

Vol 7, n 3, 2019

Articles

The Experiences of African Asylum Seekers and Refugees in Manchester, United Kingdom

Clara Toyin Fatoye ^{1}, Francis Fatoye ¹*

Abstract

Objective: To explore the experiences of African asylum seekers and refugees in Manchester, UK. The study also identifies the reasons why African asylum seekers and refugees came to the UK and the problems they faced. To find out whether African asylum seekers are aware of services in place for them.

Methods: The research was carried out at a drop-in centre for asylum seekers and refugees in Manchester, UK. A structured questionnaire interview was administered to the participants. The structured questionnaire interview focused on the experiences and problems faced as asylum seekers and refugees. Data was analysed using thematic analysis where participants' responses were categorised into themes. Ethical approval for the study was obtained from the Manchester Metropolitan University (MMU), and approval for participants' recruitment was granted by the centre, Rainbow Haven.

Results: Six African asylum seekers and refugees participated in the study. Almost all the participants indicated political persecution as the main reason for coming to the UK and that they were smuggled into the UK. Asylum seekers and refugees experienced various problems such as communication, bullying, health issues, isolation, unemployment, finance and accommodation. The majority of them also reported that they received help from their communities and voluntary agencies.

Discussion: Policy makers such as social workers, healthcare professionals and immigration officers are to be aware of the experiences of African asylum seekers and refugees as identified in this study as this may help to put appropriate strategies/policies in place to improve their quality of life and health outcomes.

¹ Manchester Metropolitan University (MMU), United Kingdom

E-mail corresponding author: clara.fatoye@stu.mmu.ac.uk



Keywords:

African; Asylum seeker; Refugee.

DOI: 10.6092/2282-1619/2019.7.2258

1. Introduction

It has been estimated that about 258 million people do not live in their country of birth that live in other countries. This is about 50% increase since year 2000 (United Nations, 2018). Asylum seekers and refugees constitute political issue and continue to be one of the most important issues for the British public been subject of discussion regularly. It is rarely out of the newspapers and is the subject of intense political and public debate (Doyle & Toole, 2013).

Tyler (2006) concludes that laws relating to asylum seekers in Britain has projected an illegal population. Hence, asylum seekers and refugees in Britain are not allowed the status of subject citizen as they are denied this status. Reporting and commentary about asylum seekers and refugees is often hostile and unbalanced, and meanings associated with asylum seekers are consistently negative (Doyle & Toole, 2013). Perception on the impact of immigrants is mostly negative, emotive and detached from evidence (Duffy & Frere-Smith, 2014). It is impossible for the UK to develop a benevolent or non-racist regime in relation to asylum seekers and refugees because for nearly a century the welfare system was set up in such a way that nationality and residency status are highly linked to immigration (Cohen, 2002). Far from being a drain on the economy, refugees have long made an enormous cultural, social and economic contribution to Britain. About 1,200 medically qualified refugees are recorded on the British Medical Association's database, and even the most quintessentially "British" institutions – like fish and chips and the Marks & Spencer retail empire – were brought to the UK by refugees (The Week, 2015). The Horn of Africa has been a significant asylum-sending region to other parts of the world that accept asylum seekers and refugees. Migration and mixed migration in the East and the areas referred to as the Horn of Africa has been on increase which has made it to be complex to manage in recent years. These lead to migrants facing significant protection issues as well as increase in abuse and exploitation by smugglers and traffickers making immigrants to face hostile environment in transit to the host countries (Marchand, Roosen, Reinold, & Siegel, 2017).

During the 1980s and 1990s, increasing numbers of asylum seekers arrived in the UK from Africa, particularly from Algeria, Angola, Ghana, Nigeria, Kenya and Sierra Leone (Blinder, 2014). Asylum seekers from The Democratic Republic of Congo (DRC) were at its peak in 1991 and 1992 when 18,000 applications were made due to ethnic conflict and inter-communal violence that led to displacement of many people. The annual number of asylum seekers from DRC seemed to have remain stable over the years with 7,500 since 1995 (Mason, 2000). Also the movement of people from Africa, especially those countries that were colonised by Britain, can be linked to the colonial links; hence people from these regions were encouraged to come to Britain during times of labour shortage (SAHO, 2017). There is another belief about family ties and Britain having a fair judicial system where a choice is possible (Prior, 2008).

There is evidence to suggest that asylum seekers and refugees in the UK experience some health problems such as anxiety and depression (Kalt, Hossain, Kiss, & Zimmerman, 2013). In addition, it has been reported that asylum seekers and refugees have limited access to healthcare and therefore have poor quality of life and health outcomes (Robertshaw, Dhesi, & Jones, 2017).

Research on refugees and asylum seekers from African countries in the UK is notable by its absence, meaning that not much research has been carried out about them. These migration histories would benefit from further exploration (Lindenmeyer, Redwood, Griffith, Teladia, & Phillimore, 2016). Migrants come from an unprecedented variety of cultures, with hugely varied identities, faiths, languages and immigration status.

This variety of cultures has increased the added complexity to existing challenges about how to recognise and respond to the health needs of asylum seekers and refugees in our society. Currently there is lack of knowledge about the beliefs, experiences and health-seeking behaviours of migrants and how these are reflected in the ways; they seek help with their health and wellbeing. In addition, little is known about asylum seekers and refugees that have experienced other health systems bring this knowledge to bear upon their health-seeking behaviour once resident in the UK (Lindenmeyer et al., 2016).

The same group of people who were encouraged to come to Britain during times of labour shortage are now under immigration controls according to BBC (2018), and over the year in Britain and other parts of the world, the main objects of anti-immigration racism have been focused on immigrants from Africa and Asian origin (Hayter, 2000).

It is difficult to measure the overall impact of migration as it has economic, social and cultural consequences at individual, family, community and national levels. The effects of migration are not evenly distributed as it varies according to the nature of migration and the transnational links between the sending and destination countries (Bloch, 2006). Historically, some migrants to the UK have been encouraged to work to relieve labour shortages; this is not the situation now, as asylum seekers are not allowed to work in the UK (Bloch, 2004). Those allowed to work are restricted to jobs on the shortage occupation list published by the Home Office. Any permission to work granted would come to an end if their claim is refused and any appeals rights are exhausted because at that point they are expected to leave the UK. Those granted indefinite leave to remain have unrestricted access to the labour market (Home Office, 2017). Refugee welfare groups have been fighting to lift the ban on asylum seekers being allowed to work in Britain while their applications are being decided. If this ban can be lifted, it may help to improve the quality of life of asylum seekers thereby improving their health outcomes. In addition, to date the experiences of African asylum seekers and refugees in Manchester, UK, have not been explored. Understanding their experiences may help professionals to put in place appropriate strategies to improve the quality of life and health outcomes of African asylum seekers and refugees.

2. Methods, inclusion and exclusion criteria

The researcher developed a structured questionnaire interview and piloted this with two (2) African refugees to ensure that the questions asked were appropriate. Ethical approval for the study was obtained from the Manchester Metropolitan University (MMU), and approval for participants' recruitment was granted by the centre, Rainbow Haven. Permission to interview the participants at the drop-in centre was obtained from the centre manager. The participants were asked the same questions at different times as the interview was done over two (2) days. They responded with their individual experiences based on each question asked.

There were eight questions in total in the questionnaire as follows: 1. Can you tell me your reasons for coming to the UK? 2. How did you leave your country? 3. Can you please tell me your current immigration status? 4. Can you please tell me about your problems? 5. Where do you get most support and what help do you get? 6. Explain your access to public services such as social services and the National Health Service (NHS). 7. How do you support yourself in the community? 8. Where would you like to live or be in the future?

The inclusion criteria for the study was African asylum seekers or refugees aged between 18 and 50 years who could speak English and registered with the drop-in centre.

The researcher only included participants who could speak English because there are an estimated 2,000 languages spoken in Africa; hence the use of English was appropriate so as to ensure a good analysis of the data collected. Asylum seekers and refugees who could not speak English were excluded from the study to make it easy for the researcher to do the analysis in English. Those who were under 18 years old were also not included in the study as their experiences might not be the same as people over 18.

2.1 Thematic and descriptive analyses

Thematic and descriptive analyses were used for this study, where the participants' experiences were categorised into themes. Thematic analysis is a way of seeing, as well as a process for coding qualitative information (Robson, 2002). Each participant was given a code instead of using their names as follows: participants A, B, C, D, E and F.

3. Results based on the questions asked:

Six asylum seekers and refugees from various African countries participated in the present study. Participants consisted of five (5) female and one (1) male between the ages of 18 and 50 years old. There were eight questions in total; that is, the participants were asked eight questions.

1. Can you tell me your reasons for coming to the UK? Five out of the six participants indicated political persecution as the main reason why they came to the UK while one participant said it was because of religious persecution. She further stated that the government of her country only allowed orthodox Christian denominations to practice their religion and other denominations were not allowed. Therefore, she had to run away from her country of birth to avoid being killed as she was not a member of the Orthodox Church.

2. How did you leave your country? Four (4) out of the six participants admitted that they had to pay smugglers for them to be smuggled to the UK through illegal means and they were all promised better lives in the UK. One of the participants said that her children invited her as a visitor, but she decided to claim asylum upon arrival because her country of birth was not safe. In addition, another participant said she had to travel to a neighbouring country and she flew from there to the UK because her country of birth did not have an asylum system in place.

3. Can you please tell me your current immigration status? Three participants have been given refugee status, which means they have the same rights as anyone who has been given an indefinite leave to remain in the UK, while the remaining three participants were asylum seekers still waiting for decisions by the Home Office.

4. Can you please tell me about your problems? This particular question generated various responses from the participants, and the researcher has decided to group their responses into different headings for easy analyses:

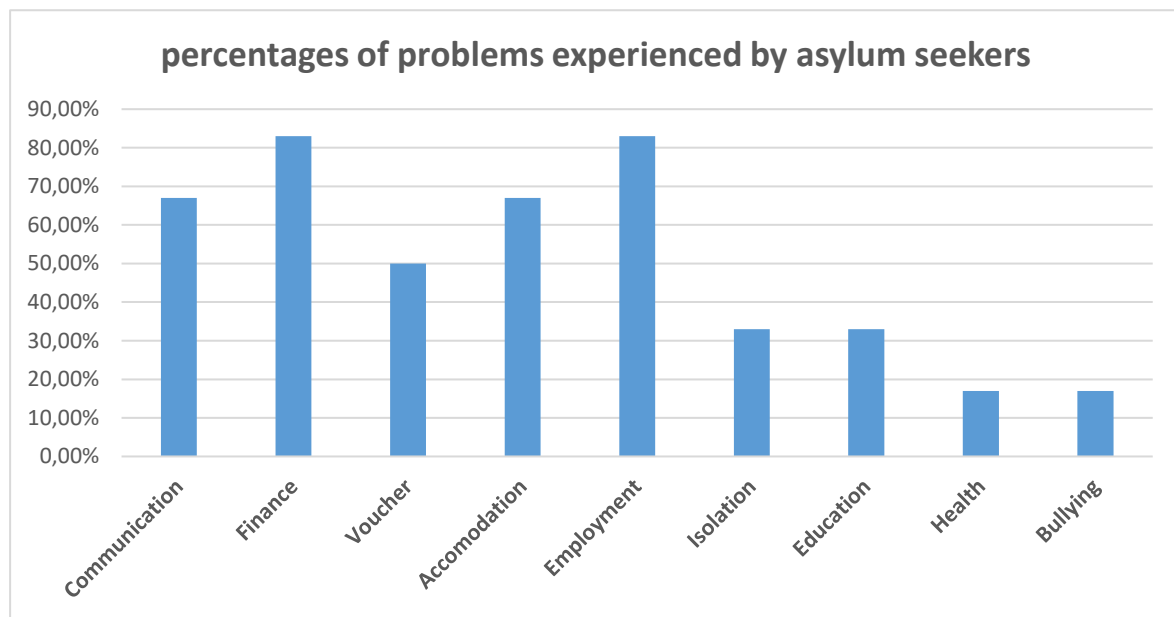
- Communication – Four out of the six had a communication problem and they said it prevented them from integrating into the society as they were not really fluent in the English language when they first came to the UK.
- Finance – Five out of the six participants had finance problems. This, according to them, is lack of money to buy basic requirements such as food and warm clothing as the money they receive is not enough to cover their basic expenses.
- Voucher system – Asylum seekers are given vouchers instead of cash most times for them to use in the UK. Three participants complained about the voucher system; they said that they could not involve themselves in activities that require cash such as transportation from one point to another. Also, they could not buy some of the things that they need if these are not available in shops or supermarkets where they accept the vouchers given to them; not all the shops in the UK accept the vouchers given to asylum seekers.

- Accommodation – Four out of the six participants identified accommodation as one of the problems they experienced. Some said that they have had to sleep rough in the past or rely on friends and voluntary agencies with accommodation. Other explained that the properties they were given were not of a good standard.
- Employment – Five participants were not working, as they were not allowed to work. Participants indicated their willingness to work if allowed.
- Isolation – Two participants noted isolation as a problem, that is, not being involved in their communities because of their status as asylum seekers and refugees. Participant B saw isolation as a major problem, but participant D said “I feel isolated at times”.
- Education – Participants E and F indicated their desires to have better qualifications that they have not been able to do as at the time of the information gathering. According to participant F: “I want to be able to acquire qualification as a child minder so that even if I go home I can still help care for children such as orphans who are without help in my country”.
- Health problems – Participant B experienced health problems, but the details of the health problems were not explained to the researcher. Other participants did not say anything about their health.
- Bullying – Participant D indicated that she experienced bullying from her neighbours in the past. No other participants said anything about bullying.

Problems experienced by asylum seekers and refugees under question 4 were analysed as shown below with table and graph. Participants’ responses were analysed under the themes for problems experience.

Table 1. Responses from the participants based on question 4: “Can you please tell me about your problems?”

Participants	Communication	Finance	Voucher	Accomodation	Employment	Isolation	Education	Health	Bullying
A	1	1	1	1					
B	1	1	1	1	1	1		1	
C		1			1				
D	1	1		1	1	1			1
E	1	1	1	1	1		1		
F					1		1		
total	4	5	3	4	5	2	2	1	1

Figure 1. Problems experienced by asylum seekers and refugees in Manchester

5. Where do you get most support and what help do you get? Five participants received most support from the drop-in centre where the participants were recruited. They also indicated that they received help from the churches they attend. In addition, participants A, C and E identified friends as a means of getting support in the community they belong to.

6. Explain your access to public services such as social services and the NHS: All six participants indicated that they were registered with the NHS. Participant A had access to library services and she has participated in free swimming exercise. Participant D attended a seminar organised by Rainbow Haven on how to write a good curriculum vitae.

7. How do you support yourself in the community? Participants D and E received support from church and the Home Office. Participants A and B received help from the voluntary agency (Rainbow Haven), and participants C and E received support from their friends in the community.

8. Where would you like to live or be in the future? Five participants (A, B, C, D and F) out of the six indicated that they want to go back to their countries of birth. Participant E indicated that he “would like to be in UK as a refugee”.

4. Discussion

Reasons why asylum seekers and refugees came to the UK was one of the objectives of this study. The study showed that political and religion persecution were the main reasons why African asylum seekers and refugees came to the UK.

They had to pay smugglers to smuggle them into the UK through illegal means, and they were promised a better life in the UK. Half (50%) of them were granted refugee status as at the time of the study. Exploring their experiences as part of the aims of this study showed they experienced the following problems: finance 83%, employment 83%, accommodation 67%, communication 67%, vouchers 50%, isolation 33% and education 33%.

African asylum seekers received support from agencies such as Rainbow Haven, where the participants were recruited, and the Red Cross, churches and friends in the community. All the participants had access to health facilities and were registered with the NHS at the time of this study.

The study also found that African asylum seekers would like to go back to their countries of origin as 83% of them indicated that they would like to go back to Africa. This is an interesting discovery from this study as this finding is contrary to the general belief that asylum seekers and refugees are here in the UK to exploit resources and they would not want to go back to Africa (Bloch, 2004). The study would like to recommend that asylum seekers be allowed to work as most of them have skills to contribute to the economy as observed from this study. It is also recommended that government authorities give financial assistance to voluntary agencies where most asylum seekers/refugees get help from as observed from this study. In addition, government and policy makers should focus on communication and accommodation as a way to help resolve problems experienced by these populations.

Social workers, immigration workers and health professionals need to learn and understand the cultures of African asylum seekers and refugees as this may enhance effective relationships/partnership working with them thereby giving them holistic interventions that would improve their quality of life and help to achieve good health outcomes. Lastly, all the participants in this study had to run away from their countries of origin because of political and religious conflicts. Hence, it will be good to have a correct or accurate representation by the media about African asylum seekers and refugees because they have come to the UK genuinely as reviewed in this study as a result of problems in their countries of birth and they are willing to go back if situations in their countries of birth improve.

4.1 Challenges

4.1.1 Limitations

The sample size used was small as this might prevent a full representation of the population under study if a bigger sample size was used (Biau, Kernéis, & Porcher, 2008). In addition to

this, the ratio of the participants in terms of male/female was 1 to 5 with male 1 and female 5. This then means that the study gave more representation of the experiences of female asylum seekers than male in Manchester. It was time-consuming for the researcher, as the researcher had to depend on the availability of the participants. Only participants who attended the drop-in centre were included in this study, meaning that those asylum seekers/refugees that do not attend the centre were not included in the study and their experiences might be different from those that attend it.

4.1.2 Strengths

This is the first study on the experiences of African asylum seeker/refugees in Manchester. Hence, its findings would add to the body of knowledge and help to facilitate services offered to this population. These will enhance a better working relationship between social workers, health professionals, immigration officers and asylum seekers and refugees of African origin. Validity of the study is another strength in that the researcher truly measured what the study was intended to measure, that is, explore why African asylum seekers came to the UK, problems experienced while in the UK and the support system in place for this population. Hence, the study is transferable; that is, it is possible to apply the researcher's method/result to a wider population (Polit & Beck, 2010).

Abbreviations:

UK – United Kingdom

NHS – National Health Service

COPAFS – Council of Professional Associations on Federal Statistics

MMU – Manchester Metropolitan University

SAHO – South African History Online

MRC – Medical Research Council

Acknowledgement

We would like to thank the participants for their time and for giving us their honest views on the questions that we asked them, and recruitment centre who allowed us to use their centre for recruitment of participants.

References

1. Biau, D. J., Kernéis, S., & Porcher, R. (2008). Statistics in brief: the importance of sample size in the planning and interpretation of medical research. *Clinical orthopaedics and related research*, 466(9), 2282-2288.
2. Blinder, S. (2014). Deportations, removals and voluntary departures from the UK. *Migration Observatory briefing, COMPAS, University of Oxford, UK, June*. Recuperado de <http://www.migrationobservatory.ox.ac.uk/documents/briefingdeportations-removals-and-voluntary-departures-uk>.
3. Bloch, A. (2004). *Making it work: refugee employment in the UK* (Vol. 2). Institute for Public Policy Research.
4. Bloch, A. (2006). Emigration from Zimbabwe: migrant perspectives. *Social Policy & Administration*, 40(1), 67-87.
5. Mason, E. (2000). Resolving refugee problems: an introduction to the Executive Committee of the United Nations High Commissioner's Programme and its documentation. *Journal of Government Information*, 27(1), 1-11.
6. Cohen, S. (2002). Dining with the devil: the 1999 Immigration and Asylum Act and the voluntary sector. *From immigration controls to welfare controls*, 141-156.
7. Doyle, L., & O'Toole, G. (2013). A lot to learn: Refugees, asylum seekers and post-16 learning. *London: British Research Council*.
8. Duffy, B., & Frere-Smith, T. (2014). Perceptions and Reality. *Public Attitudes to Immigration*. Ipsos MORI Social Research Institute.
9. Hayter, T. (2000). *Open borders: The case against immigration controls* (p. 151). London: Pluto Press.
10. Home Office. Permission to work and volunteering for asylum seekers. Published for Home Office staff on 12 January 2017. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583192/Permission-to-work-v7.pdf [accessed on 26/08/19].
11. Kalt, A., Hossain, M., Kiss, L., & Zimmerman, C. (2013). Asylum seekers, violence and health: a systematic review of research in high-income host countries. *American journal of public health*, 103(3), e30-e42.
12. Lindenmeyer, A., Redwood, S., Griffith, L., Teladia, Z., & Phillimore, J. (2016). Experiences of primary care professionals providing healthcare to recently arrived migrants: a qualitative study. *BMJ open*, 6(9), e012561.
13. Marchand, K., Roosen, I., Reinold, J., & Siegel, M. (2017). Irregular Migration from and in the East and Horn of Africa.
14. Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International journal of nursing studies*, 47(11), 1451-1458.
15. Prior, J. (2008). *Asylum Matters: Restoring Trust in the UK Asylum System*. Centre for Social Justice.

16. Robertshaw, L., Dhesi, S., & Jones, L. L. (2017). Challenges and facilitators for health professionals providing primary healthcare for refugees and asylum seekers in high-income countries: a systematic review and thematic synthesis of qualitative research. *BMJ open*, 7(8), e015981.
17. Robson, C. (2002). *Real World Research* (2nd ed.), Oxford: Blackwell.
18. South African History Online SAHO (2017). Imperialism and socialism in the context of Africa. Celebrating the lives of Mama Sisulu and Nelson Mandela 1918 – 2018.
19. United Nations. (2018). *International Migration Report 2017-Highlights*. UN.
20. The week Refugees in Britain (2015). The facts behind the headlines Debunking the myths that Britain is a refugee magnet and asylum seekers are a burden on the state.
21. Tyler, I. (2006). 'Welcome to Britain' the cultural politics of asylum. *European journal of cultural studies*, 9(2), 185-202.



©2019 by the Author(s); licensee Mediterranean Journal of Clinical Psychology, Messina, Italy. This article is an open access article, licensed under a Creative Commons Attribution 4.0 Unported License. Mediterranean Journal of Clinical Psychology, Vol.7, No. 3 (2019).

International License (<https://creativecommons.org/licenses/by/4.0/>).

DOI: 10.6092/2282-1619/2019.7.2258