

IARS submission for HEAR 'Intersections' Research  
**Abused No More: The Voices of Refugee and Asylum-seeking Women**

Our submission draws on a user-led skills development and research programme which aims to generate institutional change and increased gender sensitivity in the treatment of refugee and asylum-seeking women, both by harnessing existing research and by allowing the women themselves to identify the problems they currently face through community-led action research.

This three-year Comic Relief and Matrix Chambers funded project has led to the design and piloting of an evidence-based, user-led training and awareness raising programme for professionals and service providers focusing on the impact of gender-related violence on refugee and asylum-seeking women. We are currently in year 2 of the project, which is focused on delivery of the training on Gender Sensitivity in the Asylum Process.

We are currently working with a group of 20 refugee and asylum-seeking women of African background. Consistent with our ethos as a charity that produces community-led solutions for a better society, we supported a group of refugee and asylum seeking women to carry out their own research into their peers' experiences of GP and legal services.

Key research findings thus far include:

1. **The importance of building trust and communicating empathy:** A key finding from the fieldwork was the difficulty refugee and asylum seeking women experience in developing trusting relationships with GPs and solicitors. For this group of women, who have often suffered a great deal of trauma, it can take a long time to develop trust in others, particularly those in authority.

**Recommendation:** Health Education England and the newly formed Local Education and Training Boards along with authorised CPD providers accredited through the Solicitors Regulation Authority should ensure that current and future GPs and solicitors receive training on working sensitively with refugee women who have experienced gender-related violence. This training should develop professionals' understanding of the mental and physical health needs of this group and provide an awareness of refugee women's pre and post-migration experiences. Such training would enable professionals to work considerately with refugee women and to identify those women who require specialist support.

2. **A need for more time:** The need for refugee and asylum seeking women to be provided with more time during appointments with GPs and solicitors emerged as a further finding. As a result of their difficulties recounting past experiences and disclosing sensitive information and their low levels of English, this group of women require more time when first establishing a relationship with professionals. Experiences of the sample highlight the significance of

encouraging full disclosure, as it can mean that professionals are able to provide them with specialist support.

**Recommendations:**

- The legal services board should review the current funding and payments systems for publicly funded immigration and asylum work, to enable solicitors to spend more time with clients at the beginning of their claim.
  - GP practices should provide double appointments for a refugee woman's first appointment with the GP and thereafter promote the option of booking double appointments to refugee women patients who require more time.
  - NHS Commissioning Boards in areas of high refugee populations should consider the establishment of specialist services to meet the needs of refugee communities and be able to provide more time per patient.
3. **The importance of the gender:** The appropriate use of same-gender professionals in both GP and solicitors services is crucial to a gender-sensitive approach to working with refugee women. There was an assumption amongst a significant proportion of the sample that the commonality of experience between themselves and female professionals resulted in an increased level of understanding between them; something that was not deemed to be as easy to achieve with men.

**Recommendation:** As a matter of procedure, GP and solicitors' services should give refugee women a choice regarding the gender of the professionals that they come into contact with so as to ensure that those women who may not have already disclosed their experience of gender-related violence have the option of an all-female environment.

4. **The role of human rights:** Inherent in refugee and asylum seeking women's positive experiences of GP and solicitor services as outlined in our study are the human rights-based principles of fairness, respect, equality, dignity and autonomy. This study confirms the instrumental role of these principles as 'drivers' to improve experiences of service provision, particularly amongst vulnerable groups, such as refugee women. The recommendations of this study should be seen in relation to the obligation of public authorities to act in accordance with the 1950 European Convention on Human Rights, and for public officials to take human rights into account in their day-to-day work (Ministry of Justice, 2006).
5. **Problems with registering with GP practices:** The need for all refugee and asylum seeking women to have consistent access to GP services emerged as a significant finding. The experiences of the sample indicate that asylum-seeking women in particular commonly experience problems of registering with GP services. For example, some practices refuse to register new patients who are unable to provide proof-of-address documentation; while other refugee women indicate a lack of understanding on behalf of some reception staff about asylum-seekers' entitlements to primary health care.

**Recommendation:** Clear guidance should be issued to reception staff and GP practice managers regarding refugee and asylum seekers' entitlements to healthcare and what types of documentation can be reasonably asked for as proof of address. We support the BMA's view that practices should use their discretion and consider the individual circumstances of prospective patients.

6. **Consistency of GP care:** The importance of being able to establish a trusting relationship with one GP arose as a substantial finding from this study. Many participants often had to see several different doctors at the same GP practice and this made it challenging for them to build a relationship where disclosure of sensitive information was possible.

**Recommendations:**

- Care must be taken at local practice level to ensure that refugee women receive continuity of care and are seen by the same GP as much as possible. GP practices must provide clear information upon registration about whether they match patients with one GP and about the days each doctor works so that patients know how to ensure they see the same GP. When deciding which GP with whom to register female refugee patients, consideration should be taken to the GP's contracted days of work.
  - GP practices should create mechanisms to ensure that all GPs within the same practice are aware of vulnerable patients, such as refugee women, and to make sure that these patients are not placed in situations where they will be asked insensitive questions.
  - GP practices should issue hand held health records for refugee women patients in order to protect against the interruptions in healthcare being result of transient lifestyle, and to ensure some continuity of care. Clear information must be given to refugee women about availability of hand held medical records and the importance of taking them when registering with a new GP.
7. **Provision of language support services in GP services:** A further key finding from this study was that low levels of English language existed even amongst those research participants who had lived in the UK for 10 years or more.

**Recommendations:** Staff in GP practices should be issued clear guidance around accessing interpreting services and must ensure that professional interpreters are provided for all patients who need them. Training should be provided for GPs on how to use interpreters when working with refugee women with particular emphasis on refugee women who experienced gender-related violence. This training should include how to explain the interpreting process to patients and offer them the opportunity to give feedback about their experience of interpreters to ensure patient satisfaction. GPs should not encourage the use of family and friends as a 'quick-fix' approach. NHS commissioners in areas of high refugee populations should consider using a modified Quality and Outcomes Framework (QOF) to incentivise GP practices to provide professional interpreting services.

8. **The use of informal interpreters in GP services:** Problems associated with the use of informal interpreters, such as family members, were identified. However, this proved difficult for those refugee women with no family or support network in the UK. Using children to interpret was also sometimes conveyed as problematic as it could hinder open communication with GPs on sensitive topics.

9. **Awareness of entitlement to legal aid:** According to the experiences of our sample, a lack of understanding of their rights and entitlements to legal aid as well as poor advice from friends leads refugee women to seek help from solicitors who charge them for their services. 20% of the women interviewed said that they had paid for a solicitor because they had not been made aware of their eligibility for legal aid, and the majority were referred by friends. Most of these women had paid a solicitor for their initial claim for asylum and had then gone on to access a legal aid solicitor to submit an appeal or a fresh claim, indicating that there is a lack of information on their entitlements at the start of the asylum process.

**Recommendation:** The Home Office should ensure that all asylum-seekers are consistently provided with clear information and advice on their rights and their entitlements to legal aid and how to find a legal aid solicitor at the Asylum Screening Unit. The current port of claim leaflet should be amended to include clearer guidance regarding asylum seekers' eligibility for legal aid.

10. **The impact of detention and dispersal on access to solicitors' services:** The difficulties refugee women face in accessing legal aid solicitors are compounded by detention and dispersal; both can result in refugee women having to find a new solicitor because they have been moved to another area of the country. Although the majority of the women we interviewed had not been dispersed outside of London, the small number of women who had been dispersed reported that it had made access to legal services problematic. Dispersal can result in refugee women travelling long distances to meet with a solicitor, which they are required to pay for.

**Recommendation:** Asylum-seeking women should not be dispersed to locations far away from their solicitors if a relationship has already been established. Where this is unavoidable, the Home Office should provide additional cash support for women to attend legal appointments.

11. **A shortage of legal aid solicitors:** This study found that a shortage of legal aid solicitors who will take on asylum cases means that refugee women often have to travel long distances to meet with a solicitor. In some cases this meant that participants had to communicate with their solicitor via telephone and email; something which is challenging for those with low levels of English and who find disclosure difficult.

**Recommendation:** There should be increased cross-sector working between the HO and the Legal Services Board to ensure that refugee women are not dispersed to areas of the UK where there is limited access to legal aid immigration solicitors. Dispersal areas should be chosen in light of the provision of specialist legal aid advice services.

**12.A need for better correspondence with solicitors:** The women interviewed reported inadequate levels of correspondence on the behalf of their solicitors in regards to the status and progress of their asylum claims. One woman spoke of feeling frustrated because she had to continually pester her solicitor to respond to her. Another woman told us that one solicitor had stopped all communication with her after her claim had been refused.

**Recommendation:** The Solicitors' Regulation Authority should ensure that there is training provision for solicitors working with asylum seekers on good practice in corresponding with asylum-seeking clients, with special consideration for the needs of refugee women. This good practice would include demonstrating an awareness of the needs and expectations of this vulnerable group and managing those expectations in a considerate and transparent manner.

**13.The presence of children in solicitor appointments:** Our study also found that communication between refugee women and solicitors during appointments can be hindered by the presence of children, who were depicted as a distracting presence and as preventing refugee women from speaking confidentially with their solicitor.

**Recommendation:** The HO should revise the level of financial support to asylum-seeking women with young children who are destitute to include the provision of childcare vouchers so that they are not forced to bring children to their appointments.

This research sought to provide insight into what refugee women themselves require from GPs and solicitors; what makes them feel safe and listened to; and what makes it easier for them to access the services and support they need. In order for refugee and asylum seeking women to receive services that are sensitive to their personal needs, service providers need to adopt a positive approach to ensuring equality *outcomes* for this group rather than simply equality of *opportunity* to access service.

Participation in the project has had a positive impact on the lives of refugee and asylum-seeking women. Refugee and asylum-seeking women engaged in the project reported feeling inspired and positive about the changes brought about through this programme. One of the most significant achievements of the project so far in terms of changes to the lives of our target group is the provision of volunteering opportunities designed especially for refugee and asylum-seeking women that provides a supportive group setting that enables them to meet other women in the same situation, share experiences and support each other. The

project provided the women with an opportunity to broaden their social circles as well as providing a place for them to come and express themselves and discuss personal problems and circumstances. For these women, who are mostly asylum-seekers and unable to work or vote in the UK, it is very significant that they felt they have been given an opportunity to contribute to a positive change in the treatment of their peer group. The project successfully reached vulnerable and marginalised refugee and asylum-seeking women both to volunteer on the project and also to participate in interviews for the project.

It is an opportune moment to consider refugee and asylum seeking women's experiences of GP and solicitor services in light of the changes to these two areas of service provision brought about by the Legal Aid, Sentencing and Punishment of Offenders Act, 2012; the Health and Social Care Act, 2012; and the forthcoming Immigration Bill. This is a time of transition as the impact of these pieces of legislation on refugee women's experiences of these services largely remain to be seen. IARS' research aims to bring to the fore the voices of this marginalised group in the hope that their needs will be addressed in this changing policy landscape.

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