

RESEARCH

# England's most disadvantaged groups: Migrants, refugees and asylum seekers

An *Is England Fairer?* review spotlight report (4 of 4)



Equality and Human Rights Commission  
[www.equalityhumanrights.com/IsEnglandFairer](http://www.equalityhumanrights.com/IsEnglandFairer)  
March 2016

# About this publication

## What is the purpose of this publication?

The Equality and Human Rights Commission's first-ever report on equality and human rights progress for England, *Is England Fairer?*, highlighted the plight of four of the country's most disadvantaged groups:

- Homeless people
- Gypsies, Travellers and Roma
- People with learning disabilities
- Migrants, refugees and asylum seekers

To facilitate further discussion, the Commission has drawn key findings from the report to create a series of spotlight reports. This spotlight report focusses on the experiences of **migrants, refugees and asylum seekers.**

## Who is it for?

This report is intended for policy makers and influencers across all sectors and the general public.

## What is inside?

The report includes findings on the experiences of migrants, refugees and asylum seekers in relation to:

- work
- health and care
- children and young people in immigration detention, and
- stigma.

## When was it published?

The report was published in March 2016.

## Why did the Commission produce the report?

The Equality and Human Rights Commission promotes and enforces the laws that protect our rights to fairness, dignity and respect. As part of its duties, the Commission provides Parliament and the nation with periodic reports on equality and human rights progress in England, Scotland and Wales.

## What formats are available?

The full report is available in PDF and Microsoft Word formats at:

[www.equalityhumanrights.com/IsEnglandFairer](http://www.equalityhumanrights.com/IsEnglandFairer)

# The experiences of migrants, refugees and asylum seekers

Some people in our society are being left further behind because they face particular barriers in accessing important public services and are locked out of opportunities.

There are several factors that may contribute to this, including socio-economic deprivation, social invisibility, poor internal organisation of the group, distinctive service needs that are currently not met, cultural barriers, stigma and stereotyping, small group size, and very importantly, a lack of evidence which limits us in our ability to assess the multiple disadvantages these people face.

Although there are many people facing multiple disadvantages in England, here we have focussed on the experience of one specific group: **migrants, refugees and asylum seekers**.

Migrants, refugees and asylum seekers are a diverse group and experience a range of distinct problems and inequalities due to their immigration status. They can experience discrimination on multiple grounds, including socio-economic factors.

## Work

Rights relating to access to employment are not fully realised for migrant workers and this is a major concern as they are likely to be concentrated in low-wage, low-skill, poorly regulated sectors and are at risk of exploitation.

There are 2.64 million migrant workers (legally allowed to work) in the UK (EHRC, 2014) and they tend to concentrate in low-wage, low-skill work (approximately 16% of all those in low-skilled work are migrants<sup>1</sup>). Many are vulnerable to exploitation and may not be able to enjoy the same economic rights as non-migrant workers because of a lack of awareness of their rights, both among themselves and also

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<sup>1</sup> Of the 12.9 million people working in low-skilled occupations, 10.9 million were UK-born and 2.1 million were foreign-born, which is slightly above the overall share of the population but broadly in line with the share of all employed persons, regardless of skill level (Migration Advisory Committee, 2014).

within frontline agencies in relation to issues such as forced labour, slavery, and domestic servitude (EHRC, 2014).

Some migrants working in domestic households did not receive the national minimum wage. Evidence indicates that the majority of claims brought by migrant domestic workers involve claims for non-payment of the national minimum wage (Lalani, 2011).

The most recent EU Directive 2013/33 on the reception of asylum seekers came into force in July 2015.<sup>2</sup> Asylum seekers must now be granted access to the labour market after nine months of waiting for a decision on their asylum (the previous period in place was 12 months). In 2010 the Supreme Court held that an asylum seeker awaiting a decision in an asylum claim should be entitled to work under the terms of the Directive (*R. (on the application of ZO (Somalia)) v Secretary of State for the Home Department* [2010] UKSC 36 Supreme Court 28 July 2010). This decision has set an important precedent for asylum seekers in the UK. However, subsequent case law has not extended the right to access work for those awaiting the outcome of an appeal, as opposed to a fresh claim (*R. (on the application of Lutalo) v Secretary of State for the Home Department* [2011] EWHC 2042 (Admin) 26 July 2011).<sup>3</sup> The EU Directive 2013/33 will require states to extend the right to access the labour market during the appeal process, and the UK has been required to be in conformity with this since July 2015.

## Health and care

Until April 2013, healthcare in the detention estate was commissioned by the Home Office; in many cases, services were provided by private companies. Although standards were expected to match those within the NHS, this has not always been the case. Organisations have criticised the initial screening process, cited records as subjective, inadequate and of poor quality and highlighted the inadequate management of long-term health conditions and lack of appropriate mental health provision (Children's Commissioner for England, 2010; HMIP, 2012; APPG, 2015; HMIP, 2014). Figures on self-harm in Immigration Removal Centres are not being published routinely but show that the number of incidents has more than doubled between 2011 (158 incidents) and 2014 (352 incidents) (Home Office and Immigration Enforcement, 2014; No-Deportations, 2015).

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<sup>2</sup> Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013, laying down standards for the reception of applicants for international protection.

<sup>3</sup> The Decision of the High Court was upheld on appeal – see [2013] EWCA Civ 151.

The Joint Committee on Human Rights highlight that particular health concerns for migrants, refugees and asylum seekers arise from the impact of relocation, past experience of trauma and the impact of detention. They also state there are people with life-threatening illnesses or disturbing mental health conditions being denied, or failing to seek, treatment (JCHR, 2007).

Changes resulting from the Immigration Act 2014 mean temporary migrants who were previously able to access free NHS care need to pay an additional charge, prior to entry, to cover potential NHS costs. There is some confusion about entitlement, and the interpretation of regulations appears to be inconsistent, for instance people who are entitled to free treatment may have been charged in error (JCHR, 2007). This confusion means that migrants with complex immigration histories, and/or those who entered the UK prior to the introduction of the new rules, could be refused access to free healthcare, regardless of how long they have lived here (Grove-White, 2014).

Women and children have been particularly affected. Antenatal care entitlement checks and charging put women at increased risk of pregnancy-associated complications; care was frequently received late and women received fewer antenatal appointments than the minimum standards for England (Shortall et al., 2015). Among migrants, Black African women had a mortality rate four times that of White women in the UK (Cantwell et al., 2011). Charging undocumented migrant children for secondary healthcare potentially prevents health professionals from identifying child protection and safeguarding concerns (The Children's Society, 2015).

Migrants may face barriers when seeking to register with GPs (FRA, 2013; Poduval et al., 2015). Registration has frequently been refused because people lack appropriate documents; practice managers and surgery staff sometimes feel pressurised by immigration authorities to check the status of patients who might have overstayed their visas.

The National Inclusion Health Board in England identified vulnerable migrants as a group with poor health, focusing specifically on low-paid or unemployed migrant workers, asylum seekers, refused asylum seekers, refugees, unaccompanied asylum-seeking children, undocumented migrants and trafficked persons (Inclusion Health, 2013). Its commissioning guide also noted both their poor health outcomes and the barriers they face in accessing healthcare, which include: language barriers; a lack of trust in people outside the migrant community; and suspicion of officials and government-supported services. The guide set out ways of identifying and meeting their needs through Joint Strategic Needs Assessments and Joint Health and Well-being Strategies.

## Children and young people in immigration detention

The number of children entering immigration detention in the year ending September 2015 was 154, an 86% fall compared with the beginning of the data series in 2009 (1,119). Of the 31 children leaving detention in the third quarter of 2015, 12 were removed from the UK and 19 were granted temporary admission, temporary release or unconditional release. Of those leaving detention, 17 had been detained for less than 4 days, 8 for between 4 and 7 days, 1 for between 8 and 14 days, 3 for between 15 and 28 days, and 2 for between 29 days and 2 months (Home Office, 2015).

There are concerns that children may be being detained as adults in the immigration system based on outdated and inadequate age assessment mechanisms (Crawley and Rowlands, 2007). This opens up potential gaps in the protection of vulnerable children who are unable to prove their age. In 2014 the High Court held that failure to give reasons for concluding an age assessment as an adult was in breach of Article 5 of the ECHR (*VS v The Home Office* [2014] EWHC 2483 (QB)).

There are also concerns that children are still being detained together with torture survivors, victims of trafficking and persons with serious mental disability while their asylum cases are under review. Furthermore, they may be detained in immigration settings as adults within an immigration system that is based on mechanisms and structures designed for the assessment of adults. The detention of children for immigration purposes risks violating their right to liberty, particularly if procedural safeguards are not complied with (UNCAT, 2013).

The Commission, in response to the Immigration Bill, raised similar concerns about the impact of detention on certain groups (including children) and the withdrawal of support for failed asylum seekers with children and the removal of the right of appeal against decisions to withdraw that support (EHRC, 2016).

## Stigma

A number of smaller research reports highlight the stigma and stigmatising treatment experienced by migrants, refugees and asylum seekers in England. Misconceptions about the number of immigrants living in England were widespread including among children, as well as negative attitudes towards Muslims and those born overseas:

- Around 60% of the children questioned believed it was true that 'asylum seekers and immigrants are stealing our jobs'.
- 35% agreed or partly agreed that 'Muslims are taking over our country'.
- The average estimate for the proportion of foreign-born people living in Britain was 47%, but Census 2011 showed the actual figure to be 13% (ONS, 2013; Show Racism the Red Card, 2015).

In March 2013, the Council of Europe's Commissioner for Human Rights raised concerns about the UK debate on immigration, warning that it depicted lower-skilled migrants as 'dangerous foreigners, coming to steal jobs, lower salaries and spoil the health system' and portrayed certain types of immigrants as a scourge on society, claiming that 'a stigma is put on Bulgarian and Romanian citizens just because of their origin' (Travis and Malik, 2013).

In 2012, the Leveson Inquiry concluded that press reporting on immigrants and ethnic minorities was often sensational and unbalanced and that there was a tendency within certain sections of the press to publish 'prejudicial or pejorative references to race, as well as to religion, gender, sexual orientation or physical or mental illness or disability' (Leveson, 2012).

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# Contacts

*England's most disadvantaged groups: Migrants, refugees and asylum seekers* is published by the Equality and Human Rights Commission.

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Questions and comments regarding this publication may be addressed to:  
[correspondence@equalityhumanrights.com](mailto:correspondence@equalityhumanrights.com)

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