The British Psychological Society

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Guidelines for psychologists working with refugees and asylum seekers in the UK: A summary



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Acknowledgement

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Foreword

The number of refugees and asylum seekers in the United Kingdom, across Europe and across the world has increased dramatically since 2015. This developing worldwide crisis has resulted in headlines about thousands of people experiencing traumatic events, crisis and disaster with alarming frequency.

As a discipline and a profession, psychology has a wealth of knowledge, experience and talent to apply in this area to help improve the lives of those who have fled their countries and are seeking safety. Psychological evidence and practice can help to equip individuals, organisations and communities with the knowledge, skills and understanding that they need in order to help them navigate challenging experiences in a complex world.

This guidance document is important, not only for frontline psychologists and others working in the field, but also for practitioners in related disciplines. It is an important resource for directors, managers and practitioners of organisations working with refugees and migrants and providing services to this population, at home and abroad. This guidance will help everyone who is working with these vulnerable populations to access evidence-based psychology, which can help them to improve the lives of individuals and communities that have been affected by the ongoing crisis.

The guidance was prepared by the British Psychological Society's Presidential Taskforce on Refugees and Asylum Seekers – a group of experts including academic and practitioner clinical, community, counselling, educational and occupational psychologists. I initiated the taskforce, the first in the Society's history, upon becoming President in 2015, to create a forum through which to disseminate this expertise.

Between them, the taskforce members have many years of first-hand experience of supporting vulnerable populations. They have spoken out on a number of occasions on key policy issues, for example on best practice for the child refugees arriving in this country via Calais, and have compiled this guidance to disseminate this expertise further and share best practice.

It is for these reasons that I hope that as many people as possible will read this guidance document and that the recommendations it contains will prove valuable to all who read it, resulting in improved practice and more effective services for all those who we have the privilege of working with.

Thank you for reading and disseminating this guidance. I hope that you find it extremely useful.

Professor Jamie Hacker Hughes *BPS*

Vice President 2016–2017

Introduction

For decades, armed conflicts, persecution and violations of human rights have led to people forced from their homes to seek safety. The majority of those forcibly displaced tend to flee to neighbouring countries and regions. Many others remain within their country, but are unable to return to their homes, while some will have sought refuge in other countries, like the UK.

The number of asylum applications within the European Union (EU) in 2015 was 1.3 million, (Eurostat, 2016) although the UK's share has declined from approximately 11 per cent in 2008 to approximately 3 per cent in 2015. There were 32,414 applications for asylum in the UK in 2015; 64 per cent of asylum claims were initially refused (Migration Observatory, 2016). In early 2015, there were estimated to be over 38 million Internally Displaced Persons (IDPs) worldwide (up from 33.3 million in 2013) (UNHCR, 2015) of which 51 per cent of refugees are children. In 2015 there were 3,253 unaccompanied asylum-seeking children in the UK (Refugee Council, 2016).

While the issue of supporting and protecting asylum seekers and refugees in the UK is not new, the intensification in conflicts means this will continue to be a pressing area for psychologists working with children, families, in educational settings, the workplace and amongst communities and volunteers.

Refugees and asylum seekers who come here have often done so at very short notice, and via a perilous journey, which can mean they have not emotionally processed many of their experiences, losses and changes. They may assume arrival in the UK signals an end to their difficulties, when it is frequently not the case and this can have a severe psychological impact. These groups may also come from a cultural background where accessing mental health services is stigmatised.

Most asylum seekers and refugees are extremely resilient having devised different coping strategies. However, poverty, being denied access to work, uncertainty about their right to remain and the hostility they can face from the community where they are settled can all have a psychological impact.

The impacts of becoming an asylum seeker or refugee are many and diverse and are dependent on a range of factors. Many people have shown immense strength and resilience in fleeing from their country of origin and making the journey to their current country. Most do not seek out statutory mental health services, but some will benefit from access to a psychologist or other mental health services for issues relating to their experiences of different traumatic experiences and losses.

What to be aware of:

- Asylum seekers may assume that you are familiar with the politics and the human rights record of their country of origin. This may mean that they do not immediately disclose their experiences of human rights abuses, including torture, and you may need to ask about this, when appropriate. You may find it helpful to be aware of this context, as it is highly likely to impact on refugees' and asylum seekers' states of mind, and their sense of wellbeing and safety. A useful variety of work conducted by psychologists working with asylum seekers and refugees in the UK can be located at Tribe & Patel (2007); German & Ehntholt, (2007); Herlihy & Turner, (2007).

- Someone who has to seek asylum in another country is likely to encounter multiple losses – loss of home, culture, family, profession, language and friends as well as their plans for the future. Getting to the country may involve trauma.
- Families are often split up and the journey is frequently fraught with risk and numerous dangers including arrest, theft, kidnap and sexual violence.
- Many asylum seekers expect that their arrival in the UK will signal an end to their difficulties. In reality, this is frequently not the case, and the psychological impact of this realisation can be significant. While some local communities show support, many others may show a lack of interest or worse, show hostility or racist attitudes. Asylum seekers may experience a lot of stresses such as homelessness, social exclusion, stereotyping and overt discrimination.

Psychologists will encounter refugees and asylum seekers in many different settings. These best practice guidelines outline key recommendations for psychologists working in and across these settings.

Psychologists are advised to use these document in conjunction with the overarching guidance published by the Society, particularly, the *Code of Ethics and Conduct* and the *Practice Guidelines*.

An extended version of this document can be obtained from **www.bps.org.uk/policyresearch-guidelines**

Summary of key guidance

Supporting adults

1. Show respect for clients and make sure clear information is given about meetings.
2. Always use professional interpreters.
3. Maintain good contacts with other services to avoid duplication of services.
4. Ensure professional boundaries are kept between you and the client, and make sure you have regular supervision to reflect on your work and avoid vicarious traumatisation.

Supporting children, young people and unaccompanied minors

5. Children must never be asked to be an interpreter, especially when their parents are being examined or seen by a psychologist.
6. When assessing children, interview them separately, as they may not want to upset their parents.
7. For unaccompanied minors, be aware that turning 18 is a crucial age – both in terms of whether they have leave to remain, and the support they receive from social services if they stay.

Supporting nurseries, schools and colleges

8. Swift access to education and well-planned school-based assessments help these children integrate successfully.
9. Assess such children in their home language and correct dialect.
10. Don't automatically place children in lower-attaining groups if English is not their first language; assess them on their previous schooling, ability and needs.
11. Engage the community and whole school so that these children and young people can be quickly integrated.

Supporting families

12. Assess families not just in terms of their needs, but also their strengths and abilities.
13. Signpost sources of support for securing appropriate, sound and reliable legal representation.
14. Be sensitive as to which is the appropriate community for these families, rather than what is assumed to be.

Supporting communities

15. Develop mutually supportive relationships with community organisations, sharing experience and knowledge rather than acting as an 'expert'.
16. Set up methods of evaluation for any work from the start as this can produce helpful feedback and wider use.

Intersectionality

17. Refugees should not be seen as a homogenous group, but offered specialist support if needed on terms of race, gender or sexuality.

In the workplace

18. Coaching, language skills, clarity of job advertisements can all help refugees and asylum seekers get into the work.

19. Formal inductions and buddy systems can help with the transition and may welcome workers in.

20. Encourage employers to align their commitments to diversity with their other goals and objectives.

Supporting adults

Asylum seekers, refugees and trafficking survivors may present themselves, or be referred to a wide range of health services from primary care to community mental health teams, specialist services such as forensic or in-patient wards. They may also seek help in Accident and Emergency Departments, or be referred to other health services such as pain clinics.

Accessing mental health services can be difficult particularly for asylum seekers and refugees who may face additional barriers such as lack of understanding of the UK health care system, adverse perceptions about mental health care based on stigma in their home country or anxiety about being involved with any official government agency (Lamb & Smith 2002, Majumder et al., 2015).

Psychologists that receive such a referral are encouraged to follow the guidance provided below:

1. **Show respect for clients and make sure clear information is given about meetings.** Dealing with officialdom can often seem unpleasant and hostile. So, it is vital that the psychologist considers the health service from the client's viewpoint and makes it as accessible as possible. This may be achieved in a number of ways such as: sending a written invitation in both English and the individuals own language, providing your full name, including travel directions, considering the time of the appointment, the lay out of your office etc.

Clients should be treated with respect by all staff from their initial contact with reception to their face-to-face meeting with the psychologist. It is particularly important as asylum seekers or refugee clients, may have experienced the opposite in their home country prior to fleeing, during their journey to the UK, where they currently live, plus the lack of employment may add to the feeling of not being valued.

2. **Always use professional interpreters.**

Always book an interpreter for the first meeting – and thereafter if required. Each centre will have different arrangements but, in general, if you work in an inpatient setting, make sure there is an interpreter who can attend regularly throughout the week and not just for ward rounds. Your non-English speaking client should be able to communicate with nursing, medical and psychology staff. Reassure your client that the interpreter has a code of conduct and will keep their information confidential. More detailed information may be found in The BPS guidelines on *Working with interpreters in health settings*.

3. Maintain good contacts with other services to avoid duplication of services.

Ensure joined-up service delivery and avoid duplication by knowing what other agencies are or could be providing.

If there are agencies that can support your client's practical needs (e.g. English courses, befriending schemes, community groups), signpost your client to them. For example, Freedom from Torture, the Red Cross and a range of other non-governmental and community organisations may be providing services, which are similar or complementary to those, offered by the NHS. Otherwise your client may look to you as a general resource – e.g. inadequate housing, translating legal letters. With basic needs, such help can assist building up the therapeutic relationship, but if it's not appropriate, you need to discuss it sensitively with the client to minimise distress and ensure they understand your rationale.

Think about setting up regular multi-agency meetings to ensure collaboration and to provide mutual support.

4. Ensure professional boundaries are kept between you and the client, and make sure you have regular supervision to reflect on your work and avoid vicarious traumatisation.

When working with asylum seekers, it can be distressing and worrying to see someone who is destitute, or surviving on very little money and with often very few personal possessions. Each service will develop their own protocol for coping with these challenges. However, it is important for you to avoid being the person who directly gives money, presents or clothes to your client. Instead, signpost your client to relevant agencies and colleagues.

Many asylum seekers will have lost their family either through forced separation or death. They may feel very isolated in their host country and regard you as part of their new family. Clients often say things like: 'you are my mother now' or 'you are my new daughter' or when referring to the team, 'this is my family now'. While this may be appropriate it can be helpful if the differences between the professional helping relationship and those with a member of the family are thoughtfully explained. Your professional relationship with your client will end eventually, and it is kinder and more ethical to gently explain the boundaries and limitations of this professional relationship.

Supporting children, young people and unaccompanied minors

In addition to the guidance provided for psychologists working with adults, there are some particular issues that must be considered in relation to children.

Supporting children, young people and unaccompanied minors, requires awareness of the legal framework for their protection. However, it is also primarily important to remember that these are children first and asylum seekers or refugees second. These young people have to face all of the usual challenges of living through childhood and adolescence, but with the added strain of living in a different culture, country and different context.

The legal framework:

In addition to all other legal frameworks, children are subject to the UN convention on the Rights of the Child (United Nations, 1987). These rights remain whether the children are displaced, seeking asylum or with or without other family members. Amongst the most relevant articles of this area:

Article 9 – the right not to be separate from their parents

Article 24 – the right to access health care

Article 28 – the right to education

Article 34 – the right to protection from sexual exploitation and sexual abuse

Article 35 – the right to protection from abduction, sale and trafficking

Article 38 – the rights to be protected from war and armed conflict, and for under 15's, not to take part in war or join the armed forces.

Article 39 – States parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of … armed conflict.

In summary, the legal framework makes clear that the duty of the state is to protect the children, keep them with their families as far as possible, and provide education and health care. In particular, the state should provide interventions to ameliorate the effects of traumatic experiences that the child or young person has been exposed to.

5. Children must never be asked to be an interpreter in formal settings, especially when their parents are being examined or seen by a psychologist.

Children (and adults) face living in a new community with different customs. Most will have to learn English – and because children often learn this faster than their parents, they may end up being the mediator with the outside world. However, you must never ask a child to be an interpreter in formal settings (including when their parents are being medically examined or seen by a psychologist).

6. When assessing children, interview them separately, as they may not want to upset their parents.

Make sure you interview a child separately from their parents, as often children will not talk about what is troubling them, because they know that it upsets their parents to hear it. As part of early interviews, the child should be given time to tell their story with little prompting. Many adults (including parents, teachers and inexperienced mental health workers) worry that this will 're-traumatise' the child. But learning that one can talk about horrific things, may be upsetting while doing so, but ultimately feel relieved at having shared in a safe context with a supportive adult is often a powerful part of any intervention.

7. For unaccompanied minors, be aware that turning 18 is a crucial age – both in terms of whether they have to leave or remain, and the support they receive from social services if they stay.

Under current rules, where a child is deemed to be under 17 years old, they are accepted by social services and placed in foster care. If they are 17–18 years old, they may be placed in semi-independent living, sharing accommodation with others of the same age and with some support

from social services. Where they are deemed to be over 18 years old, they are treated as adults and taken to detention centres or released into the community while their fate is decided.

It is difficult to judge a young person's age from just looking at them, and yet that is what happened for many. Inevitably, many mistakes were made. Youngsters whose ages were disputed often report that their dreams are shattered and the experience was more traumatic than the original reasons they had to flee. In recent years, there have been slight improvements in policy, and age has now to be determined by two specially trained social workers following the Merton guidelines (ADCS, 2015).

If an unaccompanied child has applied for asylum, they are usually given the legal status of 'leave to remain' – but only until they turn 18. Then, or shortly after that, they are considered for asylum – and if it is not granted they may be sent back to their original country. The anxiety surrounding the wait for this crucial decision is not made any easier by the fact that it coincides with having to take important decisions about continuing education, or seeking employment. They are also being moved from child to adult mental health services. It is particularly important that teenagers who are receiving help from Child and Adolescent Mental Health Services (CAMHS) continue to receive it.

Supporting nurseries, schools and colleges

Psychologists have a long tradition of working with schools, nurseries and colleges. They are, therefore well placed to support schools prepare for the arrival and successful inclusion of children who are refugees or asylum seekers. In many cases, there may be little notice of a new arrival and this may stretch already limited resources. Develop a whole setting provision map to detail resources available, those that could be developed and those that are required is particularly useful.

8. Swift access to education and well-planned school-based assessments help these children integrate successfully.

Swift curriculum access is a key feature of successful social inclusion and working towards ensuring positive outcomes for RAS.

9. Assess such children in their home language and correct dialect.

Psychologists can work with schools through the provision of initial assessment of children and young people's educational background in their home language. This should include an assessment of curricula concepts and dynamic factors such as learning behaviours. Ongoing assessments and tracking of these children should draw on principles of Assessment Through Teaching (see Raybould and Solity, 1988).

Assessments drawing on children's narratives may also enable the voice of the child or young person to be heard. These assessments, in the home language, can also be used to explore what sense they make of their personal and physical journey. (e.g. Hulusi and Oland, 2010).

10. Don't automatically place children in lower-attaining groups if English is not their first language; assess them on their previous schooling, ability and needs.

Importantly you should avoid these children being automatically placed in lower attaining groups. Instead, psychologists should advise schools and colleges to place children and young people in classes based on an assessment of their previous schooling, ability and needs. Develop individual pupil and family profiles that focus on strengths and resources. There should be particular focus on Key Stage transition points in order to ensure that these children and young people remain in education. Finally, consider how teaching assistants and learning mentors who may have second language skills are deployed to greatest effect.

One of the most important things can be to increase understanding of English as an Additional Language (EAL) and separate it from being considered as a special need. Some settings have re-construed their EAL teachers and support as a curriculum area within the languages faculty rather than locate them as part of special needs or student support (see Case Study 1).

Case Study 1

Recasting the narrative around refugees and asylum seekers: The faculty of english as an additional language

A large eight-form secondary school in a culturally diverse area was approached by the Local Authority to place a group of refugees and asylum seekers. Many of the young people were new arrivals who had come unaccompanied and some were from countries where there was conflict. To respond to this challenge, the existing EAL department was moved in to the Faculty of Languages. The existing learning mentor team was increased, with recruits from communities with home language skills suitable for this group of children. The school commissioned the Local Authority Educational Psychology Service to provide additional consultation support. This support included:

- Training teachers in EAL
- Updating diversity training for teachers
- Facilitating staff discussions groups as a means of exploring concerns and seeking solutions
- Developing peer mentoring to assist new arrivals
- Training and supervising learning mentors to use narrative-based approaches for assessment and intervention.

11. Engage the community and whole school so that these children and young people can be quickly integrated.

Engaging and involving the family and the community is key in ensuring the longer-term social inclusion, and improved outcome for children from refugee and asylum-seeking families. Psychologists can work with educational settings to ensure that schools provide detailed information about themselves and Local Authority systems through bilingual mentors and advisors.

Schools should be encouraged to use such mentors and family support workers, to encourage parents and the wider newly-arrived community to engage in nursery and school life. Find solutions that promote contact and communication between home, other children and families, and work to develop understanding between refugee and asylum seeker communities and schools,

nurseries or colleges where there are clashes of constructs, beliefs or attitudes. (See Case Study 2).

Case Study 2

Anti-Bullying Week: Diversity in families

'Can we put up that display in the entrance hall?'

A primary school in an area where there had been a recent arrival of migrants from south Asia who identified as Muslim, sought the support of their educational psychologist.
The school wanted to know how it might address the issue of diversity in families during Anti-Bullying Week. Previously, a wall display featuring pictures of single-sex families had elicited an extremely negative response from some parents. This year, the school invited families to a range of sessions that were co-facilitated by the educational psychologist to explain the importance of valuing diversity within the context of the United Nations Charter of Human Rights, British Values and the aspiration of the school to further develop their wider social inclusive ethos. Although a challenging meeting, with a range of differing views expressed, anxieties were contained and the purpose and importance of the curriculum was made clear and demystified. Anti-bullying week was delivered at a whole school level with most pupils attending sessions in the week.

Supporting families

The best support system for individuals in times of distress is the family – provided that the family is not separated by events, or choice, or is not dysfunctional. Refugee and asylum seeking families often undergo an arduous, disorienting and painful process, as a result of which family members may experience many changes, with many different implications. It is important for psychologists to be aware of these implications and to try to provide appropriate support to all members of the families, as well as those who work with them.

12. Assess families not just in terms of their needs, but also their strengths and abilities.
In working with these families, there is a danger of compartmentalising the assessment process due to the specific pressures they may experience and the pressures psychologists have in addressing their multi-faceted predicament. Moreover, there may be difficulties in co-ordinating information from all workers and professionals involved, as these families tend to have contact with many different organisations and services, which often have no communication amongst themselves.

You should give particular attention to the way you conduct assessments and interventions. They should not be intimidating, condescending, or un-empathic. Instead, go out of your way to speak to these families in ordinary, everyday language (avoiding professional jargon). Remain constantly alert to the families' immediate concerns with regard to the difficulties they encounter in their everyday lives.

You should assess families within at least two types of histories: their own family developmental cycle (e.g. have they just married, do they have young children, have their parents died, is their main focus now the education of their teenage children?) *and their dislocation history* (e.g. is their

current location the final destination of their journey or are they still planning to move to another country; are they expecting other members of their family to join them?). So you should appreciate the particular stage that each family is at that given time, as well as the stage in their process from dislocation to relocation.

Unfortunately, the assessment of these families is restricted to identifying their 'needs', and these needs are understood exclusively in terms of their multiple losses. This fails to take account of their complexity, uniqueness and strengths and abilities. If the focus is entirely on their 'needs' (defined only by their losses), in effect, only their deficits will be accounted for and nothing else – giving them a victim identity.

You should be extremely vigilant to avoid subtle forms of interactions that, unwittingly, reinforce the 'victim identity' in these families. A key distinction needs to be made between appreciating that families have been victims of various events, acts and circumstances, as opposed to developing a 'victim identity', which fosters helplessness, dependency and many other negative functions and processes.

13. Signpost sources of support for securing appropriate, sound and reliable legal representation.

Even with families admitted under special programme conditions (Home Office, 2015), there are likely to be on-going legal issues. It is vital that families can access legal advice when needed. There are a number of immigration and legal charities that can help, but the family needs to know how to contact them. The Immigration Law Practitioners' Association (ILPA) provides a list of advisors, which can be searched by geographical region. There is also a telephone helpline, which will provide a list of firms, and organisations, which provide free immigration advice. Some firms offer legal aid, whereby their services are free to the user. These are funded by the Legal Services Commission, the Scottish Legal Aid board or the Northern Ireland Legal Services Commission.

14. Be sensitive as to which is the appropriate community for these families, rather than what is assumed to be.

The role of community support is of paramount importance. Appropriate support from the extended family and community strengthens families and reduces the negative effects. However, you need to be extremely sensitive in terms of considering which community is appropriate for each family, as well as each family member. It is always strongly recommended that psychologists collaborate with the family in selecting their community of choice and not to assign to them a community that is assumed by others to be 'their community'.

Supporting communities

All psychologists whatever their specialism, can support communities. Given the inaccessibility of mainstream services to many refugees, psychologists may also work within statutory services to address some of the barriers to access. Refugee community organisations (RCO's) will also be key to providing such support and signposting specific needs.

15. Develop mutually supportive relationships with community organisations, sharing experience and knowledge rather than acting as an 'expert'.

All psychologists, whatever their area of specialism, can support communities. Don't think that just because you do not view or label yourself as a community psychologist that this excludes you from forming mutually beneficial partnerships with refugee community organisations.

Psychologists can find helpful information around developing partnerships within the *Guidance on Working with Community Organisations for Psychologists* developed by the London Community Psychology Network (2017).

There are many opportunities for psychologists to work effectively in collaboration with refugee communities in ways that can assist with capacity building (both for statutory services and Regional Co-ordinators (RCOs)). Working together can help provide services in an appropriate, accessible and culturally sensitive manner as well as developing skills in coproduction and partnership-working. Some psychologists may feel that they have not received sufficient training in community partnership (which is qualitatively different to consultancy work). This work though can provide important opportunities to undertake, innovative and useful psychological work, and contribute to social justice and service provision.

The key elements of any community partnership in this context include (but are not limited to) the following. Psychologists should develop a mutually respectful relationship with an RCO, by learning about their work and objectives. Psychologists should take a collaborative stance, with the aim of mutual learning and sharing of expertise, experience and knowledge – which may differ significantly from a consultancy relationship. When working with RCOs, psychologists may need to move away from an 'expert' stance, into a co-operative partnership.

16. Set up methods of evaluation for any work from the start as this can produce helpful feedback and wider use.

It is good practice to develop and co-produce methods of evaluation of any work undertaken with RCOs from the start, as this can provide helpful feedback and show the tangible effects of being involved in this work which can also contribute to the wider body of knowledge and can provide useful information for managers, commissioners and funders.

Intersectionality

17. Refugees should not be seen as a homogenous group, but offered specialist support if needed on terms of race, gender or sexuality.

Taking an intersectional perspective points up the importance of not seeing refugee people as a homogenous group and the experience of being a refugee will differ depending on factors such as gender, sexuality, race or other relevant factors.

In the workplace

Work is important – in its broadest sense, it is an activity that involves physical or mental effort to achieve some result. Whilst paid work has important economic value to individuals and their dependents, work generally is often central to our identities and to our wellbeing. The relationships

that work can provide may be useful in providing local social support and anchors, but also in enhancing human capital for both the individual and the wider community. Work has value to both refugees and the societies they are located in. Psychologists can provide key support to enable employment and greater integration within the workplace.

18. Coaching, language skills, clarity of job advertisements can all help refugees and asylum seekers get back into work.

Evidence for skilled immigrant professionals shows the positive impact of coaching in enhancing their understanding of local career routes and qualification (Zikic and Richardson, 2016). Coaching also helps refugees navigate different recruitment processes. Job Coaching models from Greece have shown benefits for young jobseekers; their approach matches an individual to a local professional who then helps them to apply for the kind of work they want through developing CVs, identifying training needs, and by offering job shadowing. This approach could increase refugees' human and social capital, and show potential employers what skills and talents are available to them.

Language skills can be an overarching challenge for some refugees. Literacy is a key component of employability[1]. There is often no priority given to refugees for state-funded provision and some people seeking asylum may not have the tenacity or understanding of provision to navigate successfully between agencies and providers to secure a place. There are also examples, such as from the National Literacy Trust[2], of the additional spill over value for literacy programmes run as part of library support for under-5 years to adult refugees.

The wording of job vacancies – making the requirements of a job clear is an important part of any recruitment process. Transparency about the role and selection processes makes the procedure fair. Further, vacancies which draw attention to diversity could make refugee applicants feel they might be welcomed; adding that refugee applications are welcome would signal that this is an open employer.

[1] For information on ESOL see www.refugeecouncil.org.uk/assets/0001/5845/DWP_and_ESOL.final.pdf

[2] For more information and resources visit www.literacytrust.org.uk/early_years; www.literacytrust.org.uk/early_words_together; and for older adults www.literacytrust.org.uk/resources/free-resources

19. Formal inductions and buddy systems can help with the transition and may welcome workers in.

Good practices related to induction improve retention for all staff through the inclusion of the following elements (Bauer, 2011): *Compliance*, focusing on the rules and legal requirements of each role; *clarification*, making transparent the tasks and duties of a specific role and ensuring new staff can be effective in their performance; *culture*, raising awareness of the organisation's formal and informal norms and approaches; and *connection* attending to the social connections and relationships important to sustaining longevity with an employer, e.g. buddy systems. Although organisations may informally induct staff, this process can be far from effective even for those from established communities. With refugee populations *standardisation* of provision to all may perhaps mitigate against simple misunderstandings.

20. Encourage employers to align their commitments to diversity with their other goals and objectives.

Employers that have alignment between their diversity mission and their other goals and objectives are more effective in benefiting from such approaches. Organisations should be clear about how refugee employment fits in – is it part of their corporate social responsibility? Or to attend to a skills gap? Further, articulating their perceived benefit enables new staff to be clear about how they can contribute to the new employing organisation.

Further guidance

An extended version of this guidance and additional useful resources can be obtained at **www.bps.org.uk/policy-research-guidelines**

Glossary of terms

Here, we define some key terms. These definitions are important because they may have different legal consequences and legal obligations, which in turn also have psychological, social, economic and other impacts that are relevant to psychologists and others.

The legal framework, which determines these definitions and obligations, is comprised of international law and domestic UK law

Legal framework

The UK has legal obligations under international refugee law, specifically the United Nations Convention on the Status of Refugees 1951 and the 1967 Protocol (together referred to as the 'Refugee Convention') which requires States to:

- Not return asylum seekers to countries they have fled from and where their life or freedom would be threatened because of their race, religion, nationality, membership of a particular social group or political position.
- Have in place national mechanisms to consider claims for asylum
- Have fair and efficient asylum procedures to ensure they can live with dignity and in safety whilst their asylum claims are being considered and processed
- Not penalise an asylum seeker for illegal entry when the purpose of their entry is to claim asylum.

The primary responsibility for protection lies with the State receiving refugees.

The United Nations High Commissioner for Refugees (UNHCR) is the UN agency with a mandate to protect refugees globally, including those internally displaced. The UNHCR's role is to advise and support states in implementing their responsibilities.

The UNHCR recognises that during mass movements of refugees, for example where there is persecution, violence or armed conflict it is not always possible or necessary to conduct individual interviews with every person who crosses a border. These people are often referred to as 'prima facie' refugees. Currently, there are an estimated 60 million displaced people globally, including those who cross international borders and those displaced within their own countries.

Asylum seeker

Internationally, asylum seekers are people who have moved across international borders to seek protection.

In the UK, an asylum seeker is someone who has applied for protection under international law, specifically on the basis of the UN Refugee Convention or Article 3 of the European Convention on Human Rights, which prohibits torture or inhuman or degrading treatment or punishment and prohibits the return of a person to a country where the person may suffer a violation of their rights under Article 3.

Refugee

Under international law, the United Nations Convention on the Status of Refugees, 1951 defines a refugee as a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, as a result of such events, is unable to or, owing to such fear, is unwilling to return to it' (Article 1 (A)(2)).

In the UK, refugee status is given to a person recognised by the Home Office as a refugee as defined by the Refugee Convention. Hence, refugees are those who have been granted protection in the UK.

Unaccompanied minor

Internationally, the United Nation High Commissioner for Refugees (UNHCR) defines an unaccompanied minor as a person who is under the age of 18, unless, under the law applicable to the child, majority is attained earlier and who is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so (UNHCR, 1997).

In the UK, an unaccompanied minor is a person who at the time of making an asylum application is under the age of 18; and who is seeking asylum in their own right; who is outside their country of origin and separated from both parents or previous/legal customary primary care giver; and without adult family members or guardians in the UK to whom they could turn.

Separated children

A separated child is someone under 18 years of age; who is outside their country of origin and separated from both parents or previous/legal customary care giver. Separated children are typically asylum seekers, but the Home Office may dispute their age.

An 'age-disputed child' is someone who has claimed asylum as a minor but where the Home Office and/or the local authority asked to provide support does not accept the date of birth claimed by the applicant. The person is then treated as an adult by the Home Office and/or the local authority. This has significant implications for the way in which the person's application for asylum is assessed and for the welfare and educational support that they receive.

Internally displaced person

An internally displaced person is someone who is forced to flee their home for safety but who has not crossed a border, and therefore remains within their country's borders. They remain under the protection of their government. Their reasons for fleeing may be the same as for those who have

crossed international borders to seek asylum and protection in other countries, but they are not considered legally as refugees. IDPs are also sometimes called ‘internal refugees’ although they do not have the same legal protection as refugees who cross country borders.

Migrant

A migrant is a person who chooses to move not because of threat of death or persecution, but to improve their lives, to seek family reunion, education or employment etc. Migrants are those people who do not face threats to their lives or their safety if they returned to their country and they could receive the protection of the government in their country. The distinction can be blurred since many seeking asylum are fleeing from war and violence and may also seek to improve their lives. Typically, migrants is a term used for foreign nationals resident in a country but who move for family, education or employment reasons.

Torture survivor

A person who has experienced torture is described as a torture survivor. Many asylum seekers and refugees (adults and children) may be torture survivors, but not all. The definition of torture is a legal definition enshrined in the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1987 which states in Article 1 that:

‘Torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.’

The Human Rights Act and the European Convention on Human Rights both enshrine the prohibition against torture.

A person who is trafficked

In international law, trafficking under Article 3 of the Protocol to Prevent, Suppress and Punish trafficking persons (‘Palermo Protocol’) is defined as ‘the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation can include different forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.’

Additionally, the Council of Europe Convention on Action against Trafficking in Human Beings entered into force in the UK in 2008. In the UK, the Modern Slavery Act 2015 criminalises offences of human trafficking and slavery and encompasses trafficking for all forms of exploitation.

Statelessness

Statelessness in international law refers to the lack of citizenship. A stateless person is someone who is ‘not considered as a national by any state under the operation of its law’ (article 1 of the

1954 Convention relating to the Status of Stateless Persons). Some stateless people are also refugees, and some people become stateless or some are born stateless.

Without citizenship or official identification papers to prove citizenship, a person who is stateless cannot vote, obtain travel documents or access government-provided services.

Refugee status

Once a person is recognised as refugee they are normally given refugee status, known as 'leave to remain' which entitles them to stay legally in the UK for five years. At the end of this five-year period, the person can apply for the permanent status of refugee, called 'Indefinite Leave to Remain'.

Indefinite leave to remain

Indefinite leave to remain (ILR) is a form of immigration status granted after consideration of an asylum application by the Home Office. ILR grants permission to stay in the UK on a permanent basis.

Temporary admission

Temporary admission is notice of a liability to be detained. Asylum seekers applying for asylum at the port of entry may be given this status by the Home Office.

Discretionary leave

Discretionary leave is a type of immigration status granted to a person where the Home Office has decided the person does not qualify for refugee status or humanitarian protection but where there are other compelling reasons why the person is recognised as needing to stay in the UK on a temporary basis.

Humanitarian protection

Humanitarian protection is a form of immigration status. It is granted by the Home Office to a person who they have decided has a need for protection but who does not meet the legal criteria for refugee status.

Quota or programme refugees

People brought as refugees to a host country usually through the United Nations High Commission for Refugees (UNHCR) with the support of the government and whose arrival is planned and who therefore may receive additional support and services

Useful resources

Refugee Mental Health and Wellbeing Portal – This portal has a range of information for practitioners and refugees and asylum seekers extensive list of resources and services for refugees and asylum seekers. The portal is updated regularly.
www.uel.ac.uk/Schools/Psychology/Research/Refugee-Mental-Health-and-Wellbeing-Portal

Refugee Councils provide a range of useful information, which would be helpful to both service users and psychologists, much of it is available in a range of languages. This includes information about seeking asylum in the UK, for unaccompanied young people and helpful

advice for people working with asylum seekers and refugees as well as support for some asylum seekers and refugees who sadly become destitute.

Scottish Refugee Council – www.scottishrefugeecouncil.org.uk

The Refugee Council – www.refugeecouncil.org.uk

The Refugee Council also provides a therapeutic service at its London office, (london. therapeutic@refugeecouncil.org.uk). The work they undertake includes individual counselling of up to 12 sessions, gender-sensitive services for women who have suffered sexual or domestic violence, individual counselling for men, psycho-educational therapeutic workshops, mother and toddler groups, support for young people, culture and language skills groups and educational classes. They also provide a range of services and training for people working with refugee and asylum seekers. The children's team can be contacted for email advice on children@refugeecouncil.org.uk and the website contains an online referral form for advisers.

Welsh Refugee Council – www.welshrefugeecouncil.org

British Red Cross Family Tracing Service – www.redcross.org.uk

Information Centre about Asylum and Refugees in the UK (ICAR) – www.icar.org.uk

Immigration Lawyers Practitioners Association – www.ilpa.org.uk

National Crime Agency – National Referral Mechanism for supporting survivors of trafficking – www.nationalcrimeagency.go.uk

Refugee Assessment and Guidance Unit (RAGU) offers training for people working with refugees and asylum seekers, though this is focussed largely on employment issues – www.londonmet.ac.uk/ragu

Refugee Action – www.refugee-action.org.uk

UK Visas and Immigration – www.gov.uk/government/organisations/uk-visas-andimmigration

BPS Guidelines on Working with interpreters in health settings www.bps.org.uk/policy-research-guidelines

Working with interpreters in mental health training film – www.youtube.com/ watch?v=k0wzhakyjck.

Appendix 1 – Applying for asylum in the UK

An asylum seeker is required to formally apply for asylum, and needs to find a lawyer experienced in asylum law to assist with preparing the legal documentation. The Immigration Law Practitioners' Association (ILPA) provides a list of advisors, which can be searched by geographical region. There is also a telephone helpline, which will provide a list of firms, and organisations, which provide free immigration advice. Some firms offer legal aid, whereby their services are free to the user. These are funded by the Legal Services Commission, the Scottish Legal Aid board or the Northern Ireland Legal Services Commission.

Most lawyers on this list would be happy to work with an interpreter if the asylum seeker does not speak English. The lawyer will meet with the asylum seeker several times and prepare the relevant documentation, which includes details of the asylum seeker's history and set out the legal grounds

for their asylum application. Psychologists may think that legal matters are not their concern, but if an asylum seeker does not follow the legal protocols, they may be removed from the country without their asylum claim being appropriately processed. Psychologists also need to be aware that the asylum process is likely to impact psychologically on the asylum seeker. The pressures associated with the asylum process are many, and asylum seekers frequently live in a culture where their credibility is under constant scrutiny and suspicion. Psychologists also need to be aware that asylum seekers live with the constant anxiety of being returned to their countries of origin and potentially to a traumatic situation; it is therefore difficult to feel stable or secure.

The Border Agency (part of the Home Office) states that an applicant should apply for asylum as soon as possible upon arrival in the UK, as waiting is more likely to lead to refugee status being denied. Even if someone enters the country illegally, once they apply for asylum they are no longer deemed illegal.

The period of time between an asylum application being submitted and receiving an answer can be anything between a number of days up to several years, depending on the complexity of the application. The UK Border Agency states that it tries to reach a decision within six months. Some asylum seekers will need to report regularly, either in person or by telephone with the local Border Agency. Most asylum seekers will also be asked to undertake a 'screening' interview either at the Border Agency in Croydon, Surrey, or in another large city. They will then have a more substantive and detailed interview within the next few weeks. If after a brief screening interview, the asylum seeker's application is deemed not to be worthy, they may be 'fast tracked', this means that they will be taken straight to an immigration removal centre, where they are held until a decision is made, which will be within seven to nine days. If an asylum seeker is refused asylum, they have the right of appeal, but once the process has been exhausted and their asylum application has been refused, they will receive formal notification and can be picked up by immigration officials (or those employed by them), taken to an immigration removal centre and removed back to their country of origin. They also may not receive any asylum support.

Psychologists will find it useful to be familiar with the progress of any asylum seeker's application that they are working with, as this is likely to affect their psychological health. The issues for children, families and unaccompanied minors require special mention (see Sections 6-8).

Screening

All asylum seekers are usually given a short screening health assessment, which has physical and psychological components, when they arrive in the UK. This helps identify those who may have been tortured (Patel and Granville-Chapman, 2010), those who have injuries or illnesses from experiences during flight, or who suffer from transmissible diseases such as tuberculosis. The NICE guidelines on post-traumatic stress disorder (PTSD) suggest considering screening for asylum seekers at high risk of developing PTSD as well as programme refugees.

The British NICE guidelines for PTSD have a three-phase model as follows:

1. Stabilisation and safety

2. Trauma-focused interventions

3. Integration

The first is not always possible to achieve with an asylum seeker who may be deported at any time. The second requires psychologists to give people with PTSD sufficient information about

effective treatments so they can have their preference for treatment taken into account. You should always discuss with service users how they understand their distress, and how it may have been dealt with in their country of origin. The NICE guidelines specifically state that due attention should be paid to cultural and language issues and that these should not preclude interventions. You should familiarise yourself with the cultural background of the service user, and use interpreters or bicultural therapists if required.

The third phase – integration can include engaging in activities and making links with communities. It is worth bearing in mind that asylum seekers may be anxious about meeting compatriots (who may of course represent the 'other side' in the conflict they have fled from) and who may have no legal right to work. It may also be difficult and even counter-productive to 'integrate' when asylum seekers do not know if they will be allowed to remain. For those with full refugee status the situation may be different.

Nosè et al (2017) found that psychosocial interventions for asylum seekers and refugees who had PTSD resettled in high-income countries had significant benefits in reducing their PTSD symptoms. Earlier studies had complex findings (Nickerson et al, 2011;Crumlish & O'Rouke, 2010) and further research is needed. Given that poverty, destitution and not being able to work can all be detrimental to the mental health of asylum seekers, a range of other interventions with colleagues and partner organisations are important, and should not be underestimated or ignored in favour of only PTSD-focussed interventions.

Working with survivors of trafficking

Victims of human trafficking can be asylum seekers, though not all. They also face insecurity with regards to their immigration status. Many may be terrified of being returned home, fearing contact with the traffickers from whom they have escaped. They may face lengthy immigration detention and court processes, and may be involved in parallel legal processes in the UK. They may have asylum claims and also be referred to the National Referral Mechanism (NRM), which is 'a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support' (National Crime Agency, 2016).

They have experienced severe violations of their human rights, and can suffer many mental health problems but recognising survivors and providing support can be complex (Doherty and Morley, 2013, 2016). Survivors may fear reprisals from those involved in their exploitation both in the country of origin and in the UK, fearing being found, recaptured or harmed. They may continue to perceive that they 'owe' their traffickers money even after their escape and that they must 'work' in order to pay this money back.

Traffickers often warn those they exploit that they will be arrested if they seek help from authorities as they do not have passports or secure immigration status. Shame and fear because of their experiences may also prevent full disclosure. Survivors may also have been made to swear oaths, which can include ritualistic abuse, and believe that if they disclose their true experiences they will die as a result of the oath they have sworn.

You should always seek advice from immigration solicitors. Survivors may need to be accommodated in safe houses and receive support from organisations such as the Salvation Army. You and other healthcare professionals may encounter survivors who are still controlled by traffickers. Be vigilant about unidentified interpreters and those accompanying their clients to appointments who may prevent the client from revealing they are under duress. You should

therefore always ensure that you see your clients alone, or with professional interpreters, for at least some part of the session, where any concerns can be explored, and emergency services notified. Those who have escaped trafficking situation remain at risk of re-trafficking.

Always follow up missed appointments and fill in missing person's reports where necessary. During therapy appointments, it can be helpful to enquire about your client's current social network and the nature of any new relationships in order to monitor this risk.

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