate neighbourhood, compared to 80 per cent of Rohingya (16 of 20) and 94 per cent of DRC refugees (15 of 16). Across all the refugees, 69 per cent (44 of 64) reported a sense of neighbourhood belonging, which is above the national average (59%)³.

As a perception measure for community cohesion, refugees were asked to what extent they agreed with the statement that their local area was a place where people from different backgrounds got on well together⁴. Eighteen months into resettlement, 89 per cent of all respondents fairly or strongly agreed (63 of 71), which is above the national average (76%)³. Breaking down the responses by nationality showed that all DRC and Rohingya refugees agreed with the statement, and it was only a proportion of the Iraqi respondents who did not perceive their local areas to be cohesive (7 of 35). This is likely linked to a greater proportion of Iraqis experiencing racial harassment.

The desire to move house did not seem related to concerns about personal safety, as almost all of the respondents (67 of 71) reported feeling safe outside in the local area. This is a significant finding, as personal safety is recognised as an important facilitator of integration. Living in fear of abuse or harassment can seriously undermine feelings of belonging and limit opportunities for interaction, engagement and participation. The situation varied between resettlement areas. For example, six months after arrival, all Iraqi refugees in Sheffield and Colchester reported feeling safe in the local area, while 29 per cent of Iraqis in Hull (6 of 21) reported feeling unsafe, with women reporting the highest levels of concern.

Six and 12 months after arriving in the UK, refugees were asked whether they had been the victim of a verbal or physical attack in the last six months. Based on the refugees who responded to both surveys, a fifth (18 of 88) were verbally attacked in the first six months of

resettlement and just over a fifth (19 of 88) in the second six months of resettlement; including ten refugees (in Hull, Sheffield and Norwich) who experienced harassment in both periods.

Experiences of harassment were explored during a focus group discussion with seven Iraqi women in Hull. The group reported that many of the neighbourhoods where Iraqi refugees had been resettled in Hull had little experience of ethnic diversity and were racially intolerant. All the participants reported that they themselves or a member of their family had experienced racial harassment (verbal abuse and threats of violence). The women felt that these types of incidents, even when reported, were being ignored by the police and Gateway providers; one woman commenting that "*they didn't do anything at all*", while another woman reported that a victim of racial abuse was told by the police "*they didn't attack you at home, so we can't do anything*". Two Iraqi men living in Hull, who had reported being physically assaulted to their Gateway provider and the police, claimed to be 'very dissatisfied' with the way the incident was dealt with.

Although these claims have not been verified, they clearly show that some Iraqi refugees in Hull felt victimised by some of the people they were living alongside, and perceived that their concerns about safety were not being taken seriously. They also help explain why almost half of questionnaire respondents who reported being verbally abused in the second six months of resettlement did not report the incident to anyone at all; people being less likely to report an incident if they do not believe effective action will be taken (OCJR, 2004).

The under-reporting of racist incidents may also explain the gap between refugee experiences and perceptions of Gateway providers, who typically suggested that community relations were good, that host communities were usually neighbourly, and that there were no significant problems with harassment. This gap was particularly evident in Bromley and Colchester. However, service providers in Norwich, Bromley and Colchester reported a notable shift in attitudes towards refugees and in community relations over time, communities that were once hostile were becoming more tolerant. This is likely linked to proactive attempts to promote more positive relations between settled and refugee communities.

4.6 Social relationships

Fellow refugees can serve as an important source of informal support and camaraderie, helping people cope with the challenges of living in a new culture and society. It was

therefore positive to note that the majority of respondents were in contact with other refugees; 35 per cent of respondents (25 of 71) regularly socialised with other refugees and a further 46 per cent (33 of 71) sometimes did 18 months into resettlement. Iraqi refugees in Sheffield reported coming together "like a community" on a weekly basis, as well as seeing individual community members on a daily basis.

Gateway providers were actively promoting mutual support and assistance among refugees by helping groups to establish refugee community organisations (RCOs), with the hope that these would represent an important source of support once Gateway support ended. Almost half of refugees (31 of 71) were aware of a local RCO, and most of these respondents (27 of 31) were involved in some way with such a group.

Men generally had more social contact with fellow refugees than women. Gender differences were most marked among Iraqi refugees, with 39 per cent of women (7 of 18) rarely or never socialising with other refugees, compared to just under a quarter (4 of 17) of men. This could reflect cultural norms, including the responsibility of women for childcare. However, Iraqi refugees had strong links with groups of Iraqis living in other resettlement areas across the UK. Gateway providers reported that such networks, which were maintained by e-mail and telephone, proved a helpful source of support and information, but could also raise problems, particularly when refugees felt their situation (e.g. housing) compared unfavourably to refugees in other areas.

Respondents were asked how regularly they attended a place of worship, the assumption being that this could provide refugees with social connections with people from different backgrounds. At 18 months, all DRC refugees reported regularly or sometimes attending a place of worship, as did three-quarters of Rohingya refugees. Attendance was lowest for the Iraqis. At 18 months, just over half (18 of 35) rarely or never attended. This could be because the Iraqi cohort were less religious or do not usually attend a mosque. Although, at a focus group in Hull, it was reported that the Iraqi refugees had not been welcomed at the local mosque because of their previous involvement with the British army in Iraq.

Connections with other local residents can help enhance language and cultural knowledge, providing insight into rights and responsibilities, and fostering a greater sense of belonging. At 18 months into resettlement, two-thirds of respondents (45 of 71) said they regularly or sometimes socialised with non-refugees. This wider social contact had increased since the 12 month stage, especially for Iraqis (an increase of 11 percentage points for Iraqis

responding to both surveys). College was cited as an important place for meeting and making friends with non-refugees, including people from a range of ethnic backgrounds. Volunteering also provided opportunities to meet non-refugees. It is perhaps not surprising, therefore, that among Iraqi refugees, men reported a greater level of social contact than women. However, this gender difference was reversed for the Rohingya group. Social connections were most developed for DRC refugees, with all regularly or sometimes socialising with local residents; and, during a focus group discussion, DRC refugees reporting that neighbours were a valuable source of social and material assistance. Barriers to social interaction with non-refugees were reported to include limited English language skills, unemployment and financial difficulties, which make it difficult to travel to meet friends and engage in leisure activities.

4.7 Money

Six months into resettlement, a sizeable minority (7 of 18) of DRC refugees reported 'always' having problems with money. Few Iraqi or Rohingya refugees reported such problems. By 12 months this pattern had reversed, the proportion of Rohingya refugees who always experienced problems paying for food and bills increasing dramatically (11 of 21), while DRC refugees appeared to be finding it easier to manage their finances. The reasons for emerging problems with money among Rohingya refugees are unclear, but could include changing perceptions about money and problems managing household finances with less help from the Gateway provider. By 18 months, a degree of stability in household finances was evident, with the proportion of Iraqis and Rohingyas who were always in financial difficulty decreasing, and DRC refugees reporting no problems. Still, however, two-thirds of refugees (54 of 71) reported sometimes experiencing financial difficulties.

Gateway providers speculated that some refugees struggled to pay for food and bills because they were sending money to friends and relatives living outside the UK. This suggestion was explored and refuted by the second survey, which found that after 12 months DRC refugees were most likely to send money home (10 of 18 sometimes did so) but least likely to report problems paying for essentials (12 of 18 never had problems). Conversely, Iraqis were least likely to send money home (6 of 50 sometimes did so) and most likely to report problems affording food and bills (only 5 out of 50 never had problems). These patterns might be explained by the different expectations of the nationality groups. For example, many of the Iraqi refugees were in professional occupations prior to leaving

Iraqi and might have higher expectations about purchasing power and material well-being. There was no indication that money problems were linked to household size or composition.

4.8 Health

The Gateway Protection Programme prioritises the most vulnerable cases for resettlement. As a result, long-standing health problems and disabilities can be relatively common among Gateway refugees. This was the case among the refugees surveyed, with just under two-thirds (54 of 89) reporting physical health problems during their first 12 months in the UK. In addition, almost three-quarters (65 of 89) reported emotional problems. Eighteen months after arrival the picture appeared to have improved, with only 17 per cent of respondents (12 of 71) reporting that their health was poor or very poor. Rohingya refugees reported the worst health profile, one in four reporting that their health was poor or very poor. One in five Iraqi refugees reported that their health was poor or very poor. In contrast, all DRC refugees reported that their health was good or okay 18 months after arrival in the UK.

Given the poor health of many refugees, it was reassuring to find that the vast majority were registered with a doctor. Twelve months after arrival, this included all DRC refugees; 96 per cent of Iraqi respondents (48 of 50); and 71 per cent of Rohingyas⁵ (15 of 21). The majority of Iraqis (47 of 50) also reported that they had managed to register with a dentist. In contrast, only about a quarter of DRC (5 of 18) and Rohingya respondents (5 of 21) reported being registered with a dentist. Gateway providers working with the Rohingya refugees in Bradford (Horton Housing) and the DRC refugees in Norwich (Norfolk Council) reported difficulties finding dentists for the refugees, although systems were in place for referring people for emergency treatment.

The majority of refugees (62 of 71) reported that they had seen a doctor in the UK and most were satisfied with the health care received, although almost a fifth (6 of 31) of Iraqi refugees reported being fairly or very dissatisfied. Despite the majority being registered with a GP, nearly half (29 of 71) still reported barriers to health care. Women encountered more problems accessing health care than men, and this was often rooted in English language problems. Two-thirds of DRC women (7 of 11), three-quarters of Rohingya women (6 of 8), and nearly a quarter (4 of 18) of Iraqi women identified language as a barrier to health care. In contrast, no Iraqi men identified language as a barrier to health care, although language problems were reported by two out of five DRC men and half (6 of 12) of the Rohingya men. These findings help explain why more than a third of refugees reported contacting their Gateway support provider after the formal 12 month provision period for health information

and advice. Other barriers to health care were reported to be waiting times for both GP and specialist appointments, and cost of travel for appointments with specialists.

4.9 Sources of support

Gateway providers sought to promote greater independence among the refugees by moving to a lighter touch programme of support during the course of the 12 months of formal provision (e.g. reducing one-to-one contact in favour of group drop-in sessions) and encouraging refugees to approach mainstream services directly for help and assistance. It was not, therefore, surprising to find that refugee contact with their Gateway provider reduced during the 12 months. This approach suited some respondents; seven Iraqi refugees, for example, reported that they did not try to make contact with the Gateway provider after six months in the UK. However, more than a third (38%) of refugees who had sought information and advice during the second half of the 12 month support period reported difficulties contacting a caseworker. This was a particular problem for Rohingya respondents, 81 per cent complaining about a lack of support from Horton Housing after the first couple of months of orientation. It was difficult to determine to what extent this was due to unrealistic expectation or genuine unmet need, and whether improved dialogue between the provider and the refugees would have made a difference.

Satisfaction with Gateway support was closely related to how easily respondents could get in touch with their caseworker. There was, therefore, a downward trend in levels of satisfaction during the 12 month period, as support was gradually withdrawn. DRC refugees in Norwich were the only group to express increasing satisfaction with their Gateway provider during the 12 months. The reasons for this were unclear, but could relate to a change in Gateway provision during this period¹. Rohingya refugees supported by Horton Housing showed the biggest fall in satisfaction (by 59% points), followed by the Iraqi group resettled in the Greater Manchester area (by 38% points). The Manchester based Iraqis were supported by Refugee Action for the first eight months, with local authorities assuming responsibility for providing support during the remaining four months. Two focus group participants in Greater Manchester reported that the support provided by their local authority was not as good as that provided by Refugee Action.

Half of the Rohingya refugees (10 of 20) reported not coping well without the support of their caseworker, despite the majority (14 of 20) maintaining some level of contact with their Gateway provider after the 12 month period, and 40 per cent (8 of 20) making contact more than six times in the six months since the support period officially ended. Key reasons for

ongoing contact beyond the 12 month period of formal support included advice about health care and state benefits. Three-quarters of Iraqi women contacted Gateway staff post 12 months to be sociable. This possibly reflects a lack of other social connections, but also a well-established rapport with caseworkers.

Refugees were asked about the usefulness of other support sources. Almost three-quarters (51 of 71) of refugees found Job Centre Plus (JCP) a useful source of support. More of the Rohingya and DRC refugees had accessed JCP support at 18 months than at 12 months, perhaps reflecting increasing 'job readiness'. All groups reported increased use of Citizen's Advice Bureau (CAB). At 18 months, over half of Iraqis (20 of 35) had used CAB services at some time, and most had found them useful. In contrast only one Rohingya (out of 20) had contacted CAB. This is probably a consequence of the Rohingyas' low English language ability, lack of Rohingya interpreters, and their resultant reliance on Gateway provision, although it was unclear how long this could continue, given the arrival of a new cohort of Gateway refugees.

5. Key Implications for Policy

The vast majority of Gateway refugees participating in the research were satisfied with their life in the UK 18 months into resettlement. Their basic material needs had been met, they were beginning to access mainstream services and socialise with local people. Almost all had accessed English language classes, although English language skills remained a problem for many and represented a barrier to integration (particularly for women). Difficulties finding work were common, even for people with good English. Six suggestions from the research for improving the integration of Gateway refugees are:

- Facilitating access to more hours of English language training in the early days of resettlement might reduce reliance on Gateway providers during and beyond the 12 month support period, thereby promoting integration from an earlier stage.
- Extending targeted support on training and employment beyond 12 months could help overcome the problems refugees encounter finding work, alongside local/national initiatives to educate employers of refugees' right to work in the UK.
- The approach, focus, intensity and duration of integration support needs to be tailored to the particular needs of different groups (including refugees from different backgrounds and sub-sections of the population, including women).
- Further promotion of shared learning between Gateway providers would enhance responsiveness to the experiences and needs of refugees across the programme, and especially where providers are supporting cohorts from similar backgrounds.
- Refugees should be encouraged and supported to report crimes against them, including harassment, to empower them and promote integration.
- Promoting volunteering could help facilitate progress into formal employment, as well as providing an opportunity to socialise and practise English.

Notes

¹ A sub-contract (with the Refugee Council) to provide social assistance to the DRC group ended in March 2010. Although there was no change of workers for existing cohorts, it was reported that the Norfolk Council team became more involved in the run up to the changeover, perhaps implying additional Gateway resource and/or a change in approach. Control of Immigration Statistics United Kingdom 2009 (Home Office)

² More information about the Place Survey can be found at URL: <http://www.audit-commission.gov.uk/localgov/audit/nis/pages/placesurvey.aspx>

³ Based on responses to the same question asked in England's 2008 'Place Survey' (CLG, 2009)

⁴ This is the single survey question devised by the Home Office as a 'headline indicator' to capture the essence of community cohesion. It has been used in a number of national surveys including the Place Survey and the Citizenship Survey.

⁵ There is a lack of evidence on refugee registrations with GPs nationally, although a study of A&E admissions at a teaching hospital in London found that 58 per cent of people from refugee generating countries were registered with GPs (Hargreaves et al. 2006).

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Appendix 1: The Refugee Sample

This report focuses on a cohort of Gateway refugees who arrived in the UK between February and May 2009. The group included people originally from Iraq, Burma (Rohingya ethnicity) and the Democratic Republic of the Congo (DRC). The DRC and Rohingya refugees had been living in refugee camps prior to arriving in the UK, often for a number of years. The Iraqi refugees were a mixture of people who had survived torture and violence; former 'locally employed' staff working with the British forces in Iraq who feared being targeted by the militia as a result; and Iraqis forced to flee their country due to their lives being endangered as a consequence of their religion, ethnicity, education, background, or perceived association with foreigners.

The Rohingya had little or no formal schooling, and were largely illiterate. The DRC were semi-literate. The vast majority of the Iraqi refugees had attended school, at least up to grade 8 and were literate. Many had studied and completed further education and were engaged in professional occupations before leaving Iraq.

The original research sample comprised 146 refugees aged 18 years or older. The majority were relatively young; 61 per cent were 18-34 years old and only three per cent were aged 65 and over. Almost three-quarters of the total were Iraqis, compared to 16 per cent Rohingya, and 12 per cent DRC. The refugees had been resettled across seven different locations in England and were receiving Gateway support from five providers (see Table 2a). Data for the four resettlement areas within the Greater Manchester area were aggregated to create a single larger sample for more robust statistical analysis. This seemed appropriate, as the areas were similar in type, the main Gateway provider was the same across the four areas, and the refugees were the same nationality.

In addition to this, for the first questionnaire responses were analysed independently for each of the four Greater Manchester resettlement areas and then compared to look for any obvious differences. There were none that stood out. In the second and third phases of the survey, the number of responses for each of the areas was not large enough to repeat this exercise. It is worth noting that the Iraqis located in Greater Manchester were supported by Refugee Action for the first eight months, with local authorities assuming responsibility for providing support during the remaining four months. Whilst it would have been interesting to

have looked for any variation in experience resulting from this handover to different local authorities, this was not possible due to the small sample size.

Table 1a: The original refugee survey sample by Gateway provider, resettlement area and refugee nationality

Gateway Provider	Resettlement Area	Nationality	No. of Refugees
Refugee Council	Hull	Iraqi	32
	Sheffield	Iraqi	23
Refugee Action	Greater Manchester (Bolton, Bury, Oldham, Stockport)	Iraqi	25
Horton Housing	Bradford	Iraqi	3
		Rohingya	23
Norfolk Council	Norwich	Iraqi	5
		DRC	18
Action in Communities	Bromley	Iraqi	8
	Colchester	Iraqi	9
Total Sample			146

Appendix 2: The Research Approach

There were three main elements to the research approach:

- a questionnaire survey of refugees;
- focus groups with refugees; and,
- telephone interviews with front-line and management staff at the agencies commissioned by UK Border Agency to deliver the 12 month programme of support to Gateway refugees.

Each element was repeated at three phases of the study, roughly at six, 12 and 18 months after the arrival of the refugees in the UK. The first phase of the fieldwork with refugees was conducted in October and November 2009, meaning that some of the refugees had been in the UK for just five months, while others had been in the UK for up to nine months. The second phase was interrupted by fieldwork restrictions due to Purdah for the 2010 General Election. This meant that the Iraqi and DRC refugees were contacted in March and early April 2010, but the Rohingya were not contacted until the beginning of July. For the third phase, all refugees were contacted in November 2010. Statistical analysis found no significant relationship between time spent in the UK - at the first or subsequent stages of the survey - and reported refugee experiences, suggesting no obvious methodological bias.

The Refugee questionnaire

In each round of the survey, the refugee questionnaire consisted largely of closed questions. This was to maximise the response rate from postal respondents, to maximise the range of comparable data for statistical analysis, and to keep translation costs to a minimum within the scope of the research budget. Many of the questions had been used in previous evaluations of the Gateway Protection Programme. Some questions, for example, exploring perceptions of safety in the local area and feelings of belonging to the local neighbourhood, were drawn from national surveys, such as the Place Survey²¹.

¹ More information about the Place Survey can be found at URL: <http://www.audit-commission.gov.uk/localgov/audit/nis/pages/placesurvey.aspx>

The questions were developed to cover topic areas identified as important in UKBA's research specification, but also to cover the ten domains - employment; housing; education; health; social bridges; social bonds; social links; language and cultural knowledge; safety and stability; and rights and citizenship – identified in Ager and Strang's framework of integration². This framework is widely acknowledged as providing a useful starting point for thinking about refugee integration³. There are inevitable limitations with any framework that seeks to measure something as complex as refugee integration⁴. This particular framework was employed because it was found to usefully focus discussions with refugees on issues of immediate pertinence to integration that could be explored via a questionnaire survey and relatively short, face-to-face interviews.

Some questions were repeated in more than one questionnaire. These repeat questions were used to explore change over time. Other questions were asked only once. It was a balancing act between monitoring change over time and maximising the coverage of the research; and, of course, some questions were more (or less) relevant at particular stages of refugee resettlement. Questionnaire development was also mindful of the fact that longer questionnaires are linked to lower response rates⁵. Hence, the number of questions for each questionnaire was kept to around 50. Table 2a shows which questions were asked as repeat measures.

The Iraqi refugees were sent the questionnaire by post in English and Arabic, together with a pre-paid return envelope. Low levels of literacy among the DRC and Rohingya refugees required that questionnaires were completed via face-to-face interviews. A Swahili-speaking researcher carried out interviews with the DRC refugees to complete the questionnaires. These visits were arranged over the telephone by the same researcher, and typically took place over two days.

² Ager, A. and Strang, A. (2004) *Indicators of Integration: final report*. Home Office Development and Practice Report 28. London: Home Office.

³ See Refugee Action and Refugee Council (2008) *Gateway Protection Programme: Good Practice Guide*. London.

⁴ Atfield, G., Brahmhatt, K. and O'Toole (2007) *Refugees' Experiences of Integration*. Birmingham: Refugee Council and University of Birmingham.

⁵ Roszkowski, M.J. and Bean, A. G. (1990) 'Believe It or Not! Longer Questionnaires Have Lower Response Rates' *Journal of Business and Psychology* Vol. 4, No. 4 (Jun., 1990), pp. 495-509

Table 2a: Repeat questions in the refugee survey

	6 mth	12 mth	18 mth
English language ability			
How well understand spoken English	y		y
How well speak English	y		y
How well read English	y		y
How well write English	y		y
Attended English language classes	y	y	
English improved since arriving in the UK	y	y	
Employment			
Looked for work	y	y	
Applied for paid work	y		y
Had paid job(s) in the UK	y	y	y
Job appropriate for your skills and qualifications	y	y	y
Who helped you to look for work (sources listed)	y	y	
Had voluntary work in UK	y	y	y
Home & local area			
Satisfaction with size of home	y	y	y
Satisfaction with condition/repair of home	y	y	y
Satisfaction with rent	y	y	
Satisfaction with cost of heating	y	y	
Satisfaction with neighbours	y	y	y
Satisfaction with Housing provider		y	y
Satisfaction with distance from friends/relatives	y	y	y
Overall, satisfaction with accommodation	y	y	y
Belong to immediate neighbourhood	y	y	y
People from different backgrounds get on well together	y		y
Want to move from where you currently live	y	y	y
Overall, satisfaction with local area as a place to live	y	y	y
Moved house in the last 6 months		y	y
Money			
Difficulty paying for food or bills	y	y	y
Support			
Overall, satisfaction with support worker	y	y	
How important are other sources of support (sources listed)	y	y	y
Community safety			
Feel safe in local area	y	y	y
Victim of a verbal attack in last 6 months	y	y	y
Reported (verbal) incident(s)	y	y	y
Satisfaction with way the (verbal attack) incident dealt with		y	y
Victim of a physical attack in last 6 months	y	y	y
Reported (physical) incident(s)	y	y	y
Satisfaction with way the (physical attack) incident dealt with		y	y
Social life			
How frequently attend place of worship		y	y
How frequently meet socially with refugees		y	y
How frequently meet socially with non-refugees		y	y
Overall experience			
Overall, satisfaction with life in UK	y	y	y

The Rohingya refugees completed questionnaires via interviews in their own homes. In the first and second phases, the local Gateway provider, Horton Housing, was instrumental in setting up these interviews, by contacting refugees in advance to arrange suitable appointments. To fit with the timing of the first phase fieldwork, it was impossible to identify a Rohingya-speaking interpreter. To address this, the research team worked with a Rohingya-speaking interpreter used by Horton Housing. Any potential bias was minimised for this first questionnaire by the extensive use of closed questions and limiting questions specifically related to the Gateway provider. For the second and third phases, an independent Rohingya interpreter travelled up from London to assist the research. Each round of interviews took place over two days. During these face-to-face interviews the researchers took the opportunity to discuss some issues in more depth. Notes from this additional questioning were written up and analysed along with the focus group transcripts.

All the refugees receiving a questionnaire or interviewed by a researcher were given a £10 voucher as a 'thank you' for participating in the research. The limitations of a mixed methods approach for data collection are acknowledged, in particular the problems associated with the postal method (including a lower response rate; language and literacy issues; and misinterpretation of questions). However, without the postal element of the survey, the research team would not have been able to get information from such a large and widely distributed group.

The potential impact of the postal survey with the Iraqi group, compared to face-to-face interviews, was minimised by the large proportion of Iraqis in the original sample. This meant that a certain degree of attrition could be accommodated without compromising the ability of the research to compare findings across nationality groups. Conversely, the loss of respondents from the much smaller cohorts of DRC or Rohingya refugees would have been a bigger problem for the quantitative analysis.

The response rates for Iraqi refugees were maximised by sending out reminder letters and duplicate questionnaires a week or two after the originals were posted at each of the three stages. Also, a covering letter accompanied the questionnaire in every case to ensure that respondents were aware of the purpose and importance of the research.

Questionnaire response rates

The response rates were high by usual survey standards for all three questionnaires, although, as expected, the sample did reduce over time as some refugees left the Gateway

programme, opted out of the research, moved home without leaving a forwarding address, or died (two people). By the third survey just under a half (49%) of the original sample submitted a response. The tables below show the reducing sample sizes and response rates for each questionnaire, and the final retention rate, by nationality (Table 2b), gender (Table 2c), resettlement area (Table 2d) and Gateway Provider (Table 2e). These tables show the number of respondents and response rates for each of the surveys compared to the original cohort. They do not necessarily show whether the samples consisted of the same people.

Response rates were higher for the DRC and the Rohingya, compared to the Iraqis. This probably reflects the different methods deployed to collect questionnaire responses, as postal surveys are associated with lower response rates than face-to-face interviews. Response rates of men and women were broadly similar across the research, although there was a slight dip for men in the third survey.

Bromley and Colchester resettlement areas began with small samples, meaning that even small numbers of refugees dropping out of the research and/or not responding to questionnaires significantly affected the sample, and compromised the ability of the research to make any firm conclusions about refugee experiences at this level. Apart from Colchester, the response rates were lowest for refugees living in Hull for the first and second survey. Low response rates can often be linked to low levels of satisfaction, which were evident in relation to home and neighbourhood, but not the social support offered by Gateway. This low response rate was one reason for choosing to do a focus group in Hull in the first phase of the research.

Response rates declined in the third survey for refugees living in the Greater Manchester area. This was largely due to the number of postal questionnaires that were return-to-sender by Royal Mail because the addressee was no longer resident. The move-on model operational in the Greater Manchester area meant that most (if not all) of the refugees had been moved onto new homes in the private-rented sector by this point in their resettlement. The relevant Gateway provider, Refugee Action, helped the research team to maintain contact with as many of the Greater Manchester refugees as possible, by forwarding on questionnaires to their new addresses, where these could be found within the timeframe of the research.

The risk with non-response is that this might introduce some level of bias into the research findings, if people who choose not to respond to the survey have particular shared

characteristics, experiences or attitudes. As only a third of the original cohort of Iraqis provided responses to the final questionnaire, it was considered necessary to assess the level and nature of any bias in the remaining sample. Based on findings from the first survey, there was some evidence that the refugees who dropped out of the research had lower satisfaction and sense of belonging than those who remained engaged, perhaps suggesting that findings relating to the Iraqi group may be nearer the optimistic end of the scale.

The longitudinal samples

Some questions were asked more than once across the three stages of the survey to help gauge change over time. However, comparing responses between questionnaires could be misleading if different people responded to each. Hence, it was important to establish the longitudinal sample of people who responded at both, or all three, time points. For example, when exploring changes in levels of satisfaction between six months and 18 months after arrival in the UK, only respondents who returned a questionnaire at each of these stages was included in the analysis. This meant that the longitudinal analysis was based on smaller sample sizes than the analysis for any single time point. Tables 2f to 4i show the sample sizes, by nationality, for the longitudinal analysis.

Table 2b: Refugee survey sample and responses by nationality

	1st Survey			2nd Survey			3rd survey			Overall Retention rate
	Original Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	
Iraqi	105	85	81%	64	50	78%	52	35	67%	33%
DRC	18	18	100%	18	18	100%	17	16	94%	89%
Rohingya	23	22	96%	21	21	100%	20	20	100%	87%
All refugees	146	125	86%	103	89	86%	89	71	80%	49%

Table 2c: Refugee survey sample and responses by gender

	1st Survey			2nd Survey			3rd survey			Overall Retention rate
	Original Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	
Men	73	64	88%	53	46	87%	46	34	74%	47%
Women	73	61	84%	50	43	86%	43	37	86%	51%
All refugees	146	125	86%	103	89	86%	89	71	80%	49%

Table 2d: Refugee survey sample and responses by resettlement area

	1st Survey			2nd Survey			3rd survey			Overall Retention rate
	Original Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	
Hull	32	21	66%	17	12	71%	12	8	67%	25%
Sheffield	23	19	83%	15	14	93%	12	10	83%	43%
G. Manchester	25	20	80%	17	16	94%	16	10	63%	40%
Bradford	26	25	96%	23	23	100%	22	21	95%	81%
Norwich	23	23	100%	22	20	91%	20	19	95%	83%
Bromley	8	8	100%	2	2	100%	1	1	100%	13%
Colchester	9	9	100%	7	2	29%	6	2	33%	22%
All areas	146	125	86%	103	89	86%	89	71	80%	49%

Table 2e: Refugee survey sample and responses by support provider

	1st Survey			2nd Survey			3rd survey			Overall Retention rate
	Original Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	Revised Sample no.	Response no.	Response rate	
Refugee Council	55	40	73%	32	26	81%	24	18	75%	33%
Refugee Action	25	20	80%	17	16	94%	16	10	63%	40%
Horton Housing	26	25	96%	23	23	100%	22	21	95%	81%
Norfolk Council	23	23	100%	22	20	91%	20	19	95%	83%
AiC	17	17	100%	9	4	44%	7	3	43%	18%
All providers	146	125	86%	103	89	86%	89	71	80%	49%

Table 2f: Refugees responding to both the six and 12 month surveys

Nationality	Count	%
Iraqi	50	57
DRC	18	20
Rohingya	20	23
All refugees	88	100

Table 2g: Refugees responding to both the six and 18 month surveys

Nationality	Count	%
Iraqi	35	49
DRC	16	23
Rohingya	20	28
All refugees	71	100

Table 2h: Refugees responding to both the 12 and 18 month surveys

Nationality	Count	%
Iraqi	28	44
DRC	16	25
Rohingya	20	31
All refugees	64	100

Table 2i: Refugees responding to all three surveys

Nationality	Count	%
Iraqi	28	44
DRC	16	25
Rohingya	20	31
All refugees	64	100

Refugee focus groups

The focus groups were intended to investigate in more detail issues emerging from the questionnaire responses and to facilitate deeper reflection on whether and how the Gateway Protection Programme might be improved. A total of six focus groups were conducted during the research: one in the first phase, three in the second phase, and two in the third phase. See Table 2j for details of participants.

Table 2j: Details of focus group participants

Focus group	Nationality	Resettlement area	Men	Women	All participants
1	Iraqi	Hull	0	7	7
2	DRC	Norwich	1	7	8
3	Iraqi	Sheffield	6	0	6
4	Iraqi	Manchester	3	2	5
5	Iraqi	Sheffield	0	2	2
6	Rohingya	Bradford	5	2	7
All Focus groups			15	20	35

Focus group participants were purposively sampled according to their resettlement area, demographic characteristics (age, gender, marital status), and their responses to previous survey questions. The selected sample was initially contacted via telephone by an interpreter or researcher able to speak the refugee's primary language. This initial contact provided an opportunity to discuss the purpose and practicalities of the proposed focus group, to determine willingness to participate, ability to make the proposed date, time, and venue, and to identify whether childcare would be needed. According to the reported needs of refugees during this initial contact, the dates and times of two proposed focus groups were changed, and childcare was organised for a third. As with questionnaire respondents, all focus group participants were given a £10 voucher as a 'thank you' for participating in the research. This payment was discussed at the initial point of contact to incentivise participation. The initial contact was followed by a translated letter and map to the focus group venue. Confirmed participants were also telephoned again, a day or two before the focus group, as a reminder and to check on any recent developments that might impact on attendance.

Despite these attempts to maximise attendance at the focus groups, some were less well attended than others. This was particularly the case with Iraqi refugees in the later stages of

the research, partly due to reducing numbers remaining engaged with the research, but also difficulties making contact with people who had changed their telephone number and/or moved home since the start of the research. For example, in trying to make contact with Iraqi women to attend a focus group in Sheffield, one woman could not make it because she had just had a baby, another woman had left the country, another had changed her telephone number, and although we sent out a letter, she did not attend the focus group, and another woman had changed telephone number and moved address. In the latter case, we made contact with a relative to get them to pass on a letter about the focus group, but this did not lead to the woman attending.

The first focus group was with seven Iraqi women resettled in Hull. The first questionnaire findings had revealed that Iraqi women generally were encountering distinct challenges in relation to language issues, and Iraqis living in Hull had reported lower levels of satisfaction with housing and neighbourhood. Childcare was provided at this focus group to enable women with pre-school children to fully participate.

The second focus group was with DRC refugees living in Norwich, who were revealed by the questionnaire to be encountering difficulties in managing their money, and with English language ability. An equal number of men and women were invited to attend in the focus group, however, on the day seven women participated and only one man. In one case a woman came in place of her husband, and in other cases participants had heard about the focus group from other Gateway refugees.

The third focus group was with six Iraqi men living in Sheffield. This group was chosen as a comparison with the focus group with Iraqi women living in Hull from the first phase of the research. Both groups were being supported by the same Gateway provider, Refugee Council, yet through the questionnaire it had emerged that satisfaction levels with some aspects of life in the UK were different across the two resettlement areas. This focus group, therefore, provided an opportunity to explore differences between settlement areas, and at the same time to engage directly with issues affecting Iraqi men compared to Iraqi women.

The fourth focus group was with five Iraqi refugees living in the Greater Manchester area, including two married couples from Bolton and Whitefield, and a single man from Bury. This was to explore the housing experiences of the Greater Manchester group linked to the 'move-on' model of Gateway provision in this area. This model initially accommodates refugees in social housing provided by the local authority. This housing is usually only

available for the first 6-8 months of the resettlement period, after which, refugees are helped to secure their own longer-term tenancies, usually in private-rented properties.

The fifth focus group was with Iraqi women in Sheffield to explore why Iraqi women were still facing challenges with language, and were less likely to be socialising than other refugee groups, as revealed by the third questionnaire. It proved difficult to secure participants for this focus group, as some of the women in Sheffield had moved house and even left the country, others were not responding to answer phone messages, and one had recently given birth. On the day, just two women took part. However, this meant that the women were able to take part in a discussion of much greater depth than a usual focus group.

The sixth and final focus group was with a group of seven Rohingya refugees, including two women and five men living in Bradford. This was to explore findings from the third questionnaire revealing that the Rohingya refugees were coping less well than other nationality groups since Gateway provision had ended, and were experiencing specific issues due to English language ability, and had low levels of satisfaction with the condition of their homes.

For each focus group the discussion was facilitated by one or two members of the core research team, and a researcher or interpreter able to speak the participants' primary language. The interviews were translated and transcribed, allowing detailed content analysis (using Nvivo software).

Agency interviews

Across the three phases of fieldwork activity, the research team conducted at 48 telephone interviews (lasting 30 to 60 minutes each) with staff from across the seven resettlement areas involved in strategic and operational management roles, as well as front-line caseworkers. The third phase interviews also captured views and experiences from other service providers closely involved with Gateway refugees. Table 2k shows the anonymised interview sample. It illustrates how some individuals were contacted more than once to help monitor change over time. It also shows how there were fewer interviews from some providers and in some resettlement areas at particular stages of the research. For example, the Norwich resettlement area was represented by only one interview at the 12 month stage. This was because at the time of interviewing, the Gateway team at Norfolk Council was in the midst of receiving a new cohort of Gateway refugees. However, this was perhaps balanced by a greater number of interviews from Norwich at the six month stage.

The interview schedule was semi-structured and explored a range of issues across the three phases, including local successes and challenges, level of contact throughout the 12 month support period, including how refugees are prepared for the end of the provision; refugee's access to health services and English language classes; and community cohesion issues. Interviews were transcribed and analysed using Nvivo software.

Table 2k: Anonymised sample for the Gateway provider interviews at six, 12, and 18 month stages of the research

Resettlement area	Gateway provider / partner agency	Respondent's role	6 mth	12 mth	18 mth	Sum
Bradford	Horton Housing	Operations Manager		y	y	2
Bradford	Horton Housing	Strategic		y		1
Bradford	Education Support Agency	Strategic			y	1
Bradford	Horton Housing	Front-line	y			1
Bradford	Horton Housing	Front-line	y			1
Bradford	Horton Housing	Front-line	y			1
Bradford	Horton Housing	Front-line		y		1
Bradford	Housing Support Agency	Front-line			y	1
Colchester & Bromley	AiC	Strategic	y	y	y	3
Colchester	AiC	Operations Manager			y	1
Colchester	AiC	Front-line		y		1
Bromley	AiC	Front-line		y		1
G. Manchester	Refugee Action	Strategic	y	y		2
G. Manchester (Bolton)	Housing Support Agency	Strategic	y			1
G. Manchester (Bolton)	Local Authority	Operations Manager		y	y	2
G. Manchester	Refugee Action	Front-line		y		1
G. Manchester	Refugee Action	Front-line		y		1
G. Manchester (Bolton)	Health Support Agency	Front-line			y	1
Hull & Sheffield	Refugee Council	Strategic	y			1
Hull	Refugee Council	Operations Manager		y	y	2
Hull	Refugee Council	Front-line	y			1
Hull	Specialist Social Support	Front-line			y	1
Sheffield	Refugee Council	Operations Manager		y		1
Sheffield	Refugee Council	Operations Manager	y		y	2
Sheffield	Volunteering Support Agency	Operations Manager			y	1
Sheffield	Refugee Council	Front-line	y			1
Sheffield	Refugee Council	Front-line	y	y		2
Sheffield	Refugee Council	Front-line		y		1
Sheffield	Volunteering Support Agency	Front-line			y	1
Norwich	Norfolk Council	Strategic	y	y		2
Norwich	Housing Support Agency	Strategic			y	1
Norwich	Refugee Council	Operations Manager	y			1
Norwich	Norfolk Council	Operations Manager	y			1
Norwich	Refugee Council	Front-line	y			1
Norwich	Refugee Council	Front-line	y			1
Norwich	Norfolk Council	Front-line	y			1
Norwich	Norfolk Council	Front-line	y			1
Norwich	Norfolk Council	Front-line			y	1
Norwich	Norfolk Council	Front-line			y	1
Total number of interviews			18	15	15	48

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