1. **Introduction**

1.1 This paper is one of a suite of documents used as part of our Community Integrated Risk Management planning. A number of groups have been identified as potentially being at greater risk of fire or are potentially not accessing services such as Safe and Well visits. There are a range of equal access cases presented which require focus and additional resources to evaluate further whether this is the case. In the public consultation we will ask people in our communities to work with us to understand further any issues from their perspectives. We also want to work in partnership to re-design services or access pathways where needed.

1.2 There are a number of other separate documents relating to becoming an employer of choice for emerging migrant communities. Issues are outlined in this document as a means of underlining the link between more engagement with communities for access to services and how that make us a more attractive employer and vice versa.

**2. Further understanding of Equal Access**

2.2 As a public service focused on excellent service to our customers, we need to ensure equality of access to our services for everyone.

2.3 We know through our incident data that certain groups are more likely to have a fire and they include people who are living with Dementia, mobility issues, and mental health issues.

2.4 There are however other groups who aren’t necessarily showing as being at higher risk of a fire but they may not be accessing our services such as Safe and Well visits or reporting fires because of other barriers which may be language, perceived prejudice and other societal factors. Equality of access means actively seeking to engage these groups who may be unaware or choosing not to access services from us and other public sector providers.

2.5 We need to work to reduce fire risk and other life risk for everyone and that needs different approaches. Within our equality of access approach, we also need to consider:

* 2.6 How we identify all our communities and customers.
* 2.7 Consider how we may develop and improve the provision of goods, facilities, services and access to all those communities across a range of variables including ethnicity, disability, gender, sexual orientation, religion or belief and age.
* 2.8 Learn from and enhance good practice identified through equality monitoring.
* 2.9 Use the results of equality monitoring to mitigate any adverse impact of our goods, facilities, services and access on diverse communities, and on groups within communities.
* 2.10 Eliminate any unlawful discrimination identified through equality monitoring.
* 2.11 Promote good community relations.
* 2.12 Apply the rules of social marketing to make customers safer through changing unsafe behaviours
* 2.13 Over and above the data from other sources we have gained additional insights from people impact assessments and insights from the communities, charities, and groups.

2.14 Data, academic evidence, and case studies along with personal experience have informed our people impact assessments. These now need refining by contributions and insights from Asian led groups e.g. charities and faith groups. Fire and Rescue Services (FRS) equally need to consider how we look at our service provision.

**3. Important to Note**

3.1 A lack of data means there is little evidence that people from emerging migrant communities are more at risk of fires or road traffic crashes. However, experiencing discrimination can have an important impact on people’s lives. Researchers have been particularly interested in discrimination in the labour market (e.g. in hiring and promotions) and in the housing market (when buying or renting a house), although discrimination can occur in any domain.

3.2 Research has also shown that experiencing discrimination or perceiving that one’s group is unfairly treated in society affects people’s objective chances in life, as well as their sense of belonging, well-being (Safi, 2010) and mental health (Nandi et al., 2020; Schmitt et al., 2014).

3.3 Foreign-born individuals living in the UK may be discriminated against for multiple reasons, some of which might be shared with UK-born ethnic minorities (e.g. ethnicity, skin colour or religion) while others are more likely to affect the migrant population (e.g. having foreign qualifications or a foreign accent). It is difficult to disentangle the reasons for discrimination because multiple factors might be at play at the same time. For example, a Somali-born worker might be discriminated against for their ethnicity, race, Muslim affiliation, foreign accent or foreign credentials.

3.4 In 2018, 19% of the non-EU born and 8% of the EU born in the UK described themselves as members of a group that faces discrimination because of nationality, religion, language, race or ethnicity.

3.5 Evidence of fires is more related to socio economic factors. We focus on socioeconomic factors but we must be mindful that race and racism play a part why certain ethnic groups experience socio-economic disadvantages. It is a circular and an interlinked process. The evidence presented here is therefore focused on migration demands on public services such as asylum services and other relevant organisations.

3.6 With a focus on the risk of fire because of prevailing social or economic history and current discrimination. Consideration of these factors are presented here to form a case for our further commitment to getting informative data and evidence, recognising the reality of lived experience and needs assessment. At the heart of this work is a pledge to ensure we are tackling racism and discrimination in our workplace and society.

**3.7 Why now?** We are refreshing our commitment to anti-racism and equality of access as part of our next five- year customer safety strategy.

### **3.8 Why we need to focus on equality of access to services and employment for emerging migrant communities**

* 1. Many factors contribute to immigration and population movements. Socio-political,

economic and ecological factors are the main forces driving migration. Rising communal violence world-wide, often as a result of ethnic or religious intolerance, has led to increased levels of migration. Economic disparity between developing and developed economies encourages the movement of skilled labour from the former to the latter. Temporary migration visas allow for an increase in the rate of circular migration. Changes in the ecological environment have the potential to worsen food and water insecurity in various parts of the globe. Limited access to food and water resources may also push people to migrate to countries where these resources are more readily available. Individuals who are severely impacted by changing ecological conditions may choose to migrate from their home state in search of more favourable environmental conditions elsewhere. Those who choose to emigrate due to more frequent or more destructive natural disasters may identify as climate refugees and seek asylum in other countries less affected by climatic extremes.

3.10 The FRS needs to learn more about this potentially vulnerable group of people as they face a range of factors that puts them at risk. There can be many reasons such as economic betterment, political upheaval, education, war and persecution why a person leaves one geographical area to come to the UK. This may involve not only leaving social networks behind but also includes experiencing a sense of loss, dislocation, alienation and isolation, which can impact on mental health and well-being.

3.11 Newcomers to the UK, whether they have immigration status or not, face obstacles in accessing services such as housing or social security. Findings from [Integration of Migrants](https://publications.iom.int/) ([IMPACIM](https://www.compas.ox.ac.uk/wp-content/uploads/PR-2013-IMPACIM_UK.pdf)) at the [ESRC](https://esrc.ukri.org/) funded [Centre on Migration, Policy and Society](https://www.compas.ox.ac.uk/wp-content/uploads/PR-2013-IMPACIM_UK.pdf) suggest that even where access to work and services is allowed, in practice people face obstacles and encounter a series of barriers in gaining this access. Reasons include complex and poorly understood rules, confusion about entitlements and in some cases refusal of services that migrants are legally entitled to, procedural delays, and shortage of places for training, education, housing, etc.

3.12 Findings from a [survey](https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-full-rna-report.pdf) carried out by [Doctors of the World](https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-full-rna-report.pdf) in London, Leeds, Birmingham and Bradford (May 2020) on the types of health inequality and exclusion indicated that this vulnerable group of people did not know what to do, how to access guidance or obtain appointments. There were also literacy and language issues, housing issues and lack of access to places of support (due to Covid-19). There were also reports of fear around medical professionals (including concerns over medical costs), lack of phone credit, and access to trusted professionals and fear of having ID documents confiscated. The wider determinants of health are further compounded by fear, mental health and not having basic needs met.

3.13 Those living in temporary shared housing reported concerns with hygiene due to the number of people sharing the same spaces. Further concern was caused by having to go out more than once to get essential food items such as shopping, which had to be done in more than one venue to make limited funds stretch further by shopping around for offers and multi-buys.

3.14 Sustained effort is required to build trust with these communities but they are often changing and mobile making it more difficult. Unless translated our communications are unlikely to be understood by and will not reach these communities, leaving them to follow advice or guidance from their home country. As an example, research shows some may assume that if Covid-19 lockdown has lifted in their home country it has been lifted in the same way in the UK, unless they receive information in a way they can understand.

3.15 [Refugees](#RefugeeGlossary) and [asylum seekers](#AsylumSeekerGlossary) coming to the UK by any route may have experienced significant periods of deprivation with little or no access to healthcare, either in their country, or countries they have passed through or in refugee camps. Refugee camps, including in Europe, can be over-crowded with living conditions that contribute to poor physical and mental health.

3.16 There may be a reluctance to engage with any public service and particularly uniformed services, including the FRS, which in many countries are part of the civil defence (army) because of past experiences. Afear of ‘authority’, and misunderstandings about what those in authority can do, is not uncommon why FRSs need to focus on these communities.

**4. Background**

4.1 The best assessment of migration trends is based on [Office of National Statistics (ONS) data](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/august2020). In the year ending March 2020, around 313,000 more people moved to the UK, intending to stay for 12 months or more than left the UK. The increase in immigration and net migration is being driven by an increase in non-EU nationals arriving in the UK for study reasons.

4.2 Of those coming to the UK, 257,000 were arriving for formal study, with 458,000 arriving for work, family, or other reasons. The latest population estimates for the UK by country of birth and nationality 2021, state:

* 4.3 The non-UK-born population was 9.5 million.
* 4.4 The non-British population was 6.2 million.
* 4.5 In 2018 people born outside the UK made up an estimated 14% of the UK’s population (9.3 million people).
* 4.6 About half of the UK’s foreign-born population (51% in total) were either in London (38%) or the South East (14%).

**5. The top ten nationality and country of birth of migrants (2019) (Migrant Observatory, 2021):**

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| **Country of birth** |  | **Nationality** |
| 1. India | 9.1% |  | 1. Poland | 14.5% |
| 2. Poland | 8.5% |  | 2. Romania | 7.2% |
| 3. Pakistan | 5.8% |  | 3. India | 5.9% |
| 4. Romania | 4.5% |  | 4. Ireland | 5.1% |
| 5. Republic of Ireland | 3.8% |  | 5.Italy | 4.9% |
| 6. Germany | 3.0% |  | 6.Portugal | 4.0% |
| 7. Bangladesh | 2.7% |  | 7.Pakistan | 3.3% |
| 8. South-Africa | 2.7% |  | 8.France | 3.1% |
| 9. Italy | 2.5% |  | 9. Lithuania | 3.0% |
| 10. China | 2.3% |  | 10. Spain | 3.0% |

6. **There are several ways that refugees and asylum seekers come to the UK**

6.1 Most asylum seekers travel independently to the UK and make an ‘in-country’ application for asylum. There is no ‘out of country’ way to apply for asylum in the UK. People who claim asylum in the UK may initially enter the country in a variety of ways, both documented and undocumented. Some refugees are resettled through UK government schemes linked to the [United Nations High Commissioner for Refugees](https://www.unhcr.org/uk/) (UNHCR - UN Refugee Agency). This option is only available to a limited number of people who are deemed particularly at risk.

6.2 London stands out as having more immigrants than everywhere else. 62% of the people living in London were born in the UK while 12% were born elsewhere in the EU and 26% were born outside the EU. Wales and the Northeast of England are the parts of the UK with fewest immigrants (94% were born in the UK). London followed by the Southeast were the

most popular destination in the UK, particularly for non-EU migrants.

**6.3 Share of EU-born and non-EU born migrants who were residing in different UK regions (2017)**

6.4 The data show how EU and non-EU migrants are distributed across the country. Whereas 40% of non-EU migrants reside in London only 29% of EU migrants do. In comparison, the EU born have higher concentrations in the East of England, the East Midlands, the South West and Scotland. Differences in the concentrations of the two groups in other parts of the country are relatively small. Migrants born in non-EU countries outnumbered EU migrants across all regions in 2017, except for Northern Ireland.

**7. Vulnerable or at risk**

* 7.1 They usually come from low-resource countries close to their countries of origin, either from refugee camps or, more commonly, precarious high rent, low quality housing outside camps.
* 7.2 Compared to the UK-born population, migrants are more likely to be adults aged 26-64 and less likely to be children or people of retirement age (65+).
* 7.3 In 2019, 70% of the foreign born were aged 26-64, compared to 48% of the UK born. The share of migrants in this age range varies by place of birth, with the highest percentage being for those born in the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia (EU-8 countries), Africa, Pakistan, and Bulgaria and Romania (EU-2 countries).

7.4 As a signatory to the [1951 Geneva Convention](https://www.unhcr.org/1951-refugee-convention.html) the UK is obliged to ensure that no one claiming asylum is returned to a country where they may face persecution. Refugee resettlement programmes involve taking in people whose need for protection has already been established outside of the country by the UNHCR. These refugees make up a small proportion of the overall number of accepted refugees in the UK and are well supported by Local Authorities through the resettlement scheme.

**8. People granted protection and other leave through asylum and resettlement routes**

8.1 The UK offered protection, in the form of [asylum](https://www.gov.uk/claim-asylum), [humanitarian protection](https://www.gov.uk/government/publications/humanitarian-protection-instruction), alternative forms of leave ([humanitarian protection](https://www.gov.uk/government/publications/humanitarian-protection-instruction), [discretionary leave](https://www.gov.uk/government/publications/granting-discretionary-leave), [grants under family and private life rules](https://www.gov.uk/government/collections/family-and-private-life-rule-changes-9-july-2012), [leave outside the immigration rules](https://www.gov.uk/government/publications/chapter-1-section-14-leave-outside-the-immigration-rules) and [UASC leave](https://www.gov.uk/government/publications/unaccompanied-asylum-seeking-children-interim-national-transfer-scheme)), that resulted from an asylum application) and [resettlement](https://www.gov.uk/government/publications/uk-resettlement-schemes-factsheet-march-2021/vulnerable-persons-and-vulnerable-childrens-resettlement-schemes-factsheet-march-2021) to 12,984 people (including dependants) in the year ending September 2020 (33% lower than the previous year). The fall in people granted in the latest year is due to fewer initial decisions following an application to the UK, as well as the pause to resettlement activity as a result of the COVID-19 pandemic.

8.2 The number of grants of protection and alternative forms of leave in the year ending September 2020 included:

* 8.3 8,908 grants of asylum, down 23% compared with the previous year, with the top nationalities that received grants being Iranian (1,699), Eritrean (1,063), Sudanese (1,056), and Afghan (682) nationals; all these nationalities saw falls in grants in the latest year.
* 8.4 1,183 grants of humanitarian protection, up 8% – over half of these (56%) were granted to Libyan nationals, also a notable increase in grants awarded to El Salvadorian nationals (160 up from 18), following an increase in applications since year ending December 2018.
* 8.5 733 grants of alternative forms of leave following an application for asylum, down 38%.
* 8.6 2,160 grants of protection through resettlement schemes, 61% fewer than in the previous year, due to the impact of the COVID-19 pandemic preventing resettlement activity since March 2020 onwards; over four-fifths (81%) of resettlement cases over the past year were Syrian nationals.

8.7 Additionally, 6,066 family reunion visas were issued to partners and children of those previously granted asylum or humanitarian protection in the UK, 6% fewer than the previous year.

8.8 The increase in people granted protection since 2018 is primarily due to an increase in the initial grant rate for asylum applications, which rose from 35% in 2018 to 49% in year ending September 2020. The overall grant rate can vary for a number of reasons, including the mix of applications received, and the protection needs of those who claim asylum in the UK, along with operational or policy decisions.

8.9 Some asylum applicants have an immigration status that allows them to work in the country, but prevents them from accessing most benefits should they become unemployed, which can result in a rise in homeless migrant workers with “[no recourse to public funds](https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/benefits-and-housing-public-funds/benefits/public-funds-exceptions)” (NRPF).

8.10 Home Office accommodation and financial support ends 28 days after an asylum claim is approved. Local Authorities are responsible for housing new refugees. However, there are often delays to getting on mainstream benefits and new refugees are at high risk of being made homeless. The Home Office is only responsible for housing those asylum seekers who are able to prove that they are destitute. According to some third sector charities, there are many asylum seekers who are in fact destitute but their claims for support are being refused.

*Virtually every study of socioeconomic characteristics has shown that lower levels of income are either directly or indirectly tied to an increased risk of fire*.

8.11 Once here, many live a hand-to-mouth existence, usually depending on other asylum seekers to let them sleep on their floor or share food with them, wandering the streets for hours every day, in constant fear of being caught and deported. They are highly vulnerable to crime and various forms of exploitation. Many suffer from ill health as a result of having no accommodation, a poor diet and lack of access to healthcare.

8.12 Some experience psychological and emotional repercussions of being destitute, when many are already dealing with traumatic pasts. Extended periods of stress and uncertainty can also lead to declines in mental health. [The Institute for Public Policy Research (IPPR)](https://www.ippr.org/) estimate about 45,000 claims for universal credit were rejected due to the “[habitual residence](https://www.citizensadvice.org.uk/benefits/claiming-benefits-if-youre-from-the-EU/before-you-apply/check-if-you-can-pass-the-habitual-residence-test-for-benefits/)” test in the past 12 months (2020) before a significant rise in claims during the Covid-19 crisis. The test requires claimants to prove that they have a settled home in the UK and have a “[right to reside](https://www.gov.uk/right-to-reside)” to gain access to benefits. These problems do not apply to those resettled under the Government schemes who have full refugee status on arrival in the UK with associated rights to all benefits and services available to all UK citizens.

### **9. Fire and other incident risks**

9.1 [The Mental Health Foundation](https://www.mentalhealth.org.uk/) reports that asylum seekers and refugees face unique and complex challenges related to their mental health and are often at greater risk of developing a mental health problem:

* 9.2 Asylum seekers and refugees are more likely to experience poor mental health than the local population, including higher rates of depression, PTSD and other anxiety disorders.
* 9.3 The increased vulnerability to mental health problems that refugees, and asylum seekers face is linked to pre-migration experiences (such as war trauma) and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing).
* 9.4 Research suggests that asylum seekers are five times more likely to have mental health needs than the general population and more than 61% will experience serious mental distress. However, data shows that they are less likely to receive support than the general population ([Mental Health Foundation](https://www.mentalhealth.org.uk/statistics/mental-health-statistics-refugees-and-asylum-seekers)).

9.5 The Manchester Fire and Mental Health Liaison Project, a partnership between Manchester Mental Health and Social Care Trust and Greater Manchester Fire and Rescue Service found that over a third of people killed in fires in Manchester were known to the Mental Health Services Partnership.

9.6 [Post-traumatic stress disorder](https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/symptoms/) (PTSD) can affect people who have experienced a wide range of life-threatening events. The disorder can lead to distressing and persistent symptoms, including re-experiencing the trauma through flashbacks or nightmares, emotional numbness, insomnia, relationship problems, sudden anger, and drug and alcohol abuse. Reckless and self-destructive behavior has been added as a PTSD symptom. The prevalence of PTSD among migrants is very high (47%), especially among refugees who experience it at nearly twice the rate of migrant workers. Risk behaviours tend to ‘cluster’ and participation in multiple risk behaviours is associated with a range of negative outcomes such as low educational attainment, being bullied and emotional health problems.

9.7 Overcrowding is a known fire risk and figures from the [English Housing Survey](https://www.gov.uk/government/collections/english-housing-survey) have shown an increase in overcrowding over the past two years. Evidence also suggests that overcrowding has a detrimental effect on household members’ physical and mental health.

**10. Road Safety**

10.1 The Ashford Borough Council’s Refugee Resettlement Co-ordinator highlights issues around driving licences, which can be used in the UK for one year without having passed the UK theory test. Whilst some manage (and are supported and actively encouraged by keyworkers) to pass the UK Driving Test within one year of arrival, language is a significant barrier for completion of the UK theory test. There is known road risk behaviour both as drivers, passengers, and pedestrians e.g. unrestrained children, speeding and driving within UK law.

**11. Employment opportunities**

11.1 Emerging findings from [Impact of Admission Criteria on the Integration of Migrants](https://www.compas.ox.ac.uk/project/impact-of-admission-criteria-on-the-integration-of-migrants-impacim/)

(IMPACIM) at the ESRC-funded Centre on Migration, Policy and Society suggest that even where access to work is allowed in specific areas to encourage integration in the UK, in practice people encounter a series of barriers in gaining this access. Reasons for this include complex and poorly understood rules, procedural delays and shortage of places for training and education.

11.2 As previously mentioned, some may have an immigration status that allows them to work in the country but prevents them from accessing most benefits should they become unemployed. This can result in a rise in homeless migrant workers with the NRPF condition attached to their immigration status. People with NRPF attached to their visas are particularly vulnerable because:

* 11.3 If they lose their job, have reduced hours or pay, they cannot rely on the safety net of housing benefits to cover rent. This may lead to them taking decisions to work even if it puts their health and potentially the public health at risk.
* 11.4 They are more likely to be renting informally or staying with friends and therefore may not enjoy the current protection of suspension on evictions. Sharing facilities in smaller or overcrowded accommodation also heightens their risk to Covid-19.
* 11.5 They may be afraid to access healthcare even if they are entitled to it.
* 11.6 Undocumented children and their parents are at even greater risk. The Mayor of London research estimate there to be 100,000 living in London. Many are staying with friends or working informally making their safety even more limited.

11.7 Dr Isabel Ruiz’s (Fellow and Tutor in Economics at Harris Manchester College), [study](https://www.compas.ox.ac.uk/wp-content/uploads/What-Works-for-Improving-Refugee-Outcomes-in-High-Income-Countries-Policy-Insights-for-the-UK.pdf) of labour market outcomes of refugees (also known as asylum migrants) in the UK found refugees tend to have poorer socioeconomic or labour market outcomes in terms of wages, hours worked and health outcomes. Asylum migrants are less likely to be in employment than individuals born in the UK and other migrant groups.The employment rate among asylum migrants is 51% compared with 73% for the UK-born. The gap narrows over time but remains present even after more than 25 years of residence in the country. Asylum migrants are also more likely to report a long-term health condition and to indicate that this condition affects their labour market performance. They are also substantially more likely to report mental health problems compared to other migrants.

11.8 Refugees entering the UK under Government resettlement schemes arrive in the UK without having potential employment lined up. Language and literacy barriers may also present obstacles for this community from accessing employment. However, this group are fortunate to be supported by Local Authorities to quickly access healthcare, benefits, language learning and cultural orientation as well as support into employment. There is potential for this group to act as mentors or community champions for those less well supported, as well as, providing organisations with valuable information about cultural differences, which may impact on successful integration and understanding of services available to them.

11.9 Refugees can work in the UK if their claim for protection have been recognised and many may have had skilled jobs before they fled their country of origin. They are also more likely to be self-employed than the UK-born and other migrants. Migrant workers also represent 28% of the workforce in the accommodation and food sectors and 17% in the retail sector. Non-EU born men are over-represented in the passenger transport and travel sectors (e.g. taxi and bus drivers), which have also been significantly affected during the lockdown ([ONS 2020](https://migrationobservatory.ox.ac.uk/resources/reports/migrants-labour-market-profile-and-the-health-and-economic-impacts-of-the-covid-19-pandemic/)). Overall, migrants are slightly over-represented in the most affected industries compared to their overall share in the UK labour force. On average, asylum migrants earn an average of £9 per hour and £285 per week.

**12. Health and Safety at Work**

12.1 Health and safety at the workplace is a consideration for our sector from a response perspective. Hazardous jobs often rejected by nationals are taken up by migrant workers such as farming, factory work and construction. Migrant workers face many health issues including unsafe working environments, work-related illnesses and accidents. As such, migrant groups have higher rates of injuries than natives.

12.2 A study by [Svensson et al. (2013)](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2297559) on migrant farmworkers found that they often work under very poor working conditions and face numerous health and safety hazards, including occupational chemical and ergonomic exposures, various injuries and illnesses and in extreme cases death. A review of migrant workers in industrialised countries ([Bollini and Siem (1995)](https://pubmed.ncbi.nlm.nih.gov/8571153/%22%20%5Cl%20%22affiliation-1)) states that migrant groups have higher rates of injuries than natives. Worldwide, ILO has estimated that occupational accidents or work-related diseases result in 2.3 million deaths per year ([ILO, 2014](https://www.ilo.org/moscow/areas-of-work/occupational-safety-and-health/WCMS_249278/lang--en/index.htm)). The ILO provides no specific breakdown for the number of accidents, injuries, or deaths of migrant workers, but state that migrant workers are one of the most affected population groups.

### **13. Conclusions**

13.1 Due to limited engagement with these communities has an impact in our understanding its complexity and our ability to design appropriate interventions. A key evidence gap is how best to break down barriers so that they have equality of access to mainstream services. It is recognised that due to the lack of national and local policy provisions the social and economic inequalities affecting these people in the UK means services that are ill-equipped to support them. In turn, this has led to a lack of trust in these public services making these communities significantly worse off than the general population. They have high health and care needs and they are often excluded from service relationships. They struggle to engage well because of bad experiences, health and social inequalities and employment.

### **14. Customer segmentation across the emerging migrant communities to improve equality of access to employment and services**

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| **14.1 Activity Risk Group –** **[Unaccompanied Asylum-Seeking Children (UASC)](#UnaccompaniedAsylumSeekingChildrenGlossa)**14.2 In the year ending March 2021, the UK received 2,044 applications for asylum from unaccompanied children. No definition of accommodation is provided in the legislation and no specific category of ‘section 20 accommodation’ ([Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents)) exists. Some forms of accommodation, including B&Bs and hostels, are accepted as being unsuitable for any child in need. Children under the age of 16 and girls more frequently are placed in foster care due to increased vulnerability. 16 and 17-year-olds (boys in particular) are frequently placed in semi-independent accommodation with more limited support or supported lodgings. It is important to note, however, that some older children require more intensive support and there is nothing that prevents a local authority from placing an older child in foster care or keeping them in a foster placement. |
| **Actions:** | * 14.3Developing a relationship with the Local Authority and agencies supporting asylum-seeking UASC particularly those in semi-independent living.
* 14.4 Activities such as a safety day for UASC peer champions and interpreters for those living in the community who assist those new to living independently.
* 14.5 Regular visits to UASC centres if they exist to give basic fire safety advice and to have positive engagement, specifically around smoking and tampering with smoke alarms can provide benefits as these can be common themes across such sites.
* 14.6 It is important that visits are regular and sustained by the FRS to build trust and potential as an employer of choice for the future.
* 14.7 As mentioned, girls and younger children are often placed in foster homes/care due to being at greater vulnerability. This is another area to be explored regarding supporting safer independent living.
* 14.8 Services should ensure a co-ordinated approach with their schools and education provisions.
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| **Evaluation** |
| 14.9 Success of this approach could be assessed against calls to the locations and through feedback.  |

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| **15. Activity Risk Group – The Syrian Vulnerable Persons Resettlement Scheme (SVPRS)**15.1 This [scheme](https://www.unhcr.org/protection/basic/5a0ae9e84/towards-integration-the-syrian-vulnerable-persons-resettlement-scheme-in.html) identifies those most at risk following the civil war in Syria. The conflict has displaced over half of the Syrian population since it began over seven years ago. In September 2015, the Government committed to bringing 20,000 vulnerable Syrian refugees directly from the neighbouring host countries of Lebanon, Jordan, Turkey, Iraq, and Egypt into the UK by 2020. Some come from refugee camps but most are in precarious housing situations outside the camps, struggling to maintain housing or feeding themselves. Many have been exploited in the host countries and child labour is not uncommon. 15.2 Road safety can be an issues as identified before and Spoken English is a problem for many written English more so.  |
| **Actions:** | 15.3 To build on initial links made with the [Vulnerable Persons Resettlement Schemes](https://www.gov.uk/government/publications/uk-resettlement-schemes-factsheet-march-2021/vulnerable-persons-and-vulnerable-childrens-resettlement-schemes-factsheet-march-2021) (VPRS ) population across the UK to establish risk mitigations. This will enable services to provide initial support to the VPRS by talking to people about:* 15.4 what the FRS do,
* 15.5 how to contact us in an emergency,
* 15.6 the type of emergencies we attend,
* 15.7 access to our services, and
* 15.8 general fire safety advice.

15.9 Interpreters would be provided by VPRS at these sessions.15.10 Working with Organisations such as [Migrant Help](https://www.migranthelpuk.org/) and the [Refugee Resettlement](https://www.refugeecouncil.org.uk/our-work/refugee-resettlement/) co-ordinators to deliver fire safety advice, explain what to do in the event of a fire and preventative measures that can be put in place around the home when they get a new family arriving in the UK. Migrant Help would facilitate a meeting with the family using a F2F interpreter and the family’s Migrant Help Support worker.  |
| **Evaluation** |
| 15.11 The adoption of engagement with SVPRS across the country will enable the sector and services to understand this community better and identify risks. |

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| **16. Activity Risk Group – Migrants as a group**16.1 Engagement through third parties (Local Authority and Voluntary sector) will enable FRSs to better understand these communities better.16.2 Working with Migrant Help and other third sector/charities to deliver fire safety advice, explain what to do in the event of a fire and preventative measures that can be put in place around the home, when they get a new family arriving in the UK. Migrant Help have already indicated, subject to capacity, they would facilitate a meeting with the family using a F2F interpreter and the family’s Migrant Help Support worker. This will enable FRS’s to introduce themselves to the family and discuss the role of the FRS in the UK, reassure the families on the different types of relationships the community has with the FRS in the UK as opposed to their hosting countries. Then then talk in detail about the various types of services that we offer and the help we can provide that most of the families won’t be aware of. 16.3 EU migrants can change their EU drivers licenses to the UK one just by completing a form and without any additional tests and it is believed by charities working with these groups that there are a lot of people driving with UK drivers licenses that don't necessarily know or understand the UK highway code. |
| **Actions:** | * 16.4 Early indications from Refugee Resettlement Co-ordinators suggest that community specific activities would be more likely to reach this community than mainstream events.
 |
| **Evaluation** |
| 16.5 FRSs could collate and evaluate their own initiatives regarding Emerging migrant communities.  |
| **17. Activity Risk Group – Hate Crime**17.1 Migrant communities often find it hard to trust outside their own community and are often the victims of hate crime. Prejudices fuelled by media and personal experience means that they often fail to report hate crime. Once in the UK people may still face hatred and isolation. During FRS visits to the families, reassurance can be provided that if needed, our fire stations are a safe space and to encourage families to report hate crime. |
| **Actions:** | * 17.2 Work with and support local Police forces and Migrant Help and others to support the reporting of such crimes.
* 17.3 Attendance at migrant site to start building trusted relationship, highlighting that we are here to help, while sharing simple key safety messages around smoking inside, escape plans, etc.
 |
| **Evaluation** |
| 17.4 Work with partner agencies to evaluate impact of activity on existing recording mechanisms. |

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### **Glossary of Terms**

### [Asylum seeker](#AsylumSeeker)- an individual who is seeking international protection. Not every asylum seeker will ultimately be recognised as a refugee, but every person with refugee status was initially an asylum seeker. A person is a refugee if they fit the convention definition, regardless of whether any state has granted them refugee status or not.

### [Refugee](#Refugee) **-** a person who has fled their country of origin and is unable or unwilling to return because of a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion.

### **Economic migrant -** an economic migrant is someone who leaves his or her country of origin purely for financial and/or economic reasons. Economic migrants choose to move in order to find a better life and they do not flee because of persecution. Therefore, they do not fall within the criteria for refugee status and are not entitled to receive international protection.

**Resettlement** - is the transfer of refugees from the country in which they have sought refuge to another State that has agreed to admit them. The refugees will usually be granted asylum or some other form of long-term resident rights and, in many cases, will have the opportunity to become citizens. However, the number of resettlement places has decreased over the last couple of years, with a significant gap now existing between those identified by UNHCR in need of resettlement and the number of places being made available by states.

## [Unaccompanied asylum-seeking children or UASC](#UnaccompaniedAsylumSeekingChildren) **-** are children who have fled their country of origin without the care or protection of their parents. They are forced to leave their family and country behind to seek protection from violence, persecution, war, detention, climate change, terrorism or the disappearance of family. USAC’s take long and dangerous journeys alone, or are trafficked in circumstances unknown to them; arriving at their destination feeling confused, alone and disorientated.

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This document is completed with great thanks to:

The South East Strategic Migration Partnership (SESPM)

Migrant Help – Vulnerable Persons Resettlement

Refugee Council

Refugee Resettlement Co-ordinator, Ashford Borough Council

Samphire Project